

## University of Minnesota's Traumatic Stress Screen for Children and Adolescents (TSSCA)

Name of Child/Adolescent: _____	DOB: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Interviewer Name/ID: _____	Assessment Date: _____	

Below is a list of problems that people sometimes have after experiencing a bad or upsetting event. Bad or upsetting events might include being threatened or hurt, seeing someone else threatened or hurt, or feeling like your life was in danger.

Have you ever experienced a bad or upsetting event? Yes No

If yes, what was the bad or upsetting event? Feel free to list more than one.

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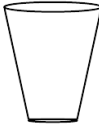




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When thinking about your bad or upsetting event, how often have the following problems happened to you during the past month?

	 Never	 Sometimes	 Often		
<b>DURING THE PAST MONTH, HOW OFTEN HAVE YOU...</b>					
1. Had upsetting thoughts, images, or memories of the event come into your mind when you didn't want them to?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		
2. Felt afraid, scared, or sad when something reminded you about the event?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		
3. Tried to stay away from people, places, or activities that reminded you of the event?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		
4. Had trouble feeling happiness, enjoyment, or love?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		
5. Been on the lookout for danger or other things that you are afraid of (for example, looking over your shoulder when nothing is there)?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		
	<div style="background-color: #ccc; width: 40px; height: 20px; display: inline-block;"></div>	+	<div style="background-color: #ccc; width: 40px; height: 20px; display: inline-block;"></div>	+	<div style="background-color: #ccc; width: 40px; height: 20px; display: inline-block;"></div>
<b>TOTAL</b>	<div style="background-color: #ccc; width: 200px; height: 20px; display: inline-block;"></div>				

## Administration and Scoring Guidelines for the University of Minnesota's Traumatic Stress Screen

**SCORING:** Sum the scores from Questions 1 through 5 to yield the "TOTAL" score:

- A score of 4 indicates borderline traumatic stress symptomatology: This could result in a referral for a trauma assessment.
- A score of 5 or higher indicates moderate to severe traumatic stress symptomatology: This is a likely referral for a trauma assessment.

**PURPOSE:** The TSSCA is intended to assist child-serving professionals in using a trauma screening approach with children ages 3 to 18, who have exposure to a known or suspected traumatic event. The screen provides information for individuals considering a referral for a trauma assessment or additional services. The screen is not intended to assess for posttraumatic stress disorder (PTSD), or to make a clinical diagnosis.

### PREPARATION

- TSSCA users should have a basic understanding of trauma, its symptoms, and resulting behaviors. Clinicians should also be familiar with the difference between trauma screening and trauma assessment.
- Identify a timeframe for administering the screening instrument to your client. Screening should occur as early as possible in the assessment and treatment process.
- Identify who will administer the screen to the child (for example, the intake worker, the case manager, etc.).
- Prior to giving the screen for the first time, pilot test with a colleague.

### SCREEN ADMINISTRATION

- Build rapport with the child by asking a few non-threatening warm-up questions such as: *Where do you go to school? Who brought you here today? What is on your cool t-shirt?*
- Determine if you want to give the screen to the child in the presence of the caregiver. Children may respond differently in front of an adult, even an adult they trust. Other children may need encouragement to answer.
- Explain the reasons for the screening to the child, or both the child and caregiver, using simple language such as: *Sometimes I ask some questions to help me understand you and what you may need. With caregivers, you could say: This is a screening instrument to assess for the impact of traumatic events. The score helps to determine whether your child may benefit from a more thorough trauma assessment.*
- Emphasize the brevity of the screening instrument to the child. If a child identifies a bad or upsetting event, state that you will not ask for a lot of details, but just enough to understand what they are thinking about. State that for each of the questions, you are just looking for a number, and that they do not have to explain why they answered in a particular way.
- For younger children, establish that they understand the scaling idea. You can use sample questions such as: *How often do you brush your teeth? How often do you have ice cream for breakfast?*
- Explain who will know about the results and why.

### POST SCREEN AND REMINDERS

- Follow-up with the child to assess the effects of the screening instrument by asking a question such as: *What was that like for you?*
- Document the results. Establish follow-up plans, which may include a referral for an in-depth trauma assessment.
- Reminder: If you approach the screen without anxiety, the child will be less anxious. Remember, what happened to the child has already happened. Therefore, the screening questions are not re-traumatizing.

**BACKGROUND NOTES:** The TSSCA's questions were chosen empirically from data on 88 youth seen in community mental health settings. Performance of the screening instrument was assessed in relation to the UCLA PTSD-RI for DSM-5 (Pynoos & Steinberg, 2014). A cutoff score of 4 yields 86% sensitivity and 81% specificity. A cutoff score of 5 or higher yields 90% sensitivity and 70% specificity. The data analysis was limited by the small sample size.

**REFERENCES** Chadwick Trauma-Informed Systems Project - Dissemination and Implementation (2014). *CW guidelines on screening for trauma symptomatology in children*. Retrieved from <http://calswec.berkeley.edu>.  
Pynoos, R. S., & Steinberg, A. M. (2014). UCLA PTSD Reaction Index for Children/Adolescents – DSM-5©.