

Nationwide, <u>25%</u> of young children by the <u>age of 4</u> have experienced <u>at least one traumatic event</u>.

Toxic stress response can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years. When toxic stress response occurs continually, or is triggered by multiple sources, it can have a cumulative toll on an individual's physical and mental health—for a lifetime. The more adverse experiences in childhood, the greater the likelihood of developmental delays and later health problems, including heart disease, diabetes, substance abuse, and depression."

- Toxic Stress, Center on the Developing Child at Harvard University

EVENTS MOST OFTEN EXPERIENCED BY CHILDREN IN TRAUMA SMART PROGRAM:



family members incarcerated



family members died unexpectedly



separated from parents



family members hit, punched, kicked or killed one another



home with drug or alcohol abuse



family member is depressed or mentally ill



experienced painful or frightening medical procedure



5)%

family members threatened to hurt or kill one another

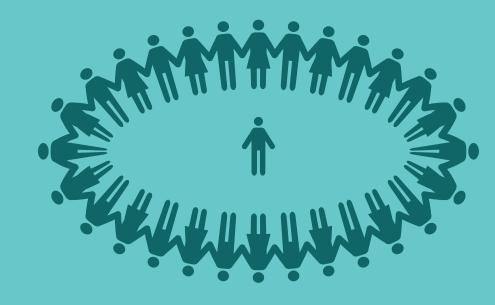
TRADITIONAL TREATMENT MODEL

Technical fixes through one-on-one therapy



HEAD START TRAUMA SMART TREATMENT MODEL

Treat the full community of people directly surrounding the traumatized child: family members, teachers, caregivers, and fellow students



IMPROVEMENT IN KEY BEHAVIORS AFTER TREATMENT

The Achenbach Caregiver report is correlated with DSM IV diagnoses and reflects behavior in the home as observed by parents and other caregivers. The Achenbach Teacher report is also correlated with DSM IV diagnoses and reflects behavior in the classroom as observed by the teacher. Data from both the Achenbach Teacher and Parent reports shows that more than two thirds of those children who were in the borderline or clinical ranges of concer on the pre-treatment assessment had improved diagnosis in the post-treatment assessment in most areas.

currently homeless

"Parents and guardians of children who are receiving individual therapy...have reported gains in a variety of areas: kids are less anxious and emotionally reactive, and less aggressive or withdrawn; attention deficit, hyperactivity and "oppositional defiant" problems have decreased; and parents report overwhelmingly that their children are sleeping better. The scores indicate that many kids have moved out of a "clinical range of concern" on several factors to within a normal range — a sign that they are better prepared to succeed in kindergarten."

- Teaching Children to Calm Themselves, New York Times

