# Trauma Module (2)

Question to Consider for this Module: How is the child responding to traumatic events? Please rate the highest level from the past 30 days.

# Traumatic Stress Symptoms

AFFECTIVE/PHYSICAL DYSREGULATION - This item rates the child's ability to respond to the demands of experience with a range of emotions in a way that is socially appropriate, flexible enough to allow for spontaneous reaction and able to delay reaction as necessary. Consider both facial affect and physical movement here.

#### **Questions to Consider**

- Does the child have reactions that seem larger or smaller than appropriate to the situation?
- Does the child have extreme or unchecked reactions to situations?

## **Ratings & Definitions**

- Child has no problems with affective or physical regulation.
- Child has mild to moderate problems with affect or physical regulation.
- Child has severe problems with affect or physical regulation but is able to control affect at times. Problems with regulation interfere with child's functioning in some life domains.
- 3 Child unable to regulate affect.

INTRUSIONS - This item rates the frequency with which the child experiences thoughts of his/her trauma that s/he cannot control and how much/how little these thoughts impact his/her ability to function.

### **Questions to Consider**

- Does the child think about the traumatic event when s/he does not want to?
- Do reminders of the traumatic event bother the child?

## **Ratings & Definitions**

- There is no evidence that the child experiences intrusive thoughts of trauma.
- Child experiences some intrusive thoughts of trauma but it does not affect his/her functioning.
- Child experiences intrusive thoughts that interfere in his/her ability to function in some life domains.
- Child experiences repeated and severe intrusive thoughts of trauma.

TRAUMATIC GRIEF - This rating describes the level of traumatic grief the child is experiencing due to death or loss /separation from significant caregivers, siblings, or other significant figures.

#### **Questions to Consider**

- Is the trauma reaction of the child based on a grief/loss experience?
- How much does the child's reaction to the loss impact his/her functioning?

- There is no evidence that the child is experiencing traumatic grief or separation from the loss of significant caregivers. Either the child has not experienced a traumatic loss (e.g., death of a loved one) or the child has adjusted well to separation.
- Child is experiencing a mild level of traumatic grief due to death or loss/separation from a significant person in a manner that is expected and/or appropriate given the recent nature of loss or separation.
- Child is experiencing a moderate level of traumatic grief or difficulties with separation in a manner that impairs functioning in some but not all areas. This could include withdrawal or isolation from others or other problems with dayto-day functioning.
- Child is experiencing significant traumatic grief reactions. Child exhibits impaired functioning across several areas (e.g. interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

**REEXPERIENCING** - These symptoms consist of intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences. These symptoms are part of the DSM criteria for PTSD.

#### **Questions to Consider**

- Do sights, verbal cues, smells, sounds, etc. trigger the child to feel as though s/he is suddenly immersed in their traumatic experience once again?
- Does the child have nightmares related to the traumatic experience?
- Are flashbacks part of the child's experience?

## **Ratings & Definitions**

- This rating is given to a child with no evidence of intrusive symptoms.
- This rating is given to a child with some problems with intrusions, including occasional nightmares about traumatic events.

This rating is given to a child with moderate difficulties with intrusive

- symptoms. This child may have recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. This child may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions to exposure to traumatic cues.
- This rating is given to a child with severe intrusive symptoms. This child may exhibit trauma-specific reenactments that include sexually or physically traumatizing other child or sexual play with adults. This child may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for the child to function.

**HYPERAROUSAL** - These symptoms include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. Child may also commonly manifest physical symptoms such as stomachaches and headaches. These symptoms are part of the DSM criteria for PTSD.

#### **Questions to Consider**

- → Is the child always on edge?
- Can the child fall/stay asleep?
- Is the child easily startled?

- This rating is given to a child with no evidence of hyperarousal symptoms.
- This rating is given to a child who exhibits mild hyperarousal that does not significantly interfere with his or her day-to-day functioning. Child may also occasionally manifest physical symptoms such as stomachaches and headaches.
  - This rating is given to a child with moderate symptoms of hyperarousal. The child may exhibit one significant symptom or a combination of two or more of the following symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. Child may also commonly manifest physical symptoms such as stomachaches and headaches.
- This rating is given to a child who exhibits multiple and or severe hyperarousal symptoms including but not limited to difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance and/or exaggerated startle response. The intensity or frequency of these symptoms are distressing for the child and lead to frequent problems with day-to-day functioning.

AVOIDANCE - These symptoms include efforts to avoid stimuli associated with traumatic experiences. These symptoms are part of the DSM criteria for PTSD.

#### **Questions to Consider**

Does the child make specific and concerted attempts to avoid sights, sounds, smells, etc. that are related to their trauma experience?

## **Ratings & Definitions**

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- This rating is given to a child with no evidence of avoidance symptoms.
- This rating is given to a child who exhibits some avoidance. This child may exhibit one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.
- This rating is given to a child with moderate symptoms of avoidance. In addition to avoiding thoughts or feelings associated with the trauma, the child may also avoid activities, places, or people that arouse recollections of the
- This rating is given to a child who exhibits significant or multiple avoidant symptoms. This child may avoid thoughts and feelings as well as situations and people associated with the trauma and are unable to recall important aspects of the trauma.

NUMBING - These symptoms include numbing responses that are part of the DSM criteria for PTSD. These responses were not present before the trauma.

#### **Questions to Consider**

- Does the child seem to experience a normal range of emotions?
- Does the child have a normal range of affect?

- This rating is given to a child with no evidence of numbing responses.
- This rating is given to a child who exhibits some problems with numbing. This child may have a restricted range of affect or be unable to express or experience certain emotions (e.g., anger or sadness).
- This rating is given to a child with moderately severe numbing responses. This child may have a blunted or flat emotional state or have difficulty experiencing 2 intense emotions or feel consistently detached or estranged from others following the traumatic experience.
- This rating is given to a child with significant numbing responses or multiple symptoms of numbing. This child may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.

**DISSOCIATION** - Symptoms included in this dimension are daydreaming, spacing or blanking out, forgetfulness, fragmentation, detachment, and rapid changes in personality often associated with traumatic experiences. This dimension may be used to rate dissociative disorders (e.g., Dissociative Disorder NOS, Dissociative Identity Disorder) but can also exist when other diagnoses are primary (e.g., PTSD, depression).

#### **Questions to Consider**

- Does the child seem to lose touch with the present moment sometimes?
- Is the child frequently forgetful or caught daydreaming?

#### **Ratings & Definitions**

**0** This rating is given to a child with no evidence of dissociation.

This rating is given to a child with minor dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.

This rating is given to a child with a moderate level of dissociation. This can include amnesia for traumatic experiences or inconsistent memory for trauma (e.g., remembers in one context but not another), more persistent or

- perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization and/or derealization. This rating would be used for someone who meets criteria for Dissociative Disorder Not Otherwise Specified or another diagnosis that is specified "with dissociative features."
- This rating is given to a child with severe dissociative disturbance. This can include significant memory difficulties associated with trauma that also impede day to day functioning. Child is frequently forgetful or confused about things s/he should know about (e.g., no memory for activities or whereabouts of previous day or hours). Child shows rapid changes in personality or evidence of distinct personalities. Child who meets criteria for Dissociative Identity Disorder or a more severe level of Dissociative Disorder NOS would be rated here.

TIME BEFORE TREATMENT - This item identifies the amount of time that passed between the trauma and the beginning of treatment.

## **Questions to Consider**

How long after the trauma occurred did the child begin receiving treatment?

## **Ratings & Definitions**

- Trauma was recognized and treatment started within one month of initial experience.
- Trauma was recognized and treatment started within one to six months of 1 initial experience.
- Trauma was recognized and treatment started within six months to one year of the initial experience.
- Trauma was not recognized nor treated for more than one year after the initial experience.

## Sexual Abuse Sub-Module (2a)

**EMOTIONAL CLOSENESS OF PERPETRATOR** - This item defines the relationship between the child and the perpetrator of sexual abuse.

## **Questions to Consider**

- → Did the child know the perpetrator?
- Was the perpetrator a family member?

- Perpetrator was a stranger at the time of the abuse.
- Perpetrator was known to the child at the time of event but only as an 1 acquaintance.
- Perpetrator had a close relationship with the child at the time of the event but 2 was not an immediate family member.
- Perpetrator was an immediate family member (e.g. parent, sibling).

## **FREQUENCY OF ABUSE** - This item identifies the frequency of sexual abuse.

#### **Questions to Consider**

How often did the abuse occur?

## **Ratings & Definitions**

- Abuse occurred only one time.
- Abuse occurred two times.
- Abuse occurred two to ten times.
- Abuse occurred more than ten times.

## **DURATION** - This item identifies the length of time during which the abuse occurred.

#### **Questions to Consider**

For how long did the abuse occur?

## **Ratings & Definitions**

- Abuse occurred only one time.
- Abuse occurred within a six month time period.
- 2 Abuse occurred within a six-month to one year time period.
- Abuse occurred over a period of longer than one year. 3

## PHYSICAL FORCE - This item rates the severity of physical force or violence used during episodes of abuse.

#### **Questions to Consider**

Was there physical violence or the threat of physical violence used during the abuse?

### **Ratings & Definitions**

- No physical force or threat of force occurred during the abuse episode(s).
- 1 Sexual abuse was associated with threat of violence but no physical force.
- Physical force was used during the sexual abuse.
- Significant physical force/violence was used during the sexual abuse. Physical injuries occurred as a result of the force.

**REACTIONS TO DISCLOSURE** - This item rates the level of support the child received from family after disclosing the sexual abuse.

### **Questions to Consider**

- Was the family supportive of the child during the disclosure process?
- Is the family aware of the abuse?

- All significant family members are aware of the abuse and supportive of the child coming forward with the description of his/her abuse experience.
  - Most significant family members are aware of the abuse and supportive of the child for coming forward.
- One or two family members may be less supportive. Parent may be experiencing anxiety/depression/guilt regarding abuse.
- Significant split among family members in terms of their support of the child for coming forward with the description of his/her experience.
- Significant lack of support from close family members of the child for coming forward with the description of his/her abuse experience. Significant relationship (e.g. parent, care-giving grandparent) is threatened.