

Evidence-based Trauma-specific interventions in Connecticut: There exist a number of nationally recognized, research-supported child and family interventions for addressing social and psychological consequences of IPV, including treatment for trauma-related impairment associated with IPV exposure. This cadre of resources serves as a menu of potential options depending on child and family characteristics and presenting problems. Some evidence-based resources available in Connecticut are listed below (note. many have limited availability and/or waiting lists and so capacity must be increased to meet the needs of CT's children):

Name (alphabetical order)	Type of service	Target Population
Adapted Dialectical Behavior Therapy for Special Populations (DBT-SP)	Cognitive-behavioral therapy designed to treat multiple, and sometimes co-occurring, disorders including trauma-related disorders	Youth ages 8 – 18 presenting with multiple disorders
Child and Family Traumatic Stress Intervention (CFTSI)	Cognitive-behavioral therapy to reduce symptoms and prevent posttraumatic stress disorder shortly following trauma exposure	Children ages 7-18 within 45 days of newly recognized trauma
Child First	Two-generation intervention that includes Child-Parent Psychotherapy (CPP) and care coordination	Families with family violence/other risk factors (prenatal – age 6)
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	School-based group therapy for reducing symptoms associated with trauma exposure	School-aged children ages 10 - 15 with trauma-related symptoms
Emergency Mobile Psychiatric Services (EMPS)	Urgent mobile mental health assessment and referral	Children in behavioral or mental health crisis
Eye Movement and Desensitization and Reprocessing (EMDR)	Behavioral therapy designed to process trauma-related memories and reduce symptoms	Children and youth ages 2 – 18+
Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)	Behavioral therapy designed to treat multiple, and sometimes co-occurring, disorders including trauma-related disorders	Youth ages 7 – 15 presenting with symptoms of anxiety, depression, trauma, or conduct disorder
Nurturing families network (NFN), Nurse family partnership (NFP), and Early Head Start (EHS)	Home visiting programs	Children ages 0 – 5 born to mothers with identified risk factors
Prolonged Exposure Therapy for Adolescents (PE-A)	Cognitive-behavioral exposure-based therapy for adolescents presenting with traumatic stress or posttraumatic stress disorder	Youth ages 12 – 18+
Safe Dates	Primary prevention school curriculum	Middle and High School Students
Trauma Affect Regulation: Guide for Education and Therapy (TARGET)	Cognitive-behavioral therapy designed for the prevention and treatment of trauma-related disorders, including the proposed Developmental Trauma Disorder	Youth ages 10 – 18+ with trauma-related symptoms
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Cognitive-behavioral exposure-based therapy for youth with traumatic stress or posttraumatic stress disorder	Children ages 3-18 who have symptoms of trauma

For further information on evidence-based treatments for trauma:

- Trauma-specific models and links to Connecticut providers: www.kidsmentalhealthinfo.com
- National Child Traumatic Stress Network (NCTSN): www.nctsn.org
- International Society for Traumatic Stress Studies (ISTSS): www.istss.org
- National Center for Posttraumatic Stress Disorder: www.ptsd.va.gov
- American Psychological Association Trauma Psychology (Div. 57): www.apatraumadivision.org
- American Psychological Association Society of Clinical Psychology (Div. 12): www.div12.org
- American Psychological Association Society of Clinical Child & Adolescent Psychology (Div. 53): www.clinicalchildpsychology.org