

Application of Trauma-Informed Care: Trauma Screening

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Objectives

1. Able to define trauma screening and explain why it is important.
2. Be familiar with how to identify a child who has experienced an adverse childhood experience or trauma.
3. Be familiar with how to screen for trauma exposure.
4. Be familiar for how to screen for traumatic stress response.
5. Be familiar with where to access resources for families on trauma.
6. Be aware of some trauma-specific and evidence-based treatments.
7. Understand how to locate a trained clinician to refer the patient on for further assessment and treatment.

Part I: Need for Trauma Screening

Prevalence of ACES: ND

- Prevalence of one or more ACES, according to parents' reports on their child birth to age 17

	0 ACES	1 ACE	2 ACES	3 TO 8 ACES
United States National	55%	24%	11%	10%
North Dakota	60%	25%	8%	8%

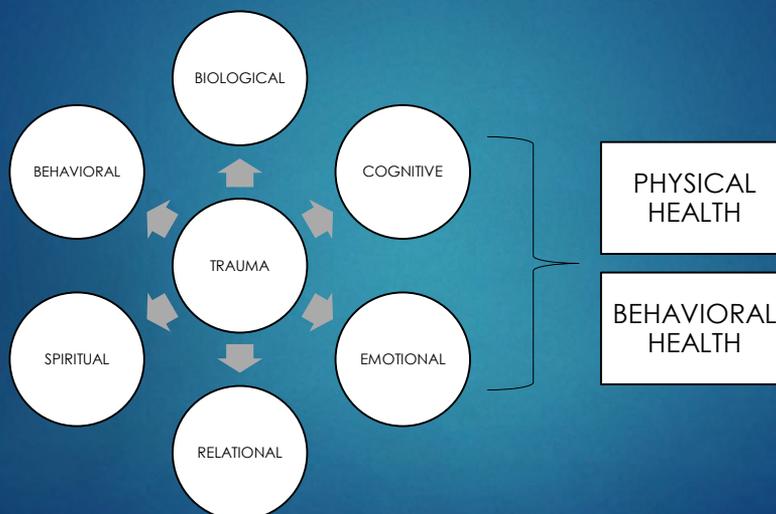
Child Trends Brief: 2016 NSCH Data

CHILDREN'S MENTAL HEALTH

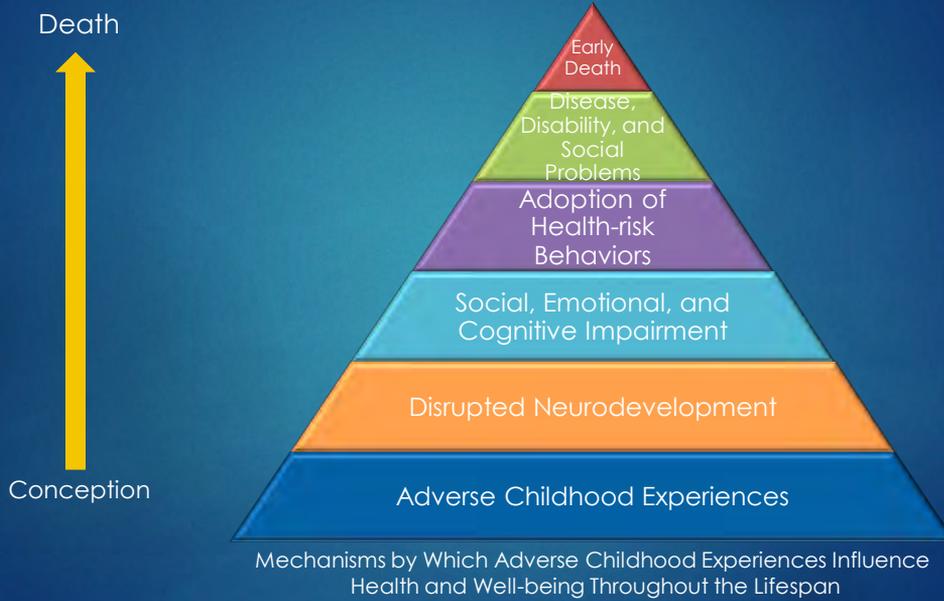


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Trauma

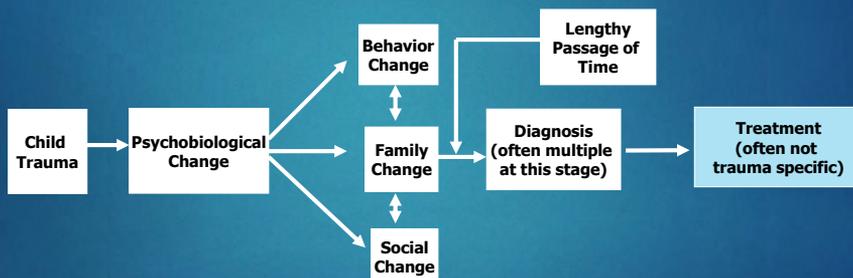
Impact of Trauma



Long-Term Trauma Impact–ACE Pyramid: CDC



PROCESS WITHOUT EARLY INTERVENTION



National Childhood Traumatic Stress Network's (NCTSN) Trauma-Informed Systems Definition

A trauma-informed child- and family-service system is one in which:

- ▶ **All parties involved recognize and respond** to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers.
- ▶ Programs and agencies within such a system **infuse and sustain trauma awareness, knowledge, and skills** into their organizational cultures, practices, and policies.
- ▶ They act in collaboration with all those who are involved with the child, using the best available science, to **facilitate and support the recovery and resiliency** of the child and family.

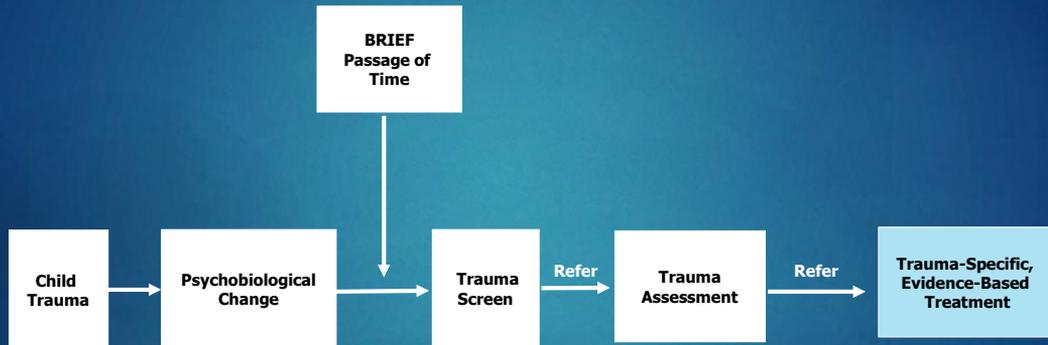
(NCTSN, n.d.)

NCTSN's Trauma Informed Approach

- 1) Routinely screen for trauma exposure and related symptoms;
- 2) Use culturally appropriate evidence-based assessment and treatment for traumatic stress and associated mental health symptoms;
- 3) Make resources available to children, families, and providers on trauma exposure, its impact, and treatment;
- 4) Engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma;
- 5) Address parent and caregiver trauma and its impact on the family system;
- 6) Emphasize continuity of care and collaboration across child-service systems; and
- 7) Maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff resilience.

(NCTSN, n.d.)

PROCESS WITH EARLY INTERVENTION



Where to from here?

1. Screen for trauma exposure
2. Screen for trauma symptoms
3. Consider how trauma exposure and symptoms may be contributing to the presenting problem and overall clinical picture
4. Connect families with appropriate resources
5. Refer for further assessment to determine need for treatment with trauma-informed provider
6. Coordinate with mental health provider

Part II: Trauma Screening

NCTSN Guidelines to Trauma-Informed Screening and Assessment

- Trauma-informed screening refers to a brief, focused inquiry to determine whether an individual has experienced specific traumatic events or reactions to trauma
 - Performed by trained individual such as frontline workers, nurses, nurse assistant, or mental health clinicians
- 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
 - Performed by trained mental health clinicians

Trauma Screening (NCTSN)

- WHO: front-line workers, such as Child Welfare and, in some cases, mental health
- WHAT: brief in length, questions regarding a child exposure to trauma and his/her symptoms
- WHEN: caseworkers need to determine when a child needs trauma-focused mental health treatment
- WHAT IT IS NOT: definitive diagnosis

Screening Youth for Trauma and PTSD Symptoms

Trauma Exposure

- ▶ ACES Questionnaire
- ▶ Trauma History Questionnaire

Internalizing Symptoms/PTSD

- ▶ MN Trauma Screen

Externalizing Symptoms

- ▶ Pediatric Symptom Checklist-17 (PSC-17)

ACEs Screening Tool for Children and Adolescents

- ▶ The ACEs screening tool for children and adolescents was developed by Dr. Nadine Burke Harris for use in her clinic. The ACE Questionnaire is free and is intended to be used solely for informational or educational purposes.
- ▶ You must register to use it: <https://centerforyouthwellness.org/cyw-aceq/>

CYW Adverse Childhood Experiences Questionnaire (ACE-Q) Child

To be completed by Parent/Caregiver

Today's Date: _____

Child's Name: _____ Date of birth: _____

Your Name: _____ Relationship to Child: _____

Many children experience stressful life events that can affect their health and wellbeing. The results from this questionnaire will assist your child's doctor in assessing their health and determining guidance. Please read the statements below. Count the number of statements that apply to your child and write the total number in the box provided.

MN Trauma Screen Measure

University of Minnesota's Traumatic Stress Screen for Children and Adolescents (TSSCA)

Name of Child/Adolescent: _____ DOB: _____ Gender: M F
Interviewer Name/ID: _____ Assessment Date: _____

Below is a list of problems that people sometimes have after experiencing a bad or upsetting event. Bad or upsetting events might include being threatened or hurt, seeing someone else threatened or hurt, or feeling like your life was in danger.

Have you ever experienced a bad or upsetting event? Yes No

If yes, what was the bad or upsetting event? Feel free to list more than one.

When thinking about your bad or upsetting event(s), how often have the following problems happened to you during the past month?

**DURING THE PAST MONTH,
HOW OFTEN HAVE YOU...**

	Never 	Sometimes 	Often 
1. Had upsetting thoughts, images, or memories of the event come into your mind when you didn't want them to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Felt afraid, scared, or sad when something reminded you about the event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tried to stay away from people, places, or activities that reminded you of the event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Had trouble feeling happiness, enjoyment, or love?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Been on the lookout for danger or other things that you are afraid of (for example, looking over your shoulder when nothing is there)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL _____

TSSCA Background



INSTITUTE FOR
TRANSLATIONAL
RESEARCH
in Children's Mental Health

AMBIT NETWORK

Navigating research and practice in child trauma



What is the TSSCA?

- ▶ 5 question screen for PTSD symptomology
- ▶ For use by child welfare professionals, clinicians, educators, juvenile probation officers and other trained staff
- ▶ For use with children 5-18
- ▶ Used to refer for additional assessment and services

(Donisch, Bray, & Gewirtz, 2015)



Why was the TSSCA developed?

- ▶ Identification
- ▶ Referral
- ▶ Developing Trauma-Informed Systems



Clinical Utility

- ▶ Brief (less than 5 minutes)+
- ▶ Easy to administer and score+
- ▶ Free
- ▶ = HIGHLY ACCEPTABLE



Layout

University of Minnesota's Traumatic Stress Screen for Children and Adolescents (TSSCA)

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Have you ever experienced a bad or upsetting event? Yes No

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Layout

When thinking about your bad or upsetting event(s), how often have the following problems happened to you during the past month?

DURING THE PAST MONTH, HOW OFTEN HAVE YOU...			
	Never	Sometimes	Often
1. Had upsetting thoughts, images, or memories of the event come into your mind when you didn't want them to?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
2. Felt afraid, scared, or sad when something reminded you about the event?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
3. Tried to stay away from people, places, or activities that reminded you of the event?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
4. Had trouble feeling happiness, enjoyment, or love?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
5. Been on the lookout for danger or other things that you are afraid of (for example, looking over your shoulder when nothing is there)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂



Layout

+ +

TOTAL



Pediatric Symptom Checklist (PSC-17)

Pediatric Symptom Checklist-17 (PSC-17)

Caregiver Completing this Form: _____ Date: _____

Name of Child: _____

	Please mark under the heading that best fits your child			Frequency		
	NEVER	SOME-TIMES	OFTEN	1	2	3
1. Fidgety, unable to sit still						
2. Feels sad, unhappy						
3. Daydreams too much						
4. Refuses to share						
5. Does not understand other people's feelings						
6. Feels hopeless						
7. Has trouble concentrating						
8. Fights with other children						
9. Is down on him or herself						
10. Blames others for his or her troubles						
11. Seems to be having less fun						
12. Does not listen to rules						
13. Acts as if driven by a motor						
14. Teases others						
15. Worries a lot						
16. Takes things that do not belong to him or her						
17. Distracted easily						
(scoring totals)						

Part III: Trauma and the Clinical Picture

ADHD or PTSD?

- ▶ Routine inquiry about traumatic experiences in children presenting with ADHD symptoms is essential if we are going to increase the accuracy in differential diagnosis.

How Childhood Trauma Could Be Mistaken for ADHD
Some experts say the normal effects of severe adversity may be misdiagnosed as ADHD.

Inattentive, hyperactive, and impulsive behavior may mirror the effects of adversity, and many doctors don't know how—or don't have time—to tell the difference.

St. Catherine University
University of St. Thomas
Master of Social Work, Clinical Research Paper
School of Social Work
5-2015
How to Differentiate ADHD from PTSD in Children: Clinicians' Perspectives
Rebecca A. Johnson
St. Catherine University

Clinical Psychology Review
Volume 20, Issue 2, April 2000, Pages 169-178
Attention-deficit hyperactivity disorder and posttraumatic stress disorder: Differential diagnosis in childhood sexual abuse
Dan Veenstra, Darlene Waffeltack, Maryla Bugger

Is trauma part of the presenting problem or clinical picture?



Part IV: Resources

Locating Resources on Trauma

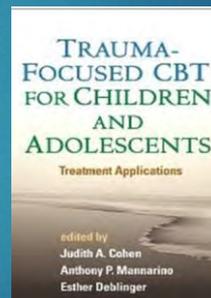
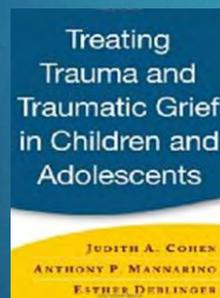
- ▶ General Trauma Resources (Families and Staff)
 - ▶ www.nctsn.org
- ▶ ACEs Resources (Staff)
 - ▶ <https://centerforyouthwellness.org/>
 - ▶ <https://www.acesconnection.com/g/aces-in-pediatrics>
 - ▶ <https://acestoohigh.com/>

Part V: Evidence-Based Treatments and Providers

Types of Trauma-Specific Evidence Based Treatment

- ▶ **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**
 - ▶ Trauma symptoms
 - ▶ Individual and family sessions
- ▶ **Parent-Child Interaction Therapy (PCIT)**
 - ▶ Behavior problems
 - ▶ Building caregiver-child relationship
- ▶ **Child and Family Traumatic Stress Intervention (CFTSI)**
 - ▶ Prevention for PTSD
 - ▶ Family sessions
- ▶ **Alternatives for Families Cognitive Behavioral Therapy (AF-CBT)**
 - ▶ Trauma Symptoms and Physical Abuse
 - ▶ Individual and family sessions

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)



(Cohen, Mannarino, & Deblinger, 2006)

Empirical Support for TF-CBT

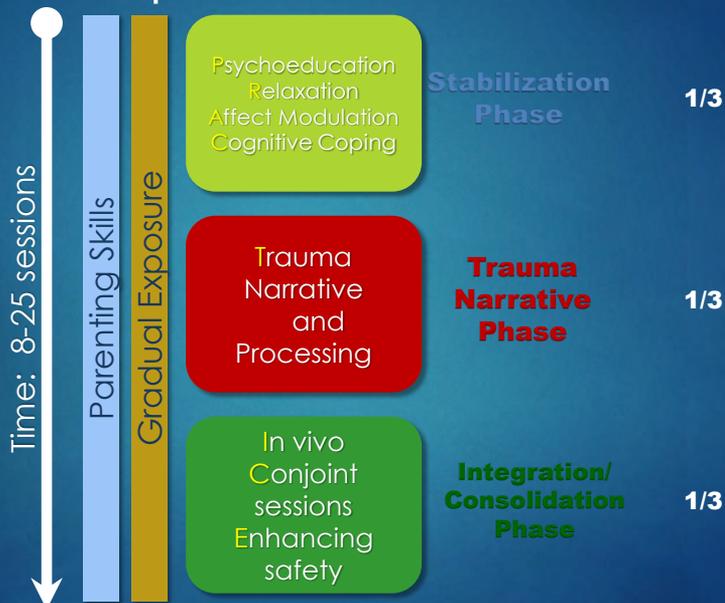
- ▶ 21 randomized controlled trials (RCT) using comparison treatments with children exposed to a variety of trauma types (e.g., sexual abuse, domestic violence, natural disasters, medical trauma)
- ▶ Efficacy data exists for preschool, school-aged, and adolescent populations (3-18 years old)

Empirical Support for TF-CBT

- ▶ TFCBT has greater impact compared to other treatments
 - ▶ PTSD symptoms
 - ▶ Depression, anxiety
 - ▶ Internalizing, externalizing
 - ▶ Sexualized behavior problems
 - ▶ Behavior problems
 - ▶ Abuse-related cognitions
 - ▶ Parental distress

For reviews see: de Arellano, et al., 2014; Dorsey, Briggs & Woods, 2011; Silverman, et al., 2008

TF-CBT: 3 Components



Screened for PTSD



Now you need a provider...

Where do you look?



TREATMENT COLLABORATIVE FOR TRAUMATIZED YOUTH

www.tcty-nd.org



TREATMENT COLLABORATIVE FOR TRAUMATIZED YOUTH

www.tcty-nd.org

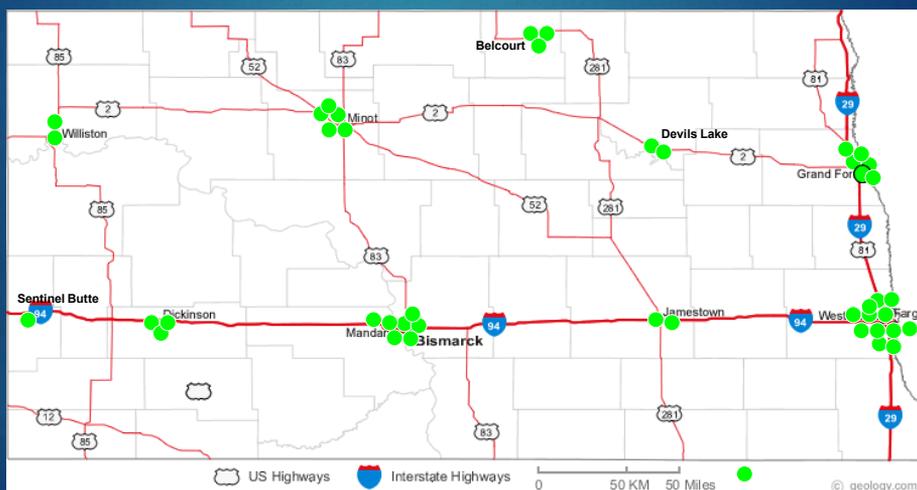
Clinician List

Click column headings to sort the clinician list. Use the search box to filter the list.

TF-CBT
 AF-CBT
 SPARCS
 PCIT
 CPP
 PSB-CBT
 CFTS

First Name	Last Name	Agency	City	Treatment Offered
Alana	Semchenko	DeCoteau Trauma Informed Care and Practice, PLLC		TF-CBT
Alissa	Fugazzi	Agassiz Associates		TF-CBT, AF-CBT, SPARCS
Amanda	Lindstrom	Fraser, Ltd. Valley Hope Counseling Services		TF-CBT
Amanda	Logan	PATH Inc., Trauma & Stress Clinic		TF-CBT

Clinical Centers with Clinicians already trained by TCTY in TF-CBT



YOUTH PROVIDERS

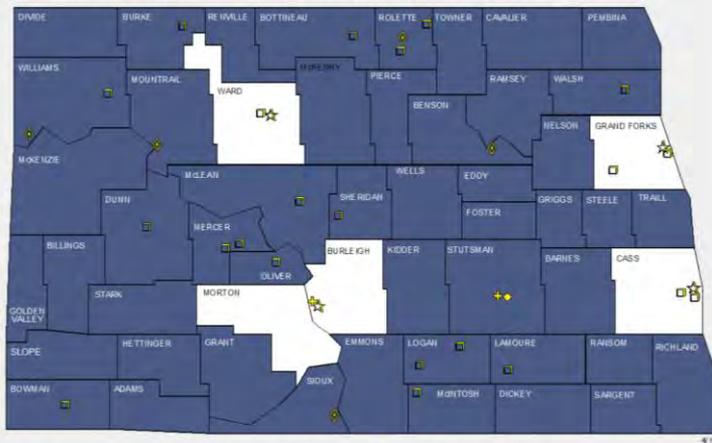
LOCAL

- ▶ TCTY
 - ▶ <https://www.tcty-nd.org/clinician-list/>
- ▶ AMBIT Network
 - ▶ <http://www.cehd.umn.edu/fsos/research/ambit/provider.asp>

NATIONAL

- ▶ TFCBT Provider Roster
 - ▶ <https://tfcbt.org/members/>

North Dakota Mental Health Professional Shortage Areas



CRH Center for Rural Health
University of North Dakota
School of Medicine & Health Sciences

- Mental Health Professional Shortage Area
- ★ Designated Health & Human Service Centers not located within current geographic area/region
- Automatic designated mental health facilities
- ◇ Designated State Mental Health Hospital
- ◇ Automatic designated (HS) facilities
- ◇ Designated Correctional Facility

North Dakota | Health
Be Jeopardy!

Telehealth Outreach Program For Traumatized Youth

90%

of ND counties are Mental Health Shortage Areas

58%

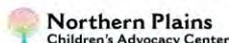
of youth experienced or witnessed at least one victimization in the past year



CAC's in ND are overcoming these barriers by using telehealth to provide:

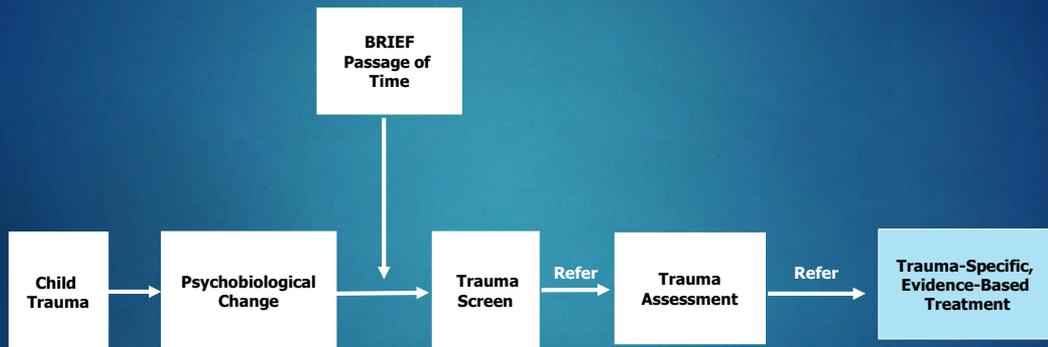
- Trauma Assessment
- Trauma Focused - Cognitive Behavior Therapy (TF-CBT)

Our telehealth services help children and families receive trauma specific and evidence-based mental health services in their home, school, or community.



To make a referral or schedule an appointment call:
Western ND: 701-323-5626 Eastern ND: 701-234-4587

PROCESS WITH EARLY INTERVENTION



Questions??



Thank You!

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