

Trauma Informed Screening Tools

OVERVIEW-

Post-traumatic stress disorder symptoms typically start within three months of a traumatic event. In a small number of cases, though, PTSD symptoms may not appear until years after the event. Post-traumatic stress disorder symptoms are generally grouped into three types: intrusive memories, avoidance and numbing, and increased anxiety or emotional arousal (hyperarousal).¹

Post-traumatic stress disorder symptoms can come and go. You may have more post-traumatic stress disorder symptoms when things are stressful in general, or when you run into reminders of what you went through. Screening is important to help identify, understand, and treat the symptoms of traumatic stress.

PICKING SCREENING TOOLS-

Checklist and screenings are to be used as a prompt for the worker to explore and understand how trauma may be a factor in impacting a person's well-being or ability to function. The checklist is to be used as a guide to consider whether a trauma specific mental health assessment and services should be considered.

Important considerations:

- Non-traumatized children and adults may present one or more of these behaviors depending on various factors such as personality, temperament, intelligence, maturity (or lack thereof), media exposure, mental illness, or modeling.
- Non-traumatized children and adults may present with one or more of these behaviors according to their cultural norms and traditions.
- Corroborating with other professionals is necessary to get a complete picture and provide the greatest response and referral.

SCREENING VS ASSESSMENT –

- Trauma-informed screening refers to a *brief, focused inquiry* to determine whether an individual has experienced specific traumatic events or reactions to trauma and indicate need for further assessment by clinical/mental health professional. ²
- Trauma assessment is a more *in-depth exploration* of the nature and severity of the traumatic events, the impact of those events, current trauma-related symptoms and functional impairment. Assessment informs treatment. ²

REFERENCES

1. Mayo Clinic. Diseases and Conditions Symptoms for Post Traumatic Stress Disorder. Accessed February 19, 2014. <http://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/basics/symptoms/con-20022540>
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2. Conradi, Lisa, Henry, Jim, and Kisiel, Cassandra. "Trauma Screening and Assessment Measures for Child Welfare." *The National Child Traumatic Stress Network*. Publisher of Website, 17 May 2012 article. Web. Retrieved May 21, 2014. <http://learn.nctsn.org/course/view.php?id=72>.

Trauma Informed Screening Tools for ages (0-5)

CONSIDERATIONS

Children who have experienced an initial traumatic event before they turn 11 years of age are three times more likely to develop psychological symptoms than children who experience their first trauma as a teenager or as an adult later on.^[1]

Children this age cannot understand the concept of permanent loss. They believe that consequences are reversible. This age group is particularly affected by parents' reactions to a traumatic event. Parents may notice children returning to behaviors exhibited at earlier ages; this is known as regressive behavior.

They may experience:^{2,5}

- Attachment behaviors toward caretakers
- Fear of being separated
- Excessive clinging
- Indiscriminate preferences in caregivers
- Sleep disturbances, particularly nightmares.
- A child may not want to sleep alone or may wish to keep the light on
- Immobility-accompanied by trembling and frightened expressions
- Regression in behavior, and physical independence such as refusing to dress, feed or wash themselves
- Thumb sucking, whining and loss of acquired speech

FOLLOWUP/REFERRAL

Parents and caregivers play a very important role in helping infants and toddlers cope and recover from traumatic and stressful experiences. Providing young children with sensitive and responsive care takes a lot of emotional and physical energy. But the everyday moments shared between a child and a loved adult can be mutually healing.⁶ Talking to parents about their young child traumas may bring up defensive behaviors, thinking they did something wrong. Continue to reassure your family that reactions to trauma are based on multiple factors include biological and genetic.

SCREENING TOOLS: All Are Free to Access

[Southwest Michigan Children's Trauma Assessment Center, Screening Checklist: Identifying Children at Risk Ages 0-5](#)

- 4- item caregiver report

[Young Children PTSD Checklist](#)

- 42- item screen completed by caregiver to determine need for referral to clinical treatment for PTSD.
- Direct exposure to life threatening event or indirect exposure of viewing life-threatening event of a family member.

[Devereaux Center for Resilient Children' Assessment for Infants, Toddlers, and Preschoolers](#)

- 33- item collaborative screening tool; families and professionals partner to identify symptoms and answer tool.
- Comprehensive manual and instruction guides for families and professionals to use.
- Scores have been normed and percentile ranked for users.⁴

[Traumatic Events Screening Inventory-Parent Report Revised \(TESI-PRR\) —aged 0–6](#)

24-item caregiver report measuring experiencing and witnessing of traumatic events for young children.

[Trauma Symptom Checklist for Young Children](#)

- 90-item caretaker-report instrument that can be used to assess PTSD symptoms in children between 3 - 12 years old.
- Made up of eight clinical scales (Anxiety, Depression, Anger/Aggression, Posttraumatic Stress - Intrusion, Posttraumatic Stress - Avoidance, Posttraumatic Stress - Arousal, Dissociation, and Sexual Concerns) as well as a summary PTSD scale (PTSD Total).
- Appears to have reasonable psychometric characteristics, and correlates as expected with various types of trauma exposure. Subject to continued validation and the development of general population norms, its use as a clinical measure is supported.³

REFERENCES

1. FEMA for Kids: After a Disaster, Accessed February 19, 2014. <http://www.fema.gov/childrens-working-group>
2. United State Department of State, Office of Casualty Assistance. (2005) Children's Reaction to Trauma. Accessed February 19, 2014. <http://www.state.gov/documents/organization/139581.pdf>
3. John Briere^a, Kerri Johnson^b, Angela Bissada^c, Linda Damon^d, Julie Crouch^e, Eliana Gil^f, Rochelle Hanson^g, Vickie Ernst^h (2001) *The Trauma Symptom Checklist for Young Children (TSCYC): reliability and association with abuse exposure in a multi-site study*. [Child Abuse & Neglect, Volume 25, Issue 8](#), 1001–1014.
4. Mackrain, M., LeBuffe, P., & Powell, G. (2007). *Devereux early childhood assessment for infants and toddlers*. Lewisville, NC: Kaplan Early Learning Company.
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6. Zero to Three, The National Center for Infants, Toddlers, and Families. Accessed February 19, 2014. <http://www.zerotothree.org/maltreatment/trauma/trauma.html>