

Trauma assessment in children and adolescents:
Assessment, diagnosis, treatment, and special considerations
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1. Differential Diagnosis
2. Sexually Reactive Behaviors
 - a. Re-enacting behaviors
 - i. Young children may engage in traumatic play – a repetitive and less imaginative form of play where the child’s continued focus appears to be on the traumatic event or could represent an attempt to change the outcome of the trauma event
 - b. “Offending” behaviors – Problematic Sexual Behaviors (PSB)
 - i. More than 1/3 of sexual offenses against children are committed by other youth in the US and UK
 - ii. In the US children under 12 made up 23% of arrests of juveniles for rape or sexual assault for victims under 12 as of 2016, however prevalence rates for PSB without legal involvement are unknown
 - iii. Youth with PSB have more prevalent trauma histories that are closer in proximity to the PSB than what is found in adult offenders and youth with PSB have been found to be of lower risk for recidivism and greater responsibility to intervention that previously believed
 1. studies from the 2000s indicate sexual offense recidivism rates of around 2.75%, which was 73% lower than found in studies from 1980–1995 (Caldwell, 2016).
 - c. Developmentally appropriate behaviors
3. Trauma Experiences
 - a. Witnessed vs. Experienced
 - b. School shootings/lockdown drills
 - c. Sexual Trafficking occurs when someone uses force, fraud, or coercion to cause a commercial sex act with an adult or causes a minor to commit a commercial sex act, defined as prostitution, pornography, and sexual performance done in exchange for any item of value (money, drugs, shelter, food, clothing)
 - i. The common age a child enters sex trafficking is 14-16
 - ii. May commonly be seen as prostitution but defined as sex trafficking under federal law
 - iii. Sex trafficked children are often misidentified and instead treated for: drug abuse, alcohol abuse, domestic violence, delinquency, teen pregnancy, STIs, abortion
 - d. Dating Violence https://www.loveisrespect.org/pdf/Dating_Abuse_Statistics.pdf
 - i. 1 in 3 teens in the U.S. is a victim of physical, sexual, emotional or verbal abuse from a dating partner.
 - ii. Girls and young women between the ages of 16 and 24 experience the highest rate of intimate partner violence - almost *triple* the national average.

- iii. Only 33% of teens who were in an abusive relationship ever told anyone about the abuse.
 - iv. 43% of dating college women report experiencing violent and abusive dating behaviors, but 58% say they don't know how to help someone who's experiencing it.
 - v. Violent relationships in adolescence can have serious ramifications by putting the victims at higher risk for substance abuse, eating disorders, risky sexual behavior and further domestic violence.
- e. How children may react to trauma
- i. Preschool and young school aged children – may experience feelings of helplessness, uncertainty about continued danger, general fear extending beyond the traumatic event and into other aspects of their life, difficulty describing in words what is bothering them or their emotional experiences.
 - 1. May present as loss of acquired developmental skills
 - 2. Poor sleep, nightmares, night terrors, fear of going to sleep
 - 3. difficulty in separation from parents
 - 4. Loss of speech or toileting skills
 - ii. School aged children may elicit feelings of persistent concern over their safety or safety of others in their school/family, preoccupation with their own actions during the trauma experience, guilt/shame, may engage in constant retelling of the trauma story, overwhelmed by their emotions
 - 1. Sleep disturbances
 - 2. Problems concentrating and learning at school
 - 3. Headaches/stomach aches without obvious cause
 - 4. Reckless/aggressive behavior
 - iii. Adolescents may feel self-conscious about their emotional responses, have feelings of fear, vulnerability, and concern about being labeled or seen as different from peers resulting in withdrawal from others, guilt/shame, fantasies about revenge or retribution, self-destructive or accident prone behaviors
4. Assessment Measures
- a. Self-Report
 - i. Children's Depression Inventory 2, Self-Report, Short Form (CDI 2) - The CDI 2 is a self-report measure to assess cognitive, affective, and behavioral signs of depression in children and adolescents aged 7 to 17.
 - ii. Child PTSD Symptom Scale (CPSS-V) - The CPSS-V is a 27-item self-report measure that assesses PTSD diagnostic criteria and symptom severity in children ages 8 to 18.
 - iii. Trauma Symptom Checklist for Children (TSCC) - The TSCC is a brief measure of post-traumatic stress and related symptoms for use with children and adolescents ages 8 to 16 years of age who have experienced traumatic events.
 - iv. Suicide Behaviors Questionnaire -Revised (SBQ-R) - The SBQ-R has 4 items, each tapping a different dimension of suicidality. Item 1 taps a

lifetime history of suicidal ideation and suicide attempt. Item 2 assesses the frequency of suicidal ideation over the past year. Item 3 assesses a history of suicide threats, and item 4 asks the individual to rate themselves on the likelihood that they will attempt suicide someday.

- v. Difficulties in Emotion Regulation, Short Form (DERS-SF) - The DERS-SF is an 18-item self-report measure that assesses emotion regulation problems among adolescents and adults.
- vi. Child Behavior Checklist Youth Self-Report Ages 11-18 (YSR) - The YSR is a child-report measure that assesses problem behaviors along two broad scaled, internalizing and externalizing.
- vii. Personality Assessment Measures
- viii. Intellectual Testing
- ix. Projective Measures - Feelings Faces and Touch Survey
 - 1. Feeling Faces - the evaluator divides a sheet of paper into four boxes and draws faces showing happy, sad, mad, and scared expressions. The child is then asked by the evaluator what types of things make him/her feel each emotion in turn.
 - 2. Touch Survey - the evaluator draws six boxes and identifies six types of touching (hugging, tickling, spanking, kissing, hitting, and private touching). The child is then asked about who engages in those different touches with her/him, how those made her/him feel, and where on her/his body those touches occurred.

b. Collateral Report

- i. Trauma Symptom Checklist for Young Children (TSCYC) - The TSCYC is a 90-item caregiver-report measure of trauma-related symptoms in children ages 3 to 12.
- ii. Child and Adolescent Trauma Screen -Caregiver Report (CATS) - The CATS is a three-part measure based on the DSM-5 diagnostic criteria for Post-Traumatic Stress Disorder (PTSD) completed by caregivers on behalf of the child. Caregivers are first asked to identify whether or not children have experienced any of a broad-range of 15 potentially traumatic events. Parents are then asked to rate whether or not the child has been displaying any symptoms of post-traumatic distress in the past two weeks and whether or not these symptoms have resulted in any functional impairment for the child.
- iii. Child Behavior Checklist for Children, Ages 6-18 (CBCL/6-18) - The CBCL/6-18 is a parent/caregiver-report measure of emotional, behavioral, social, cognitive, and interpersonal functioning during the previous six months.
- iv. Child Sexual Behavior Inventory (CSBI) - The CSBI is a 38-item caregiver-report measure of any sexual behavioral problems in the child or adolescent. The measure yields three scores: the CSBI Total, the Developmentally Related Sexual Behavior (DRSB), and the Sexual Abuse

Specific Items (SASI). The CSBI Total assesses nine main domains of sexual behavior: boundary problems, exhibitionism, gender role behavior, self-stimulation, sexual anxiety, sexual interest, sexual intrusiveness, sexual knowledge, and voyeuristic behavior. The DRSB reflects level of age-and gender-appropriate behavior. The SASI contains items that are related to sex abuse history and behaviors which are more commonly seen in children who have been exposed to adult sexuality or who have been abused themselves than by children who have not had these experiences.

5. Treatment Recommendations
 - a. Body Safety
 - b. Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
 - c. Prolonged Exposure Therapy (PE) – for adolescents
 - d. Problematic Sexual Behavior -Cognitive Behavioral Therapy (PSB-CBT)
 - e. Supportive Therapies
 - f. Referral for treatment for co-occurring conditions (ADHD, ODD, Mood disorders)
6. Special Considerations
 - a. Issues around consent/assent
 - b. Ongoing criminal investigations
 - c. Collateral interviews
 - d. Mandated reporting
 - e. Use of Interpreters
 - f. Caregiver Trauma Experiences & Intergenerational Trauma
 - g. Children/Adolescents with Intellectual Disabilities and Autism Spectrum Disorders
 - i. Silencing
 - ii. Learned Compliance
 - iii. Segregation & Isolation
 - iv. Lack of educational opportunities
 - v. Devaluation
 - h. Impacts on Education
 - i. IEP and 504 Plans
 - ii. Loss of acquired skills
 - iii. Attendance issues
7. Lifetime impacts