Brief Trauma Screening Tool (Under Age 6) 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

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

A. 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- ☐ Very withdrawn and/or excessively shy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

B. 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- ☐ Very flat affect and/or withdrawn behavior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

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 clinginess and disengagement and/or aggression
- ☐ Failure to reciprocate (i.e., hugs, smiles, vocalization, play)
- ☐ Failure to seek comfort when hurt or frightened
- ☐ Other: _____
- ☐ None

D. 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): _____

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?

4. Tell me about any other scary things that have happened that we haven't already talked about.

☐ 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 1A) **Specify:**_____

C. **Did the four screening questions in 1B above reveal 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, hostile 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 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): _____