CTAC Trauma Screening Checklist: Identifying Children at Risk

Ages 0-5

Please check each area where the item is known or suspected. If history is positive for exposure and concerns are present in one or more areas, a comprehensive assessment may be helpful in understanding the child’s functioning and needs.

1. Are you aware of or do you suspect the child has experienced any of the following:
   - _____ Known or suspected exposure to drug activity aside from parental use
   - _____ Known or suspected exposure to any other violence not already identified
   - _____ Impaired Parenting (i.e. Parent Mental Illness or Parental substance abuse)
   - _____ Multiple separations from parent/caregiver, including out of home placement(s)
   - _____ Frequent and multiple moves or homelessness
   - _____ Suspected neglectful home environment
   - _____ Suspected or known Prenatal Exposure to Alcohol/Drugs or Maternal Stress
   - _____ Physical abuse
   - _____ Emotional abuse
   - _____ Exposure to domestic violence
   - _____ Sexual abuse or exposure
   - _____ Significant loss of people, places etc.
   - _____ Hospitalization(s) Age? _____ Other

If you are not aware of a trauma history, but multiple concerns are present in questions 2, 3, and 4, then there may be a trauma history that has not come to your attention.

Note: Concerns in the following areas do not necessarily indicate trauma; however, there is a strong relationship.

2. Does the child show any of these behaviors:
   - _____ Excessive aggression or violence towards self or others
   - _____ Repetitive violent and/or sexual play (or maltreatment themes)
   - _____ Explosive behavior (excessive and prolonged tantruming)
   - _____ Disorganized (sudden changes/extremes) in behavioral states (i.e. attention, play)
   - _____ Very withdrawn or excessively shy
   - _____ Bossy and demanding behavior with adults and peers
   - _____ Sexual behaviors not typical for child’s age
   - _____ Difficulty with sleeping or eating
   - _____ Regressed behaviors (i.e. toileting, play)
   - _____ Lags in social/developmental skills
   - _____ Other

3. Does the child exhibit any of the following emotions or moods:
   - _____ Chronic sadness, doesn’t seem to enjoy any activities.
   - _____ Very flat affect or unresponsive behavior
   - _____ Quick, explosive anger
   - _____ Other

4. Is the child having relational and/or attachment difficulties?
   - _____ Lack of eye contact
   - _____ Sad or empty eyed appearance
   - _____ Overly friendly with strangers (lack of appropriate stranger anxiety)
   - _____ Vacillation between clingingness and disengagement and/or aggression
   - _____ Failure to reciprocate (i.e. hugs, smiles, vocalizations, play)
   - _____ Failure to seek comfort when hurt or frightened
   - _____ Other

When checklist is completed, please fax to:

Child’s First Name: ___________________________ Age: _______ Gender: _______

County: ___________________________ Date: __________

Henry, Black-Pond, & Richardson (2010), rev:11/13
Western Michigan University
Southwest Michigan Children’s Trauma Assessment Center (CTAC)
CTAC Trauma Screening Checklist: Identifying Children at Risk
Ages 6-18

Please check each area where the item is known or suspected. If history is positive for exposure and concerns are present in one or more areas, a comprehensive assessment may be helpful in understanding the child's functioning and needs.

1. Are you aware of or do you suspect the child has experienced any of the following:
   - _____ Known or suspected exposure to drug activity aside from parental use
   - _____ Known or suspected exposure to any other violence not already identified
   - _____ Impaired Parenting (i.e. Parental alcohol/substance abuse or Mental Illness
   - _____ Multiple separations from parent or caregiver
   - _____ Frequent and multiple moves or homelessness
   - _____ Physical abuse
   - _____ Suspected neglectful home environment
   - _____ Emotional abuse
   - _____ Exposure to domestic violence
   - _____ Sexual abuse or exposure
   - _____ Bullying
   - _____ Prenatal Exposure to Alcohol/Drugs or Maternal Stress
   - _____ Out of Home Placement(s) including Hospitalization/Foster Care Placement
   - _____ Loss of Significant people, places etc.
   - _____ Other ___________________________

If you are not aware of a trauma history, but multiple concerns are present in questions 2, 3, and 4, then there may be a trauma history that has not come to your attention. Note: Concerns in the following areas do not necessarily indicate trauma; however, there is a strong relationship.

2. Does the child show any of these behaviors:
   - _____ Excessive aggression or violence towards self
   - _____ Excessive aggression or violence towards others
   - _____ Explosive behavior (Going from 0-100 instantly)
   - _____ Hyperactivity, distractibility, inattention
   - _____ Very withdrawn or excessively shy
   - _____ Oppositional and/or defiant behavior
   - _____ Sexual behaviors not typical for child’s age
   - _____ Peculiar patterns of forgetfulness
   - _____ Inconsistency in skills
   - _____ Other ___________________________

3. Does the child exhibit any of the following emotions or moods:
   - _____ Excessive mood swings
   - _____ Chronic sadness, doesn’t seem to enjoy any activities.
   - _____ Very flat affect or withdrawn behavior
   - _____ Quick, explosive anger
   - _____ Other ___________________________

4. Is the child having problems in school?
   - _____ Low or failing grades
   - _____ Inconsistent or sudden changes in performance
   - _____ Difficulty with authority
   - _____ Attention and/or memory problems,
   - _____ Other ___________________________

When checklist is completed, please fax to:

<table>
<thead>
<tr>
<th>Child’s First Name:</th>
<th>Age:</th>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td>County/Site:</td>
<td>Date:</td>
<td>________</td>
</tr>
</tbody>
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