Introduction to Child and Adolescent Trauma Screen

Elizabeth C. Risch, Ph.D.
University of Oklahoma Health Sciences Center

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)

1 of these

"C" Avoidance

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

1 of these

"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

2 or more of these

"E" Arousal & Reactivty

- Irritable of angry outbursts
- Reckless / Self-destructive
- Hypervigilance
- Exaggerated Startle Response
- Problems concentrating
- Sleep disturbance

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

CATS – Exposure to Trauma

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.

CATS - Symptoms

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

Re-experiencing

"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.

Functional Impairment

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

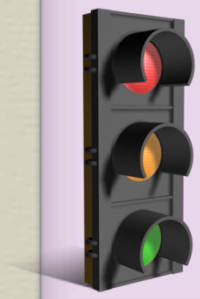
- Inform child of purpose & what to expect
- Interview format is an option
- May use supports for frequency rating
  - Visual calendar or other concrete representation
- SUDS check-in

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 +

<u>Symptom Scores</u>



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: _____

Criteria	**# of Symptoms** (Only count items rated 2 or 3)	**# Symptoms Required**	**DSM-5 Criteria Met?**	
Re-experiencing Items 1-5		1+	☐ Yes	☐ No
Avoidance Items 6-7		1+	☐ Yes	☐ No
Negative Mood/ Cognitions Items 8-15		2+	☐ Yes	☐ No
Arousal Items 16-20		2+	☐ Yes	☐ No
Functional Impairment Set of 1-5 Yes/No Questions		1+	☐ Yes	☐ No

CHILD Report

Trauma Exposure: _____

Total PTSD Severity Score: _____

Criteria	**# of Symptoms** (Only count items rated 2 or 3)	**# Symptoms Required**	**DSM-5 Criteria Met?**	
Re-experiencing Items 1-5		1+	☐ Yes	☐ No
Avoidance Items 6-7		1+	☐ Yes	☐ No
Negative Mood/ Cognitions Items 8-15		2+	☐ Yes	☐ No
Arousal Items 16-20		2+	☐ Yes	☐ No
Functional Impairment Set of 1-5 Yes/No Questions		1+	☐ Yes	☐ No

Most Distressing Trauma: _____

RE-EXPERIENCING

B1	B2	B3	B4	B5
Upsetting Memories of Trauma	Nightmares	Acts/Feels as if trauma is happening	Emotional Reactions to Trauma Reminders	Physical Reactions to Trauma Reminders

Symptom Severity

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

AVOIDANCE / WITHDRAWAL

C1	C2
Avoid Trauma-Related Thoughts / Feelings	Avoid Trauma Reminders

NEGATIVE MOOD / BELIEFS

D1	D2	D3	D4	D5	D6	D7
Trouble Remembering Trauma Details	Negative beliefs & expectations	Blames self or others not responsible	Negative emotions (fear, anger, guilt)	Less interest in activities	Feels distant from Others	Inability to experience positive emotions

HYPER-AROUSAL

E1	E2	E3	E4	E5	E6
Irritable/ Angry Outbursts	Reckless/ Harmful behavior	On-guard/ Watchful	Jumpy/ On-Edge	Problems Concentrating	Trouble Sleeping

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