

# Connecticut Collaborative on Effective Practices for Trauma (CONCEPT)

## Child Traumatic Stress

National studies estimate that as many as 71% of all children are exposed to a potentially traumatic event by the age of 17<sup>1</sup>. In Connecticut, providers and DCF estimate that 60-80% of all children have experienced at least one potentially traumatic event. The actual numbers of children exposed are likely higher, as most incidents of trauma exposure are not reported<sup>2</sup>. Children who are exposed to potentially traumatic events are at risk for a number of emotional and behavioral challenges. Fortunately, effective treatment options are available.

### **What are examples of “potentially traumatic events”?**

- Physical abuse
- Sexual abuse
- Family or community violence
- Death of a loved one, or sudden separation from a caregiver
- Car accidents, fires, or natural disasters
- Other situations where a child is exposed to **overwhelming, unanticipated danger to oneself or others**

### **What are the indicators of child traumatic stress?**

- Indicators of child traumatic stress can **vary greatly by age and individual**
- **Re-experiencing** the trauma through nightmares or flashbacks
- **Avoidance and anxiety** when reminded of the traumatic event
- **Increased arousal**, including changes to sleeping, hypervigilance, irritability, and anger
- **Decreased responsiveness**, including emotional numbing and regressive behaviors
- **Signs of depression**, including sadness, changes to relationships, and isolation
- **Temporary changes in mood and behavior** in the first few weeks following a traumatic event are normal
- **Untreated or chronic child traumatic stress** is related to neurobiological changes, mental illness, substance abuse, suicide, and other serious health problems

### **How can children who are victims of trauma be helped?**

- **Provide support** so that the child and family feel safe and secure
- **Advocate a supportive role by caregivers** and others, which is essential for the child’s recovery
- **Maintain healthy relationships** with the child’s primary caregivers and other close relatives/friends
- **Help the child to return to typical routines** as much as possible
- **Facilitating open, but not forced, communication** with the child about his/her reactions to the traumatic event

### **When should a child be referred for a trauma-focused assessment or treatment?**

- When changes in the child’s behavior or mood are severe or life-threatening (seek emergency care)
- When changes in the child’s behavior or mood persist for more than several weeks
- To support the child’s and family’s recovery in the acute aftermath of a traumatic event

### **What effective interventions for child traumatic stress are available in Connecticut?**

- Treatments that research shows can reduce child traumatic stress are called “**evidence-based treatments**”
- **Trauma Focused Cognitive Behavioral Therapy (TF-CBT)** is a 16-20 session treatment model for children
- The **Child and Family Traumatic Stress Intervention (CFTSI)** is a 4-6 session preventative model for children in the days and weeks following a traumatic event or disclosure of a past traumatic event

<sup>1</sup>Finkelhor, 2005

<sup>2</sup>Theodore et al., 2005

### **FOR MORE INFORMATION CONTACT:**

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Funded through the Department of Health and Human Services, Administration for Children and Families, Children’s Bureau, Grant # 0169