



Trauma Screening and Assessment for Children and Adolescents - Tips for Psychologists

A majority of children and adolescents have been exposed to potentially traumatic events. After *trauma exposure*, children are at risk for developing symptoms and problems (hereafter referred to as *trauma symptoms*). Therefore, it is essential that psychologists serving children and youth are aware of and knowledgeable about appropriate strategies and tools for trauma screening and assessment.

Screening for trauma exposure and trauma symptoms should be standard practice by psychologists providing mental/behavioral health services to children and families.

- Child trauma screening is relevant in many public and private systems/programs, including primary, secondary, and college education, early childhood, pediatric/family medicine, child welfare, juvenile justice, developmental disabilities, civilian/military family social services, and substance use, homelessness, domestic violence services.
- Psychologists may directly conduct screening or assist other staff/providers doing so.
- When trauma screening is conducted, immediate assistance should be available for children identified with severe trauma symptoms, impairment, or safety concerns.
- Monitoring/follow-up should be provided to children identified as at risk for clinically significant trauma symptoms and those recently exposed to or disclosing a trauma.
- Screening should be repeated periodically, particularly if there are concerns about additional exposure to trauma and/or changes in trauma symptoms.

Basic requirements for child trauma screening include the following guidelines:

- Trauma screening should be integrated into and add value to existing services.
- Trauma screening should include screening for both trauma exposure (a risk factor) and trauma symptoms (an indicator of current or potential need for assistance).
- Trauma screening methods/tools should be brief, standardized, and empirically validated for identifying children in need of more extensive trauma assessment.
- Trauma screening should be sensitive to the child/family's circumstances, age, gender and sexual identity, ethnocultural background, developmental/learning capacities, physical health and disabilities, and personal and family strengths and resources.
- Trauma screening should encompass the child's history of exposure to interpersonal (e.g., violence, abuse, bullying, trafficking) and other types of traumas (e.g., losses, severe accidents, natural or manmade disasters).

Trauma screening should be coordinated across child/family services and providers.

- A proactive plan for coordinated and non-duplicative screening should be established jointly by providers from all systems working with each child/youth and family.
- Trauma screening must provide timely information that is useful to each system.
- Results of trauma screening should be shared in a manner that is useful to each service system, in order to facilitate coordinated trauma-related services, with due regard to legal and HIPAA privacy protections and confidentiality regulations.

Child trauma assessment should adhere to the following basic guidelines:

- The decision to conduct a comprehensive trauma assessment should be based on current or potential future: (1) impairment due to trauma symptoms, or (2) risk of additional trauma exposure, and *not on past trauma exposure alone*.
- Trauma assessors should have expertise in conducting empirically-supported trauma assessment and should be accessible and acceptable to the child/youth and family.
- Trauma assessment should include data from multiple sources, when possible and as clinically appropriate, including the child/youth, parent/caregiver(s), school, and other relevant service systems/providers.
- Trauma assessment should involve the individualized application of standardized, validated, and culturally and developmentally appropriate assessment measures.
- Recommendations from trauma assessment should provide guidance for service providers in all systems relevant to the child/family's health, safety, and recovery.
- Recommendations to initiate or continue trauma-focused interventions should be based on an evidence-based interpretation of specific assessment findings.

Comprehensive child trauma assessment is multifaceted and not limited to PTSD.

- In addition to PTSD symptoms, potential trauma sequelae include affective and behavioral dysregulation, self-harm, suicidality, psychosis, panic attacks, substance use, and problems in eating, sleep, school/learning and relationships/attachment.
- Trauma assessment should inventory the full range of the child's potentially traumatic experiences *but not require detailed recounting of traumatic events by the child/youth unless this is spontaneously volunteered*.
- Trauma assessment should focus on understanding the impact of trauma exposure on the child/youth and family during and after traumatic events as well as currently.
- Trauma assessment should identify symptoms that began or were exacerbated after trauma exposure(s), or that are elicited currently by trauma-related cues/reminders.
- Trauma assessment should identify child/youth/family strengths/resilience, and how culture, race, language, sex, religion, and historical trauma influence trauma symptoms.

Providers should be aware of potential pitfalls in child trauma screening/assessment.

- Child trauma screening should be done with careful ongoing coordination with host systems, agencies and communities in order to support effective systems of care.
- Resources for referrals for timely, evidence-based, and culturally acceptable trauma assessment and treatment should be accessible whenever trauma screening is done.
- A child trauma screening or assessment protocol should not be assumed to be valid and appropriate for a target population until it has been validated *in that population*.
- Results from trauma screening/assessment should be formulated and communicated with sensitivity to the health and socioeconomic disparities affecting the child/family.
- Caution should be taken if child trauma screening or assessment could be used in a manner inadvertently detrimental to the child/family (e.g., to justify court, school, or other institutional decisions contradicting the child/family's goals or cultural values).