PRACTICE NOTES

SCREENING FOR TRAUMATIC STRESS IN CHILD WELFARE

Nearly 35 million children (0-17 years) in the United States have experienced one or more types of childhood trauma (NSCH, 2012). The child welfare system becomes involved in the care of approximately one million children — and, unfortunately, a large number of these children have suffered from maltreatment and/or other trauma (NSCH, 2012). Screening for traumatic stress can help identify these children and ensure that they receive appropriate interventions and services.

Understanding Traumatic Stress in Children

As defined by the National Child Traumatic Stress Network (NCTSN), **Child Traumatic Stress** occurs when children and adolescents are exposed to traumatizing events or situations, and this exposure overwhelms or hinders ability to cope with their experiences. Children's reactions to traumatic stress can vary greatly; including signs of severe distress (e.g., withdrawal, anger, irritability, troubled sleep, problems paying attention, repeated and intrusive thoughts) and some children may develop serious mental health issues such as posttraumatic stress disorder (PTSD), depression, anxiety, and behavioral disorders.

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Although some trauma can be more readily identified (e.g., fear of food scarcity, being left alone or other forms of neglect), many traumatizing stressors (e.g., past events) are not evident unless reported by the child or caregiver. Many standardized measures have been developed to assess child trauma, including self-reports, caregiver reports, and interviews including instruments that utilize self-reports, caregiver reports,

and integrated interviews (see http://z.umn.edu/assesstrauma). For example, the UCLA Post Traumatic Stress Disorder Reaction Index (UCLA PTSD-RI), a self-report questionnaire evaluating exposure to traumatic events and presence of PTSD symptoms (Steinberg et al., 2013), is considered the *gold standard* assessment measure for PTSD in children and adolescents. However, although the UCLA PTSD-RI is often described as a trauma screen, the instrument includes 47-48 items and the length of time required for completion may not be feasible given the limited time and resources available to child welfare workers with large and complex caseloads. Thus, the use of a brief screening instrument that helps prioritize the most important questions to ask children exposed to trauma, and allows child welfare professionals to quickly determine whether a child may benefit from more in-depth assessment and treatment.

SCREENING

» A brief process for identifying the possible presence of child traumatic stress

• Determine whether child has trauma-related symptoms

» Positive screening indicates a need for additional assessment

» No licence required to administer screening instruments

ASSESSMENT

» Comprehensive process for defining the nature of the problem, determining a diagnosis, and developing treatment recommendations

» May include multiple sessions and multiple methods to obtain necessary clinical information

» Advanced degrees, licensing or certification, and special training in administration, scoring, and interpretation of specific assessment instruments and interviews often required

One example of a brief screening tool is the University of Minnesota's Traumatic Stress Screen for Children and Adolescents (TSSCA) which was developed based on the UCLA PTSD-RI. The TSSCA was designed to provide clinicians, case workers, educators, and other staff with a tool for screening children (Age 5-18 years), that have or may have experienced a traumatic event and are in need of services. The instrument features five simple questions to determine trauma symptomatology experienced by children as well as extensive instructions and recommendations for using the instrument. The instrument can be located on the Ambit Network website and is free to use, visit ambitnetwork.org.

For additional information on using the TSSCA in your practice, please see http://z.umn.edu/tsscamodules.

Practice Considerations

If the brief trauma screening results are in fact positive for traumatic experiences, then the next steps taken are critical, and these depend greatly on the size of the child welfare agency and its available resources. An effective system requires sufficient resources to complete a thorough assessment or to make an appropriate referral for an assessment as well as access to trauma-specific services that match the child's needs.

As mentioned previously, a number of resources are available for screening and assessing trauma in the field of child welfare. Please refer to the following resources for more information and tools that can be implemented in your every day practice.

» The National Child Traumatic Stress Network (NCTSN) has developed tools and materials for building skills and increasing knowledge about childhood trauma to help child welfare administrators, caseworkers, frontline staff, and caregivers understand and respond to the needs of children. http://z.umn.edu/nctsntrauma

» The Children's Bureau provides a thorough list of models, tools, and other resources for use in practice to assess for trauma. http://z.umn.edu/cbtrauma

» This webinar focuses on how to improve outcomes through effective screening and assessment practices in child welfare. http://z.umn.edu/traumaassessment

» This issue of *CW360* "*Trauma Informed Child Welfare Practice*" addresses the question of how to incorporate trauma-informed organizational and practice strategies into child welfare practice. http://z.umn.edu/cw360trauma

» This module discusses the importance of early intervention referrals for children in the child welfare system and includes information on the impact of trauma on brain development. http://z.umn.edu/earlyinterventionmodule

» Help Me Grow is an example of an agency that accepts referrals for developmental assessments in cases where traumatic experiences are a concern. http://z.umn.edu/helpmegrow

» The Ambit Network has an interactive map showing provider agencies throughout MN that have been trained in administering trauma assessments and Trauma Focused-Cognitive Behavioral Therapy, an effective trauma intervention for children ages 3-18 in need of trauma treatment

CASE EXAMPLE

Sammie is an 8 year old girl who was placed into foster care recently. Sammie's mother struggles with a substance use disorder. Sammie's mother left her at her friend's house for a week and did not return to pick her up when she was supposed to. Sammie was taken to a shelter after her friend's mother notified law enforcement. Sammie was confused and worried about her mother. When Lisa, a social worker, arrived to pick Sammie up to bring her from the shelter to a foster home, it was clear that Sammie was terrified and she asked for her mother multiple times. During conversations with Sammie during a visit later on in the week, the social worker noticed that Sammie mentioned many times that her stepfather was going to be "very angry." Sammie stated that her stepfather was going to be very mad at her mom and that he was going to be really mad at her as well. Sammie stated that she was scared to see him. The social worker had growing concerns that some form of abuse may have been occurring in the home.

» Does it appear as if Sammie may have experienced previous trauma?

» What should Lisa do to better understand Sammie's fear of her stepfather?

» Why is it important for Lisa to understand Sammie's potential trauma history?

Summary

Research has helped our field of child welfare understand more clearly how traumatic experiences can impact children. It is important that all children involved with the child welfare system receive trauma screening and assessment in order to ensure they are referred for appropriate services. In our work with children and families, there is the opportunity to intervene with children, their caregivers and other professionals.

Practitioners can share the information provided in this issue of *Practice Notes* with colleagues, integrate it into our own practice with children and families, and use it to look for creative solutions for assisting children in their relationships and environments. Below, please find some questions for reflection as you take this research knowledge into your daily child welfare practice.

Reflection Questions

1. How can you bring this information to your work team(s) or into supervision?

2. What are some examples you've seen in your work where a trauma screening tool would have been helpful in identifying proper services?

3. What impact does this research have for your specific work with families and children who have experienced trauma?

4. What could you do to share this information with the collaborative professionals working with the children on your case-load (school social worker, children's mental health worker, resource family, kinship family, guardian ad litem, etc.?)

References

Center for Substance Abuse Treatment (US). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 57.) Chapter 4, Screening and Assessment. Available from: http://www.ncbi.nlm.nih.gov/books/NBK207188/

National Survey of Children's Health. (2011/12). Data query from the Child and Adolescent Health Measurement Initiative. Data Resource Center for Child and Adolescent Health. Retrieved 9/1/2016 from www.childhealthdata.org

Steinberg AM, Brymer MJ, Kim S, Ghosh C, Ostrowski SA, Gulley K, Briggs, EC, Pynoos, RS (2013). Psychometric properties of the UCLA PTSD Reaction Index: Part 1, Journal of Traumatic Stress, 26, 1-9.

The Ambit Network (http://www.cehd.umn.edu/fsos/projects/ambit/screening.asp)

Spotlight on our Practice Notes partner:

The Institute for Translational Research in Children's Mental Health (ITR) advances quality research, evidence-based clinical training, and information dissemination focused on children's mental health and development ages 0 to 18.
For more information, visit
http://www.cehd.umn.edu/ITR/default.html