Brief Trauma Screening Tool (Under Age 6)  
GRTICN Version

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>OASIS #</th>
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<td>□ CPS  □ Ongoing  □ Foster Care  □ Prevention  Locality:</td>
<td>Worker Name:</td>
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SECTION 1: QUESTIONS ABOUT POTENTIALLY TRAUMATIC EVENTS

A. Is the CW Worker or caregiver aware of or suspect the child has experienced?

- □ Physical maltreatment or assault
- □ Sexual maltreatment or assault/rape
- □ Emotional maltreatment
- □ Basic physical needs not met
- □ Serious accident/illness/medical procedure
- □ Exposure to school violence and/or severe bullying
- □ Exposure to domestic violence
- □ Exposure to drug/substance abuse or related activity

B. Does the child show any of these behaviors?

- □ Excessive aggression or violence toward property, animals, or others (including bullying)
- □ Preoccupied with violent and/or sexual interests
- □ Explosive behaviors (excessive and prolonged tantrums)
- □ Disorganized behavioral states (i.e., attention, play)
- □ Very withdrawn and/or excessively shy
- □ Bossy and demanding behavior with adults and peers
- □ Sexual behavior not typical for child’s age
- □ Sleeping problems
- □ Eating problems
- □ Regressed behavior (i.e., toileting, play)
- □ Recurring physical complaints with no apparent cause
- □ Difficulty with self soothing

- □ Other: ____________________________  □ None

C. Does the child have relational and/or attachment difficulties?

- □ Lack of eye contact
- □ Sad or empty eyed appearance
- □ Overly friendly with strangers (lack of appropriate stranger anxiety)
- □ Alternates between clingingness and disengagement and/or aggression
- □ Failure to reciprocate (i.e., hugs, smiles, vocalization, play)
- □ Failure to seek comfort when hurt or frightened

- □ Other: ____________________________  □ None

SECTION 2: QUESTIONS FOR CW WORKER/CAREGIVER (check if occurred within the last six months)

A. Does the child exhibit the following emotions/moods?

- □ Very flat affect and/or withdrawn behavior
- □ Excessive worry
- □ Quick, explosive anger
- □ Chronic sadness and/or doesn’t seem to enjoy any activities

- □ Other: ____________________________  □ None

B. Does the child have problems in childcare/school?

- □ Difficulty with authority
- □ Attention problems
- □ Difficulty with following instructions
- □ Difficulty interacting with peers
- □ Frequent calls or notes home about behaviors

- □ Other childcare/school concerns: ____________________________  □ None

SECTION 3: CW WORKER DECISION AND ACTION TAKEN

DECISION: Screened-in for possible trauma exposure (Section 1)  □ Yes  □ No
and/or symptoms (Section 2)  □ Yes  □ No

ACTION: (check one)

- □ Referred to clinician for trauma-informed mental health assessment

WHICH AGENCY: ____________________________

- □ Referred for other MH Assessment, specify: ____________________________

- □ No referral at this time because: ____________________________

GUIDANCE FOR NEXT STEPS:

- ▲ If both sections 1 and 2 have any items checked, child should be referred for a trauma-informed mental health assessment.

- ▲ If only one section has items checked, CW Worker to discuss next steps with CW Supervisor.

Information provided by: ____________________________

Completed by (Name and date): ____________________________

North Carolina Project Broadcast Brief Screening Tool – Modified by: Greater Richmond Trauma Informed Community Network (TICN) 4/2016
Brief Trauma Screening Tool (Age 6-18)  
GRTICN Version

Child’s Name ___________________________ OASIS # ________________
□ CPS  □ Ongoing  □ Foster Care  □ Prevention  Locality: __________________ Worker Name ____________________________

SECTION 1: QUESTIONS ABOUT POTENTIALLY TRAUMATIC EVENTS

A. Is the CW Worker or caregiver aware of or suspect the child has experienced?

☐ Physical maltreatment or assault
☐ Sexual maltreatment or assault/rape
☐ Emotional maltreatment
☐ Basic physical needs not met
☐ Serious accident/illness/medical procedure
☐ Exposure to school violence and/or severe bullying
☐ Exposure to domestic violence
☐ Exposure to drug/substance abuse or related activity

☐ Incarceration and/or witnessing arrest of primary caregiver
☐ Traumatic death of a loved one
☐ Immigration trauma
☐ Natural disaster/war/terrorism
☐ Multiple separations from/or changes in primary caregiver
☐ Homelessness
☐ Exposure to community violence
☐ Human Trafficking Exposure
☐ Other: ____________________________  □ None

B. TYPICAL SCRIPT TO CHILD: “Sometimes, very scary or upsetting things happen to people. These are times where someone was hurt very badly or killed, or could have been.” (If yes below, check applicable item above)

☐ Yes  ☐ No  1. Have you ever been hit, punched, and/or kicked very hard at home (exclude ordinary fights between brothers and sisters)?

☐ Yes  ☐ No  2. Have you ever seen a family member being hit, punched, and/or kicked very hard?

☐ Yes  ☐ No  3. Have you ever had an adult or someone bigger or older than you touch, or try to touch you in areas that a bathing suit covers, or want you to touch them in those areas?

☐ Did not answer  ☐ Event disclosed in the previous three screening questions  □ None occurred

☐ New event (traumatic)  ☐ New event (not traumatic: does not fall into categories of IA) Specify: ____________

C. Did the four screening questions in 1B above reveals a scary, dangerous or violent (i.e., potentially traumatic) experience that was unknown to you?  ☐ Yes  ☐ No  If yes, did it require a new CPS referral  ☐ Yes  ☐ No

SECTION 2: QUESTIONS FOR CW WORKER/CAREGIVER (check if occurred within the last six months)

A. Does the child show any of these behaviors?

☐ Mentioned suicide or acted in a potentially life-threatening way
☐ Deliberately harms self (cutting, burning, etc.)
☐ Excessive aggression or violence toward property, animals, or others (including bullying)
☐ Preoccupied with violent and/or sexual interests
☐ Explosive behaviors (Going from 0-100 out of nowhere)
☐ Negative/hot or defiant behavior
☐ Drug or alcohol use
☐ Sleeping problems
☐ Eating problems (refusal, hoarding, stuffing, vomiting, eating nonfood)
☐ Hyperactivity, distractibility, inattention, impulsivity
☐ Appears to be spacey and/or daydreams
☐ Withdrawn or excessively shy
☐ Sexual behavior not typical for child’s age
☐ Recurring physical complaints with no apparent cause
☐ Other behavioral concerns: ____________________________

☐ None

B. Does the child exhibit the following emotions/moods?

☐ Chronic sadness and/or doesn’t seem to enjoy any activities
☐ Excessive mood swings
☐ Excessive worry
☐ Flat affect and/or withdrawn behavior
☐ Tense and/or uptight
☐ Difficulty expressing feelings
☐ Quick, explosive anger
☐ Other emotional/mood concerns: ____________________________

☐ None

C. Is the child having problems in school?

☐ Low grades/academic decline
☐ Difficulty with authority
☐ Attention problems
☐ Frequent trips to Principal’s office and/or suspensions
☐ Absences from school
☐ Other school concerns: ____________________________

☐ None

SECTION 3: SOCIAL WORKER DECISION AND ACTION TAKEN

DECISION:  Screened in for possible trauma exposure (Section 1)  ☐ Yes  ☐ No and/or symptoms (Section 2)  ☐ Yes  ☐ No

ACTION:  (check one)

☐ Referred to clinician for trauma-informed mental health assessment
☐ Referred to prevent retraumatization
☐ Referred for other MH Assessment, specify: ____________________________
☐ No referral at this time because: ____________________________

GUIDANCE FOR NEXT STEPS:

☐ If both sections 1 and 2 have any items checked, child should be referred for a trauma-informed mental health assessment.

☐ If only one section has items checked, CW Worker to discuss next steps with CW Supervisor.

Information provided by: ____________________________

Completed by (Name and date): ____________________________

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