Trauma Screening for Young Children

Jennie Cole-Mossman LIMHP
Jamie Bahm MS
Prevalence of Trauma in Young Children

* Victims 0-3 make up 27.3% of all maltreatment victims (2013 US Dept of Health and Human Services)

* Infants are the fastest growing population of children to enter foster care in the United States (2001)

* Infants removed and placed into foster care are more likely than older children to experience further maltreatment and are in out of home care longer (2002)

* 78% of children had experienced more than one trauma type with the initial exposure on average occurring around age 5 (NCTSN 2003)

* Statewide, in 2017 there were 2,174 reports of substantiated child maltreatment; 21.8% were ages 0-2, 19.9% ages 2-4, 41.6% ages 5-12, 16.7% ages 13-18 (Nebraska Kids Count, 2017)
Types of Trauma

* **Acute**: a single traumatic event that is limited in time.
* **Chronic**: the experience of multiple traumatic events.
* **Complex**: exposure to chronic trauma and the impact of exposure.
* **Historical**: personal or historical event or prolonged experience that impacts several generations.
* **Medical**: Chronic illness, injury, treatment (prevalent in foster youth).
Some Sources of ongoing Stress for kids

- Poverty
- Discrimination
- Separations from parent/siblings
- Frequent moves
- School problems
- Traumatic grief and loss
- Refugee or immigrant experiences
How do we identify Trauma in Young Children?
SCREENING AND ASSESSMENT

**Trauma Screening**
*Universally administered by front-line worker to determine a child or parent’s trauma history and related symptoms*

**Trauma Assessment**
*In-depth assessment of trauma symptoms and psychosocial functioning completed by a mental health provider*

**Psychological Evaluation**
*Designed to answer a specific referral question and conducted by court-approved evaluator*

**Trauma Screening**
*Universally administered by front-line worker to determine a child or parent’s trauma history and related symptoms*
Trauma Screening

* Has 2 main purposes:

- Identify children and youth who require an *immediate* response – medication, suicide watch, etc.

- Sift through total number of children/youth to identify those with *higher likelihood* of having problem requiring special attention.

Grisso, 2005; Vincent, Grisso, & Terry, 2007
Examples of Trauma screening tools

- ACES tool
- Child & Adolescent Needs & Strengths (CANS)
- CRAFFT
- Diagnostic Predictive Scale
- eCPR
- Global Appraisal of Individual Needs (GAIN)
- International Child Abuse Screening Tool (ICAST)
- Juvenile Inventory for Functioning (JIFF)
- Massachusetts Youth Screening Inventory (MAYSI-2)
- Mental Health First Aid
- Polyvictimization/Trauma Symptom Checklist
- Strengths & Difficulties Questionnaire
- Substance Abuse Structured Assessment and Brief Intervention Services (SBIRT)
- Traumatic Events Screening Inventory for Children
- Trauma Symptom Checklist for Children (TSCC)
Child Welfare Trauma Referral Tool

• Covers ages 0-19
• Is simple to administer and interpret
• Screens for both mental health needs and trauma exposure
• Provides a decision tree leading to appropriate treatment referrals
• Is relatively brief
• Does not require extensive training
• Can be administered by front-line workers and case reviewers
• Has evidence-base and recommended by SAMHSA and NCTSN
Child Welfare Trauma Referral Tool

* Designed to help make trauma-informed decisions about referral to mental health services

* Completed through record review and interviews with key informants (e.g., parents, caregivers, older children)

* Documents history of exposure to a wide variety of traumatic events and indicates age(s) at which exposure occurred

* Also collects information about severity of child’s traumatic stress and other emotional and behavioral reactions
Let’s look at the Tool

Module 8

Child Welfare Trauma Referral Tool (CWT)
(Nicole Taylor, Charles Wilson, & Alan Steinberg, 2006)

This measure is designed to help child welfare workers make more trauma-informed decisions about the need for referral to trauma-specific and general mental health services. It is to be completed by the child welfare worker through record review and key informants (i.e., natural parent, foster parent, child therapist, school-aged children or adolescents if appropriate, and other significant individuals in the child’s life).

Section A allows the child welfare worker to document history of exposure to a variety of types of trauma and indicate the age range over which the child experienced each trauma. Section B allows the child welfare worker to document the severity of the child’s traumatic stress reactions. Section C allows the child welfare worker to document attachment problems. Section D allows the child welfare worker to document behaviors requiring immediate stabilization. Section E allows the child welfare worker to document the severity of the child’s other reactions/behaviors/functioning. Section F provides strategies for making recommendations to general or trauma-specific mental health services by linking the child’s experiences to their reactions.

To obtain permission to use the Child Welfare Trauma Referral Tool, please contact Lisa Conradi, at lconradi@nchgd.org or 856-576-1700, ext. 0306.
Descriptions for 0-6

- Additional reference for children ages 0-6 to help describe what these behaviors would look like or be reported like in this age group

- You really can see these things in a young child…
Video Clip
Video Clip
The Path to Trauma Therapy

SCAN

ASSESS

TREAT
Thank you

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