

Using the Child and Adolescent Trauma Screen (CATS)

Child Trauma Services Team

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Center on Child Abuse and Neglect

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ACEs

Adverse childhood experiences

ACEs = ADVERSE CHILDHOOD EXPERIENCES

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



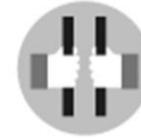
Mental Illness



Mother treated violently



Divorce



Incarcerated Relative



Substance Abuse

Trauma is Prevalent

- Over 60% exposed to violence in the past year
- Nearly 70% experienced multiple exposures, with an average of 3.

Finkelhor et al., 2009; www.ojp.usdoj.gov

- 1 in 4 girls; 1 In 7 boys have unwanted sexual contact by age 18
- 4-8 million women battered each year, ½ viewed by children
- In 60-75% of homes involving domestic violence, children were also physically abused

Child Maltreatment 2006 acf.hhs.gov/programs and CDC

Screening for Trauma Exposure and Symptoms

WHAT WE WANT TO AVOID:

- Failing to identify trauma-exposed children and trauma-related impacts
 - When not examined within the context of past traumas, behaviors can be misinterpreted as pathologic.
 - Risk for misdiagnosis and subsequent ineffective treatment
 - Failure to provide necessary treatment
- Diagnosis by History
 - Not all who experience trauma require treatment

Common Misdiagnoses

- Attention Deficit - Hyperactivity Disorder
- Reactive Attachment Disorder
- Oppositional Defiant or Conduct Disorder
- Bipolar Disorder

How do these diagnoses impact:

- Perceptions of children's:
 - Behavioral motives?
 - Developmental potential?
- Treatment decisions (including medication referrals)?
- Placement decisions?

Common Trauma-Related Diagnoses

- PTSD
- Depressive disorders
- Other anxiety disorders
- Disruptive Behavior disorders
 - Oppositional Defiant Disorder



Child and Adolescent Trauma Screen (CATS)

CATS: Overview

- Screens for child trauma history and PTSD symptoms in youth ages 3 to 18
- Child (ages 7+) and caregiver (ages 3 to 18) report versions
- Takes approximately 10 minutes to complete
- To be administered in interview format
- Validation throughout

CATS: Overview

- What it provides:
 - Simple screening for child trauma exposure
 - Clinical impression of trauma-related symptoms
 - Information to assist in PTSD diagnosis
- What it doesn't provide:
 - Clinical impressions of:
 - Separation anxiety
 - Generalized anxiety
 - Triggered behavior problems
 - Sexualized behaviors or sexual concerns
 - These can be important to assess in trauma-exposed children

CATS: Structure

Part 1: Trauma Screen

- 14 Yes/No items for exposure to a number of childhood traumas
- 1 Open ended
- For multiple traumatic events, asks to identify and briefly describe which one distresses child the most.

CATS: Structure

Part 2: “B, C, D, E” Criteria:

- 20 items assessing each DSM-5 PTSD symptom
- Refers to *Past Two Weeks*
- Responses on 4-point scale:
 - Never (0)
 - Once in Awhile (1)
 - Half the time (2)
 - Almost Always (3)

Trauma Exposure

Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the traumatic event(s) occurred to a close family member or close friend.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders)

NOTE: A4 Doesn't apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

Posttraumatic Stress Disorder

Intrusion

- Recurrent intrusive thoughts/images
- Dissociative reactions/flashbacks
- Recurrent distressing dreams (may be general scary content in children)
- Trauma re-enactment play in young children
- Distress to internal or external trauma reminders

Avoidance

- Avoid memories, thoughts/feelings of event (internal reminders)
- Avoid (or try to) people/places, objects/situations (external reminders)

Negative Cognitions or Mood

- Inability to remember aspects of trauma
- Persistent/exaggerated negative beliefs of self, others, world
- Distorted thoughts re: cause or outcomes
- Persistent negative emotional state
- Diminished activities interests
- Detached/estranged
- Can't experience positive emotions

Arousal & Reactivity

- Irritable or angry outbursts
- Reckless/self-destructive
- Hypervigilance
- Exaggerated startle response
- Problems concentrating
- Sleep disturbance

Criteria B: Re-Experiencing Symptoms

DSM-5

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s). NOTE: May be non-specific nightmares in children.
3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. Symptoms may occur on a continuum. NOTE: In children, trauma-specific reenactment may occur in play.
4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

CATS

1. Upsetting thoughts or pictures about what happened that pop into your head.
2. Bad dreams reminding you of what happened.
3. Feeling as if what happened is happening all over again.
4. Feeling very upset when you are reminded of what happened.
5. Strong feelings in your body when you are reminded of what happened (sweating, heart beating fast, upset stomach).

Criteria C: Avoidance

DSM-5

1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

CATS

6. Trying not to think about or talk about what happened. Or to not have feelings about it.
7. Staying away from people, places, things, or situations that remind you of what happened.

Criterion D: Negative Mood and Cognitions

DSM-5

1. Inability to remember an important aspect of the traumatic event(s)
2. Persistent & exaggerated negative beliefs or expectations about one's self, others or the world
3. Persistent distorted blame of self or others about the cause or consequences of the traumatic event
4. Persistent negative emotional state (e.g., fear, horror, anger, guilt or shame).
5. Markedly diminished interest or participation in significant activities
6. Feelings of detachment or estrangement from others
7. Persistent inability to experience positive emotions (e.g., happiness, love)

CATS:

8. Not being able to remember part of what happened.
9. Negative thoughts about yourself or others. Thoughts like I won't have a good life, no one can be trusted, the whole world is unsafe
10. Blaming yourself for what happened. Or blaming someone else when it isn't their fault.
11. Bad feelings (afraid, angry, guilty, ashamed) a lot of the time.
12. Not wanting to do things you used to do.
13. Not feeling close to people .
14. Not being able to have good or happy feelings.

Criterion E: Hyperarousal

DSM-5

1. Irritable or aggressive behavior
2. Reckless or self-destructive behavior
3. Hypervigilance
4. Exaggerated startle response
5. Problems with concentration
6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep)

CATS

15. Feeling mad. Having fits of anger and taking it out on others.
16. Doing unsafe things.
17. Being overly careful or on guard (checking to see who is around you).
18. Being jumpy.
19. Problems paying attention.
20. Trouble falling or staying asleep

CATS: Functional Impairment

Five “Yes” or “No” items: Presence of ≥ 1

1. Getting along with others
2. Hobbies/Fun
3. School or work
4. Family relationships
5. General Happiness

CATS

Child and Adolescent Trauma Screen (CATS) - Youth Report

Name: _____ Date: _____

Stressful or scary events happen to many people. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to you. Mark No if it didn't happen to you.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Serious accident or injury like a car/bike crash, dog bite, sports injury. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Robbed by threat, force or weapon. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Slapped, punched, or beat up in your family. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Slapped, punched, or beat up by someone not in your family. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Seeing someone in your family get slapped, punched or beat up. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Seeing someone in the community get slapped, punched or beat up. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Someone older touching your private parts when they shouldn't. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Someone forcing or pressuring sex, or when you couldn't say no. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Someone close to you dying suddenly or violently. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Attacked, stabbed, shot at or hurt badly. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Seeing someone attacked, stabbed, shot at, hurt badly or killed. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Stressful or scary medical procedure. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Being around war. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Other stressful or scary event? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Describe: _____

Which one is bothering you the most now? _____

If you marked "YES" to any stressful or scary events, then turn the page and answer the next questions.

Mark 0, 1, 2 or 3 for how often the following things have bothered you in the last two weeks:

0 Never / 1 Once in a while / 2 Half the time / 3 Almost always

- | | | | | |
|--|---|---|---|---|
| 1. Upsetting thoughts or pictures about what happened that pop into your head. | 0 | 1 | 2 | 3 |
| 2. Bad dreams reminding you of what happened. | 0 | 1 | 2 | 3 |
| 3. Feeling as if what happened is happening all over again. | 0 | 1 | 2 | 3 |
| 4. Feeling very upset when you are reminded of what happened. | 0 | 1 | 2 | 3 |
| 5. Strong feelings in your body when you are reminded of what happened (sweating, heart beating fast, upset stomach). | 0 | 1 | 2 | 3 |
| 6. Trying not to think about or talk about what happened. Or to not have feelings about it. | 0 | 1 | 2 | 3 |
| 7. Staying away from people, places, things, or situations that remind you of what happened. | 0 | 1 | 2 | 3 |
| 8. Not being able to remember part of what happened. | 0 | 1 | 2 | 3 |
| 9. Negative thoughts about yourself or others. Thoughts like I won't have a good life, no one can be trusted, the whole world is unsafe. | 0 | 1 | 2 | 3 |
| 10. Blaming yourself for what happened, or blaming someone else when it isn't their fault. | 0 | 1 | 2 | 3 |
| 11. Bad feelings (afraid, angry, guilty, ashamed) a lot of the time. | 0 | 1 | 2 | 3 |
| 12. Not wanting to do things you used to do. | 0 | 1 | 2 | 3 |
| 13. Not feeling close to people. | 0 | 1 | 2 | 3 |
| 14. Not being able to have good or happy feelings. | 0 | 1 | 2 | 3 |
| 15. Feeling mad. Having fits of anger and taking it out on others. | 0 | 1 | 2 | 3 |
| 16. Doing unsafe things. | 0 | 1 | 2 | 3 |
| 17. Being overly careful or on guard (checking to see who is around you). | 0 | 1 | 2 | 3 |
| 18. Being jumpy. | 0 | 1 | 2 | 3 |
| 19. Problems paying attention. | 0 | 1 | 2 | 3 |
| 20. Trouble falling or staying asleep. | 0 | 1 | 2 | 3 |

Please mark "YES" or "NO" if the problems you marked interfered with:

- | | | | | | |
|------------------------------|------------------------------|-----------------------------|-------------------------|------------------------------|-----------------------------|
| 1. Getting along with others | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Family relationships | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Hobbies/Fun | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. General happiness | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. School or work | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

Trauma Sensitive Administration

- Create a safe assessment environment
 - Typically only child present
 - Having a caregiver present may be needed for some children
 - Limit interruptions
 - Do NOT have child take home or complete trauma measure in waiting room or alone

Trauma Sensitive Administration

- Monitor and Manage Distress
 - Check-In with caregiver & child using a feeling thermometer during assessment
 - *“Before we begin this measure, on a scale of 1 to 10, 1 being no stress, 10 being the most distressed you’ve ever been, where are you at now?”*
 - Use relaxation, fun activities, short breaks to manage distress (if experienced)

Administration Tips

- Substitute the event name for the written wording.
 - e.g., “Bad dreams about the sexual abuse”
- If you want child to complete measure by him/herself, test their ability by asking them to read 1-2 items aloud.
- Praise for ‘hard work’ completing questions, not for answers.

Administration Tips

- Watch your enthusiasm and language choices – be positive, but neutral.
- When the client doesn't understand a word or concept:
 - If you need to define words or explain concepts, keep it simple.
 - If the client still doesn't understand, leave the item blank and move on.
- Don't discuss the client's responses until measure completion.

Troubleshooting

- Client with *known* abuse history reports nothing on trauma screen. May attempt:
 - Directly inquire about known info
 - *“From your caseworker, I know that there were times dad touched your private parts. Do you want to mark this item or should I?”*
 - Summarize known info and proceed to symptom assessment

Scoring the CATS

CATS: Scoring

The following scores are to be used only as guidelines and should be combined with clinical judgment when determining the presence of PTSD.

For total score add responses to all items, 1 -20.

Total Score ≥ 12 might indicate a need for services

Symptom Scores

2-3 = Significant symptom

1 = Moderate symptom

0 = No/minimal symptom

Child and Adolescent Trauma Screen (CATS)

SCORING

Child's Name: _____ Assessment Date: _____

Caregiver's Name: _____

Provider's Name: _____

CAREGIVER Report

Trauma Exposure: _____

Total PTSD Severity Score: _____ *Add ALL items, 1-20; Score of 12+ indicates need for treatment*

Criteria	# of Symptoms (Only count items rated 2 or 3)	# Symptoms Required	DSM-5 Criteria Met?	
Re-experiencing Items 1-5		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Avoidance Items 6-7		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Negative Mood/ Cognitions Items 8-14		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arousal Items 15-20		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Functional Impairment Set of 1-5 Yes/No Questions		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Age 6 & Under - Only need 1 symptom of avoidance OR negative mood/cognitions*

CHILD Report

Trauma Exposure: _____

Total PTSD Severity Score: _____ *Add ALL items, 1-20; Score of 12+ indicates need for treatment*

Criteria	# of Symptoms (Only count items rated 2 or 3)	# Symptoms Required	DSM-5 Criteria Met?	
Re-experiencing Items 1-5		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Avoidance Items 6-7		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Negative Mood/ Cognitions Items 8-14		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arousal Items 15-20		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Functional Impairment Set of 1-5 Yes/No Questions		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Child and Adolescent Trauma Screen (CATS) - Youth Report

Name: Billy Batson Date: intake

Stressful or scary events happen to many people. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to you. Mark No if it didn't happen to you.

1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire. Yes No
2. Serious accident or injury like a car/bike crash, dog bite, sports injury. Yes No
3. Robbed by threat, force or weapon. Yes No
4. Slapped, punched, or beat up in your family. Yes No
5. Slapped, punched, or beat up by someone not in your family. Yes No
6. Seeing someone in your family get slapped, punched or beat up. Yes No
7. Seeing someone in the community get slapped, punched or beat up. Yes No
8. Someone older touching your private parts when they shouldn't. Yes No
9. Someone forcing or pressuring sex, or when you couldn't say no. Yes No
10. Someone close to you dying suddenly or violently. Yes No
11. Attacked, stabbed, shot at or hurt badly. Yes No
12. Seeing someone attacked, stabbed, shot at, hurt badly or killed. Yes No
13. Stressful or scary medical procedure. Yes No
14. Being around war. Yes No
15. Other stressful or scary event? Yes No

Describe: Mom OD'd; wouldn't wake up

Which one is bothering you the most now? Mom & Adam fighting

If you marked "YES" to any stressful or scary events, then turn the page and answer the next questions.

Child's Name: Billy Batson
 Caregiver's Name: _____
 Provider's Name: Natalie Gallo, LPC
 Assessment Date: _____

CAREGIVER Report

Trauma Exposure: _____

Total PTSD Severity Score: _____ Add ALL items, 1-20

Criteria	# of Symptoms (Only count items rated 2 or 3)	# Symptoms Required	DSM-5 Criteria Met?	
Re-experiencing Items 1-5		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Avoidance Items 6-7		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Negative Mood/ Cognitions Items 8-14		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arousal Items 15-20		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Functional Impairment Set of 1-5 Yes/No Questions		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Age 6 & Under - Only need 1 symptom of avoidance OR negative mood/cognitions

CHILD Report

Trauma Exposure: physical abuse, witnessing domestic violence, caregiver overdose

Total PTSD Severity Score: _____ Add ALL items, 1-20

Criteria	# of Symptoms (Only count items rated 2 or 3)	# Symptoms Required	DSM-5 Criteria Met?	
Re-experiencing Items 1-5		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Avoidance Items 6-7		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Negative Mood/ Cognitions Items 8-14		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arousal Items 15-20		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Functional Impairment Set of 1-5 Yes/No Questions		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Mark 0, 1, 2 or 3 for how often the following things have bothered you in the last two weeks:

0 Never / 1 Once in a while / 2 Half the time / 3 Almost always

1. Upsetting thoughts or pictures about what happened that pop into your head. 0 1 2 3
2. Bad dreams reminding you of what happened. 0 1 2 3
3. Feeling as if what happened is happening all over again. 0 1 2 3
4. Feeling very upset when you are reminded of what happened. 0 1 2 3
5. Strong feelings in your body when you are reminded of what happened (sweating, heart beating fast, upset stomach). 0 1 2 3

6. Trying not to think about or talk about what happened. Or to not have feelings about it. 0 1 2 3
7. Staying away from people, places, things, or situations that remind you of what happened. 0 1 2 3

8. Not being able to remember part of what happened. 0 1 2 3
9. Negative thoughts about yourself or others. Thoughts like I won't have a good life, no one can be trusted, the whole world is unsafe. 0 1 2 3
10. Blaming yourself for what happened, or blaming someone else when it isn't their fault. 0 1 2 3
11. Bad feelings (afraid, angry, guilty, ashamed) a lot of the time. 0 1 2 3
12. Not wanting to do things you used to do. 0 1 2 3
13. Not feeling close to people. 0 1 2 3
14. Not being able to have good or happy feelings. 0 1 2 3

15. Feeling mad. Having fits of anger and taking it out on others. 0 1 2 3
16. Doing unsafe things. 0 1 2 3
17. Being overly careful or on guard (checking to see who is around you). 0 1 2 3
18. Being jumpy. 0 1 2 3
19. Problems paying attention. 0 1 2 3
20. Trouble falling or staying asleep. 0 1 2 3

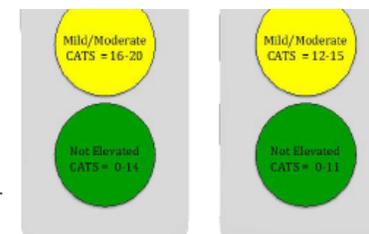
Please mark "YES" or "NO" if the problems you marked interfered with:

- | | | | | | |
|------------------------------|---|-----------------------------|-------------------------|---|-----------------------------|
| 1. Getting along with others | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Family relationships | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Hobbies/Fun | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | 5. General happiness | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. School or work | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

CAREGIVER Report

Trauma Exposure: _____

Total PTSD Severity Score: _____ Add ALL items, 1-20



Criteria	# of Symptoms (Only count items rated 2 or 3)	# Symptoms Required	DSM-5 Criteria Met?	
Re-experiencing Items 1-5		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Avoidance Items 6-7		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Negative Mood/ Cognitions Items 8-14		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arousal Items 15-20		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Functional Impairment Set of 1-5 Yes/No Questions		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Age 6 & Under - Only need 1 symptom of avoidance OR negative mood/cognitions

CHILD Report

Trauma Exposure: physical abuse, witnessing domestic violence, caregiver overdose

Total PTSD Severity Score: 37 Add ALL items, 1-20

Criteria	# of Symptoms (Only count items rated 2 or 3)	# Symptoms Required	DSM-5 Criteria Met?	
Re-experiencing Items 1-5	4	1+	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Avoidance Items 6-7	1	1+	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Negative Mood/ Cognitions Items 8-14	4	2+	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Arousal Items 15-20	3	2+	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Functional Impairment Set of 1-5 Yes/No Questions	5	1+	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Integrating Information.... Putting the Pieces Together

Child Report

- CATS Total Severity Level & DSM Criteria
- Clinical Interview
- Types of symptoms reported?

Children are better reporters of their internalizing symptoms.

Parent Report

- CATS Total Severity Level & DSM Criteria
- Clinical Interview
- Types of symptoms reported?

Caregivers are better reporters of child externalizing symptoms.

Collateral Information

- Teacher's report of behavior & emotionality
- Knowledge of family life, background info
- DHS/Caseworker provided info

Behavioral Observations

- Distress during trauma discussion?
- Avoidance/Denial of known trauma?
- Affect & emotional lability?

Providing Feedback to Families

Feedback

- Begin with a Positive---PRAISE!!
- Provide global feedback.
 - PTSD – yes or no?
- Connect trauma symptoms to caregiver/clients primary concern.
 - Explain HOW behavior problems relate to trauma.

Feedback

- Reflect emotion.
- Connect treatment plan to improving child's functioning.
 - Explain how and why TF-CBT will improve the problems the child and caregiver are reporting.

Feedback

- Explain that reactions child is having are common after trauma.
 - **Normalize/Reduce Shame**
- Empathize with difficulty and validate child's attempts to cope.
- Educate that things can get better.
 - **Help child learn new ways to cope and to take power out of the memories.**
- No psychobabble!
 - **Develop & practice adolescent PTSD explanations.**

Feedback with Treatment Team

- Communicate a trauma-informed conceptualization to other professionals.
 - Caseworker, Probation Officer, CASA, GAL, etc.
- Educate on diagnosis, treatment recommendations, & expected progress.
 - Caregiver involvement is key.
 - Improvements likely in 4-6 months.
 - Connection between behaviors and trauma symptoms.

New Disclosures of Abuse/Neglect

- Explain limits of confidentiality at first contact.
- Follow state-wide mandatory reporting laws.
- Not your role to investigate.
 - Get details needed to make report.
- Inform child & caregiver of reporting.
- Talk with family to make the report together (when appropriate).