

# Child and Adolescent Trauma Screening (CATS 2.0): Treatment Planning & Family Engagement

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# Objectives

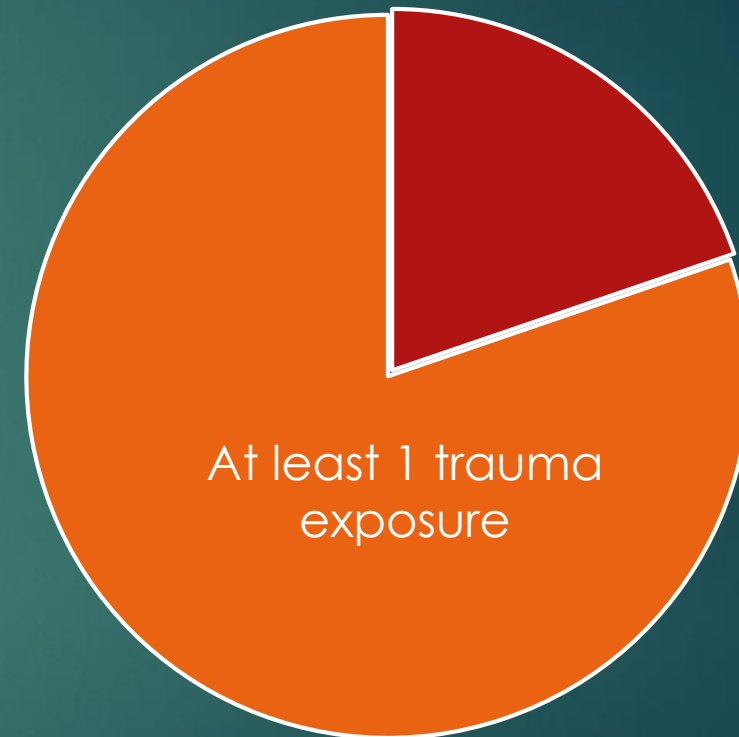
Participants will be able to:

- ▶ Identify the utility of screening youth for trauma exposure and symptoms upon referral for services
- ▶ Administer the CATS 2.0 screening in a trauma informed and engaging manner
- ▶ Score the CATS 2.0 and use results to inform treatment decisions
- ▶ Provide brief feedback to youth and families that highlights strengths and instills hope for healing

# Trauma Exposure in Youth

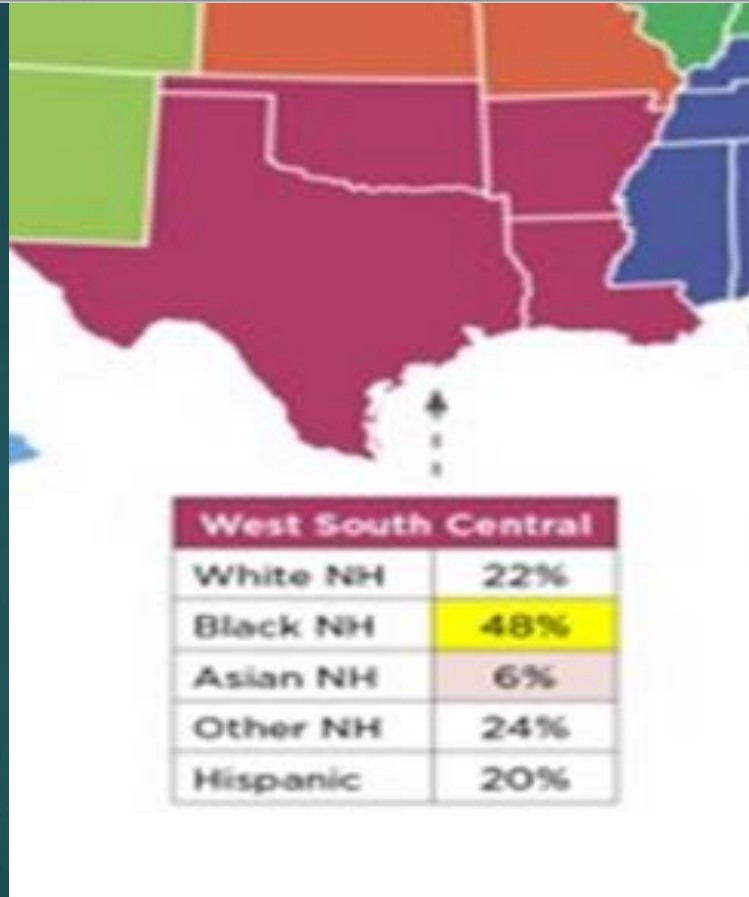
- PSYCHOLOGICAL, PHYSICAL, OR SEXUAL ABUSE
- COMMUNITY OR SCHOOL VIOLENCE
- WITNESSING OR EXPERIENCING DOMESTIC VIOLENCE
- NATURAL DISASTERS OR TERRORISM
- COMMERCIAL SEXUAL EXPLOITATION
- SUDDEN OR VIOLENT LOSS OF A LOVED ONE
- REFUGEE OR WAR EXPERIENCES
- MILITARY FAMILY-RELATED STRESSORS  
(E.G., DEPLOYMENT, PARENTAL LOSS OR INJURY)
- PHYSICAL OR SEXUAL ASSAULT
- NEGLECT
- SERIOUS ACCIDENTS OR LIFE-THREATENING ILLNESS

By Age 16...



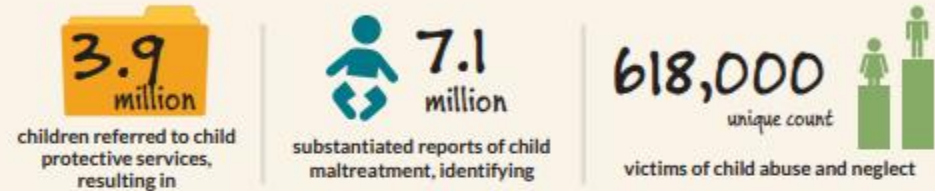
# Trauma Prevalence

## Percentage of children with 2 or more ACEs



## National Child Abuse Prevention Month

### Child Abuse in the United States



### Victimization Rate per 1,000 in their Population



### Of these Victims



**1,750** in Federal fiscal year 2020, an estimated 1,750 children died due to abuse and neglect.

**WE CAN PREVENT CHILD ABUSE!**  
U.S. Department of Health & Human Services,  
Administration for Children and Families, Administration  
on Children, Youth and Families, Children's Bureau.  
(2020). Child Maltreatment 2020. For more information,  
visit [nctc.org/maltreatment2020](https://www.nctc.org/maltreatment2020)

# Trauma Screening & Youth Distress

- ▶ Study on over 10,000 youth ages 6 – 18 completing the CATS 1.0 as part of intake at youth mental health center in Norway
- ▶ Rated own level of upset from 1 (not upsetting) to 7 (very upsetting)
  - ▶ Majority (68%) had no or low level distress
  - ▶ 27% had moderate distress
  - ▶ **Very few (5%) reported high level of upset**

*The VAST majority of youth will complete a trauma screening without high distress.*



# Trauma Impacts

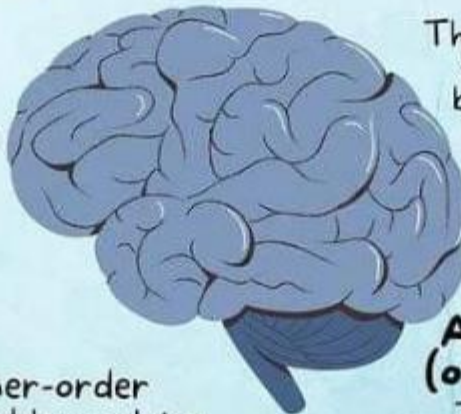
## HOW Trauma IMPACTS THE BRAIN

Trauma can alter the structure and functioning of the brain.

### Ventromedial Prefrontal Cortex (shrinks)

This area is responsible for mood and emotion regulation & rational thought.

It causes higher-order processes like problem-solving to become underfunctioning, while processes geared towards defense become overactive.



### Hippocampus (shrinks)

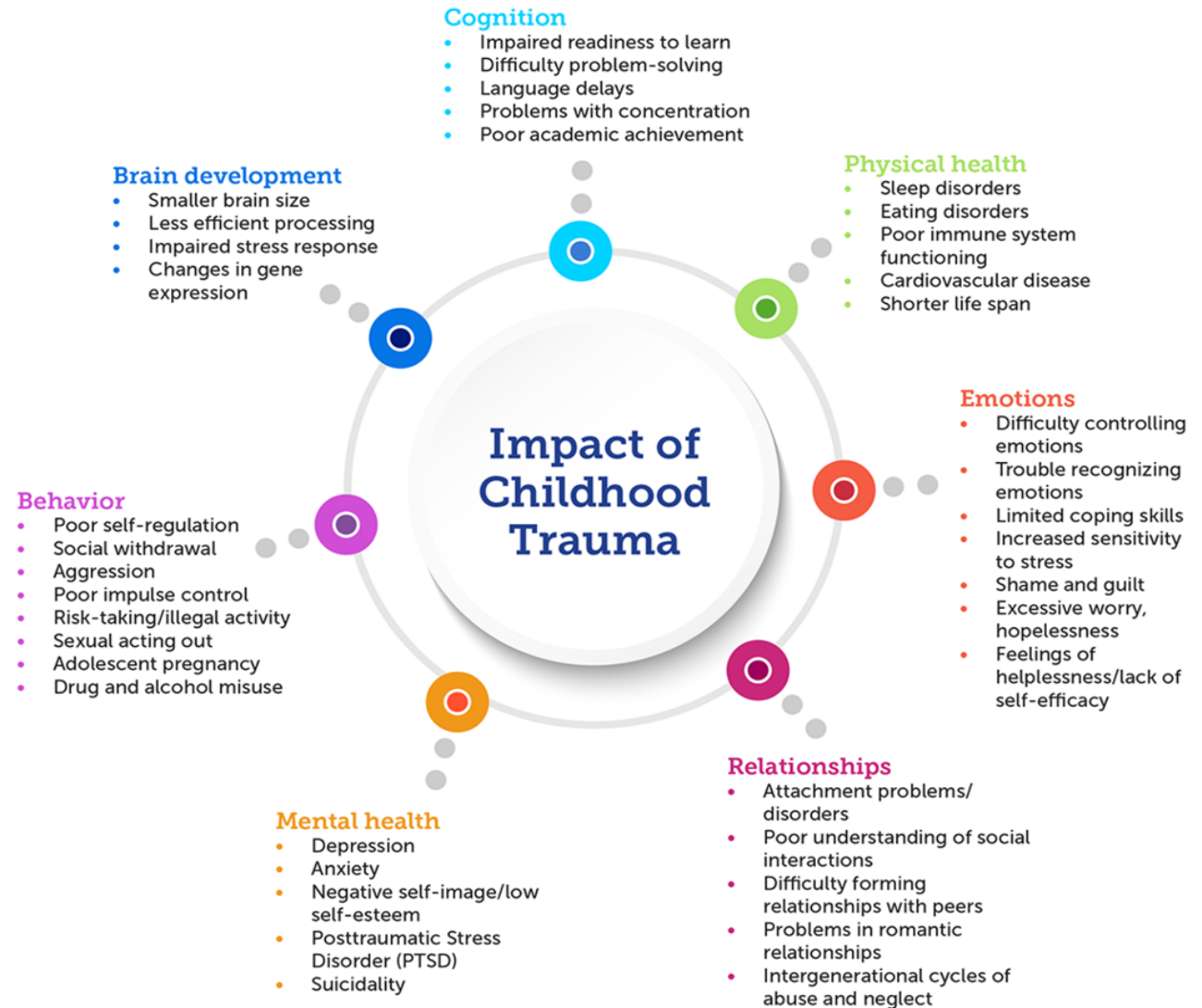
This area is responsible for differentiating between the past & present.

### Amygdala (overactive)

This area is responsible for responding to stress.

@laci.mcgarrry

## Impact of Childhood Trauma

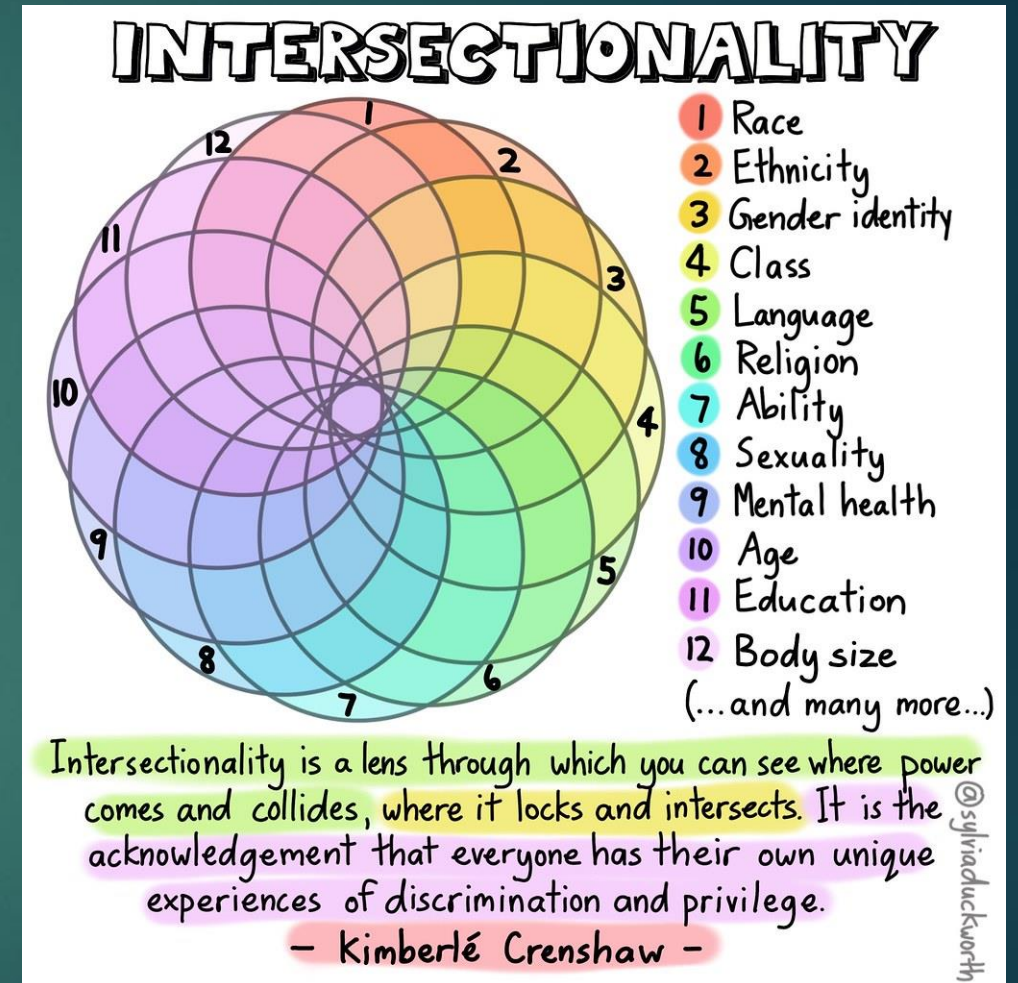


# Trauma Impacts are Broad & Variable

- ▶ Some youth experience brief or minimal problems and are not in need of treatment
- ▶ Other youth the impacts vary -- Not one pattern
- ▶ How trauma impacts a child depends on numerous risk and protective factors that interact with one another
- ▶ Factors relating to the trauma, child, family, and environment
  - ▶ Polyvictimization
  - ▶ Response of Social Network (e.g. caregivers!)
  - ▶ Resources/Supports

# Intersectionality & Trauma Impacts

- ▶ Youth's identity may increase risk of trauma exposure, multiple exposures, and unique trauma types
- ▶ Disparities exist in access to resources for healing
- ▶ Societal response to youth differs based on identity



**Trauma exposure and impacts are best understood in the context of the youth and family's identity(s).**



# PTSD

## Re-Experiencing

Nightmares

Intrusive Memories

Flashbacks

Physical &/or  
Emotional response to  
Triggers

## Avoidance

Avoid reminders –  
people, places, etc..

Avoid talking, thinking  
about trauma

## Negative Mood & Beliefs

Difficulty remembering

Less happy

More negative  
emotions

Blaming self or others

Negative beliefs about  
world, self, others

Less involved in  
activities, relationships

## Hyperarousal

Difficulty  
Concentrating

Sleep Problems

Risk Taking

Jumpiness

Watchful, On-guard

# Why to Screen Youth for Trauma

- ▶ Highly effective treatments (e.g. TF-CBT) exist for improving trauma symptoms in youth
- ▶ Trauma Screening IDENTIFIES youth in need of treatment
- ▶ Oklahoma has trained TF-CBT providers throughout our state

***Youth can heal from trauma.  
Identifying treatment needs is the first  
step in healing.***

# CATS 2.0

- ▶ International collaboration of researchers and clinicians to develop a tool for both research and clinical settings
  - ▶ Screen for PTSD using both ICD -11 and DSM-5 criteria
  - ▶ Screen for Complex PTSD according to ICD-11
- ▶ Prioritized usefulness in community setting - no cost, ease of administration and scoring, and clinical utility
- ▶ Empirically established cut-scores using a structured diagnostic interview

**For Youth Ages 3 – 6:  
Continue to use the original  
CATS – Caregiver Report**

# CATS - Overview

- ▶ Child (ages 7+) and caregiver (ages 3 to 17) report
- ▶ Administration time ~ 10 minutes
- ▶ Administer in interview format (or youth preference)
- ▶ Screens for child trauma history
  - ▶ 14 yes/no items + 1 “Other stressful or scary event”
  - ▶ Identify which bothers youth most now
- ▶ PTSD symptoms
  - ▶ 20 items based on DSM-V & ICD-11
  - ▶ Past 4 weeks
  - ▶ 0 (never), 1 (sometimes), 2 (often), 3 (almost always)
- ▶ Functional impairment – 5 yes/no Qs

Open the CATS 2.0 file  
or Get your paper  
copy.  
Look it over!



# Screening Intersectionality & Trauma Reactions

- ▶ Increase understanding of trauma exposure in context of youth/family identity by:
  - ▶ Addition of Intersectionality item on the CATS
    - “Do you feel like any of the stressful or scary experiences happened because of your race, appearance, or identity?”*
  - ▶ Ask in clinical interview
    - e.g., “Why do you think this happened to you?”*
  - ▶ Administer measure of discrimination

# Trauma Informed Administration

- ▶ Create a safe, private environment
- ▶ Only child present
- ▶ Limit interruptions
- ▶ **Do NOT have child take home or complete trauma measure in waiting room or alone**
- ▶ Virtual
  - ▶ Verbally confirm setting is private

# Trauma Informed Administration

- ▶ Give value & meaning to trauma screening
- ▶ Inform family from outset what to expect
- ▶ “I’m going to ask you about different scary or sad things that sometimes happen to kids. It helps me know how I can help your family by learning about how some of the sad or scary things still bother you. I know this can be difficult to think and talk about. I am not going to ask you to tell me lots of details. And we can take a break anytime you need.”

# Trauma Informed Administration

- ▶ Monitor and Manage Distress (ie gradual exposure)
- ▶ Check-In with child using a feeling scale during screening

“It’s important to me that you feel safe while we are together. So I’m going to check in with you. On a scale of 1 to 10, 1 being no stress and 10 being the most distressed you’ve ever been, where are you at now?... I’ll keep checking in and what number would be a place we should pause and take a break?”



# Trauma Informed Administration

## Normalize

- ▶ “I want you to know you are not alone in this. I work with other kids who are dealing with similar things.”
- ▶ “Kids/teens often have feelings like you do after going through [TRAUMA].
- ▶ “It’s normal to have these reactions after a scary or upsetting experience.”

# Trauma Informed Administration

## Validate

- ▶ “I am so sorry to hear that you went through that.”
- ▶ “Thank you for telling me about your experiences.”
- ▶ “I appreciate how open you are being with me.”
- ▶ “These [memories / feelings / thoughts] can be really hard to cope with.”

# Providing Feedback

Instill hope – Educate that things can get better

- ▶ “With support, you can learn more ways to cope and take the power out of the memories.”
- ▶ “We have a type of counseling that works well for youth who have been through [TRAUMA].”

# Providing Feedback

## Reinforce strengths

- ▶ “You have a lot of strengths like \_\_\_ and these can help you feel better.”
- ▶ “It sounds like you have been able to cope well after going through [TRAUMA].”



# Scoring Guidelines

- ▶ What trauma events are reported?
- ▶ What is overall symptom severity? (Dimensional Scoring)
- ▶ Is DSM-5 diagnostic criteria met? (Categorical Scoring)
  - ▶ What PTSD symptoms are reported?

# Scoring

Does this youth need trauma treatment?

## DIMENSIONAL SCORING

Child's Name: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_ Index Traumatic Event(s): \_\_\_\_\_

Scoring for posttraumatic stress symptom intensity (DSM-5 PTSD)

Sum of symptom items #1 to #20. Only count the highest score for #9; #10 and #15.

DSM-5 PTSD Sum = \_\_\_\_\_

<b>CATS 7-17 Years</b> <b>Score &lt;15</b>  Normal. Not clinically elevated.	<b>CATS 7-17 Years</b> <b>Score 15-20</b>  Moderate trauma-related distress.	<b>CATS 7-17 Years</b> <b>Score ≥ 21*</b>  Elevated distress. Positive Screening threshold. *	<b>CATS 7-17 Years</b> <b>Score ≥ 25*</b>  High trauma-related distress. Probable PTSD. *
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\*Validation study: Sachser et al., 2022

# Scoring

Does this youth have PTSD?

## CATEGORICAL SCORING

Child's Name: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_ Index Traumatic Event(s): \_\_\_\_\_

## DSM-5 PTSD

DSM-5 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 (highest of #9, #10 and #15)		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hyperarousal 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
Probable DSM-5 PTSD Diagnosis*			<input type="checkbox"/> Yes	<input type="checkbox"/> No

# Utilize Trauma Screening in Context of ALL Information

## Child Report

- CATS Total Severity
- Clinical Interview
- Types of symptoms reported?

## Caregiver Report

- CATS Total Severity
- Clinical Interview
- Types of symptoms reported?

## Collateral Information

- Teacher's report of behavior & emotionality
- Social history
- Caseworker provided info

## Behavioral Observations

- Distress during trauma screen
- Denial of known trauma?
- General compliance
- Developmental Concerns?



# Troubleshooting

- ▶ Remember that the CATS 2.0 is a screening. You will use the information along with many other pieces of information to plan and guide treatment.
- ▶ Low score when many concerns are reported may indicate avoidance. What did you observe in youth?
- ▶ Caregiver and Youth mismatch is common– Youth report is more reliable.
- ▶ Treatment recommendations should be based on all info gathered
- ▶ Follow your agency/ state mandated reporting guidelines.
  - ▶ Should be covered in limits of confidentiality PRIOR to screening.

# Review of Strategies

- ▶ Communicate importance of understanding youth's trauma experience
- ▶ Provide a safe, predictable environment
- ▶ Validate, Normalize, Focus on Strengths
- ▶ Aid youth in managing distress if needed
- ▶ Instill hope
  - ▶ Let family know what to expect next

# In Closing

- ▶ High prevalence of trauma in general youth population and potential for trauma impacts on functioning necessitates screening upon referral for mh services.
- ▶ The CATS 2.0 is an empirically validated screening of trauma exposure and symptoms to guide treatment recommendations.
- ▶ Trauma screening can be completed in an engaging and trauma-informed manner.
- ▶ Feedback on screening should ALWAYS be provided to youth/family.

# References

- ▶ Sachser, C., Berliner, L., Risch, E., Rosner, R., Birkeland, M., Eilers, R., Hafstad, G., Pfeiffer, E., Plenar, P., & Jensen, T. (2022). The child and Adolescent Trauma Screen 2 (CATS-2) – validation of an instrument to measure DSM-5 and ICD-11 PTSD and complex PTSD in children and adolescents, *European Journal of Psychotraumatology*, 13 (2). DOI: 10.1080/20008066.2022.210558
- ▶ Solheim Skar, A; Ormhaug, S.M., Jensen, T. K. (2019) Reported levels of upset in youth after routine trauma screening in mental health clinics, *JAMA*.