B. Current Reactions/Behaviors/Functioning

	Does this interfere with child's daily functioning at home, school or in the community?			How to Recognize Problem Behaviors: (Check yes if child presents with any of the descriptions listed below)	
	Yes	No	Suspected		
Current Reactions				**Children 0-2**	**Children 3-6**
Affective Dysregulation: problems expressing specific feelings or fully engaging in activities.	☐	☐	☐	For infants, the baby does not coo or babble as s/he used to do before the trauma exposure, excessive temper tantrums, screams or cries excessively, shows intense fear, irritability, difficulty in sleep wake cycle that is not developmentally appropriate, withdrawn, not engaged with caregivers, difficulty being soothed when upset	Excessive temper tantrums, show intense fear, problems with sleep/wake cycle, not engaging with caregivers or peers, difficulty being soothed when upset, irritability, more problems in social situations than same aged peers
Anxiety: children may appear tense or uptight; experience worry, phobias or panic.	☐	☐	☐	Fear of separation from parent or caregiver more intense than same age peers, startle easily, need constant reassurance through physical contact more than peers (clingy), problems with feeding or digestive problems that do not have a medical cause, child may be overly quiet, compliance that is not age appropriate, easily overwhelmed by stimuli	Fear of separation from parent or caregiver more intense than same age peers, startle easily, clingy, fear of adults that remind them of the traumatic event; imitation of the traumatic event in play repeatedly, child may be overly compliant and quiet, physical complaints in the form of stomachaches and headaches, reports of nightmares or sleep difficulties, child is worried bad things will happen

Attachment Difficulties: problems with a child's ability to form or maintain relationships with caregivers.	☐ ☐ ☐	Separation from caregiver after the age of 6-9 months produces little to no reaction or a reaction where the child cannot be soothed upon the caregiver's return, over engaging strangers (hugging and sitting on their laps) or failure to engage (no eye contact or failing to engage after a warm up), for infants – failure to gaze at caregiver, poor eye contact, lack of imitation, cannot be soothed by caregiver when upset, when comforted the child does not seem to "mold" his or her body into the caregiver	Separation from the caregiver produces no reaction at all or a reaction where the child cannot be soothed, after separation the child is angry at the caregiver, child rejects caregivers attempts to soothe or re-engage in play after a separation, child engages too much with strangers (hugging, sits on laps, asks to go with them) or fails to engage after a warm up or reassurance from their caregiver (no eye contact, no conversation), rejecting engagement from caregiver to play, cannot be soothed when upset by caregiver
Attention and Concentration	☐ ☐ ☐	Change in the infant's alertness and/or periods of quiet after traumatic event, change in infant's interest in engaging or playing, poor eye contact, does not visually track objects at 3 months or older; does not hold a gaze on objects of interest, infant looks around instead of engaging with caregiver more so than before the traumatic event	Poor task completion or lack of persistence in play or other tasks (doesn't stay with the same toy, game, or play for very long), poor concentration on tasks in play or at school, peer problems, child "spaces out" frequently, child tends to be looking around rather than engaged in the activity or the relationship
Conduct Problems	☐ ☐ ☐	NA	NA

Depression: children who are experiencing sadness, withdrawal, and decreased interest in activity and engagement.	☐ ☐ ☐	Lack of affect or expression of emotion; poor gaze or aversion to gazing at caregivers and others; aggressive behaviors; inability to be soothed; lack of engagement in play with caregivers; sleep problems, feeding problems; low responsiveness or expressiveness to caregiver; child seems less affectionate; child shows less loving feelings	Lack of affect or expression (shows no emotion), irritability, grouchiness, lack of energy and motivation to play, sleep problems, complaints about stomachaches, headaches without medical cause; poor appetite compared to previous appetite; lack of self-confidence; low intensity in play and interest; makes statements like "I'm bad" or "People will hurt you"; blames self for the trauma or the events that are not their fault
Dissociation: not being fully present or numb.	☐ ☐ ☐	Child is not engaged with caregiver or play; child looks around more frequently instead of focusing attention	Child seems "spacier" or frozen compared to other children; child is not aware of their surroundings
Impulsivity: actions without thinking.	☐ ☐ ☐	Child is not engaged with caregiver; child seems more reckless or more accident prone than peers; child is more active and jumpy than peers	Child is more active and jumpy than peers; child seems reckless or dangerous compared to peers; child appears to have more accidents than peers
Oppositional Behavior: negative, hostile or noncompliant behavior.	☐ ☐ ☐	Excessive temper tantrums ; aggressive behaviors (hitting, kicking, biting) in toddlers more intense than peers; more non-compliance in toddlers than age appropriate peers	Verbal aggression; problems in social situations; aggressive behaviors (hitting, kicking biting); excessive temper tantrums; child does the opposite of what the caregiver directs frequently or refuses to do what is asked

Regression: losing previously acquired developmental milestones or skills.	☐ ☐ ☐	Infant loses previously acquired skills (e.g. holding own bottle, sleeping through the night, fails to babble or use early vocabulary), infant body tone seems overly stiff or overly flaccid.	Child loses previously acquired skills such as potty training (wets bed or pants, soils pants after being trained), sleeping through the night, sleeping alone. Poor verbal skills, poor memory, poor skill development in general. Child shows new language problem, shuts down or only talks to certain people, child falls down or seems more clumsy than peers
Somatization: physical complaints without a medical cause.	☐ ☐ ☐	Feeding and sleeping problems (nightmares, night terrors, changes in when and with whom they sleep), sleep problems are causing stress for the family	Complaints of headaches, stomachaches, or other physical problems that do not appear to have a physical cause.
Suicidal Behavior: actions that are potentially life threatening or mean to be so.	☐ ☐ ☐		Child may express a wish to die or be dead. Child may threaten to hurt themselves or do so (head banging, scratching self on purpose).
Self-harm: deliberately harming one self.	☐ ☐ ☐	Child may threaten to hurt themselves or do so on purpose (head banging, biting, scratching self).	Excessive risk taking above and beyond the normal impulsivity of this age, child may threaten to hurt themselves or do so on purpose (head banging, biting, scratching self)

Created by: Jennie Cole-Mossman LIMHP This Crosswalk was designed to be used in conjunction with the Child Welfare Trauma Referral Tool (CWT)| Revised, January 2013 The National Child Traumatic Stress Network www.NCTSN.org

Sources: Ghosh Ippen, Strothers, Norona, Velasco, Stepka, and Coffins, 2011, *Posttraumatic Stress Response in Infancy and Early Childhood Interview*

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D. Current Traumatic Stress Reactions

	Yes	No	Suspected	Definition (Check Yes if child presents with any of the descriptors listed below)	
				Age 0-2	**Age 3-5**
Re-experiencing: intrusive reminders or traumatic events Trauma reminders: Any experience of the senses that triggers some kind of memory whether implicit (internal) or explicit of the trauma.	☐	☐	☐	When verbal, repeated statements or questions about the event, nightmares, staring or freezing when exposed to trauma reminder, physiological distress (shaking, trembling, excessive fussiness, increased heart rate or respiration) at trauma reminder; clingy behavior, refusing to eat, arching of the back or stiffening when exposed to reminders of trauma	Posttraumatic play that is compulsive, does not relive anxiety, and is a re-enactment of the trauma; play seems angry, anxious or upset, child's mood may be incongruent with the play, flat affect during play, child seems "stuck" on the play; repeated statements or questions about the traumatic event, preoccupation with the event, nightmares, staring or freezing when exposed to trauma reminder, physiological distress (shaking, trembling, excessive fussiness, increased heart rate or respiration) at trauma reminder; child shuts down, complains or has tantrums when exposed to a reminder of the trauma
Avoidance	☐	☐	☐	Gaze aversion or physical distancing when exposed to trauma reminder; child misbehaves, shuts down or leaves when faced with a trauma reminder.	Gaze aversion or physical distancing when exposed to trauma reminder; child tantrums, shuts down, tries to get people to stop talking about it, or leaves when faced with a trauma reminder.

Numbing	☐ ☐ ☐	Diminished interest or responsiveness to engagement in play ; flat or diminished range of affect, effort to avoid people, places or things that bring to mind the trauma	Diminished range of affect (child does not show a range of feelings), social withdrawal, diminished interest in activities, effort to avoid people, places or things that bring to mind the trauma' child seems to space out or shut down.
Arousal	☐ ☐ ☐	Stiffening or other physiological arousal at reminders of the trauma (increased movement, heart pounding), difficulty being soothed when exposed to trauma reminders, disrupted sleep and eating patterns, difficulty with sleep not related to normal development, exaggerated startle response, extreme fussiness	Physiological distress at exposure to reminders of the trauma (heart pounding, shaking, sweating, upset stomach, tightness of chest), hypervigilance and increased startle response, Difficulty sleeping, difficulty concentrating that is not age appropriate, exaggerated startle response, extreme fussiness, anger or temper tantrums

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