

# TS – ADOLESCENTS (11-18 YO)

**INSTRUCTIONS:** Below are situations that some teenagers have experienced recently or during their lifetime. Please circle the **BEST** answer for each statement. Be honest and please do not leave any questions blank.

<b>FULL NAME:</b>		<b>AGE:</b>	
<b>GENDER:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>GRADE:</b>	
<b>COUNTY:</b>		<b>DATE:</b>	
<b>RACE:</b>	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other		

<b><i>ABOUT ME . . .</i></b>	Never	1 Time	2-3 Times	4 or More Times
Total number of separate times in counseling or psychiatric treatment.	0	1	2	3
Total number of homes, foster homes, placements, programs, etc.	0	1	2	3
Total number of current legal charges.	0	1	2	3
Total number of previous legal charges (regardless of outcome).	0	1	2	3
Total number of times on probation.	0	1	2	3

<b><i>DURING MY LIFE . . .</i></b>	Never	1 Time	2-3 Times	4 or More Times
1. I was threatened with a weapon.	0	1	2	3
2. I was in a bad accident or had serious medical problems.	0	1	2	3
3. I lived in foster care or a youth shelter.	0	1	2	3
4. I have seen/heard someone get hurt very badly or be killed.	0	1	2	3
5. I have been physically attacked or beaten badly.	0	1	2	3
6. I was forced to do something sexual that I did not want to do.	0	1	2	3
7. Family or people close to me have been locked up or jailed.	0	1	2	3
8. I thought that I or someone close to me was going to die or be hurt very badly.	0	1	2	3

<b><i>DURING THE LAST 6 MONTHS . . .</i></b>	Never	1 Time	2-3 Times	4 or More Times
9. I have had bad memories, flashbacks or visions.	0	1	2	3
10. I have had trouble sleeping or eating.	0	1	2	3
11. I used alcohol or drugs to help forget about bad memories.	0	1	2	3
12. My feelings of anger, guilt or sadness got out of control.	0	1	2	3
13. My mind has gone blank; I felt numb or had no feelings.	0	1	2	3
14. I tried to hurt or kill myself.	0	1	2	3
15. I was admitted into a Crisis Unit or Mental Health Hospital.	0	1	2	3
16. I feared that somebody might try to kill me.	0	1	2	3

(STAFF USE ONLY)

<b>CLIENT ID:</b>		<b>AGENCY COMPLETING FORM (Ex. DCF, DJJ, PSF, etc.):</b>	
<b>Step I</b>	Total/Sum of Questions 1- 8: _____	Is Total/Sum One (1) or More? _____	(Circle) YES NO
<b>Step II</b>	Total/Sum of Questions 9-16: _____	Is Total/Sum One (1) or More? _____	(Circle) YES NO
<b>Step III</b>	Total/Sum of ALL Questions: _____	Is Total/Sum five (5) or More? _____	(Circle) YES NO
Scored By: _____		If all three "YES's" are circled above, refer youth for a full MH assessment	

NOTE: This is a screening instrument only. Referrals for further/additional Mental Health (MH) assessment and/or treatment should not be based solely on the results or responses indicated on this screening form. Version 2: 9/16/13

# TS – ADOLESCENTS – SCORING INSTRUCTIONS

## **Purpose:**

The Trauma Screening (TS) for Adolescents is a self-report questionnaire developed to screen 11 to 18 year olds for post-traumatic stress. The TS assesses both Incidents (Questions 1-8) and recent Symptoms (Questions 9-16) of trauma and can provide Mental Health Professionals, Case Managers, Family Care Counselors, Juvenile Probation Officers, Child Protection Investigators and others working with teens information regarding which clients might be in need of further assessment and/or specialized treatment related to past or recent trauma. The Trauma Screening (TS) for Adolescents was developed using empirical evidence related to common incidents and symptoms that many youth diagnosed with Post-Traumatic Stress Disorder (PTSD) report experiencing during their late childhoods and adolescence. The TS is appropriate for males and females, ages 11 to 18 and only requires a 5<sup>th</sup> grade reading level. The instrument can be administered and scored in less than 15 minutes.

## **Directions:**

Carefully ask the youth if he/she has any reading, developmental or cognitive difficulties which might interfere with his/her ability to complete a written assessment. If not, inform him/her that he/she can complete the TS in as much time as necessary and that you will be glad to define any words or help explain any questions to the best of your ability. While the TS can be read aloud to some youth with reading difficulties, do not use the TS instrument with any youth with current developmental or cognitive problems.

Hand out the TS and read the instructions to him/her out loud and make sure he/she fills in his/her full name, age, gender and current date. Allow him/her to complete the questionnaire in privacy with as few disruptions as possible.

Be sure to point out that although Questions 1-8 should be answered after considering his/her entire life, questions 9-16 are relative to what he/she may have experienced during the last 6 months. Once the youth has completed the form, ensure that he/she has provided a response to all of the items. If not, ask him/her to provide a response to any items left blank.

## **Scoring & Follow-Up:**

Scoring the TS should take less than 5 minutes using the Scoring Box provided on the bottom of the actual TS Form.

Client ID & Agency completing form: Enter the clients I.D. (Ex., Social Security, DJJID, Authorization Number, etc.) and your agency (Ex., DCF, DJJ, PSF, CBC, etc.).

Step I: Sum/Add up all of the numbers for Questions 1 thru 8. Fill in the total on the line provided.

If the Sum is one (1) or more, circle “YES” to the right.

Step II: Sum/Add up all of the responses for Questions 9 thru 16. Fill in the total on the line provided.

If the Sum is one (1) or more, circle “YES” to the right.

Step III: Sum/Add up all of the responses for ALL of the Questions (1 thru 16).

Fill in the total on the line provided.

If the Sum is five (5) or more, circle “YES” to the right.

Scored By: Print your name clearly.

If you circled “YES” on all three Steps (I, II & III) it is recommended that you refer the youth for further assessment related to post-traumatic stress, such as a Trauma-Focused Mental Health or Full Psychological Assessment. Even if “YES” is NOT circled on all three Steps, you can always override the results of the TS and refer the youth for further assessment since additional mental health assessment and/or treatment should not be based solely on the results of the TS. For example, you may have additional information not included on the TS from the youth’s parent/caregiver, case file, youth, etc. which indicates that a trauma assessment is indicated or necessary.

**\*\*\*\*\* CRITICAL ITEM: QUESTION 14 \*\*\*\*\***

***Any youth who reports that he/she has tried to hurt or kill himself/herself during the last 6 months on Question 14 should be considered at risk for suicide. In response, he/she should be referred for further assessment by a qualified and/or licensed mental health professional (if he/she did not already participate in an assessment and/or treatment for such incident/s, which should be confirmed by a parent/caregiver).***

**For More Information, Contact:** Robert Edelman, Ed.S., LMHC Email: [robert@villagecounselingcenter.net](mailto:robert@villagecounselingcenter.net)

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