



New England (HHS Region 1)

MHTTC

Mental Health Technology Transfer Center Network

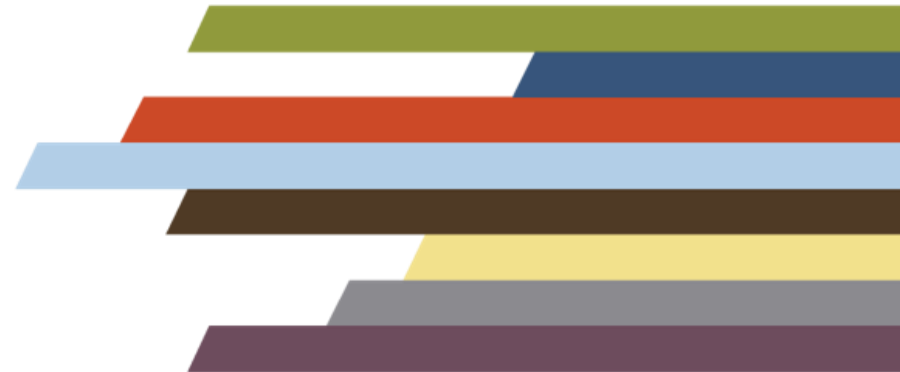
Funded by Substance Abuse and Mental Health Services Administration

Identifying Trauma: Screening and Assessment

Hilary Hodgdon, Ph.D.

Trauma Center at Justice Resource Institute
National Child Traumatic Stress Network (NCTSN)

Presentation Date:
August 29, 2019



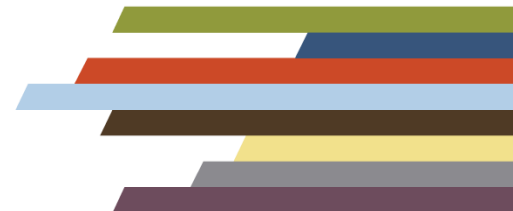
Importance of Trauma Screening

Key element of being a trauma informed system:

Trauma comes in overt and covert forms – hidden forms of trauma have equivalent impact on children’s emotional, behavioral, and academic functioning as known forms.

Provides more complete understanding of the child, including what factors may be “driving” difficult or challenging behaviors.

Influence decisions regarding how to effectively work with the child, need for referral for mental health intervention and / or seeking of additional supports for child and/or family.



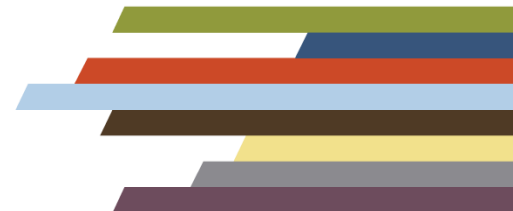
Trauma Informed System

A “Trauma-informed system” refers to all the ways in which a service system is:

- *Influenced by an understanding of trauma.*
- *Modified to be responsive to the impact of traumatic stress.*

A system that is “trauma-informed” uses a model or framework that incorporates an understanding of how trauma affects socio-emotional health. The framework should decrease the risk of re-traumatization and contribute to recovery from traumatic stress.

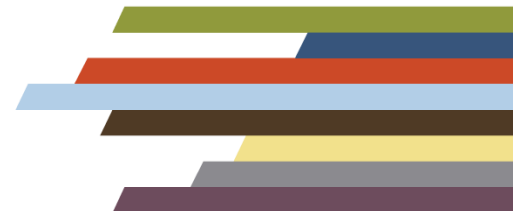
(Harris & Fallot, 2001)



Trauma Informed System

Definition from the National Child Traumatic Stress Network:

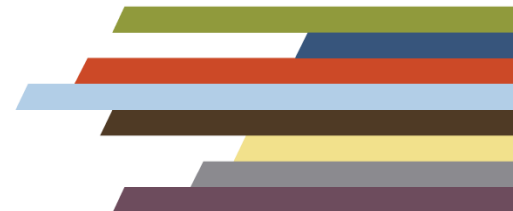
“A trauma-informed child and family service system in one in which all parties involved **recognize and respond to the impact of traumatic stress** on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all of those who are involved with the child, using the best available science, to maximize physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive.”



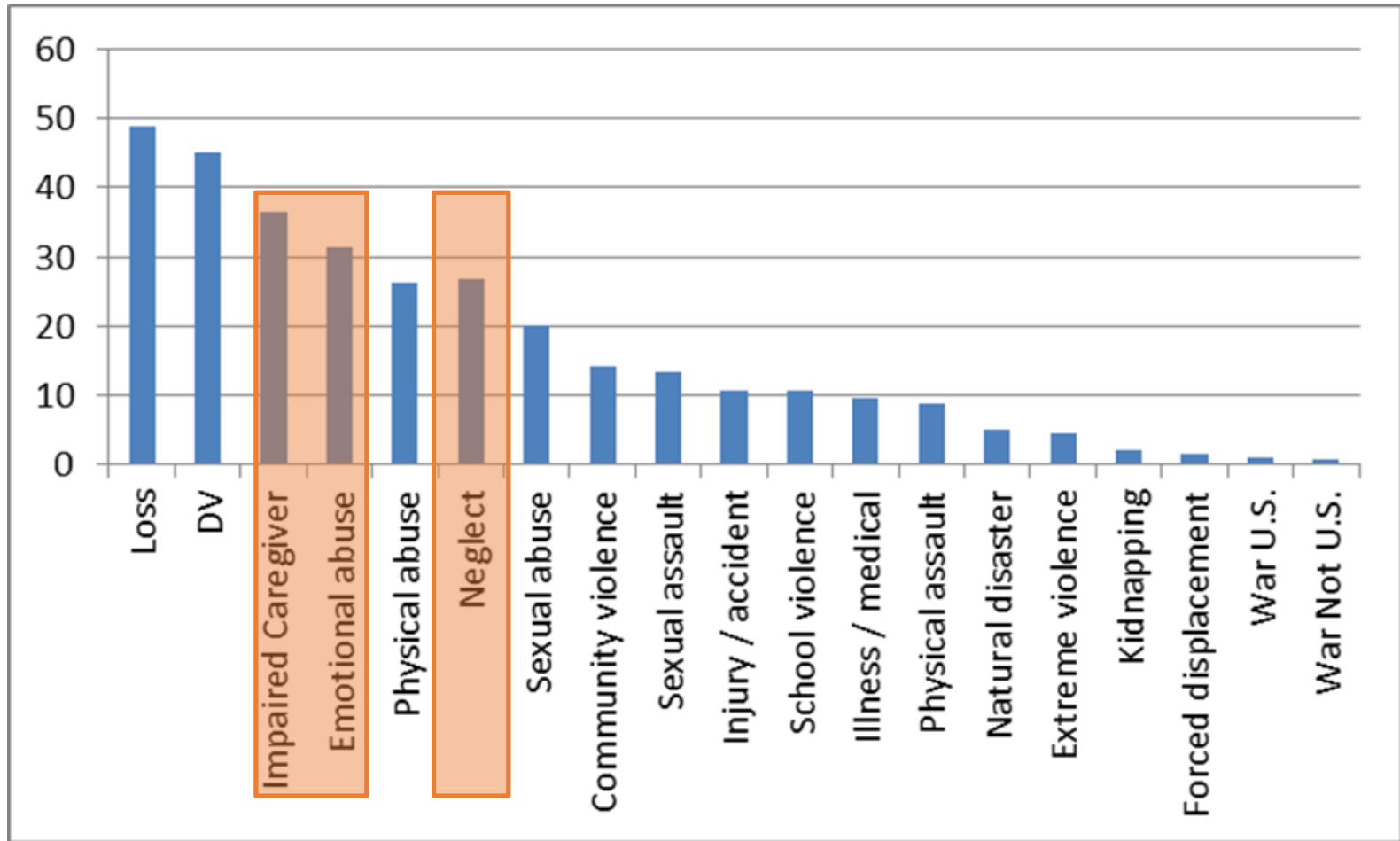
Key Elements: Trauma Informed Systems

Routinely screen for trauma exposure and related symptoms.

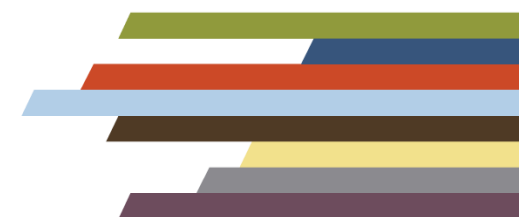
- In other words – ask about trauma and how it is affecting the child and family.
- Use of accepted screening and assessment tools is the ideal.
- If we don't “recognize” then we are less likely to “respond.”



Most Commonly Reported Traumas



Source: Pynoos, Steinberg, Layne, Liang, Vivrette, Briggs, E., et al. (2014). Modeling constellations of trauma exposure in the National Child Traumatic Stress Network CORE Data Set. Psychological Trauma: Theory, Research, Practice, and Policy.

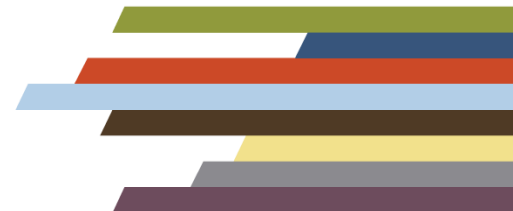


Trauma Informed Screening

Trauma screening is a brief, focused tool or process with the goal of determining if a child:

- Has experienced one or more traumatic events.
- Has mental or behavioral health needs.
- Needs referral for a comprehensive mental health assessment.

A “wide-net” process.

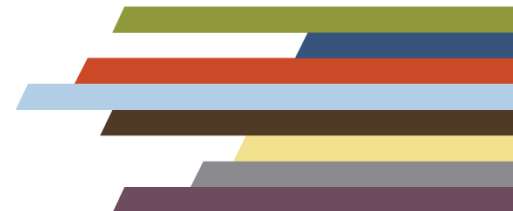


Trauma Informed Mental Health Assessment

A comprehensive, in depth process performed by a trained clinician that:

- Includes a clinical interview, standardized measures and / or behavioral observations.
- Designed to gather in-depth information about trauma exposure and its effects on symptoms and functioning.
- Understand symptom profile and socio-emotional development.
- Inform treatment planning.
- Monitor progress.

Source: <https://www.nctsn.org/treatments-and-practices/screening-and-assessment>



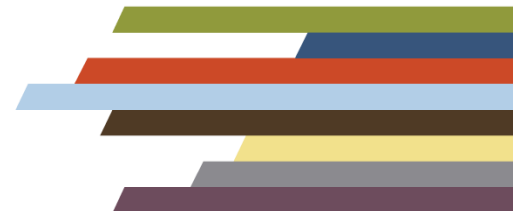
Poll Question: Is trauma informed screening being conducted at your school?

1. Yes.

If yes, please indicate in the chat box the staff role of the person who conducts the screening (e.g., teacher, school psychologist, social worker, etc.)

2. No.

3. I am not sure. / I don't know.



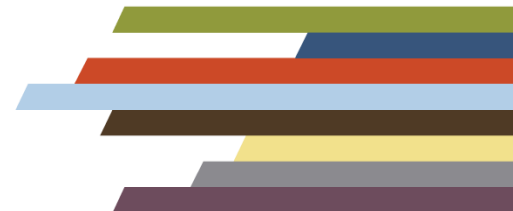
Trauma Informed Screening

Can be used with every child within a system.

Evaluates two elements:

- Exposure to traumatic events.
- Traumatic stress symptoms / reactions.

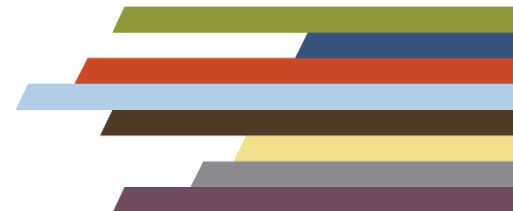
Can be administered by various professionals / paraprofessionals who have received proper training.



Trauma Informed Screening Considerations

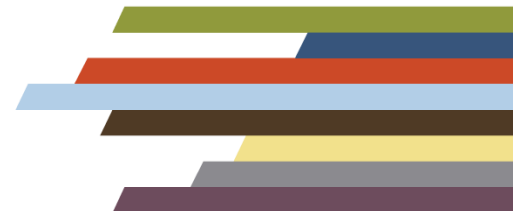
Before adopting trauma screening, consider:

- How will the information be used and how will it benefit the child or family?
- How will the process be explained to the child and family?
- How will consent be obtained?
- How will confidentiality be maintained?
- If the child discloses information that raises concerns about their safety or the safety of others, how will that be handled?
- If the child discloses current child abuse or other information necessitating a report to child welfare, how will that be handled?



Trauma Informed Screening Considerations (*cont.*)

- Does universal or targeted screening make the most sense for the system?
- Which concerns are most important to examine; which screening tool is the best fit?
- Resources needed to implement – cost of measure and staff time related to training and administration, use of information, and connection to intervention.
- Who will complete the measure – child, caregiver, teacher?
- Number and timing of administration.



Selecting a Screening Tool

There is currently no “gold standard” trauma screening tool recommended for schools.

When selecting a tool consider:

- Demonstrated to be reliable and valid
- Age and stage of children being assessed
- Language
- Administration time

For a comprehensive list of available screening tools please see the NCTSN Measure Reviews page:

<https://www.nctsn.org/treatments-and-practices/screening-and-assessments/measure-reviews>



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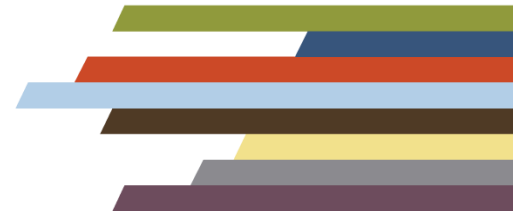
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insights
& Elaboration

Today's Presenter: Dr. Hilary Hodgdon
and
C-TLC Project Director Dr. Christine Mason

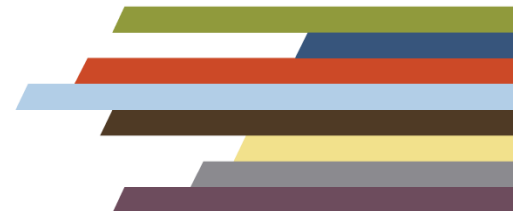


UCLA PTSD Reaction Index ¹⁻³

The pros of this screening tool:

- Demonstrated reliability and validity.
- Child-report and caregiver-report versions.
- Assesses trauma exposure and symptoms.
- Clear benchmark indicating need for further evaluation.
- Available in English and Spanish.
- Versions for both school aged (6-18) and younger (6 and under) children and youth.
- There is now a brief version available.

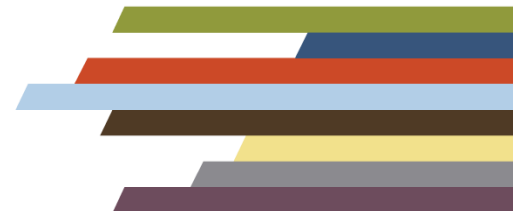
1. Steinberg, Brymer, Decker, & Pynoos (2004)
2. Steinberg, Brymer, Kim, Ghosh, Ostrowski, Gulley, Briggs, & Pynoos (2013)
3. Elhai, Layne, Steinberg, Vrymer, Briggs, Ostrowski, & Pynoos (2013).



UCLA PTSD Reaction Index

The cons of this screening tool:

- It is not free!
- Only assesses symptoms of PTSD.
- Best administered as an interview (more time consuming).
- Trauma exposure portion (Trauma History Profile) may be overly detailed for a school context.



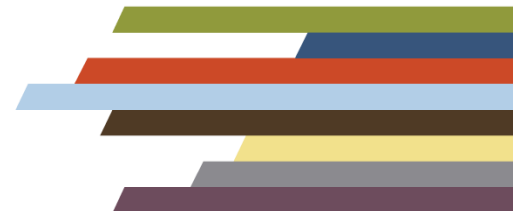
UCLA PTSD Reaction Index

Obtain more information: <https://www.reactionindex.com/>

Two components:

1) Trauma History Profile:

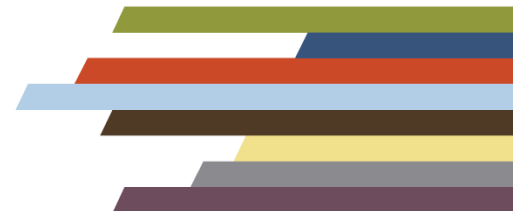
- Screens for exposure to 20 different types of trauma and adversity.
- Trauma types include interpersonal trauma (e.g. physical, sexual, and emotional abuse, sexual and physical assault, neglect, etc.) and non-interpersonal trauma (e.g. natural disaster, illness / medical trauma, war / terrorism, etc.)
- If trauma type is endorsed, follow up questions assess trauma details, role (ex: direct victim versus witness), and age at which exposure occurred.



UCLA PTSD Reaction Index

2) PTSD Symptoms:

- 31 Questions assess frequency of symptoms over the past month (“none” to “most” of the time), including:
 - Intrusions: Persistent re-experiencing of the traumatic event including intrusive memories, dreams, “flashbacks”, play re-enactment, physiological or emotional distress at reminders.
 - Avoidance: Persistent, effortful avoidance of trauma-related stimuli.
 - Negative Alterations in Cognition & Mood: Dissociative amnesia, negative beliefs about the self/world, distorted blame of self or others, constricted affect, alienation, diminished interest in activities.
 - Alterations in Arousal & Reactivity: Irritability, aggression, reckless behavior, sleep problems, difficulty concentrating, hypervigilance, startle response .
 - PTSD Severity Score





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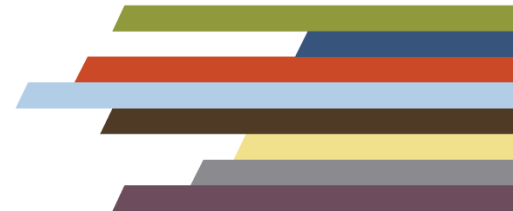
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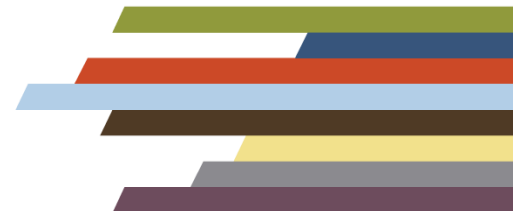
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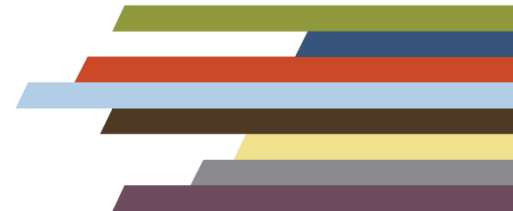
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Thank you for attending!
Identifying Trauma:
Screening and Assessment

Questions? Contact Us:
Center for Educational
Improvement
info@edimprovement.org





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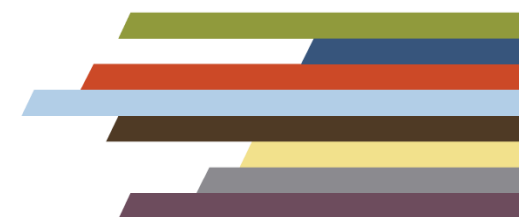
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Childhood-Trauma Learning Collaborative (C-TLC) Upcoming Events

Is your school trauma-informed? Are you/your colleagues looking for mental health resources to better support your students? Join the Center for Educational Improvement (CEI) for a series of online events hosted by the [New England Mental Health Technology Transfer Center \(New England MHTTC\)](#).

Our complimentary series of online events is designed to strengthen mental health supports that address the needs of children who have experienced/are at risk of experiencing significant trauma.





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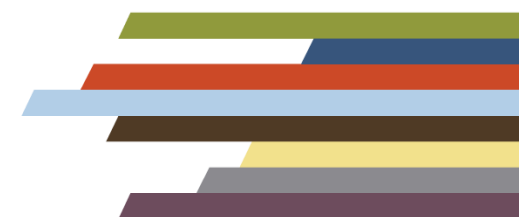
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C-TLC Webinars



- September 10**
@ 4:00 pm
Mental Health Supports for Children: Issues with Rural Delivery
Presenter: [Suzan Mullane, Ph.D.](#)
Center for Educational Improvement
- September 26**
@ 4:00 pm
Mental Health and Children: Perspectives from Family on Screening, Diagnosis and Supports
Presenter: [Lynda Gargan, Ph.D.](#)
National Federation of Families for Children's Mental Health
- November 7**
@ 4:00 pm
Poverty, Brain Development, and Early Interventions
Presenter: [Kimberly Noble, Ph.D.](#)
Teachers College, Columbia University



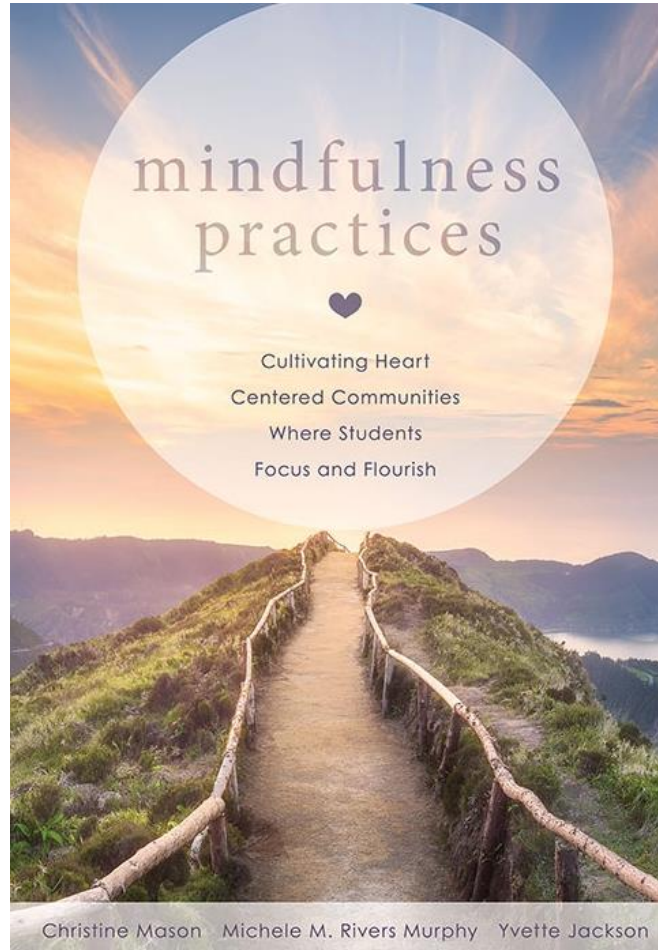


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C-TLC Book Study

**Our six-part series begins
September 19 @ 4:00 pm**

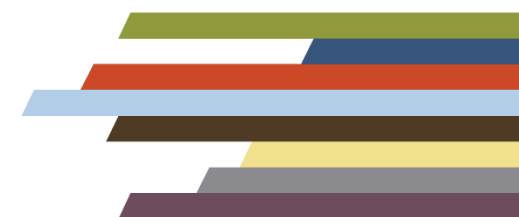
Study Leaders:

Christine Mason, Ph.D.

C-TLC Project Director
Founder and Executive Director
Center for Educational Improvement

Michele Rivers Murphy, Ed.D.

Associate Director, Heart Centered Learning
Center for Educational Improvement



C-TLC Community Building



2019 Childhood-Trauma Learning Collaborative Fellows

Image captured as a part of the C-TLC Kick Off Meeting, April 29, 2019
The College of the Holy Cross, Worcester, MA

