Childhood Trauma Task Force

April 5, 2021

1pm-3pm

Agenda

- Updates on TIR Framework Distribution & COVID-19 report

- Trauma Screening Fundamentals:
  - Definitions
  - What do Screening Tools Measure?
  - Screening for Trauma or Mental Health?
  - Recap of 2019 CTTF Findings
  - Universal or Selective Screening?
  - State Initiatives from CA & CT

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Trauma Screening

Definitions

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Difference between Trauma Screening, Assessment, and Surveillance

Screening
Ex: UCLA PTSD RI

- Brief
- Not necessarily administered by clinician
- Goal: establishes need for assessment (or not)

Assessment
Ex: CANS-Trauma

- Much longer process
- Includes clinical interview, standardized measures, and/or behavioral observations
- Goal: in-depth understanding, referral for diagnosis/services

Surveillance
Ex: DPH ACEs/PCEs Grant

- De-identified questionnaire for aggregate data
- Goal: understand prevalence to inform policies, procedures, services offered within given setting (e.g. school, community, state)

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What is a Screening Tool?

- Brief measure designed to indicate whether further assessment is recommended
- Should be short (allow for administration and scoring in 30 minutes or less)
- Should be designed as a stand-alone measure, not a scale within a multi-scaled instrument
- Should be validated (measures what it was designed to measure, backed by research)

Source: Wevodau, Amy. (2016). Review of Trauma Screening Tools for Children and Adolescents. Available on *National Youth Screening & Assessment Partners*

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Why Are Trauma Screenings Used?

- Screening can uncover symptoms not readily apparent
  - For ex, internalizing behaviors often go unnoticed (or can be viewed as less problematic by parents, teachers, and other caregivers)
- Screening can identify children whose trauma history could otherwise go unnoticed
  - Non-verbal children (young children or children with IDD)
  - Children/caregivers who do not realize the impact of trauma

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What Do Trauma Screening Tools Measure?

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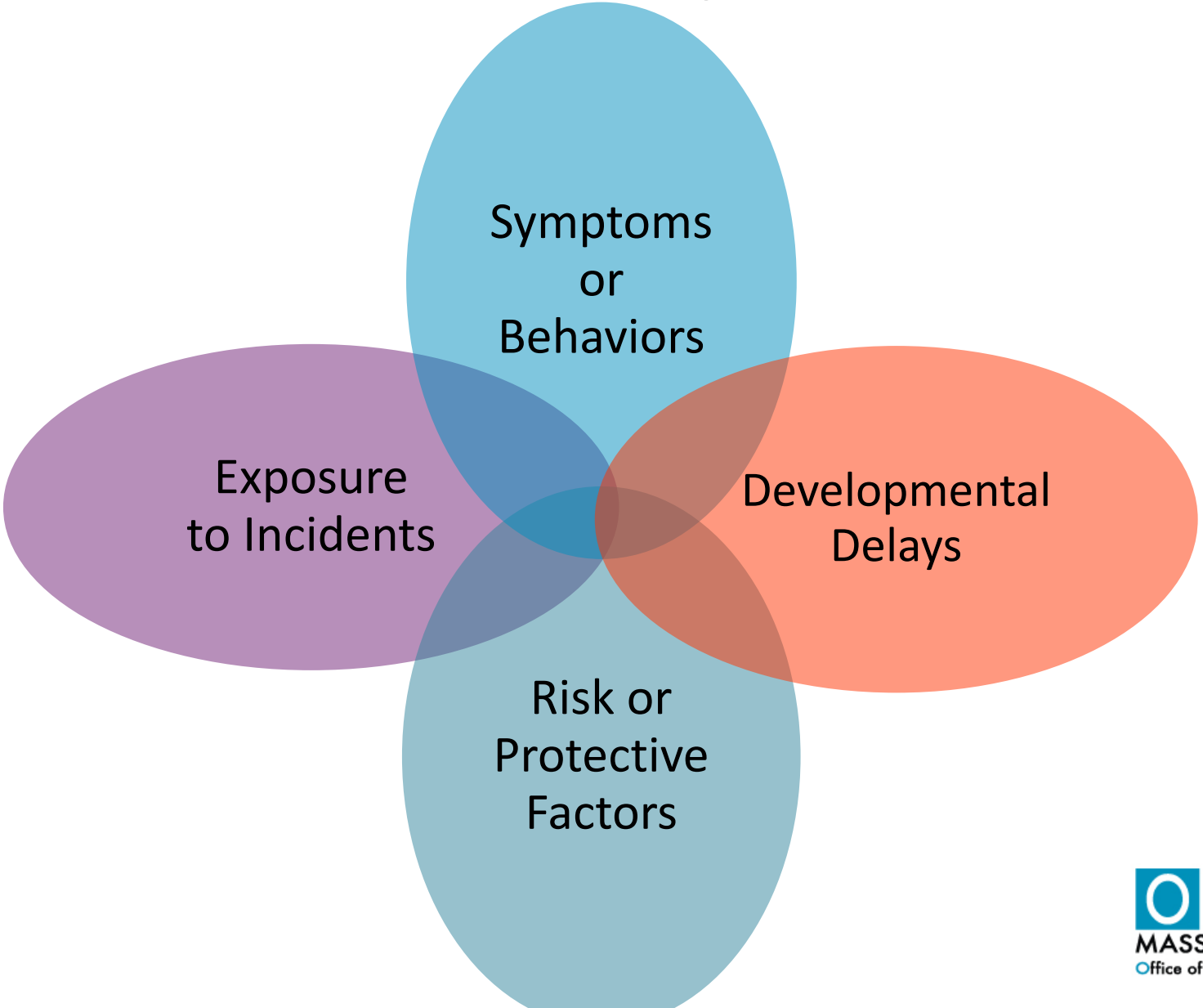
Types of Screening Tools used in Trauma-Informed and Responsive Care



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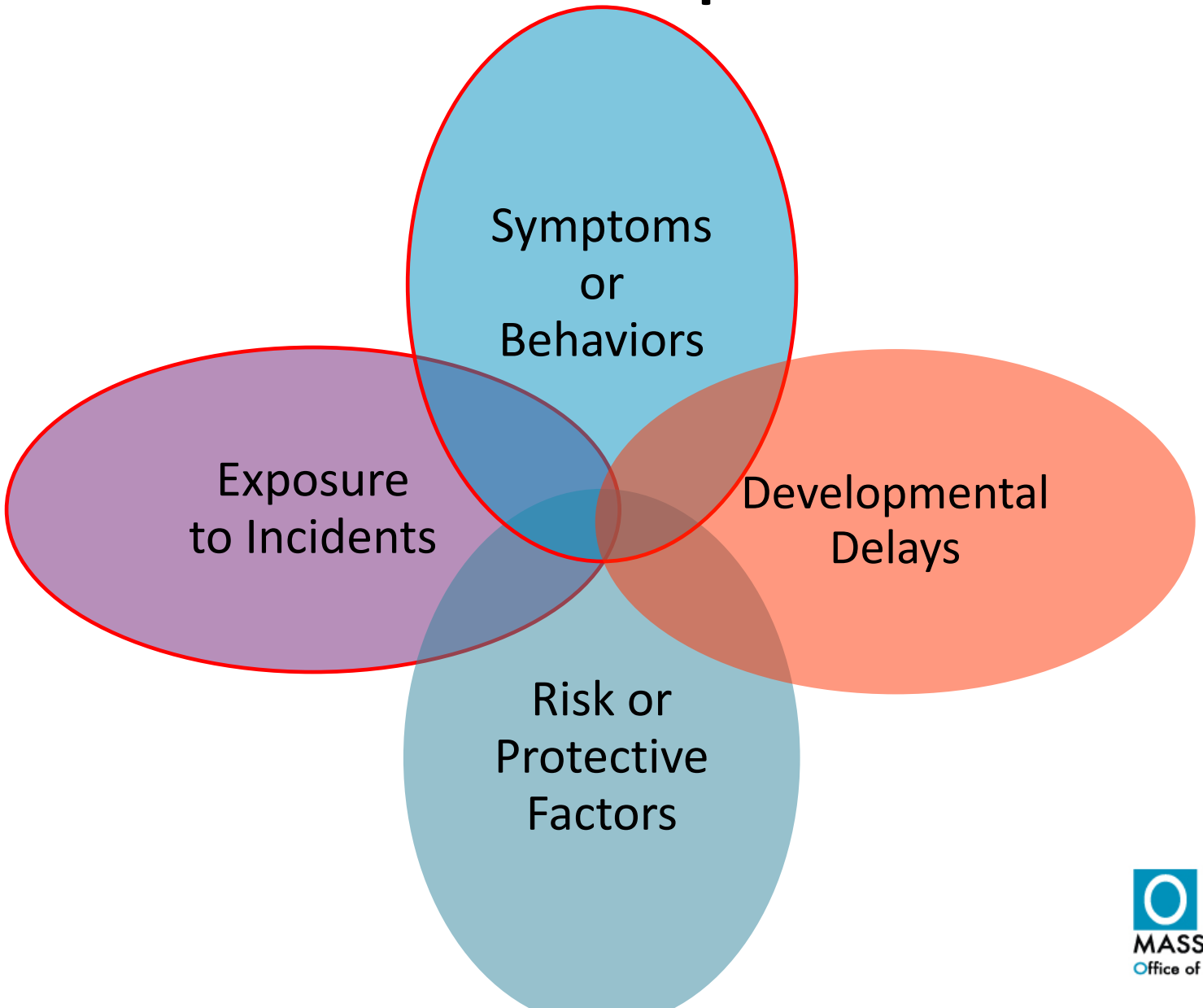
Types of Screening Tools used in Trauma-Informed and Responsive Care



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Tools Screening for Symptoms/ Behaviors

1. Symptoms of Post-Traumatic Stress Disorder (PTSD)

Ex: Child PTSD Symptom Scale (CPSS) measures symptoms (scale 0-4) that directly mirror those in the DSM-IV:

- *Having bad dreams or nightmares*
- *Trying to stay away from anything that reminds you of what happened (for example, people, places, or conversations about it)*
- *Getting angry easily (for example, yelling, hitting others, throwing things)*

2. Symptoms often associated with trauma, but not specifically for the cluster of symptoms associated with PTSD

Ex: Trauma Symptom Checklist of Children (TSCC) measures how often (scale 0-3) the following happen:

- *Scary ideas or pictures just pop into my head*
- *Pretending I am someone else*
- *Arguing too much*

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Tools Screening for Exposure to Potentially Traumatic Incident(s)

Degree and/or type of exposure (indirect or direct) to events that have the potential of being traumatizing

Ex: Juvenile Victimization Questionnaire (34 items, Yes/No answers)

- *At any time in your life, in real life, did you SEE anyone get attacked or hit on purpose WITH a stick, rock, gun, knife, or something that would hurt?*
- *During your childhood, did any kids, even a brother or sister, pick on you by chasing you, grabbing you, or by making you do something you didn't want to do?*
- *Was there a time in your life when your parents often had people over at the house who you were afraid to be around?*

Ex: Pediatric ACEs and Related Life Events Screener (PEARLS) includes 10-19 items (Yes/No answers—aggregated)

- *Has your child ever lived with a parent/caregiver who went to jail/prison?*
- *Do you think your child ever felt unsupported, unloved and/or unprotected?*
- *Has your child ever experienced sexual abuse?*

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Tools Screening for Developmental Delays

Exposure to trauma makes developmental delays (physical, emotional, cognitive) more likely

Ex: PEDS Response Form is a 10-item questionnaire to get caregivers' perspectives on their child for different developmental domains (Yes/No/A Little)

- *Do you have any concerns about how your child talks and makes speech sounds?*
- *Do you have any concerns about how your child understands what you say?*
- *Do you have any concerns about how your child is learning to do things for himself/herself?*

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Tools Screening for Risk Factors

- Social Determinants of Health (SDOH) have a strong influence on individuals' health outcomes.
- The CDC explains that "living in under-resourced or racially segregated neighborhoods, frequently moving, and experiencing food insecurity can cause toxic stress"

EX: Safe Environment for Every Kid (SEEK) asks caregivers some questions about SDOH (among other questions).

- *Do you need a smoke alarm for your home?*
- *Does anyone smoke tobacco at home?*
- *In the last year, did you worry that your food would run out before you got money, or food stamps to buy more?*

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Tools Screening for Protective Factors

"Positive Childhood Experiences show a dose-response association with adult mental and relational health, analogous to the cumulative effects of multiple ACEs."

Ex: Child & Youth Resilience Measure—Revised (CYRM-R) is a self-report tool for measures of social-ecological resilience. Children as young as 5 can fill it out (No/Sometimes/Yes):

- Do you share with people around you?
- Do you feel that your parent(s)/caregiver(s) know where you are and what you are doing all of the time?
- Do you have friends that care about you?

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Some Tools Screen for Multiple Domains

Safe Environment for Every Kid (SEEK) asks parents 20 questions about:

- Social Determinants of Health
- Potential child maltreatment
- Discipline
- Parental mental health and behavior
- Risk of Intimate Partner Violence

Child Traumatic Stress (CTS) asks children 10 questions about:

- Potentially traumatic events
- Symptoms of trauma

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Screening Tool Demographics (n=95)

(Compiled by Commonwealth Medicine, UMass)

Demographic	Findings
Dates Developed Range=1972 to 2018	Mean=2000, Median=2000
Number of Items Range=1 to 478 Mean=49.2 items Median=33.5 items	<10 items = 9% 11-25 items = 25% 26-50 items = 37% 51-100 items = 22% 101+ items = 7%
Population of Use Range=0 to 18 years +	Young Children/Preschool = 12% School Aged = 14% Adolescent = 23% Adult (18+) = 5% All ages (0-18)/Multiple Versions = 46%
Proprietary	Free/Available Online = 61% Cost associated = 39%
Language	English = 59% English/Spanish = 16% English/Spanish + Additional Languages = 25%
Administration Note: Many Tools have Multiple Versions (Self Report, Caregiver Report, etc.)	Self-Report = 38% Clinician Report = 29% Parent/Caregiver/Teacher Report = 33%

Screening Tool Categories

(Compiled by Commonwealth Medicine, UMass)

Category	%*
ACEs – Trauma Exposure/Trauma Screening	30%
Anxiety and Depression – Distress/Stress	10%
ASD – Attachment/Affect	11%
Behavioral Health – Social/Emotional problems	11%
Child Abuse – Neglect/Sexual Abuse/Family Dysfunction	10%
Dissociation	5%
Personality Disorders	4%
PTSD	8%
Resilience – Coping, Strengths	5%
Other – Substance Abuse, Cognition, Developmental etc.	6%

*Note: Significant overlap

Screening and Race/Ethnicity

- Race and ethnicity can affect youth's experience of trauma as well as symptoms
  - One study found that Hispanic children exhibit fewer trauma symptoms than white children as Intimate Partner Violence exposure becomes more frequent
    ⇨ this does not negate their experience of trauma
  - Recent work suggests youth from different cultures answer questions on the Traumatic Events Screening Inventory differently (Wevodau)

- Screening tools rarely measure racial trauma

- Emerging field of study – much remains unknown
  - SAMHSA developed a list of SUD and MH screening tools for adults tested on specific communities (see Appendix D) but no such work has been done for youth trauma/MH screening tools

Race/Ethnicity in Development of Tool

(National Child Traumatic Stress Network)

MAYSI 2	• No information specific to race/ethnicity • Translated in 16 languages
Trauma Symptom Checklist for Children	• Demographic information for the standardization sample (n=3,008): 44% White, 27% Black, 22% Hispanic, 2% Asian, 4% Other • Translated in 8 languages
Child PTSD Symptom Scale	• Psychometric norms developed from a pilot sample (n=128) from "an ethnically diverse, urban clinical setting" • No translations
CANS Trauma	• No information specific to race/ethnicity • No translations

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Screening for Trauma or Mental/Behavioral Health?

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Trauma is One Contributor to Poor Mental and Behavioral Health

- "Individuals with severe mental illnesses report child trauma at a much higher rate than the general population" (SAMHSA)

- But, other contributors to poor mental/behavioral health include:
  - Social isolation
  - Social disadvantage and/or poverty
  - Discrimination and stigma
  - Long-term physical condition
  - Drug and alcohol misuse

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Many Symptoms in Trauma and Mental Health Screening Tools Are Similar

PHQ-9 (Depressive symptoms)	Hamilton Anxiety Scale	Trauma Symptom Checklist for Children	Child Traumatic Stress
• Feeling down, depressed, hopeless • Trouble staying asleep • Trouble concentrating	• Loss of interest, lack of pleasure in hobbies, depression • Difficulty in falling asleep […], nightmares, night terrors • Difficulty in concentration, poor memory	• Feeling lonely, sad or unhappy • Bad dreams or nightmares	• Trouble feeling happy • Feel alone and not close to people around you • Trouble sleeping • Hard to concentrate or pay attention

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Assessments Can be an Opportunity for Deeper Dive into Trauma

- Positive screen for any health concern should always be followed up with an assessment
- Assessments could be opportunity to identify if/how trauma symptoms or expediencies affect current functioning
- Assessments are needed to establish appropriate treatment objectives, goals, planning, placement, and any ongoing diagnostic and treatment considerations, including reevaluation or follow-up

Source: SAMHSA. (2014). Screening and Assessment. Trauma-Informed Care in Behavioral Health Services. Accessed on NCBI.

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MH vs Trauma Screening
Best Strategy May Be Dependent On:

- Individual needs of youth

- Risk of exposure to traumatic incidents of specific cohorts
  - Ex: Youth in child welfare are at increased risk of having been exposed to traumatic incidents compared to the general student population

- Goals of child-serving institutions and professionals
  - Schools might be more concerned about behavioral issues generally than the specific cause (be it trauma or other)
  - Juvenile courts might want to understand if/how trauma influenced a youth's delinquent behavior

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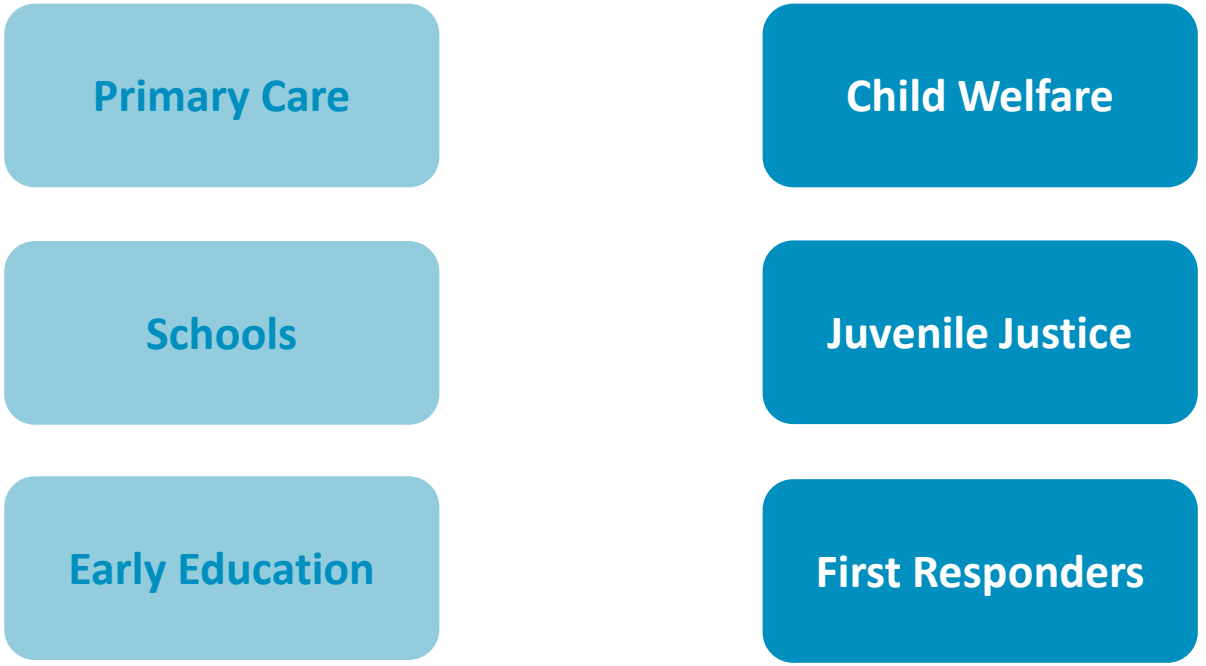
Screening in Child-Serving Sectors: From Broad to Targeted Cohorts of Youth



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Proponents of Screening for Trauma and Mental/Behavioral Health

Primary Care	Behavioral Health	Schools	Child Welfare	Juvenile Justice
American Academy of Pediatrics*	SAMHSA	National Association of School Psychologists	American Academy of Child and Adolescent Psychiatry	U.S. Attorney General (OJJDP)
Office of Early Childhood Development	Office of Early Childhood Development	SAMHSA	Child Welfare League of America	Coalition for Juvenile Justice
		National Research Council	Office of Early Childhood Development	
		Institute of Medicine		

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Recap of CTTF 2019 Report: (Focus on Trauma Screening & Assessment)

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Finding #4:
There is no consistent, statewide approach to identifying children who have experienced trauma, and there is debate amongst professionals about the best ways to do so

Topics discussed in report:

- Universal screening as one approach
- Concerns about screenings, especially in school settings
- Trauma vs. behavioral health screenings
- Screening vs. assessment
- Limited availability of evidence-based trauma screenings/assessments in MA

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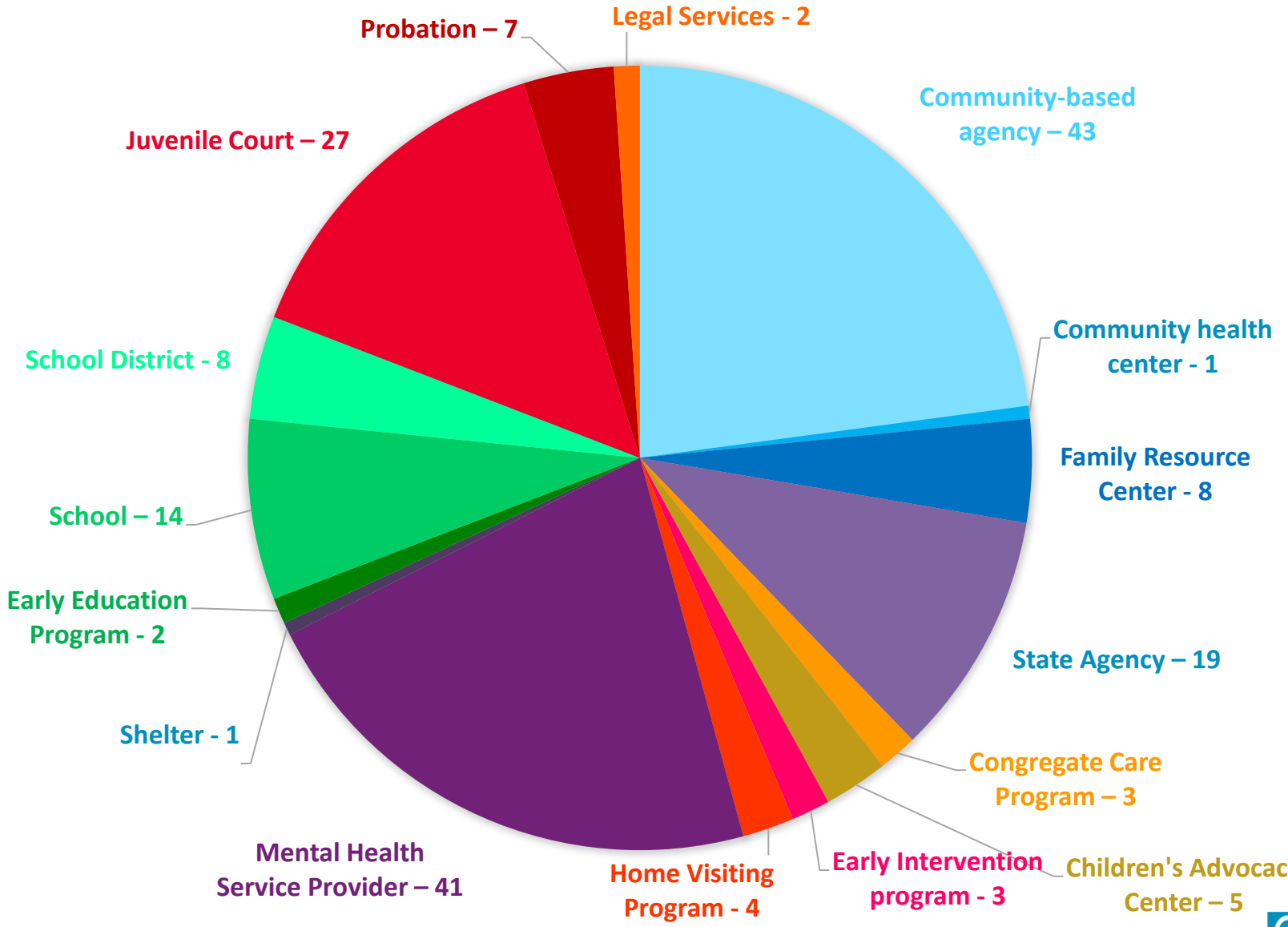
Sectors represented in the survey (n = 188)



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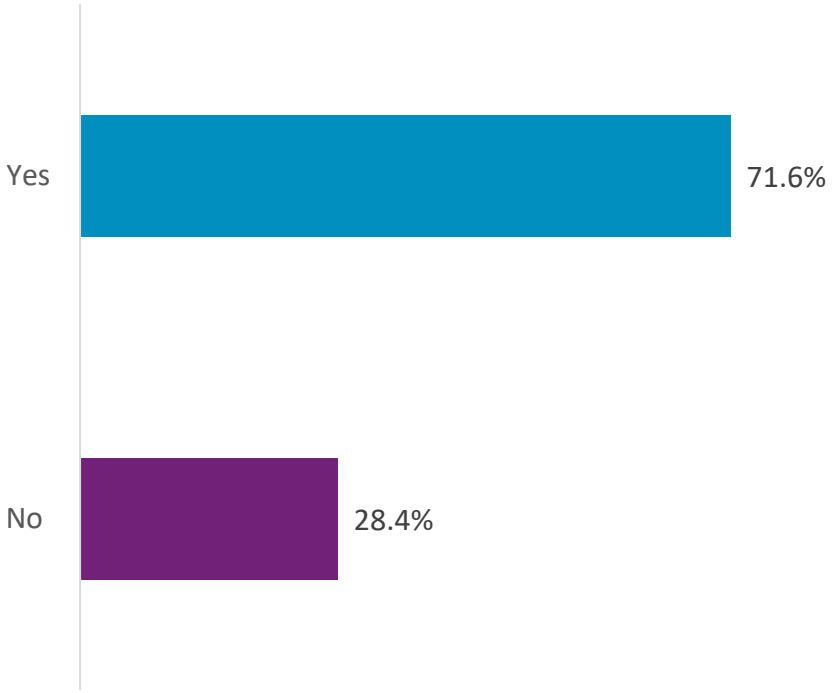
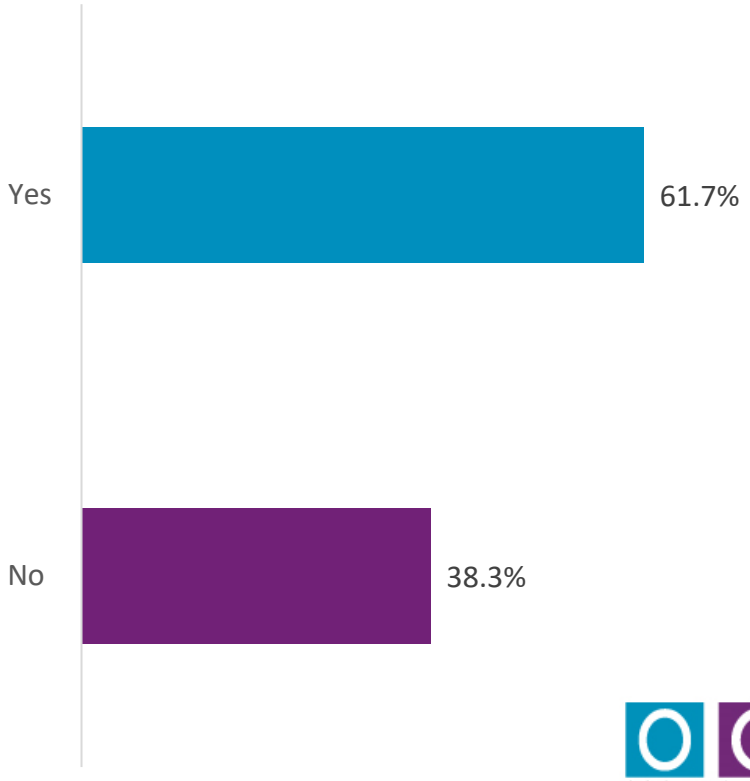
Most Organizations Surveyed Conduct Trauma Screenings and Assessments

Does your institution conduct trauma screenings for children and youth under 18? (n = 102)



Does your institution conduct trauma assessment for children and youth under 18? (n = 94)



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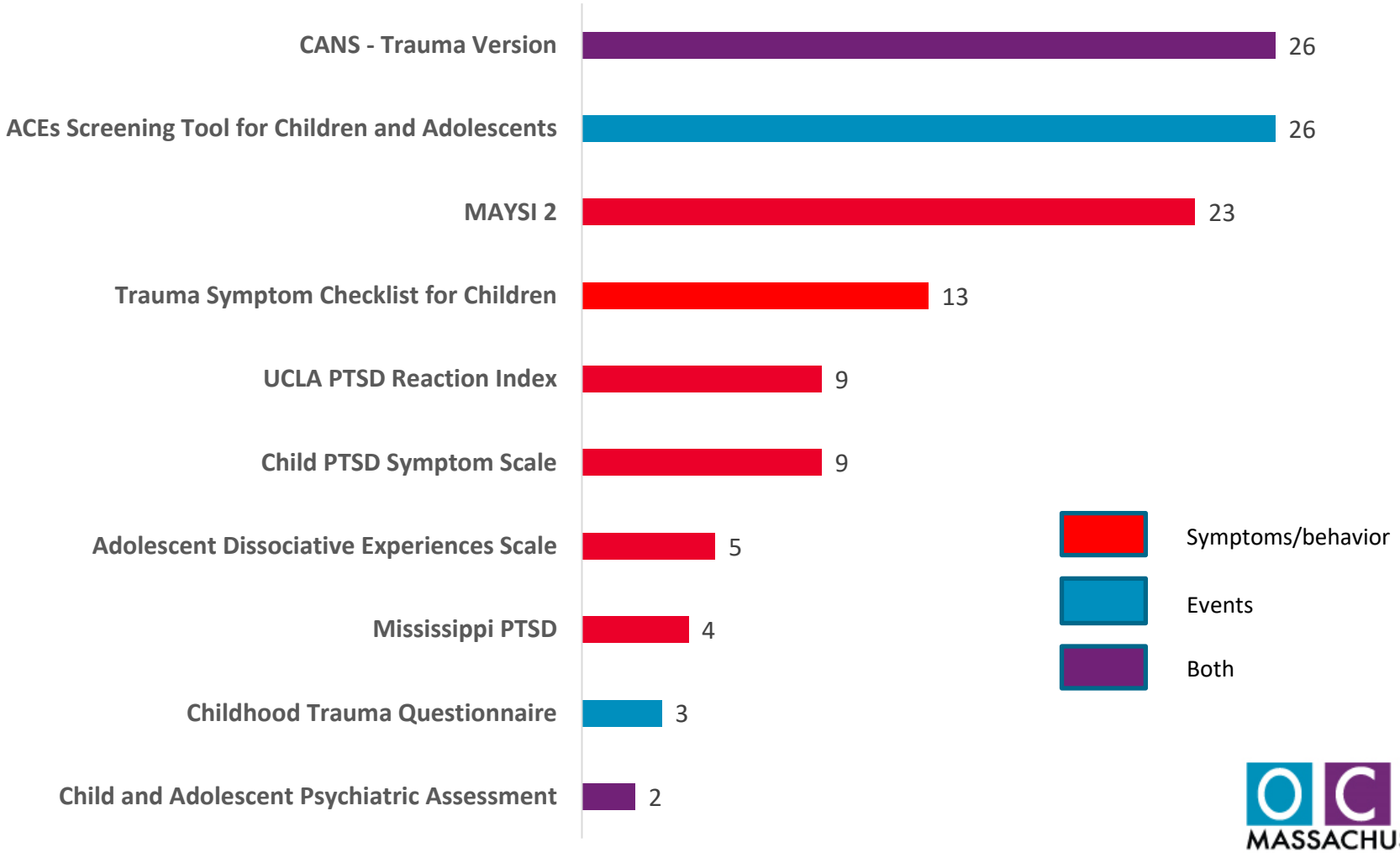
Most Commonly Used Trauma Screening Tools (69 respondents, 20+ tools)



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Universal or Selective Trauma Screening?

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Definitions

- ***Universal screening*** evaluates all individuals within a given population (e.g., students, medical patients, youth in foster care) for the purpose of identifying those possessing some target condition
  - Ex: Youth entering DYS custody are universally screened for behavioral and mental health issues.

- ***Selective screening*** evaluates specific individuals that meet certain criteria or are believed to be at high-risk for the target condition
  - Ex: Massachusetts's Juvenile Court Clinics selectively screen youth for trauma exposure based on request by the judge

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Pros and Cons of Universal Trauma Screening

Pros

- Ensures broad identification of youth who have experienced trauma
- Opens the conversation with youth/family about the impact of trauma and intergenerational trauma

Cons

- Uses a lot of resources (time, funding, staff)
- If inadequate training, can lead to discomfort for youth/families
- Providers fear re-traumatizing or lack of adequate community resources
- Screening positive does not necessarily equate needing/wanting services
- Lack of scientific consensus on best screening tools/processes

Pros and Cons of Selective Trauma Screening

Pros

- Requires fewer resources (time, funding, staff)

Cons

- Might not identify all youth who have experienced trauma
  - Internalizing behaviors
  - Does not present expected symptoms
- Based on which criteria? Targeted screening might be biased (e.g., demographics, socioeconomic status, family situation)

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Primary Care

WHY SCREEN

- **As part of overall annual physical/well child visit**
- **Opportunity for immediate links to behavioral health care as needed (if available in practice)**

Universal Screening

ACEs Aware in California (to be discussed later in presentation)

Selective Screening

Informal practice in MA and USA: Provider senses during patient visit that trauma could be behind symptoms (ex: somatic complaints) and follows with:

- Informal questions
- Validated screening tool

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Schools

WHY SCREEN

- **Individual level: ensure children thrive emotionally and academically**
- **School-level (aggregate data): influence decisions re: core instructional programming and school climate**

Universal Screening

Methuen Public Schools

- Mental Health Screening (using multiple tools for anxiety, depression, PTSD)
- Part of an array of tiered-mental health services
- Developed a psychosocial database for better review and coordinated follow-up
- Strong system of communication between mental health staff and parent/guardian
- Strong system of referral to in-school or outside services

Selective Screening

New Haven Trauma Coalition (CT)

- Partnership between New Haven public schools, United Way, and Clifford Beers Clinic
- Provides training to teachers & school staff to identify:
  - Students exhibiting challenging behavior in the classroom
  - Families having difficulty caring for basic needs
- Teacher/staff can then refer child/family for services (including trauma screening)

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Early Childhood
(e.g., Head Start, Home Visiting Programs)

WHY SCREEN

Referral to appropriate provider for assessment, diagnosis, and/or services for young child and parents/caregivers

Universal Screening

Head Start Trauma Start

- Trauma-specific supports for children 3-5 and families
- 4 components:
  - Training for wide variety of school staff (e.g. teachers, administrators, bus drivers) for early identification
  - Screening for trauma that leads to referral for individual trauma-focused therapy
  - Classroom consultation
  - Peer based mentoring (for staff & parents)

Selective Screening

- N/A (though may happen as informal practice in some settings)

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Child Welfare

WHY SCREEN

Referral to appropriate provider for assessment, diagnosis, and/or services (informs case assignment)

Universal Screening

Connecticut Collaborative on Effective Practices for Trauma (CONCEPT)

(to be discussed later in presentation)

Selective Screening

Informal practice in MA and USA: Social worker or clinician senses during intake that trauma could be behind symptoms and follows with:

- Informal questions
- Validated screening tool
- Referral for screening/assessment

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Juvenile Justice

WHY SCREEN

- **Referral to appropriate program or provider for assessment, diagnosis, and/or services**
- **Rehabilitation (DYS); contextual info for diversion/sentencing (Courts)**

Universal Screening

MA Department of Youth Services (DYS)

Conducts in-depth assessment of care needs, including use of multiple screenings:

- MAYSI-2
- CANS
- Screening by MassHealth provider

Selective Screening

MA Juvenile Courts

Juvenile Court Judge can order a child to receive MH/trauma evaluation at the Court Clinic

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First Responders

WHY SCREEN

- **Identify peritraumatic symptoms to assess future risk of PTSD**
- **Referral to appropriate program or provider for assessment, diagnosis, and/or services**

Universal Screening **Selective Screening**

Child Development - Community Policing (NC)

- Collaboration between law enforcement and mental health professional
- Standards for CD-CP referral based on severity of crime
- Clinician on call 24/7 to provide assessment of children within 12 hours:
  - Age-specific
  - Autonomic Nervous System measure for immediate indicators of peritraumatic symptoms
- Referral for therapeutic and other services needed

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Statewide Initiatives

California and Connecticut

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ACEs Aware

California's initiative to screen for childhood adversity (and social determinants of health) in primary care

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Spotlight on ACEs Questionnaire Used by Medical Providers in California

- ACEs Aware is an initiative to train and provide payments to Medi-Cal providers for ACE screenings for children and adults effective January 2020
- PEARL screening instruments (can include SDOH screening)
- ACEs Aware by the numbers in 2020:
  - Over 15,000 providers trained
    - 97% of participants plan to implement changes in their practice or already reinforced their current practice.
  - Over 155,000 screenings conducted
    - Of 130,000 unique Medi-Cal beneficiaries screened for ACEs, 6% had ACE scores of 4 or more

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Arguments for ACEs Aware Program

- "Although the ACE score alone is an imperfect proxy for toxic stress, a complete ACE screening involves clinical assessment, including for protective factors and ACE-associated health conditions. Together, these indicators inform assessment of toxic stress risk." (Burke Harris)

- Facilitates a conversation between provider and family about trauma as well as the connection between mental & physical health.

- Screening items can be totaled so as not to give any indication of which of the specific ACEs item(s) were positive (family confidentiality)

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Concerns with ACES Aware Program

- ACEs do not necessarily equate trauma
- Not (yet) a validated tool
- Poor predictor of future health outcome at the individual level (vs population level)
  - Robert Anda (co-author of ACEs study) warns of its use to assess individual trauma → ACEs should be used to inform public policy
  - ACEs questionnaire does not assess the frequency, intensity, or chronicity of exposure
- "No interventions have been shown to improve outcomes in adult or pediatric patients who have experienced a high number of ACEs" (Campbell)

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Screening for Parental ACEs Instead?

- Parents with greater exposure to ACEs are more likely to have children with behavioral health problems
- Can be an opportunity to discuss the impact of trauma and intergenerational trauma
- Referral to parenting and family supports
- Can be done in multiple settings (e.g. doctor's office, home visiting program)

Most parents (n=500) at a Portland pediatric clinic screened for ACEs reported benefitting from the conversation and referral to support resources

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Child Trauma Screen (CST)

Connecticut's gradual approach to universal trauma screening in child welfare, juvenile justice, and primary care

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Connecticut Collaborative on Effective Practices for Trauma (CONCEPT)

- Began in 2011 with federal grant
- Collaboration between the Child Health and Development Institute (CHDI) and CT DCF
- Four components of a trauma-informed child welfare system:
  - Training of DCF staff
  - Development and validation of the 10-item Child Trauma Screen (CTS)
  - Dissemination of evidence-based treatments
  - Modification of 37 DCF policies to be more trauma-informed

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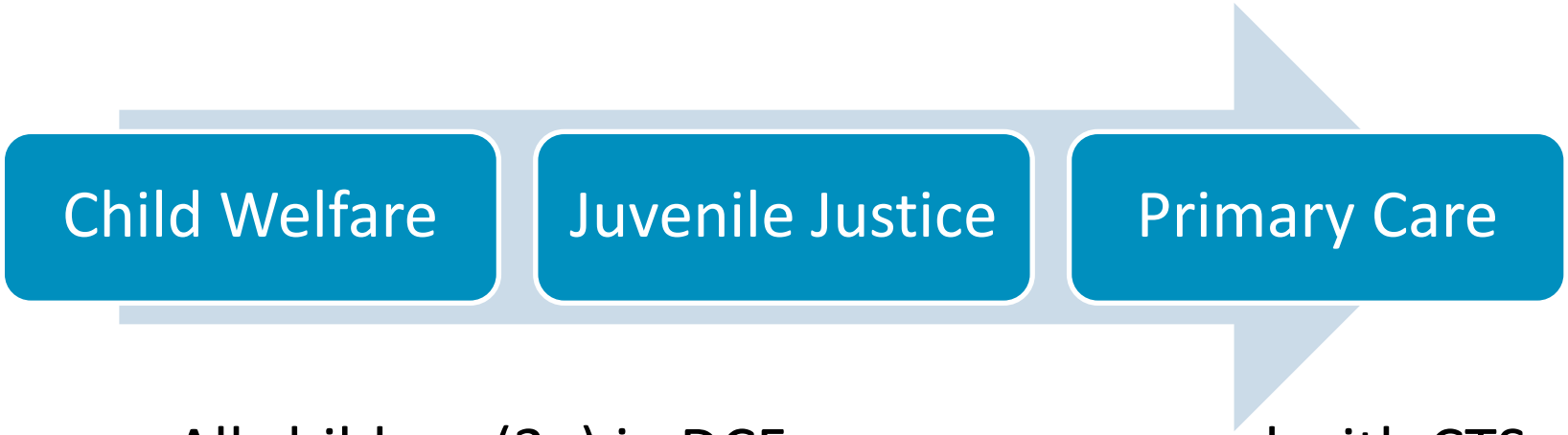
CHDI's Gradual Approach to Implementation of CTS



- All children (3+) in DCF care are screened with CTS
- CHDI validated the tool and supported implementation in child welfare first, then juvenile justice
  - Currently validating its use for primary care
- CHDI uses data for surveillance: Contracts with state agencies to collect and analyze the data

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CHDI's Supports for Effective Trauma Screening

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Training

- As of May 2019, over 3,100 DCF staff members have received comprehensive training in childhood trauma
- Training is required for all new hires
- Using NCTSN's Child Welfare Trauma Training Toolkit
  - Specialized skills training for supervisors and caseworkers
  - Supervisor consultation series to enhance transfer of learning into day-to-day practice
- Training evaluations show significant improvements in DCF staff knowledge and practices concerning trauma

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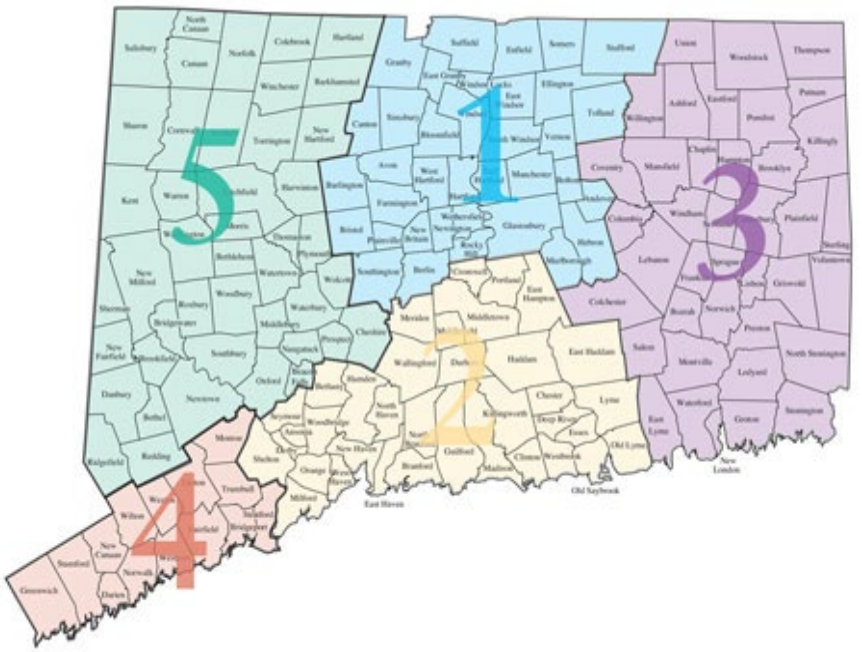
Referral System

- In 2010, CHDI provided funding and technical support for a Community Care Coordination Collaborative (CCCC) in Hartford area

- Care Coordination Collaborative Model's goal is to "coordinate the coordinators and ensure that children and families were connected to services across several sectors as effectively and efficiently as possible"



- In 2014-2015: Expansion to five regional CCCCs

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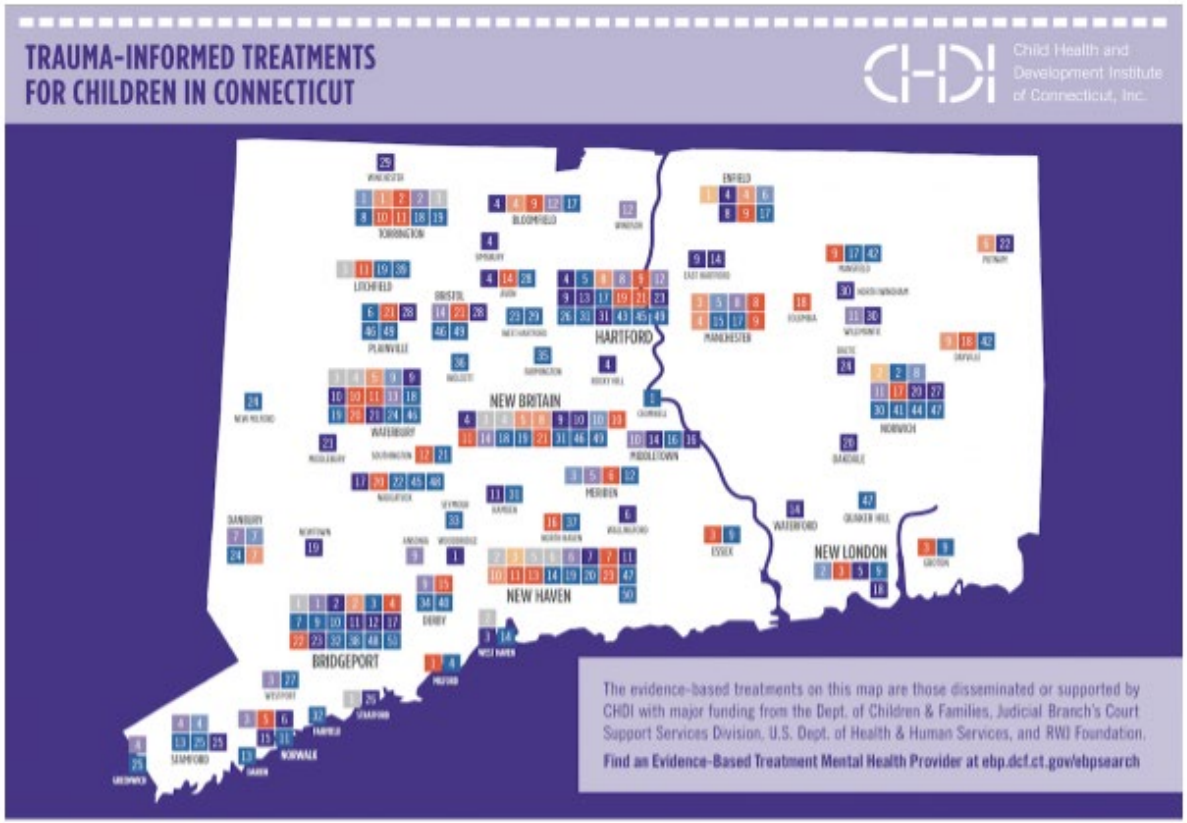
Adequate Community Resources

Map of Trauma-Informed Treatments for Children



- TF-CBT (51)
- MATCH-ADTC (23)
- CPP (6)
- Child First (14)
- ARC (10)
- CFTSI (10)
- Target (3)

For more information, visit CHDI.org

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CTTF & Trauma Screening: Where can we go from here?

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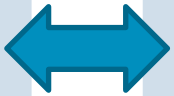
What Type of Recommendations Might We Make?

Recommendations to Child-Serving Organizations in MA:

- When should trauma screenings be done?
  - What sectors/settings?
  - By what professionals?
  - In what circumstances (universal vs selective)?
  - What tool(s) or types of tools?
  - In conjunction with what structures? (e.g. training, referral, etc.)



Recommendations to the Legislature:

- What role should state gov't play in advancing this recommendation?
  - Financial incentives/support (e.g. reimbursement)
  - Technical assistance (e.g. training, tool recommendation)
  - Requirements/mandates (by statute; through contracts)

Example of What Recommendations Could Look Like

(*For purposes of illustration only*)

- **Pediatricians should have capacity to conduct trauma screenings**
  - Should always do so if…[e.g. presentation of symptoms/circumstances; able to connect to services]
  - Consider implementing universal screening of patients if…[e.g. practice has integrated behavioral health services]

- **State gov't should support this by**:
  - Providing reimbursement for use of one or more trauma-specific screening tool through MassHealth
  - Providing training on impact of trauma on children's health
  - Supporting development of more pediatric practices with integrated behavioral health

Tentative Work Plan: Trauma Screening
(Months/topics may evolve based on speaker availability)

April	Screening Basics & Current Practices in MA and Elsewhere
May	Screening in Schools
June	Screening in Healthcare Settings
July	Screening in CW & JJ Settings
August	Screening in Other Settings (e.g. Early Childhood)
September	Review Draft Report
October	Review (and Finalize?) Report

Closing Comments

- COVID-19 Survey to be sent out next week
- CTTF members invited to CBI Discussions on CRA system

Next Meeting

(All meetings are virtual; WebEx information is in each calendar invitation. Contact Alix.Riviere@mass.gov for more information on how to join meetings)

Monday May 3, 2021
1.00-3.00pm

MASSACHUSETTS
Office of the Child Advocate

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