Screening & Assessing Trauma Symptoms in Very Young Children

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About me
• M.S. in Clinical Mental Health Counseling specializing in Children & Adolescents from Marquette University in Milwaukee, WI
• Licensed Professional Counselor (LPC)
• Employed with Behavior Clinic at Penfield Children’s Center in Milwaukee, WI providing in-home mental health counseling for children ages 0-5 and their caregivers
• Field and individual supervisor for Master’s students
• Certified trainer of Early Pathways

Where we started
Behavior Clinic created 2003
Behavior assessments and parenting assessments through doctoral research

More and more families in Milwaukee were experiencing trauma but not identifying it as contributing to their child’s concerns

Young children at risk
• Exposure to trauma during early childhood places individuals at elevated risks for developing symptoms
• Disruptions in self-regulation can have short and long term consequences
• Families in poverty have disproportionate risk of trauma exposure

Assessing Trauma Symptoms

What we needed from an assessment tool:
• Normed for 0-5 age group
• Low reading level
• Low cost or free
• Useful in diagnosis
• Items that cover what trauma looks like from a child
Research
Conducted by Robert Fox, Ph.D. & Sarah Bollens, Ph.D.

Participants

Age
- 1 year old: 18%
- 2 years old: 34%
- 3 years old: 26%
- 4 years old: 19%
- 5 years old: 3%

Race
- African American: 47%
- Caucasian: 10%
- Latinx: 13%
- Multiracial: 30%

Gender
- Male: 65%
- Female: 35%

Socio-Economic Status
- Above Federal Poverty Level: 10%
- Below Federal Poverty Level: 90%

Measures
- TESH-PRR
- Yes/No Response
- Range of PTEs
- Free Online
Measures

- **TSCYC**
  - 90 Items
  - 4 Point Scale Response
  - Ages 3-12

- **PEDS**
  - 21 Items
  - 4 Point Response Scale
  - 3 Subscales

Procedures

- Item Pool Developed
- Content Validity Established
- Measure Administered to Families

Results

- Total score and subscale scores were found to be significantly correlated with pre-established measures of traumatic stress in young children
- No differences were found based on age or income
- Sensitive to treatment change

Subscale Items

**Intrusion/Re-Experiencing**
- Talks less than he/she used to
- Is shy
- Seems fearful or worried
- Does not talk about things that scared him/her
- Feels guilty of shame
- Explores his/her environment less than he/she used to
- Has unusual interest in his/her own or others’ private body parts

**Avoidance/ Negative Cognition & Mood**
- Cries without a good reason
- Gets upset or angry easily
- Has bad dreams or nightmares
- Tantrums more than other children his/her age
- Is irritable or cranky
- Has a hard time falling asleep
- Has a difficult time calming down when he/she gets upset
- Harms himself/herself or purpose

**Arousal & Hyper-Reactivity**
- Has flashbacks to upsetting things (This may be seen by a sudden change in mood, a blank stare, or shaking)
- Says things like “people are bad” or “the world is a bad place"
- Talks over and over about an unpleasant event
- Has a strong reaction to reminders of upsetting things
- Says she/he doesn’t feel well when there does not seem to be a medical reason
- Has unusual interest in his/her own or others’ private body parts
Subscale Items

Fearful Attachment
- Scares easily
- Is clingy
- Startles easily with loud or unusual noises
- Is afraid of being left alone
- Is shy
- Looks worried if he/she is not near me
- Has a hard time separating from me

Reliability Scale
- Is hard to make happy
- Lies
- Acts whiny
- Does not do what I ask
- Has a bad attitude
- Has poor manners

Uses of the PITS

Screening
- Identifies visible symptoms
- Schools, pediatricians, social workers, follow up providers

Assessment
- Diagnosis
- Identifies areas of primary concern/greatest impact

Uses of the PITS

Conceptualization
- Aids treatment planning
- Identifies which behaviors may be related to the trauma

Discussion Tool
- Helping caregivers understand the trauma’s impact on their child
- Can illustrate why the child meets criteria for diagnosis

Limitations
- Further research is needed
- Relies on caregiver report
- Differences in age groups have not yet been established
Administration and Scoring

Scoring: Step 1
- Take the caregiver’s answer and put the corresponding number in the WHITE box.

Scoring: Step 2
- Add up each column for the front and back pages and write each in the corresponding boxes.

Scoring Step 3
- Subtract one value for item #16 from the total score.
Scoring Step 4
- The reliability scale (RS) needs to be added
- This score is not recorded in the bottom table

Conceptualization & Treatment Planning
Questions?
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