



Trauma-Focused Practice Supplement for the Crossover Youth Practice Model

“Trauma decontextualized in a person looks like personality. Trauma decontextualized in a family looks like family traits. Trauma in a people looks like culture.”

– Resmaa Menakem

THE CROSSOVER YOUTH PRACTICE MODEL (CYPM)

The Center for Juvenile Justice Reform (CJJR) designed the CYPM to improve multi-system collaboration on behalf of crossover youth and their families and inspire practice and policy changes aimed at better meeting their needs. The CYPM sets forth a series of recommended strategies and best practices, including but not limited to the identification of the crossover population, assessment and case planning, case management, court-based structures and approaches, and efforts to prevent dual-system involvement in the first place. One practice commonly adopted by CYPM jurisdictions, for example, is the creation of multi-disciplinary or family teams to inform and guide service delivery and case management. These teams can assist with creating open lines of communication among all parties and maximizing consistency between child welfare and juvenile justice agencies, so that expectations for the youth and family are clear and obtainable. Multidisciplinary or family teams also create formal opportunities for youth and families to engage in decision-making processes throughout their cases. This supplement explains how the CYPM can achieve a key goal: helping crossover youth recover from trauma.

Crossover Youth Often Face Trauma and Need and Deserve Extra Support

Data and anecdotal experience from across the United States demonstrate that crossover youth often experience multiple and frequent placement and school changes, longer stays in the juvenile justice and child welfare systems compared to their counterparts, and disjointed service delivery and case management approaches across child welfare, juvenile justice and other youth-serving systems.

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USING THIS RESOURCE:

The National Child Traumatic Stress Network in partnership with Georgetown University's McCourt School of Public Policy Center for Juvenile Justice Reform (CJJR), created this resource to support front-line child welfare, juvenile justice, and other youth-serving staff working in jurisdictions that have implemented CJJR's Crossover Youth Practice Model (CYPM) (see: <https://cjjr.georgetown.edu/our-work/crossover-youth-practice-model/>). This supplement is a brief version of *A Trauma-Informed Guide for Working with Youth Involved in Multiple Systems* developed specifically for staff working with youth who are currently or have been involved in the child welfare, juvenile justice, and other systems (referred to as dual-system youth in the CYPM). After a brief description of the CYPM real world examples are provided that highlight five distinct steps of trauma-informed practice with crossover youth.

Youth A appears constantly on guard, often has emotional and quick reactions including angry outbursts, and sometimes runs away.

- **Without a trauma lens*:**

Staff see the youth as antisocial, a trouble-maker, aggressive, uncooperative, unstable, dangerous and always looking to start a fight or trying to avoid responsibility by running away.

- **With a trauma lens:**

Staff understand that the youth is frequently and easily triggered by reminders of traumas and that the youth spends much of their time in fight or flight mode due to feeling unsafe, rejected, powerless, or threatened.

Youth B appears chronically disconnected and does not respond when peers or staff attempt to connect with them. Nothing seems to phase them as they move through their day with a straight face or blank stare and never making eye contact.

- **Without a trauma lens*:**

Staff and peers may see the youth as callous, uncaring, or unreachable. Others may conclude that this youth does not have typical feelings or has no empathy for others because they seem not to care about anything.

- **With a trauma lens:**

Staff understand that the youth has become emotionally numb and shut down as a coping mechanism that the youth learned for self-protection and survival.

Youth C is only able to pay attention or concentrate for very short periods of time. They skip school, do not follow instructions, or respect limits and rules.

- **Without a trauma lens*:**

The youth is assumed to have ADHD, a learning disorder, or low intellectual capacity. They may be viewed as antisocial and willing to lie and break rules in order to try to get out of taking responsibility for their actions.

- **With a trauma lens:**

Staff recognize that the youth may be anxious and trying to avoid getting hurt or being rejected, which makes it difficult to attend to multiple responsibilities and concentrate. Staff focus on building mutual trust, safety, and respect.

*The trauma lens is a crucial way to avoid retraumatizing youth and to prevent deeper system involvement.

5 Steps to Trauma-Informed Work with Crossover Youth

- 1 Learn from each youth about how trauma has impacted their life
- 2 Be therapeutic in all interactions with each youth
- 3 Ensure each youth receives trauma-informed screening, and assessment if needed
- 4 Co-create an individualized trauma recovery and safety plan with the youth
- 5 Integrate a trauma-informed perspective into all CYPM services

- Most crossover youth have been exposed to trauma (e.g., abuse, exploitation, neglect, or life-threatening violence) in their homes, communities and during their involvement in systems, and many are dealing with ongoing traumas.
- Each youth's experiences of trauma and the ways they have learned to cope as a result (their "trauma reactions") are unique and personal, and can only be known and understood by developing a relationship that enables the youth to know you and trust you enough to openly share this very private information.
- Let youth who have experienced trauma know that they can talk about what has happened to them and that they can do this when and with whom they choose so that they don't have to keep bad memories bottled up.
- Some youth believe that they deserve the bad things that have happened to them. It is important to help youth realize that bad things can happen to good people; that having to deal with bad experiences has not made them "bad".
- For some youth, it can be helpful to talk about their trauma experiences and reactions with a trusted adult who does not have specialized training as a therapist but who can provide them with reassurance and help in feeling safe.
- It may also be beneficial for youth to receive help from a trauma-informed therapist or counselor to help them better understand how traumas have affected them and led them to have persistent trauma reactions.
- Staff should always emphasize (and take steps to ensure) that youths have access to therapists who are trauma savvy and with whom the youth feels comfortable. This can be done by helping youth "interview" potential therapists and by checking in with youth to see how they are connecting with their therapist over time. Youth should also be reminded that whatever they share with a trauma therapist is private and should always be treated with respect.
- System involvement can result in new trauma experiences for youth and families and create reminders of past traumas. When this happens, the youth's trauma reactions are a signal that they need help.
- Youth and families of color are likely to experience systemic racism, which compounds past experiences of trauma, including racial and historical trauma. It is important for staff to let youths know that racist acts—from microaggressions to overt behaviors—are oppressive and sometimes traumatic. Talk openly with youth and families about racism and support them in discussing their experiences, especially when these involve acts of racism or discrimination by people who are responsible for providing services or who are authorities in systems.
- When trauma reactions such as chronic anxiety, grief, emotional numbing, sleep problems, and triggered anger and impulsivity are not recognized as trauma-related, we risk misunderstanding, mislabeling, misdiagnosing, and mistreating youths and caregivers. This can retraumatize, aggravate behavior, perpetuate or deepen system involvement, and contribute to negative outcomes that can affect the entire course of a youth's life.
- The first step is to help youth recognize that their trauma reactions (e.g., fighting, shutting down, dissociating, drug or alcohol use) may have begun as (or may still be) attempts to cope with or survive traumatic experiences. Even though trauma reactions often cause problems for the youth that should be taken seriously, you can show the youth that you do not judge them negatively and respect them while also encouraging them to develop new ways of coping. The new coping mechanisms should honor the youth's values and be in line with their personal goals without risking anyone's safety.

In everyday interactions with youth and their families, you don't have to be a therapist to be therapeutic:

I'm not a therapist. What can I do to help a youth recover from trauma?

- Know that you, and all adults, have the power to help youth recover from the negative impact of trauma by providing them with respect, understanding, and nonjudgmental guidance.
- Help youth be safe, feel safe, and find safe people and places. This is the most important step you can take. Ask yourself: What can be done to create a safe space? How can I approach this youth and their caregivers in a way that will allow them to share and request information? What attitudes am I bringing that may help or hinder their willingness to trust me and feel safe?
- Don't take a youth's behaviors personally. Instead, recognize how youth are trying to protect themselves and others. When they "act out," remember they are likely feeling unsafe and, instead of criticizing them, look for ways that you can help them feel safe while also finding ways to achieve their goals in a safe and effective manner.
- Don't base your support for the youth and families on your perception of how much they appreciate your efforts. Whether or not youth acknowledge you or make positive changes, which takes time, continue to support them with respect and without giving up on them. This work can be draining and frustrating, but always try to remember that while we can go home at the end of each day, for youths and families there often is no respite and their lives are at stake.
- Make everything as predictable and transparent as possible. System involvement can be confusing for youth and families, and things often happen without the youth or family's input or awareness.
- Explain your role in the system and offer youth and families the opportunity to get more information about the rules, structure, and function of the system. Always clearly explain why you are doing what you are doing, and what youth and families can expect in the moment and moving forward.
- Regularly provide information to youth and families that they find helpful and meaningful. Reiterating such information and reaffirming that navigating systems is complex can help build rapport and comfort families who may feel confused or overwhelmed. It may be beneficial to ask families to tell you, in their own words, what has been discussed or decided to ensure the information provided is understood.
- Honor each youth's cultural background, preferences, and linguistic needs by actively showing respect for their culture and language.
- Empower youth by noticing and actively creating opportunities to point out the youth's and family's strengths and accomplishments. Reframe negative labels as positive qualities (e.g., identifying a youth who negatively influences others as having natural leadership ability), while still holding the youth responsible for their actions. This includes identifying ways to respectfully challenge the youth to make changes in ways they still need to improve.

When helping youth and their family members engage productively in interactions and activities:

- Help youth understand that the way they "cope with" or "respond to" difficult situations in their home or community may not work well in group homes and congregate care settings, but that they have the ability to change how they cope and respond so they can achieve their core values and goals.
- Guide youth in adapting their existing coping strategies by being a role model and joining with them in practicing new skills, such as mindfulness, affect regulation, and conflict resolution.
- Encourage healthy outlets and extracurricular activities that support youth in forming new relationships, learning new skills, and expending energy in positive ways.
- Show that you are open to hear the youth's and family members' views about trauma, oppression, and systemic racism. Prepare yourself to do this respectfully by learning from what is written or taught by people of color about racism and how it has caused harm to people of color for generations.

- Listen to what the youth and family members say about racism, trauma, and oppression with respect and without being defensive or argumentative—their truth is always the place to start.
- Respect youths' and family members' preferences if they choose to engage or not engage in conversation about racism or other traumas. Have conversations about racism and trauma at times and in circumstances that they choose, not you.
- Take responsibility and apologize for any unintentional missteps (e.g., microaggressions) you make in talking about racism and other forms of trauma with youth or family members.
- Recognize that youth who have experienced trauma and their families have learned that it is not safe to trust others. This perspective has helped them survive. Remember that it will take repeated positive experiences and transparency with staff who are patient and supportive for this belief to change. The amount of time needed to build trust will vary for each youth and family. Building trust can take months or even years.
- Affirm that you are there for them. It is hard for youth and families to listen, learn, and communicate when they are scared, stressed, hungry, or tired. They may also feel hesitant to engage when they are unsure of your motives and how the information they share will be used. Show them that you really are on their side by helping them to meet their basic needs, which can be a way to engage them and build trust.
- Pay attention to the basic needs of youth and families by ensuring that they have adequate food and safe spaces. Share community resource information with youth and caregivers. Make referrals and link youth and families to community agencies that can help them navigate systems and use their voices.

When doing your job and serving the best interests of youth:

- Prioritize and authentically champion youth and family voice and choice as much as possible within your own agency or system and when working with partners across systems.
- Engage family members and other support people in the youth's life to ensure that they are supported during their system involvement and upon reintegration into their homes and communities.
- Remember that many family members and support people have their own negative experiences from their interactions with systems and this may impact their willingness and the manner in which they support the youth.
- Advocate for, and ensure equitable access to, quality trauma screening, assessment, and treatment. Learn more about trauma screening and assessment in Section 3.
- Use inter-agency meetings to review how the team is applying a trauma-responsive lens to the work. Review the Individualized Trauma Response Plan (described in section 4, page 8) regularly, at agreed upon intervals, to make sure it is up to date and to reflect on progress towards goals.
- Think outside of the box. Be creative. SHOW you care by going the extra mile.
- Explore options to engage youth in restorative justice activities, such as healing circles, which have been shown to have a positive impact on youth.
- Refer youth who are at risk or impaired due to chronic or severe acute trauma reactions to trauma specialists who can work with the youth to develop a plan for recovering from past traumas.
- Take breaks when you can, and recharge yourself regularly when you are not working. This work is hard. Know that you have your back covered by your co-workers and supervisors, and do that for them.

Trauma-informed screening and trauma-informed assessment assist providers in identifying youths' trauma histories and traumatic stress reactions. TIS is generally brief and should be initiated soon after a youth enters a system. TIS can be done by any staff in the system who has been trained and provided with ongoing support regarding their administration of the tool. TIA is more comprehensive and administered by a mental health professional with expertise in this area.

For guidance on selecting a screening tool for use within your system or agency, please see **Appendix #2: Selecting a Trauma-Informed Screening Tool**. This appendix is a tip sheet from the Essential Components of Trauma Informed Screening Trainer's Manual developed by the Center for Child Trauma Assessment, Services and Systems Integration at Northwestern University.

- Learn about the screening tools that have been shown to be effective for youth with whom you work. A trauma screen should include questions about trauma exposure (e.g., community violence, family violence, sexual abuse) and trauma reactions (e.g., hypervigilance, dissociation, avoidance). See Appendices #2 (page 12) and #3 (page 14) for assistance with choosing appropriate tools.
- Learn how to explain to youth why they are being asked to answer trauma screening questions. Indicate that this is private information (noting whom it will be shared with or not), and that the purpose is so that the adults who are helping the youth can understand and assist the youth when they are reminded of bad things that have occurred or are currently occurring (trauma) and exhibit reactions to those events.
- Make sure every youth has been given a chance to privately answer the trauma screening questions soon after you start working with them. Keep in mind that in most cases trauma screening should not be done more often than every three months, in order to avoid repetitively asking the sensitive questions. Gather the results from past trauma screen(s) before you decide whether it's time to ask screening questions again, so that you understand the youth's trauma history and reactions without burdening the youth and duplicating recent screening efforts.
- If you are meeting with a youth's caregiver(s) (e.g., parents, guardians) they may be able to provide additional information about the youth's trauma history and trauma reactions. Prior to asking caregivers questions about the youth's trauma history, be sure to get the youth's permission. In doing so, describe why you want to talk to their caregiver and how their perspective will be helpful in your work with the youth.
- Share trauma screening information across systems with consent from the caregiver and assent from the youth. This helps determine if the youth completed a trauma screening in another setting and ensures that all providers have the same trauma information.
- Repeat trauma screenings every 3 – 6 months. Remember that some youth need time to open up about their past and some youth experience additional trauma while they are system involved.
- Refer youth for a comprehensive trauma assessment when the screening tool reveals trauma exposure and reactions that show emotional, social, behavioral, or learning challenges. Trauma assessment should only be administered by trained mental health professionals with trauma expertise.
- Share the results of trauma-informed screenings and assessments with the youth and their family or support network to ensure accuracy and for feedback.
- Use findings from the trauma-informed screenings and assessment to inform case, service, treatment, and individualized trauma response/safety plans. Findings should not be used to penalize a youth or somehow threaten their justice involvement or legal status.

Sometimes, youth report trauma exposure but say they have no current trauma reactions. If the youth's behavior indicates otherwise, they and their caregiver(s) should be encouraged to meet with a mental health professional who can do a full trauma assessment.

Different systems sometimes require different plans, for this reason, each youth's multi-disciplinary team must take steps to ensure that all service providers, educators, legal authorities, and community support people in a youth's life can recognize and understand a youth's trauma reactions. One method is for the team to create an individualized "Trauma Recovery and Safety Plan" in collaboration with youth and families. This plan can be completed in the multi-disciplinary team setting or one-on-one with a therapist, but the final plan should be shared with the array of service providers working with youth across systems. Ideally, the plan is brought to a treatment team meeting for review so all parties can discuss how they specifically support the youth and their caregivers to feel safe during system involvement. The Trauma Recovery and Safety Plan is a document that will be reviewed and updated at agreed upon intervals by the treatment team. This process should include youth, caregivers, and their personal and professional supports.

The Individualized Trauma Recovery and Safety Plan*

The lead workers and the youth, or the multi-disciplinary team altogether, walk through each of the following steps to create an individualized Trauma Response and Safety Plan:

- 1 *Summarize the chronology of the youth's traumatic experiences and adversities.* This includes family and community-based traumatic events, and racial, historical, and/or system-induced trauma. Some of this information can be pulled from the trauma screener. If ongoing or potential future traumas or adversities are present, the team works with the youth and family to protect the youth from further traumatization.
- 2 *Identify each youth's specific trauma reminders or triggers.* Trauma reminders include stressful interactions or situations, including specific smells, sounds, bodily sensations, life transitions, and anniversaries. Sometimes even positive experiences can trigger a trauma reaction. Triggers can provoke trauma symptoms and result in automatic and unhelpful coping responses (e.g., flight/fight response). Some youth are unaware of their triggers, so this step can be revisited and updated over time as additional triggers are identified.
- 3 *Identify when youth are triggered.* Early warning signs are the immediate reactions experienced by a youth when they are exposed to a trauma reminder. Early warning signs can include anxiety, sadness, physical tension, pain, irritability, impulsivity, aggressiveness, guilt, withdrawal, or numbing/boredom. The purpose of identifying early warning signs is to increase awareness for youth and staff, and allow for early intervention when a youth is triggered.
- 4 *Identify what can help the youth feel safe, self-regulate, and successfully cope with trauma responses.* These may be sensory experiences or specific behaviors (e.g., abdominal breathing, music, healthy touch, physical exercise, dance, singing), material objects like photos, specific places, and/or people.
- 5 *Connect youth to opportunities that promote their sense of self.* Ensure that youth receive formal education and culturally-affirming support from instructors and providers who act as positive role models that help cultivate the youth's own cultural identity.
- 6 *Identify several adults and peers who can serve as supports, help the youth regulate in the moment, and help the youth recognize their strengths over time.* This can include any person who has a meaningful connection with the youth. Identify practical ways that the youth can regularly connect with these supports (e.g., daily video calls, regular texting/emails, scheduled visits on a routine basis).
- 7 *Identify when and how to access emergency mental health evaluation and/or crisis response services for the youth.* The process for doing this will vary and depend upon the services available in a given jurisdiction.

*The points above and the sample plan in Appendix #1, on pages 10-11 of this document have been adapted from the NCTSN's *Think Trauma: A Training for Working with Justice Involved Youth Curriculum*.

Every system differs regarding its format and requirements for developing service, case, and treatment plans. This is unfortunate because the more consistent plans and goals are across systems, the less confusing it is for youth and families. For this reason, the CYPM emphasizes the importance of multi-disciplinary, cross-system collaboration in creating shared plans/goals. When it's not possible to develop a single plan that can be used across multiple systems, providers in each system must coordinate to ensure goals are congruent and not contradictory in any way. Minimizing confusion and simplifying expectations for youth and families is a critical aspect of trauma-informed planning.

Recommendations to keep in mind when developing trauma-informed goals with crossover youth:

- Gather, review, and synthesize any and all the information you have about the youth, including: the trauma-informed screening and assessment, bio-psycho-social history, case notes, intake or progress reports, and any relevant new information. Review outside information with a trauma-informed lens.
 - Pay attention to these key areas: 1) trauma history and current symptoms, 2) why the youth became system involved, 3) areas of need that may or may not be related to system entry, 4) strengths, protective factors and healthy coping strategies.
- Acknowledge youth and family successes, strengths, and protective factors when drafting all plans and as they are updated over time. These successes, strengths, and protective factors should be taken into consideration when developing goals. Lead conversations with these strengths and goals at team meetings, in court, etc.
- Invite and encourage youth and families to collaborate in writing the goals in their various plans. If they are interested, write all goals collaboratively in their presence and with their input. It is important to include goals that are specifically created by the youth and family. It's okay if the youth and family develop goals that do not reflect the preferences of their treatment team. If engaging youth and families in the development of goals is not possible, encourage youth and families to review and edit the goals.
- When developing goals, it is important to consider how the youth's behaviors, attitudes, or emotional responses make sense as ways to cope with or survive past or current traumas, even if these responses get the youth into trouble. Questions to consider when looking for connections between needs and trauma reactions include:
 - How is this youth's problem behaviors an attempt to not be vulnerable, helpless, or rejected?
 - How does this youth's behavior, attitude, or emotional responses make sense as attempts to cope, things they have learned, used, or done in order to survive?
 - What would you do differently to enable this youth to trust and cooperate with you if you understood their problem behaviors and attitudes as a way they cope with trauma?
- Incorporate goals that:
 - Address the function, purpose, or root of the behavior
 - Help youth feel safe and empowered
 - Reflect system mandates for the youth and family
 - Focus on helping youth modify their trauma reactions
 - Focus on helping youth develop skills, interests, and protective factors across many domains, including academics, social activities, creativity, humor, recreation, sports, art, etc.

A Call to Action

As a frontline staff person in child welfare, juvenile justice, or another youth-serving agency, you have a tough job to say the least; however, your work is vital to creating positive outcomes for youth and families involved in multiple systems. Crossover youth, despite being resilient in many ways, are also a particularly vulnerable population who require more support than youth involved in a single system. Without this support, they are at high risk for recidivism, poor education and employment outcomes, homelessness, and many other harmful experiences. This resource builds on the systemic focus of the CYPM and begins to matriculate into areas of youth well-being, with a specific focus on trauma-informed care.

This resource provides information critical to transforming how professionals view youths' behavior, thereby enhancing staff empathy for and ability to connect with and fully support youth. Utilization of the CYPM to facilitate inter-agency collaboration and multi-disciplinary and family team meetings, and emphasizing trauma-informed practice as a cornerstone in this work, will improve the experiences of crossover youth and afford them opportunities for a better life.

Trauma-Informed Individualized Safety Plan

Facility: <input style="width: 90%;" type="text"/>	Name of youth: <input style="width: 90%;" type="text"/>
Date: <input style="width: 90%;" type="text"/>	Name of staff: <input style="width: 90%;" type="text"/>

We would like to make you as safe as possible while you are here with us. Please complete the following safety plan with your social worker, psychologist, or trusted staff member. Read the following questions and answer all that apply to you.

Have you ever been in a detention facility before? ☐ Yes ☐ No

Have you ever experienced or witnessed? (Please check all that apply)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Neglect | <input type="checkbox"/> Prostitution | <input type="checkbox"/> Natural disaster |
| <input type="checkbox"/> Sexual abuse | <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Forced labor | <input type="checkbox"/> Serious injury |
| <input type="checkbox"/> Emotional abuse | <input type="checkbox"/> Death of a loved one due to violence | <input type="checkbox"/> Death of a loved one due to accident/illness | <input type="checkbox"/> Been stabbed |
| <input type="checkbox"/> Death of a friend due to violence | <input type="checkbox"/> Parent | <input type="checkbox"/> Parent | <input type="checkbox"/> Been shot or shot at |
| <input type="checkbox"/> Death of a friend due to accident/illness | <input type="checkbox"/> Sibling | <input type="checkbox"/> Sibling | <input type="checkbox"/> Serious Illness |
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Family member | <input type="checkbox"/> Family member | <input type="checkbox"/> Serious accident |
| <input type="checkbox"/> Seclusion | <input type="checkbox"/> Observed a fight | <input type="checkbox"/> Been in a fight | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> Restraint | <input type="checkbox"/> Room confinement | <input type="checkbox"/> Strip searched | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Injuring your self | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Fear of being attacked | <input type="checkbox"/> Suicide attempts |
| | | | <input type="checkbox"/> Running away |

☐ Historical Trauma (i.e., ancestors enslaved, involved in the Holocaust, genocide of community, etc.):

☐ Racial Trauma (i.e., experience with traumatic events related to race or suspected racism such as a gun being aimed at a youth due to their race, refused life saving support because of race, repeated stories of life-threatening acts of racism etc.):

☐ Other: (Please describe)

If you feel unsafe, are you able to communicate about your safety level? For example, could you tell staff when you are struggling or upset? ☐ Yes ☐ No ☐ Sometimes

In what situations would this be difficult for you? _____

What are your trauma reminders or triggers? (Please check all that apply)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Being touched | <input type="checkbox"/> Not having input | <input type="checkbox"/> People in uniform | <input type="checkbox"/> Loud noise |
| <input type="checkbox"/> Time of year (When) | <input type="checkbox"/> Bedroom door open | <input type="checkbox"/> Yelling | <input type="checkbox"/> Being forced to talk |
| <input type="checkbox"/> Particular time of day (When) | <input type="checkbox"/> Being isolated | <input type="checkbox"/> Fighting | <input type="checkbox"/> Being around men |
| <input type="checkbox"/> Seeing others out of control | <input type="checkbox"/> Specific person (Who) | <input type="checkbox"/> Anniversaries (What) | <input type="checkbox"/> Being around women |
| <input type="checkbox"/> Room checks | <input type="checkbox"/> People being too close | <input type="checkbox"/> Other: | |

☐ Are there specific reminders or triggers directly related to historical or racial traumatic events (i.e., intense reactions to authority figures of a particular race, feeling ignored or devalued by service providers etc.):

Trauma-Informed Individualized Safety Plan

Page 2

Please describe your warning signs. For example, what your body feels when you are losing control and what other people can see changing? (Please check all that apply)

- | | | | | |
|--|---|---------------------------------------|---|--|
| <input type="checkbox"/> Sweating | <input type="checkbox"/> Breathing hard | <input type="checkbox"/> Racing heart | <input type="checkbox"/> Clenching teeth | <input type="checkbox"/> Clenching fists |
| <input type="checkbox"/> Red faced | <input type="checkbox"/> Wringing hands | <input type="checkbox"/> Loud voice | <input type="checkbox"/> Sleeping a lot | <input type="checkbox"/> Bouncing legs |
| <input type="checkbox"/> Rocking | <input type="checkbox"/> Pacing | <input type="checkbox"/> Squatting | <input type="checkbox"/> Can't sit still | <input type="checkbox"/> Swearing |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Isolating | <input type="checkbox"/> Hyper | <input type="checkbox"/> Nauseous | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Sleeping Less | <input type="checkbox"/> Eating less | <input type="checkbox"/> Eating more | <input type="checkbox"/> Being rude or agitated | <input type="checkbox"/> Singing inappropriate songs |
| <input type="checkbox"/> Other: _____ | | | | |

What helps you feel or stay safe? (Please check all that apply)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Yelling | <input type="checkbox"/> Having male staff support | <input type="checkbox"/> Reading | <input type="checkbox"/> Getting exercise/sports |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Having female staff support | <input type="checkbox"/> Ice | <input type="checkbox"/> Drawing/coloring |
| <input type="checkbox"/> Watching TV/Movie | <input type="checkbox"/> Having support from peers | <input type="checkbox"/> Playing video games | <input type="checkbox"/> Taking a shower |
| <input type="checkbox"/> Listening to music | <input type="checkbox"/> Walking | <input type="checkbox"/> Talking | <input type="checkbox"/> Weighted blankets/vests |
| <input type="checkbox"/> Other: _____ | | | |

What are cultural experiences related to your family or personal community that we should consider when identifying reminders, early warning signs, and coping strategies? (i.e., reminders and early warning signs related to your experiences with your family, race, gender, sexual orientation, economic status, etc.; difficult experiences that your loved ones have faced; and/or community strengths that will help you to feel safe and stay in control.) _____

What helps you stay in control? _____

What has helped you stay in control in the past? _____

What kind of space is most comfortable when you need it?

- ☐ Quiet Area ☐ Your room ☐ Safety room ☐ In bed ☐ Other: _____

Is there a safe place here you can use? ☐ Yes ☐ No ☐ Describe: _____

What positive alternative behaviors can you use when you begin feel unsafe? _____

What incentives work for you? _____

Is there anything else you can tell us that you think would be helpful? _____

Thank you for completing this form. We will update it with you in three months. Please sign below

Youth: _____

Staff: _____

Tip Sheet # 1: Guidance for Selecting a Trauma-Informed Screening Tool for Implementation

Tip Sheet from the Essential Components of Trauma Informed Screening Trainer's Manual developed by the Center for Child Trauma Assessment, Services and Interventions at Northwestern University

Determining Which Screening Tool is Best for Your Agency

The first step in determining which screening tool is best for your agency is to create a small team of people who research and choose the right trauma-informed screening tool for your agency or system. If possible, the team should have at least one person who will administer the screening tool (e.g., front-line practitioner) and at least one person who would be directly supervising the people who administer the screening tools (e.g., supervisor). A higher-level agency administrator should also be on the team, to think about how the choice of a screening tool fits within the agency mission, to help develop a rationale for choosing a particular screening tool, to think about how the screening tool fits with existing policies or if a new policy needs to be created, and to consider the ongoing costs affiliated with the use of a particular screening tool (e.g., costs to purchase or get training to use the screener).

Important Considerations when Selecting a Screening Tool

Some screening tools have been widely used and are considered valid and reliable.

- Some screening tools have research to support their use with a specific population, while others have been developed for and used within a specific agency or system to meet their unique needs. Whenever possible, the agency/system should consider implementing a screening tool that is backed by research and relevant to the population that they serve.
- At times, agencies/systems may develop their own screening tools; it is recommended that this is done in conjunction with someone who has a recognized expertise in children's mental health and posttraumatic stress reactions and with the support of someone with research expertise on tool development. Whenever possible, choose an existing trauma-informed screening tool that has evidence supporting it in practice.
- If there is little to no published literature about the tool you select, it is recommended that someone from the agency speak with the developers of the tool, as well as people who have used the tool, to learn more about it.
- When choosing a trauma-informed screening tool, investigate the recommended age range and whether the tool has been designed for use with young children or children with cognitive or other developmental delays. Consider culture and language, too.
- Some screeners are free to access and use, whereas some may need to be purchased. Some copyrighted screeners must be bought from publishing companies. Other times, tools can be downloaded for free from the developer's website. While financial cost is always a consideration, the most important consideration when choosing a screening tool is how well it will meet the needs of the organization – the reason the tool is being implemented.
- Remember that some screeners only ask about trauma exposure. Others ask about both trauma exposure and trauma symptoms. Make your decision about which to choose based upon your intended use the information collected by the screening tool.

Questions to Consider by Role Prior to Selecting a Screening Tool

The following are some questions for agencies to consider as they are selecting screening tools. Some of these questions may be best answered by agency leadership, while others might be better answered by the individuals who will be conducting the screening itself:

- What is the purpose of the screening tool? Is it being used to identify the necessary referrals, facilitate case decision-making, or gather information on the population served?

- What is our budget and what is the cost of the tool?
 - What staff do we have available to complete the trauma-informed screening? What is their level of education and experience in mental health and trauma?
 - What types of training needs to be provided on the tool and do we have the bandwidth to support the training? Is there a process to re-screen children as needed, particularly if they initially deny exposure and/or symptoms initially, but concerns continue to arise?
 - Is there research on the tool, other than the manual, that will help my agency better understand the strengths and weaknesses of the tool?
 - Is the child old enough to answer questions about their own trauma history and symptoms?
 - Is the caregiver a reliable informant? If not, is there another trusted and informed adult?
 - Can results from this tool be used to inform case and/or treatment planning?
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The following page provides a list of commonly used screening tools that are either free to use or available for a small fee. Please note that some of these tools are brief screeners, others are more comprehensive and may be used as part of a trauma assessment.

APPENDIX #3: Commonly Used Trauma Screening Tools

Commonly Used Trauma Screening Tools

Note: Many of the tools below can be administered by anyone working in child-serving systems. Some tools are meant to be used by professionals who are trained and experienced in psychological testing and interpretation.

NAME OF TOOL	ITEMS	MEASURES (EXPOSURE AND/OR SYMPTOMS)	RESPONDENT	AGES	COST/ ACCESSIBIL- ITY	LANGUAGES AVAILABLE
Acute Stress Checklist for Children (ASC-Kids; Kassam-Adams, 2006)	29	Exposure	Youth	8-17	Free; Author requests to be notified	English, Spanish
Child and Adolescent PTSD Screen (CAPS; Scheeringa, 2010)	18	Exposure, Symptoms	Child and Caregiver Versions	3-18	Free	English
Child and Adolescent Trauma Screening (CATS; Sachser et al., 2017)	20	Exposure, Symptoms	Child and Caregiver Versions	3-6 and 7-17	Free	English, German, Norwegian and Spanish
Child PTSD Checklist (CPC; Scheeringa, 2014)	40	Exposure, Symptoms	Child and Caregiver Versions	7-18	Free	English and French
Child PTSD Symptom Scale (CPSS; Foa, Johnson, Feeny, & Treadwell, 2001)	Part 1: 17, Part 2: 7	Symptoms	Youth	8-18	Free	English, Korean, Russian, Spanish
Child Reaction to Traumatic Events Scale – Revised (CRTES; Jones, Fletcher, & Ribbe, 2002)	23	Symptoms	Youth	6-18	Free	English, Spanish
Child Stress Disorders – Short Form (CSD-SF; Saxe, 2004)	4	Symptoms	Caregiver	2-18	Free	English
Child Trauma Screen (CTS; Lang & Connell, 2016)	10	Exposure, Symptoms	Child and Caregiver Versions	6 and older	Free	English
Child Trauma Screening Questionnaire (CTSQ; Kenardy, Spence, & Macleod, 2006)	10	Exposure	Youth	7-16	Free; Author requests to be notified	English, Arabic, Croatian
Children's Impact of Events Scale (CRIES; Horowitz et al., 1979)	8 (short version), 13 (long version)	Exposure, Symptoms	Child and Caregiver Versions	8-18	Free; Author requests to be notified	English, multiple others available on Children and War website
Connecticut Trauma Screen	10	Exposure, Symptoms	Youth and Caregiver	4+ 7+	Free	English
Juvenile Victimization Questionnaire (JVQ; Hamby, Finkelhor, Ormrod, & Turner, 2005)	34	Exposure	Youth	8-17	Free, but cite correctly	English
Pediatric Emotional Distress Scale (PEDS; Saylor, Swenson, Reynolds, & Taylor, 1999)	21	Symptoms	Caregiver	2-10	Free	English, Spanish

Post-Traumatic Stress Inventory for Children (PT-SIC; Eisen, 1997)	30	Symptoms	Youth	4-8	Free	English
PTSD Checklist (PCL-C/PR; Ford, 1999)	17	Symptoms	Caregiver	6-18	Free	English
PTSD in Preschool Aged Children (PTSD-PAC; Levendosky, Huth-Bocks, Semel, & Shapiro, 2002)	18	Symptoms	Caregiver	2-5	Free	English
SCARED Brief Assessment of Anxiety and PTS Symptoms (SCARED Brief Version; Muris, Merchelbach, Korver, & Meesters, 2000)	9	Symptoms	Youth	7-18	Free	English
The Structured Trauma-Related Experiences and Symptoms Screener (STRESS; : Grasso, Felton, & Reid-Quinones, 2015)	49	Exposure, Symptoms	Child and Caregiver Versions	7-18	Free	English
NSLIJHS Trauma History Checklist and Interview (THC; Habib & Labruna, 2007)	20	Exposure	Self	13-18	Free	English
Trauma and Behavioral Health Screen (TBH; Louisiana Child Welfare Trauma Project, 2016)	56 (certain questions for certain age groups)	Exposure, Symptoms	Child and Caregiver Versions	1-18	Free	English and Spanish
Trauma Screening Checklist (TSC; Henry, Black-Pond, & Richardson, 2010)	4	Exposure, Symptoms	Caregiver and/or Provider	Two versions (0-5; 6-18)	Free	English
Traumatic Events Screening Inventory – Revised (TESI-CRF-R; Ippen et al., 2002)	24	Exposure, Symptoms	Child and Caregiver Versions	6-18	Free	English
UCLA PTSD Reaction Index (PTSD-RI; Pynoos & Steinberg, 1998)	48	Exposure, Symptoms	Youth	6-18	\$1.20-\$1.30/ instrument or other discounted fee for federal, state, county, or agency-wide use	Multiple
Violence Exposure Scale for Children – Revised (VEX-R; Fox & Leavitt, 1995)	25	Exposure	Child and Caregiver Versions	4-10	Free	English, Hebrew, Spanish
Young Child PTSD Checklist (YCPC ; Scheeringa, 2013)	42	Exposure, Symptoms	Caregiver	1-6	Free	English, Spanish, and French
Young Child PTSD Screen (YCPS; Scheeringa, 2010)	6	Symptoms	Caregiver	3-6	Free	English