MODULE 4
Assessment of a Child's Trauma Experiences

Training Time: 125 minutes (2 hours 5 minutes)

Key Learning Points

1. Some children develop maladaptive ways of managing traumatic stress that are disruptive and sometimes dangerous, and these children would benefit from a trauma-informed intervention.
2. Children who have experienced extreme trauma, sexual abuse or assault; who display PTSD symptoms; or who have experienced multiple traumas over their lifetimes are more likely to need trauma-specific assessment and treatment. Many children in child welfare and juvenile justice systems or living in violent neighborhoods and communities fall into this category.
3. Some trauma symptoms (like numbness or hyperarousal) may be mistaken for other mental health concerns and require proper trauma assessment before either the trauma or the alternative concern, such as ADHD, can be treated.
4. Most mental health providers who serve children are *not* trained in evidence-based trauma treatments. Nonetheless, most mental health providers will readily accept traumatized children into their practice even if they lack trauma-specific training. Some trauma treatments have no scientific support and may be ineffective or even dangerous. It is important to know what models the therapist will use and the extent of his or her training.
5. Child welfare workers should distinguish between a trauma-informed therapist and a generalist, should know when to refer to which type of treatment, and should know how to screen for providers who provide evidence-based trauma-informed treatments.
6. Evidence-based or evidence-supported trauma-informed treatments contain a number of core components that have been shown by research to provide more effective treatment of traumatized children.
7. Some children with trauma histories are naturally resilient and do not need mental health interventions. Others may exhibit symptoms unrelated to the trauma and can benefit from more traditional mental health treatments. Still others require immediate crisis or mental health stabilization interventions (e.g., clients who

are suicidal, or those with active substance abuse or eating disorders) before commencing trauma work.

8. The *Child Welfare Trauma Referral Tool* is an instrument designed to help child welfare workers make trauma-informed decisions to determine whether mental health referrals would be useful, and, if so, what type of referral would be most beneficial (trauma-specific, immediate stabilization, or general mental health).

9. Trauma can affect so many aspects of a child's life that it typically takes a team of service providers and caregivers to facilitate recovery. Service providers working with traumatized children should endeavor to develop common protocols and frameworks for documenting trauma history, exchanging information, coordinating assessments, and planning and delivering care so that children are not retraumatized by the system designed to protect them, and/or do not "fall through the cracks." The child welfare worker is in a unique position to provide leadership to the team of care providers to provide integrated, trauma-informed care.

10. Module 4 emphasizes Essential Elements 4, 5, and 6:

    4. Address the impact of trauma and subsequent changes in the child's behavior, development, and relationships.

    5. Coordinate services with other agencies.

    6. Utilize comprehensive assessment of the child's trauma experience and its impact on the child's development and behavior to guide services.

ACTIVITY 4A
WELCOME BACK, LEFTOVER QUESTIONS, AND ENERGIZER

Activity Time: 15 minutes

Materials Needed

- Sheets of paper
- Prizes for team members (optional; one prize per person; number of prizes will depend on size of overall group)

Trainer Activities

- Welcome participants back to Day 2. Allow for any (brief) comments or questions about Day 1, and orient participants to the schedule for Day 2.
- Divide participants into nine groups. Assign one Essential Element to each group. (If it is a small group, you may wish to have fewer groups and assign more than one Element per group.) Distribute a sheet of paper to each of the groups.
- Instruct participants to write down as many things about their respective Essential Element as they can remember from the day before. After five minutes, the team with the most items on its list wins a prize.

ACTIVITY 4B
LECTURE
Essential Essential Elements 4, 5, and 6: Address the Impact of Trauma and Subsequent Changes in the Child's Behavior, Development, and Relationships; Coordinate Services with Other Agencies; Utilize Comprehensive Assessment of the Child's Trauma Experience and Its Impact on the Child's Development and Behavior to Guide Services

Activity Time: 10 minutes

Materials Needed

- *Comprehensive Guide,* pp. 25–28
- PowerPoint Slides 78–82
- Supplemental Handout: *Emotional Chain of Custody*

Trainer Activities

- Cover the following content in lecture format, using PowerPoint Slides 78–79.
    - In Module 3, we discussed the *impact* of trauma on a child's behavior, development, and relationships. In Module 4, we discuss how to *address* that impact, with special emphasis on comprehensive assessment of the child's trauma experience to guide services. We will also address the unique role of the child welfare worker in coordinating services with other agencies.

- Specifically, we focus on the next three Essential Elements:

    4. Address the impact of trauma and subsequent changes in the child's behavior, development, and relationships.

    5. Coordinate services with other agencies.

    6. Utilize comprehensive assessment of the child's trauma experience and its impact on the child's development and behavior to guide services.

- Cover the following content in lecture format, using PowerPoint Slides 80–82.

    - Why are these elements essential? Some children are remarkably resilient and do not develop symptoms as a result of exposure to trauma. However, the experience of childhood trauma is a known risk factor for many short-term and long-term mental health problems.

    - Traumatic events can impact many aspects of a child's life far beyond the initial trauma response and may create new or secondary problems. These consequences are known as *secondary adversities.* Other consequences of trauma or secondary adversities can also include changes in the family system precipitated by a traumatic event.

    - It may be important to address these secondary issues along with or before trauma-focused treatment. Problems in these areas may be so extreme, pronounced, or troublesome that they mask other underlying traumatic stress symptoms.

    - Why is coordination with other services essential? Traumatized children and their families are often involved with multiple service systems, including law enforcement, child welfare, the courts, schools, primary care, and mental health. Service providers working with traumatized children should endeavor to develop common protocols and frameworks for documenting trauma history, exchanging information, coordinating assessments, and planning and delivering care.

    - In contrast to a fragmented approach, cross-system coordination views the child as a whole person. When different systems have many different and potentially competing priorities, there is risk that children and their families will receive mixed or confusing messages—or simply fall through the cracks.

    - Refer participants to the Supplemental Handout: *Emotional Chain of Custody.* This diagram illustrates the large number of agencies or people who have a role in shaping the child's trauma response. Any of these, individually or in combination, may help the child's recovery process.

- Conversely, these multiple agencies and individuals also have the power, individually or in combination, to actually inflict secondary stress upon the child. For example, in some communities, when sexual abuse occurs, the child might be interviewed up to 12 times by different individuals. In cases of child physical abuse or neglect, children may be removed from their homes and/or communities. These interventions, although designed to protect children from further abuse, are immensely stressful for children.
- Child welfare systems are charged with integrating multiple systems in the child's life, in order to create consistency. No one person or discipline can adequately meet the needs of traumatized children in the child welfare system, and we must work as a team. While certain Essential Elements may be addressed by professionals in other systems, such as mental health or schools, the child welfare worker is uniquely positioned to coordinate with other systems to ensure that these elements are present.
- Refer participants to the *Comprehensive Guide*, p. 20, for more detail about Child Welfare Tools, Resources and Supports, and Practical Assistance.
- Why should we use comprehensive assessment to guide services? A thorough assessment identifies potential risk behaviors (i.e., danger to self, danger to others) and aims to determine which interventions will reduce risk. Assessment also tells us why a child may be reacting in a particular way and how it may be connected to his or her experiences of trauma. Proper assessment provides input for the development of treatment goals with measurable objectives designed to reduce the negative effects of trauma.
- The remainder of this module will focus on Essential Element 6, Utilizing Comprehensive Assessment…to Guide Services. First we will examine what child welfare workers should look for when making referrals to mental health professionals. Then, we will introduce and describe a tool specifically designed for child welfare workers, the *Child Welfare Trauma Referral Tool.*

ACTIVITY 4C
LECTURE
What Is Trauma Assessment?

Activity Time: 10 minutes

Materials Needed

- PowerPoint Slides 83–85

Trainer Activities

- Present the following in lecture format, using PowerPoint Slides 83–85.
  - Not all children who have experienced trauma need trauma-specific interventions.
  - Some children have amazing natural resilience and are able to integrate the trauma experience with the help of their natural support systems such as parents, caregivers, teachers, and others.
  - Caregiver involvement is often key to trauma-informed therapy. While some severely traumatized children in the child welfare system may not have a stable placement (and/or stable caregiver), it is still important to refer them for trauma-informed treatment regardless of their placement status.
  - Unfortunately, many children in the child welfare system lack natural support systems and have often been exposed to multiple traumas resulting in very complex problems. Some may meet the clinical criteria for a diagnosis of PTSD.
  - Far more children will not reach the range and levels of symptoms required for a full PTSD diagnosis but will still have significant posttraumatic symptoms (e.g., intrusive thoughts about the event, hyperarousal to trauma reminders) that can have dramatic and adverse impacts on their behavior, judgment, educational performance, and ability to connect with caregivers.
  - Given this variability, the child welfare system needs resources in the community to conduct "trauma assessments" to help determine which intervention will be most beneficial for specific children.

- Trauma assessment typically involves a detailed social history that includes a thorough trauma history to identify all forms of traumatic events experienced directly or witnessed by the child. This history should include each child abuse incident, any automobile accidents, exposure to family or community violence, painful medical procedures, or other types of traumatic experiences so the best type of treatment for a specific child can be determined.

ACTIVITY 4D
LECTURE
What Does Trauma-Informed Assessment and Treatment Look Like?

Activity Time: 15 minutes

Materials Needed

- *Comprehensive Guide,* pp. 35–38
- PowerPoint Slides 86–96
- Supplemental Handout: *Example of NCTSN Fact Sheet*
- Supplemental Handout: *Questions to Ask Mental Health Providers*
- Supplemental Handout: *Empirically Supported Treatments and Promising Practices*

Trainer Activities

- Present the following in lecture format, using PowerPoint Slides 86–94.
- There are evidence-supported interventions that are appropriate for many children and that share many of the core components of trauma-informed treatments. Refer participants to Supplemental Handout: *Example of NCTSN Fact Sheet* for more information on specific interventions.
  - Unfortunately, many therapists who treat traumatized children lack any specialized training on trauma and its treatment, and they may even be unfamiliar with the basic trauma literature.
  - When a choice exists, the child welfare worker should select the therapist who is most familiar with the available evidence and has the best training to treat the child's symptoms.

- As stated in the previous lecture, a trauma assessment typically includes a thorough trauma history. This history is supplemented with the use of trauma-specific standardized clinical measures to assist in identifying the types and severity of symptoms that the child is experiencing. Some of these measures are: UCLA PTSD Index for DSM-IV (Pynoos, et al., 1998), Trauma Symptom Checklist for Children (Briere, 1996), and Trauma Symptom Checklist for Young Children (TSCYC; Briere, 2001). The Child Sexual Behavior Inventory (CSBI; Friedrich, 1992) can be used to assess for possible sexual abuse-related behaviors.
- Any therapist to whom the child welfare worker is contemplating sending children for a trauma assessment should be familiar with some common measures used in assessing trauma symptoms.
- Additional information on these measures is listed in Appendix C; however, these measures are typically completed by a therapist, not by the child welfare worker.
- The child welfare worker or unit supervisor should interview therapists or agencies to whom the child welfare agency makes referrals and assess which have the best preparation to do assessments and provide therapy to traumatized children.
- Child welfare workers should also be familiar with the components of trauma-informed, evidence-based treatments, including but not limited to Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Parent-Child Interaction Therapy (PCIT). Refer participants to the content in the *Comprehensive Guide,* pp. 35–38, which augments the information in these slides.

TRAINER TIP: TF-CBT and PCIT are presented as examples of evidence-based treatments. Remind participants that they are not the only evidence-based treatments that exist for treating trauma.

- Present the following in lecture format, using PowerPoint Slides 95–96. Participants may also follow along in the *Comprehensive Guide,* pp. 35–38.
  - What else can a child welfare worker do to facilitate appropriate assessment and treatment?

- Gather a full picture of a child's experiences and trauma history. Utilize other available resources to gain a full picture of a child's experiences and trauma systems. If necessary, review the child's records, conduct collateral interviews, and, when appropriate, interview the child.
- Identify immediate needs and concerns in order to prioritize interventions for specific children.
- Identify therapists or agencies. This may require you to interview therapists or agencies to determine which ones are knowledgeable about trauma assessment instruments for children and evidence-based treatments. Refer participants to Supplemental Handout: *Questions to Ask Mental Health Providers* and Supplemental Handout: *Empirically Supported Treatments and Promising Practices.*
- Request regular, ongoing assessments (e.g., every three months) regarding the child's progress in therapy and with trauma-related symptoms.
- Utilize tools such as the *Child Welfare Trauma Referral Tool* (reviewed in Activity 4F) to determine if the child needs mental health treatment, and if so, what type is needed.

TRAINER TIP: The next activity (Activity 4E) aims at identifying local resources. It has been noted as optional in case you would prefer to spend more time on the previous Activity 4D, What Does Trauma-Informed Assessment and Treatment Look Like? or Activity 4F, *Child Welfare Trauma Referral Tool.* Both of these activities may require more time than the allotted 15 minutes each.

ACTIVITY 4E (Optional Activity) TRAUMA-INFORMED BINGO AND DISCUSSION OF LOCAL RESOURCES

Activity Time: 10 minutes

Materials Needed

- Supplemental Handout: *Trauma-Informed Bingo*
- Pens or pencils, one per participant
- Prize(s) for winner(s) (optional)

Trainer Activities

- Distribute the Supplemental Handout: *Trauma-Informed Bingo.* First, play until someone gets 5 in a row, then play until someone gets 5 in a row horizontally, vertically or diagonally. Set rules depending on the size of your group (for example, you can only write someone's name once, or you can use someone's name up to three times, etc.).

TRAINER TIP: If some of the boxes in the Bingo game do not seem to fit the training audience you have, you should feel free to substitute others.

- As time allows, identify trauma-informed treatment practices that are available in your community. Discuss:
  - How are those services accessed?
  - Are they evidence-based?
  - If trauma-informed services are not available, what strategies could be used to bring them to your community?

ACTIVITY 4F
CHILD WELFARE TRAUMA REFERRAL TOOL

Activity Time: 15 minutes

Materials Needed

- PowerPoint Slides 97–98
- Supplemental Handout: *Child Welfare Trauma Referral Tool*
- Supplemental Handout: *Definitions of Different Trauma Types*

Trainer Activities

- Present the following content in lecture format, using PowerPoint Slides 97–98.
  - Distribute the Supplemental Handout: *Child Welfare Trauma Referral Tool.*
  - The *Child Welfare Trauma Referral Tool* was developed to help child welfare workers make more trauma-informed decisions about the need for referral to trauma-specific and general mental health services. It is to be completed by the child welfare worker through record review and key informants (i.e., natural parent, foster parent, child therapist, and other significant individuals in the child's life).
  - Walk through the entire tool together, noting the various sections. Section A allows the child welfare worker to document history of exposure to a variety of types of trauma and to indicate the age range over which the child experienced each trauma. Section B allows the child welfare worker to document the severity of the child's traumatic stress reactions. Section C allows the child welfare worker to document attachment problems. Section D allows the child welfare worker to document behaviors requiring immediate stabilization. Section E allows the child welfare worker to document the severity of the child's other reactions/behaviors/functioning. Section F provides strategies for making recommendations to general or trauma-specific mental health services by linking the child's experiences to his or her reactions.
  - Distribute Supplemental Handout: *Definitions of Different Trauma Types* and review definitions. Inform participants that understanding the definitions is critical to completing the *Child Welfare Trauma Referral Tool* accurately.
    - Traumatic Grief/Separation does not include placement in foster care but might include parent in jail, parent murdered, violent death of a loved one, drive-by shootings, or a parent disappearing to buy drugs or for another reason.

- Systems-induced trauma may include undergoing multiple placements, being asked the same questions repeatedly by different workers, seclusion and restraints, placement away from siblings, or being far away from community and culture.
- Review other trauma definitions from the Supplemental Handout: *Definitions of Different Trauma Types* as appropriate, depending on the education level and needs of your trainee group.
- Note regarding Section B: Clarify the difference between trauma symptoms and a diagnosis of PTSD. A client does not need a full diagnosis of PTSD to receive a trauma-specific referral.
- Note regarding Sections C, D, E: These behaviors do not necessarily preclude children and teens from benefiting from trauma treatment. Some children can benefit from simultaneous treatment for trauma and other disorders. For others, it may be more appropriate to first address their drugs/alcohol or severe sleep problems. Some children will need hospitalization or intensive residential treatment. Tell participants that if they find themselves debating about a course of action, they should make the trauma referral and ask for the trauma specialist to assess the issues.
- Note that the flow chart or decision tree summarizes what the tool evaluates.
- PowerPoint Slide 98 covers additional benefits of the tool. Allow for any questions, and then inform participants that, after the break, they will be utilizing the tool with a practice vignette.

ACTIVITY 4G
CASE VIGNETTE
Joshua

Activity Time: 35 minutes

Materials Needed

- Supplemental Handout: *Case Vignette—Joshua*
- Supplemental Handout: *Child Welfare Trauma Referral Tool*

Trainer Activities

- Divide participants into three groups (six, if the training group is large).
- Ask for a representative from each group to read aloud to the entire group.
- Have one person read the "Presenting Situation" aloud to the larger group. Have the second individual read the "Background/History," and have the last person read the "Evaluation/Assessment."
- Once the entire vignette has been read aloud, ask participants to use the *Child Welfare Trauma Referral Tool* to determine how they would proceed with Joshua's case. The trainer should clarify the difference between this activity and actual practice. What is most important here is the discussion that ensues, not whether an answer is "right" or "wrong."
- Emphasize to participants that the *Child Welfare Trauma Referral Tool* should be used primarily to structure thinking about how and when to refer children for general mental health treatment or trauma-specific mental health treatment.
- Refer participants to the Supplemental Handout: *Definitions of Different Trauma Types.* This handout can be used as a reference while utilizing the *Child Welfare Trauma Referral Tool.*
- Tell participants that they may only need to fill out the Tool once or twice. After that point, they will mostly likely be able to mentally determine when and how to refer.

TRAINER TIP: This exercise can also be conducted using a current or past case that participants have or have had in their caseload. If you choose to do so, have participants break into groups of two and take turns discussing their case and how they would use the *Child Welfare Trauma Referral Tool* to determine what kind of referral they should make.

ACTIVITY 4H
SUMMARY OF ESSENTIAL ELEMENTS

Activity Time: 15 minutes

Materials Needed

- Supplemental Handout: *Bringing It Back to Work: Essential Elements 4, 5, and 6*

Trainer Activities

- Distribute Supplemental Handout: *Bringing It Back to Work: Essential Elements 4, 5, and 6* to all participants.
- Instruct participants on completing the worksheets:
  - Refer to the Supplemental Handout: *Bringing It Back to Work: Essential Elements 4, 5, and 6.*
  - For this activity, ask participants to focus on the strategies that address Essential Elements 4, 5, and 6. Ask the participants to review the strategies listed under each Essential Element.
  - Ask participants to mark an "X" in up to three boxes next to the ideas they think they would MOST like to emphasize in their daily child welfare practice for each Essential Element.
- Debrief: For Essential Element 4, ask participants to call out a few of the strategies they indicated they would most like to emphasize in their daily child welfare practice, and why. Do the same for Essential Elements 5 and 6.