USING THE UNIVERSITY OF MINNESOTA’S TRAUMATIC STRESS SCREEN FOR CHILDREN AND ADOLESCENTS IN CHILD WELFARE PRACTICE

Prepared and Presented by Sophia Frank

Adapted from the work of Donisch, K., Zhang, Y., Bray, C., Gewirtz, A.H. (2015)
LEARNING OBJECTIVES

- Provide background and evidence supporting development of the University of Minnesota’s Traumatic Stress Screen for Children and Adolescents© (TSSCA)
- Teach and demonstrate proper use of the TSSCA
- Explain how to use TSSCA results in a variety of practice contexts including case planning and safety planning
- Connect participants to assessment and treatment options for traumatized youth.
Background and Evidence Base for TSSCA
WHAT IS THE TSSCA?

- 5 question screen for PTSD symptomology
- For use by child welfare professionals, clinicians, educators, juvenile probation officers and other trained staff
- For use with children 5-18
- Used to refer for additional assessment and services

(Donisch, Bray, & Gewirtz, 2015)
**NEED**

- Many children involved with the child welfare system have experienced **traumatic stress** (National Childhood Traumatic Stress Network, 2007).

- Qualitative feedback from child welfare professionals in Minnesota suggests interest in a trauma informed approach to **practice** (Donisch, in preparation).
WHY WAS THE TSSCA DEVELOPED?

- Identification
- Referral
- Developing Trauma-Informed Systems
DIFFERENCES BETWEEN SCREENING AND ASSESSMENT

**Screening**
- Evaluating for the possible presence of a problem (identification)
- Outcome is typically a yes or no
- Brief
- Typically require less training
- Can be used universally or with targeted groups

**Assessment**
- Comprehensive process intended to help diagnose, define, or develop treatment
- Used selectively based on individual need
- Tends to be longer and more resource intensive
- Often require extensive training

(NCTSN, 2012; SAMSHA, 2014)
(Donisch, Bray, & Gewertz, in preparation; Donisch 2015)
<table>
<thead>
<tr>
<th>Categories</th>
<th>Subcategory</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female</td>
<td>67</td>
<td>51.5</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>53</td>
<td>40.8</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Hispanic or Latino</td>
<td>6</td>
<td>4.6</td>
</tr>
<tr>
<td></td>
<td>Not Hispanic or Latino</td>
<td>104</td>
<td>80</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td>20</td>
<td>15.4</td>
</tr>
<tr>
<td>Race</td>
<td>Black/African American</td>
<td>7</td>
<td>5.4</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>83</td>
<td>63.8</td>
</tr>
<tr>
<td></td>
<td>American Indian/Alaska Native</td>
<td>12</td>
<td>9.2</td>
</tr>
<tr>
<td></td>
<td>Multiracial</td>
<td>9</td>
<td>6.9</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td>19</td>
<td>0.1</td>
</tr>
<tr>
<td>Interview type</td>
<td>Baseline</td>
<td>96</td>
<td>75.6</td>
</tr>
<tr>
<td></td>
<td>Follow-Up 1</td>
<td>24</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Reopening</td>
<td>3</td>
<td>2.4</td>
</tr>
<tr>
<td></td>
<td>Closing</td>
<td>4</td>
<td>0.03</td>
</tr>
</tbody>
</table>
# Sample by Trauma Type

<table>
<thead>
<tr>
<th>Trauma Type</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Violence</td>
<td>59</td>
<td>45.4</td>
</tr>
<tr>
<td>Neglect</td>
<td>29</td>
<td>22.3</td>
</tr>
<tr>
<td>Physical Maltreatment/Abuse</td>
<td>38</td>
<td>29.2</td>
</tr>
<tr>
<td>Psychological Maltreatment/Abuse</td>
<td>40</td>
<td>30.8</td>
</tr>
<tr>
<td>Sexual Maltreatment/Abuse</td>
<td>25</td>
<td>19.2</td>
</tr>
<tr>
<td>Physical Assault</td>
<td>24</td>
<td>18.5</td>
</tr>
<tr>
<td>Sexual Assault/Rape</td>
<td>24</td>
<td>18.5</td>
</tr>
<tr>
<td>Impaired Caregiver</td>
<td>51</td>
<td>39.2</td>
</tr>
<tr>
<td>Bereavement</td>
<td>49</td>
<td>37.7</td>
</tr>
<tr>
<td>Separation</td>
<td>18</td>
<td>13.8</td>
</tr>
<tr>
<td>Illness/Medical Trauma</td>
<td>12</td>
<td>9.2</td>
</tr>
<tr>
<td>Serious Accident/Injury</td>
<td>22</td>
<td>16.9</td>
</tr>
<tr>
<td>Disaster</td>
<td>11</td>
<td>8.5</td>
</tr>
<tr>
<td>Community Violence</td>
<td>17</td>
<td>13.1</td>
</tr>
<tr>
<td>Extreme Interpersonal Violence</td>
<td>13</td>
<td>10.0</td>
</tr>
<tr>
<td>Kidnapping/Abduction</td>
<td>3</td>
<td>2.3</td>
</tr>
<tr>
<td>School Violence</td>
<td>21</td>
<td>16</td>
</tr>
<tr>
<td>War/Terrorism/Political Violence</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Potential Cutoffs</td>
<td>Sensitivity</td>
<td>Specificity</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>1</td>
<td>100.00%</td>
<td>6.25%</td>
</tr>
<tr>
<td>2</td>
<td>100.00%</td>
<td>16.67%</td>
</tr>
<tr>
<td>3</td>
<td>100.00%</td>
<td>39.58%</td>
</tr>
<tr>
<td>4</td>
<td>96.55%</td>
<td>52.08%</td>
</tr>
<tr>
<td>5</td>
<td>89.66%</td>
<td>64.58%</td>
</tr>
<tr>
<td>6</td>
<td>82.76%</td>
<td>85.42%</td>
</tr>
<tr>
<td>7</td>
<td>67.24%</td>
<td>89.58%</td>
</tr>
<tr>
<td>8</td>
<td>27.59%</td>
<td>91.67%</td>
</tr>
<tr>
<td>9</td>
<td>20.69%</td>
<td>97.92%</td>
</tr>
<tr>
<td>10</td>
<td>20.69%</td>
<td>97.92%</td>
</tr>
<tr>
<td>11</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>12</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>
ROC CURVES FOR 15 AND 5 ITEM SCREEN
ACCURACY

- AUC 87%
- Sensitivity 83%
- Specificity 85%
- Overrepresentation of Caucasians, females, and youth with high rates of trauma exposure.
Using the TSSCA with Clients
ORGANIZATIONAL CONSIDERATIONS

- Is screening for traumatic stress right for your system?
- Does your organization have the capacity to provide trauma-specific treatment or referrals?
- Can your organization ensure that all staff receive basic training on trauma, its impact, and a trauma-informed screening process?

(Substance Abuse and Mental Health Administration, 2014; Donisch, 2015)
PREPARATION

- Ensure that those administering the screening have the appropriate knowledge and training.
- Ensure that screening happens in an appropriate timeline.
- Identify who will administer the screen.
- Pilot test with a colleague.
Administration and Scoring Guidelines for the University of Minnesota's Traumatic Stress Screen

SCORING: Sum the scores from Questions 1 through 5 to yield the “TOTAL” score.

- A score of 5 or higher indicates moderate to severe traumatic stress symptomatology. This is a likely referral for a trauma assessment.

PURPOSE: The TSSCA is intended to assist child-serving professionals in using a trauma screening approach with children ages 3 to 18, who have exposure to a known or suspected traumatic event. The screen provides information for individuals considering a referral for a trauma assessment or additional services. The screen is not intended to assess for posttraumatic stress disorder (PTSD), or to make a clinical diagnosis.

PREPARATION

- TSSCA users should have a basic understanding of trauma, its symptoms, and resulting behaviors. Clinicians should also be familiar with the difference between trauma screening and trauma assessment.
- Identify a timeframe for administering the screening instrument to your client. Screening should occur as early as possible in the assessment and treatment process.
- Identify who will administer the screen to the child (e.g., the intake worker, the case manager, etc.).
- Prior to giving the screen for the first time, pilot test with a colleague.

SCREEN ADMINISTRATION

- Build rapport with the child by asking a few non-threatening warm-up questions such as: Where do you go to school? What is your favorite food?
- Determine if you want to give the screen to the child in the presence of the caregiver. Children may respond differently in front of an adult, even an adult they trust. Other children may need encouragement to answer.
- Explain the reasons for the screening to the child, or both the child and caregiver, using simple language such as: Sometimes I ask some questions to help me understand you and what you may need. With caregivers, you could say: This is a screening instrument to assess for the impact of traumatic events. The score helps to determine whether your child may benefit from a more thorough trauma assessment.
- Emphasize the brevity of the screening instrument to the child. If a child identifies a bad or upsetting event, state that you will not ask for a lot of details, but just enough to understand what they are thinking about. State that for each of the questions, you are just looking for a number, and that they do not have to explain why they answered in a particular way.
- For younger children, establish that they understand the scaling idea. You can use sample questions such as: How often do you brush your teeth? How often do you have ice cream for breakfast?
- Explain who will know about the results and why.

POST SCREEN AND REMINDERS

- Follow-up with the child to assess the effects of the screening instrument by asking a question such as: What was that like for you?
- Document the results. Establish follow-up plans, which may include a referral for an in-depth trauma assessment.
- Reminder: If you approach the screen without anxiety, the child will be less anxious. Remember, what happened to the child has already happened. Therefore, the screening questions are not re-traumatizing.

BACKGROUND NOTES: The cutoff score was developed using a sample of 130 youth seen in community mental health settings. Performance of the screening instrument was assessed in relation to the UCLA PTSD-R scale for DSM-5 (Pynoos & Steinberg, 2014). A cutoff score of 5 or higher yields 13% sensitivity and 83% specificity. The results are based on a preliminary study and may or may not change in the future depending on further studies.

University of Minnesota’s Traumatic Stress Screen for Children and Adolescents (TSSCA)

Name of Child/Adolescent: ___________________________ DOB: _______________ Gender: □M □F
Interviewer Name/ID: ___________________________ Assessment Date: _______________

Below is a list of problems that people sometimes have after experiencing a bad or upsetting event. Bad or upsetting events might include being threatened or hurt, seeing someone else threatened or hurt, or feeling like your life was in danger.

Have you ever experienced a bad or upsetting event? □Yes □No

If yes, what was the bad or upsetting event? Feel free to list more than one.

________________________________________________________________________________
________________________________________________________________________________
When thinking about your bad or upsetting event(s), how often have the following problems happened to you during the past month?

<table>
<thead>
<tr>
<th>DURING THE PAST MONTH, HOW OFTEN HAVE YOU…</th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Had upsetting thoughts, images, or memories of the event come into your mind when you didn’t want them to?</td>
<td>☐₀</td>
<td>☐₁</td>
<td>☐₂</td>
</tr>
<tr>
<td>2. Felt afraid, scared, or sad when something reminded you about the event?</td>
<td>☐₀</td>
<td>☐₁</td>
<td>☐₂</td>
</tr>
<tr>
<td>3. Tried to stay away from people, places, or activities that reminded you of the event?</td>
<td>☐₀</td>
<td>☐₁</td>
<td>☐₂</td>
</tr>
<tr>
<td>4. Had trouble feeling happiness, enjoyment, or love?</td>
<td>☐₀</td>
<td>☐₁</td>
<td>☐₂</td>
</tr>
<tr>
<td>5. Been on the lookout for danger or other things that you are afraid of (for example, looking over your shoulder when nothing is there)?</td>
<td>☐₀</td>
<td>☐₁</td>
<td>☐₂</td>
</tr>
</tbody>
</table>
Administration and Scoring Guidelines for the University of Minnesota’s Traumatic Stress Screen

SCORING: Sum the scores from Questions 1 through 5 to yield the “TOTAL” score:

- A score of 6 or higher indicates moderate to severe traumatic stress symptomatology. This is a likely referral for a trauma assessment.

PURPOSE: The TSSCA is intended to assist child-serving professionals in using a trauma screening approach with children ages 5 to 18, who have exposure to a known or suspected traumatic event. The screen provides information for individuals considering a referral for a trauma assessment or additional services. The screen is not intended to assess for posttraumatic stress disorder (PTSD), or to make a clinical diagnosis.

PREPARATION

- TSSCA users should have a basic understanding of trauma, its symptoms, and resulting behaviors. Clinicians should also be familiar with the difference between trauma screening and trauma assessment.
- Identify a timeframe for administering the screening instrument to your client. Screening should occur as early as possible in the assessment and treatment process.
- Identify who will administer the screen to the child (for example, the intake worker, the case manager, etc.).
- Prior to giving the screen for the first time, pilot test with a colleague.

SCREEN ADMINISTRATION

- Build rapport with the child by asking a few non-threatening warm-up questions such as: Where do you go to school? Who brought you here today? What is on your cool t-shirt?
- Determine if you want to give the screening to the child in the presence of the caregiver. Children may respond differently in front of an adult, even an adult they trust. Other children may need encouragement to answer.
- Explain the reasons for the screening to the child, or both the child and caregiver, using simple language such as: Sometimes I ask some questions to help me understand you and what you may need. With caregivers, you could say: This is a screening instrument to assess for the impact of traumatic events. The score helps to determine whether your child may benefit from a more thorough trauma assessment.
- Emphasize the brevity of the screening instrument to the child. If a child identifies a bad or upsetting event, state that you will not ask for a lot of details, but just enough to understand what they are thinking about. State that for each of the questions, you are just looking for a number, and that they do not have to explain why they answered in a particular way.
- For younger children, establish that they understand the scaling idea. You can use sample questions such as: How often do you brush your teeth? How often do you have ice cream for breakfast?
- Explain who will know about the results and why.

POST SCREEN AND REMINDERS

- Follow-up with the child to assess the effects of the screening instrument by asking a question such as: What was that like for you?
- Document the results. Establish follow-up plans, which may include a referral for an in-depth trauma assessment.
- Reminder: If you approach the screen without anxiety, the child will be less anxious. Remember, what happened to the child has already happened. Therefore, the screening questions are not re-traumatizing.

BACKGROUND NOTES: The cutoff score was developed using a sample of 110 youth seen in community mental health settings. Performance of the screening instrument was assessed in relation to the UCLA PTSD-R1 for DSM-5 (Pynoos & Steinberg, 2014). A cutoff score of 6 or higher yields 83% sensitivity and 85% specificity. The results are based on a preliminary study and may or may not change in the future depending on further studies.

ADMINISTRATION

- Determine if you want to give the screen to the child in the presence of the caregiver
- Build rapport
- Explain the reasons for the screening
- Emphasize the brevity of the screening instrument
- For younger children, establish that they understand the idea of scaling
- Explain who will know the results and why

(Chadwick, 2014)
SCREEN ADMINISTRATION

☐ Build rapport with the child by asking a few non-threatening warm-up questions such as: Where do you go to school? Who brought you here today? What is on your cool t-shirt?

☐ Determine if you want to give the screen to the child in the presence of the caregiver. Children may respond differently in front of an adult, even an adult they trust. Other children may need encouragement to answer.

☐ Explain the reasons for the screening to the child, or both the child and caregiver, using simple language such as: Sometimes I ask some questions to help me understand you and what you may need. With caregivers, you could say: This is a screening instrument to assess for the impact of traumatic events. The score helps to determine whether your child may benefit from a more thorough trauma assessment.

☐ Emphasize the brevity of the screening instrument to the child. If a child identifies a bad or upsetting event, state that you will not ask for a lot of details, but just enough to understand what they are thinking about. State that for each of the questions, you are just looking for a number, and that they do not have to explain why they answered in a particular way.

☐ For younger children, establish that they understand the scaling idea. You can use sample questions such as: How often do you brush your teeth? How often do you have ice cream for breakfast?

☐ Explain who will know about the results and why.
DURING ADMINISTRATION

- Explain that these questions are asking about feelings in the past month only.
- Read questions out loud if appropriate
- Read verbatim
- Ensure understanding, clarifying if necessary
- Keep it brief
Follow-up with child.
Document results.
Establish follow-up plans.
A NOTE

- Screening is the first step in providing the child with appropriate care.

- Screening questions are not re-traumatizing.
POST SCREEN AND REMINDERS

☐ Follow-up with the child to assess the effects of the screening instrument by asking a question such as: *What was that like for you?*

☐ Document the results. Establish follow-up plans, which may include a referral for an in-depth trauma assessment.

☐ Reminder: If you approach the screen without anxiety, the child will be less anxious. Remember, what happened to the child has already happened. Therefore, the screening questions are not re-traumatizing.
BACKGROUND NOTES: The cutoff score was developed using a sample of 130 youth seen in community mental health settings. Performance of the screening instrument was assessed in relation to the UCLA PTSD-RI for DSM-5 (Pynoos & Steinberg, 2014). A cutoff score of 6 or higher yields 83% sensitivity and 85% specificity. The results are based on a preliminary study and may or may not change in the future depending on further studies.
SCORING AND INTERPRETATION

- Sum scores from questions 1-5
- Result will yield a total score
- 6 or more indicates moderate to severe stress symptomology. This is a likely referral for trauma assessment.
- 5 or less indicates that the child is not experiencing trauma symptomology or their symptoms are below borderline.
SCORING: Sum the scores from Questions 1 through 5 to yield the “TOTAL” score:

☐ A score of 6 or higher indicates moderate to severe traumatic stress symptomatology. This is a likely referral for a trauma assessment.
SCORING DEMONSTRATION
Using TSSCA Results in Practice
WHAT ADDITIONAL SCREENS/ASSESSMENTS?

## CPS SCREENING AND ASSESSMENT TOOLS

<table>
<thead>
<tr>
<th>Family Assessment or Investigation</th>
<th>CP Case Management</th>
<th>Out-of-Home Placement</th>
<th>Reunification</th>
<th>Adoption</th>
<th>Closing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. a, b &amp; c</td>
<td>1. a, b &amp; c</td>
<td>4.</td>
<td>1. e</td>
<td>1. d</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Tool

1. SDM
   - Safety Assessment
   - Risk Assessment
   - Family Strengths and Needs
   - Risk Re-Assessment
   - Reunification
2. Referral for Developmental Screening
3. Children’s Mental Health Screening
4. Casey Life Skills (recommended for foster youth age 16+)

University of Minnesota
HOW COULD YOU USE TSSCA DATA IN CASE PLANNING?
Goal 3: Well-being

Goal 3 is well-being. Children’s family will have improved ability to provide for their children’s need.

What needs to happen in order for child well-being to be achieved?

What do we need to do to improve child well-being?
Child Needs
Describe any other education, physical or mental health needs of any child in the home related to the reason for the child protection services:
Medical Needs
Child’s/youth’s current medical and mental health needs:

☐ Is in good physical health and requires only routine medical and dental care
☐ Has physical health needs that require frequent medical appointments
☐ Has a chronic physical health condition or illness that requires medical care in the home
☐ Screening identified no need for mental health services
☐ Has mental health needs that require special intervention and/or professional therapy
☐ Has no known allergies
☐ Has allergies

Allergies or medical problems:
Specifically describe the child’s/youth’s medical and mental health needs including information about the selected areas of health needs, the frequency of medical care or required interventions:
Assessment and Treatment Options for Traumatized Youth
REPORT YOUR RESULTS

- Have an organizational time line in place for processing screens.
- Document the results of the screen in the child’s case plan.
- Know your organization’s individual processes.
Welcome to Ambit

The aim of AMBIT Network is to make high quality care more accessible for traumatized children and families in Minnesota and beyond.

Ambit provides training and support in Trauma-Focused Cognitive Behavioral Therapy.
NEED MORE INFORMATION?
Project Description

Authors: Sophia Frank, MA, Katelyn Donisch, MA, Chris Bray, Ph.D, and Abigail Gewirtz, Ph.D
Date Published: August 2016

Module 1 provides you with a general overview of the tool and the background, development, and evidence supporting the Traumatic Stress Screening for Child Welfare Professionals. Module 2 will break down administration of the TSSCA step-by-step with video demonstrations. Module 2 will also introduce you to several practitioners who have used the screen in their practice. Lastly, Module 3 will provide next steps for after you have completed the Screen with a client.

Watch the Modules

- Module 1: Background and Development of the University of Minnesota’s Traumatic Stress Screen for Children and Adolescents© (TSSCA)
- Module 2: Using the University of Minnesota’s Traumatic Stress Screen for Children and Adolescents© (TSSCA)
- Module 3: the University of Minnesota’s Traumatic Stress Screen for Children and Adolescents© (TSSCA): Next Steps

For more information on our Online Modules, see the Online Module FAQ here.
RESOURCES

Additional Resources

- The CACSW Website: [http://cascw.umn.edu/](http://cascw.umn.edu/)
- Research briefs designed to accompany this presentation:
  - Screening for Traumatic Stress in Children: Resources for Child Welfare Professionals
  - Barriers to Traumatic Stress Screening in Child Welfare Settings
- The TSSCA
- Child Welfare Guidelines on Screening for Trauma Symptomatology in Children (Chadwick, 2014)
- NCTSN Services Systems Brief: Creating Trauma-Informed Child Serving Systems
- SAMSHA’s Concept of Trauma and Guidance for a Trauma Informed Approach
- The NCTSN Website: [http://www.nctsn.org/](http://www.nctsn.org/)
- NCTSN webinar- Improving Outcomes Through Effective Screening and Assessment Procedures: [https://vimeo.com/123499837](https://vimeo.com/123499837)
THANK YOU! QUESTIONS?
REFERENCES


Substance Abuse and Mental Health Services Administration. (2014). *SAMSHA’s concept of trauma and guidance for a trauma informed approach.* (No. HHS Publication No. (SMA) 14-4884.). Rockville, MD.
QUESTIONS?

For more information contact:

**Chris Bray, Ph.D., L.P.**  
*Co Director Ambit Network Administrative Director*  
Institute for Translational Research in Children’s Mental Health  
University of Minnesota  
bray0021@umn.edu

**Sophia Frank, MA**  
*Graduate Research Assistant*  
Institute for Translational Research in Children’s Mental Health  
Center for Advanced Studies in Child Welfare  
University of Minnesota  
frank408@umn.edu