

## Early Childhood Traumatic Stress Screen (ECTSS)

Child's name: \_\_\_\_\_ Child's age (in months if <2 years): \_\_\_\_\_ M / F

Your name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Today's date: \_\_\_\_\_

**Purpose:** The purpose of this screen is to identify reactions in children 0- 6 years old, after scary or very stressful events (traumatic events).

**Instructions:** The screen should be completed by a parent or close caregiver, with the help of a professional when needed.

Ratings are based on child's current reactions or behaviors that began or worsened after the traumatic event(s) and that lasted more than 1 month.

It is best if the respondent has known the child before and after the traumatic event(s). If the respondent has only known the child after the event(s), make ratings based on the child's current behaviors.

If there have been many events, use your best judgment whether child's reactions or behaviors are related to any of the events.

### **To be completed by caregiver:**

**Traumatic Events. Please circle all of the following events your child has experienced. Indicate which event you believe has had the most impact on your child. Also, please write approximate dates next to events circled.**

- Physical abuse \_\_\_\_\_
- Sexual abuse \_\_\_\_\_
- Severe neglect \_\_\_\_\_
- Bad accident (car) \_\_\_\_\_
- Animal attack \_\_\_\_\_
- Scary medical procedure \_\_\_\_\_
- Seeing or hearing violence (hitting, pushing) in the home or community \_\_\_\_\_
- Scary disaster such as a tornado or hurricane \_\_\_\_\_
- Sudden separation from or change in closest caregiver \_\_\_\_\_

**Others:** (write in with dates) \_\_\_\_\_

### **To be completed by clinician when screen is finished:**

**Total score:** \_\_\_\_\_ The total score is the sum of ratings. An optimal cutoff score has not been established through research; however, a score of 15 or higher may indicate clinical level symptoms. This score, and the meaning of the score, should be shared with parents/caregivers.

*\*The first 16 items are based on DSM-5 criteria, with added language from DC: 0-3R. Item 17 captures developmental regression.*

Is the child referred to trauma-focused treatment? **Yes No**

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## Early Childhood Traumatic Stress Screen (ECTSS)

Please rate the items below based on the child's current reactions or behaviors that began or worsened after the traumatic event(s) and lasted more than 1 month.

**Please respond using the following scale:**

- 0 = Never
- 1 = Occasionally (less than once a week)
- 2 = Regularly (once or twice a week)
- 3 = Often (several times a week)
- 4 = Very often (daily)

1. Repeated memories (thoughts, sounds, images) of event that seem to happen "out of the blue." May re-enact events repeatedly through play. Play seems compulsive and does not reduce anxiety. Or, child may repeatedly talk or ask about the event.	0    1    2    3    4
2. Repeated bad dreams. Dreams may not be linked to trauma.	0    1    2    3    4
3. Repeatedly acts or feels as if the event is happening again. Child may lose awareness of surroundings and stare or freeze. May seem dazed and "off somewhere else." Child may re-enact event without full purpose.	0    1    2    3    4
4. Stressed when reminded of event. Reminders could be external (someone who looks or sounds like abuser) or internal (feeling of helplessness similar to how they felt during event). Examples of stress behaviors include crying, trembling, withdrawing, acting out, hiding.	0    1    2    3    4
5. Physical reactions when reminded of event. Examples include shaking/trembling, sweating, headaches, stomachaches.	0    1    2    3    4
6. Tries to avoid things/activities (avoids dogs after dog bite) or places (bed, the dark, bathroom) that are reminders of the event. MAY NOT APPLY TO CHILDREN < 1 YR.	0    1    2    3    4
7. Tries to avoid people that remind them of event. Or tries to avoid talking about event, not due to language difficulties. MAY NOT APPLY TO CHILDREN < 1 YR.	0    1    2    3    4
8. Much negative emotion such as fear, sadness, shame, guilt since event.	0    1    2    3    4
9. Little interest in activities/play. In children < 1 year, less interest in exploring their world (looking at toys, rolling around).	0    1    2    3    4
10. Socially withdrawn. Does not want to be with others, less eye contact, does not answer questions. In children < 1 year, may not respond to or may reject touch.	0    1    2    3    4
11. Few positive emotions such as happiness, joy, love, excitement, since event.	0    1    2    3    4
12. Irritable or angry outbursts. For example, yelling, hitting/throwing, extreme temper tantrums. Not able to gain control over self when angry or unable to comfort self.	0    1    2    3    4
13. Looks out for danger. Or, new fears which may not be related to the traumatic event, including fears of things already mastered (separation from parent or caregiver, fear of the dark).	0    1    2    3    4
14. Startles easily to loud noises; jumpy.	0    1    2    3    4
15. Poor attention or concentration relative to other children their age/gender.	0    1    2    3    4
16. Sleep problems. Does not want to go to bed, cannot fall asleep, repeatedly wakes in the night (unrelated to bad dreams).	0    1    2    3    4
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17. Loss of already mastered skills. For example, goes back to thumb sucking, fear of the dark, baby talk; or no longer potty trained.	0    1    2    3    4