



Trauma-Focused Practices for Children Exposed to IPV

Jason Lang, Ph.D.
Child Health & Development Institute

Lt. Sean Grant
Manchester Police Department

Amy Evison, LCSW
Community Health Resources

September 22, 2015
Hartford, CT



Overview

- Trauma Exposure/IPV
- Evidence-based behavioral health treatments in CT
- Responding to Children of Arrested Caregivers Together (REACT)
 - Overview
 - Manchester pilot

Trauma Exposure/IPV

- National Survey of Children's Exposure to Violence¹
 - 71% of youth report trauma exposure
 - 48% report >1 exposure in past year
 - 35% witness family assault by age 14-17
- Consequences of trauma exposure/IPV²
- Each year of maltreatment = \$124 billion

¹Finkelhor et al (2015)

²Felitti et al. (1998)

³Fang et al., (2012)



Trauma-Focused Evidence Based Practices for Children Exposed to IPV

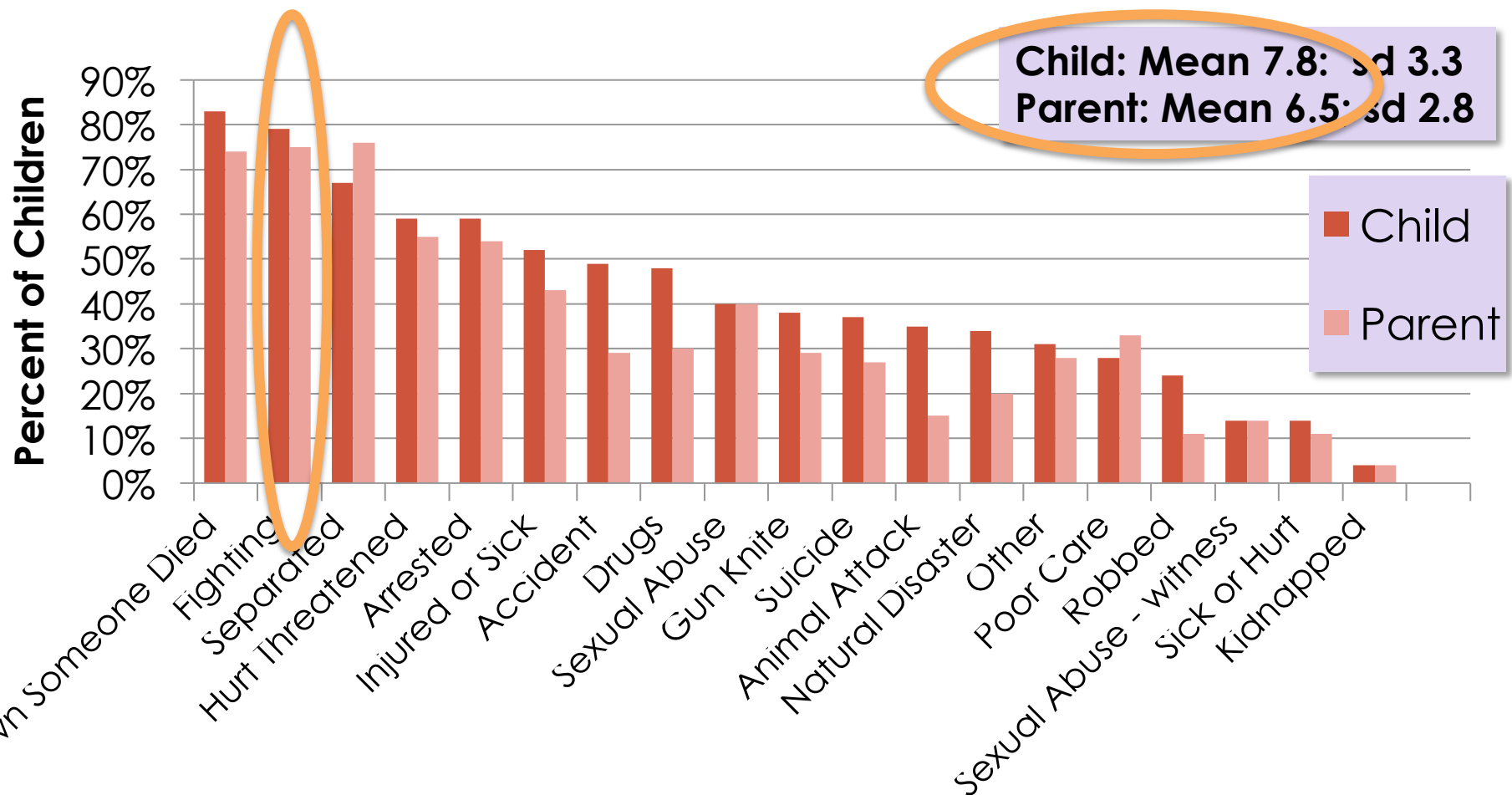
Trauma-Focused Evidence-Based Practices (EBPs)

- Range of EBPs developed:



- Several widely available models in Connecticut
 - TF-CBT, TARGET, CFTSI, CBITS, MATCH, EMDR
- Common elements
 - Education about trauma and effects
 - Gradual exposure
 - Emotion regulation
 - Cognition
 - Caregiver-child communication/support
- AF-CBT – families in conflict/abuse (Kolko)
- Fathers For Change – IPV perpetrators (Stover)

Exposure to Potentially Traumatic Events – Clinic Population



N=1,764 (Child)
N=1,689 (Parent)

Child Outcomes

- Among children completing TF-CBT in Connecticut*
 - 46% decrease in PTSD symptoms
 - 51% decrease in depression symptoms
- Caregivers report 95% satisfaction with treatment

*N=391

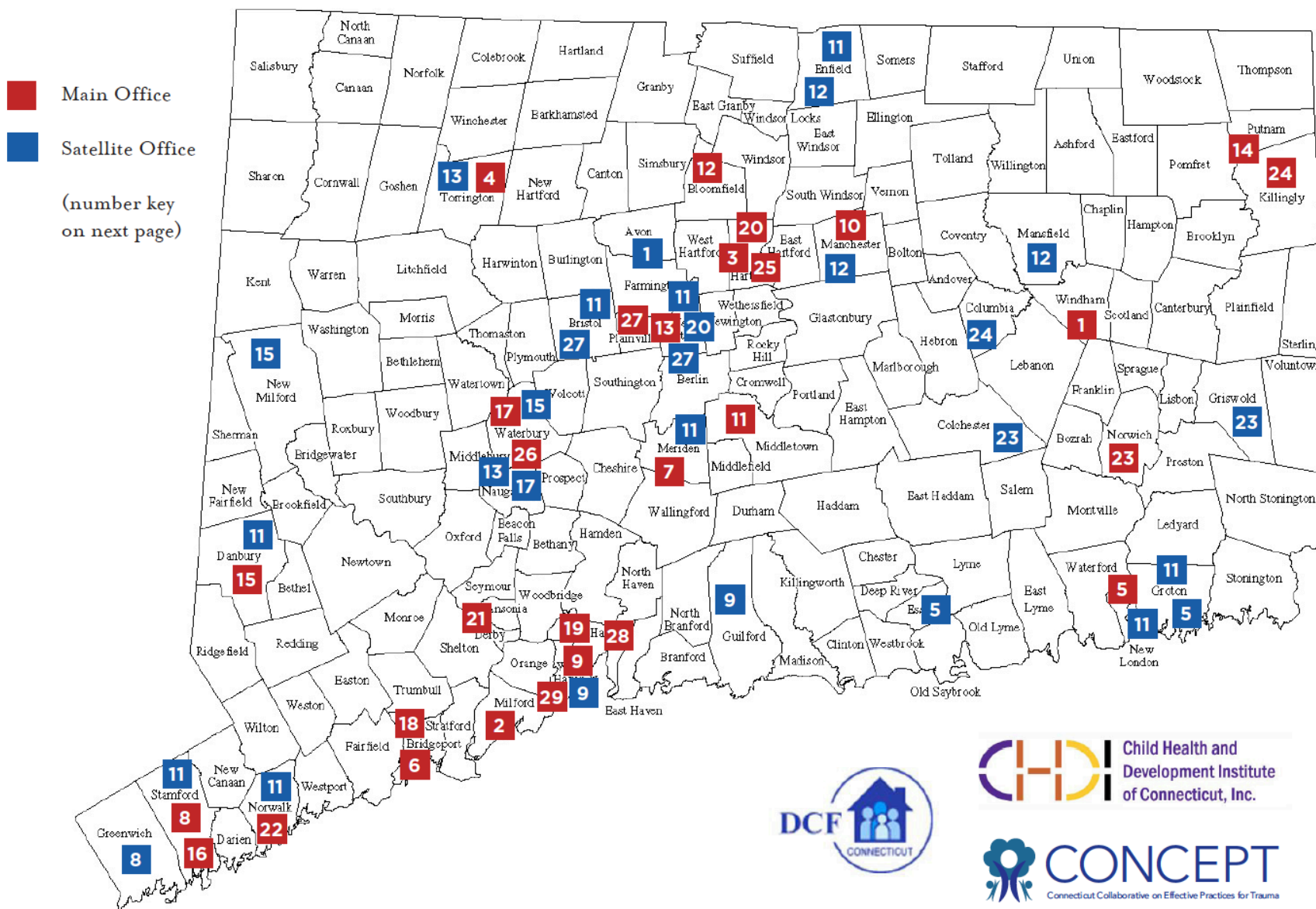
Cost Savings: Trauma-Focused Therapy

- TF-CBT Study (Delaware) ¹
 - 5 times fewer costs for higher level care in the year following treatment
 - Average treatment cost savings one year following treatment was \$1,700 per child
- WA State Institute for Public Policy (WSIPP)²
 - Lifetime cost savings (or not) of various programs
 - Trauma-focused CBT: \$6,501 per youth

¹ Greer, Grasso, Cohen, & Webb, 2013

² <http://www.wsipp.wa.gov>

TF-CBT Agency Locations



Find a provider: www.kidsmentalhealthinfo.com

Responding to Children of Arrested Caregivers Together (REACT)

- Model development and pilot (2011-2014)
 - Funded by Institute for Municipal and Regional Policy (CCSU)
 - Focus on children whose caregiver was arrested
 - Law enforcement & EMPS mobile crisis collaboration
 - Collaboration with CIT-Youth through Connecticut Alliance to Benefit Law Enforcement (CABLE)
- OJJDP Diagnostic Center TA (2014-present)

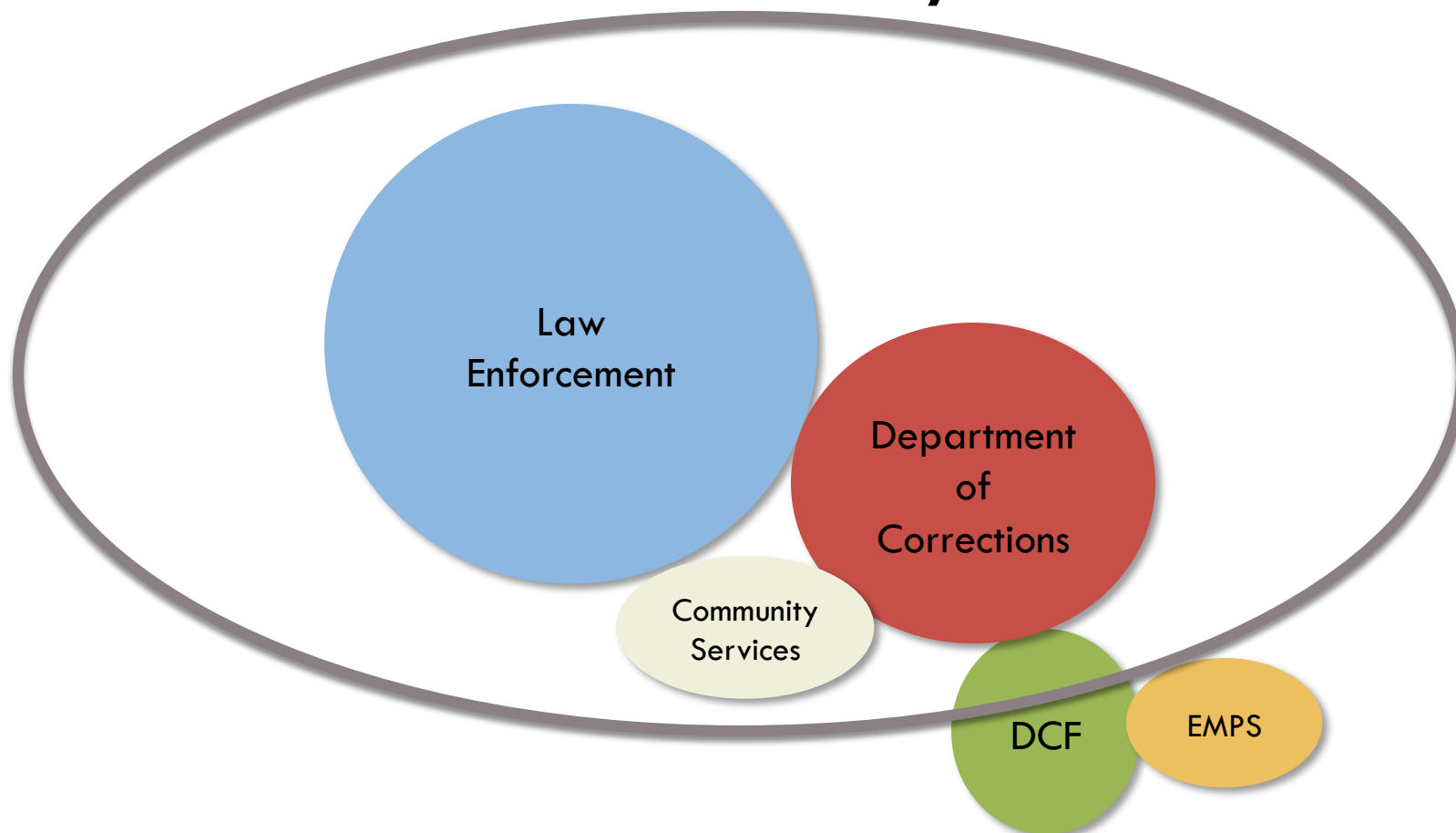


Responding to Children of Arrested Caregivers Together (REACT)

- Goals:
 - Prevent and address trauma experienced by children
 - Enhance LE knowledge about child trauma
 - Enhance EMPS mobile crisis response
 - Increase children receiving EMPS mobile crisis response
 - Utilize existing resources

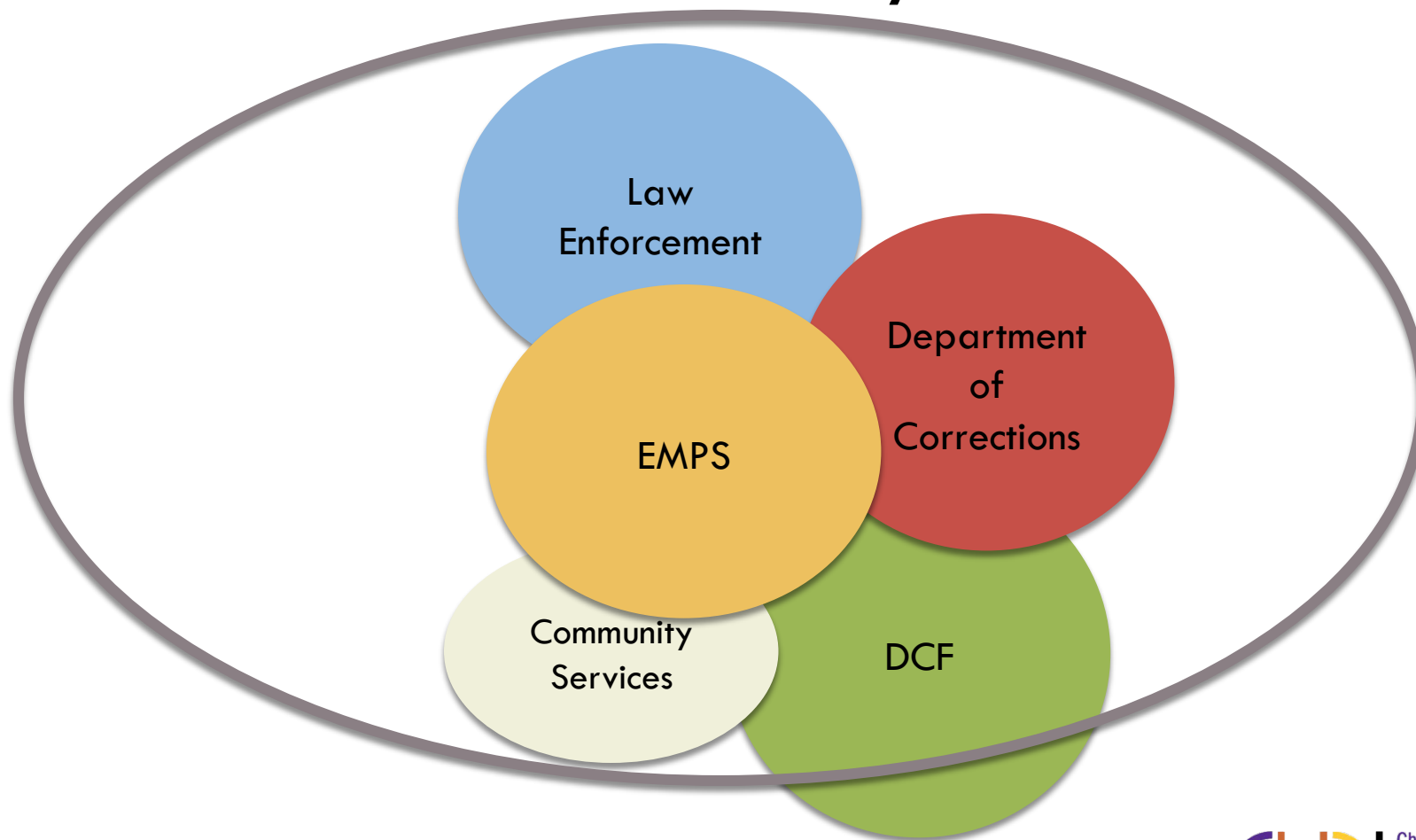
Standard Practice

Child & Family



REACT Cross-System Collaboration

Child & Family



Manchester Pilot*

- 43 children referred (29 calls)
 - Only 1 referral made in 12 months prior
- 66% of REACT cases were for domestic incidents
- Challenges
 - Timeliness of referrals/post-scene referrals
 - Competing demands on LE
 - Limited data infrastructure across systems
- Next Steps
 - OJJDP recommendations
 - Population of focus

*OJJDP Diagnostic Center

Contact

Jason Lang, Ph.D.
Child Health & Development
Institute
jalang@uchc.edu

Lt. Sean Grant
Manchester Police
Department
grants@manchesterct.gov

Amy Evison, LCSW
Community Health
Resources
aevison@CHRHEALTH.ORG

ADVANCING TRAUMA- INFORMED SYSTEMS FOR CHILDREN

Jason M. Lang, Ph.D. Kim Campbell, MSW
Jeffrey J. Vanderploeg, Ph.D.



www.chdi.org

 Child Health and
Development Institute
of Connecticut, Inc.