

# Screening & Assessing PTSD in Youth

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# Terminology: Trauma (3 Es)

- “Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual wellbeing.”

SAMHSA, 2014



# Events

Physical  
abuse/assault

Sexual abuse/  
assault

Community  
violence and  
victimization

Abandonment  
and neglect

Domestic  
violence

Traumatic loss

Prostitution,  
sex trafficking

Serious  
accidents

Medical  
trauma, injury,  
illness

Natural  
disaster

Combat /  
Political  
violence

Emotional  
abuse



# ACEs = ADVERSE CHILDHOOD EXPERIENCES

*The three types of ACEs include*

## ABUSE



Physical



Emotional



Sexual

## NEGLECT



Physical



Emotional

## HOUSEHOLD DYSFUNCTION



Mental Illness



Mother treated violently



Divorce



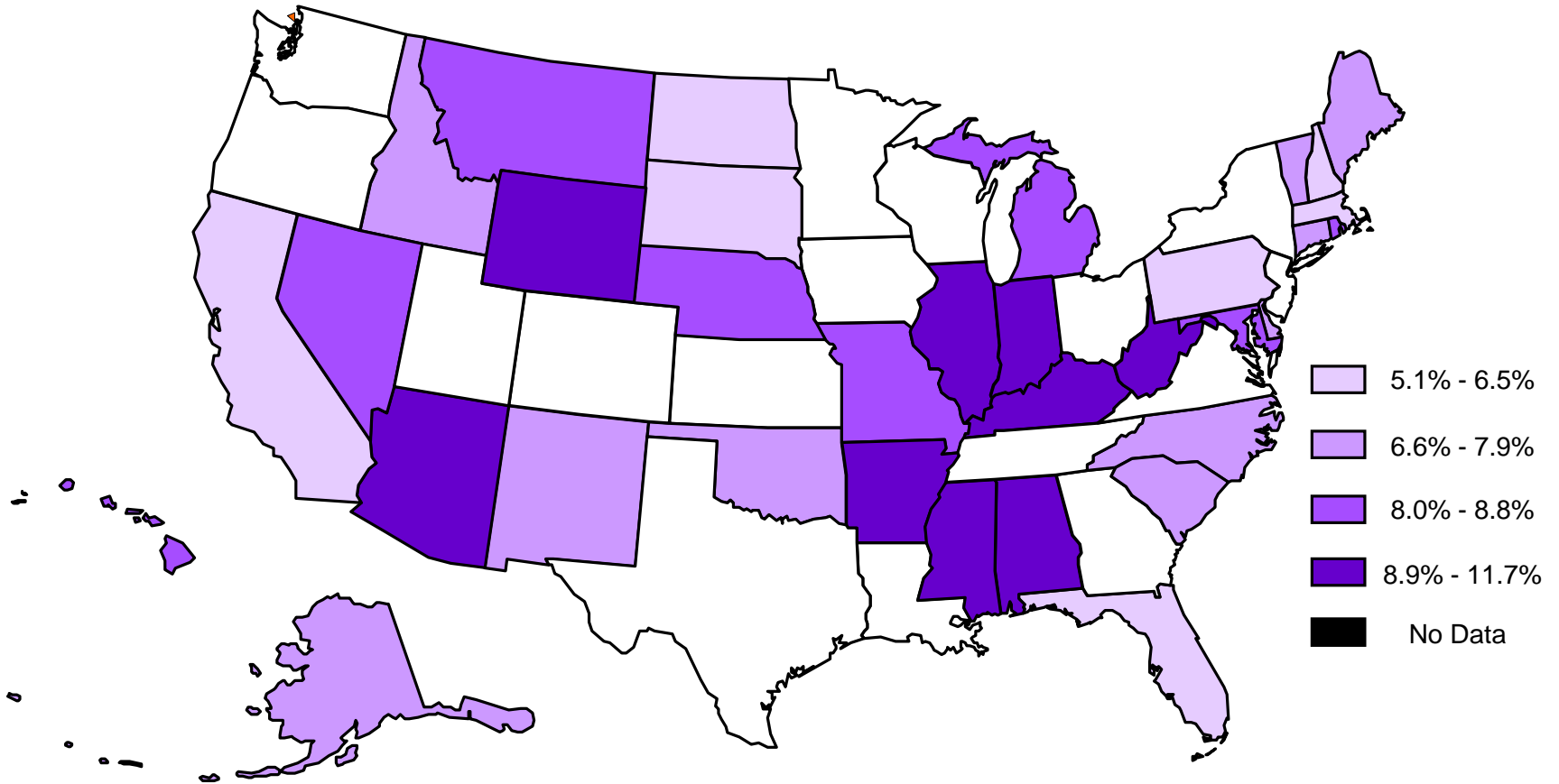
Incarcerated Relative



Substance Abuse

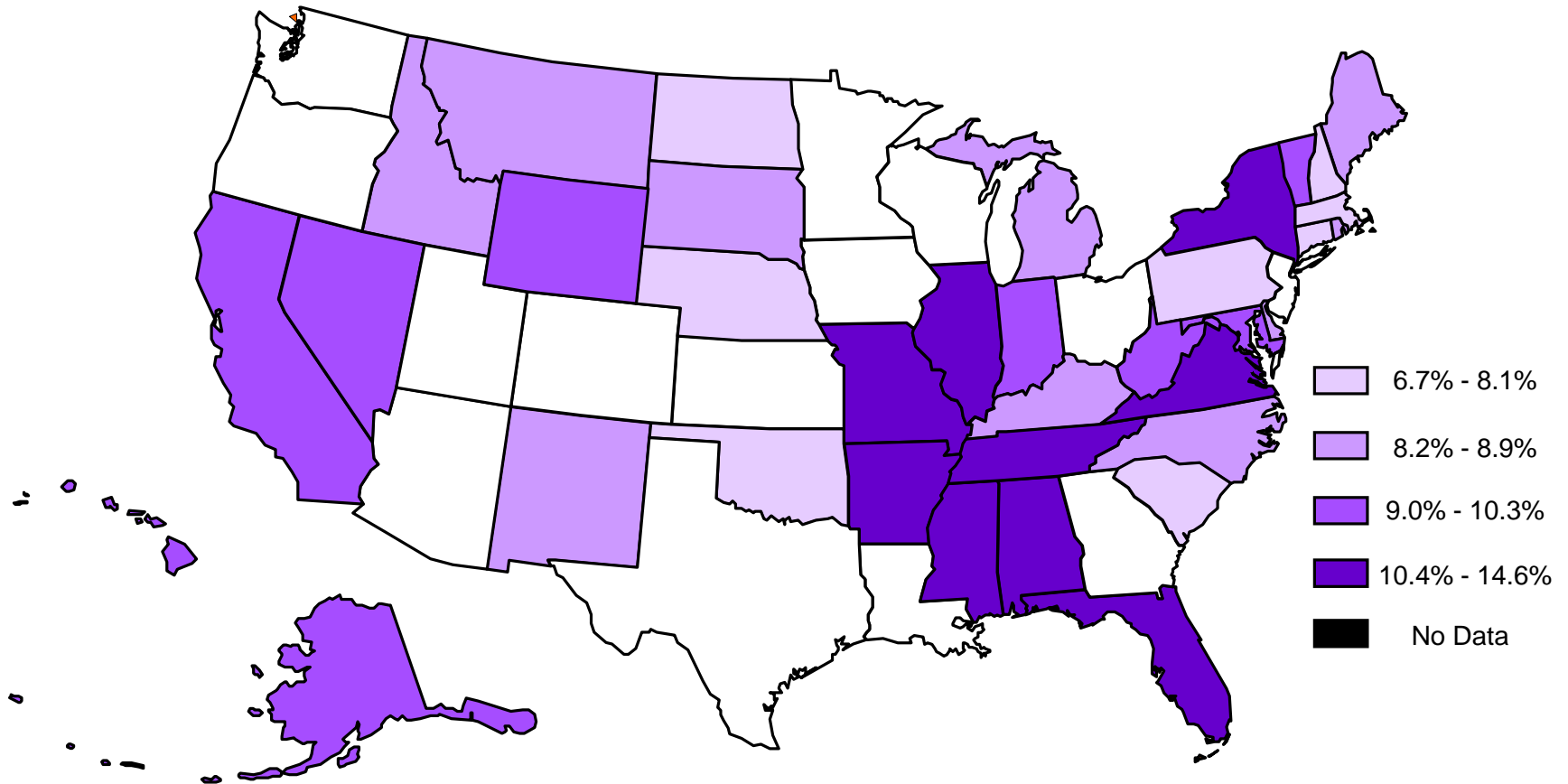


# Percentage of High School Students Who Were Ever Physically Forced to Have Sexual Intercourse\*



\*When they did not want to

# Percentage of High School Students Who Experienced Physical Dating Violence\*



\*One or more times during the 12 months before the survey, counting being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with among students who dated or went out with someone during the 12 months before the survey

# Definitions

- **DSM-5 Criterion A:** Exposure to actual or threatened death, serious injury, or sexual violence in the following ways:
  1. directly experienced;
  2. witnessed as it occurred to others;
  3. learning that it happened to a close friend or family member; and
  4. repeated exposure to aversive details of PTEs



# Definitions: PTSD

- **B: Re-experiencing/Intrusions** (n=1 of 5)
  - Nightmares, flashbacks, distressing memories
- **C: Avoidance** (n=1 of 2)
  - People, places, situations – reminders
- **D: Negative alterations in cognitions & mood** (n=2 of 7)
  - Negative beliefs about self/others/world, anger, guilt, shame,
- **E: Alterations in reactivity** (n=2 of 6)
  - Hypervigilance, poor sleep, poor concentration, fight/flight
- **F: >1 month duration**
- **G: cause significant distress/impairment**

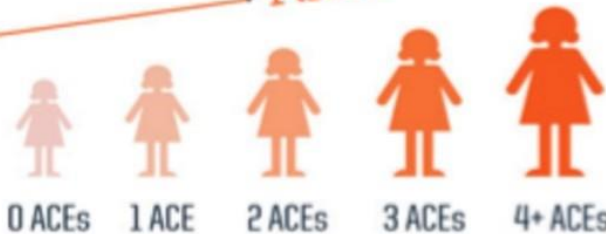




# WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes

RISK



Possible Risk Outcomes:

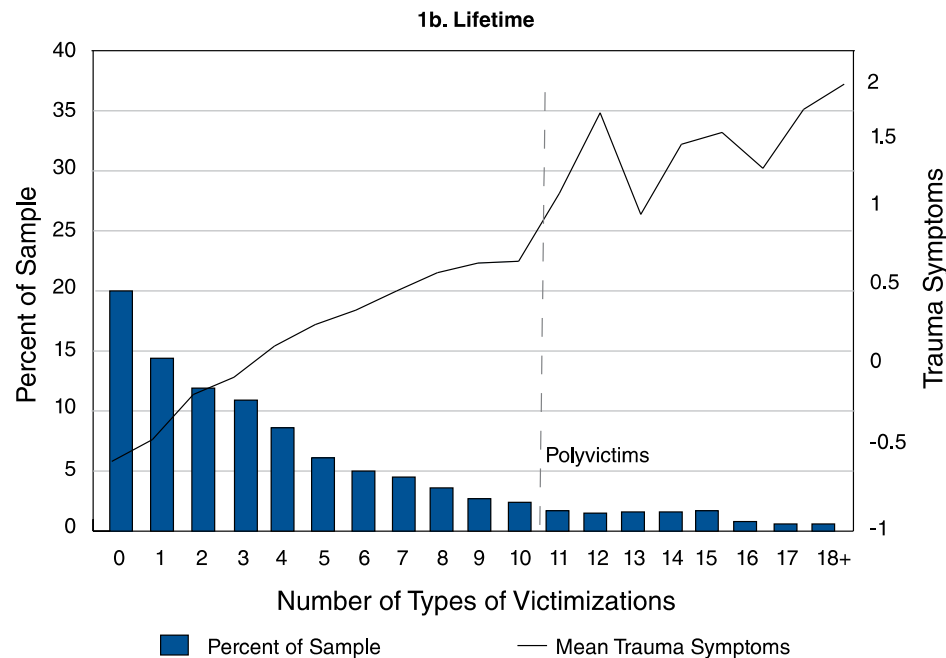
## BEHAVIOR



## PHYSICAL & MENTAL HEALTH



There is a dose-response relationship between victimization and traumatic stress symptoms.



Finkelhor et al., 2011



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# Other Impacts of Trauma

- Anger/irritability
- Academic underperformance
- Poor attention and concentration
- Disrupted sleep
- Regressive behavior
- Emotion dysregulation
- Interpersonal problems
- Somatic complaints



**Table 1. Child's Response to Trauma:  
Bodily Functions**

SYMPTOM(S)	FUNCTION	CENTRAL CAUSE
<ul style="list-style-type: none"> <li>• Difficulty falling asleep</li> <li>• Difficulty staying asleep</li> <li>• Nightmares</li> </ul>	Sleeping	Stimulation of reticular activating system
<ul style="list-style-type: none"> <li>• Rapid eating</li> <li>• Lack of satiety</li> <li>• Food hoarding</li> <li>• Loss of appetite</li> <li>• Other eating disorders</li> </ul>	Eating	Inhibition of satiety center, anxiety
<ul style="list-style-type: none"> <li>• Constipation</li> <li>• Encopresis</li> <li>• Enuresis</li> </ul>	Toileting	Increased sympathetic tone, increased catecholamines

**Table 2. Child's Response to Trauma:  
Misunderstood Causes**

RESPONSE	MORE COMMON IN	MISUNDERSTOOD CAUSE
<ul style="list-style-type: none"> <li>• Detachment</li> <li>• Numbing</li> <li>• Compliance</li> <li>• Fantasy</li> </ul>	<ul style="list-style-type: none"> <li>• Females</li> <li>• Young children</li> <li>• Children with ongoing trauma/pain</li> <li>• Children unable to defend themselves</li> </ul>	<ul style="list-style-type: none"> <li>• Depression</li> <li>• ADHD inattentive type</li> <li>• Developmental delay</li> </ul>
<ul style="list-style-type: none"> <li>• Hypervigilance</li> <li>• Aggression</li> <li>• Anxiety</li> <li>• Exaggerated response</li> </ul>	<ul style="list-style-type: none"> <li>• Males</li> <li>• Older children</li> <li>• Witnesses to violence</li> <li>• People able to fight or flee</li> </ul>	<ul style="list-style-type: none"> <li>• ADHD</li> <li>• ODD</li> <li>• Conduct disorder</li> <li>• Bipolar disorder</li> <li>• Anger management difficulties</li> </ul>

But remember... other mental health disorders are more common and comorbidity is common

# Assessment is Key



# Key Questions to Address

- **Why** are we looking at this issue?
  - How will the info benefit the patient(s)?
- **What** are we looking for?
  - Traumatic experiences? ACES? PTSD?
  - Who to assess and when?
- **How** do we find it?
  - Workflow (before or during visit)
  - Interview, questionnaire?
    - Literacy/language; how distributed, explained; privacy
- **What do we do** once we have found it?

AAP, 2014



# Screening



Exposure to potentially traumatic events

Traumatic stress symptoms / reactions



# Example: CTS

**EVENTS: Sometimes, scary or very upsetting things happen to people. These things can sometimes affect what we think, how we feel, and what we do.**

	Yes	No
1. Has your child ever seen people pushing, hitting, throwing things at each other, or stabbing, shooting, or trying to hurt each other?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has someone ever really hurt him/her? Hit, punched, or kicked him/her really hard with hands, belts, or other objects, or tried to shoot or stab him/her?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has someone ever touched him/her on the parts of his/her body that a bathing suit covers, in a way that made you or your child uncomfortable? Or has someone had your child touch them in that way?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has anything else very upsetting or scary happened to your child (loved one died, separated from loved one, been left alone for a long time, not had enough food to eat, serious accident or illness, fire, dog bite, bullying)? <i>What was it?</i> _____	<input type="checkbox"/>	<input type="checkbox"/>

Lang & Connell, 2017



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# Example: CTS

**REACTIONS:** Sometimes scary or upsetting events affect how people think, feel, and act. The next questions ask how your child has been feeling and thinking recently.

**How often did each of these happen in the last 30 days?**

	Never/ Rarely	1-2 times per month	1-2 times per week	3+ times per week
5. He/she has strong feelings in his/her body when he/she remembers something that happened (sweating, heart beats fast, feel sick).	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. He/she tries to stay away from people, places, or things that remind him/her about something that happened.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7. He/she has trouble feeling happy.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8. He/she has trouble sleeping.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9. It's hard for him/her to concentrate or pay attention.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
10. He/she feels alone and not close to people around him/her.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Lang & Connell, 2017





# Sample Question

- “Since the last time I saw you, has anything really scary or upsetting happened to you or your family?”

Cohen, Kelleher, & Mannarino (2008) *Archives of Pediatrics & Adolescent Medicine*, 162, 447-452.

- “Sometimes, kids get upset when something like this happens. What has been scary or upsetting for you?”

Healthcare Toolbox



# Healthcare Providers' Guide to Traumatic Stress in Ill or Injured Children

...AFTER THE ABCs, CONSIDER THE DEFs

D

## DISTRESS

- Assess and manage pain.
- Ask about fears and worries.
- Consider grief and loss.

E

## EMOTIONAL SUPPORT

- Who and what does the patient need now?
- Barriers to mobilizing existing supports?

F

## FAMILY

- Assess parents' or siblings' and others' distress.
- Gauge family stressors and resources.
- Address other needs (beyond medical).



# Example Screening Tools

PTE/ACE Exposure	PTSD Symptoms
<ul style="list-style-type: none"><li>• ACE-Q</li><li>• Life Events Checklist<ul style="list-style-type: none"><li>• PEARLS</li></ul></li><li>• Child Trauma Screen (CTS)<ul style="list-style-type: none"><li>• UCLA-PTSD-RI</li><li>• CPSS-5</li></ul></li></ul>	<ul style="list-style-type: none"><li>• UCLA-PTSD-RI<ul style="list-style-type: none"><li>• CPSS-5</li></ul></li><li>• TSCC / TSCYC<ul style="list-style-type: none"><li>• PCL-C</li></ul></li></ul>





Healthy Foster Care  
America

About

Advocacy and  
Policies

Health Issues and  
Needs

Health Systems

Key Resources

Additional Resources

HFCA Foster Care  
Month

Safe & Sound



## Healthy Foster Care America

-A +A

# Trauma Guide

## Trauma Toolbox for Primary Care

This 6-part series was designed with the primary care practice in mind – those who may or may not be familiar with adverse childhood experiences (ACEs) and the process of asking families about exposure to ACEs or other traumatic events. This project was funded through a grant (UC4MC21534) from the Health Resources and Services Administration, Maternal and Child Health Bureau.

## Helping Foster and Adoptive Families Cope With Trauma: A Guide for Pediatricians

In partnership with the Dave Thomas Foundation for Adoption and Jockey Being Family, the AAP has developed materials for pediatricians on how to support adoptive and foster families.





# TRAUMA SCREENING

Home > Treatments and Practices > Screening and Assessment > Trauma Screening

- TRAUMA TREATMENTS ▲
- SCREENING AND ASSESSMENT ▼
  - Trauma Screening
  - Trauma-Informed Mental Health Assessment
  - NCTSN Resources
  - Measure Reviews ▲
- PSYCHOLOGICAL FIRST AID AND SPR ▲
- CORE CURRICULUM ON CHILDHOOD TRAUMA

## What is a Trauma Screening Tool or Process?

Trauma screening is designed to be able to be administered to every child within a given system (such as child welfare) to determine whether he or she has experienced trauma, displays symptoms related to trauma exposure, and/or should be referred for a comprehensive trauma-informed mental health assessment. Trauma screening can include a particular tool or a more formalized process. Trauma screening should evaluate the presence of two critical elements: (1) Exposure to potentially traumatic events/experiences, including traumatic loss, and (2) Traumatic stress symptoms/reactions.

Not all children who experience negative events suffer posttraumatic or trauma-specific reactions as a result. Trauma screening should measure a wide range of experiences and identify common reactions and symptoms of trauma (e.g., PTSD, dissociation), as well as other commonly reported difficulties (e.g., anger, behavior problems, depression, anxiety). With proper training, professionals or paraprofessionals from various child-serving systems—healthcare, schools, home visiting programs, and domestic violence shelters—can administer the screening.

Screening typically covers the following types of traumatic stress reactions:

- Avoidance of trauma-related thoughts or feelings
- Intrusive memories of the event or nightmares about the event
- Hyper-arousal or exaggerated startle response
- Irritable or aggressive behavior
- Behavioral problems
- Interpersonal problems



## Screening for Adverse Childhood Experiences

Identifying ACEs and other social determinants of health in children and adults, and providing targeted intervention, can improve efficacy and efficiency of care, support individual and family health and well-being, and reduce long-term health costs.

Screening for ACEs

Screening Tools

## What are ACEs?

Adverse Childhood Experiences (ACEs) are stressful or traumatic experiences people have by age 18 that were identified in the landmark CDC-Kaiser Permanente ACE Study (1998).





# PTSD: National Center for PTSD

- PTSD
- More Health Care

## PROFESSIONAL *This section is for Researchers, Providers & Helpers*

### QUICK LINKS

Hospital Locator

Zip Code

Health Programs

Protect Your Health

A-Z Health Topics

### Child Measures of Trauma and PTSD

The child measure for the Clinician-Administered PTSD Scale for DSM-5 is listed below. For information on child measures please visit the [National Child Traumatic Stress Network: Measures Review Database](#) database.

#### Trauma Exposure and Symptom Measures

- [Clinician-Administered PTSD Scale for DSM-5 - Child/Adolescent Version \(CAPS-CA-5\)](#) Includes information on CAPS-CA for DSM-IV.
- [Traumatic Events Screening Inventory \(TESI\)](#)

**Measure availability:** We provide information on a variety of measures assessing trauma and PTSD. These measures are intended for use by qualified mental health professionals and researchers. Measures authored by National Center staff are available as direct downloads or by request. Measures developed outside of the National Center can be requested via contact information available on the information page for the specific measure.

Other sources of information on measures and how to obtain them include:

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### SEARCH PTSD SITE

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# Q&A

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