

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>
http://www.ncswtraumaed.org/wp-content/uploads/2011/07/Child-and-Adolescent-Trauma-Measures_A-Review-with-Measures.pdf
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 (6-12)

CONSIDERATIONS: Focus of Screening- Identify exposure to trauma and level of symptoms, can be specific or related to multiple types of trauma. Children at different stages of development may experience or manifest symptoms of trauma exposure differently. Repeated exposure to trauma may also hinder children from reaching certain developmental milestones found in other types of screenings and can impact school performance, learning, and physical and emotional stress.

Screenings for this age group have three methods:

- **Child Completed Tool-** If child has developmental capacity to read (usually 8 or above) they can complete tool independently or through interview
- **Caregiver Completed Tool-** for younger populations (8 or below) or populations with developmental delays would have to use caregiver completed tool. Keep in mind validity of caregiver responses such as fear/worry it impacts visitation, custody, or other implications to caregiver or for adoptive or foster parents lack of knowledge with history.
- **Provider completed-** can be used for all age groups and good for summarizing information from multiple sources (child, caregiver,

SCREENING TOOLS- recommended because of empirical base, ability to identify for further assessment, developmental appropriateness and feasible time to complete. Age ranges are also specified for intended use of each tool. Some tools can be child completed or caregiver completed. All are free to access.

- [Traumatic Events Screening Inventory- Child Report Form \(TESI-CRF-R, ages 6-18, 24 items\)](#)
- [Traumatic Events Screening Inventory- Parent Report Form \(TESI-PRF-R, use for 8 or younger, 24 items\)](#)
- [Traumatic Events Screening Inventory-Interview](#) is for clinicians or provider use
- Southwest Michigan Children's Trauma Assessment Center, [Screening Checklist: Identifying Children at Risk \(ages 6-18\)](#). Can be completed by child, caregiver, or by provider with interview.
- [Young Child PTSD Checklist- Child Version \(ages 7-17, 17 items\)-](#) Can be completed by child or caregiver.

FOLLOWUP/REFERRAL

- Ensure that type/range of traumatic exposures is considered in follow-up.
- Ensure that strengths are also considered for child and caregiver involved.
- Promote family engagement in treatment planning for children.
- Consider level of risk from screening to match to intensity of follow up assessments and treatment.

REFERENCES

1. Greenwald, Ricky. "Child Trauma Measures for Research and Practice." *Trauma Institute and Child Trauma Institute*. September, 2004. Web. May 19th, 2014. <http://www.childtrauma.com/publications/child-trauma-measures#pcj>
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>.
3. http://www.ncswtraumaed.org/wp-content/uploads/2011/07/Child-and-Adolescent-Trauma-Measures_A-Review-with-Measures.pdf
4. Ribbe, D. (1996). Psychometric review of Traumatic Event Screening Instrument for Children (TESI-C). In B. H. Stamm (Ed.), *Measurement of stress, trauma, and adaptation* (pp. 386-387). Lutherville, MD: Sidran Press.