Introduction to Child and Adolescent Trauma Screen

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Goals

❖ Review DSM-5 criteria for PTSD

❖ Introduce new measure of PTSD based on DSM-5 criteria – Child & Adolescent Trauma Screen (CATS)

❖ Provide basic information on administration, scoring, and interpretation
Diagnostic and Statistical Manual-5

PTSD Criteria

- Traumatic Event
- +
- 4 clusters of symptoms
- +
- Functional Impairment
- ➢ 1 month since trauma exposure
Post-Traumatic Stress Disorder DSM-5

“B” Intrusion Symptoms
- Recurrent/Involuntary/intrusive thoughts/images
- Dissociative reactions/Flashbacks
- Recurrent distressing dreams (in kids don’t need trauma content)
- Trauma re-enactment play (kids)
- Distress to cues (internal external)

“C” Avoidance
- Avoid memories, thoughts/feelings of event (internal reminders)
- Avoid (or try to) people/places objects/situations (external reminders)

“D” Negative Cognitions or Mood
- Inability to remember aspects of trauma
- Persistent/exaggerated neg. beliefs of self, etc.
- Distorted thoughts re: cause or outcomes
- Persistent negative emotional state
- Diminished activities interests
- Detached/estranged
- Can’t experience Positive emotions

“E” Arousal & Reactivity
- Irritable of angry outbursts
- Reckless / Self-destructive
- Hypervigilance
- Exaggerated Startle Response
- Problems concentrating
- Sleep disturbance

1 of these
1 of these
2 or more of these
2 or more of these
Child & Adolescent Trauma Screen - CATS

- Screens for child trauma history and PTSD symptoms in youth
- Child and Caregiver report versions
  - Children aged 7-17 can complete
  - Caregiver report for ages 3-17
- Takes ~10 minutes to complete
- International Translation & Validation in process
Part 1: Trauma Screen

- 14 Yes/No items for exposure to a number of childhood traumas
- 1 Open ended “anything else”
- For multiple traumatic events, asks to identify and briefly describe which one distresses child the most.
Part 2: “B, C, D, E” Criteria:

- 20 items assessing each DSM-5 PTSD symptom
- Refers to *Past Two Weeks*
- Responses on 4-point scale:
  - Never (0)
  - Once in Awhile (1)
  - Half the time (2)
  - Almost Always (3)

2 or 3 = symptom
“B” Re-experiencing Symptoms (Need 1 or more):

Items 1-5

1. Upsetting thoughts or pictures about what happened that pop into your head.
2. Bad dreams reminding you of what happened.
3. Feeling as if what happened is happening all over again.
4. Feeling very upset when you are reminded of what happened.
5. Strong feelings in your body when you are reminded of what happened (sweating, heart beating fast, upset stomach).
Avoidance

“C” Avoidance Symptoms (Need 1 or more):

Items 6-7

6. Trying not to think about or talk about what happened. Or to not have feelings about it.

7. Staying away from people, places, things, or situations that remind you of what happened.
Negative Cognitions or Mood

“D” Symptoms (Need 2 or more):

Items 8-14

8. Not being able to remember part of what happened.

9. Negative thoughts about yourself or others. Thoughts like I won’t have a good life, no one can be trusted, the whole world is unsafe.

10. Blaming yourself for what happened. Or blaming someone else when it isn’t their fault.

(continued)
Negative Cognitions or Mood

(continued)

11 Bad feelings (afraid, angry, guilty, ashamed) a lot of the time.

12 Not wanting to do things you used to do.

13 Not feeling close to people.

14 Not being able to have good or happy feelings.
Arousal

“E” Symptoms (Need 2 or more):

Items 15-20

15 Feeling mad. Having fits of anger and taking it out on others.

16 Doing unsafe things.

17 Being overly careful or on guard (checking to see who is around you).

18 Being jumpy.

19 Problems paying attention.

20 Trouble falling or staying asleep.
Part 3: Significant Functional impairment

Five Yes/No items

1. Getting along with others
2. Hobbies/Fun
3. School or work
4. Family relationships
5. General Happiness
Administration Tips

- Inform child of purpose & what to expect
- Interview format is an option
- May use supports for frequency rating
  - Visual calendar or other concrete representation
- SUDS check-in
CATS - Scoring

The following scores are to be used only as guidelines and should be combined with clinical judgment when determining the presence of PTSD.

Clinically Significant = Total Score 12 +

Symptom Scores

2 or 3  =  Symptom
1  =  Occasional Difficulty
0  =  No Difficulty
Child and Adolescent Trauma Screen (CATS)

**SCORING**

Child’s Name: ___________________________  Assessment Date: ___________

Caregiver’s Name: ___________________________

Provider’s Name: ___________________________

CAREGIVER Report

Trauma Exposure: ________________________________________________________

Total PTSD Severity Score: ______

<table>
<thead>
<tr>
<th>Criteria</th>
<th># of Symptoms (Only count items rated 2 or 3)</th>
<th># Symptoms Required</th>
<th>DSM-5 Criteria Met?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-experiencing</td>
<td></td>
<td>1+</td>
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<tr>
<td>Negative Mood/ Cognitions</td>
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<td>2+</td>
<td></td>
</tr>
<tr>
<td>Items 8-15</td>
<td></td>
<td></td>
<td>Yes/No</td>
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<tr>
<td>Arousal</td>
<td></td>
<td>2+</td>
<td></td>
</tr>
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<td>Items 16-20</td>
<td></td>
<td></td>
<td>Yes/No</td>
</tr>
<tr>
<td>Functional Impairment</td>
<td></td>
<td>1+</td>
<td></td>
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<tr>
<td>Set of 1-5 Yes/No Questions</td>
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CHILD Report

Trauma Exposure: ________________________________________________________

Total PTSD Severity Score: ______

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Adapted From: Child and Adolescent Trauma Screen (CATS) Scoring

Assessment Date: 3URYLGHU¶V1DPH

Measure
Completed by: Child Caregiver

PTSD Severity Score:

<table>
<thead>
<tr>
<th>Most Distressing Trauma:</th>
<th>RE-EXPERIENCING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upsetting Memories of Trauma</td>
<td>B1</td>
</tr>
<tr>
<td>Nightmares</td>
<td>B2</td>
</tr>
<tr>
<td>Acts/Feels as if trauma is happening</td>
<td>B3</td>
</tr>
<tr>
<td>Emotional Reactions to Trauma Reminders</td>
<td>B4</td>
</tr>
<tr>
<td>Physical Reactions to Trauma Reminders</td>
<td>B5</td>
</tr>
</tbody>
</table>

Symptom Severity
2 – 3 = Red Light
1 = Yellow Light
0 = Green Light

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<thead>
<tr>
<th>AVOIDANCE / WITHDRAWAL</th>
<th>NEGATIVE MOOD / BELIEFS</th>
</tr>
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<tbody>
<tr>
<td>Avoid Trauma-Related Thoughts / Feelings</td>
<td>Avoid Trauma Reminders</td>
</tr>
<tr>
<td>Avoid Trauma Reminders</td>
<td>C2</td>
</tr>
<tr>
<td>Trouble Remembering Trauma Details</td>
<td>D1</td>
</tr>
<tr>
<td>Negative beliefs &amp; expectations</td>
<td>D2</td>
</tr>
<tr>
<td>Blames self or others not responsible</td>
<td>D3</td>
</tr>
<tr>
<td>Negative emotions (fear, anger, guilt)</td>
<td>D4</td>
</tr>
<tr>
<td>Less interest in activities</td>
<td>D5</td>
</tr>
<tr>
<td>Feels distant from Others</td>
<td>D6</td>
</tr>
<tr>
<td>Inability to experience positive emotions</td>
<td>D7</td>
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<th>HYPER-AROUSAL</th>
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<tr>
<td>Irritable/ Angry Outbursts</td>
</tr>
<tr>
<td>Reckless/ Harmful behavior</td>
</tr>
<tr>
<td>On-guard/ Watchful</td>
</tr>
<tr>
<td>Jumpy/ On-Edge</td>
</tr>
<tr>
<td>Problems Concentrating</td>
</tr>
<tr>
<td>Trouble Sleeping</td>
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Interpretation of CATS Results

- Is child in need of treatment?
  - Overall cut-score of 12

- Child and Caregiver Report
  - Any concerns about accuracy of results?
  - Is PTSD present?
  - Areas of most difficulty? Of strengths?

- How well do caregiver and child reports match?

- Recognize that measures are a tool to complement and support your clinical judgment.
Feedback with Families

- Begin with a Positive---PRAISE!!
- Provide global feedback
  - PTSD – yes or no?
- Connect trauma symptoms to caregiver/client primary concern
  - Explain HOW behavior problems relate to trauma
- Connect treatment plan to improving child’s functioning
  - Explain how and why TF-CBT will improve the problems the child and caregiver are reporting