

National Child Mental Health Awareness Week: Youth Overcoming Trauma

National studies estimate that as many as 71% of all children are exposed to a potentially traumatic event by the age of 17. In Connecticut, providers and the Department of Children and Families (DCF) estimate that 60---80% of all children have experienced at least one potentially traumatic event. In fact, many incidences of child maltreatment are never reported. Children who are exposed to potentially traumatic events are at risk for a number of emotional and behavioral challenges. However, traumatic stress in children is treatable and there highly effective treatments available to help children.

What are examples of “potentially traumatic events”?

- Physical abuse
- Sexual abuse
- Family, school, 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.

Untreated traumatic stress can have long lasting effects on children and in the public health system

- Children exposed to potentially traumatic events can develop chronic traumatic stress reactions, including Post Traumatic Stress Disorder (PTSD) and depression.
- Untreated Traumatic Stress:
 - can alter a child’s biological, neurological and social development.
 - is tied to an increase in risky behaviors: HIV high-risk behavior, promiscuity, drug and alcohol abuse.
 - is also a contributor to leading causes of death (heart disease, diabetes and cancer, stroke, suicide).
 - is the single greatest preventable cause of mental illness.
- Trauma is to mental illness as smoking is to cancer.
- The direct annual cost of child maltreatment in the United States was estimated at 33 billion dollars (2007 dollars).

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
- 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
- Facilitate 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. For a list of Connecticut Providers licensed to offer TF-CBT, click [here](#).
- 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. Currently this treatment is offered at the [Yale Child Study Center in New Haven](#).

On-line trauma resources

- If your child or a child you know has experienced a trauma you can find more information and a list of providers at: www.kidsmentalhealthinfo.com and www.nctsnet.org
- Other evidence-based treatments may be available locally, and a list of evidence-based treatments is available on the National Registry of Evidence-Based Programs and Practices [website](#).
- If you are a **pediatric primary care provider** looking for support in screening for trauma contact CHDI’s EPIC program: <http://www.chdi.org/ourwork-signature-epic.php>.
- To learn more about the work of the Child Health and Development Institute please visit our [website](#).