

# Traumatic Experiences Questionnaire for Young Children (TEQ) 6-13

Child's Name: \_\_\_\_\_ Completed By: \_\_\_\_\_

Age: \_\_\_\_\_ Date: \_\_\_\_\_

**I. Please check any of these that your child has experienced, or that you suspect he/she has experienced:**

**1. Child has experienced:**

- Physical abuse
- Severe teasing, bullying, or criticism at home or school
- Sexual abuse
- Painful medical treatment/life threatening illness/hospitalization
- Severe dog bite
- Severe burns that required medical attention
- Auto accident requiring emergency medical attention
- Removed from home due to known or suspected neglect

**2. Child has seen or heard:**

- Violence/physical fighting between family members
- Violence in the community
- A parent/caregiver being arrested

**3. Loss/separation from parent or caregiver due to:**

- Parent deployed in military
- Death
- Deportation
- Incarceration
- Other long-term separation from caregiver/parent with little or no contact

4. **Other trauma not listed above** (please explain) \_\_\_\_\_

5. **None of the above.** (You do not need to complete the rest of this form.)

**II. If your child has experienced any of the events above, please complete the following:**

Problem Area	0 Not At All	1 Rarely	2 Occasionally	3 Frequently
<b>Since the event my child:</b>				
1. Can't stop thinking about it or acting it out.				
2. Has been harder to manage.				
3. Avoids places, activities, or people that remind him/her of the event.				
4. Has been clingy and won't separate from me.				
5. Has been in more trouble at school.				
6. Has temper outbursts or fights more with others.				
7. Tries to hurt him/herself.				
8. Seems more fearful or worries all the time.				
9. Is "jumpy", or startles easily.				
10. Is easily frustrated/sad/upset.				
11. Has problems falling or staying asleep.				
12. Has toileting problems.				
13. Has eating problems or unusual behaviors around food.				
14. Has sexual behaviors that concern me.				
<b>15. My family is struggling since this happened.</b>				
16. I am concerned that my other children have been affected by these events.				

Scoring of the TEQ 3.0

Total Score: \_\_\_\_\_

Number of *items* marked in column #2 ("occasionally"): \_\_\_\_\_

Number of *items* marked in column #3 ("frequently"): \_\_\_\_\_

Critical Items Scores:

#6: \_\_\_\_\_

#14 \_\_\_\_\_

#15 \_\_\_\_\_

#16 \_\_\_\_\_

**Total Score 10 or less AND no items endorsed in columns #2 or column #3:**

**Level of Criticality: Low**

Have a discussion with family about RESILIENCY. With adverse events, this child and family are coping. Helping them consciously identify their family's response and strengths in coping is the beginning of a family narrative. Children whose families create family narratives demonstrate greater resiliency in life. (need reference and handout for families). Do we want to refer to Circle of Security here and provide info re this?

**Total Score 15 or less –AND- 2 or fewer items endorsed in columns #2 or column #3:**

**Level of Criticality: Sub-clinical**

Provide psychoeducation about how children respond to traumatic events. Discuss the relationship of symptoms the child is having to the traumas they have experienced. Provide Active Monitoring. Schedule a follow-up visit to re-assess the child's functioning and provide some management techniques and interventions for the emotional and behavioral concerns. ( We need handouts for the family for trauma psychoeducation and for management of the different types of symptoms related to trauma)

**Total Score greater than 15 -OR- more than 2 items endorsed in columns #2 or column #3**

**Level of Criticality: Clinical**

Provide psychoeducation and refer for further mental health services. Assure immediate safety of child and family.

**2 or 3 endorsed on CRITICAL ITEMS:**

**Level of Criticality: May be Clinical**

A score of "2" or "3" on these critical items should result in verbal assessment with the client to determine the level of safety risk to child or others, and the level of concern of the caregiver. Requires further follow-up or referral for mental health services.