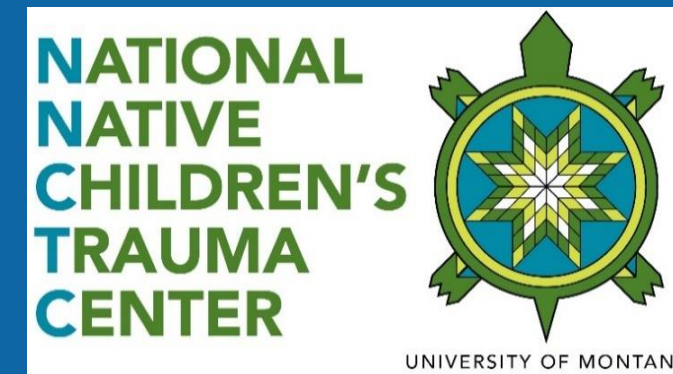
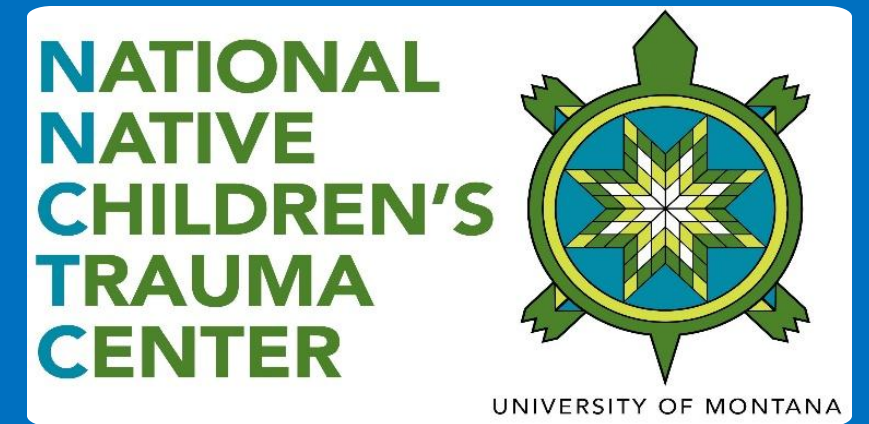


Trauma ScreenTIME Part 1

Debra Hallos, LCPC
Interventions Manager
The National Native Children's Trauma Center



National Native Children's Trauma Center



- NNCTC utilizes current research in Indian Country and *tribal* best practices and approaches to support *tribal* children, youth, and families who have experienced traumatic events and those who work in the *tribal* justice system.
- As a Category II Trauma Center in the Network our mission is to co-facilitate trauma focused healing for Native children, families, and communities.
- Partner with the Tribal Youth Resource Center to offer TTA



Deanna Chancellor

Project Director,

deanna.chancellor@mso.umt.edu

www.nativecac.org

We believe that Multidisciplinary Teams and Child Advocacy Centers are a powerful way to care for and protect our children.

Whether you are a Native nation considering starting an MDT or CAC, or you are a non-Tribal CAC interested in better serving Native children and families, we are here to support you.

We provide:

- ❑ T/TA on the formation and accreditation of Tribal MDTs and CACs;
- ❑ guidance on building authentic partnerships with Native nations;
- ❑ connection with a peer network of CACs/MDTs run by Native nations and partners.

Before We Get Started...

This project was supported by Grant 15PJDP-24-GK-02602-MUMU awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice.

This resource was prepared by the Native Child Advocacy Resource Center with support from the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention(OJJDP), award #2020-CI-FX-K012. T

The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect those of the Department of Justice.



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Part I Agenda

Why Screen for Traumatic Stress

How to Develop a Screening Process for your Program

How to Choose Screening Measures for your Program

traumascreentime.org



Core
Course



Schools
Course



Pediatric Primary
Care Course



Early Childhood
Course



Why Screen for Trauma and Traumatic Stress?

What are the three Es?



Events



Experiences



Effects



SAMHSA
Substance Abuse and Mental Health
Services Administration



Events

Difficult or stressful things that can happen to a child

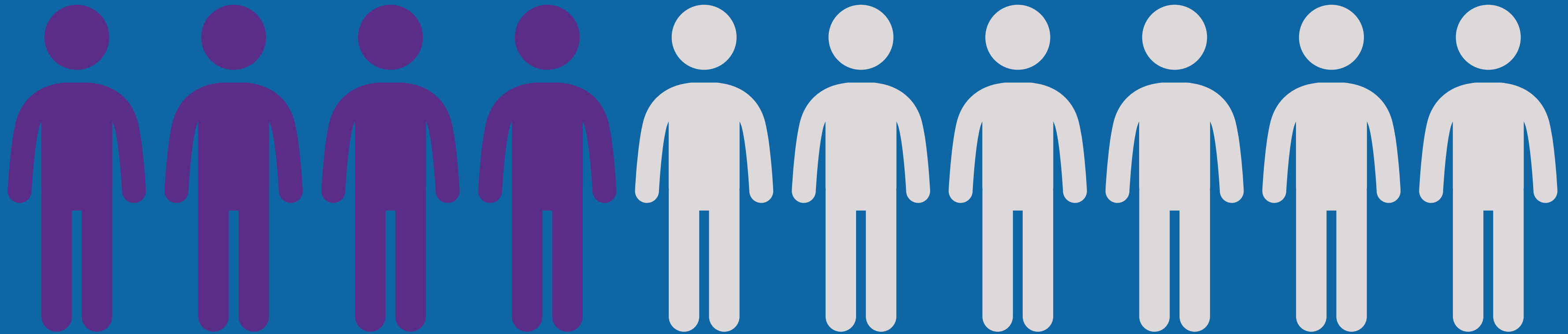
- Potentially traumatic events (PTEs)
- Adverse childhood experiences (ACEs)
- Adversities

Direct exposure to violence, crime, or abuse in the past year



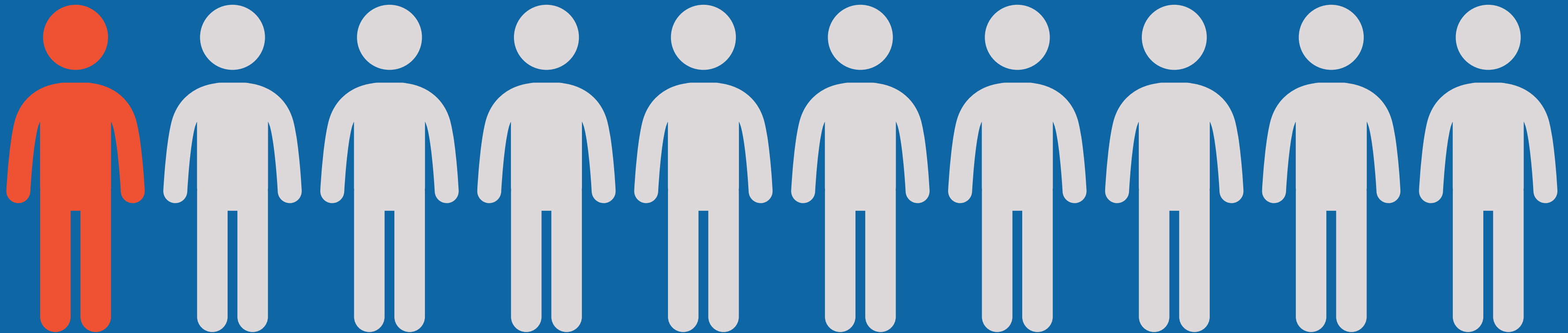
61% experienced at least **one type**
of direct exposure

Direct exposure to violence, crime, or abuse in the past year



41% experienced **multiple types**
of direct exposure

Direct exposure to violence, crime, or abuse in the past year



10% experienced **six or more types**
of direct exposure

Juvenile Justice Involved Youth Report Experiencing Trauma



80%

experienced at least **one type**
of direct exposure



Experience

The child's subjective experience or understanding about what happened. An event that is very upsetting for one child may not be as traumatic or upsetting for another child.

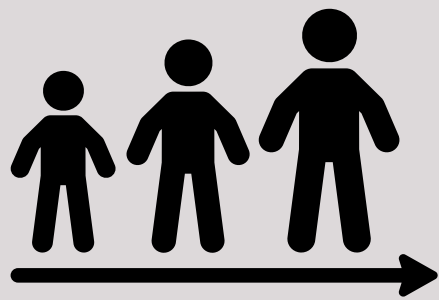


Experience

“How the individual labels, assigns meaning to, and is disrupted physically and psychologically by an event will contribute to whether or not it is experienced as traumatic.”



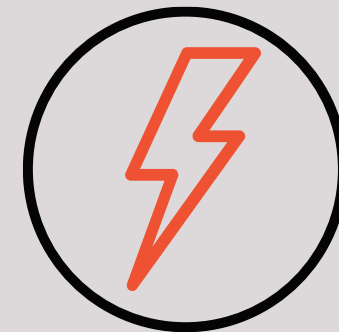
Experience



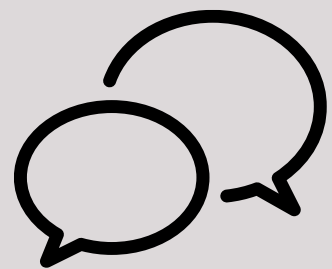
Child's age



Developmental
level



History of trauma
or adversity



Understanding and
communication



Level of support
available



Effects



More observable concerns

- Withdrawal
- Irritability
- Inattention
- Aggression
- Behavior problems
- Aches and pains
- Sleep problems



Less observable concerns

- Fear
- Anxiety
- Emotional numbing
- Flashbacks
- Hypervigilance
- Shame and guilt
- Negative thoughts
- Avoidance
- Intrusive thoughts



Effects



More observable concerns

- Aggression
- Withdrawal
- Behavior problems

Traumatic Stress Reactions

Wide range of emotional, behavioral, and cognitive symptoms associated with exposure to potentially traumatic events

- Hypervigilance

Screening for Trauma can be Useful for:



The **child and family** you're working with



You and the **organization** you work for



If a child is **experiencing traumatic stress reactions**, this distress may:

- Persist
- Worsen
- Lead to health and social concerns



Support the child's recovery and reduce effects of trauma exposure



Avoidance is common among people who experience trauma exposure

Talking about trauma exposure and reactions in the screening process:

- Helps to destigmatize discussions of trauma
- Helps the family feel understood



Screening provides important information on **trauma exposure** and **reactions**

- What types of events can be traumatic
- What the common effects are



Screening provides **strategies** to help families support a child at home:



Enhancing
sense of safety



Communication
about traumatic
stress reactions



Additional supports
or treatment



Screening helps:

- Understand children's behaviors
- Make better decisions
- Support caregivers



Opportunities to:

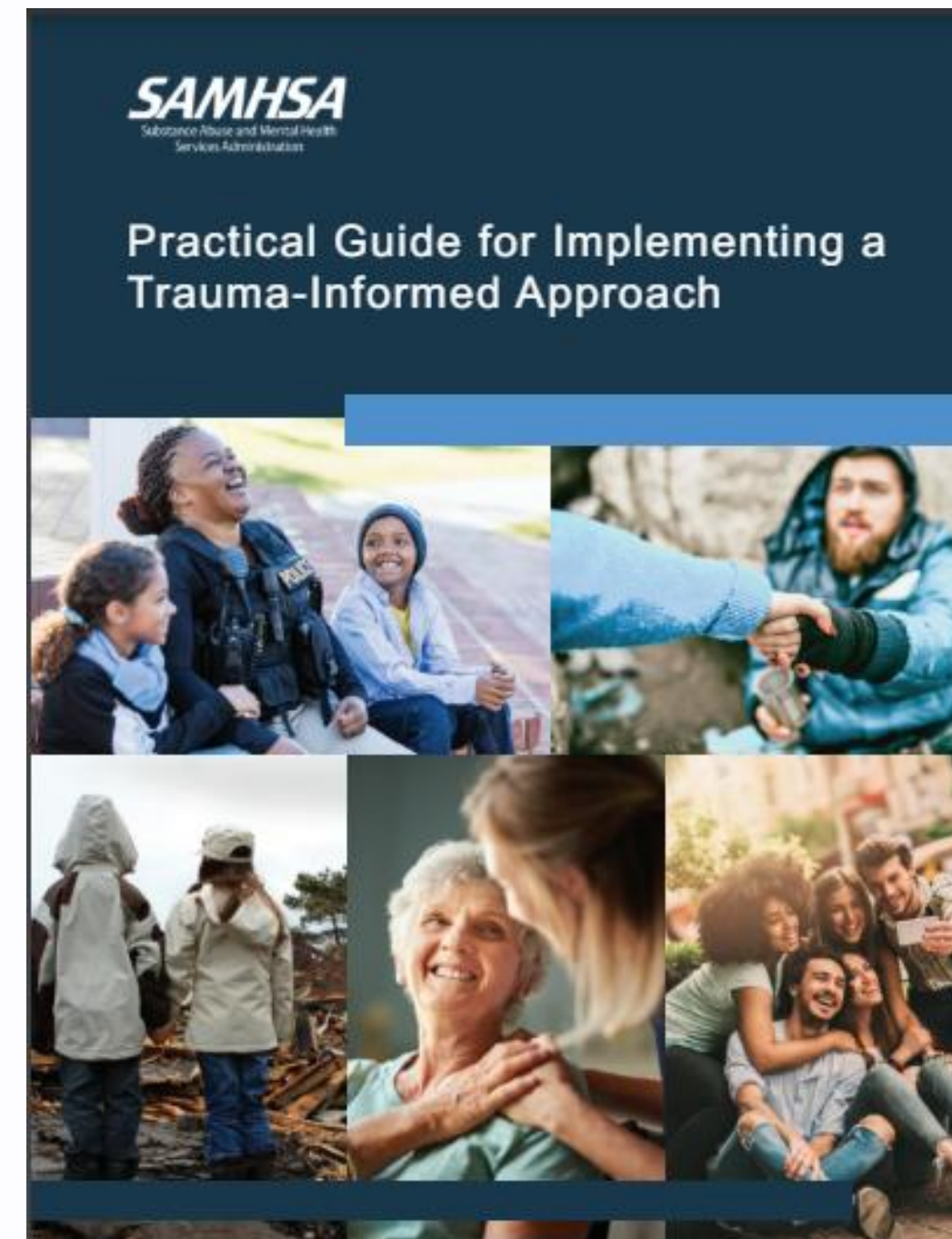
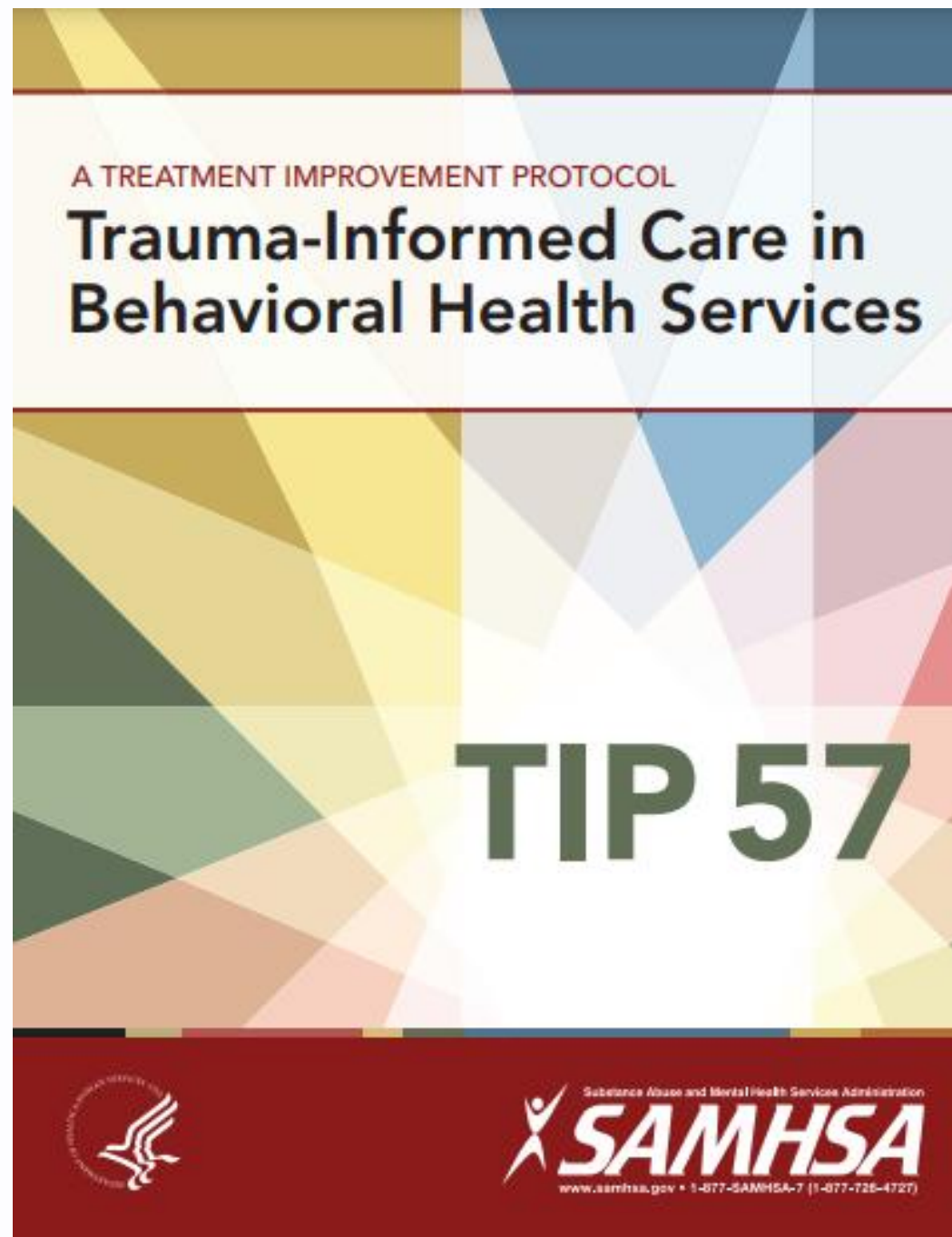
- Build resilience
- Enhance safety
- Reduce likelihood of future exposure



Discussion
about trauma

**Provide strategies for
getting immediate support**

Resource: Trauma-Informed Organizations



Common Questions



Is screening too time consuming?



- Several measures can be completed in <10 minutes
- For children with little or no trauma exposure or reactions, screening will only take a few minutes

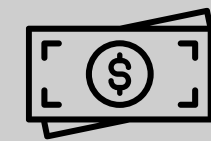
Is screening too time consuming?



In some instances, screening may take longer because a child has experienced more trauma exposure or traumatic stress reactions

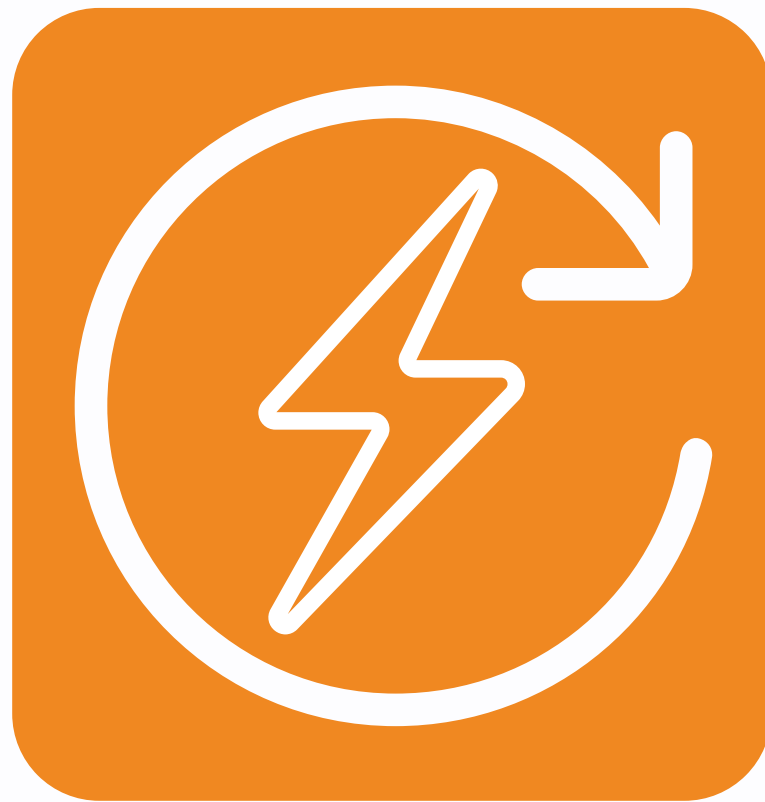


Save **time**



Save **costs**

Will screening re-traumatize the child or family?

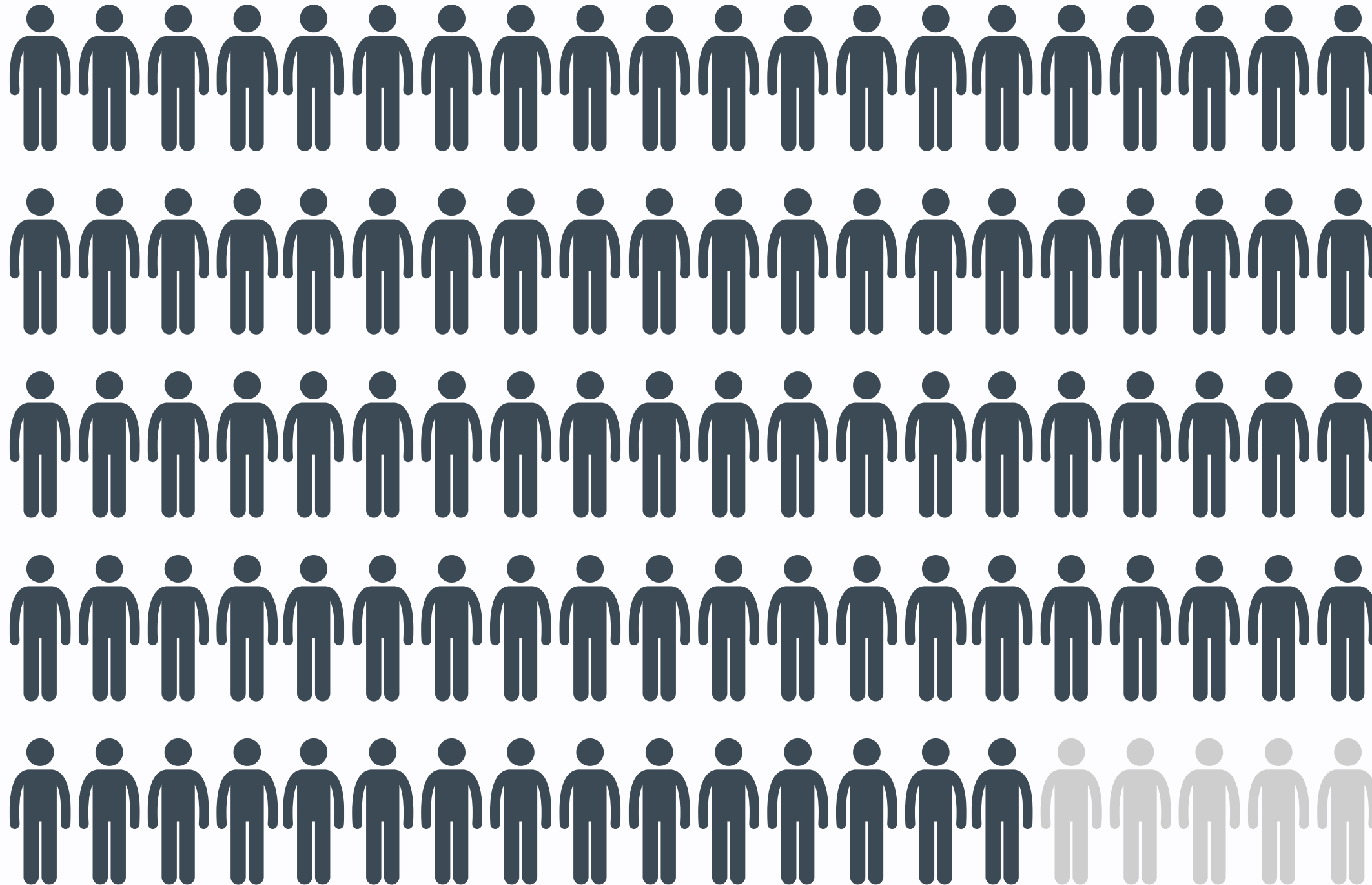


Extreme distress is very rare

Extreme Distress



Extreme Distress



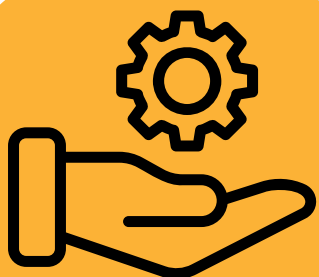
***95% said they
would still
answer the
questions again
if asked.***

Extreme Distress

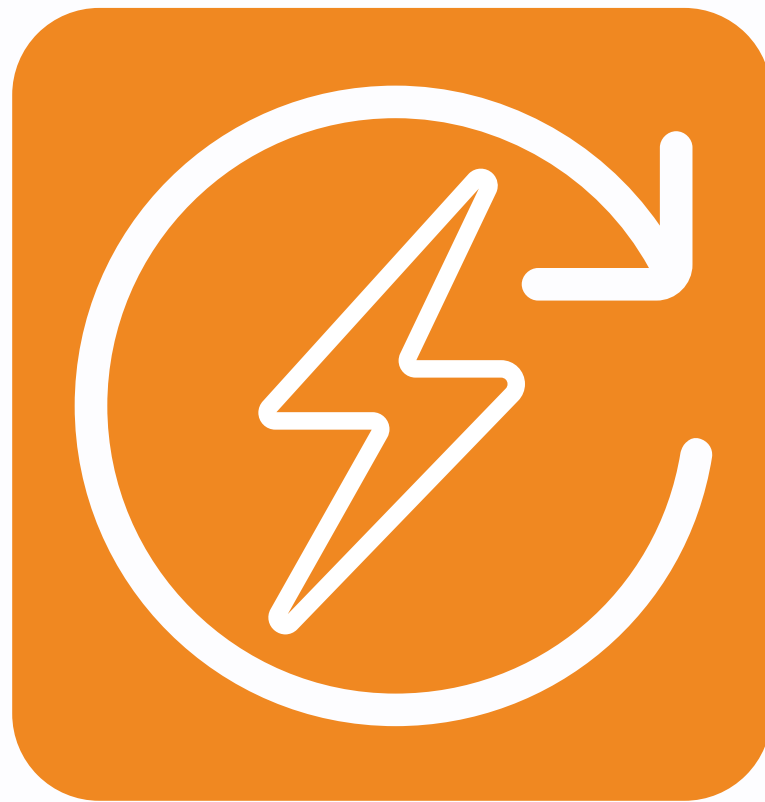
"Pretty upset"

"A lot upset"

**Who most needed
trauma-focused services?**



Will screening re-traumatize the child or family?



Distress can be
minimized with
support



Many feel relieved
to be asked about
trauma

Consider what happens if we ***don't screen*** a
child experiencing distress

Do I have the skills to screen if I'm not a clinician or therapist?



- Trauma screening **can** be administered by people without clinical training
- Child serving staff without clinical training often conduct screening for a range of concerns, including:
 - > Autism
 - > Substance abuse
 - > Suicide
 - > Learning disabilities
 - > Maternal depression

Do I have the skills to screen if I'm not a clinician or therapist?



Screening **does not** involve making a diagnosis



If screening identifies concerns, connect with a mental health professional

I already know the child's trauma history. Will I learn any new information?



- Many people don't disclose information about trauma unless asked directly
- There may be other types of exposure you don't know about

I already know the child's trauma history. Will I learn any new information?



***Any
Questions?*** ???



How do you Develop a Screening Process for your Program or Organization?



Who



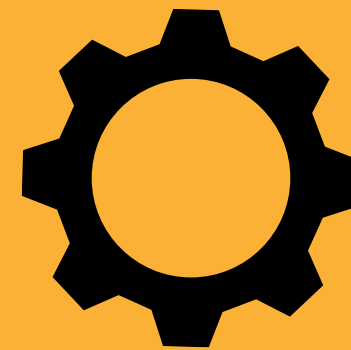
What



When



Where



How



Who

is being screened?



Universal screening



Selected cohort screening



Targeted screening



Universal screening

Screening all
children
in your setting



Selected cohort screening

Screening of all children of a certain age, grade,
or cohort NOT based on identified concerns



Targeted screening

Screening specific children for trauma exposure and reactions based on certain risk factors or concerns



Who

**will answer the
screening questions?**



**Screening a
child alone**



**Screening a
caregiver alone**



**Screening a
child/caregiver
together**



**Screening a
child/caregiver
separately**



Benefits

- Takes less time
- More available in some settings
- Know the most about their trauma exposure/effects
- May disclose situations they wouldn't in the presence of a caregiver



Drawbacks

- May not disclose and you miss out on caregiver's insight
- Not feasible for very young children or children with developmental delays



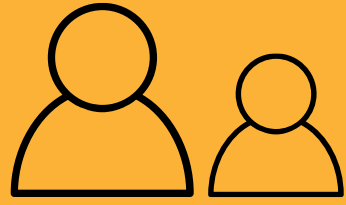
Benefits

- Can provide information about very young/developmentally delayed children
- Additional knowledge about child's trauma
- May be more willing to share information about trauma without child present
- Takes less time to screen



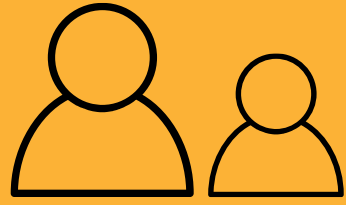
Drawbacks

- May be unaware of child's experiences
- May not share information due to shame, guilt, or concern about consequences
- May be causing harm



Benefits

- May be more comfortable
- Caregivers can offer support
- Easier to discuss next steps



Drawbacks

- Children may not disclose trauma
- Caregivers may find it difficult to support the child
- Caregiver may minimize, deny, or disbelieve disclosures

Screening a
child/caregiver
separately



Benefits

- Provides a more complete picture of the child's experiences
- Improves communication between the child and caregiver

Screening a
child/caregiver
separately



Drawbacks

- Takes more time/may not be feasible
- Interpretation of the results is more complicated



Who

**will conduct
the trauma screening?**

When determining who to screen, consider...



To what extent do they already know the child or family they'll be completing the trauma screening with?



Do they have general behavioral health knowledge?



What level of experience and training in trauma and/or trauma screening does the person have?

When determining who to screen, consider...



Do they have time to:

- Conduct screening
- Discuss results with families
- Make referrals
- Support the family with next steps



What is the availability of support or supervision to discuss training best practices and staff wellness?

Staff should receive training and supervision/consultation

? What

What resources will I need?

What services are available?

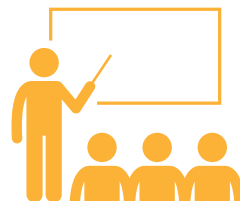
What resources will I need?



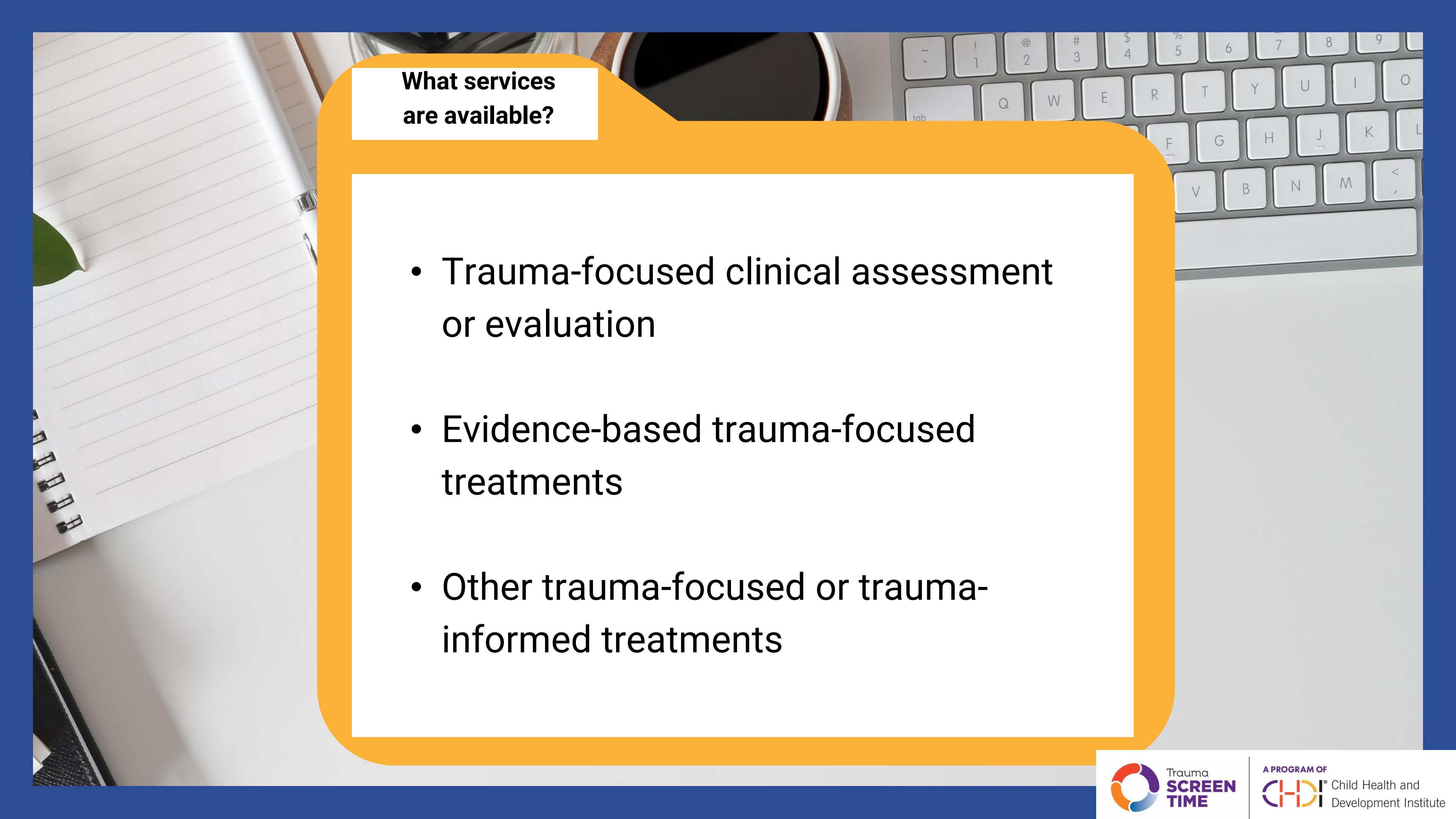
- Sufficient staff and time to screen



- Access to a place and time to do the screening with identified children



- Access to training and supervision, coaching, or consultation



What services are available?

- Trauma-focused clinical assessment or evaluation
- Evidence-based trauma-focused treatments
- Other trauma-focused or trauma-informed treatments

What

services are available?

Evidence-based trauma-focused treatments

Specific types of talk therapy that have been shown to be effective for children who have experienced trauma

For more information on these treatments go to NCTSN.org





Screening **earlier**

- Lets families know that trauma is an important consideration
- Normalizes discussions about trauma
- Results in earlier support and service connections



Screening **later**

- More time to develop relationships and trust
- More time to learn about the child and family to inform screening and service planning needs



Practical Considerations

- Is there a natural place to incorporate trauma screening with other screening or assessment measures?
- Is there a good reason to do trauma screening separately?
- Will there be adequate time to screen, discuss the results, and determine next steps?

Practical Considerations

- When are the results more likely to be used and be most helpful?
- When in the child and family's involvement are they likely to be most comfortable with and benefit from trauma screening?





In-person



Benefits

- More natural and helps build rapport
- Easier to pick up on body language and non-verbal cues
- Greater control of the environment
- Easier to provide support
- Easier to share resources/connections



In-person



Drawbacks

Some families may prefer not to meet in person or be unable to meet in person



Virtual



Benefits

- Allows you to screen when the child or family cannot easily be seen in person
- Accommodates families who prefer virtual screening or to remain at home



Virtual



Drawbacks

- Technology limitations
- Difficult to build rapport
- Difficult to share resources
- Difficult to make warm handoffs to a behavioral health provider
- Less control of the environment



How



How

will you conduct your screen?



Interview conducted
by the screener



Self-report on paper
or electronically



Interview



Benefits

- Provides a seamless way to describe screening, get permission to screen, complete the screening, and discuss results
- You can observe non-verbal cues
- You can answer questions and provide support in the moment



Interview



Drawbacks

- Take more staff time per screening than self-report
- Limited by staff capacity when screening large numbers of children
- Potential for socially desirable responses
- Perceived lack of privacy may affect responses



Self-report



Screening
large
numbers of
children



Screening
universally
where fewer
children are
likely to screen
positive



Where self-
report
measures
are the standard
of practice



Screening
older
children



Self-report



Benefits

- It can offer more privacy
- Requires less staff time
- More efficient when screening large numbers of children
- Some people are more comfortable filling out a screening measure about trauma



Self-report



Drawbacks

- Can't observe non-verbal cues
- It can be more difficult to observe who is completing the screening measure and whether they are discussing it with anyone
- It can be more difficult to provide support or answer questions
- Reading ability may be a challenge for some children and caregivers
- Logistical challenges in some settings providing rapid follow-up to discuss results



How

do you handle challenging scenarios?



Suspected child abuse
and mandated
reporting



Concerns about suicide,
self-injury, or serious
harm to others



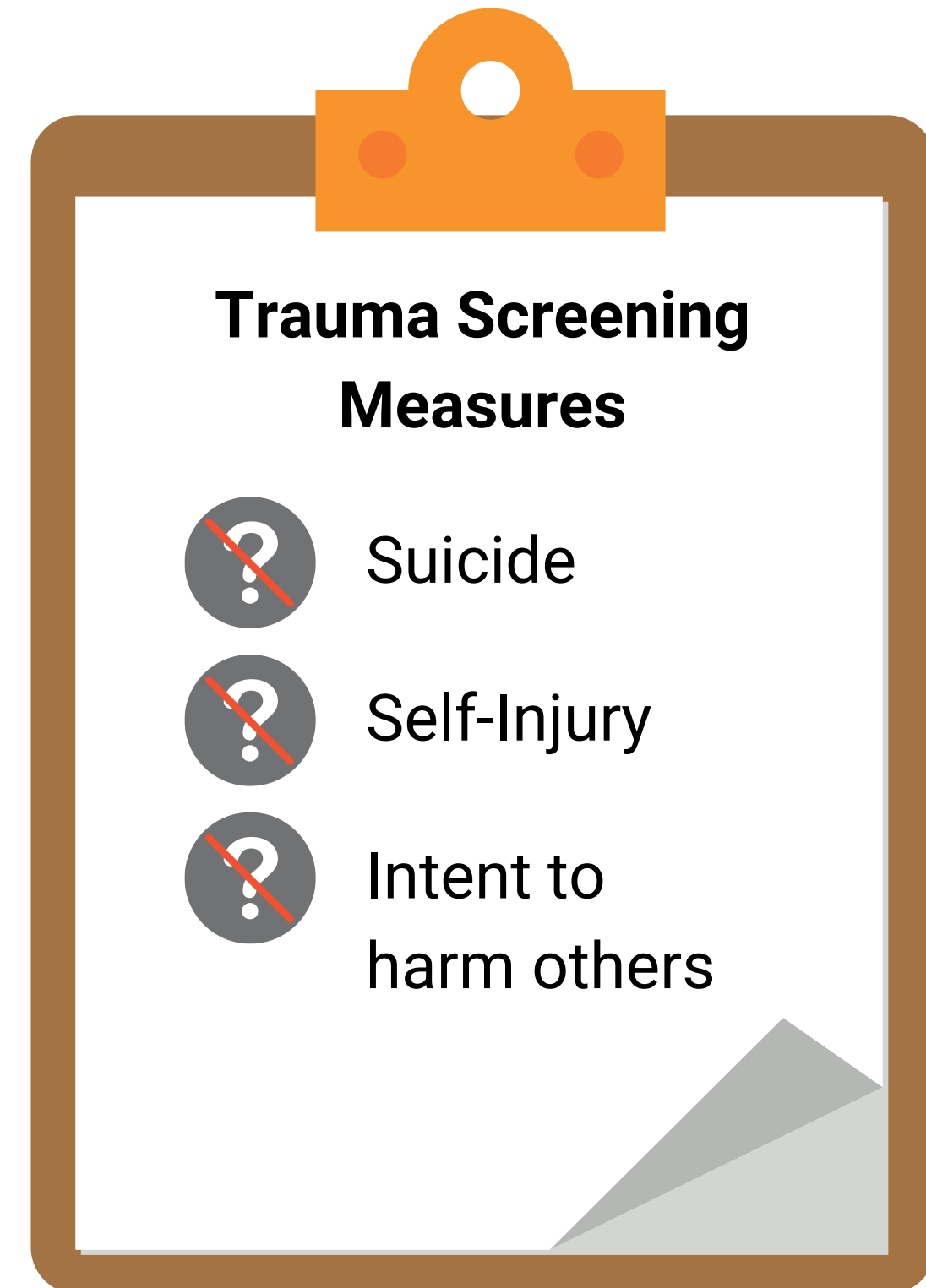
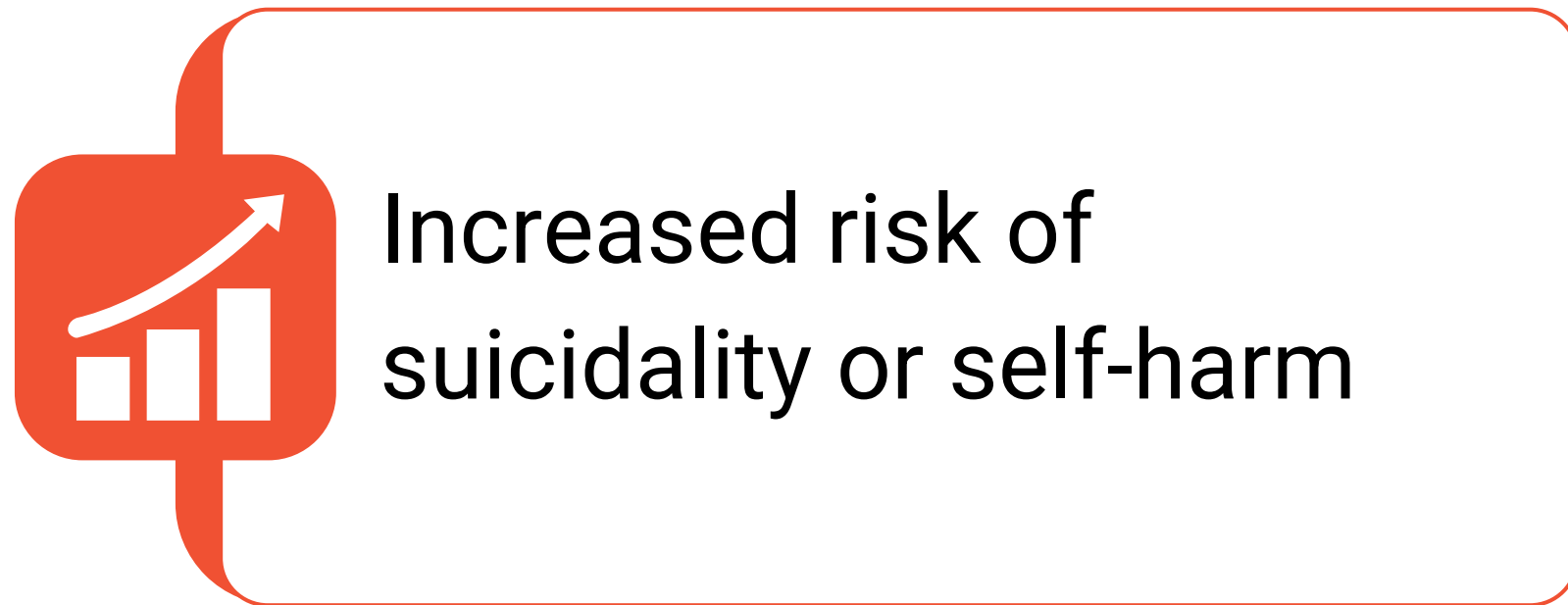
Child or caregiver
experiences extreme
distress

Mandated Reporting

The Federal Child Abuse
Prevention and Treatment
Act (**CAPTA**)



Concern about Suicide, Self Injury, or Harm to Others



Concern about Suicide, Self Injury, or Harm to Others

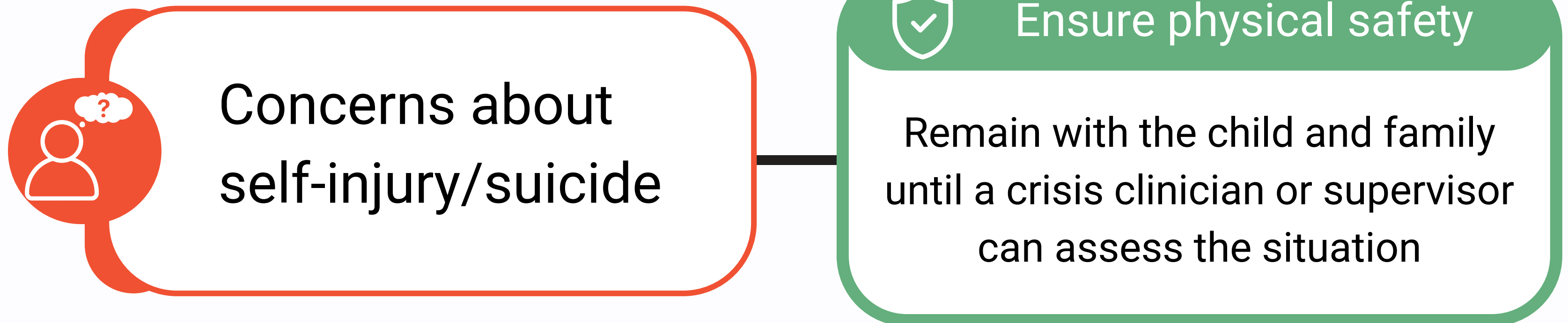


Children or caregivers may
volunteer information about
these issues



Concerns will be identified
if your organization
screens for suicide
and depression

Concern about Suicide, Self Injury, or Harm to Others



Concern about Suicide, Self Injury, or Harm to Others



Policies

- Risk of suicide
- Risk of self-harm
- Threats of harm to others

**Immediate Crisis
Support**

Extreme Distress

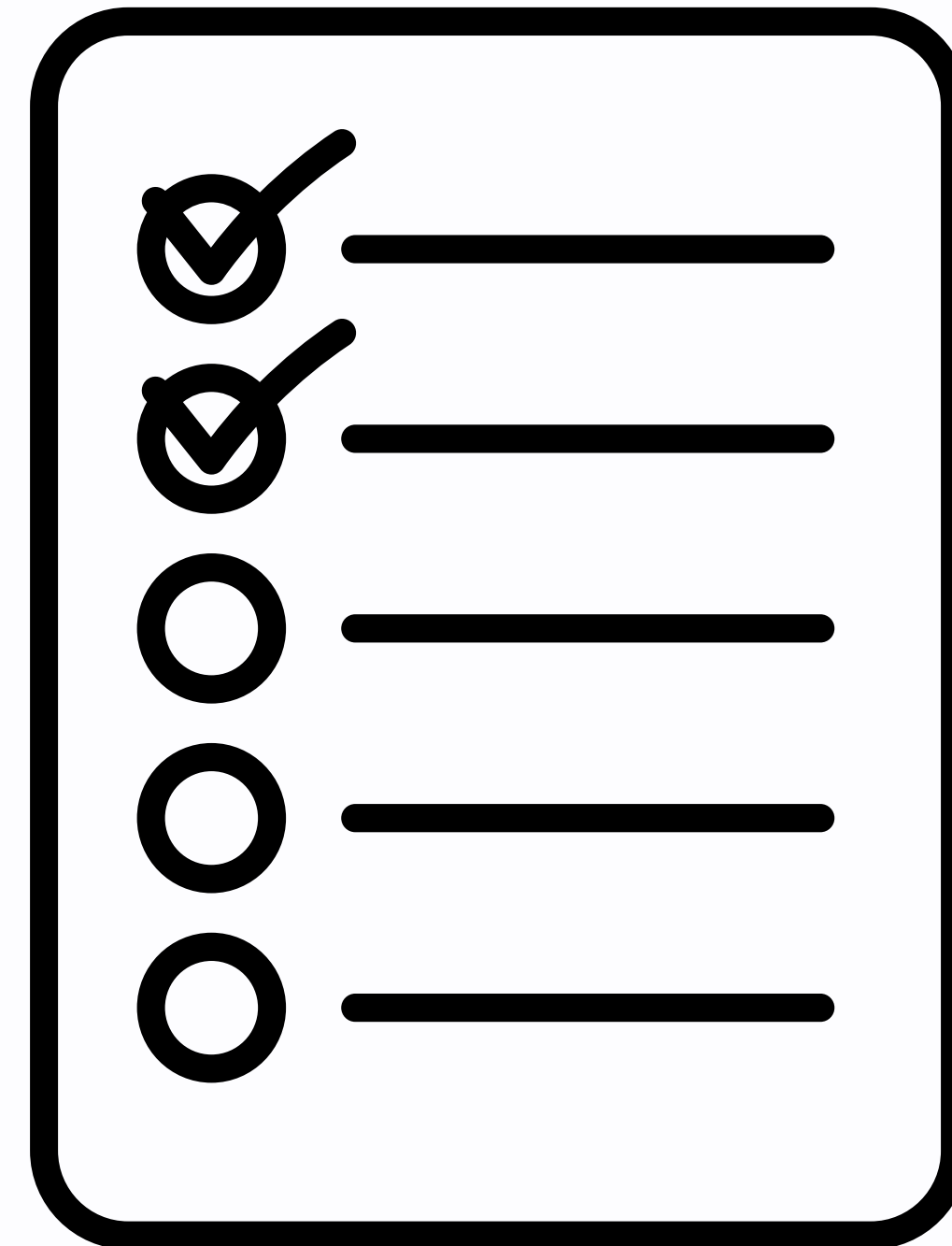


Extreme Distress



Plan

- Access to a counselor or therapist experienced with crisis management
- Provide support to staff following these situations




***Any
Questions?*** ???



How do you Select a Screening Measure?

Resource: Key Considerations when Selecting a Screening Measure



Key Considerations When Selecting A Trauma Screening Measure

What do you screen for?
We recommend using a screening measure that assesses both trauma exposure and reactions.

Though there are many types of trauma, adversity, and reactions that can be screened for, very brief trauma screening typically focuses on potentially traumatic events and post-traumatic stress symptoms. We do not recommend screening for trauma exposure or adversity [including adverse childhood experiences (ACEs)] alone, without also screening for traumatic stress reactions.

How can you ensure a screening measure is feasible for busy settings?
We recommend using a screening measure that:

- ❖ Is brief (e.g., can be completed in a few minutes)
- ❖ Does not require clinical training to administer
- ❖ Is freely available

Does the screening measure have research support?
We recommend using a screening measure that is evidence-based and has clear cutoff scores to indicate needs and/or for making referrals.

Is the screening measure appropriate for your population?
Some screening measures have only been validated or used with:



- ❖ Certain age groups
- ❖ Certain populations, such as largely non-racial/ethnic minority groups
- ❖ Children in certain settings (e.g., schools, primary care, child welfare, juvenile justice)
- ❖ Those who speak certain languages


We recommend selecting a screening measure that has been validated for use with the population you are working with. If no such screening measure is available, consider using the next best measure, or one that has been validated with similar populations.

How does trauma screening integrate with other screening measures used by your organization?
When implementing a screening measure, you should consider:

- ❖ The overlap or compatibility of the screening measure with other measures your organization is using.
- ❖ The measures that your partners are using. Using the same measure as partners may improve the sharing of information and reduce duplicate screening.

Are there resources to help me select a screening measure?
To assist you in selecting a screening measure, a summary of measures document is available as part of this training course. This provides information on the exposures and reactions covered by a screening measure, who reports these, the number of items, the languages the measure is available in, the setting and population the measure was validated with, and the availability of the measure.



 Child Health and Development Institute

ScreenTIME is funded through a grant from SAMHSA awarded to CHDI as part of the National Child Traumatic Stress Network

Does it measure potentially traumatic events and PTSD/traumatic stress reactions?

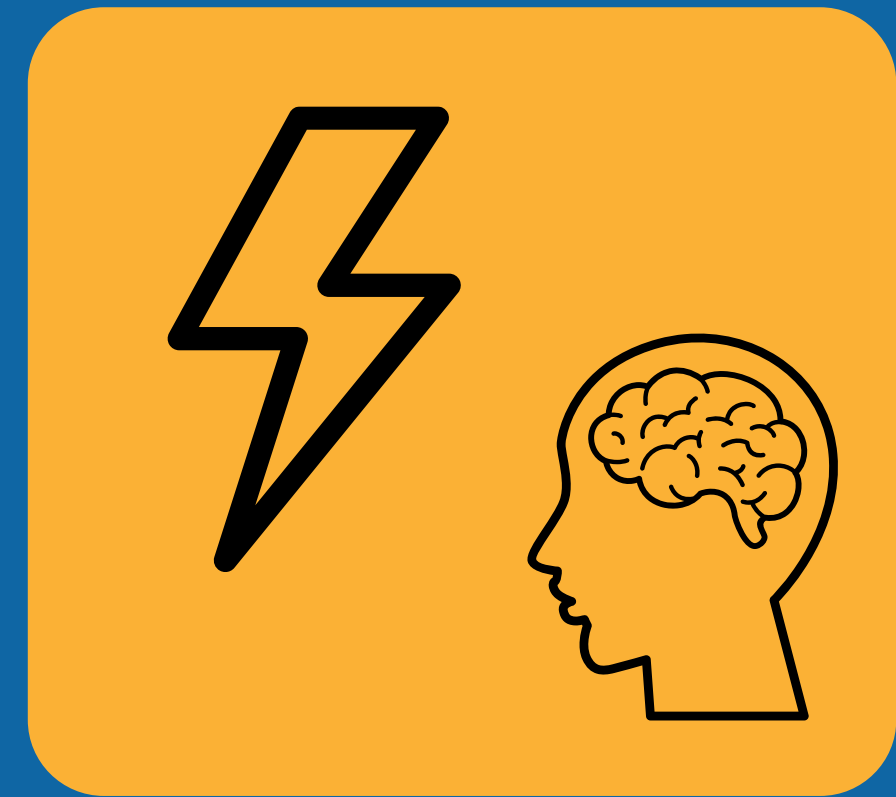
You could screen for:



Events or exposure
to trauma



Effects or
traumatic stress
reactions

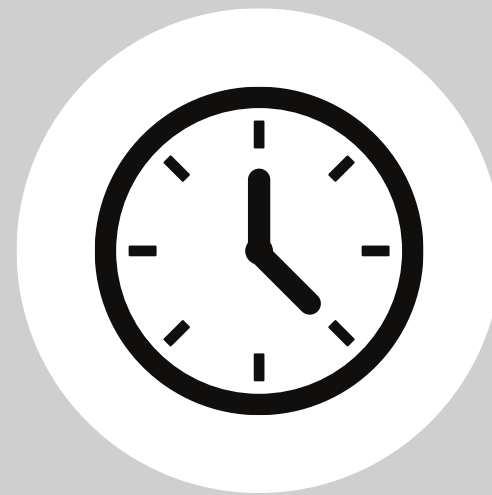


Both events and
effects

Is it sufficiently brief in length and time required to be feasible?



Screening measures
with 10 or fewer items
are available



Children and families
can complete screening
in just a few minutes



Is it free to use or, if not, is there funding available to cover the cost?



- Many screening measures are available at no cost
- If there is a cost, consider funding availability

Does it have evidence of its validity and a clear cutoff score?



Screening measures that you use should be evidence-based:

- Differentiate children who do/do not report traumatic stress reactions
- Have clear cutoff scores or norms

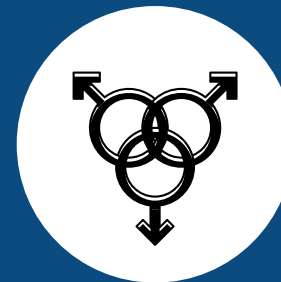
Is the screening measure appropriate for your population?



Screening measures validated for use with specific populations and in different languages:



Age groups



Sexes/genders



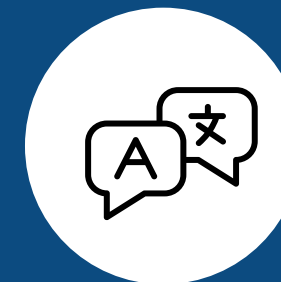
Racial/ethnic groups



Child report

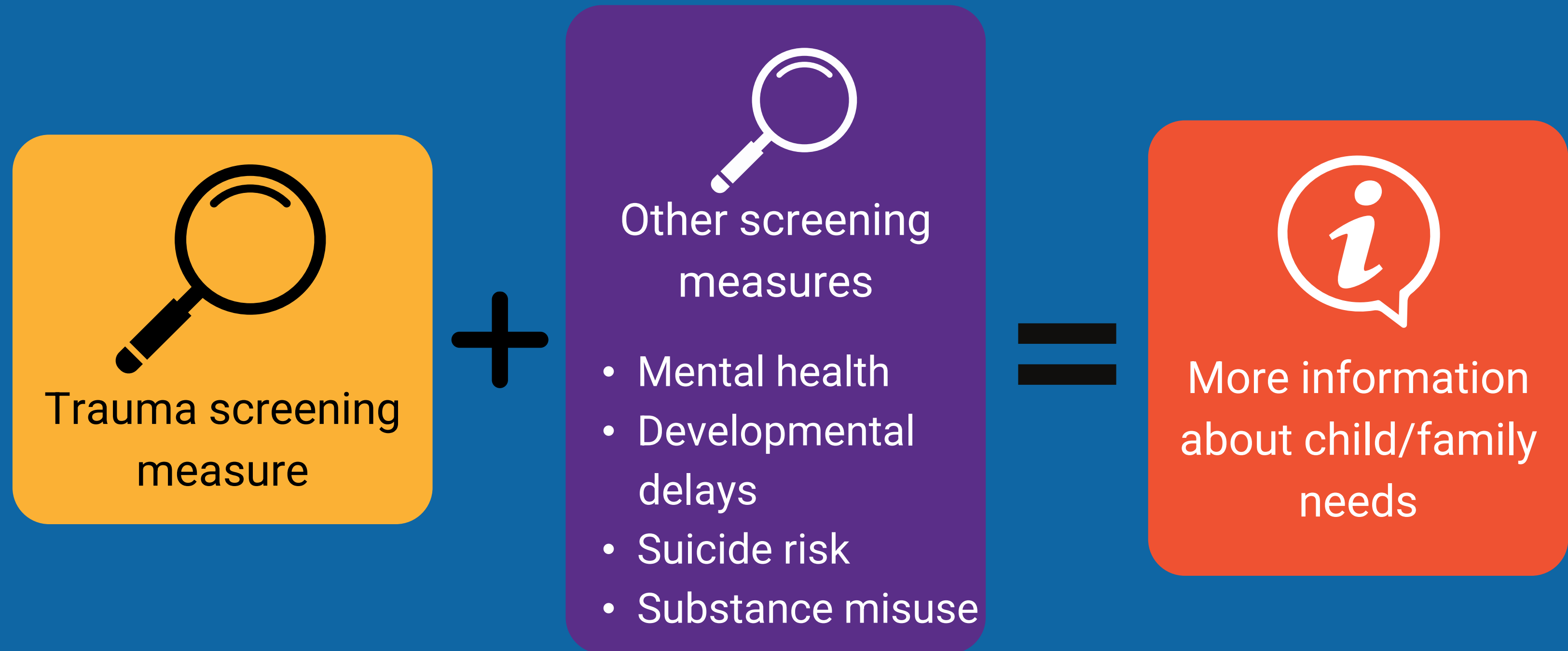


Caregiver report

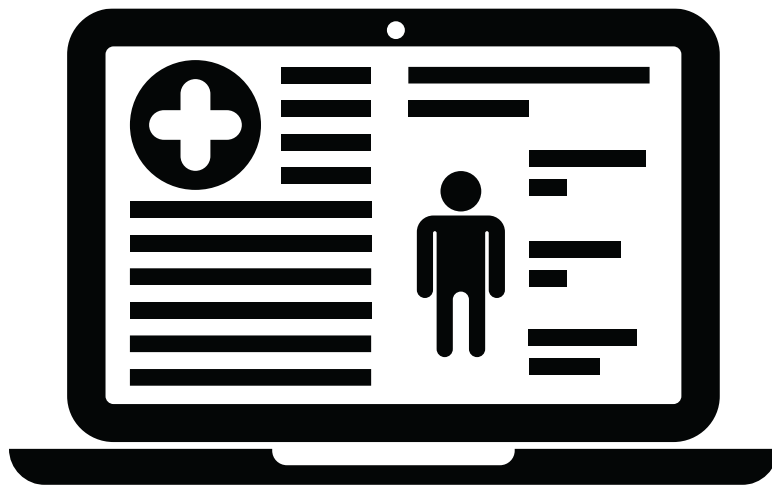


Other languages

Does it provide information that adds to or is not available from other measures you use?



Can it be integrated into an electronic health record or data system, if necessary?



Consider:

- Integration into your data system
- Any associated costs

Resource: Selecting a Screening Measure

Summary of Selected Trauma and Adversity Screening Measures



Summary of Selected Trauma and Adversity Screening Measures



A PROGRAM OF
 Child Health and
Development Institute

Resource: Child Trauma Screen (CTS)

CTS Child Report (Age 6-17)

1

Child Name/ID: _____ Age: _____ Gender: ☐ Male ☐ Female ☐ Other

Administered By: _____ Date Completed: _____

2

EVENTS: Sometimes, scary or very upsetting things happen to people. These things can sometimes affect what we think, how we feel, and what we do.

	Yes	No
1. Have you ever seen people pushing, hitting, throwing things at each other, or stabbing, shooting, or trying to hurt each other?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has someone ever really hurt you? Hit, punched, or kicked you really hard with hands, belts, or other objects, or tried to shoot or stab you?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has someone ever touched you on the parts of your body that a bathing suit covers, in a way that made you uncomfortable? Or had you touch them in that way?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has anything else very upsetting or scary happened to you (loved one died, separated from loved one, been left alone for a long time, not had enough food to eat, serious accident or illness, fire, dog bite, bullying)? What was it?	<input type="checkbox"/>	<input type="checkbox"/>

3

REACTIONS: Sometimes scary or upsetting events affect how people think, feel, and act. The next questions ask how you have been feeling and thinking recently.

How often did each of these happen in the last 30 days?	Never/ Rarely	1-2 times per month	1-2 times per week	3+ times per week
5. Strong feelings in your body when you remember something that happened (sweating, heart beats fast, feel sick).	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. Try to stay away from people, places, or things that remind you about something that happened.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7. Trouble feeling happy.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8. Trouble sleeping.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9. Hard to concentrate or pay attention.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
10. Feel alone and not close to people around you.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

NOTES:

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CTS Caregiver Report (Age 6-17)

1

Child Name/ID: _____ Age: _____ Gender: ☐ Male ☐ Female ☐ Other

Administered By: _____ Date Completed: _____

2

EVENTS: Sometimes, scary or very upsetting things happen to people. These things can sometimes affect what we think, how we feel, and what we do.

	Yes	No
1. Has your child ever seen people pushing, hitting, throwing things at each other, or stabbing, shooting, or trying to hurt each other?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has someone ever really hurt your child? Hit, punched, or kicked them really hard with hands, belts, or other objects, or tried to shoot or stab them?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has someone ever touched your child on the parts of their body that a bathing suit covers, in a way that made you or your child uncomfortable? Or has someone had your child touch them in that way?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has anything else very upsetting or scary happened to your child (loved one died, separated from loved one, been left alone for a long time, not had enough food to eat, serious accident or illness, fire, dog bite, bullying)? What was it?	<input type="checkbox"/>	<input type="checkbox"/>

3

REACTIONS: Sometimes scary or upsetting events affect how people think, feel, and act. The next questions ask how your child has been feeling and thinking recently.

How often did each of these happen in the last 30 days?	Never/ Rarely	1-2 times per month	1-2 times per week	3+ times per week
5. Your child has strong feelings in their body when they remember something that happened (sweating, heart beats fast, feel sick).	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. Your child tries to stay away from people, places, or things that remind them about something that happened.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7. Your child has trouble feeling happy.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8. Your child has trouble sleeping.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9. It's hard for your child to concentrate or pay attention.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
10. Your child feels alone and not close to people around them.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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CTS-YC Caregiver Report (Age 3-6)

1

Child Name/ID: _____ Age: _____ Gender: ☐ Male ☐ Female ☐ Other

Administered By: _____ Date Completed: _____

2

EVENTS: Sometimes, scary or very upsetting things happen to children. These things can sometimes affect what we think, how we feel, and what we do.

	Yes	No
1. Has your child ever seen people pushing, hitting, throwing things at each other, or stabbing, shooting, or trying to hurt each other?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has someone ever really hurt your child? Hit, punched, or kicked them really hard with hands, belts, or other objects, or tried to shoot or stab them?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has someone ever touched your child on the parts of their body that a bathing suit covers, in a way that made you or your child uncomfortable? Or has someone had your child touch them in that way?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has anything else very upsetting or scary happened to your child (loved one died, separated from loved one, been left alone for a long time, not had enough food to eat, serious accident or illness, fire, dog bite, bullying)? What was it?	<input type="checkbox"/>	<input type="checkbox"/>

3

REACTIONS: Sometimes scary or upsetting events affect how children think, feel, and act. The next questions ask how your child has been feeling and thinking recently.

How often did each of these happen in the last 30 days?	Never/ Rarely	1-2 times per month	1-2 times per week	3+ times per week
5. Your child has strong feelings in their body when they remember something that happened (sweating, heart beats fast, feels sick).	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. Your child tries to stay away from people, places, or things that remind them about something that happened.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7. Your child has upsetting thoughts, pictures, or memories come into their head.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8. Your child is grouchy, angry, or has temper tantrums for no clear reason.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9. Your child is jumpy or scared easily (like if hearing a loud noise).	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
10. Your child feels alone and not close to people around them.	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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Resource: TSSCA

University of Minnesota's Traumatic Stress Screen for Children and Adolescents (TSSCA)

Name of Child/Adolescent: _____ DOB: _____ Gender: ☐ M ☐ F
Interviewer Name/ID: _____ Assessment Date: _____

Below is a list of problems that people sometimes have after experiencing a bad or upsetting event. Bad or upsetting events might include being threatened or hurt, seeing someone else threatened or hurt, or feeling like your life was in danger.

Have you ever experienced a bad or upsetting event? ☐ Yes ☐ No

If yes, what was the bad or upsetting event? Feel free to list more than one.

When thinking about your bad or upsetting event, how often have the following problems happened to you during the past month?

DURING THE PAST MONTH, HOW OFTEN HAVE YOU...



	Never	Sometimes	Often
1. Had upsetting thoughts, images, or memories of the event come into your mind when you didn't want them to?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2. Felt afraid, scared, or sad when something reminded you about the event?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3. Tried to stay away from people, places, or activities that reminded you of the event?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4. Had trouble feeling happiness, enjoyment, or love?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5. Been on the lookout for danger or other things that you are afraid of (for example, looking over your shoulder when nothing is there)?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

_____ + _____ + _____

TOTAL _____

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***Any
Questions?*** ???

Part 2: March 10

- Best practices for the process of screening children and families
- Use results to increase understanding and guide next steps
- Use results to improve and maintain the screening process