

SCA-CRI REFERRALS

Who do we serve?

- Children under age 18, who have witnessed or experienced trauma.
- Families of children.
- Referrals from St. Cloud Area Law Enforcement

SCA-CRI PROCESS

- Trauma Informed Advocate will respond with officers or respond to families by phone or in person within 24-48 hours.
- Trauma assessment of child provided within 24-48 hours of referral.
- Telephone or in-person consultation with any officers that may have been on-scene.
- Help with safety planning.
- Education about common reactions to traumatic events.
- Invitation to mental health assessment
- Referrals for treatment
- Connections to appropriate community resources through the G-CRI advocate
- Follow up with referring officer of Trauma Informed Care plan.

MENTAL HEALTH CRISIS SERVICES

24 HOURS/
7 DAYS A WEEK
1-800-635-8008

OUR TEAM

Chief William B. Anderson
St. Cloud Police Dept.

Commander Jim Steve
St. Cloud Police Dept.

Dr. Richard Lee – Executive Director
Central MN Mental Health Center

Dr. Jennifer Rocheleau-Dorholt
Crisis Services Director
Four County Crisis Services – CMMHC

Paige McConkey – Trauma Informed Advocate
St. Cloud Area Child Response Initiative

Stacie Hoeschen – Trauma Informed Advocate
St. Cloud Area Child Response Initiative

Stearns County Domestic Violence Partnership

ST. CLOUD AREA CHILD RESPONSE INITIATIVE

Contact: Paige McConkey

Phone: 320.247.3701

Email: paige.mcconkey@ci.stcloud.mn.us

Contact: Stacie Hoeschen

Phone: 320.428.4446

Email: Stacie.hoeschen@ci.stcloud.mn.us

St. Cloud Police Department

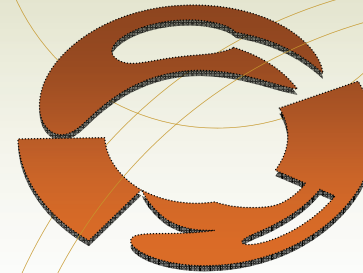
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St. Cloud, MN 56303

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ST CLOUD AREA CHILD RESPONSE INITIATIVE

TRAUMA INFORMED ADVOCACY



Responding to the Needs of Children in Crisis

WHAT IS CRI?

The St. Cloud Area Child Response Initiative is a secondary prevention program that addresses the needs of children and families exposed to violence and trauma.

CRI provides a coordinated community response to children (0-18 years of age) and their families who have experienced any type of trauma or violence.

Using a trauma –informed framework focused on safety and empowerment, CRI advocates, police officers, and community providers work together to help and support your family after an experience of violence or trauma.



Mission Statement:

“The St. Cloud Area Child Response Initiative (SCA-CRI) will effectively and efficiently intervene, access and respond to traumatized children under age 18, within 24-48 hours of being notified of their experiencing a traumatic incident. The Trauma Informed Advocate will utilize an immediate, supportive, specialized, trained response to provide them with safety and referral to Trauma Informed Service Providers within the St. Cloud and surrounding communities.”

ST CLOUD AREA CHILD RESPONSE INITIATIVE

WHAT IS TRAUMA?

TRAUMA results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.

- Substance Abuse and Mental Health Services Administration (SAMHSA)

EXAMPLES OF TRAUMA CAN INCLUDE:

- Car accidents
- Domestic violence
- Child abuse, and neglect
- Sex offenses, sexual assault, rape
- Witness violence or abuse
- Assault
- Death or illness of a loved one
- Homelessness, lack of the "basics"
- Bullying

SCA-CRI:

The SCA-CRI Trauma Response Advocate will provide early intervention, assessment, case management, outreach and family advocacy as children and families deal with traumatic incidents, along with the investigative and judicial process.

The SCA-CRI TIA is employed by the Central MN Mental Health Center and offices at the St. Cloud Law Enforcement Center.

The SCA-CRI Trauma Informed Advocate position is a coordinated community response that brings together law enforcement, mental health providers, child advocates, informal supports, child protection, and juvenile justice professionals to address the needs of children exposed to violence and their families.

COORDINATED COMMUNITY RESPONSES ARE KEY TO MEETING THE DIVERSE NEEDS OF CHILDREN AND FAMILIES IMPACTED BY VIOLENCE AND TRAUMA

PRIMARY GOALS:

1. Intervene early to help children/families exposed to violence and trauma access services.
2. Work with child(ren) and families to explain natural reactions to traumatic experiences, making them a key part of the treatment plan.
3. Provide family referrals to treatment agencies and other community resources to individually address children/family needs.
4. Strengthen the relationship between law enforcement and the community through integrated partnerships.

TRAUMA SYMPTOMS:

CHILD TRAUMA SYMPTOMS "LOOK" DIFFERENT DEPENDING ON CHILD'S AGE

Young Children (Birth to Age 5)

- Fear of being apart from a parent/caregiver
- Withdrawal from friends of activities
- General sense of worry
- Fear of new people, new situations
- Not meeting goals for his/her age
- Difficulty falling or staying asleep,
- Nightmares, night terrors
- Acting-out/tantrums
- Upset by reminders of the event (Sirens)
- Bedwetting, daytime toileting accidents
- Loss of language skills/return to "baby talk"
- Trauma themes in play
- Stomach aches
- Difficult to console

Schoolchildren (Age 6 to 11):

- Unwanted thoughts or mental reminders
- Think about defending self or others
- Embarrassed about trauma
- Upset by triggers such as screams, touch, bathrooms, reminders of the event
- Feel badly for not protecting self or others
- Think about ways to prevent trauma
- Can't fall/stay asleep; daytime sleepiness
- Stay away from new people or situations
- Avoid friends and activities
- Have headaches, stomach pains, sweating
- Feel anxious about many things
- Problems paying attention or remembering
- Acting-out or withdrawing
- Changes in grades

Help is available

Recovery is possible

TRAUMA SYMPTOMS:

Pre-Teens and Adolescents (12-17):

- Upsetting thoughts or mental images about trauma
- Feel different or "strange"
- Running away
- Upset by triggers (media, criticism, bullying)
- Trouble falling/staying asleep
- Problems sleeping in class
- Avoid people, places, or activities
- Feel worried or anxious often
- Trouble with concentration or memory
- Acting-out or withdrawing
- Violent outburst
- Changes in grades
- Depression, thinking/talking about suicide, or other mental health problems
- Attempts to hurt themselves by cutting, burning or other means
- Careless with their own or others' safety
- Greater risk of substance use, early sexual activity

What Can I Do?

- Listen and acknowledge without judgment
- Report suspicions of abuse or neglect
- Help to make a safety plan, or contact us so we can assist with a safety plan
- Offer healthy and consistent reassurance
- Make or keep routines
- Watch for problems that last a long time or get worse
- Find professional help
- Take care of yourself as the helper

BE AWARE THAT, REGARDLESS OF THE CHILD'S AGE, SOMETIMES SYMPTOMS DO NOT SHOW UP RIGHT AFTER THE EVENT. IT COULD BE MONTHS LATER SO IT IS IMPORTANT TO WATCH CLOSELY

