



Mid-America (HHS Region 7)

MHTTC

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# Screening and Assessing for Trauma in Primary Care

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED  
AND HOPEFUL

INCLUSIVE AND  
ACCEPTING OF  
DIVERSE CULTURES,  
GENDERS,  
PERSPECTIVES,  
AND EXPERIENCES

HEALING-CENTERED/  
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS

PERSON-FIRST AND  
FREE OF LABELS

NON-JUDGMENTAL AND  
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR  
AND UNDERSTANDABLE

CONSISTENT WITH  
OUR ACTIONS,  
POLICIES, AND PRODUCTS

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# Mid-America Mental Health Technology Transfer Center (MHTTC)

- Funded by the federal Substance Abuse and Mental Health Services Administration (Grant number: H79SM081769).
- Awarded to UNMC's Behavioral Health Education Center of Nebraska (BHECN).
- Serves to align mental health services across Missouri, Iowa, Nebraska, and Kansas with evidence-based practice.

# Announcements

- The recording is available

<https://mhttcnetwork.org/centers/mid-america-mhttc/implementing-trauma-informed-practices-pediatric-integrated-primary-care>

# Webinar Series

## Part 1

Principles of  
Trauma-  
Informed Care  
for Health Care  
Organizations

## Part 2

Screening and  
Assessing for  
Trauma in  
Primary Care

## Part 3

Screening and  
Assessing for  
Trauma with  
Children that  
have IDD

## Part 4

Reporting and  
Documentation  
of Trauma  
Disclosure

# Objectives

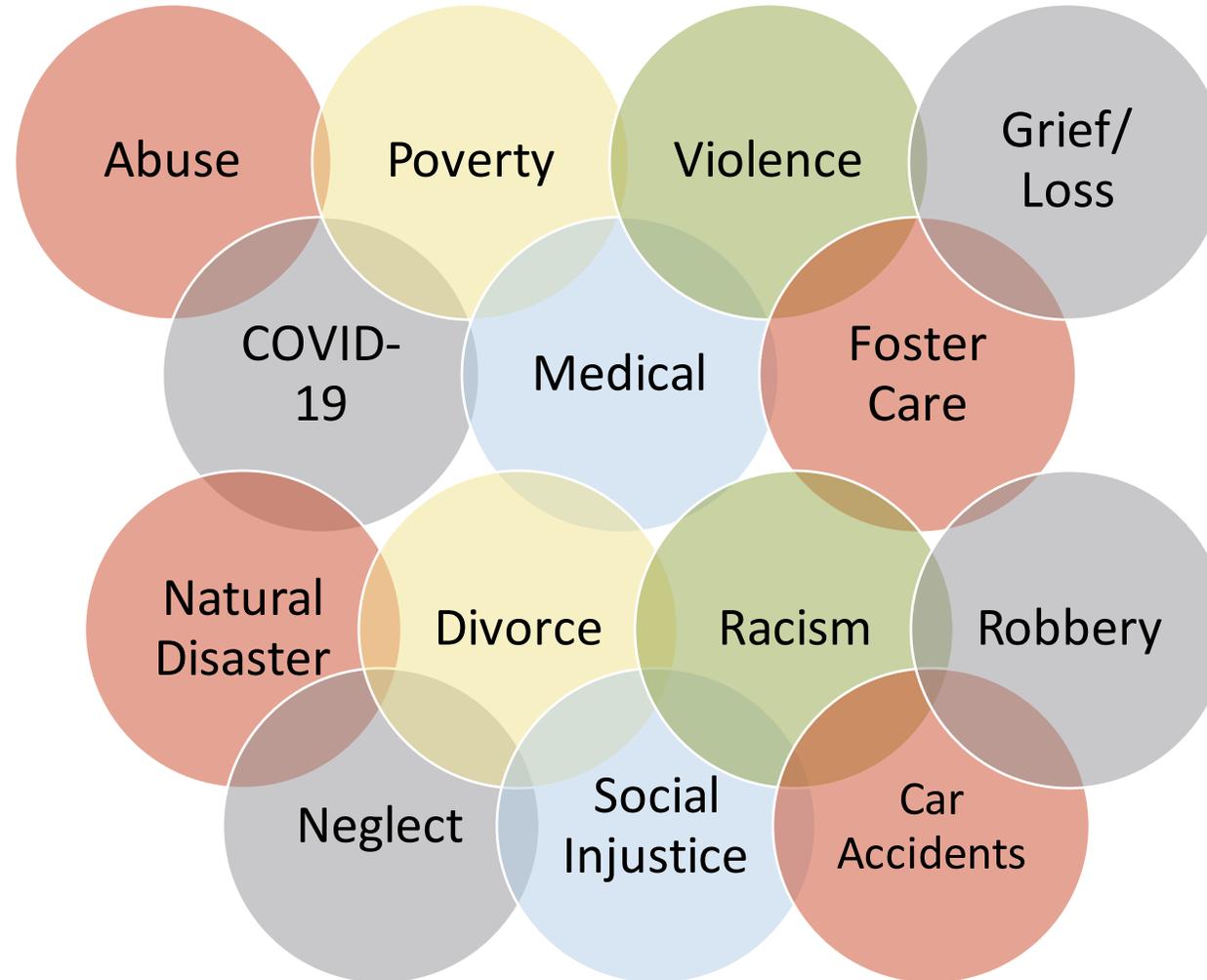
Identify trauma screeners and their use in primary care

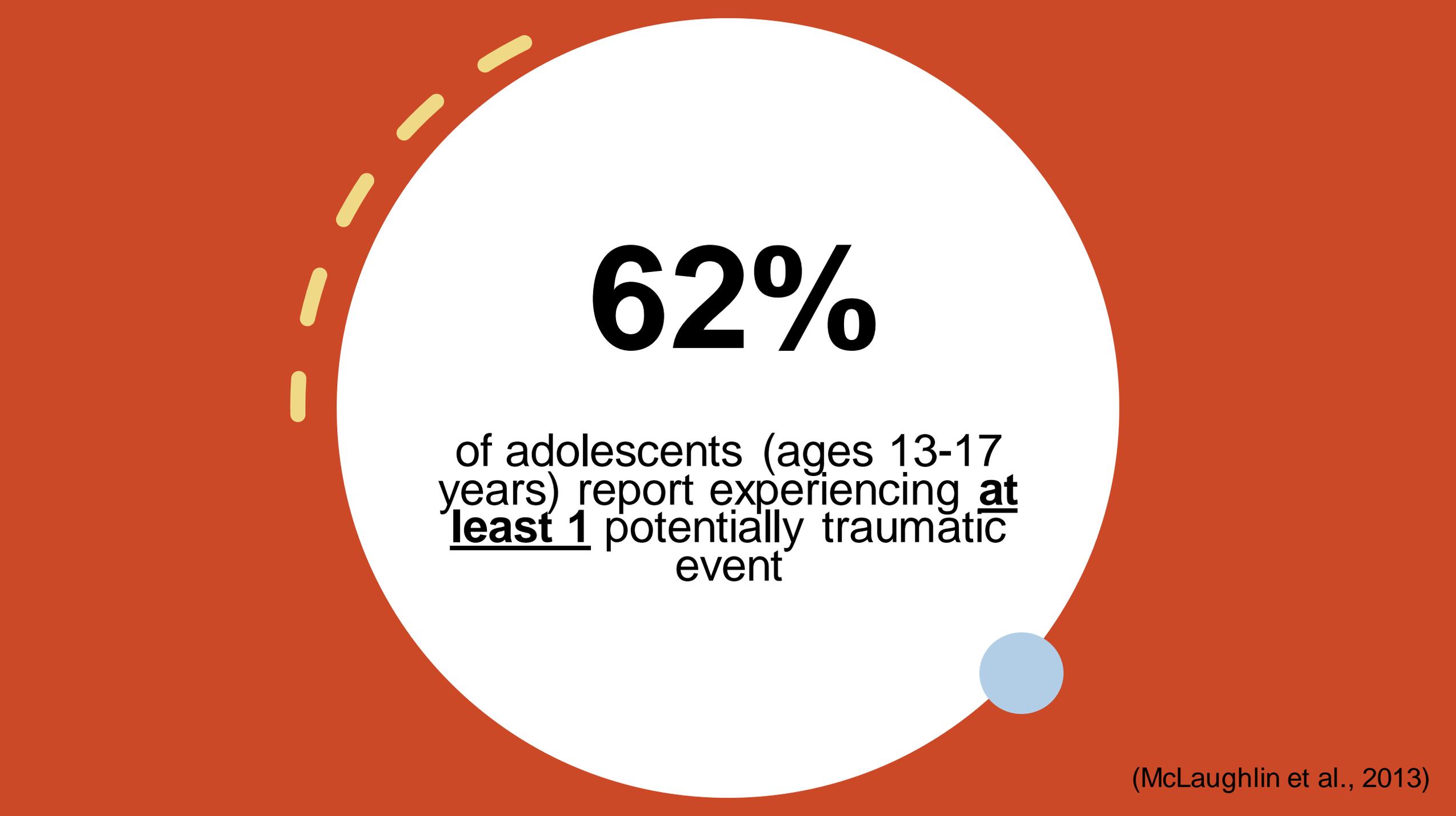
Discuss who should be screened for trauma in primary care

Identify possible trauma screeners and assessments

Discuss the role of primary care team members in screening and assessment

# Potentially Traumatic Events (PTEs)





# 62%

of adolescents (ages 13-17 years) report experiencing **at least 1** potentially traumatic event

# Historical Trauma

Sometimes referred to as intergenerational or transgenerational trauma

“Collective trauma experienced over time and across generations by a group of people who share an identity, affiliation, or circumstance”

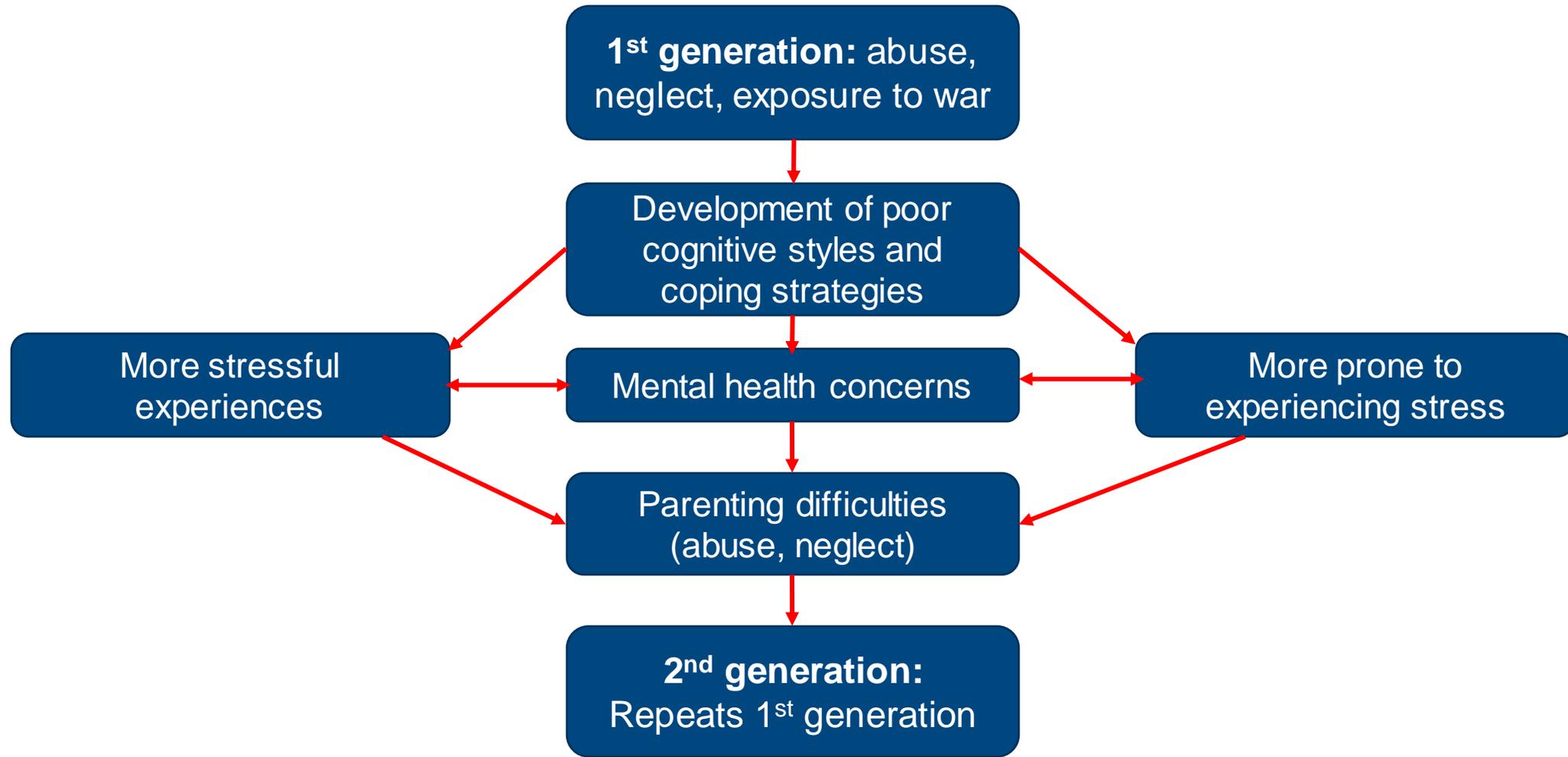
Term originally used to describe children of Holocaust survivors

# Historical Trauma

Can be applied to many colonized indigenous groups including...

- African Americans
- Alaska natives
- Native American Indians (e.g., forced removal, Trail of Tears, boarding schools)
- Japanese American survivors of internment camps
- Armenian refugees
- Bosnians (genocide: Serbs killing Bosnian Muslims and Croats)
- Rwandans (genocide: Hutu killings of Tutsi)

# Intergenerational Trauma



(Based on Bombay, Matheson & Anisman, 2009)



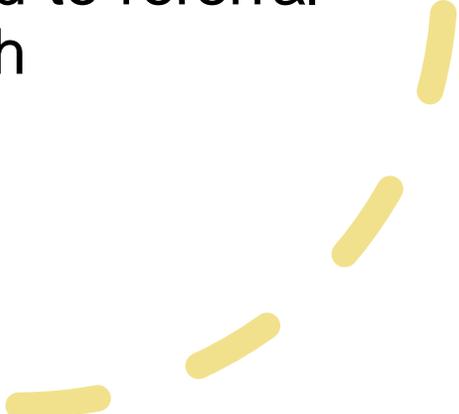
## Trauma Screening in Primary Care

**“People start to heal the moment they feel heard”**

- Cheryl Richardson

No matter  
your role,  
you can do  
trauma  
screening

## Trauma screening:

- Brief, focused inquiry
  - Includes trauma exposure (TPEs) and trauma related symptoms
  - Process that provides information on best next steps
    - Positive trauma screen may lead to referral for comprehensive mental health assessment
- 

About 13% of children  
exposed to trauma  
develop posttraumatic  
stress symptoms

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(Copeland et al., 2007)

# Why screen for trauma?



Trauma exposure is very prevalent



Many children do not disclose on their own



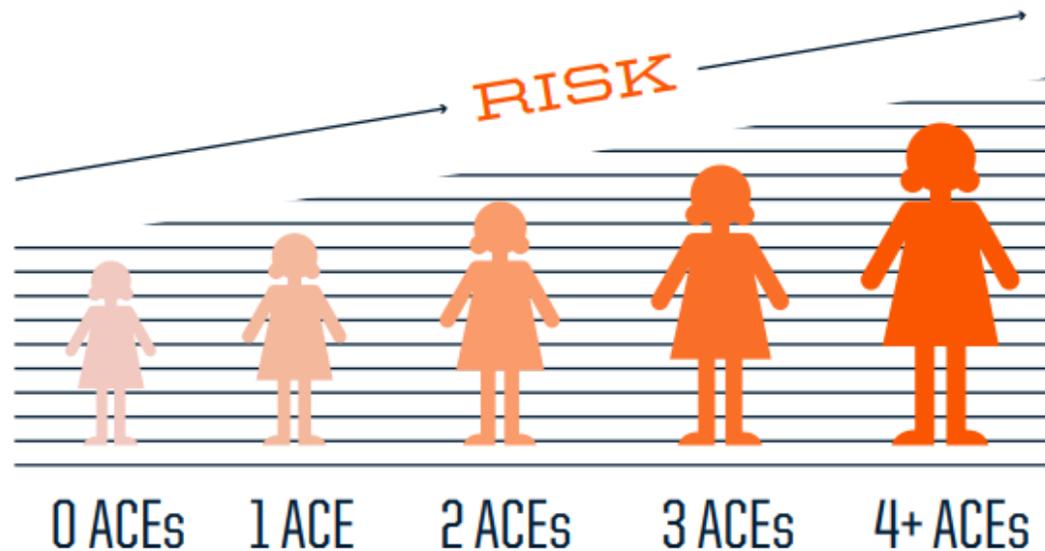
Many people want to talk about the trauma, but do not know how to bring it up



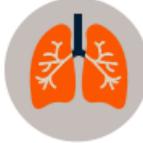
Screening helps providers make targeted referrals

# Decreasing Health Risks of Childhood Trauma

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



## Possible Risk Outcomes

BEHAVIOR				
 Lack of physical activity	 Smoking	 Alcoholism	 Drug use	 Missed work
PHYSICAL & MENTAL HEALTH				
 Severe obesity	 Diabetes	 Depression	 Suicide attempts	 STDs
 Heart disease	 Cancer	 Stroke	 COPD	 Broken bones

# Why screen for trauma in primary care?

Uniquely positioned for routine universal trauma screening

Providers and patients can develop trusting relationships from regular interactions

Trauma exposure increases likelihood for physical and mental health concerns

American academy of pediatrics recommends routine screening to better support positive child development

# Screening Measures

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# Screeners: Common Traumas Included

Natural  
Disaster

Serious  
accident or  
injury

Robbery

Physical  
Violence

Sexual  
Violence

Someone  
close to you  
dying suddenly

Being attacked

Seeing  
someone  
attacked

Scary medical  
procedure

Being in or  
near war

# Trauma Exposure Assessment

## Child and Adolescent Trauma Screen (CATS) - Caregiver Report (Ages 3-17)

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_

**Stressful or scary events happen to many children. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to the child to the best of your knowledge. Mark No if it didn't happen to the child.**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Serious accident or injury like a car/bike crash, dog bite, sports injury.      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Robbed by threat, force or weapon.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Slapped, punched, or beat up in the family.                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Slapped, punched, or beat up by someone not in the family.                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Seeing someone in the family get slapped, punched or beat up.                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Seeing someone in the community get slapped, punched or beat up.                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Someone older touching his/her private parts when they shouldn't.               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## CTS Child Report (Age 6-17)

1

Child Name/ID: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female  Other

Administered By: \_\_\_\_\_ Date Completed: \_\_\_\_\_

2

**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. Have you 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 you? Hit, punched, or kicked you really hard with hands, belts, or other objects, or tried to shoot or stab you?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has someone ever touched you on the parts of your body that a bathing suit covers, in a way that made you uncomfortable? Or had you touch them in that way?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has anything else very upsetting or scary happened to you (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"/> |

# DSM-5 Trauma and Stressor-Related Disorders

## Acute Stress Disorder

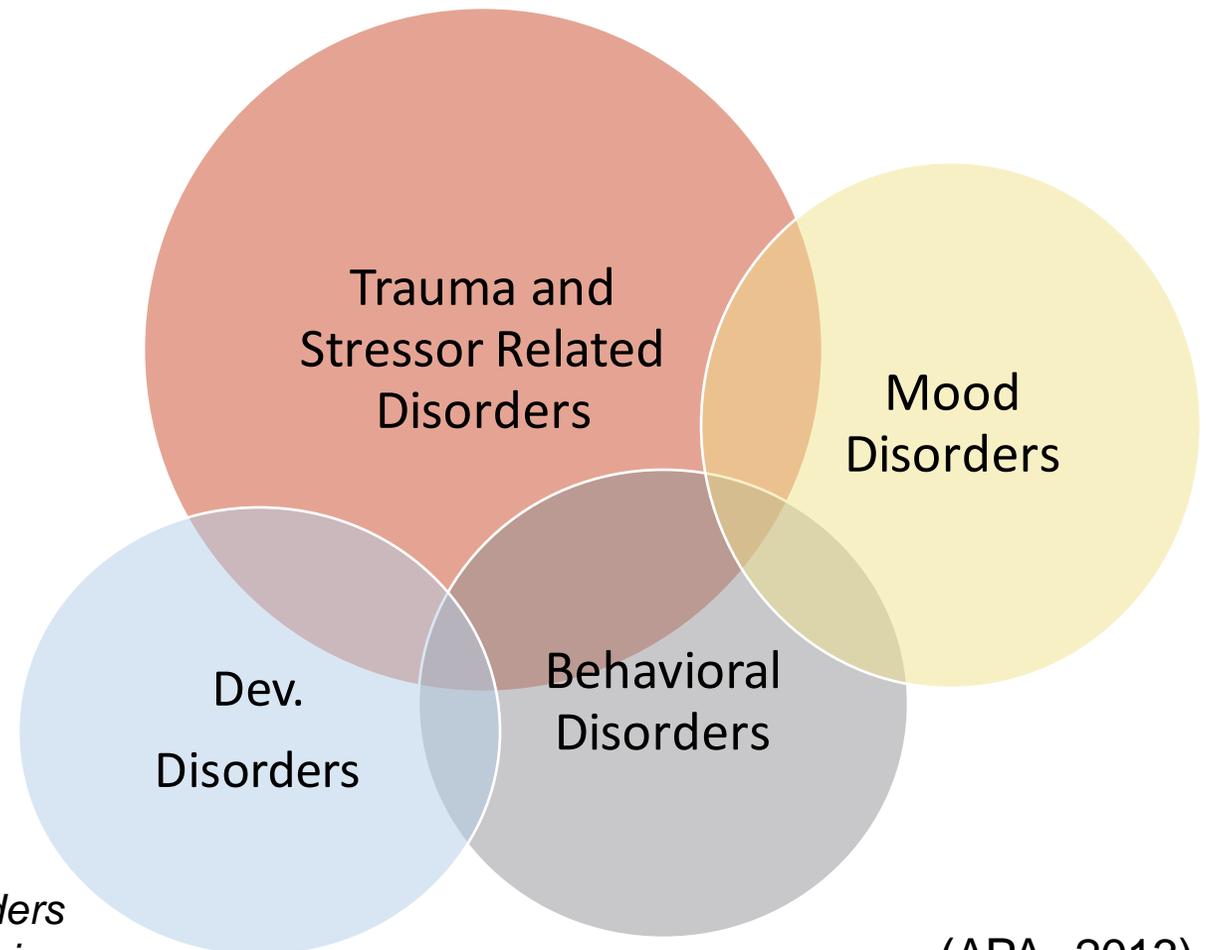
- Multiple trauma symptoms
- Onset < 1 month post trauma

## PTSD

- Multiple trauma symptoms
- Onset > 1 month post trauma

## Adjustment Disorder

- Broader definition of stressor
- Onset < 3 months post stressor



*See Diagnostic and Statistical Manual of Mental Disorders (DSM-V) for additional disorders and full disorder criteria*

(APA, 2013)

# Trauma Symptom Assessment

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Intrusive symptoms

Avoidance

Negative mood or thought alterations

Changes in arousal or reactivity

Other emotional or behavioral changes



(APA, 2013)

# Trauma Symptom Assessment

Mark 0, 1, 2 or 3 for how often the following things have bothered the child in the last two weeks:

0 Never / 1 Once in a while / 2 Half the time / 3 Almost always

1. Upsetting thoughts or images about a stressful event. Or re-enacting a stressful event in play. 0 1 2 3
2. Bad dreams related to a stressful event. 0 1 2 3
3. Acting, playing or feeling as if a stressful event is happening right now. 0 1 2 3
4. Feeling very emotionally upset when reminded of a stressful event. 0 1 2 3
5. Strong physical reactions when reminded of a stressful event (sweating, heart beating fast). 0 1 2 3
6. Trying not to remember, talk about or have feelings about a stressful event.
7. Avoiding activities, people, places or things that are reminders of a stressful event.
8. (Ages 7+ only): Not being able to remember an important part of a stressful event.
9. (Ages 7+ only): Negative changes in how s/he thinks about self, others or the world after a stressful event.
10. (Ages 7+ only): Thinking a stressful event happened because s/he or someone else did something wrong or did not do enough to stop it.

## CAREGIVER Report

Trauma Exposure: \_\_\_\_\_

Total PTSD Severity Score: \_\_\_\_\_ Add ALL items, 1-20; Score of 12+ indicates need for treatment

Criteria	# of Symptoms (Only count items rated 2 or 3)	# Symptoms Required	DSM-5 Criteria Met?	
<b>Re-experiencing</b> Items 1-5		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Avoidance</b> Items 6-7		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Negative Mood/ Cognitions</b> Items 8-15		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Arousal</b> Items 16-20		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Functional Impairment</b> Set of 1-5 Yes/No Questions		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*Age 6 & Under - Only need 1 symptom of avoidance OR negative mood/cognitions

Please mark "YES" or "NO" if the problems you marked interfered with:

- |   |  |
|---|--|
| 1. Getting along with others <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Family relationships <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Hobbies/Fun <input type="checkbox"/> Yes <input type="checkbox"/> No               | 5. General happiness <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| 3. School or daycare <input type="checkbox"/> Yes <input type="checkbox"/> No         |  |

# Common Brief Screening Tools

- Child Trauma Screen (Lang & Conwell, 2016)
  - 10 items
  - Free, public domain
  - Children ages 6-17
  - Available in English and Spanish
  - [Child Health and Development Institute of Connecticut :: Child Trauma Screen \(chdi.org\)](http://chdi.org)

# Common Brief Screening Tools

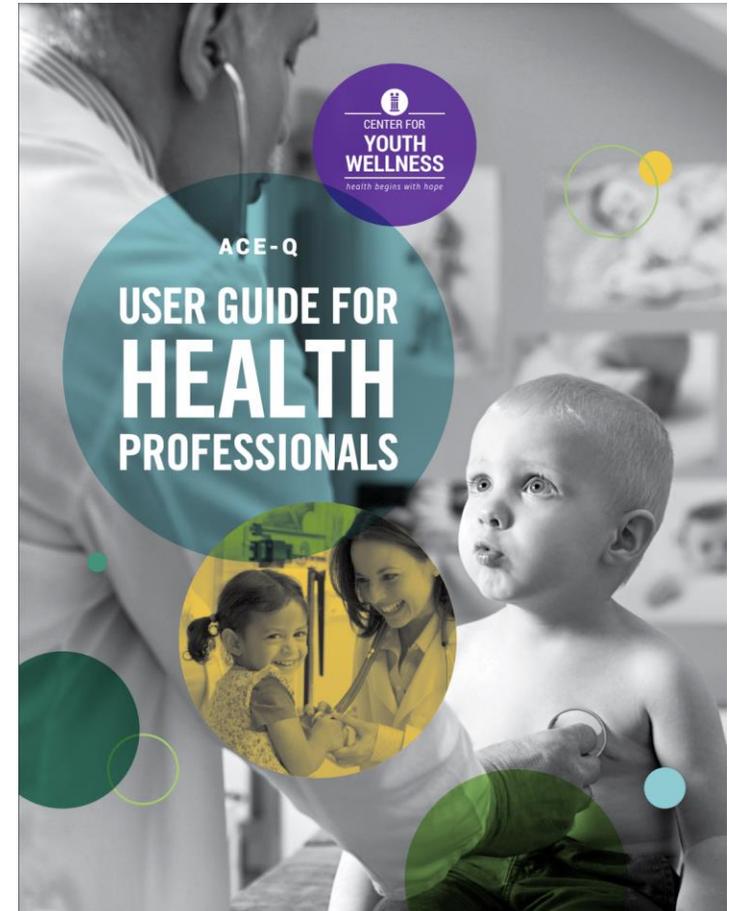
- Child Trauma Screening Questionnaire (CTSQ, Kenardy et al., 2006)
  - 10 items
  - Self-report
  - Children ages 7-16
  - [Child Trauma Screening Questionnaire | The National Child Traumatic Stress Network \(nctsn.org\)](http://www.nctsn.org)

# Common Brief Screening Tools

- Traumatic Events Screening Inventory (TESI) parent report revised and child report forms (Ford et al., 2019)
  - Free, no copyright
  - Children ages 3-17
  - Primarily exposure to traumatic events
  - [Traumatic Events Screening Inventory-Parent Report Revised \(TESI-PPR\) \(va.gov\)](#)
  - [Traumatic Events Screening Inventory Parent Report Revised \(TESI-PPR\) and Child Report Form \(TESI-CRF\) | The National Child Traumatic Stress Network \(nctsn.org\)](#)

# Common Brief Screening Tools

- Adverse Childhood Experiences (ACEs) Questionnaire
  - 10 questions
  - Free, public domain
  - Does not assess for trauma symptoms
  - <https://centerforyouthwellness.org/aceq-pdf/>



# Additional Assessments

- Traumatic Events Screening Inventory for Children (TESI-C)
    - Parent & child report
  - Trauma Symptom Checklist for (Young) Children (TSCYC/TSCC)
    - Parent & child report
  - Child and Adolescent Trauma Screen (CATS)
    - Parent & child report
  - UCLA PTSD Reaction Index for DSM V (UCLA PTSD-RI)
    - Child self-report
  - Child Stress Disorders Checklist-Screening Form (CSDC-SF)
    - Observer report
  - Pediatric Symptom Checklist-17 (PCS-17)
    - Parent report
  - Mood and Feelings Questionnaire (MFQ)
    - Parent and child report
  - And many more...
- <http://nctsn.org/resources/online-research/measures-review>

# Who should be screened?

Universal  
Screening  
(recommended)

Targeted  
Screening

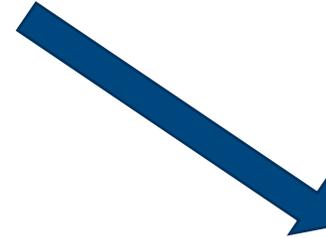
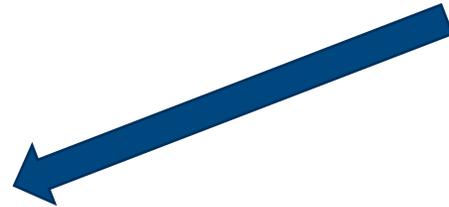
Mental Health  
Provider  
Screening

# Positive Screener: Next Steps

Child screens positive for a potentially traumatic event



- 1) Report abuse if needed
- 2) Respond to any immediate risk
- 3) Stratify response approach based on symptom endorsement:



Note: Webinar 4 will discuss reporting and related considerations

## **No symptoms**

- Reinforce future communication
- Reinforce coping or protective factors*

## **Mild Symptoms**

- (General mental health symptoms OR mild trauma symptoms)
- General mental health referral
  - Provide brief in-clinic strategy (e.g., sleep, mindfulness)
  - Reinforce coping or protective factors*

## **Moderate/High Symptoms**

- (Meets clinical cut offs)
- Provide referral for trauma-focused therapy
  - Provide brief in-clinic strategy (e.g., sleep)
  - Reinforce coping or protective factors*

# Sample model for universal trauma screening

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Medical staff provides well-visit screening packet

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Medical staff describes trauma screener

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Family completes screener and returns packet to medical staff

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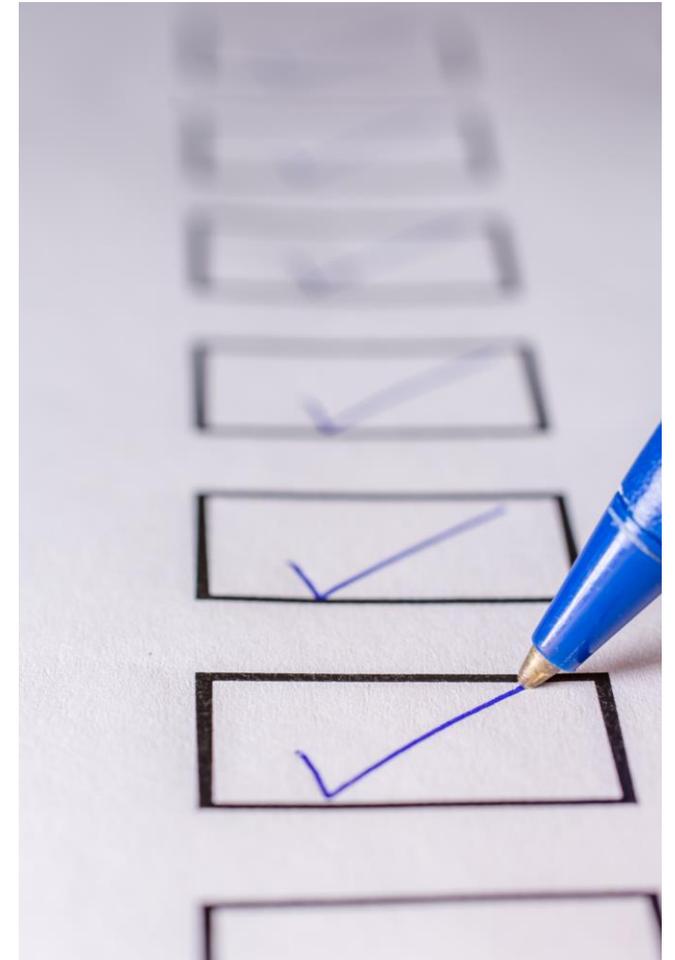
Medical staff or PCP scores screener

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PCP asks follow up questions and discusses results with family

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PCP or social work staff provides referrals



(Modified from Bucci et al., 2015)

# Sample Script: Introducing Screener

“This is a screener assessing for potentially traumatic events and related reactions. We provide this screener to children each year because we know that exposure to stressful events may impact health and development. I’m happy to answer any questions you may have. Your PCP will review the results of the screener(s) during your visit.”



(Modified from Bucci et al., 2015)

# Other elements to consider when introducing the screener:

Screening will save time in the PCP visit

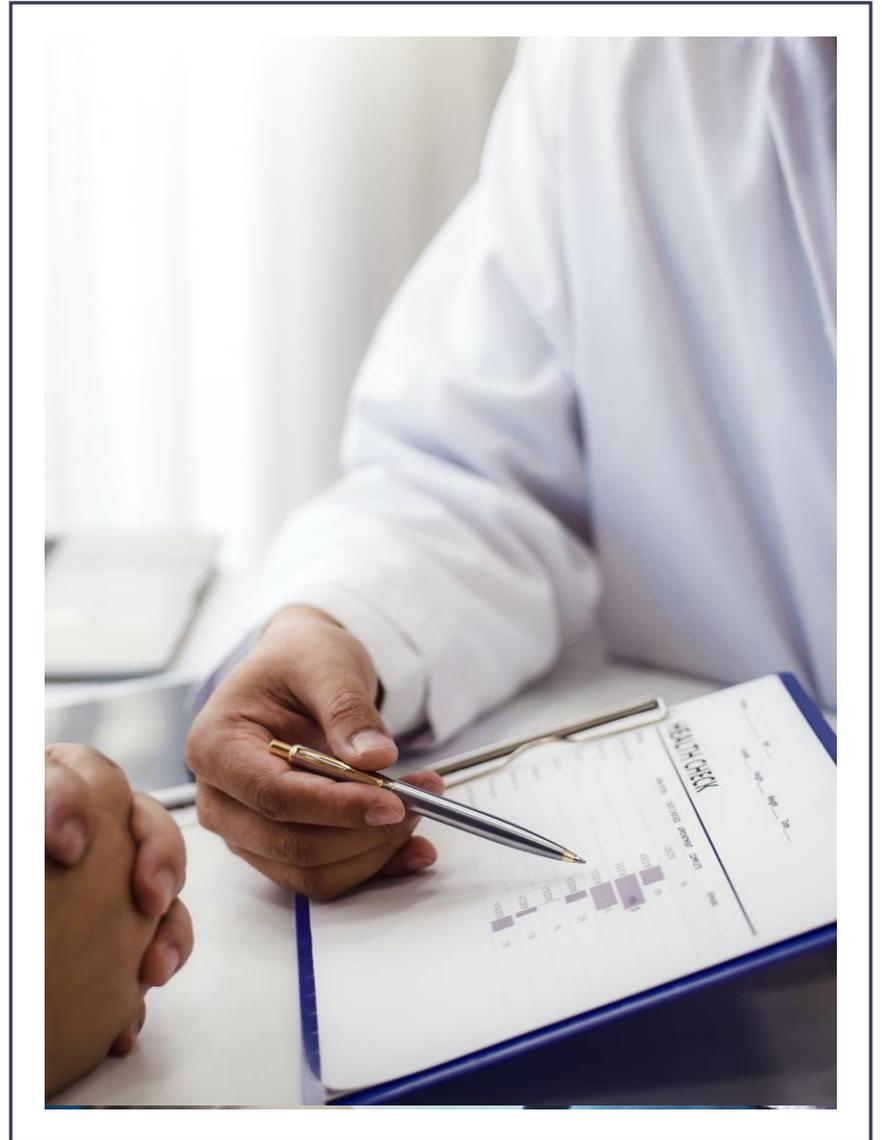
Screening is confidential (be sure to tailor this to your confidentiality standards)

Staff are available to answer questions

Screener answers are voluntary

# Sample Script: Follow Up Questions

“Thank you for filling out the screener(s). We know that it may be difficult for some children and families to discuss these screeners, while other families find relief discussing these screeners. I’d like to ask you a few questions about the screener you filled out.”



Follow up  
questions to  
consider:

Screeners specific questions

Resilience/strength focused  
questions

Triage questions

(Sample Questions: Sala-Hamrick et al., 2021)

# Sample Script: Referral to Trauma Provider

“These experiences may be contributing to your child’s concerns in [area of concern]. Trauma focused therapy can help your child developing coping strategies, process the event, and improve wellbeing moving forward. I’d like to refer you to someone who specializes in trauma focused services.”



Elements to consider when referring to trauma informed services:

Normalize reactions to trauma

Discuss general stress related interventions

Reinforce coping/protective factors

Provide in clinic relaxation strategy



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Coming soon: Trauma Informed Care Toolkit

<https://mhttcnetwork.org/centers/content/mid-america-mhttc>

# What do primary care providers say about screening?

## Challenges:



It took time to feel comfortable and personalize scripts to feel natural



Some providers were uncomfortable discussing trauma with patients



Feedback was necessary to improve the screening process at their clinic



# What do primary care providers say about screening?

## **Benefits:**

It became easier to discuss trauma with patients

Increased awareness of trauma in patients' lives

Prevented families from "falling through the cracks"

Strength based questions lead to rich discussion with families

Screening helped families know we care

# Implementation Checklist

## Identify

- Identify appropriate screening measures

## Incorporate

- Incorporate screening into existing clinic workflow

## Establish

- Establish a regular timeline and process for reporting

## Collect

- Collect data points to inform clinic processes

## Meet

- Meet with clinic staff a few months after implementation to identify barriers and review data

## Provide

- Provide community supports and referral options

# Identifying Community Supports

- We can't screen without providing support and appropriate referrals
- Predict an increase in mental health referrals
- Consider providers you already refer to
- Inquire about capacity/waitlists
- Identify trauma-focused providers in your area





Questions?



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