

Child and Adolescent Trauma Screening (CATS 2.0)

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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

Acknowledgements

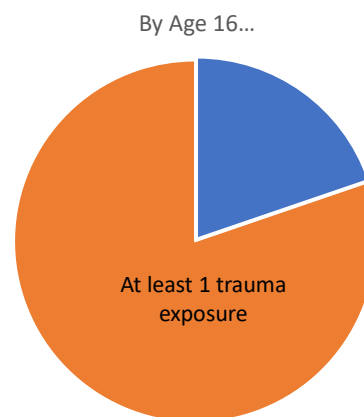
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Resources

- ▶ CATS-2 Practice Case
- ▶ Clinical Administration Guide
- ▶ PDF of PPT handouts
- ▶ Links to CATS-2 on www.oktfcbt.org
under resources

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

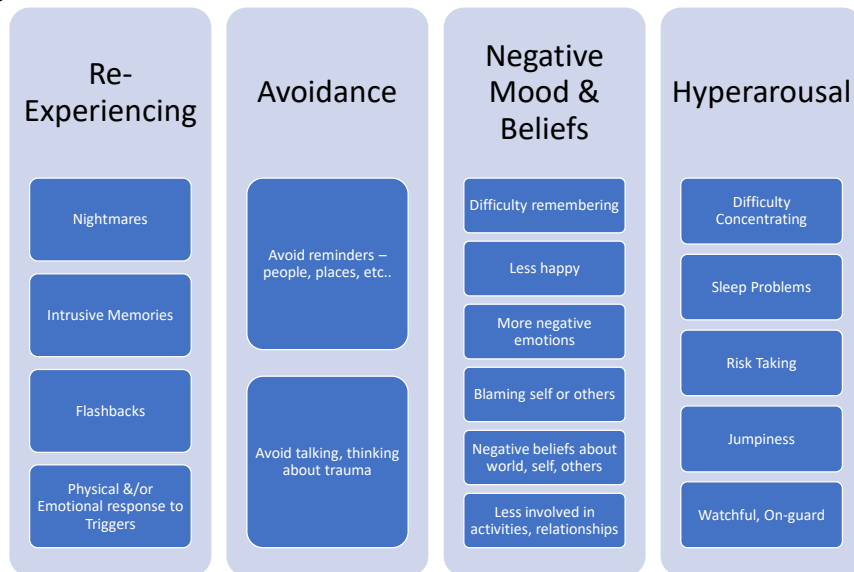


Trauma Impacts are Broad & Variable

- Some youth experience brief or minimal problems and are not in need of treatment
- Other youth will develop posttraumatic stress symptoms or other mental health impacts
- How trauma impacts a youth depends on numerous risk and protective factors that interact with one another

Screening for trauma impacts is necessary to determine which youth are in need of treatment after exposure.

PTSD



Intersectionality & Trauma Impacts

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

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

Concerns Regarding Screening Youth for Trauma

- Youth will be triggered, in high distress from the screening.
- Youth may not be fully open and honest.
- Youth may disclose a new abuse that I must report.
- Asking about trauma will damage rapport.
- I won't know how to respond to what youth shares.

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

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

Trauma Screening & Youth Distress

- Study on over 10,000 youth ages 6 – 18 completing the CATS trauma screening as part of intake and asked about the experience:
 - **Very few (5%) reported high level of upset**
 - **Most (68%) reported no or mild distress**

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

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 2.0 - Overview

- Child and caregiver (ages 7 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!

**CHILD AND ADOLESCENT TRAUMA SCREEN 2 (CATS-2)
SELF REPORT (7-17 YEARS)**

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.

	YES	NO
1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.	<input type="radio"/>	<input type="radio"/>
2. Serious accident or injury like a car/bike crash, dog bite, or sports injury.	<input type="radio"/>	<input type="radio"/>
3. Threatened, hit or hurt badly in my family.	<input type="radio"/>	<input type="radio"/>
4. Threatened, hit or hurt badly in school or the community.	<input type="radio"/>	<input type="radio"/>
5. Attacked, stabbed, shot at or robbed by threat.	<input type="radio"/>	<input type="radio"/>
6. Seeing someone in my family threatened, hit or hurt badly.	<input type="radio"/>	<input type="radio"/>
7. Seeing someone in school or the community threatened, hit or hurt badly.	<input type="radio"/>	<input type="radio"/>
8. Someone doing sexual things to me or making me do sexual things to them when I couldn't say no. Or when I was forced or pressured.	<input type="radio"/>	<input type="radio"/>
9. On line or in social media, someone asking or pressuring me to do something sexual. Like take or send pictures.	<input type="radio"/>	<input type="radio"/>
10. Someone bullying me in person. Saying very mean things that scare me.	<input type="radio"/>	<input type="radio"/>
11. Someone bullying me online. Saying very mean things that scare me.	<input type="radio"/>	<input type="radio"/>
12. Someone close to me dying suddenly or violently.	<input type="radio"/>	<input type="radio"/>
13. Stressful or scary medical procedure.	<input type="radio"/>	<input type="radio"/>
14. Being around war.	<input type="radio"/>	<input type="radio"/>
15. Other stressful or scary event? <i>Describe:</i> _____	<input type="radio"/>	<input type="radio"/>
16. Which event(s) are bothering you the most? _____		

Turn the page and answer the next questions about all the scary or stressful events that happened to you.

Mark 0, 1, 2 or 3 for how often you had the following thoughts, feelings, or problems in the last four weeks: 0 = Never / 1 = Sometimes / 2 = Often / 3 = Almost always

1. Upsetting thoughts or memories about what happened pop into my head.	0	1	2	3
2. Bad dreams reminding me of what happened.	0	1	2	3
3. Pictures in my head of what happened. Feels like it is happening right now.	0	1	2	3
4. Feeling very upset when I am reminded of what happened.	0	1	2	3
5. Strong feelings in my body when I am reminded of what happened (sweating, heart beating fast, upset stomach).	0	1	2	3
6. Trying not to think about what happened. Or to not have feelings about it.	0	1	2	3
7. Staying away from anything that reminds me of what happened (people, places, things, situations, talk).	0	1	2	3
8. Not being able to remember part of what happened.	0	1	2	3
9. Having negative thoughts, such as:				
a. I won't have a good life.	0	1	2	3
b. I can't trust other people.	0	1	2	3
c. The world is unsafe.	0	1	2	3
d. I am not good enough.	0	1	2	3
10. Blaming for the event(s)				
a. Blaming myself for what happened.	0	1	2	3
b. Blaming someone else for what happened although it wasn't their fault.	0	1	2	3
11. Upsetting feelings (afraid, angry, guilty, ashamed) a lot of the time.	0	1	2	3
12. Not wanting to do things I used to do.	0	1	2	3
13. Not feeling close to people.	0	1	2	3
14. Not being able to have happy feelings.	0	1	2	3
15. Managing strong feelings				
a. It is very hard to calm down when I am upset.	0	1	2	3
b. 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 (checking to see who is around me).	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:

	YES	NO		YES	NO
1. Getting along with others	<input type="radio"/>	<input type="radio"/>	4. Family relationships	<input type="radio"/>	<input type="radio"/>
2. Hobbies/Fun	<input type="radio"/>	<input type="radio"/>	5. General happiness	<input type="radio"/>	<input type="radio"/>
3. School or work	<input type="radio"/>	<input type="radio"/>			

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 if 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 = _____

CATS 7-17 Years Score <15 Normal. Not clinically elevated.	CATS 7-17 Years Score 15-20 Moderate trauma-related distress.	CATS 7-17 Years Score ≥ 21* Elevated distress. Positive Screening threshold. *	CATS 7-17 Years Score ≥ 25* 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

Scoring Practice

- Refer to documents “Practice CATS” and “Scoring Sheet”
- What trauma events are reported?
- What is overall symptom severity? (Dimensional Scoring)
- What are PTSD symptoms reported? (Categorical Scoring)

CHILD AND ADOLESCENT TRAUMA SCREEN 2 (CATS-2)
 SELF REPORT (7-17 YEARS)

NAME: Training EX 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.

	YES	NO
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4. Threatened, hit or hurt badly in school or the community.	<input type="radio"/>	<input checked="" type="radio"/>
5. Attacked, stabbed, shot at or robbed by threat.	<input type="radio"/>	<input checked="" type="radio"/>
6. Seeing someone in my family threatened, hit or hurt badly.	<input checked="" type="radio"/>	<input type="radio"/>
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14. Being around war.	<input type="radio"/>	<input checked="" type="radio"/>
15. Other stressful or scary event? Describe: _____	<input type="radio"/>	<input checked="" type="radio"/>
16. Which event(s) are bothering you the most? <u>Sexual abuse & fighting at home</u>		

Turn the page and answer the next questions about all the scary or stressful events that happened to you.

Mark 0, 1, 2 or 3 for how often you had the following thoughts, feelings, or problems in the last four weeks; 0 = Never / 1 = Sometimes / 2 = Often / 3 = Almost always

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2. Bad dreams reminding me of what happened.	0	1	2	3
3. Pictures in my head of what happened. Feels like it is happening right now.	0	1	2	3
4. Feeling very upset when I am reminded of what happened.	0	1	2	3
5. Strong feelings in my body when I am reminded of what happened (sweating, heart beating fast, upset stomach).	0	1	2	3
6. Trying not to think about what happened. Or to not have feelings about it.	0	1	2	3
7. Staying away from anything that reminds me of what happened (people, places, things, situations, talks).	0	1	2	3
8. Not being able to remember part of what happened.	0	1	2	3
9. Having negative thoughts, such as: a. I won't have a good life. b. I can't trust other people. c. The world is unsafe. d. I am not good enough.	0	1	2	3
10. Blaming for the event(s) a. Blaming myself for what happened. b. Blaming someone else for what happened.	0	1	2	3
11. Upsetting feelings (afraid, angry, ashamed) a lot of the time.	0	1	2	3
12. Not wanting to do things I used to do.	0	1	2	3
13. Not feeling close to people.	0	1	2	3
14. Not being able to have happy feelings.	0	1	2	3
15. Managing strong feelings a. It is very hard to calm down when I am upset. b. Feeling mad. Having fits of anger and talking.	0	1	2	3
16. Doing unsafe things.	0	1	2	3
17. Being overly careful (checking to see who is around me).	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	YES	NO	4. Family relationships	YES	NO
2. Hobbies/Fun	<input type="radio"/>	<input checked="" type="radio"/>	5. General happiness	<input checked="" type="radio"/>	<input type="radio"/>
3. School or work	<input checked="" type="radio"/>	<input type="radio"/>			

Scoring Does this youth need trauma treatment?

DIMENSIONAL SCORING

Child's Name: _____ Date of Assessment: _____ Index Traumatic Event(s): Sexual abuse ; family fighting

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 = 38

CATS 7-17 Years Score <15 Normal. Not clinically elevated.	CATS 7-17 Years Score 15-20 Moderate trauma-related distress.	CATS 7-17 Years Score ≥ 21* Elevated distress. Positive Screening threshold. *	CATS 7-17 Years Score ≥ 25* 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	5	1+	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Avoidance Items 6-7	2	1+	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Negative Mood/Cognitions Items 8-14 (highest of #9, #10 and #15)	4	2+	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Hyperarousal Items 15-20	3	2+	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Functional Impairment Set of 1-5 Yes/No questions	3	1+	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Probable DSM-5 PTSD Diagnosis*			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Interpreting Trauma Screening

Child Report

- CATS Total Severity Level
- 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
- DHS/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.

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

- Copeland, W.E., Keeler G., Angold, A., & Costello, E.J. (2007). Traumatic Events and Posttraumatic Stress in Childhood. *Archives of General Psychiatry*. 64(5), 577-584.
- Sachser, C., Berliner, L., Risch, E., Rosner, R., Birkeland, M., Eilers, R., Hafstad, G., Pfiesser, 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*.

Thank You!

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