CHILD TRAUMA SCREEN BENCH CARD

Many youths suffer from trauma in silence and alone. Screening is a way to identify youth who are experiencing high levels of distress and may need additional support to overcome trauma exposure. Screening is also important to facilitate discussions with youth and caregivers about trauma, to provide information about traumatic stress, and to offer a range of resources to families, including evidence-based treatment when indicated.

Purpose

The Child Trauma Screen (CTS) is intended to be used as a very brief, empirically based screen for child traumatic stress. It can be administered by trained clinical and non-clinical staff, including intake staff, child welfare workers, juvenile probation officers, clinicians, medical providers, and school personnel. The CTS is intended for youth 6-17 years of age; is available in English, Spanish, Portuguese, and Chinese; and is free to use. The CTS can be used as a stand-alone screen or in conjunction with the MAYSI-2 behavioral health screen.

The goals of the CTS are to:

- Identify youth who are likely to be suffering from trauma exposure and would benefit from being referred for a more comprehensive trauma-focused assessment by a trained clinician.
- Function as an engagement tool for professionals working with youth, allowing them to briefly discuss the youth's exposure to trauma and trauma-related reactions and to support the youth/caregiver.

The CTS is neither a comprehensive screening tool nor a clinical assessment. It does not screen for all types of trauma exposure, all symptoms of Post-Traumatic Stress Disorder (PTSD), or other traumatic stress reactions. It is not intended to promote lengthy discussions about a youth's trauma exposure or reactions. Rather it is intended to assist professionals in determining the presence of trauma and the need for further assessment/evaluation.

Policy Development

Prior to a department or facility administering the CTS, it is recommended that a formal policy be adopted outlining training, administration, response, and stakeholder engagement. It is important to communicate with community providers and make necessary connections for possible referrals. A community resources capacity assessment can be sent to providers who might receive referrals for non-emergency trauma assessments or trauma-focused treatment.

Administration

Administering and using the CTS does not require training as a professional clinician. Probation officers or facility intake staff can administer the screen as an interview (best practice) or self-report. Youth and caregiver versions of the screen are available. The in-person interview provides an opportunity to engage the youth/caregiver directly, observe non-verbal responses, express support for disclosures, and inform the youth/caregiver about trauma. For any administration, it is important that the results of the CTS are reviewed with the youth/caregiver immediately following completion. It is recommended that staff administering the CTS receive brief training in trauma screening.

Adverse Childhood Experiences

Abuse
- Emotional
- Physical
- Sexual

Neglect
- Emotional
- Physical

Household
- Domestic Violence
- Substance Abuse
- Mental Illness
- Parental Separation/ Divorce
- Incarcerated Parent

Screened In

Studies suggest that the optimal cut scores for Reactions Total on the CTS are 6 or greater on the youth screen. For consistency, a cut score of 6 or greater on the caregiver screen should also be used. This cut score indicates a high likelihood that the youth may be suffering from clinically significant levels of PTSD symptoms. In these cases, a clinical trauma assessment by a clinician trained in evidence-based, trauma-focused assessments and/or treatments should be considered. Should the results of the CTS suggest specific trauma reactions (i.e., cut score ≥6), the CTS Secondary Screen questions should be asked, with the responses to these questions used to inform referral decisions.

Secondary Screen

The CTS secondary screen should be performed in a conversation style and the screener should record the youth's responses. A decision on whether to refer a youth for further trauma assessment should be guided by the CTS score, answers to the CTS secondary screen, and review of other relevant information from the intake (e.g., other screening results, collateral records, past/current treatment, evidence of other traumatic events not acknowledged on the CTS). Staff administering the screen should be aware that a youth's responses during the CTS secondary screen may trigger a requirement of a mandatory report of child abuse or neglect.

What Not To Do with CTS Scores

When it is necessary to communicate concerns to parents/caregivers or to clinicians, the specific screening scores should not be provided. Parents/caregivers can simply be told the "screening raised some concern about possible stress reactions," or for referral to a clinician, "the trauma screen indicated a history of possible traumatic event exposures and current trauma reactions."

For more detailed information, please see the website of the Child Health and Development Institute at: www.chdi.org