Child Development – Community Policing (CD-CP)



CD-CP Video

CD-CP Facts

- Police-Mental Health Partnership to respond to the needs of acutely traumatized children
- 1996 replication training w/ New Haven PD/Yale Child Studies Center
- Pilot began that year in Metro Division, full CMPD expansion to be completed by 2017
- 204 Referred cases in 2000
- FY 2015 almost 3,400 referred cases totaling over 5,600 referred children
- Discussing future expansion to the six town departments

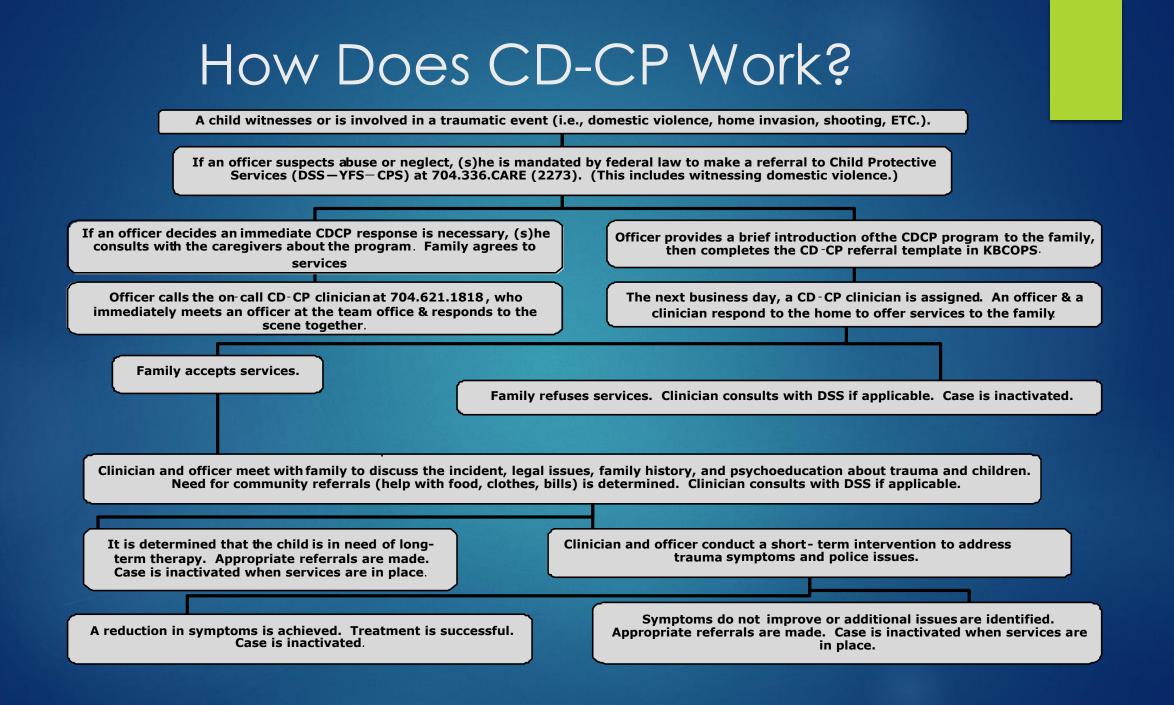
CD-CP Program Overview

What is the benefit of CD-CP?
How are children referred?
Any child (birth – 18 years old) who has witnessed or been victim of a traumatizing incident – Remember: this can be anything a child perceives as threatening.

What CD-CP Is and Isn't:

- CD-CP is not a refer and walk away program, it is not a call in an expert program...
- CD-CP is more than a partnership
 - The partnership IS the intervention
 - Officers and clinicians together give children what neither alone could give & the result is primary prevention
- Cross-training is key: Officers get child development and child trauma training/clinicians go on ride-alongs and work in LE office





Immediate Police Intervention

- What can officers do immediately that is of critical importance?
- No matter what age the child, YOU can:
 - Determine the presence of children on scene
 - Provide calm, authoritative and respectful presence that will reassure children and caregivers
 - Identify ways to support caregivers in providing the best possible care to their children
 - Interact directly with children in ways appropriate to the child's age



Other Police actions and interventions...

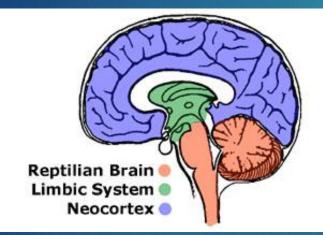
- Talk w/ child & parent tell them that you will remain with them throughout this response, that you are here to help, and what will happen next.
- Remember it is recommended to always have one officer be the "primary officer" for the child(ren).
- Remember to get down to child's eye level, and use ageappropriate terminology, giving "just enough" information.
- If possible, allow the child to be with a safe, familiar caregiver at all times.

You can also...

- Tell the child they don't have to talk about what happened/what they saw right away. This is often very comforting.
- Model some slow, deep breathing & encourage the child to follow-along. (If they are confused, ask them to breathe like they do for a doctor, use 5 second breath counts for the child.)
- Ask the child if their heart is beating quickly, and if so, to imagine slowing it down...Talk the child through this. (Or show them with a free phone app!)

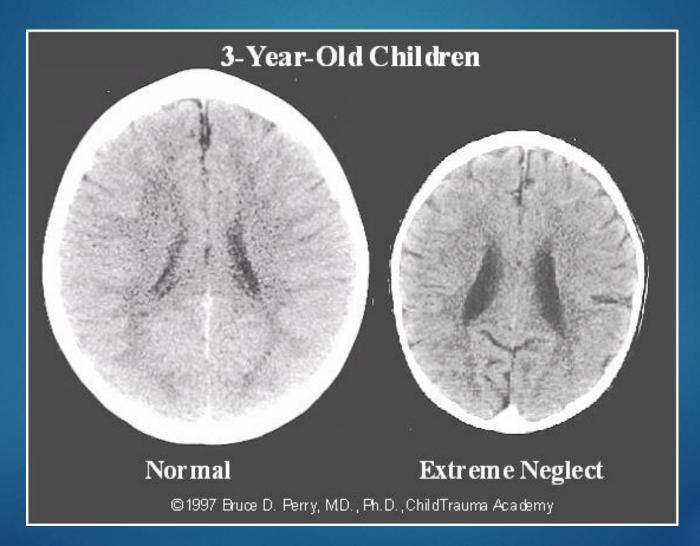
Typical Brain Development and Trauma

Early experiences shape our brain



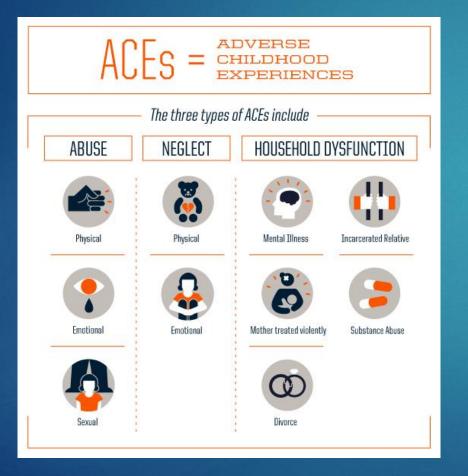
Front **Healthy Brain** An Abused Brain This PET scan of This PET scan of the brain of a normal the brain of a Romanian child shows regions Orphan, who was of high (red) and low instutionlized shortly e and black) activity after birth, shows the At birth, only primitive effect of extreme structures such as the deprivation in infancy. brain stem (center) are The temporal lobes fully functional; in (top), which regulate regions like the emotions and receive temporal lobes (top). input from the senses early childhood are nearly quiescent. experiences wire the empo Such children suffer circuits. emotional and cognitive problems. Back MOST ACTIVE LEAST ACTIVE

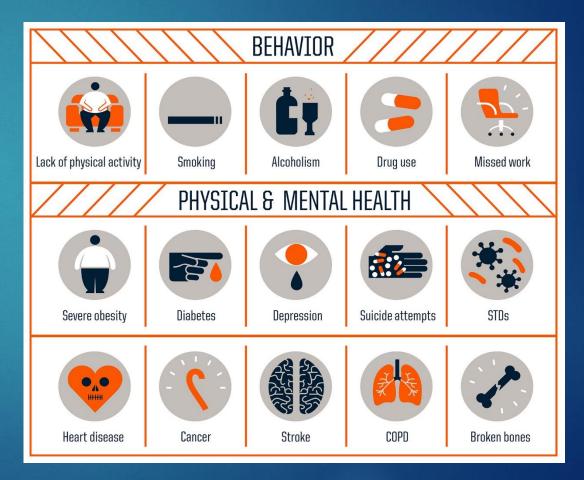
Brain of Severely Neglected Child



n god so love the vortet that he gaine his only beggeten eon, that whomsourd believeth in him shall ment parish but have enlasing life. ndeC 3:14

Adverse childhood experiences (ACE) Study

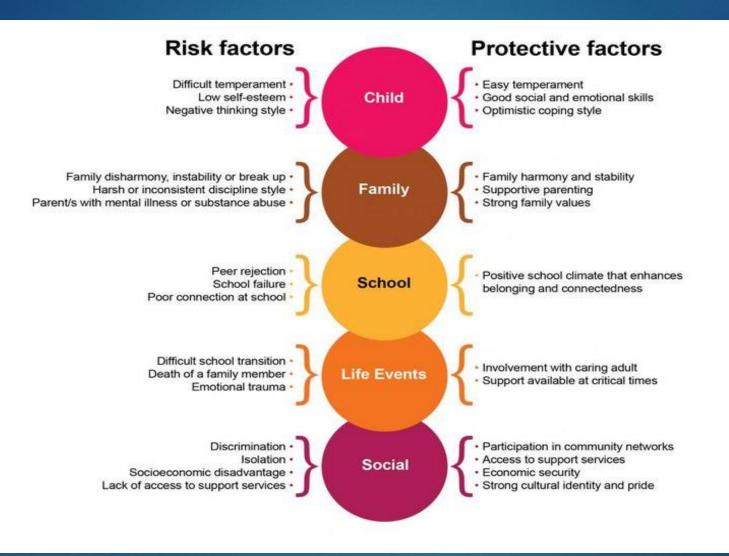




Why is immediate, on-scene intervention SO important?

- #1 It builds an immediate connection with the child & family.
- #2 It allows the child/family to trust & see first responders as capable of helping them.
- #3 It helps the child begin to calm down/relax/gain more control.
- #4 It is the first line of defense against the possible development of PTSD!

This intervention is the beginning of healing!



Prevention Works



"It has been proven that effective early prevention efforts are less costly to our nation and to individuals than trying to fix the adverse effects of child maltreatment."

Bryan Samuels, Commissioner at U.S. Department of Health and Human Services.



