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Child Welfare Trauma Referral Tool

This measure is designed to help child welfare workers make more trauma-informed decisions about the need for referral to trauma-specific and general mental health services. It is to be completed by the child welfare worker through record review and key informants (i.e., natural parent, foster parent, child therapist, school-aged children or adolescents if appropriate, and other significant individuals in the child's life).

Section A allows the child welfare worker to document history of exposure to a variety of types of trauma and indicate the age range over which the child experienced each trauma. Section B allows the child welfare worker to document the severity of the child's traumatic stress reactions. Section C allows the child welfare worker to document attachment problems. Section D allows the child welfare worker to document behaviors requiring immediate stabilization. Section E allows the child welfare worker to document the severity of the child's other reactions/behaviors/functioning. Section F provides strategies for making recommendations to general or trauma-specific mental health services by linking the child's experiences to their reactions.

Form Completed by (Name/Title/ID Code): _____ Date:

Child's Name: _____ Age: _____ Number of Months in Current Placement:

Reason for Current Evaluation (check all that apply):

n Baseline Assessment: New client n New Trauma Reported n Problematic Reactions/Behaviors Reported n Change in Placement (Specify): _____ n Other (Specify):

Instructions: Please fill out Sections A through E below by checking the box that corresponds to your answer: n If there is absolutely NO information about the trauma factor in the vignette, you must answer **UNKNOWN**.

n If there is SOME information about the trauma factor in the vignette, you have three choices:

- **YES**, if the information suggests that this trauma factor likely occurred,
- **NO**, if the information suggests this trauma factor did not occur,
- **SUSPECTED**, if the information suggests that this trauma factor could have occurred but more information is needed for a decision.

A. Trauma/Loss Exposure History

Trauma Type (Definitions attached)		Age(s) Experienced (Check each box as appropriate – example sexual abuse from ages – would check , , 8, and)
	Yes Suspected No Unknown	2 8 0 2 8 20

. Sexual Abuse or Assault/Rape	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
2. Physical Abuse or Assault	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
. Emotional Abuse/Psychological Maltreatment	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
. Neglect	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
. Serious Accident or Illness/Medical Procedure	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
. Witness to Domestic Violence	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
. Victim/Witness to Community Violence	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
8. Victim/Witness to School Violence	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
. Natural or Manmade Disasters	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
0. Forced Displacement	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
. War/Terrorism/Political Violence	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
2. Victim/Witness to Extreme Personal/ Interpersonal Violence	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
. Traumatic Grief/Separation (does not include placement in foster care)	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
. Systems-Induced Trauma	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n

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B. Current Traumatic Stress Reactions (Answer questions B1–B4 in reference to the CURRENT situation only.)

	Yes Suspected No Unknown	Definition (Check Yes if child presents with any of the descriptors listed below)

. Re-experiencing	n	n	n	n	These symptoms consist of difficulties with intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences. Also included is pronounced reactivity to trauma or loss reminders. These symptoms are part of the DSM-IV criteria for PTSD.
2. Avoidance	n	n	n	n	These symptoms include efforts to avoid stimuli associated with traumatic experiences. The child may avoid certain places or people, or avoid discussing the specifics of the trauma. These symptoms are part of the DSM-IV criteria for PTSD.
. Numbing	n	n	n	n	These symptoms include numbing responses that are part of the DSM-IV criteria for PTSD. These responses were not present before the trauma. Numbing symptoms include feelings of detachment or estrangement from others, restricted range of emotion (e.g., unable to have loving feelings), feeling out of sync with others, or having a sense of a foreshortened future.
. Arousal	n	n	n	n	These symptoms consist of difficulties with hypervigilance (an exaggerated awareness of potential dangers), difficulty concentrating, exaggerated startle reactions, difficulties falling or staying asleep, and irritability or outbursts of anger. Children with these symptoms often seem distractible, impulsive and inattentive, leading to a common misdiagnosis of ADHD.

C. Attachment

	Yes	Suspected	No	Unknown	Definition (Check Yes if child presents with any of the descriptors listed below)
. Attachment Difficulties	n	n	n	n	This category refers to a child's difficulty forming or maintaining relationships with significant parental or caregiver figures. It relates to the child's sense of security and trust in interacting with others. Often children with attachment difficulties interact with new acquaintances in unusual ways. They may bond too quickly (e.g., hugging strangers and climbing on their laps), or fail to engage in appropriate ways (e.g., avoid eye contact and fail to engage in appropriate conversations/ interactions).

D. Behaviors Requiring Immediate Stabilization

	Yes	Suspected	No	Unknown
. Suicidal Intent	n	n	n	n
2. Active Substance Abuse	n	n	n	n
. Eating Disorder	n	n	n	n
. Serious Sleep Disturbance	n	n	n	n

E. Current Reactions/Behaviors/Functioning (Answer questions E1–E12 in reference to the current situation only)

	Does this interfere with child's daily functioning at home, in school or in the community?	How to Recognize Problem Behaviors (Check Yes if child presents with any of the descriptors listed below)
Regulation of Emotion	Yes Suspected No Unknown	Definition (Check Yes if child presents with any of the descriptors listed below)

. Anxiety	n	n	n	n	Anxious children often appear tense or uptight. Worries may interfere with activities and they may seek reassurance from others or be clingy. These children may be quiet, compliant and eager to please, so they may be overlooked. Anxious children may report phobias, panic symptoms, and report physical complaints, startle easily, or have repetitive unwanted thoughts or actions.
2. Depression	n	n	n	n	Depressed children may appear tearful/sad, show decreased interest in previous activities, have difficulty concentrating, or display irritability, They may present with depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, loss of motivation, verbal aggression, sullenness, grouchiness, hopelessness, or negativity. They may have frequent complaints of physical problems.
. Affect Dysregulation	n	n	n	n	Children with affect dysregulation may have difficulty expressing specific feelings, whether positive or negative, and may have trouble fully engaging in activities. They may have problems modulating or expressing emotions, experience intense fear or helplessness, or have difficulties regulating sleep/wake cycle.
. Dissociation	n	n	n	n	Children experiencing dissociation may daydream frequently. They may seem to be spacing out and be emotionally detached or numb. They are often forgetful and sometimes they experience rapid changes in personality often associated with traumatic experiences.
. Somatization	n	n	n	n	Somatization is characterized by recurrent physical complaints without apparent physical cause. Children may report stomachaches or headaches, or on the more serious end of the spectrum, they may report blindness, pseudoseizures, or paralysis.
. Attention/Concentration	n	n	n	n	Children with problems with attention, concentration and task completion often have difficulty completing schoolwork or may have difficulty forming strong peer relationships.
Regulation of Behavior	Yes Suspected No Unknown				Definition (Includes risky behaviors) (Check Yes if child presents with any of the descriptors listed below)

. Suicidal Behavior	n	n	n	n	Includes both superficial and more serious actions with potentially life-threatening consequences. Examples include overdosing, deliberately crashing a car, or slashing wrists.
8. Self-Harm	n	n	n	n	When someone deliberately harms him or herself. Includes cutting behaviors, punching oneself, pulling out hair or eyelashes, picking skin causing sores, burning, inhaling or overdosing on medications.
. Regression	n	n	n	n	Child ceases using previously adaptive behaviors. Child may begin wetting or soiling themselves after they had been potty trained, and may begin using baby talk or refusing to sleep alone when these skills were previously mastered.
0. Impulsivity	n	n	n	n	Acting or speaking without first thinking of the consequences.
. Oppositional Behaviors	n	n	n	n	Defined by negativistic, hostile and defiant behaviors. Child may lose temper frequently, argue with adults, and refuse to comply with adult rules. Child may deliberately annoy people and blame others for mistakes or misbehaviors.
2. Conduct Problems	n	n	n	n	Defined by a variety of different conduct problems. Child may be physically or verbally aggressive to other people or animals. Children with conduct problems may destroy property, steal, break the law, or start fires. They may run away from home or act in a sexually promiscuous or aggressive fashion.

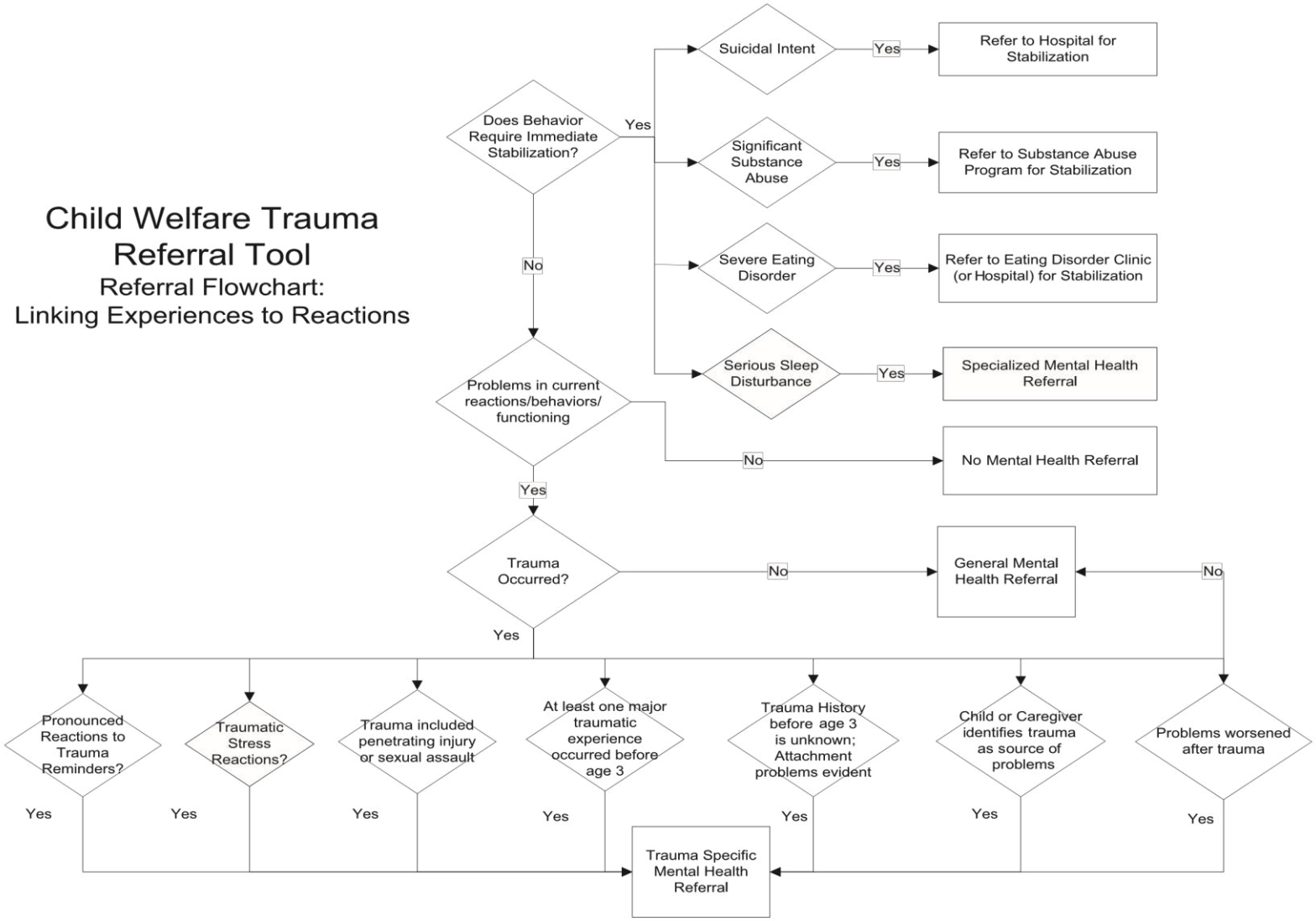
F. Given the information provided in the vignette, what is the appropriate next step? (Please circle one answer.)

a. Trauma-informed mental health referral

b. General mental health referral

c. Immediate stabilization mental health referral

d. No mental health referral

Child Welfare Trauma Referral Tool

Referral Flowchart: Linking Experiences to Reactions