Contents

Series Foreword—Ann T. Chu and Anne P. DePrince *vii*
Acknowledgments *ix*

1. **Introduction: Understanding the Rationale for and Benefits of Trauma-Informed Assessment** **3**
2. **Key Principles and Essential Organizational Process Elements of Trauma-Informed Assessment** **17**
3. **Implementing a Comprehensive Trauma-Informed Assessment** **33**
4. **Tailoring the Trauma-Informed Assessment to the Developmental and Sociocultural Context of the Child and Family** **57**
5. **Selecting and Integrating Trauma-Informed Assessment Tools for Children and Adolescents** **85**
6. **Collaborative and Meaningful Applications of Trauma-Informed Assessment** **107**
7. **Conclusions and Future Directions** **119**

Appendix A: Additional Resources *127*
Appendix B: Conducting Intakes and Assessments Using Telemental Health *131*
References *137*
Index *157*
About the Authors *169*

1 INTRODUCTION

Understanding the Rationale for and Benefits of Trauma-Informed Assessment

Angela[1] was 12 years old when she came in for treatment in a children's hospital. She was referred for treatment because of complaints of "bizarre behavior" in different settings; these behaviors included frequently placing a trash can on her head, avoiding eye contact with others, being unable to relate to her peers, and showing signs of auditory and visual hallucinations. By the time she was referred to the mental health clinic for therapy, she had received an initial evaluation and was given a diagnosis of psychotic disorder not otherwise specified. She was placed on Haldol (haloperidol), an antipsychotic drug, to treat her atypical and psychoticlike symptoms. However, in initial meetings with Angela in the mental health setting, the therapist observed that this diagnosis did not seem to fit.

After a more careful and trauma-informed assessment was conducted with Angela and other members of her family, the root of these difficulties appeared to be related not to psychosis, but rather to the ongoing and active domestic violence, physical abuse, and substance abuse that were taking place within her home. These traumatic and adverse experiences were not inquired about during her initial evaluation. Furthermore, what had previously appeared to be hallucinations, including Angela's symptoms of seeing and

[1] The case examples used throughout this book are fictitious or represent composites of actual cases; the confidentiality of real clients has been maintained.

https://doi.org/10.1037/0000233-001
Trauma-Informed Assessment With Children and Adolescents: Strategies to Support Clinicians, by C. Kisiel, T. Fehrenbach, L. Conradi, and L. Weil

hearing things that were not real, were actually manifestations of severe flashbacks in relation to her traumatic experiences.

In the process of receiving mental health services, a safety plan was established for Angela and her family. Angela's diagnosis and treatment plan were adjusted to address the trauma-related nature of her difficulties.

The prevalence of exposure to trauma among children and adolescents is increasingly recognized both in the general population and across child-serving settings (e.g., mental health, child welfare, juvenile justice, medical settings; Abram et al., 2004; Darnell et al., 2019; Greeson et al., 2011; Ko et al., 2008). Yet trauma exposure and its impact may not be accurately identified, and therefore referrals for mental health or trauma-informed assessment may not occur, even when appropriate or indicated on the basis of the needs of youth. As a result, responses to trauma may not be understood and subsequently may be mislabeled or misdiagnosed. This lack of understanding poses several challenges and can have detrimental consequences for the child and family over time and over the course of services.

Clinicians and other providers working in mental health settings are likely to work with youth who have experienced trauma, and many have likely faced challenges around potential mislabeling, misdiagnosis, or misunderstanding of the broad impact of trauma. In this book, we highlight the importance and benefits of trauma-informed assessment in addressing these issues and offer strategies for conducting comprehensive and effective trauma-informed assessments that can be used in practice to support the treatment planning and intervention process, engagement and education with families, and collaboration and advocacy with other providers and systems.

According to the National Child Traumatic Stress Network (NCTSN; n.d.), a *traumatic event* in childhood is "a frightening, dangerous, or violent event that poses a threat to a child's life or bodily integrity. Witnessing a traumatic event that threatens life or physical security of a loved one can also be traumatic" (para. 1). An estimated 2 million to 3 million children are victims of maltreatment (i.e., child abuse or neglect) each year (Children's Bureau, 2018), and nationwide community studies indicate that between 25% and 61% of children and adolescents are exposed to at least one traumatic event (Briggs et al., 2013; Gerson & Rappaport, 2013).

The term *adverse childhood experience* (ACE) is also often used to describe a traumatic or adverse experience in a person's life that occurs before age 18, consistent with the widely recognized ACE Study (see Chapter 3,

this volume, for more on this study; Felitti et al., 1998; Sacks et al., 2014; U.S. Census Bureau, 2018). Moreover, data from the Health Resources and Services Administration's 2016 National Survey of Children's Health indicate that 46% of U.S. youth (including 34 million children under age 18) experienced at least one ACE and that 20% experienced at least two ACEs (U.S. Census Bureau, 2018).

Statistics on trauma exposure across child-serving settings suggest that between 34% and 44% of school-age children were exposed to at least one trauma in their family or community setting (Blodgett & Lanigan, 2018; Gonzalez et al., 2016). Within mental health settings, estimates of trauma exposure are up to 83% for youth presenting for outpatient services (Darnell et al., 2019) and up to 96% for adolescent psychiatric inpatients (Stein et al., 2001). For youth served in child welfare and juvenile justice settings, rates of exposure to at least one traumatic event are as high as 90% (Abram et al., 2004; Greeson et al., 2011; Stein et al., 2001), with at least half of these youth reporting exposure to multiple traumatic events (Abram et al., 2004; Finkelhor et al., 2011; Greeson et al., 2011; Stein et al., 2001).

Furthermore, among youth in child-serving settings, exposure to chronic trauma (i.e., repeated trauma) or complex trauma (i.e., multiple interpersonal traumas on an ongoing or repeated basis) is also common, particularly among those in the child welfare and juvenile justice systems (Habib & Labruna, 2011). However, despite the prevalence of trauma exposure, trauma-related issues are not always clearly identified or assessed; indeed, sometimes these issues are overlooked in mental health and other child-serving settings (Fallot & Harris, 2001), as illustrated in the case example of Angela.

High rates of trauma exposure among children and adolescents across settings speak to the paramount importance of offering what has been termed "trauma-informed care" (Darnell et al., 2019). *Trauma-informed care* refers to a

> strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment. (Hopper et al., 2010, p. 82)

Over the past decade, the field of child trauma has made significant progress in defining, measuring, and promoting the concept of trauma-informed care both at the individual and family level and at the organizational level. Some authors have specifically discussed the need for integrating a trauma lens when working within child-serving systems (e.g., mental health, child welfare, juvenile justice) in which the majority of youth have been exposed to

traumatic events (Ko et al., 2008; Taylor & Siegfried, 2005). The principles of trauma-informed care are described in Chapter 2.

Identifying and assessing the range of needs of children and adolescents exposed to trauma is an important first step in providing trauma-informed care and addressing these needs in the context of interventions. As clinicians and other providers strive to offer the best possible care to youth served in mental health and other settings, screening and assessment are a critical part of this process. However, confusion remains around what constitutes trauma-informed assessment, how this differs from trauma-informed screening, and who is responsible or most appropriate for conducting each of these processes.

The terms "screening" and "assessment" are often used interchangeably, but in practice they are intended to achieve different purposes; they are conducted at different points in the service delivery process, often by different providers. *Trauma screening* is a brief inquiry into whether a child or other individual has been exposed to or impacted by trauma. Screening typically involves a brief tool that is completed by frontline or direct service staff in service settings including child welfare, juvenile justice, school, and mental health or behavioral health. Trauma screening is generally used to identify exposure to traumatic events but also can include items specific to traumatic stress symptoms or reactions; this information is used to determine whether a child (or other individual) needs to be referred for a trauma-informed assessment or needs trauma-informed services (Conradi et al., 2011; Fallot & Harris, 2001; Kisiel, Conradi, et al., 2014).

Given the potential for underrecognition of trauma, many service systems have adopted a universal screening approach, asking all children and families receiving services about their trauma experiences, often as a part of the initial intake process. This screening is often done as part of an effort to become trauma informed and to raise awareness about trauma (Fallot & Harris, 2001). When universal screening is appropriate to incorporate, not only does this process more accurately and effectively screen for trauma, but it also communicates to the individuals and families being served that understanding the impact of trauma is a priority and that agency staff are willing and able to discuss trauma-related issues in the context of services (Fallot & Harris, 2001). It is important to note that trauma screening is designed as a brief inquiry and is not intended for diagnostic purposes (Kisiel, Conradi, et al., 2014).

Trauma-informed assessment is a comprehensive process designed to provide a detailed understanding of a child's trauma history, how trauma has impacted the child's functioning, including trauma-related symptoms

or needs, and the severity of the child's experiences and symptoms (Conradi et al., 2011; Fallot & Harris, 2001). Trauma-informed assessments are typically conducted by trained mental health providers or clinicians, given the range of clinical issues to be explored and the need for in-depth exploration into the impact of trauma on a range of areas of functioning; therefore, facilitating this process often requires greater clinical understanding and training. The assessment process is often used to determine how trauma has impacted the child's development and acquisition of key skills and to determine goals and priorities for treatment based on the needs identified. The information gathered in a trauma-informed assessment can contribute to or result in diagnostic decisions for the child, as well (Fallot & Harris, 2001; Kisiel, Conradi, et al., 2014).

A comprehensive trauma-informed assessment process is a structured approach for gathering information and identifying and addressing the range of needs of children and families who have experienced trauma (including trauma-related symptoms, risk behaviors, and functional difficulties), as well as the strengths of the child, caregivers, and family. All of this information is used, ideally, to guide and support the treatment planning process (Conradi et al., 2011; Kisiel, Conradi, et al., 2014; Kisiel, Torgersen, et al., 2018).

Given the clinical relevance and importance of trauma-informed assessment, it typically occurs at the outset of mental health treatment in order to identify the primary presenting problems and help determine the goals and priorities for treatment. Furthermore, given its comprehensive nature and the range of recommended techniques (described throughout this book), a trauma-informed assessment often takes place over the course of several sessions (e.g., two to three sessions or more; Conradi et al., 2011; Kisiel, Conradi, et al., 2014). This multisession process not only allows for gathering an array of important information from the child and family but also offers the opportunity for the clinician and family to discuss their understanding of areas of need and the challenges these needs may pose for the child and family. In addition, this process creates the opportunity for identifying the areas that are going well for the child and emerging strengths that may support the child and family in the midst of these challenges. As a result, trauma-informed assessment can offer an important avenue for the early stages of child and family engagement in the treatment process (Fallot & Harris, 2001; Kisiel, Conradi, et al., 2014).

In addition to taking into consideration the guidelines and parameters within a given agency or setting, it is recommended that an initial assessment process take place, as well as an ongoing or reassessment process (e.g., after

3 or 6 months or at some other point). The reassessment process can be a more condensed version of the initial assessment and is useful in determining whether progress has been made toward the identified treatment goals (e.g., reduction in symptoms, increase in positive outcomes or strengths) or whether adjustments need to be made to the treatment plan or process. This reassessment process is discussed in more detail in Chapter 2.

An essential part of an effective trauma-informed assessment is consolidating and summarizing the information gathered from a range of sources and perspectives so that it can be translated and communicated to others (e.g., family members, other providers) and integrated into the treatment plan (Kisiel, Conradi, et al., 2014). This approach provides a pathway to effective treatment planning and the delivery of appropriate services that are responsive to the diverse needs of families and also incorporate their strengths and resources. It is important to note, however, that many clinicians are trained to view the assessment process as different or separate from the treatment process, rather than as an integral part of the beginning stages of treatment. Although we recognize that in many settings the same clinician or therapist is responsible for conducting both the assessment and treatment, in other settings the assessor is a different individual from the treating clinician. For instance, a trainee may be responsible for assessment or treatment, or a clinic may designate a specific staff person to conduct assessments (e.g., an intake assessor) and make referrals for the most appropriate type of treatment on the basis of the results. In any scenario, it is important that direct coordination and communication take place between assessor and mental health clinician in order to facilitate the most effective engagement and treatment process. Throughout this book, we encourage providers to consider assessment a key part of the intervention process, beginning with the initial engagement of children and families and continuing as assessment feedback is offered to guide, inform, and adjust the focus of treatment as needed.

FRAMEWORK FOR A TRAUMA-INFORMED ASSESSMENT

Over the past several years, advances have been made in defining and summarizing a framework for guiding an effective trauma-informed assessment approach (see Kisiel, Conradi, et al., 2014; Kisiel, Torgersen, et al., 2018; Strand et al., 2005). In brief, this framework is designed to support

the successful implementation of a trauma-informed assessment process by providing

- a series of essential process elements, to be embedded within the organization, that are foundational in nature and designed to equip clinicians and the organization to implement a trauma-informed assessment process that is sustainable over time;
- a comprehensive process, including assessment across various domains and incorporation of multiple techniques and measures or tools and a range of perspectives and reporters;
- an organizing structure for gathering and making sense of information about needs and strengths of the child, caregiver, and family;
- a mechanism for summarizing and integrating assessment information for use in practice;
- input that informs and guides both the assessment and treatment or service planning in a developmentally sensitive and culturally responsive way;
- support for the selection of appropriate assessment tools and intervention approaches and monitoring of the outcomes of services;
- a process that facilitates engagement, the sharing of assessment feedback, and education for children and families during assessment and treatment; and
- a means to support communication, collaboration, and advocacy for trauma-informed services with other providers and across systems.

The overarching focus of this book is to highlight and explore in detail this framework for a comprehensive trauma-informed assessment approach and to offer strategies and examples to help clinicians put this approach into practice in their settings.

CONTEXT FOR TRAUMA-INFORMED ASSESSMENT: KEY ISSUES AND CHALLENGES

Although many strides have been made in outlining the components of an effective or "ideal" trauma-informed assessment process, there still exist several challenges in incorporating these components in practice.

The process of trauma-informed assessment for children and adolescents can still be improved and enhanced across settings. As described above, despite the prevalence of trauma exposure among youth across service settings, trauma-related issues may still be overlooked, mislabeled, or unassessed by providers within clinical settings (Kisiel, Fehrenbach, et al., 2014; van der Kolk, 2005). Many public child-serving settings still lack systematic and comprehensive trauma-informed assessment protocols, and providers may receive minimal or no information about a youth's trauma history during the referral process, despite the evidence that many youth in these systems have experienced significant trauma (Hanson et al., 2002; Kisiel, Fehrenbach, et al., 2014; Ko et al., 2008; Mahoney et al., 2004; Taylor & Siegfried, 2005). Certain factors may contribute to this oversight, including the underreporting of trauma by youth or caregivers and the underrecognition of trauma by providers, who may not fully understand or appreciate the importance of incorporating a trauma-informed approach in their work (Fallot & Harris, 2001; Kisiel, Conradi, et al., 2014). In addition, assessment protocols that are in place within clinical settings may include general mental health assessments, with tools assessing mental health symptoms or diagnoses, but often do not include trauma history or exposure questions or tools. These areas are explored further in subsequent chapters as they relate to the issue of differential diagnosis and possible misdiagnosis among youth with trauma histories (Fallot & Harris, 2001).

There are several reasons why trauma-informed screening or assessment processes may not be incorporated as a standard part of practice. One reason may be related to potential difficulties with recognizing and identifying the range of trauma experiences and trauma-related issues among youth within a particular setting, as described above. Another reason is the additional resource challenges that may arise when youth are identified as having trauma-related needs and require referral to trauma-focused intervention services, which may not be readily available (Fallot & Harris, 2001; Kisiel, Conradi, et al., 2014; Kisiel, Patterson, et al., 2018). In addition, there may be challenges with the time and resources associated with conducting a trauma-informed assessment. As described previously, conducting an initial comprehensive assessment over the course of a few sessions and then a follow-up assessment can be time consuming. When there are staff or resource constraints within a given setting (e.g., limited staff capacity to conduct a comprehensive assessment, financial constraints on purchasing tools when required), there may be a tendency to gather a narrower range of information over a shorter period of time.

Furthermore, providers may lack education on child trauma or training on how to effectively incorporate trauma assessment information into practice with children and families or in the context of treatment planning. This lack of provider education and training may contribute to the tendency to avoid the use of trauma-informed assessment tools (Fallot & Harris, 2001; Kisiel, Patterson, et al., 2018); additional resources and training are needed to support the meaningful application of trauma-informed assessment in practice (Kisiel, Fehrenbach, et al., 2014; Kisiel, Torgersen, et al., 2018). Providers' discomfort or uncertainty around what to do with trauma-related information once collected or how to address trauma with children and families may also contribute to the omission of assessment for trauma exposure and its impact on children and families. For instance, providers may avoid asking about trauma-related needs in the context of an assessment when there are no corresponding services or interventions available in the geographic area (Fallot & Harris, 2001).

An additional challenge to incorporating trauma-informed screening or assessment as a standard part of practice may arise when clinicians try to explain the findings to children and families or translate findings in the context of treatment planning or intervention. This challenge may be related to the fact that several existing trauma-informed assessment tools were designed primarily for research purposes without an emphasis on direct application or clinical utility (Kisiel, Patterson, et al., 2018; Lyons, 2009). There is a need for more consistent staff training and educational resources to support application of trauma assessment in clinical practice (Kisiel, Conradi, et al., 2014; Kisiel, Patterson, et al., 2018). These issues are highlighted in subsequent chapters, and practical applications and tips are embedded throughout this book.

Finally, when describing the recommended or "ideal" trauma-informed assessment process throughout this book, we recognize that the process does not always happen fully in practice and that there may be constraints or challenges with embedding this approach to its fullest extent within practice settings. Therefore, throughout the book we highlight the challenges associated with implementing recommendations in mental health practice settings and provide practical strategies or solutions for addressing these issues when challenges occur. Furthermore, it is important to note that several of the guidelines and suggestions provided in relation to the process and meaningful application of trauma-informed assessment build on literature that initially outlined this framework and related concepts (see Kisiel, Conradi, et al., 2014; Kisiel, Torgersen, et al., 2018) without accompanying empirical support. These recommendations are based on

practical wisdom, clinical insights, and feedback from youth and caregivers across various settings as well as the collective experiences of the authors and their colleagues in their work in trauma-focused mental health centers. More research is needed to fully understand the impact of applying these processes broadly across a range of service settings.

Assessment is one of the critical first steps in understanding and addressing the complex needs of youth impacted by trauma; it is important for conceptualizing and prioritizing treatment goals, recommendations, and interventions for youth served in various settings (Kisiel, Blaustein, et al., 2009). However, it is important to note that even when a comprehensive trauma-informed assessment is conducted, children served in mental health settings and other systems (e.g., child welfare, juvenile justice) may still fall through the cracks. They may receive a range of diagnoses or unnecessary medication, and they may never receive appropriate trauma-informed care from the very systems that are supposed to help them recover, heal, and rehabilitate (Kisiel, Fehrenbach, et al., 2014; Kisiel, Torgersen, et al., 2018).

Although some mental health agencies identify themselves as providing more "general" mental health services for children compared with other agencies that focus specifically on trauma-informed services, we argue that all mental health agencies would benefit from implementing a trauma-informed assessment approach (at least to some degree), given the high prevalence of trauma among youth served across settings. Therefore, it is paramount that all mental health professionals work to improve their trauma-informed assessment processes, to more clearly link assessment with appropriate and effective trauma-informed services for youth and families, to increase trauma training and education for providers, and to enhance communication, information sharing, and advocacy across service systems and with families. This work will help support a greater understanding of trauma-related needs and greater transparency in the trauma-informed services required for these youth.

DESCRIPTION AND ORGANIZATION OF THIS BOOK

Although several books have addressed the topic of child trauma assessment, no resource is available that integrates recommendations for trauma-informed assessment approaches for children and adolescents, including domains to assess and tools to consider, with clinical applications for the meaningful use of these tools and approaches in practice. This book draws on and summarizes the existing clinical, theoretical, and empirical literature,

which serves as a basis for most of the practical strategies provided in each chapter. It is our intention that this book provide an efficient and effective opportunity for clinicians (both in practice and in training) and other professionals to become familiar with the current trauma assessment literature and simultaneously to benefit from real-world examples and recommendations in a way that will help them apply this knowledge in a meaningful way.

This book is unique in that it offers an overview of and rationale for a comprehensive approach to trauma-informed assessment with children and adolescents, including key domains and techniques. It also suggests a range of recommended tools and considerations for selecting and using the tools across stages of development and in relation to sociocultural context. The book also explores the process elements and meaningful applications of trauma-informed assessment in clinical practice with children and families and in collaboration with other providers and service systems, and it offers practical strategies and techniques for doing so.

Addressing Gaps in Trauma-Informed Assessment: Content Overview

Although much progress has been made in the area of trauma-informed assessment, there are still relative and important gaps in the literature regarding how to provide the highest quality care to youth and families impacted by trauma. One such gap in the current literature is how to conduct a trauma-informed assessment in an organized, structured, comprehensive, culturally attuned, meaningful, and collaborative way, with youth and families as partners in the process. This book addresses this gap by providing a resource to enhance provider knowledge, promote staff training and education, and guide clinicians on how to conduct a comprehensive trauma-informed assessment in the context of clinical practice and integrate trauma-informed assessment in the context of engaging families and as part of the clinical intervention process.

Throughout the book we emphasize how the evidence for the use of assessment tools and techniques translates into best practices when assessing trauma-exposed children and adolescents from diverse backgrounds. We also review challenges that may arise in the context of a trauma-informed assessment (based on the topic areas noted above) and suggest strategies to overcome these barriers. This book does not, however, provide an in-depth exploration of all the possible domains for assessment and the supporting literature across these domains; rather, it provides a brief overview of these areas with supporting evidence and questions to guide the assessment process. It also offers practitioner-friendly guidance for clinicians and other

professionals working with children and adolescents exposed to trauma. Whereas this book offers suggestions for relevant tools related to child trauma, it is not intended to provide an exhaustive review of or specific recommendations for available tools; these areas are addressed more fully in other recent books and articles (see Nader, 2008b, 2014).

Content Organization

The contents of this book are organized according to the following topic areas:

- Chapter 1 highlighted the rationale for and benefits of a comprehensive trauma-informed assessment approach.
- Chapter 2 describes the key principles and essential organizational process elements to consider in implementing trauma-informed assessment, including providing clinician training, establishing a safe environment, engaging families, integrating standardized tools, using clinical supervision, and viewing assessment as an ongoing process.
- Chapter 3 discusses the implementation of a comprehensive trauma-informed assessment, providing an overview and detailing the key domains of trauma-informed assessment and the recommended structure and techniques for gathering information. The key domains include the various areas to assess related to child, family, and caregiver history, responses, and functioning. The structure offers an overview of the range of assessment techniques and approaches to consider, including the importance of incorporating multiple informants or perspectives, with suggestions for consolidating and integrating this information for use in practice.
- Chapter 4 describes issues for consideration in tailoring the trauma-informed assessment to the individual youth and their development and sociocultural context.
- Chapter 5 offers considerations for selecting and integrating trauma-informed assessment tools and provides a review of recommended assessment tools to assess various domains.
- Chapter 6 describes collaborative and meaningful applications of trauma-informed assessment in practice, including techniques for the translation of assessment information to clinical practice.
- Chapter 7 summarizes key recommendations and discusses potential future directions for research and trauma-informed assessment practice.

Use of Terminology

A brief note is in order about the use of specific terms and language in this book. The terms used to describe the providers involved in the assessment process—for instance, "clinician," "mental health provider," and "therapist"—are used interchangeably to describe the primary individuals conducting a trauma-informed assessment. These individuals may be master's- or doctoral-level clinicians with various types of training and education. The terms "providers" and "professionals" are used more broadly to refer to the range of staff providing services to children and families across various systems.

The terms "children" and "adolescents" are used to refer to young people at these two developmental stages; the terms "children" and "youth" are used interchangeably to refer to both young children and adolescents. When referring to parents and caregivers, the term "caregivers" is inclusive of both biological parents and other adult caregivers, including foster parents. Finally, the terms "clients" and "patients" are used to refer to the children and families receiving mental health services as these terms are commonly used in clinical settings.

The term "tool" refers to any assessment tool, instrument, or measure, unless a different term is specified in the name or by the developer. The terms "key" and "essential" are used to describe the primary or integral areas for consideration or steps to guide the various facets of assessment (e.g., in relation to assessment domains used to gather information or processes for gathering this information in a trauma-informed manner). The term "trauma-informed assessment" is used to describe the main focus of this book, a process conducted by trained clinicians often occurring prior to or in conjunction with mental health treatment. At times, the phrase "comprehensive trauma-informed assessment" is used to describe this same process, particularly when defining its components. In any case, trauma-informed assessment is meant to be comprehensive in nature, encompassing the range of domains, techniques, and perspectives recommended (described in Chapter 3).

It may be important to clarify that the trauma-informed assessment process is not intended to describe psychological evaluation or diagnostic testing. Psychological evaluation is a comprehensive, diagnostic evaluation of all domains of functioning in a child, including cognitive, developmental, social–emotional, and personality functioning; it is typically completed in response to a specific referral question (Conradi et al., 2011). Although the processes of screening, assessment, and psychological evaluation can exist along a continuum, and there may be some overlap in the specific tools used within these different processes, it is important to note that these are

all distinct processes with different purposes. This distinction is addressed further in Chapter 4.

Intended Audiences

The primary audience for this book includes clinicians and therapists who conduct trauma-informed assessments or offer clinical services to children and adolescents. This audience also includes graduate students who are receiving clinical training and education in working with children and families, as the book offers an overview of basic concepts and approaches when conducting a trauma-informed assessment. A secondary audience includes other service providers who conduct trauma screenings that inform assessments and those who collaborate with clinicians who are conducting trauma-informed assessments. The practical recommendations included throughout this book can be applied across a range of child-serving systems. For instance, this material may be relevant to supervisors and administrators working in nonprofit agencies and state-level systems that provide services to traumatized youth and families. We believe this book holds the most potential for moving the field forward when it is regularly used within graduate training programs, internship settings, and staff training programs in which clinicians initially learn about and gain experiences with conducting assessments with children and families.

Clinicians may face unique challenges when conducting trauma-informed assessments that are comprehensive and meaningful while working within the time and resource constraints of mental health providers and agencies. This book is intended to offer an overview of trauma-informed assessment, areas for consideration and suggested tools and techniques for clinicians seeking to incorporate or improve their use of trauma-informed assessment, and strategies for effectively integrating trauma-informed assessment in meaningful ways in the context of clinical interventions or practices. Given its focus on summarizing current research and articulating practical and meaningful recommendations for providers on trauma-informed assessment, our hope is that this book will support and enhance the trauma-informed care provided to youth and families who have experienced trauma.