



Impact of Exposure to Traumatic Events for Young Children Served within an Early Childhood System of Care

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Young Children & Trauma

- Nearly 60% of children and youth in the United States were victims of violence or witnessed a violent event in the previous year (Finkelhor, et al 2009).
- The negative consequences of young children's exposure to traumatic events has been well documented (e.g., Osofsky, 1999; Lieberman, et al, 2001).
- We lack a systematic understanding of the age at first exposure, frequency of exposure or the number and types of violent events that young children are exposed to and how these impact on outcomes (Kracke & Hahn, 2008).

Early Childhood Systems of Care

- Early childhood systems of care provide an opportunity to examine the rates of exposure to traumatic events and the context in which this exposure occurs for children with severe emotional and behavioral difficulties.
- In 2005 six early childhood system of care communities were funded by SAMHSA providing an opportunity to understand the experience and impact of trauma exposure for young children with severe emotional and behavioral difficulties.



BUILDING BLOCKS

Promoting the social and emotional well being of young children in Southeastern Connecticut.



Building Blocks Goals

- Provide comprehensive mental health services for families and their children, under the age of six, with social and emotional challenges.
- Expand the existing system of care to increase capacity and expertise in early childhood mental health.

Building Blocks

- Home-based therapeutic intervention
 - Positive Behavioral Supports
- Wrap-around
 - Family-driven
 - Work with existing service providers
- Teams of mental health clinicians and family care coordinators
- Family Center

Playgroups	Drop-in
Support groups	Advocacy
Sibshops	Information/Education

Building Blocks

- Workforce Development
 - Parents/Caregivers
 - Early care and education professionals
 - Mental health providers
 - Medical providers
 - Michigan standards
- Building Blocks is Family-driven
 - 51% (or more) parents at all levels of management
 - Family led needs assessment and evaluation efforts

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Building Blocks

- **Enrollment Criteria:**
 - Children who live in Southeastern CT
 - Birth to 5 years of age
 - At risk of out of home placement or already placed
 - Diagnosed or emerging mental health condition
 - Being served by or in need of multiple agencies/systems



Building Blocks



162 Children

- **Gender:** 74% Male, 26% Female
- **Age:** Mean = 3.3 (Range = 1-6)
- **Race & Ethnicity:** 65% Caucasian, 17% Biracial, 10% African American, 2% Other, and 1% Native American
- 62% **Family income** at or below Federal poverty level
- **Top Diagnoses:** Adjustment Disorders (59%), ADHD (12%), Anxiety Disorders (12%), PTSD or Acute Stress Disorder (9%)
- **Top Presenting Problems:** Disruptive Behaviors (85%), Excessive Crying / Tantrums (34%), Sleeping Problems (17%), Persistent Non-Compliance (17%)
- 82% of families participate in outcome study

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Measures

- **Traumatic Events Screening Inventory** (TESI-PR-R; Ghosh-Ippen et al., 2002) – exposure to traumatic events including types of exposure, age at first exposure, and child reaction to exposure
- **Child Behavior Checklist** (CBCL: 1.5-5; Achenbach & Rescorla, 2001) – child's emotional and behavioral problems
- **Temperament and Atypical Behavior Scale** (TABS; Neisworth, Bagnato, Salvia, & Hunt, 1999) – child's emotional regulation
- **Devereux Early Childhood Assessment** (DECA-C; LeBuffe & Nagleri, 2003) – child's protective factors and behavioral concerns

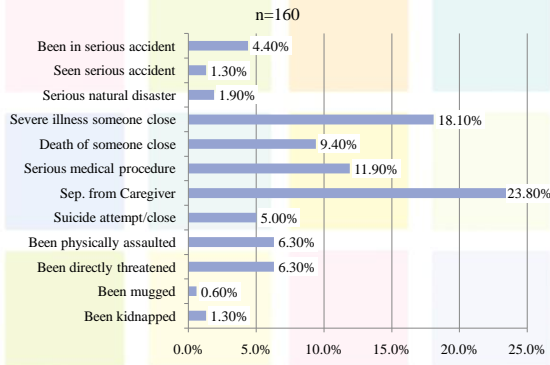
Results

- CBCL significant reduction from baseline to 6-months with continued reduction at 24-month f/u
- TABS Dysregulation Scale: no change over time
- DECA Total Protective Factors: no change over time
- DECA Behavioral Concerns: significant reduction from baseline to 6-month follow-up, then stable through 24-months.

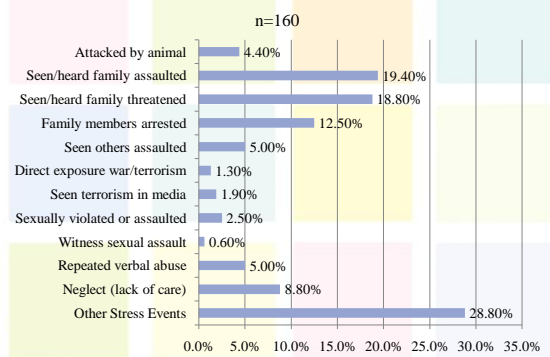
Results: Trauma Histories

- **Children exposed to trauma:**
 - Yes: 56.9% (N = 91)
 - No: 43.1% (N = 69)
- **# of Types Traumatic events:**
 - Mean = 2.65 (SD = 2.63)
 - Range = 0-13

Exposure to Traumatic Events



Exposure to Traumatic Events, cont.



Results: Trauma Histories

- **Of children exposed, age of first trauma exposure:**
 - Mean = 1.19 (SD = 1.19)
 - Range = 0 – 4.5
- **Of children exposed to trauma, Strongly Affected?**
 - Yes: 84.6% (N = 77)
 - No: 12/1% (N = 11)

**Children not strongly affected more likely to have been exposed to less violent events.

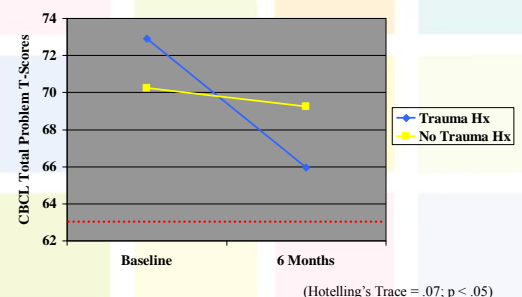
Differential Outcomes

- Repeated Measures ANOVAs
- Compared children who have a history of exposure to trauma to children without such a history from baseline - 6 months on 3 outcomes (n=81):
 - CBCL Total Problem Behaviors score
 - TABS Dysregulation score
 - DECA Total Protective Factors and Behavioral Concerns scores

Results: Differential Outcomes

- Trauma history had a significant effect on 6-month trajectories for CBCL Total Problem Behaviors scores (Hotelling's Trace = .07; $p < .05$)
 - Children who have a trauma history exhibit more problem behaviors at baseline but fewer problem behaviors at 6 months compared to children without a trauma history
- 6-month trajectories did not significantly differ for TABS Dysregulation scores, DECA Total Protective Factors scores, or DECA Behavioral Concerns scores based on trauma history

Results: CBCL Trajectories



Summary of Results

- Young children served in behavioral health systems of care have significant trauma histories.
- Average age that these children were first exposed to a traumatic event was 1.2 years.
- The majority of the trauma that these children experience is related to family violence, family illness and separation from primary caregivers.
- Young children with a history of trauma enter the system of care with higher levels of problem behaviors however, they evidence more rapid improvement than young children without trauma histories.

Implications

- Results for this early childhood system of care are in direct contrast to those presented for the school-based system of care where the students with trauma exposure improved at a slower rate than those without this exposure.
- These results indicate that the impact of early intervention for children exposed to trauma is key in enabling the child to recover from the exposure.

Next Steps

- Continue to follow these children so that we can assess impact of services overtime for young children exposed to trauma.
- Test this finding with other data from other EC SOC sites.
- Examine the impact of trauma exposure on other indicators including: parenting stress, early care and education outcomes, and caregiver outcomes.
- Advocate for assessment of trauma exposure in newly funded early childhood system of care communities.

THANK YOU