CENTENE TRAUMA SCREENING AND ASSESSMENT TOOLKIT

Centene recognizes that children in foster care represent a unique population that requires specialized care to help them achieve success and well-being. As described by the National Child Traumatic Stress Network, "Many children with complex trauma histories suffer a variety of traumatic events, such as physical and sexual abuse, witnessing domestic and community violence, separation from family members, and re-victimization by others. Complex trauma can have devastating effects on a child's physiology, emotions, ability to think, learn, and concentrate, impulse control, self-image, and relationships with others. Across the life span, complex trauma is linked to a wide range of problems, including addiction, chronic physical conditions, depression and anxiety, self-harming behaviors, and other psychiatric disorders.

Beyond the consequences for the child and family, these problems carry high costs for society. For example, a child who cannot learn may grow up to be an adult who cannot hold a job. A child with chronic physical problems may grow up to be a chronically ill adult. A child who grows up learning to hate herself may become an adult with an eating disorder or substance addiction.

Children whose families and homes do not provide consistent safety, comfort, and protection may develop ways of coping that allow them to survive and function day-to-day. For instance, they may be overly sensitive to the moods of others, always watching to figure out what the adults around them are feeling and how they will behave. They may withhold their own emotions from others, never letting them see when they are afraid, sad, or angry. These kinds of learned adaptations make sense when physical and/or emotional threats are ever-present. As a child grows up and encounters situations and relationships that are safe, these adaptations are no longer helpful, and may in fact be counterproductive and interfere with the capacity to live, love, and be loved."(1)

Treatment intervention is most effective and provides improved outcomes when it is integrated with appropriate screening and assessment. Centene has spent countless hours over the last several years consulting with agencies and experts in child welfare and trauma related work to evaluate effective treatment measures. Among others who have contributed to this work we want to especially thank the following collaborative partners:

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Centene has compiled this toolkit as a resource to ensure our behavioral health providers are aware of and have access to tools that we believe support best practice approaches for children who have experienced complex trauma. We have also included an additional list of tools that are available at no cost in the public domain as we are aware that many mental health agencies and private practitioners may not have full or affordable access to published and copyrighted tools which may require fees or computer scoring systems. These tools are free to download and use. It should be noted that for some of these tools psychometrics are well established while others are still undergoing development. It is expected and encouraged that clinician's use good clinical judgment when using any evaluative tool, and that they undergo appropriate assessment training along with supervision or consultation as appropriate.

1.General Information on Complex Trauma, National Child Traumatic Stress Network, http://www.nctsn.org/traumatypes/complex-trauma

List of Assessments and Screens

Section 1: Recommended Proprietary Screening and Assessment Tools (These tools are copyrighted and must be purchased from the publisher)

- Trauma Symptom Checklist (TSCC)
- Trauma Symptom Checklist for Young Children (TSCYC)
- Child Behavior Checklist (CBCL)
- Child Sexual Behavior Inventory (CSBI)
- UCLA Post Traumatic Stress Disorder Reaction Index (UCLA PTSD-RI)
- Child and Adolescent Functional Assessment Scale (CAFAS)
- Preschool and Early Child Childhood Functional Assessment Scale (PECFAS)

Section 2: Recommended Public Domain Screening and Assessment Tools

- Trauma Events Screening Inventory Child Report Form Revised (TESI-CRF-R)
- Childhood Trust Events Survey (CTES)
- Child PTSD Symptom Scale for DSM 5 (CPSS5)
- Mood and Feeling Questionnaire (MFQ)
- Center for Epidemiological Studies Depression Scale for Children (CES-DC)
- Screening for Anxiety and Related Emotional Disorders (SCARED)
- Pediatric Symptom Checklist (PSC) Long and Short (PSC 17) versions
- Strengths and Difficulties Questionnaire (SDQ)
- Child And Adolescent Needs and Strengths -Trauma version (CANS)
- *(Other) NCTSN Child Welfare Referral Tool (CWRT)

PROPRIETARY-MUST HAVE PUBLISHER'S PERMISSION FOR USE

Name of Screen	Appropriate Use	Length /Type	Who Can Complete	Training Required	Source	Costs	Other
Trauma Symptom Checklist for Children (TSCC)	Ages 8-16; Regular TSCC version best for children suspected of maltreatment; has a (TSCC-A) version with no reference to sexual specific concerns	54 items, 2 versions, one with sexual concerns items (TSCC-A) and one without. For kids in care, the version with sexual concerns more likely to be used	Level B -degree from 4 yr MH program, e.g. psych, Couns, Soc Wk or adv trainee, PLUS coursework in test interp, psychometrics, measurement theory, education statistics or related area; or license/certification re: appropriate training in ethical/competent use of	20 min to administer; 20 min to score	Parinc Parinc	\$261 intro kit \$98/25 add'l booklets \$52/25 profile forms	Good tool for looking at symptoms; therefore, more of an assessment than a screen; Masters level to administer; widely used and well researched
Trauma Symptom Checklist for Young Children (TSCYC)	Ages 3-12; also has a TSCYC-A , non-sexual content version	Parent report meant to be completed by a full-time caregiver that knows the child vs. new foster parent/caregiver for the child; 90 items	Level B - (same as above) degree from 4 yr program in psych, couns, or related field PLUS coursework in test interpretation, psychometrics, etc., or license/certification	20 min to administer; 20 min to score; <4 hrs to train on instrument	Parinc	\$341 into kit \$52/25 add'l booklets \$52/25 profile forms	More of an assessment than a screen; needs Masters level preparation; widely used and well researched
Child Behavior Checklist (CBCL) a.k.a. The Achenbach	Two versions: Ages 1.5-5 yrs. and 6-18; both can be completed by caregiver or surrogate (teacher, daycare provider, etc.)	Parent report 99 items; qualitative, includes strengths; young version has language devel items. Avail in many languages; looks at emotions and behaviors and matches DSM scales	Level B - (same as above) degree from 4 yr program in psych, couns, or related field PLUS coursework in test interpretation, psychometrics, etc., or license/certification	15-20 min to administer; has computer scoring; license good for one computer; can be hand scored in 20-30 min		Starter kits with computer scoring and 50 forms: \$430 Preschool \$495 School age Many other pkgs available	Very widely used assessment; well researched; broad age coverage; scores orient to DSM scales; strength based questions; available in many languages

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Name of Screen	Appropriate	Length /Type	Who Can Complete	Training Required	Source	Costs	Other
Child Sexual	Ages 2-12;	38 item	Level B - degree from 4 yr	10 min to administer;	<u>Parinc</u>	\$230 intro kit	Widely used, well
Behavior	specific for when	questionnaire	program in psych,	15 min to score;		\$88/25 addn'l	researched; 3 subscales
Inventory (CSBI)	CSA is	completed by	couns, or related filed	<4 hrs training on		booklets	Development, Sexual
	suspected, or	caregiver	PLUS coursework in test	instrument			Beh, & Sexual Abuse
	Sexualized		interpretation,				Specific Behavior
	Behavior		psychometrics etc. or				
UCLA Post	Ages 8-17; self-	9 pages covers	Best scored by Level B	If some assess exper	Available from	Fee – requires a	Wide multistate use;
Traumatic Stress	•		(noted above) Masters	need (about 1- 2 hrs)	UCLA; fee can be	licensing	revised for DSM5;
Reaction Index for		Symptoms in DSM 5	level with some	to train instrument,	per item or for a	agreement for the	some states have BA
DSM 5 (UCLA PTSD-	in Parent and		experience with	BA level could be	license for broad	use of the scale.	staff do first part as
RI)	Spanish		assessments; brief easy	trained to do 1st 5	use	Contact: Preston	a screen then refer
	versions		to score	pgs as a screen		Finley	as needed
						Email:preston@re	
						actionindex.com	
						For licensing, go to:	
						www.reactionind	
						e x.com	
Child and Adolescent	Ages 5-19 for	Semi-structured	Level A (non- Masters) can	10 min to	MHS	CAFAS Annual fee	Widely used, easy to
Functional	=	interview; 8 child/	be trained to admin and	administer.		of \$400 covers	administer and score;
Assessment Scale	and Caregiver	adolescent life-	score	Online training		multi raters and	good research and
CAFAS	versions;	function subscales,		avail with other		scoring; Cost for	used often as
	Completed as	2 caregiver scales;		resources at		100 forms = \$319,	outcome tool; wide
	interview, not	assists		Multi-Health		can hand score;	function domains,
	self- report	w/treatment		Systems		bulk rates possible	but not trauma
		referral needs					specific
Preschool Early Child	_		Level A (non-Masters) can	Online training avail	MHS	PECFAS Annual	Very widely used,
Functional	caregiver version;		be trained to admin and	with other		*	easy to administer
Assessment Scale	not self-report;	subscales and 2	score	resources at Multi-			and score; good
(PECFAS)	done as interview	•		Health Systems		scoring; Cost for	research and used
		for PECFAS				100 forms = \$319,	often as outcome
						can hand score;	tool; wide function
						bulk rates	domains, but not
						possible	trauma specific

Name of Screen	Appropriate Use	Length/type	Who can complete	Training required	Source	Costs	Other
Trauma Events Screening Inventory (TESI);TESI- C; TESI-C-SR; TESI-CRF-R	Interview and self- report versions; TESI-C Ages 3-18; TESI-CRF- child report version developmentally sensitive for young kids, revised parent report 0-6	TESI-C is 16 item	Level B -degree from 4 yr MH program, e.g. psych, Couns, Soc Wk or adv trainee PLUS coursework in test interp, psychometrics measurement theory, education statistics or related area; or license/certification re: appropriate training in ethical/competent use of	no specific scoring number since it is an interview; Training of tool is about 4 hours for a trained clinician		Free	Looks at trauma vs. other life events, not trauma symptoms; needs to use an Abuse Dimension Inventory to evaluate severity, widely used; metrics in development
Child Trust Events Survey (CTES)	Ages 8 and up; youth and caregiver versions	General Trauma exposure events tool updated to 30 items; self-or parent report	Best scored by Level B Masters with some assessment and interviewing experience	No specific scoring since is a trauma events exposure survey	Cincinnati Children's Hospital	Free	Youth version lists events and have chronological scale to state age at the time of event; available in Spanish

Name of Screen	Appropriate	Length/type	Who can complete	Training required	Source	Costs	Other
Child PTSD Symptom Scale updated for DSM 5 (CPSS 5)	Ages 8-18; self- report and version for caregivers report on youth	DSM 5 version assesses for frequency of 20 PTSD Symptoms; plus six functional areas	Best scored by Level B Masters with some assessment and interviewing experience	Yields a total score of frequency of PTSD symptoms	Univ. of Washington	Free	DSMIV version in multiple languages upon request; not certain yet of DSM 5 language versions
Mood and Feelings Questionnaire (MFQ)	assesses for	33 items on three- point scale; 13 item screener with caregiver or youth versions; 5-10 min to complete	Best scored by Level B Masters with some assessment and interviewing experience	If some assessment experience short time to train instrument	<u>Duke University</u>	Free	Short (13) and longer (33) item versions easy to score, brief easy to use
Center for Epidemiological Studies Depression Scale for Children (CES-DC)	Youth ages 8-17 Self Report assesses for depression	Brief 20 item self- report with a 0-3 Likert scale	Best scored by Level B Masters with some assessment and interviewing experience	Easy to implement, If some assessment experience short time to train instrument	Available on-line American Academy of Pediatrics	Free	Widely used screener; Brief and easy to use

Name of Screen	Appropriate	Length/type	Who can complete	Training required	Source	Costs	Other
Screen for Anxiety and Related Emotional Disorders (SCARED)	Ages 8-18; self- report; Parent & Child versions; For general, social, separation & phobic anxiety	41 items, 10 min to administer, computer or hand score	Best scored by Level B Masters with some assessment and interviewing experience	If some assessment experience, 1-1.5 hr. to train	University of Pittsburgh	Free	Available in multiple languages; short and easy to use
Pediatric Symptom Checklist (PSC) Long and Short versions	Ages 4-18; has long (35) item or short (PSC 17) 17 item youth self- report and caregiver versions	35 items, approx. 10 min to administer	Level A (non-Masters) can be trained to admin and score	Some experience and training in assessment helpful	Massachusetts General Hospital Dept of Psychiatry	Free	Available in multiple languages; innovative pictorial version also available; widely used in pediatric care settings; general screen for emotional or behavioral issues
Strengths and Difficulties Questionnaire (SDQ)	Various versions available for children 2-17 year old. completed by caregiver, teacher or youth self- report		Level A (non-Masters) can be trained to admin and score			Free	Available in multiple versions and diverse languages; well established; brief emotional and behavioral screener

Name of Screen	Appropriate	Length/type	Who can complete	Training required	Source	Costs	Other
NCTSN Child	Ages 0-18; Info	Gathers info from	Recommended to be	If some assessment	Obtain by	Free	Few metrics;
Assessment of Needs	integration tool;	multi domains, 15-	scored by Level B Masters	experience, training	requesting from		comprehensive, multi
and Strengths	can obtain info	45 min used for	with experience, but BA	can be briefer to	Praed		purposes; clinician
Trauma Version	from record or	treatment planning	level could be trained to	review instrument;	<u>Foundation</u>		friendly; multiple
(NCTSN CANS);	informants (bio or	or quality	gather; training video avail	training available			versions for different
CANS-T-Trauma	foster parent,	improvement case		online; register at			populations; available
Version	etc.)	review		Praed Foundation			in Spanish; used in
							about 25 states
Child Welfare	All 18 and under;	Five-section	Completed by BA level CW	1-2 hrs training on	Manual available	Free	In use in multiple
Referral Tool (CWRT)	completed by	checklist tool; takes	staff; info from record or	tool; ideally should be	on the <u>NCTSN</u>		states; comprehensive;
Not a standardized	referring case	20-45 min; covers	informants (such as bio or	part of larger CW	Learning Center		more of an assessment
assessment or	worker or Child	exposure, severity	foster parent, teacher,	Trauma Training	Website		history; no metrics;
screen, but a	Welfare	behavior/function/	therapist etc.)	Toolkit (an			note can match
support tool for	professional	emotion, aids in		product); typical 13-hr			DSM 5
helping to identify		deciding if MH		toolkit training can be			
trauma-informed		referral needed		broken into modules			
provides							