

Project Broadcast Trauma Screening Tool (Under Age 6) Initial Screen Re-Screen

Date: _____	County Case #: _____	SIS#: _____	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																				
Child Initials _____	SW Initials _____	<input type="checkbox"/> Assess/Invest	<input type="checkbox"/> In-Home	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Other (_____)																		

SECTION 1: QUESTIONS ABOUT POTENTIALLY TRAUMATIC EVENTS**A. Is the social worker or caregiver aware of or suspect the child has experienced?**

- | | |
|--|--|
| <input type="checkbox"/> Physical maltreatment or assault
<input type="checkbox"/> Sexual maltreatment or assault/rape
<input type="checkbox"/> Emotional maltreatment
<input type="checkbox"/> Basic physical needs not met
<input type="checkbox"/> Serious accident/illness/medical procedure
<input type="checkbox"/> Exposure to school violence and/or severe bullying
<input type="checkbox"/> Exposure to domestic violence
<input type="checkbox"/> Exposure to drug/substance abuse or related activity
<input type="checkbox"/> Incarceration and/or witnessing arrest of primary caregiver | <input type="checkbox"/> Traumatic death of a loved one
<input type="checkbox"/> Immigration trauma
<input type="checkbox"/> Natural disaster/war/terrorism
<input type="checkbox"/> Multiple separations from/or changes in primary caregiver
<input type="checkbox"/> Homelessness
<input type="checkbox"/> Exposure to community violence
<input type="checkbox"/> Human Trafficking Exposure – circle type(s) Sexual or Work/Labor
<input type="checkbox"/> Other: _____
<input type="checkbox"/> None |
|--|--|

SECTION 2: QUESTIONS FOR SOCIAL WORKER/CAREGIVER (check if occurred within the last six months)**A. Does the child show any of these behaviors?**

-
- Excessive aggression or violence toward property, animals, or others (including bullying)
-
-
- Preoccupied with violent and/or sexual interests
-
-
- Explosive behaviors (excessive and prolonged tantrums)
-
-
- Sleeping problems
-
-
- Eating problems (refusal, hoarding, stuffing, vomiting, eating nonfood)
-
-
- Withdrawn and/or excessively shy
-
-
- Sexual behavior not typical for child's age
-
-
- Recurring physical complaints with no apparent cause
-
-
- Disorganized behavioral states (i.e., attention, play)
-
-
- Bossy and demanding with adults and peers
-
-
- Regressed behavior (i.e., toileting, play)
-
-
- Other behavioral concerns: _____
-
-
- None

B. Does the child exhibit the following emotions/moods?

-
- Flat affect and/or withdrawn behavior
-
-
- Excessive worry
-
-
- Quick, explosive anger
-
-
- Chronic sadness and/or doesn't seem to enjoy any activities
-
-
- Other emotional/mood concerns: _____
-
-
- None

C. Does the child have problems in childcare/school?

-
- Difficulty with authority
-
-
- Attention and/or memory problems
-
-
- Difficulty with following instruction
-
-
- Difficulty interacting with peers
-
-
- Frequent calls or notes home about behaviors
-
-
- Other child care/school concerns: _____
-
-
- None

D. Does the child have relational and/or attachment difficulties?

-
- Lack of eye contact
-
-
- Sad or empty eyed appearance
-
-
- Overly friendly with strangers (lack of appropriate stranger anxiety)
-
-
- Alternates between clinginess and disengagement and/or aggression
-
-
- Failure to reciprocate (i.e., hugs, smiles, vocalization, play)
-
-
- Failure to seek comfort when hurt or frightened
-
-
- Difficulty using words
-
-
- Difficulty expressing feelings
-
-
- Other attachment/relational concerns: _____
-
-
- None

SECTION 3: SOCIAL WORKER DECISION AND ACTION TAKEN

DECISION: Yes No Screened-in for possible trauma exposure (Section 1) and/or symptoms (Section 2)

- REFERRED:** (check one)
- To NC-CTP rostered clinician for trauma-informed mental health assessment
- To non NC-CTP rostered clinician for trauma-informed mental health assessment
- Referred to general mental health assessment
- Other action/assessment not previously listed _____
- No referral at this time - Child in treatment with _____
- No referral at this time because _____

GUIDANCE FOR NEXT STEPS

- If both sections 1 and 2 have any items checked, child should be referred for a trauma-informed mental health assessment.
- If only one section has items checked, team should have a case staffing to determine the most appropriate next step.

Project Broadcast Trauma Screening Tool (Age 6-21)

Initial Screen Re-Screen

Date: _____ County Case #: _____ SIS#: _____

Child Initials: _____ SW Initials: _____

Assess/Invest In-Home Foster Care Other (_____)

SECTION 1: QUESTIONS ABOUT POTENTIALLY TRAUMATIC EVENTS

A. Is the social worker or caregiver aware of or suspect the child has experienced?

- | | |
|--|---|
| <input type="checkbox"/> Physical maltreatment or assault | <input type="checkbox"/> Traumatic death of a loved one |
| <input type="checkbox"/> Sexual maltreatment or assault/rape | <input type="checkbox"/> Immigration trauma |
| <input type="checkbox"/> Emotional maltreatment | <input type="checkbox"/> Natural disaster/war/terrorism |
| <input type="checkbox"/> Basic physical needs not met | <input type="checkbox"/> Multiple separations from/or changes in primary caregiver |
| <input type="checkbox"/> Serious accident/illness/medical procedure | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Exposure to school violence and/or severe bullying | <input type="checkbox"/> Exposure to community violence |
| <input type="checkbox"/> Exposure to domestic violence | <input type="checkbox"/> Human Trafficking Exposure – circle type(s) Sexual or Work/Labor |
| <input type="checkbox"/> Exposure to drug/substance abuse or related activity | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Incarceration and/or witnessing arrest of primary caregiver | <input type="checkbox"/> None |

B. TYPICAL SCRIPT TO CHILD: "Sometimes, very scary or upsetting things happen to people. These are times where someone was hurt very badly or killed, or could have been." (if yes below, check applicable item above)

- Yes No 1. Have you ever been hit, punched, and/or kicked very hard at home (exclude ordinary fights between brothers and sisters)?
- Yes No 2. Have you ever seen a family member being hit, punched, and/or kicked very hard?
- Yes No 3. Have you ever had an adult or someone bigger or older than you touch, or try to touch, you in areas that a bathing suit covers, or want you to touch them in those areas?
4. Tell me about any other scary things that have happened that we haven't already talked about.
- Did not answer Event disclosed in the previous three screening questions None occurred
- New event (traumatic) New event (not traumatic: would not fall into any of the categories of 1A)

C. Did the four screening questions in 1B above reveal a scary, dangerous or violent (i.e., potentially traumatic) experience that was unknown to you? Yes No If yes, did it require a new CPS referral Yes No

SECTION 2: QUESTIONS FOR SOCIAL WORKER/CAREGIVER (check if occurred within the last six months)

A. Does the child show any of these behaviors?

- Excessive aggression or violence toward property, animals, or others (including bullying)
- Preoccupied with violent and/or sexual interests
- Explosive behaviors (going from 0 to 100 from out of nowhere)
- Sleeping problems
- Eating problems (refusal, hoarding, stuffing, vomiting, eating nonfood)
- Withdrawn and/or excessively shy
- Sexual behavior not typical for child's age
- Recurring physical complaints with no apparent cause
- Mentioned suicide or acted in a potentially life-threatening way
- Deliberately harms self (cutting, burning, etc.)
- Negative, hostile or defiant behavior
- Drug or alcohol use
- Hyperactivity, distractibility, inattention, impulsivity
- Patterns of forgetfulness
- Other behavioral concerns: _____
- None

B. Does the child exhibit the following emotions/moods?

- Flat affect and/or withdrawn behavior
- Excessive worry
- Quick, explosive anger
- Chronic sadness and/or doesn't seem to enjoy any activities
- Excessive mood swings
- Tense and/or uptight
- Difficulty expressing feelings
- Other emotional/mood concerns: _____
- None

C. Does the child have problems in school?

- Difficulty with authority
- Attention and/or memory problems
- Low grades or academic decline
- Frequent trips to Principal's office and/or suspensions
- Excessive absences from school
- Other school concerns: _____
- None

SECTION 3: SOCIAL WORKER DECISION AND ACTION TAKEN

DECISION: Yes No Screened-in for possible trauma exposure (Section 1) and/or symptoms (Section 2)

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- ▶ If both sections 1 and 2 have any items checked, child should be referred for a trauma-informed mental health assessment.
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