Trauma-Based Screenings and Assessments

Screening and assessing for trauma symptoms, especially in regard to determining how trauma affects healthy functioning, are essential in determining a child’s overall social and emotional well-being. Children usually present to a child welfare agency as a result of a specific incident of maltreatment. For effective case planning and treatment, it is critical that child welfare practitioners be aware of the child’s history, including the child’s cumulative trauma experiences, in order to ensure a holistic, trauma-informed approach to the child.

Developing the capacity to screen and assess for trauma in the child welfare system can also address broader policy considerations. The 2011 Child and Family Services Innovation and Improvement Act, for example, requires states to include in their health care oversight plans a description of how they will screen for and treat foster children for trauma associated with maltreatment. Consequently, it is very important that an agency’s plan address emotional trauma for children involved in the child welfare system. States should consider integrating trauma-informed screening and assessment tools into their daily practice and carefully consider selecting tools from the wide variety available that meet their specific needs.

As appropriate, trauma assessments should be completed, initially and on an ongoing basis, to determine whether treatment strategies employed are effective and to plan further treatment.

Trauma-Informed Screening and Assessment Tools

There are distinct differences between trauma screening and trauma assessment tools. Screening tools are brief, used universally, and designed to detect exposure to traumatic events and symptoms. They help determine whether the child needs a professional, clinical, trauma-focused assessment. Functional assessments are more comprehensive and capture a range of specific information about the child’s symptoms, functioning, and support systems. A trauma assessment can determine strengths as well as clinical symptoms of traumatic stress. It assesses the severity of symptoms, and can determine the impact of trauma (how thoughts, emotions, and behaviors have been changed by trauma) on the child’s functioning in the various well-being domains.

If properly trained, the frontline caseworker within a child welfare setting can administer a screening tool when a child initially enters the system. Information obtained from that screening can help the caseworker determine whether a more comprehensive trauma-informed assessment is needed. If the initial screening indicates that additional assessment is needed, the child can be referred to a mental health practitioner for a trauma-informed assessment. This will provide the agency and caregiver with a fuller understanding of the child’s needs and behaviors; guide the treatment plan; and determine a trauma-focused, evidence-based intervention that will stabilize and help the child heal.

Selecting a Tool

When selecting a tool, factors to consider include how well it meets the needs of the target population and fits within the agency’s service delivery system. There are also properties specific to each tool that must be considered. As part of any selection process for a trauma-informed screening or assessment tool, the National Child and Traumatic Stress Network (NCTSN) recommends examining these specific properties:
• **Validity** – the degree to which the tool, including each of its specific items, accurately accomplishes its purpose, or whether the tool measures what it is intended to measure

• **Reliability** – the degree to which the tool is consistent across time and different raters

• **Standardization of Norms** – a process in instrument and measure development that allows for comparisons between data from the screening/assessment tool with general populations of the same age group

In addition to the screening tools and functional assessments summarized in the links below, there are also **other assessment models/tools** available. These trauma-informed screenings and assessments are similar to other types of assessments in that information is gathered as early as possible or on an ongoing basis from multiple sources such as the child, caregiver, and provider. However, they differ from traditional types of assessments in that they differentiate trauma effects from mental health disorders, which will be a critical factor in assisting child welfare practitioners to choose an appropriate course of treatment.

The NCTSN Webinar speaker series, Screening and Assessment for Trauma in Child Welfare Settings ([Link](https://training.cfsrportal.org/book/export/html/2440)), contains valuable information about trauma-informed screenings and assessments. The series contains several modules focused on the rationale for and utility of screening and assessing for trauma, specific tools and measures for conducting screening/assessment, the application of this knowledge and these tools within the direct as well as the systemic levels of child welfare systems, and important developmental considerations for screening and assessment. Note that you may have to create a free account on the NCTSN website to view this speaker series.

Additional sites with information about trauma-informed screenings and assessments are located on the **Additional Resources** page of this module.

**Screening Tools**


**Child and Adolescent Needs and Strengths (CANS) Trauma Version**

The Child and Adolescent Needs (CANS) Trauma Version is one of several CANS instruments (e.g., CANS Mental Health, CANS Comprehensive, etc.). This instrument measures functioning across domains for traumatic experiences and traumatic stress symptoms, as well as emotional/behavioral issues related to trauma.

For more information on CANS Resources and Training Information, visit the Praed Foundation’s website at [http://www.praedfoundation.org/index.html](http://www.praedfoundation.org/index.html). For an overview of the CANS Trauma Version and discussion on its uses in a child welfare setting, go to NCTSN’s Screening and Assessment for Trauma in Child Welfare Settings Speaker Series ([http://learn.nctsn.org/course/category.php?id=3](http://learn.nctsn.org/course/category.php?id=3)). Information on the CANS Trauma Version can be found in the module, *Trauma Screening and Assessment Measures for Child Welfare*. Note that while registration with the NCTSN Learning
Center is required to view this module, there is no cost.

**Childhood Trauma Questionnaire (CTQ)**

The Childhood Trauma Questionnaire (CTQ) is a 28-item self-report inventory that provides brief, reliable, and valid screening for histories of abuse and neglect in children ages 12 and older. The CTQ contains five subscales, three focused on assessing abuse (Emotional, Physical, and Sexual), and two focused on assessing neglect (Emotional and Physical). Each subscale, in turn, has five items, and there is a three-item Minimization-Denial subscale to check for individuals who may be under-reporting their traumatic experiences. Interpretive guidelines help identify a likely case of abuse at one of three levels – mild, moderate, or severe.


**Pediatric Emotional Distress Scale (PEDS)**

The Pediatric Emotional Distress Scale (PEDS) is designed to rapidly assess and screen for elevated symptomatology in children following exposure to a stressful and/or traumatic event. It is not intended to be a diagnostic instrument. The measure consists of behaviors that have been identified in the literature as associated with experiencing traumatic events and consists of 17 general behavior items and 4 trauma-specific items. The measure yields scores on the following scales:

- Anxious/withdrawn
- Fearful
- Acting out

Questions related to these scales are measured along a 4-point Likert scale with attributes ranging from “Almost Never” to “Very Often.” It is designed for children ages 2-10.

For additional information on this tool, visit NCTSN’s website at: [http://www.nctsnet.org/content/pediatric-emotional-distress-scale](http://www.nctsnet.org/content/pediatric-emotional-distress-scale).

**Strengths and Difficulties Questionnaire (SDQ)**

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioral-screening instrument for children ages 4-16 that assesses child positive and negative attributes across the following 5 scales:

- Emotional symptoms
- Conduct problems
- Hyperactivity-inattention
- Peer problems
- Prosocial behavior

The measure also yields a Total Difficulties score. In addition to the child self-report version, the SDQ was designed to be administered to parents or teachers in parallel versions. For more information about and to obtain copies of the tool, go to: [http://www.sdqinfo.org/](http://www.sdqinfo.org/).
Functional Assessments

Functional assessments are tools that measure multiple aspects of a child’s social-emotional functioning, accounting for the major domains of well-being. These tools capture the child’s issues and challenges as well as strengths, skills, and capacities. Some functional assessments also capture parenting capacities and changes over time. One of the distinctions between traditional child welfare assessments and functional assessments is that functional assessments provide a more holistic approach by measuring a wide array of competencies that contribute to well-being rather than just one aspect of well-being.

Functional assessments, if administered at periodic intervals, provide a way to track progress toward the healing of social and emotional well-being issues. This makes the use of functional assessments a key component of promoting social and emotional well-being for maltreated children, because they can help agency decision-makers at all levels determine the appropriateness of services and identify the most effective interventions for children.

The following are examples of functional assessments with brief descriptions and links to resources for further reading.

**Child Behavior Checklist (CBCL)**

The Child Behavior Checklist (CBCL) for Ages 6-18 (CBCL/6-18) is a standardized measure based on national norms. The CBCL/6-18 provides ratings for 20 competence and 120 problem items paralleling the Youth Self-Report (YSR) and the Teacher’s Report Form (TRF). The CBCL/6-18 includes open-ended items covering physical problems, concerns, and strengths. The CBCL/6-18 yields scores on internalizing, externalizing, and total problems as well as scores on DSM-IV related scales.

More information on this assessment and how to obtain copies is found at the Achenbach System of Empirically Based Assessment website: [http://www.aseba.org/](http://www.aseba.org/).

**Social Skills Rating System (SSRS)**

The Social Skills Rating System (SSRS) includes three behavior rating forms; a teacher, a parent, and a student version. This rating scale allows teachers to rate the occurrence and importance of specific social skills, problem behaviors, and academic competence. Students third grade and above rate their own social skills, and parents rate social skills and problem behaviors.

For more information on this tool, the developers, and instructions on how to order manuals/forms, go to: [http://psychcorp.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=PAassrs&Mode=summary](http://psychcorp.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=PAassrs&Mode=summary).

**Emotional Quotient Inventory Youth Version (EQ-i:YV)**

The Emotional Quotient Inventory Youth Version (EQ-i:YV) is a self-report instrument designed to measure emotionally and socially intelligent behavior in children and adolescents 7 to 18 years of age. The EQ-i:YV is based on the Bar-On conceptual model of emotional-social intelligence. It consists of 60 items that are distributed across the following 7 scales:
Intrapersonal
Interpersonal
Stress management
Adaptability
General mood
Positive impression
Inconsistency index

For more information on the Bar-on Model of Emotional Intelligence, go to http://www.reuvenbaron.org/bar-on-model/conceptual-aspects.php.

Other Assessment Models/Tools

While there is a distinction between screening tools and functional assessments, there is often an overlap in the use of both. Some tools are used for both screening and assessment, while in other cases, assessment tools are adapted for screening purposes. Regardless of how these tools are used, screening and assessing for trauma should take place in order to guide treatment planning.

To ensure that the treatment planning and service delivery processes are effective, it is important to ensure that screening and assessment processes are informing both case planning and service delivery. In their 2008 article, Linking Child Welfare and Mental Health Using Trauma-Informed Screening and Assessment Practices, Conradi, Wherry, and Kisiel lay the groundwork for addressing challenges associated with integrating trauma screenings into the day-to-day practice of child welfare practitioners.

From their review of existing trauma-focused assessment and treatment models, the following models have emerged as feasible tools.

Transactional Model

The Transactional Model comes from Steve Spaccarelli’s research on the impact of child sexual abuse. This model assesses the child’s trauma experience from the circumstances of the abuse and neglect incident, and also from related factors, such as the process of the child welfare investigation and child factors such as coping styles. Further information on the Transactional Model can be found in Spaccarelli’s 1994 article, Stress, appraisal, and coping in child sexual abuse: A theoretical and empirical review.

Trauma Assessment Pathway Model (TAP)

The Trauma Assessment Pathway Model (TAP) is designed to assess and treat children and adolescents between 2 and 18 years of age who have experienced any type of trauma. TAP incorporates assessment, triage (prioritizing of needs based on children’s risks and immediate needs), and essential components of trauma treatment into “clinical pathways.” Within the TAP model, “pathway” refers to a sequence that clinicians follow when performing assessments and triage and making clinical decisions. The components of these pathways are based on research on complex trauma and the current research on effective treatment modalities.

The TAP model has been increasingly and effectively used in the medical field to standardize the
management of medical and mental ailments, improve care, and reduce unnecessary costs. For more information, visit the TAP training Web site (http://taptraining.net/).

**Child and Adolescent Needs and Strengths (CANS) Comprehensive Version**

The "comprehensive" version of the Child and Adolescent Needs and Strengths (CANS) instrument is designed to gather and integrate information. It collects information on a range of domains regarding the child’s functioning and the care-giving system, and incorporates it into the child’s individualized care plan. As an integration tool, CANS Comprehensive integrates information gathered from multiple sources into one record. The integration process aims to increase communication across providers, guide service planning and delivery, and more effectively meet the needs of the children and families involved.

For more information on CANS Resources and Training Information, visit the Praed Foundation’s website at http://www.praedfoundation.org/index.html.

**Additional Resources**

The following websites contain additional information on trauma-informed screening and assessment tools.

**Measures Review Database**

(http://www.nctsnet.org/resources/online-research/measures-review?page=2)

This database, hosted by the National Child Traumatic Stress Network (NCTSN), is a searchable database containing reviews of measures important for the field of child traumatic stress. All reviews were conducted using a uniform review template to allow comparison across measures. For each measure, comprehensive clinical and research information is provided so that any user can determine whether a measure is appropriate for a specific individual or group, given factors such as the purpose of the assessment, age, cultural and linguistic group, and trauma type.

The database includes information on the following tools.

- Childhood and Adolescent Needs and Strengths (CANS)
- Pediatric Emotional Distress Scale (PEDS)
- Strengths and Difficulties Questionnaire (SDQ)
- Child Behavior Checklist (CBCL)

**California Evidence-Based Clearinghouse for Child Welfare**

http://www.cebc4cw.org/assessment-tools/

This website, hosted by the California Evidence-Based Clearinghouse for Child Welfare (CEBC),
provides child welfare professionals with information about selected child welfare-related programs. The primary task of CEBC is to inform the child welfare community about the research evidence for programs being used or marketed in California. It provides information on interventions and practices by topic areas, a guide to the CEBC rating system, screening and assessment tools for child welfare, implementation tools, and online training and resources. It includes information on the following tools:

- Strength and Difficulties Questionnaire (SDQ)
- Child Behavior Checklist (CBCL)
- Child and Adolescent Needs and Strengths (CANS)

For each tool, there is a brief description and summary of the available psychometric research, along with CEBC’s ratings for reliability and validity.

**Child Welfare Information Gateway**


The Child Welfare Information Gateway is a service provided by the Children’s Bureau. This particular page within the Gateway is designed to assist professionals looking for information and resources on screening and assessing trauma in children and youth. Information posted on this page includes research article abstracts (with information on how to access or request copies) and links to organizations that provide additional resources and information on trauma.