



Supporting Young Children Who Experience Trauma

The Early Childhood Trauma Collaborative



Young children are exposed to violence, abuse, and other forms of trauma and adversity at alarming rates. One national study found that 44% of all children aged 2-5 had experienced at least one potentially traumatic event.¹ In Connecticut, 49% of all child abuse and neglect victims are under age 6, slightly higher than the national rate.² It is estimated that more than 95,000 children under six in Connecticut have experienced trauma. Although Connecticut has made significant progress in creating trauma-informed child-serving systems, the majority of these efforts have focused on children aged seven and older.³

Effects of Trauma on Young Children

Young children are especially vulnerable to trauma exposure because their brains are rapidly developing in the first few years of life.⁴ Trauma exposure and “toxic stress” can disrupt brain development and is associated with a range of developmental concerns.⁵ For example, trauma can impair attachment, cognitive abilities, language, and emotional regulation, resulting in problems with behavior, learning, and social-emotional

development. Caregivers of young children have often experienced their own trauma, which threatens their capacity to attend to their child’s needs, further increasing the risk of developmental or mental health problems.⁶ Childhood trauma has also been associated with physical and mental illness across the lifespan, substance abuse, and premature death,⁷ and is estimated to cost society \$124 billion annually.⁸

Towards a Trauma-Informed Early Childhood System

The rapid and malleable brain development that takes place during early childhood presents a unique opportunity to promote attachment, supportive caregiving, and opportunities to build resiliency and prevent maltreatment. Trauma is often unrecognized in young children because of their limited verbal skills and because children and caregivers tend to avoid discussing distressful events unless asked directly. There is overwhelming evidence that early investment in children’s mental health and trauma-specific services result in significant future cost-savings.⁹

Young children and their families are served by a range of programs and services including many overseen by the Connecticut Office of Early Childhood (e.g. Birth to Three, home visiting, early care and education including Head Start), the Department of Children and Families (DCF), as well as pediatric primary care. Many of these service providers have had limited information or experience with trauma-informed approaches, although there are some promising examples of such efforts. DCF, in partnership with the Connecticut Association for Infant Mental Health (CT-AIMH) and Head Start, has delivered an 8-week infant mental health training series to more than 500 child welfare and early childhood practitioners since 2015. DCF has also adopted the NCTSN Child Welfare Trauma Training Toolkit, training more than 2,500 child welfare staff and implementing a Trauma-Informed Therapeutic Childcare model.

While most children exposed to trauma can recover with the help of supportive caregivers, some will require specialized clinical services, and such services are very limited, especially services for children under five. One exception in Connecticut is Child First, an evidence-based home visiting model supported by the Office of Early Childhood (OEC) and DCF; however, the program has long wait lists. Current regulations and policies for reimbursement also pose a challenge for providing behavioral health services to young children. Thus, addressing the needs of young children who have experienced trauma requires development of the early childhood workforce and expanding access to specialty clinical services.

The Early Childhood Trauma Collaborative

The Child Health and Development Institute of Connecticut (CHDI) was recently awarded a 5-year SAMHSA grant. The Early Childhood Trauma Collaborative (ECTC) funded by this grant is a partnership between CHDI, DCF, OEC, CT-AIMH, Yale University, treatment developers, and 12 community-based provider agencies. ECTC will oversee the provision of trauma training to early childhood staff and expand the availability of

effective trauma-focused treatments for young children and their caregivers. Over the next six months, CT-AIMH will conduct a needs assessment of early childhood systems about trauma-informed practice and will develop recommendations for embedding knowledge about trauma across early childhood programs. The ECTC will disseminate four treatment models: Attachment, Self-Regulation, and Competency (ARC), Child Parent Psychotherapy, Trauma Affect Regulation Guide for Education and Treatment (TARGET; for caregivers of young children), and Child and Family Traumatic Stress Intervention. By 2021, ECTC expects to have trained more than 600 early childhood staff in trauma and more than 70 clinicians to provide specialty trauma treatment for young children and their caregivers. More than 1,000 families are expected to receive these evidence-based treatments.

Next Steps and Recommendations

There is growing recognition about the societal and economic benefits of a trauma-informed early childhood system. The following policy recommendations build on the work of the ECTC for supporting and sustaining care for children who have experienced trauma:

1. Use the results of CT-AIMH's trauma-focused early childhood needs assessment to inform continued workforce development activities across statewide programs and services.
2. Support early childhood systems and programs to implement principles of trauma-informed systems, including trauma-sensitive programming, trauma screening, trauma-informed policy, and discussion of trauma and adversity with children and families.
3. Eliminate reimbursement and policy barriers to ensure that young children (esp. those under 3) can receive outpatient behavioral health services.
4. Identify gaps in evidence-based services for young children exposed to trauma and their caregivers, and develop plans to support and sustain existing services shown to be effective.

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