# Child Welfare Guidelines on Screening for Trauma Symptomatology in Children

## Introduction

These guidelines are designed to assist child welfare (CW) workers in appropriately using a trauma screening approach with children in the CW system. Research shows that many children in the CW system have experienced trauma and present with associated symptoms and behaviors that can have long-term implications if left untreated. Through an appropriate trauma screening, children identified with trauma-related needs can be referred for a more in-depth trauma-informed mental health assessment, and therefore, be provided with trauma-focused services as early as possible to allow them to recover from trauma. These guidelines discuss considerations that should be taken before, during, and after a trauma screening to improve its efficacy.

## Preparing for the Screening

**Become aware of the difference between a trauma screening and a trauma-informed mental health assessment.** It is important that the CW worker has a clear understanding of the difference between these two. Each has its unique purposes and goals, and with that, each is administered differently. A trauma screening is universally administered to children in the CW system and is typically brief. A trauma-informed mental health assessment is a comprehensive process of evaluation that is completed by a licensed mental health clinician in order to determine treatment planning.

**Develop an understanding of trauma and its associated symptoms and behaviors.** For a CW worker to fully capture the benefits of a trauma screening and other CW trauma-informed responses, it is crucial that he/she has a basic understanding of child trauma. A good training for this specific guideline would be the National Child Traumatic Stress Network's (NCTSN's) *Child Welfare Trauma Training Toolkit*, which is designed to teach basic, knowledge, skills, and values about working with children in the CW system that have experienced traumatic events. [1]

**Identify the timeframe that the screening will take place.** A trauma screening should be completed as early as possible upon a child's entry into care. While it may be too early to administer at the point of removal, best practices suggest administering the screening between 72 hours and 30 days after initial contact. However, the timeframe will vary depending on the CW system and should be synced to other activities completed by the CW worker.

**Identify if the screening will be administered to the child or caregiver, as appropriate.** It is important to evaluate during the initial contact(s) if it would be more appropriate to administer the screening to the child or by asking the caregiver the questions about the child. This decision will be informed by the age of the child, the knowledge that the caregiver has of the child's symptoms, and the willingness for either to share this information. Screening tools are not interchangeable, meaning that a tool that is intended for a child cannot be administered to an adult and vice-versa

**Pilot test the screening tool with a colleague.** Asking questions regarding trauma exposure and symptoms may be somewhat uncomfortable and it is recommended that CW workers practice this administration with a colleague to become more comfortable with the language and managing various responses.

## During the Screening

**Develop rapport with child and/or caregiver(s) as much as possible.** Building rapport and connection with the child and/or caregiver(s) lays the necessary groundwork to support a successful relationship throughout the duration of the case.

**Explain directly to the child and caregiver(s), if appropriate, the reasons for the screening.** It is important that that the CW worker uses clear and straightforward language when explaining the purpose of the screener, how it will be used, and with whom it will be shared. Explain that CW services works with many families and individuals who have a broad range of experiences, and this screening is an attempt to under-

## During the Screening (continued)

stand their family's unique experience. It is also important to convey a sincere interest in the child and how the child may be helped, as needed.

**Offer the option of not answering questions.** While it is ideal that every question is answered, explain to the child and/or caregiver that they have the option of not answering a question if they feel uncomfortable. They also have the option of coming back and answering a question later, if desired.

**Give families the option of self-administering the questionnaire, if appropriate.** If the child has the developmental capacity to read and complete a screening tool, then it may be appropriate to ask the child to respond to the questions in writing, depending on the type of tool that is being used.[2]

**Screening should elicit yes or no answers.** As mentioned above, a trauma-informed mental health assessment is comprehensive. It will assess for the severity of the trauma symptoms and behaviors and the impact on the child's functioning. In contrast, the trauma screening should elicit yes or no answers without the need for any further information. A screener would indicate whether the child would benefit from a trauma-informed mental health assessment.

**Conclude the screen with a brief discussion of its implications for case planning and for any necessary immediate intervention.** This will begin to connect trauma concerns with the rest of the problems and goals, as related to the family's involvement with CW. Immediate interventions would be related to any risks that may have been identified during the screening process.

## After the Screening

**Results should be documented in each child's case plan.**[3] The results of a trauma screener should determine whether a child would benefit from a trauma-informed assessment. This should be clearly documented in the child's case plan.

**Interviewer should have some awareness of managing the effects of secondary/vicarious trauma that may emerge when asking a child about his or her traumatic experiences.** One concern that has arisen for caseworkers who conduct trauma screening is the effect that hearing about additional traumas and effects that the child has experienced can be difficult for the caseworker[2]. Therefore, the CW worker should understand the dynamics of secondary/vicarious trauma, as well as have a self-care plan in place. In addition, CW services should have an organizational policy in place to address secondary/vicarious trauma.

## Concluding Note

Screenings are only beneficial if there are follow-up procedures and resources for handling positive screens, such as the ability to review results with and provide feedback to the individual after the screening, sufficient resources to complete a thorough assessment or to make an appropriate referral for a trauma-informed mental health assessment, treatment planning processes that can easily incorporate additional trauma-informed care objectives and goals, and availability and access to trauma-specific services that match the client's needs. Screening is only the first step![4]

## References


1. National Child Traumatic Stress Network (2013). *Child welfare trauma training toolkit* (2nd ed.). Retrieved from http://www.nctsnet.org/products/child-welfare-trauma-training-toolkit-2008
2. Conradi, L., Wherry, J., & Kisiel, C. (2011). Linking child welfare and mental health using trauma-informed screening and assessment practices. *Child Welfare, 90*(6), 129-148.
3. Michigan Substance Abuse/Child Welfare State Team. (2009). Michigan substance abuse/child welfare protocol for screening, assessment and family engagement for retention and recovery (SAFERR). Retrieved from http://www.michigan.gov/documents/mdch/SAFERR_Protocol_Manual_Dec2009_web_402832_7.pdf
4. Substance Abuse and Mental Health Services Administration. (2014). Trauma-informed care in behavioral health services. *Treatment Improvement Protocol (TIP) Series 57*. HHS Publication No. (SMA) 13-4801. . Retrieved from http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816