

TRAUMA SCREENING CHECKLIST (AGES 0-5)

Michigan Department of Health and Human Services

Complete and score the checklist according to instructions on the attached Trauma Screening Checklist Instruction Guide. Reference the attached Trauma Screening Checklist Definitions, if needed. When completed, refer to the Children's Services Agency Trauma Protocol/Trauma Screening Best Practices Guide for further case planning based on results.

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|---|---|-----|
| Child's Name | Child's Date of Birth | Sex |
| Person ID (Child) | Case ID | |
| Parent/Caregiver Name | Date | |
| County/Agency | Completed by <input type="checkbox"/> Foster Care <input type="checkbox"/> CPS | |
| This checklist completed based on an interview with <input type="checkbox"/> Child <input type="checkbox"/> Parent/Caregiver | | |

SECTION 1 – CHECK EACH ITEM WHERE THE TRAUMA IS KNOWN OR SUSPECTED. Note: Endorsing exposure items does not necessarily mean substantiation of the child's experience; it is for screening purposes only.

Are you aware or do you suspect the child has ever experienced or been exposed to any of the following **types of trauma**?

| | |
|--|---|
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Prenatal exposure to alcohol/drugs or maternal stress during pregnancy |
| <input type="checkbox"/> Neglectful home environment | <input type="checkbox"/> Lengthy or multiple separations from parent |
| <input type="checkbox"/> Emotional abuse | <input type="checkbox"/> Placement outside of home (foster care, kinship care, residential) |
| <input type="checkbox"/> Exposure to domestic violence | <input type="checkbox"/> Loss of significant people, places, etc. |
| <input type="checkbox"/> Exposure to other chronic violence | <input type="checkbox"/> Frequent/multiple moves; homelessness |
| <input type="checkbox"/> Sexual abuse or exposure | <input type="checkbox"/> Other (indicate) _____ |
| <input type="checkbox"/> Parental substance abuse | |
| <input type="checkbox"/> Impaired parenting (mental illness) | |
| <input type="checkbox"/> Exposure to drug activity aside from parental use | |

SECTIONS 2 – 4: CHECK EACH BEHAVIOR THAT HAS BEEN OBSERVED IN THE LAST 180 DAYS.

SECTION 2

Does the child show any of the following **behaviors**?

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|--|---|
| <input type="checkbox"/> Aggression towards self; self-harm | <input type="checkbox"/> Difficulty with sleeping, eating, or toileting |
| <input type="checkbox"/> Excessive aggression or violence towards others | <input type="checkbox"/> Social/developmental delays in comparison to peers |
| <input type="checkbox"/> Explosive behavior (going from 0-100 instantly) | <input type="checkbox"/> Repetitive violence and/or sexual play (or maltreatment themes) |
| <input type="checkbox"/> Hyperactivity, distractibility, inattention | <input type="checkbox"/> Unpredictable/sudden changes in behavior (i.e., attention, play) |
| <input type="checkbox"/> Excessively shy | <input type="checkbox"/> Other (indicate) _____ |
| <input type="checkbox"/> Oppositional and/or defiant behavior | |
| <input type="checkbox"/> Sexual behaviors not typical for age | |

SECTION 3

Does the child exhibit any of the following **emotions/moods**?

| | |
|--|---|
| <input type="checkbox"/> Excessive mood swings | <input type="checkbox"/> Flat affect, very withdrawn, seems emotionally numb or "zoned out" |
| <input type="checkbox"/> Frequent, intense anger | <input type="checkbox"/> Other (indicate) _____ |
| <input type="checkbox"/> Chronic sadness, doesn't seem to enjoy any activities, depressed mood | |

SECTION 4

Does the child have any of the following **relational/attachment difficulties**?

| | |
|--|--|
| <input type="checkbox"/> Lack of eye contact, or avoids contact | <input type="checkbox"/> Doesn't reciprocate when hugged, smiled at, spoken to |
| <input type="checkbox"/> Sad or empty-eyed appearance | <input type="checkbox"/> Has difficulty in preschool or daycare |
| <input type="checkbox"/> Overly friendly with strangers (lack of appropriate stranger anxiety) | <input type="checkbox"/> Doesn't seek comfort when hurt or frightened; shakes it off, or doesn't seem to feel it |
| <input type="checkbox"/> Vacillation between clinginess and disengagement and/or aggression | <input type="checkbox"/> Other (indicate) _____ |

TOTAL ENDORSEMENTS (add all marked checkboxes)

TRAUMA SCREENING CHECKLIST (AGES 0-5)

TRAUMA SCREENING CHECKLIST INSTRUCTION GUIDE

PURPOSE

Caseworkers who complete the screen should have a basic understanding of trauma, its symptoms, and its potential impact to a child's functioning. A completed Trauma Screening Checklist provides information for workers to recognize trauma, its impact, and assists with case planning and building resiliency. The Trauma Screening Checklist is not intended to be used to make a clinical diagnosis. The Trauma Screening Checklist can be used as a tool to monitor progress and document changes in mood, behavior, attachment and school functioning with each completion of the screen.

ADMINISTRATION AND SCORING

The Trauma Screening Checklist should be administered to the child and the parent/caregiver. An interview of the child should depend on their intellectual, developmental, and emotional capability and their successful completion of a forensic interview. The parent should be interviewed if possible. If the parent is not available, or if the permanency plan is not reunification, the foster parent or caregiver should be interviewed.

1. Prior to interviewing, build rapport with the child and/or parent/caregiver.
2. Conduct separate interviews in a conversational manner with the child and parent/caregiver. For guidance, utilize the Tips for Administration below.
3. Complete the Trauma Screening Checklist based on: the completed interview, the review of past records, and any contacts with collateral sources. Traumas identified in Section 1 are known or suspected, and do not have to be substantiated. Consult with your supervisor if you are uncertain about whether to check a particular item. Refer to the Trauma Screening Checklist Definitions for definitions of traumatic events and/or behaviors.
4. Sections 2-4 should be completed based on the **past 180 days**.
5. Determine total score of all sections combined. Each check mark is an endorsement and yields a score of "1."
6. If the score on the child's completed Trauma Screening Checklist differs from the score on the parent/caregiver completed Trauma Screening Checklist, utilize the Trauma Screening Checklist with the higher score for case planning and making referrals.
7. Refer to the Children's Services Agency Trauma Protocol, which includes the Trauma Screening Best Practices Guide, to determine how to proceed.
8. Upload completed Trauma Screening Checklist into the Person Overview section of MiSACWIS. Label Trauma Screening Checklist, followed by the date it was administered.
9. Rescreening is required within 180 days of the initial screening and prior to case closure. Additional screenings are recommended following significant changes within the child's life (placement change, goal change, traumatic event, etc.) and can be completed with supervisory discretion to assist with further assessment or case planning as needed.

**TRAUMA SCREENING CHECKLIST (AGES 0-5)
TIPS FOR ADMINISTRATION OF TRAUMA SCREENING CHECKLIST**

| With a Child/Youth | With a Parent/Caregiver |
|--|---|
| Build rapport with the child by reminding him/her that he/she knows themselves best, which is why you want to learn all you can directly from him/her. | Build rapport with the parent/caregiver by assuring him/her that you understand he/she knows their child best, which is why you want to learn all you can directly from them. |
| Utilize MiTEAM competencies and skills, strength-based, solution-focused interviewing strategies to elicit information. | Utilize MiTEAM competencies and skills, strength-based, solution-focused interviewing strategies to elicit information. Recognize and validate the parent/caregiver support for the well-being of the child. |
| Empower the child by valuing his/her own perceptions of his/her experiences. Educate the child, in an age appropriate manner, on the impact. Explain that trauma is something that was done to him/her or something he/she experienced (not something he/she caused). Normalize reactions to traumatic events the child has experienced. | To enhance engagement, normalize the parent/caregiver reaction to stress and/or self-blame. Educate the parent/caregiver on reactions to trauma. Explore past traumatic events experienced by the child, potentially linking the child's experiences with the parent/caregiver past trauma to create empathy and understanding for the child. Frame the child's challenging behaviors as the possible impact of traumatic events. |
| Summarize the results of the Trauma Screening Checklist. Explain that the results will be used to plan for his/her safety and effective services. Generate hopefulness for his/her future. | Summarize the results of the Trauma Screening Checklist. Explain that the results will be used to plan for the child's safety and effective services. Generate hopefulness for the child's future. |

TRAUMA SCREENING CHECKLIST DEFINITIONS (AGES 0-5)

SECTION 1: TYPES OF POTENTIALLY TRAUMATIC EVENTS

| Type | Working Definition |
|---------------------------------------|---|
| Physical abuse | The child experienced an actual or attempted infliction of physical pain such as hitting, slapping, burns, and/or bruising by a parent, caregiver or adult. |
| Suspected neglectful home environment | The child experienced an absence of such things as food, clothing, or shelter, left alone for long periods of time relative to age, or left for extended periods of time to care for siblings; parent/caregiver failure to protect from known or suspected threat of harm, and/or absence of needed medical care. |
| Emotional abuse | The child experienced verbal abuse (insults, debasement, threats of violence), emotional abuse (bullying, terrorizing, coercive control), belittling and/or humiliating interactions, purposefully shaming the child, or exploitation by the parent/caregiver. |
| Exposure to domestic violence | The child experienced exposure (either actually witnessing, hearing, or being in the home) to emotional abuse, actual/attempted physical or sexual assault, or aggressive control perpetrated between a parent/caregiver and another adult in the child's home environment. |
| Exposure to other chronic violence | The child experienced or witnessed extreme violence or threats of violence in the community such as neighborhood or gang violence, or the child experienced exposure to school violence or severe bullying. |

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| Sexual abuse or exposure | The child experienced an actual or attempted sexual contact such as fondling, genital contact by a parent/caregiver and/or another adult and/or a much older youth, and/or exposure to age-inappropriate sexual material or environment. |
| Parental substance abuse | Parental substance use resulting in an inability to care for child's developmental needs on a routine basis; illegal substance use resulting in disruption of response to child's needs being met in a developmentally appropriate manner. |
| Impaired parenting (mental illness) | As the result of parent/caregiver mental illness, cognitive delays, or their own unresolved trauma, parent/caregiver behavior is erratic and/or unpredictable, or the parent/caregiver does not have the capacity and therefore fails to meet the basic needs of child. |
| Exposure to drug activity aside from parental use | Parent/Caregiver operating and/or distributing drug growing/manufacturing operation within the home. May include frequent and chronic traffic in and out of the home secondary to substance abuse and/or criminal drug activity. |
| Prenatal exposure to alcohol/drugs or maternal stress during pregnancy | Child was prenatally exposed to alcohol/drugs as indicated by the mother's disclosure and/or documented legal action, and/or mother/child testing positive at birth for alcohol/drugs. Mother experienced chronic exposure to domestic violence during pregnancy and/or significant overwhelming relational distress. |
| Lengthy or multiple separations from parent or primary caregiver | Two or more abrupt, unexplained, and/or indefinite separations from a parent, primary caregiver, or sibling due to circumstances beyond the child's control. These separations may or may not have been related to the child's entry into foster care. |
| Placement outside of the home (foster care, kinship care, residential, hospitalization) | The child has been involuntarily placed in a hospital (medical/psychiatric) or foster care separating him/her from the care of his/her parents with only supervised access to his/her caregivers. Child has experienced multiple hospitalizations or intrusive medical procedures impacting the child's developmental trajectory. |
| Loss of significant people, places, etc. | The child experienced an expected loss of someone close to him/her, or witnessed homicide, suicide, motor vehicle accident, drug overdose or experienced significant losses due to natural disaster/events. Significant primary relationship(s) may no longer be available. |
| Frequent/multiple moves; homelessness | The child experienced homelessness, "couch-surfing" alone or with parents between friends/relatives' residences and/or lived in an emergency shelter for an extended amount of time. |

SECTIONS 2 – 4: BEHAVIORS, MOODS, ATTACHMENT ISSUES

The section on behaviors (B), emotions/moods (M), and attachment (A) (under age 6) is written in common terms. Variation in how front-line workers may interpret items is acceptable. If the child is displaying behaviors or concerns not listed, please write them in the "other" field on the checklist.

| Behavior/Mood/Attachment | Working Definition |
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| Excessive aggression or violence towards others (B) (Ages 0-18) | Excessive behaviors that cause psychological or physical harm to another individual/or surroundings. |

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| Excessive aggression or violence towards self/self-harm (B) (Ages 0-18) | Child may bite, bang head, pull own hair, hit self, or intentionally put self in harm's way (i.e. running into traffic or other unsafe situations). Includes cutting behaviors. |
| Explosive behavior (going from 0-100 instantly) (B) (Ages 0-18) | Episodes of impulsive, aggressive, violent behavior or angry verbal outbursts in which the reaction is grossly out of proportion to the situation. Also includes excessively prolonged episodes from which it is difficult for child to become calm again. |
| Hyperactivity, distractibility, inattention (B) (Ages 0-18) | Child may have increased arousal and/or difficulty with concentration and task completion, e.g. child may struggle completing schoolwork or have difficulty forming strong peer relationships. |
| Excessively shy (B) (Ages 0-18) | Child may cling to parent/caregiver, avoid eye contact or refuse to speak even after allowed a period of time that is developmentally appropriate to become familiar with a new person or situation. |
| Oppositional and/or defiant behavior (B) (Ages 0-18) | Child/youth may behave in negative or hostile ways, frequently argue and refuse to comply with rules, become physically or verbally aggressive, destroy property, steal, break the law, start fires or run away. |
| Sexual behaviors not typical for child's age (B) (Ages 0-18) | Attempts to insert objects in another child's vagina and/or rectum and/or perform oral sex, or attempts to insert objects in animals. Simulates sex through humping of stuffed animals, pillows, and/or live animals may also occur. Hypersexualized play is repetitive and may continue without some intervention. Verbalizes sexual acts in a coercive, threatening or seductive behavior that is repetitive and does not respond to redirection. |
| Difficulty sleeping, eating or toileting (B) (Ages 0-18) | May have nightmares, trouble falling asleep, wake up frequently, thrash in sleep, wake easily, be an excessively picky eater, fail to gain weight, hoard or hide food, refuse to eat, only eat certain foods at certain times. |
| Social/developmental delays in comparison to peers (B) (Ages 0-5) | Inability to read social cues with peers, inability to appropriately engage peers, has difficulty sharing and is prone to regressing into tantrums if he/she does not get way with others. |
| Repetitive violent and/or sexual play (or maltreatment themes) (B) (Ages 0-5) | Violent or physically intense play that appears repetitive and is not resolved in the play, lack of empathy in violent play, sexual play that involves developmentally inappropriate sexual themes or knowledge, such as intercourse, oral sex, and placing objects into the vaginal and/or rectal openings of dolls or other play characters. Removing clothes from dolls is not in and of itself a concern. |
| Unpredictable/sudden changes in behavior (i.e. attention, play) (B) (Ages 0-5) | Child seems to have regressed and is now playing or behaving in a much younger fashion than before, seemingly as if the child were much younger in age than he/she is. |
| Excessive mood swings (M) (Ages 0-18) | Extreme changes from being happy to angry to sad, back to happy within short periods of time with no apparent environmental changes. |

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| Frequent, intense anger (M) (Ages 0-18) | Quick to anger, anger out of proportion to event, extreme anger, may destroy property when in throes of outburst. |
| Chronic sadness, doesn't seem to enjoy any activities, depressed mood (M) (Ages 0-18) | Low energy, lethargic, hard to engage, no joy or enjoyment. |
| Flat affect, very withdrawn, seems emotionally numb or "zoned out" (M) (Ages 0-18) | Facial expression doesn't change to reflect changes in emotional content of the conversation. |
| Lack of eye contact, or avoids eye contact (A) (Ages 0-18) | Averts eye contact with interviewer as well as parent/caregiver. Parent/Caregiver and child do not seem to respond to each other's gaze for purposes of redirection, acknowledgement, permission, etc. |
| Sad or empty eyed appearance (A) (Ages 0-5) | Lack of spark in eye, facial expression does not change; sullen appearance. Lack of positive affect. |
| Overly friendly with strangers; lack of appropriate stranger anxiety; lack of appropriate boundaries in relationships (A) (Ages 0-18) | Exhibits over familiarity, will hold hands/touch, sit on lap, ask intrusive questions, and attend to new person rather than observing caregiver's interaction and cues with a new person. |
| Vacillation between clinginess and disengagement and/or aggression (A) (Ages 0-5) | An insatiable need for relatedness which results in "clinginess" where the child must cling to the parent/caregiver or adult. The child keeps clinging but never feels safe and secure. Child is angry/disappointed because he/she can't have the full attention of the other, he/she may disengage and/or become aggressive. Child may physically lash out, physically retreat, and/or become emotionally flat. |
| Doesn't reciprocate when hugged, smiled at, spoken to (A) (Ages 0-5) | If other initiates hugs, smiles, etc., the child fails to respond, or child attempts to distance self from the contact. |
| Doesn't seek comfort when hurt or frightened; shakes it off, or doesn't seem to feel it (A) (Ages 0-18) | When getting hurt, the child seems to either not feel the pain or brushes it off quickly, does not seek adult comfort for pain or fear when it would be age-expected to do so. The child does not allow caregiver or adult to soothe when hurt or sad. Avoids touch, such as rubbing the back or putting on a Band-Aid, avoids being comforted. |
| Has difficulty in preschool or daycare (A) (Ages 0-5) | Child has extreme difficulty with peer relationships and/or regulation in a semi-structured setting. |

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