

Trauma Screen and CPSS Cheat Sheet

Purpose:

- *Learn about trauma exposure history (Trauma Screen) and current trauma-related symptoms (CPSS).*
- *Use the administration and feedback of both measures together to engage the family AND begin the clinical process.*

Feedback is the important part! Feedback should include the following clinical components: engagement, psychoeducation, exposure/facing up, and promoting helpful/adaptive thoughts about what happened.

Trauma Screen Questions:

- Have client (usually ages 7-8 and older) and caregiver complete in the first one or two meetings.
- Use clinical judgment regarding self-completion (~12+ years) or clinician-administered (via interview).

Feedback:

Engagement(Validate experience)

- *“I am so sorry that you went through that”; “Thank you for telling me about your experiences”.*

Psychoeducation [Normalizing]:

- *“You are not alone, lots of kids have had experiences like these.” “I work with a lot of teens who have been through some similar things.”*

Exposure(Model and support “facing up to fears” by talking about traumas endorsed):

- *“I see you said you were in a serious accident, what happened?”; “You had scary medical procedure, tell me a little about that.”; “You marked that you saw someone in your family get slapped, punched or beat up, how often did that happen?”; “You checked that being touched on the private parts was the worst, what made it the worst for you?”*

Questions assessing perceived danger/threat of the event

Feedback:

Engagement(Acknowledge/validate feelings):

- *“That must have been scary if you thought you were going to die”; “Pretty hard to feel helpless to do anything, huh?”*

CPSS: Trauma-related thoughts, feelings and behaviors (e.g., PTSD: re-experiencing, avoidance/numbing, hyperarousal symptoms)

- Add up the score to determine whether symptoms are severe enough to warrant treatment (scores ≥ 12). (See page 3 of this handout for instructions on using the CPSS as a diagnostic tool.)

Feedback:

If non-clinical (<12).

Engagement [Validate good coping]:

- *“Impressive job. Even though you had those traumas, you have been able to cope effectively. What strengths do you have that you used?”*

Psychoed [Info re generalizing coping skills]:

- *“Sounds like you didn’t try to avoid what happened but faced up to it and took active steps to manage your feelings. By the way, that is exactly the best thing to do for any kind of anxiety or worry.”*

If clinical (12+).

Engagement [Validate distress]:

- *“Your score is 23. Scores over 12 mean that you are dealing with thoughts and feelings that do cause you some stress and can be really upsetting sometimes. No wonder you are having a rough time.”*

Psychoed [Info about PTS and PTSD - Normalizing]: “

- **Young children:** *“kids have feelings and worries like yours after going through things like [NAME SOME OF CHILD’S TRAUMATIC EVENTS]. These feelings and worries can be hard. I see a lot of kids, and parents, who have feelings like these.”*
- **Older children and parents:** *“These questions find out about feelings, thoughts, worries and behaviors that sometimes go with having been through traumas like [NAME SOME OF CHILD’S TRAUMATIC EVENTS]. Together these are called posttraumatic stress. Have you heard of that? I’ll write it down, and I can give you a handout. Posttraumatic stress is what some soldiers can get after war. Did you know that abuse causes even more posttraumatic stress than war? It is normal to have intense reactions right after a trauma. Usually the reactions lessen over time, but sometimes they can continue or even get worse. PTS is memories or reminders of the trauma that bring back the feelings and physical reactions from during the trauma. Because it feels bad, people naturally want to avoid those feelings so they avoid reminders of what happened or just shut down emotionally. Unfortunately, even though the avoidance works really well temporarily, avoidance doesn’t solve the PTS and can actually keep it going.”*

Engagement [Hook into treatment]:

- *“We have a treatment [OR PROGRAM-I like program] that works really well for exactly these feelings and worries. It helps lower the stress so you/your child can feel normal again. You can start feeling better,, maybe in just a few weeks.”*
- *“I’ll ask you/your child to try some new things that help change the way you are feeling. A big part of feeling better is facing up to memories about what happened. That can be hard sometimes, but it’s how people get better.*
 - INTRODUCE ANALOGY (splinter, wound, falling off a bike/horse)
- **Older children and caregivers:** *“ I’ve got a handout that describes our program. Let’s look at it together.”*
 - Provide TF-CBT handout and review

Promoting adaptive cognitions [Info regarding treatment and prognosis]:

- *“Even though these traumas happened and you are having reactions, you should know that the majority of people can and do get better from PTSD.”; “Humans are better than you might think at overcoming terrible experiences.”; “We have a treatment that works most 80-85% of the time called TF-CBT.”; “You will be able to get your life back. It might be a new normal, but it will be a good life.”*

Impairment Questions

Feedback:

Engagement [Hook into treatment]: “This shows that your PTS symptoms are really making your life harder. We can help with that.”

How to use the Trauma Screen and CPSS as a Diagnostic Tool

The Trauma Screen plus the CPSS can yield probable DSM IV PTSD diagnosis:

- Criterion A1(determining that event was a trauma) comes from the Trauma Screen items (traumatic events child/adolescent experienced).
- Criterion A2 (experienced as traumatic) comes from the last set of questions on the Trauma Screen.
- Criteria B (re-experiencing), C (avoidance), and D (hyperarousal) come from the CPSS questions.
 - DSM-IV: Minimum of 1 (B) re-experiencing (items 1-5), 3 (C) avoidance/numbing (items 6-12), and 2 (D) hyperarousal (items 13-17).
- For Criterion E, look at the impairment items at the bottom of the CPSS (which evaluate interference in daily life).