# White Paper

# Early Identification of Childhood Victimization, Trauma, or Adversity

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## EXECUTIVE SUMMARY

Childhood victimization, trauma, and adversity is becoming more and more of a concern for communities, families, organizations, and policy makers. The research is clear that early identification and intervention can diminish the chances of negative effects and reduce the impact on the individual, family, and community. Both formal and informal screenings have been used to assess childhood trauma in youth, though concerns arise with both practices. Barriers to screening include a lack of professional time available to carry out best practices, lack of training on effective identification and screening practices, lack of cultural competence to make screening respectful and effective, and a lack of service providers to connect youth when a need is determined. While this area of literature is still growing, initial recommendations include ensuring that organizations take the time to plan, create procedures, and modify policies with intentional efforts to ensure that they are carried out purposefully and effectively. Many regional, state, and national initiatives have resources and tools to support local implementation.

# INTRODUCTION

According to the American Psychological Association[1], trauma is an emotional response to a negative event, such as emotion dysregulation, flashbacks, and strained relationships. Childhood trauma is considered to be America's hidden health crisis[2] with one in four individuals having experienced a traumatic event[3], such as abuse, neglect, or household dysfunction (e.g., incarceration in the family, parental divorce/separation) before the age of 18[3]. In addition to its prevalence, childhood trauma is often associated with a number of short- and long-term mental and physical health problems, including cancer and heart disease as well as depression and post-traumatic stress disorder (PTSD)[4].

Because childhood trauma is both prevalent and damaging, it is of grave importance to identify children early. Early identification can provide useful because it can potentially deter children from negative experiences that can come with trauma by offering protective factors[5,6] to promote resiliency. Early screening can also prevent misdiagnosis and inappropriate treatment planning[5]. The current literature regarding screening tools for early identification is a burgeoning area of study[7] with several formal (e.g., evidence-based questionnaire, universal screening) and informal (e.g., teacher referral) screening methods currently being used[8,9].

The current white paper seeks to culminate literature on both formal and informal screening tools to provide best practices for early identification. In particular, this paper will answer the following questions:

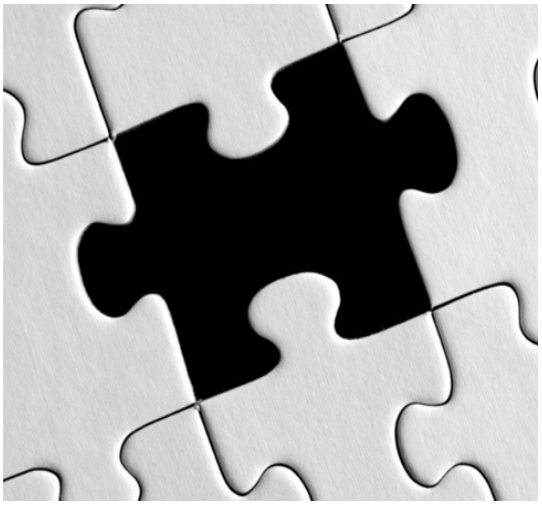
- What barriers currently exist for early identification?
- What literature currently exists to examine both formal and informal screening tools?
- What are recommendations for mitigating barriers to screening for trauma?
- What are best practices for the use of formal and informal screening tools?

# EARLY IDENTIFICATION

## Foundations of Early Identification & Screening

Childhood trauma in the United States costs billions of dollars each year[10]. If we can identify potential trauma early, we can prevent negative trajectories for exposed children[5,6]. Early identification and screening can help us to better understand an individual's history and quantify the risk of future symptoms. Because trauma symptoms vary and can often be internal, many children's trauma histories and related symptoms can go undetected, heightening the chances of future symptoms. Consequently, many have suggested universal screeners as an early identification tool[11]. While others report concerns with universal screeners[12] and risks that may occur if universally screening. However, most still agree that early identification is an important prevention strategy[5, 13, 14]. Because little information exists to examine barriers to early identification of childhood trauma during childhood[15], the following section examines literature surrounding barriers to screening for trauma.

## Barriers to Trauma Screening



Screening for traumatic experiences and/or trauma varies according to setting, yet many of the barriers to early identification are similar. Barriers include: 1) lack of capacity[16, 17], 2) cultural incompetence[17], and what to screen.

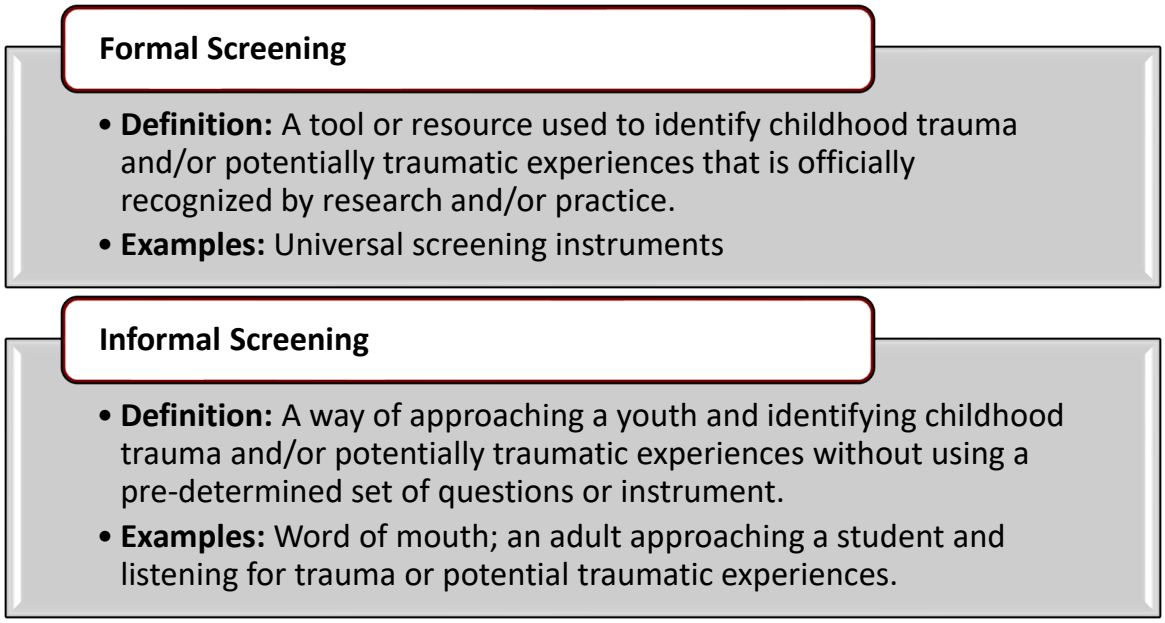
Lack of capacity includes the people, time, and training availability. Regarding training, many providers may not know how to properly screen early. Previous research in community health settings have attempted to use the ACEs

Questionnaire[18, 19] as a means for screening; however, original co-author, Robert Anda, warns of the use of the questionnaire as this sort of tool[20]. Many may not know what to do once having trauma information. This is especially true for school settings[21]. Emergency medical settings, in particular, deal with high staff turnover, which impedes their ability to improve screening policy[22].

Cultural competence includes numerous considerations for the delivery of screeners. For one, critics believe that adults should establish a strong rapport with clients before asking about potential traumatic experiences and trauma symptoms because doing so may hinder trust. Screening is often the first contact that a client may have with an adult; starting this therapeutic alliance with such a heavy conversation can easily diminish rapport or relationship building.

Providers often debate on what to screen when discussing early identification of trauma. Some providers believe that screening ACEs or trauma is enough while others believe that trauma screener should not be conducted without also a resiliency screener. Still others believe that knowing a person has experienced trauma is not enough to suggest that these experiences have an impact on the individual. These providers believe that a screener should include the impact on the individual. This variance in what organizations and stakeholders believe screening should entail, creates variance in opinions of the protocols and procedures regarding who will screen, what debriefing occurs, and what the follow up should look like for youth that screen positive.

# FORMAL AND INFORMAL SCREENING




## Formal Screening

Since the publishing of the Adverse Childhood Experiences study[3], many fields are beginning to use formal screening tools for childhood trauma. This is especially true for healthcare and public health fields, though many researchers and practitioners are still trying to figure out how to effectively use this information while also protecting population health. Concerns have also been raised regarding confidentiality. For example, child sexual abuse perpetrators are often known to the child and their parents raising the question of whether parental presence during screening be a cause for concern.[23] Researchers have also raised questions about what potentially traumatic events to screen for, seeing as many believe practitioners should be assessing for more than the original 10 adverse childhood experiences in the original study[24]. This screening practice coincides with the existing research and can include research-based tools. This practice allows for comparisons to existing research, research-based cut-off scores, and research-based predictions. Congruent with public health concerns, many organizations are concerned that they may not be ready for the implications that come with knowing about childhood trauma. What will they do as a result? what is the burden or cost of staff knowing (e.g. secondary

traumatic stress)? Are there enough staff that are equipped to address childhood trauma needs?

Formal screeners are most noted in universal screening initiatives. Universal screening of any type is controversial. While universal screening takes a proactive approach to identify individuals that have experienced trauma, several additional challenges should also be considered. Some of these challenges include lack of knowledge on universal implementation, lack of resources available to provide trauma informed or focused supports, potential for iatrogenic affects, and concerns about consent procedures (for example, concerns for passive versus informed consent)[12].

## Informal Screening

Though we know informal screening (e.g., confiding; word of mouth) is the most often form of screening in most settings, very limited research exists to examine its role in identifying children who have experienced trauma. Youth Mental Health First Aid is one of the most common training protocols utilizing informal screening, which is focused on mental health challenges. Research on this training shows a significant impact on the first aider's knowledge of mental health, comfort approaching and interacting with individuals with mental health challenges, and referrals to supports and services[25]. Similar to this approach, informal screening to identify children that have experienced trauma boasts many advantages. For one, informal screening can be done with any trusted adult with minimal training, which lessons the workload on one or two individuals in an organization or setting. Informal screening can be more natural and less intrusive, occurring within normal adult and youth interactions, occur between adults and youth that have pre-existing relationships, and can occur at any time. And informal screening interactions can naturally include connection with supports and services. However, informal screening with individuals improperly trained or equipped to interact with individuals that have experienced trauma may be hurtful. The implementer would need to be trained in how to receive this information and not over-react, how to listen and provide hope to reduce stigma, and how to connect with supports and services available in the community. Another disadvantage is that informal screening does not utilize any research-based comparisons, cut-offs, or prediction models but rather relies on the implementer to determine when more services and supports are needed. In short, informal screening can

be helpful in many circumstances with appropriate training and consideration.

# RECOMMENDATIONS & BEST PRACTICES

Recommendations for Mitigating Barriers to Screening:

- **Barrier #1:** Lack of Capacity (People, Time, Training) to conduct screenings.
    - **Recommendation #1:** Organizations could consider whether this training in screening protocols and practices could be incorporated within existing organizational trainings. ICJIA's RCE (Recognize, Connect, Engage) training is a no cost training that can be a standalone training or be customized to be incorporated in existing trainings.
    - **Recommendation #2:** Organizations could consider whether the lift is easier for a few staff to be trained and implement screening or if the majority of staff will be trained to share the workload.
    - **Recommendation #3:** Organizations could utilize free online trainings to build their professional development surrounding childhood trauma as well as trauma screenings. IL HEALS provides free online training utilizing the RCE Framework. REACH in partnership with SEL Hubs across the state currently provide free online trainings and supports to school districts on related topics. In addition, the National Child Traumatic Stress Network has trainings on these topics.
    - **Recommendation #4:** Organizations could look to use brief versions of the screening tools for formal screening and brief interactions for informal screenings for the majority of youth. More comprehensive tools can be utilized when conducting comprehensive assessments.
- **Barrier #2:** Lack of Capacity (People, Time, Training) to follow up with screening results
    - **Recommendation #1:** Organizations can consider updating or developing a screening protocol or policy to include recognition

of trauma. This policy or procedure can define what is the purpose of the screening, who is being screening, what is being screened, who is conducting the screening, when informal and when formal screening practices are utilized, and what debriefing, follow up, or connection practices will be conducted.

- **Recommendation #2:** Organizations could designate trained staff to follow up when specific cut-offs, scores, or critical item answers are provided for both formal and informal screening practices.
- **Recommendation #3:** Organizations could train all staff in how to utilize the YMHFA (6 hours) and/or RCE (2 hours) action plan to debrief or follow up if needed. Training can be provided to all staff in how to listen nonjudgmentally, show compassion, give hope and reinforce resiliency, and connect with supports and services.
- **Recommendation #5:** Organizations could consider conducting informal or formal screening of a subset of its youth. This allows the early identification of youth while monitoring the capacity of those following up or providing supports and services.
- **Recommendation #4:** Organizations could partner with other organizations to provide debriefing, conduct follow up to connect with supports and services, or provide supports or services for those in need.
- **Recommendation #5:** Organizations could provide a resource that is shared during or immediately following the screening. This resource could be a one-page handout, short video, or brief explanation read to the participants. This resource could serve as a debrief technique for the participants.

- **Barrier #3:** Lack of Cultural Competence
  - **Recommendation #1:** Ask questions. Be curious. It is okay to get to know a youth and ask about their values and beliefs and how that fits with the goals of the evaluation and/or treatment. Seek first to understand.
  - **Recommendation #2:** If there is a particular population that is predominant within the organization (e.g. high Latinx population), it will be helpful to provide professional development and trainings on their specific culture, while also noting heavily that

there is a balance between stereotyping and attempting to learn about other cultures.

- **Barrier #4:** Knowing What to Screen
    - **Recommendation #1:** Organizations can consider the purpose of screening and put it in their policy or procedural manuals. This purpose should drive the policies and procedures for screening. For example, if the purpose is to provide extra supports to youth that have experienced six or more adversities in childhood, than the organization could screen for ACEs using a formal screening tool, provide debriefing only with those youth that need it, and immediately connect those with a positive screen (six or more ACEs) with supports and services.
    - **Recommendation #2:** Organizations could consider what is already known about the youth being screened. Adding screening information to existing information creates a more complete picture of the context of this adversity. Also, some of this information may already tell you what you need to know without a need to conduct a screener.
    - **Recommendation #3:** Organizations could consider adding a protective factor or resiliency factors screening that can be conducted formally or informally to accompany screening for trauma. The participants experience reviewing both the adversities and the resiliencies could create a balanced view of their past, causing less stress during the screening process.
    - **Recommendation #4:** If considering screening for eligibility into supports and services, organizations may benefit from training staff that the existence of these experiences does not mean it has automatically had a negative impact on the youth. "Risk factors are not predictive factors due to protective factors"[26] and some may even have post-traumatic growth that has added benefits to the person.
    - **Recommendation #5:** When utilizing screening for referral to trauma-focused treatments, screening for traumatic experiences only is not enough. The majority of youth have experienced adversity or trauma while only a small portion of youth need a trauma focused treatment. A supplemental, formal or informal, screener is needed for referral to a trauma focused treatment to

determine the impact the trauma has on the individual. Trauma focused treatments are warranted when there is a post-traumatic stress reaction or significant impact on the individual.

Best Practices for the use of Formal and Informal Screening Tools:

- **Best Practice #1:** Before implementing any screenings (whether formal or informal), it will be important to gather multiple stakeholders together to discuss 1) the purpose of such screening tools and 2) what the data will be used for. Explicit policies and procedures would be created to ensure clear guidelines and a vision for these activities. This activity will help determine if formal, informal, or both screening practices are utilized.
- **Best Practice #2:** It will be important to examine the time, training, and effort needed to conduct screening, interpret responses, provide a debrief, and connect youth with needs to appropriate supports and services.
- **Best Practice #3:** It will be important to consider the response to positive trauma screenings. This could be a short debrief through responsive, supportive relationship or a warm-hand off to a trained service provider immediately following the screening. It is essential that a planned response provides more supports for youth that have more needs during and following the screening.
- **Best Practice #3:** Join and leverage regional, state, and national initiatives to develop and join communities that are exploring and/or implementing trauma screenings.

# CONCLUSION

**Youth trauma screening is considered a best practice to become a trauma informed organization or system, and is often promoted by experts and leaders throughout the state. There are lots of questions and barriers to consider when developing a policy or procedure for screening youth's traumatic experiences. This White paper illuminates the differences and important considerations for utilizing**

**informal versus formal screening practices. In addition, this paper also highlights some of the most common challenges and barriers as well as providing recommendations when developing or improving screening practices within organizations and systems. This paper recommends the use of formal, informal, or a combination of screening practices to recognize trauma and the impact of trauma on youth as early as possible.**

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