

Skills Refresher for Pediatric Traumatic Stress: Brief In-Office Interventions

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Disclosures



Pediatric Integrated Post-Trauma Services

Pediatric Integrated Post-Trauma Services (PIPS) is a Category II Center of the National Child Traumatic Stress Network (NCTSN) housed at the University of Utah. Funded by SAMHSA in 2016, the goal of PIPS is to improve the identification, health care system response, and access to treatment for children at risk for traumatic stress. The PIPS team focuses its work in children's advocacy centers, pediatric primary care, and foster care settings.



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Need to Identify & Respond to Traumatic Stress

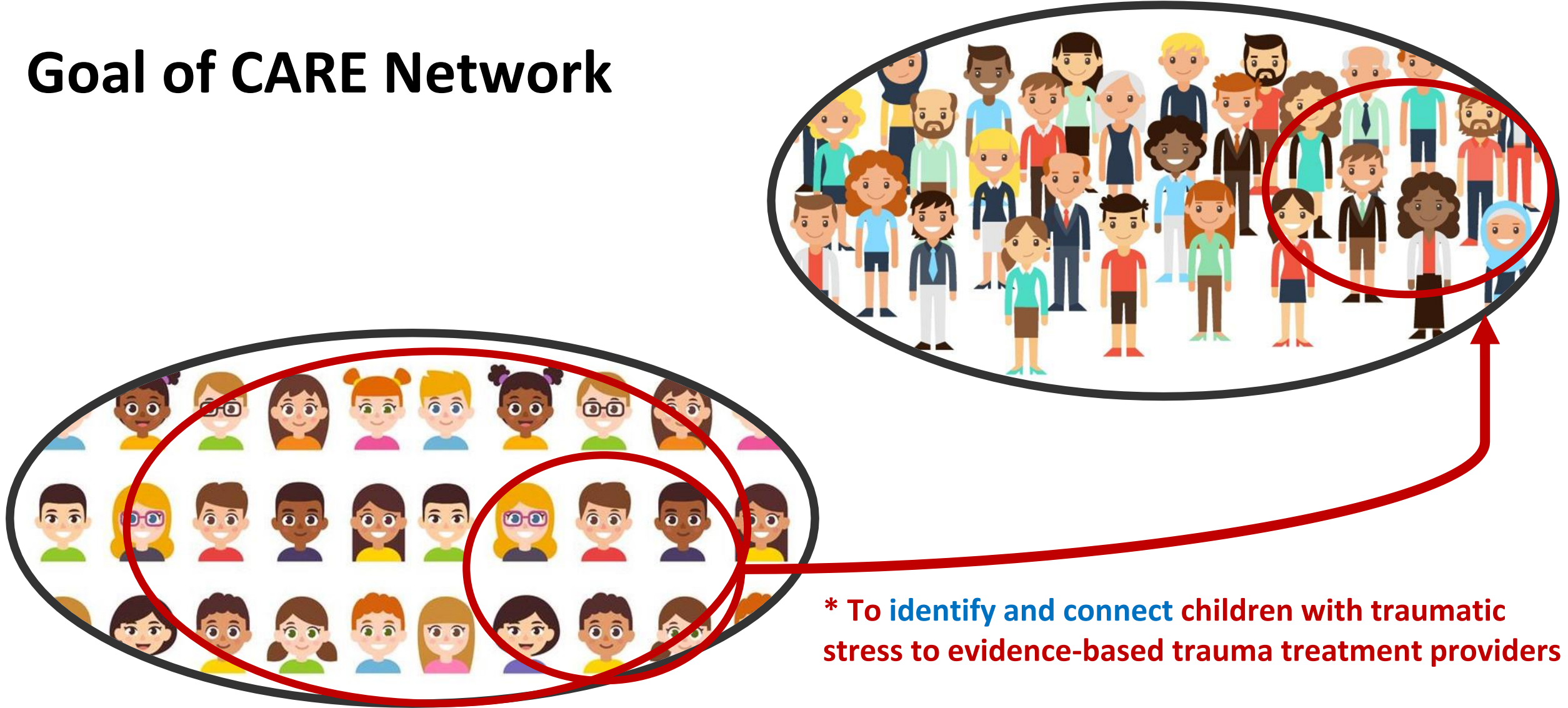
- High prevalence of trauma exposure
- Trauma is connected to poor health and mental health outcomes
- Trauma symptoms often go undiagnosed or misdiagnosed
 - Differential Diagnosis
- Trauma-focused evidence-based treatments work
- AAP recommends active & routine screening



Quick reminders

- **Trauma:** Significant event or experience that causes or threatens harm to one's emotional and/or physical well-being
- **Traumatic stress:** Intense fear and stress in response to a potentially traumatic experience, including disturbed sleep, difficulty paying attention and concentrating, anger and irritability, withdrawal, repeated and intrusive thoughts, and/or extreme distress when confronted by reminders of the trauma

Goal of CARE Network




How to Identify & Respond to Traumatic Stress

- A Care Process Model (CPM) for Pediatric Traumatic Stress
- <https://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=529796906>

Care Process Model

MARCH 2020



DIAGNOSIS AND MANAGEMENT OF
Traumatic Stress in Pediatric Patients

This care process model (CPM) provides best-practice recommendations for the prevention of childhood trauma as well as the identification and management of pediatric traumatic stress in primary care and children's advocacy center settings. This CPM was developed through a collaboration of the Department of Pediatrics at the University of Utah and the Center for Safe and Healthy Families at Intermountain Healthcare's Primary Children's Hospital. This work was funded through federal grant monies allocated by the National Child Traumatic Stress Initiative (NCTSI), which is part of the Substance Abuse and Mental Health Services Administration (SAMHSA).

► **Why Focus ON PEDIATRIC TRAUMATIC STRESS**

Childhood traumatic stress is the intense fear and stress response occurring when children are exposed to potentially traumatic experiences that overwhelm their ability to cope with what they have experienced. Traumatic stress needs to be addressed for the following reasons:

- **High prevalence.** Up to 80% of children experience at least one significant traumatic experience in childhood.¹⁰⁸ Minority children, including those who are members of federally recognized tribes, are disproportionately impacted by trauma and continue to have high rates of contact with the healthcare system.^{105, 109}
- **Poor mental health outcomes.** After exposure to traumatic experiences, some children and adolescents develop adverse traumatic stress responses, including acute stress disorder (ASD) or posttraumatic stress disorder (PTSD). They are also at risk for suicidal and homicidal intent, mental health comorbidities (e.g., depression, anxiety, attention deficit hyperactivity disorder [ADHD]), substance use (including opioid dependency), and other risky behaviors that affect their ability to function and put them at risk for long-term problems.
- **Poor health outcomes and lower life expectancy.** The Adverse Childhood Experiences (ACE) studies link child maltreatment to early death and other poor health outcomes in childhood and adulthood including obesity, cardiovascular disease, and diabetes.¹¹¹
- **High cost.** When children with traumatic stress are not identified or appropriately referred to evidence-based treatment, they can experience exacerbated symptoms and poorer outcomes resulting in elevated costs.^{109A, 109B, 109C} The Centers for Disease Control and Prevention (CDC) reported in 2008 that the lifetime economic burden of cases of child maltreatment in one year in the U.S. is \$124 billion.^{109A, 109B, 109C}
- **Often under-diagnosed and misdiagnosed.** Lack of awareness or screening, symptom similarity to other mental health conditions, and/or the difficulty providers face with discussing and intervening in trauma situations contribute to the underdiagnosis or misdiagnosis of traumatic stress. Misdiagnosis can also lead to inappropriate psychotropic treatment. There are currently no medications approved by the FDA for trauma-specific symptoms in children.^{109E}
- **Early identification and integrated care using evidence-based treatments can increase positive outcomes.** Several trauma-specific therapy models have demonstrated effectiveness in the remediation of traumatic stress symptoms in children and adolescents.^{109D, 109E, 109F, 109G, 109H} Resiliency studies indicate that children with parental support and access to services can recover from traumatic experiences.^{109D, 109E, 109F, 109G, 109H} Several treatment studies have shown significant symptom remediation.^{109D, 109E, 109F, 109G, 109H}

► **WHAT'S INSIDE?**

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 **GOALS**

- ↑ Patients screened for traumatic stress
- ↑ Number of referrals to specialty clinics for those identified with severe traumatic stress
- ↑ Number of patients that are identified with moderate or severe trauma symptoms that get evidence-based trauma therapy

 Indicates an Intermountain measure



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Barriers to Trauma Screening in Primary Care

- Screening tools are often
 - Overly/only focused on trauma exposure
 - Too lengthy for primary care
 - Unaccompanied by guidance for decision-making and the care response
- Resource fit & availability



Who

- Children ages 6-18
- Well-child visits
- Mental health related visits

Pediatric Traumatic Stress Screening Tool

11 years and older

Sometimes **violent** or **very scary** or **upsetting** things happen. This could be something that happened to you or something you saw. It can include being badly hurt, someone doing something harmful to you or someone else, or a serious accident or serious illness.

Has something like this happened recently?

If "Yes," what happened?

Has something like this happened in the past?

If "Yes," what happened?

Select how often you had the problem.
Use the calendars on the right to help.

How much of the time during the last 2 weeks?

- 1 I have bad dreams about what happened.
- 2 I have trouble going to sleep, waking up.
- 3 I have upsetting thoughts, pictures in my mind when I don't want them to.
- 4 When something reminds me of what happened, my heart beats fast, and I feel nervous.
- 5 When something reminds me of what happened, I feel sad or angry.
- 6 I have trouble concentrating or remembering things.
- 7 I get upset easily or get into arguments.
- 8 I try to stay away from people, places, or things that remind me of what happened.
- 9 I have trouble feeling happy or interested in things.
- 10 I try not to think about or talk about what happened.
- 11 I have thoughts like "I will never be the same."
- 12 I feel alone even when I'm around people.
- 13 *Over the last 2 weeks, how much better do you feel than you would be better off?

Clinicians, please indicate:

☐ No Action Taken

Referrals: (check all that apply)

- ☐ Child Protection (DCFS / CPS)
- ☐ Crisis Evaluation / Emergency Department
- ☐ Trauma Evidence-Based Treatment
- ☐ Mental Health Integration (MHI)

Patient Name: _____



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Pediatric Traumatic Stress Screening Tool

6–10 years of age

A veces a las personas les pasan cosas **violentas** o que les da mucho miedo o que les **perturba**. Esto podría ser algo que le pasó a su niño o algo que su niño vio. Puede incluir estar herido de gravedad, alguien haciendo algo malo a su niño o a alguien más, o un accidente o enfermedad grave.

¿Le ha pasado algo así a su niño recientemente? ☐ SI ☐ No

Si la respuesta es "sí" ¿qué le pasó?

¿Le ha pasado algo así a su niño en el pasado? ☐ SI ☐ No

Si la respuesta es "sí" ¿qué le pasó?

Seleccione con qué frecuencia su niño ha tenido el problema en el último mes. Use los calendarios de frecuencia a la derecha para ayudarlo a decidir.



Cuánto tiempo durante el último mes...					
	Nada	Poco	Algo	Mucho	La mayoría
1 Mi niño ha tenido pesadillas de lo que sucedió u otros sueños feos.	0	1	2	3	4
2 Mi niño tiene problemas para dormir, se despierta a menudo, o tiene problemas para volver a dormir.	0	1	2	3	4
3 A mi niño le vienen pensamientos perturbadores, imágenes o sonidos de lo que sucedió cuando no desea tenerlos.	0	1	2	3	4
4 Cuando algo le recuerda a mi niño lo que pasó, tiene sentimientos fuertes en su cuerpo, como palpitaciones cardíacas rápidas, dolores de cabeza o de estómago, pone triste.	0	1	2	3	4
5 Cuando algo le recuerda a mi niño lo que pasó, se enoja, le da miedo o se preocupa.	0	1	2	3	4
6 Mi niño tiene problemas para concentrarse o poner atención.	0	1	2	3	4
7 Mi niño se enoja fácilmente o discute o tiene peleas físicas.	0	1	2	3	4
8 Mi niño trata de mantenerse alejado de personas, lugares o cosas que le recuerden lo que pasó.	0	1	2	3	4
9 Mi niño tiene problemas para sentir felicidad o amor.	0	1	2	3	4
10 Mi niño trata de no pensar o tener sentimientos sobre lo que pasó.	0	1	2	3	4
11 Mi niño tiene pensamientos como "nunca podré confiar en otras personas".	0	1	2	3	4
12 Mi niño se siente solo aun cuando está rodeado de otras personas.	0	1	2	3	4
13 *Durante las 2 últimas semanas, ¿cuan a menudo su niño ha tenido pensamientos que estaría mejor muerto o de hacerse daño de alguna manera?	En lo absoluto	Varios días	Más de la mitad de los días	Casi todos los días	

*Adapted from Patient Health Questionnaire (PHQ-C)

Clinicians, please indicate actions taken:

☐ No Action Taken

Referrals: (check all that apply)

- ☐ Child Protection (DCFS / CPS)
- ☐ Crisis Evaluation / Emergency Department
- ☐ Trauma Evidence-Based Treatment
- ☐ Mental Health Integration (MHI)

In-office Interventions: (check all that apply)

- ☐ Sleep Education
- ☐ Belly Breathing
- ☐ Guided Imagery
- ☐ Progressive Muscle Relaxation

Patient Name: _____ Patient DOB: _____ EMPI _____



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Pat Qtr 50113

Based on the UCLA Brief Trauma Screen
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Patient and Provider Publications: CPM10765 - 02/20

How

- Waiting room screening tool
- Parent vs adolescent report
- English or Spanish
- Paper or electronic

ROAD MAP OF CARE: PEDIATRIC TRAUMATIC STRESS IN PRIMARY CARE SETTINGS (6–18 years of age)

Child screens positive for a potentially traumatic experience* using the Pediatric Traumatic Stress Screening Tool (pages 33–36)

*Traumatic experiences may include:

- Abuse
- Natural disasters
- Violence
- Medical trauma
- Serious accidents

FOLLOW the 3-step process

1 Report if required (see page 9)	2 Respond to suicide risk (see page 10)	3 Stratify treatment approach (see page 12)
Call DCFS if child maltreatment suspected (1-855-323-3237).	Follow Intermountain's Suicide Prevention CPM if child reports thinking about being better off dead or of harming themselves in some way (see page 10).	<ul style="list-style-type: none"> • Refer to the Pediatric Traumatic Stress Screening Tool to assess symptom severity (see pages 33–36). • Inquire about child's functioning in daily activities. • Use stratification chart below to determine next steps.

Treatment Stratification		
Symptoms	Poor functioning?	Clinical decision
Severe symptoms Score $\geq 21^{**}$	YES or NO	Restorative Approach Refer to evidence-based trauma treatment (see page 14).
Moderate symptoms Score 11–20**	YES NO	Resilient Approach Refer to MHI or community/private mental health (see page 14).
Mild symptoms Score $\leq 10^{**}$	YES NO	Protective Approach Provide strengths-based guidance and continue monitoring (see page 14).

**Scores from Pediatric Traumatic Stress Screening Tool. See page 9 for more information and pages 33–36 for copies of the screening tool.

Possible medication roles:

- Trauma-related sleep problems (see page 16)
- Pre-existing anxiety, depression or severe ADHD. See [Depression](#) and [ADHD CPMs](#).

PROVIDE a brief in-office intervention (see page 15)

Sleep problems	<ul style="list-style-type: none"> • Sleep education • Belly breathing • Guided Imagery • Medication
Hypervigilant/intrusive symptoms	<ul style="list-style-type: none"> • Belly breathing • Guided Imagery • Progressive muscle relaxation • Mindfulness
Avoidance/negative mood symptoms	<ul style="list-style-type: none"> • Behavioral activation • Return to routine • Parent-child communication

FOLLOW UP at regular intervals (see page 16)

EVALUATE responses using Pediatric Traumatic Stress Screening Tool (see pages 33–36)

- If poor or no response to treatments consider the following:
- RETRY or change interventions
 - COORDINATE with mental health provider, if applicable
 - INVOLVE case management
 - REVISE treatment stratification
 - ASSESS potential for medication or psychiatric referral

CPM Roadmap of Care

Provider meets with youth and caregiver:

1. Report if required
2. Respond to suicide risk
3. Stratify treatment response

Follow-up

Pediatric Traumatic Stress Screening Tool

11 years and older

Sometimes violent or very scary or upsetting things happen. This could be something that happened to you or something you saw. It can include being badly hurt, someone doing something harmful to you or someone else, or a serious accident or serious illness.

Has something like this happened recently? ☐ Yes ☐ No

If 'Yes,' what happened? _____

Has something like this happened in the past? ☐ Yes ☐ No

If 'Yes,' what happened? _____

Select how often you had the problem below in the past month.
Use the calendars on the right to help you decide how often.

FREQUENCY RATING CALENDARS



How much of the time during the past month...		None	Little	Some	Much	Most
1	I have bad dreams about what happened or other bad dreams.	0	1	2	3	4
2	I have trouble going to sleep, waking up often, or getting back to sleep.	0	1	2	3	4
3	I have upsetting thoughts, pictures, or sounds of what happened come into my mind when I don't want them to.	0	1	2	3	4
4	When something reminds me of what happened I have strong feelings in my body, my heart beats fast, and I have headaches or stomach aches.	0	1	2	3	4
5	When something reminds me of what happened I get very upset, afraid, or sad.	0	1	2	3	4
6	I have trouble concentrating or paying attention.	0	1	2	3	4
7	I get upset easily or get into arguments or physical fights.	0	1	2	3	4
8	I try to stay away from people, places, or things that remind me about what happened.	0	1	2	3	4
9	I have trouble feeling happiness or love.	0	1	2	3	4
10	I try not to think about or have feelings about what happened.	0	1	2	3	4
11	I have thoughts like "I will never be able to trust other people."	0	1	2	3	4
12	I feel alone even when I'm around other people.	0	1	2	3	4

13	*Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead or hurting yourself in some way?	Not at all	Several days	More than half the days	Nearly every day
----	---	------------	--------------	-------------------------	------------------

*Adapted from Patient Health Questionnaire (PHQ-A)

Trauma Exposure Items

Traumatic Stress Items
(UCLA Brief Screen #2-12)

Suicidality Item (PHQ-9 #9)

Pediatric Traumatic Stress Screening Tool

11 years and older

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Has something like this happened recently? ☐ Yes ☐ No

If 'Yes,' what happened? _____

Has something like this happened in the past? ☐ Yes ☐ No

If 'Yes,' what happened? _____

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2	I have trouble going to sleep, waking up often, or getting back to sleep.	0	1	2	3	4
3	I have upsetting thoughts, pictures, or sounds of what happened come into my mind when I don't want them to.	0	1	2	3	4
4	When something reminds me of what happened I have strong feelings in my body, my heart beats fast, and I have headaches or stomach aches.	0	1	2	3	4
5	When something reminds me of what happened I get very upset, afraid, or sad.	0	1	2	3	4
6	I have trouble concentrating or paying attention.	0	1	2	3	4
7	I get upset easily or get into arguments or physical fights.	0	1	2	3	4
8	I try to stay away from people, places, or things that remind me about what happened.	0	1	2	3	4
9	I have trouble feeling happiness or love.	0	1	2	3	4
10	I try not to think about or have feelings about what happened.	0	1	2	3	4
11	I have thoughts like "I will never be able to trust other people."	0	1	2	3	4
12	I feel alone even when I'm around other people.	0	1	2	3	4

13	*Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead or hurting yourself in some way?	Not at all	Several days	More than half the days	Nearly every day
----	---	------------	--------------	-------------------------	------------------

*Adapted from Patient Health Questionnaire (PHQ-A)

1. Report if Required

1. Report if Required

- If abuse or family violence was disclosed, determine if the event(s) need to be reported to child protection or law enforcement authorities and report if required
- If other safety issues are disclosed, provide support and follow up as needed

Pediatric Traumatic Stress Screening Tool

11 years and older

Sometimes violent or very scary or upsetting things happen. This could be something that happened to you or something you saw. It can include being badly hurt, someone doing something harmful to you or someone else, or a serious accident or serious illness.

Has something like this happened recently? ☐ Yes ☐ No

If 'Yes,' what happened? _____

Has something like this happened in the past? ☐ Yes ☐ No

If 'Yes,' what happened? _____

Select how often you had the problem below in the past month.
Use the calendars on the right to help you decide how often.



How much of the time during the past month...		None	Little	Some	Much	Most
1	I have bad dreams about what happened or other bad dreams.	0	1	2	3	4
2	I have trouble going to sleep, waking up often, or getting back to sleep.	0	1	2	3	4
3	I have upsetting thoughts, pictures, or sounds of what happened come into my mind when I don't want them to.	0	1	2	3	4
4	When something reminds me of what happened I have strong feelings in my body, my heart beats fast, and I have headaches or stomach aches.	0	1	2	3	4
5	When something reminds me of what happened I get very upset, afraid, or sad.	0	1	2	3	4
6	I have trouble concentrating or paying attention.	0	1	2	3	4
7	I get upset easily or get into arguments or physical fights.	0	1	2	3	4
8	I try to stay away from people, places, or things that remind me about what happened.	0	1	2	3	4
9	I have trouble feeling happiness or love.	0	1	2	3	4
10	I try not to think about or have feelings about what happened.	0	1	2	3	4
11	I have thoughts like "I will never be able to trust other people."	0	1	2	3	4
12	I feel alone even when I'm around other people.	0	1	2	3	4

13	*Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead or hurting yourself in some way?	Not at all	Several days	More than half the days	Nearly every day
----	---	------------	--------------	-------------------------	------------------

*Adapted from Patient Health Questionnaire (PHQ-A)

Patient Health Questionnaire (PHQ-A)

Today's Date: _____ Patient's Name: _____ Date of Birth: _____

Are you currently: ☐ on medication for depression ☐ not on medication for depression ☐ not sure? ☐ in counseling

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, irritable, or hopeless	0	1	2	3
3. Trouble falling/staying asleep, sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself, — or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as school work, reading, or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed, or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
Total each column				

10. If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?
☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

11. In the past year, have you felt depressed or sad most days, even if you feel okay sometimes?
☐ YES ☐ NO

12. Has there been a time in the past month when you have had serious thoughts about ending your life?
☐ YES ☐ NO

13. Have you ever, in your whole life, tried to kill yourself or made a suicide attempt?
☐ YES ☐ NO

Pediatric Traumatic Stress Screening Tool — 11 years and older

Sometimes violent or very scary or upsetting things happen. This could be something that happened to you or something you saw. It can include being badly hurt, someone doing something harmful to you or someone else, or a serious accident or serious illness.

Has something like this happened recently? ☐ Yes ☐ No

If 'Yes,' what happened? _____

Has something like this happened in the past? ☐ Yes ☐ No

If 'Yes,' what happened? _____

If you checked 'yes' on either question above, please continue below:

How much of the time during the past month...	None	Little	Some	Much	Most
1 I have bad dreams about what happened or other bad dreams.	0	1	2	3	4
2 I have trouble going to sleep, waking up often, or getting back to sleep.	0	1	2	3	4
3 I have upsetting thoughts, pictures, or sounds of what happened come to mind when I don't want them to.	0	1	2	3	4
4 When something reminds me of what happened I have strong feelings in my body, my heart beats fast, and I have headaches or stomach aches.	0	1	2	3	4
5 When something reminds me of what happened I get very upset, afraid, or sad.	0	1	2	3	4
6 I have trouble concentrating or paying attention.	0	1	2	3	4
7 I get upset easily or get into arguments or physical fights.	0	1	2	3	4
8 I try to stay away from people, places, or things that remind me about what happened.	0	1	2	3	4
9 I have trouble feeling happiness or love.	0	1	2	3	4
10 I try not to think about or have feelings about what happened.	0	1	2	3	4
11 I have thoughts like "I will never be able to trust other people."	0	1	2	3	4
12 I feel alone even when I'm around other people.	0	1	2	3	4

} 2. Respond to Suicide Risk

2. Respond to Suicide Risk

- If the parent or youth endorses **any** number of days of suicidal thinking, use the **Columbia Suicide Severity Rating Scale (C-SSRS)** to assess patient safety and determine response protocols, referring to local emergency medical services when needed

The C-SSRS

Ask items 1-2, 6

- If yes to 1 or 2, ask items 3-5

TABLE1: Patient safety measures and response protocols based on C-SSRS Quick Screen responses. Taken from the Suicide Prevention CPM

C-SSRS Quick Screen questions (in the last month)			Action if patient response "Yes"
Question	"Yes" indicates	Level of risk	Outpatient clinic (non BH)
1. Have you wished you were dead or wished you could go to sleep and not wake up?	Wish to be dead	LOW	<ul style="list-style-type: none"> Consider referral to MHI or BH provider Consider patient education
2. Have you actually had any thoughts of killing yourself?	Nonspecific thoughts		
3. Have you been thinking about how you might kill yourself?	Thoughts with method (without specific plan or intent to act)	MODERATE	<ul style="list-style-type: none"> Assess risk factors and either facilitate evaluation for inpatient admission or complete <u>Safety Plan</u> with follow-up with 24–48 hours Educate patient
4. Have you had these thoughts and had some intention of acting on them?	Intent (without plan)	HIGH	<ul style="list-style-type: none"> Facilitate Immediate evaluation Educate the patient
5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	Intent with plan		
6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?	Behavior	>1 year ago: LOW	<ul style="list-style-type: none"> Consider referral to MHI or BH provider Consider patient education
		1–12 months ago: MODERATE	<ul style="list-style-type: none"> Assess risk factors and refer to MHI or BH provider Educate patient
		Past 4 weeks, during current inpatient stay, since last assessment: HIGH	<ul style="list-style-type: none"> Facilitate Immediate evaluation for inpatient care Educate patient

Higher risk for suicide

3. Stratify Treatment Response

- Identify:
 - Trauma symptom severity
 - Child functional impairment
- Provide appropriate treatment approach:
 - Anticipatory guidance
 - Brief, targeted intervention
 - Referral

Pediatric Traumatic Stress Screening Tool

11 years and older

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Has something like this happened recently? ☐ Yes ☐ No

If 'Yes,' what happened? _____

Has something like this happened in the past? ☐ Yes ☐ No

If 'Yes,' what happened? _____

Select how often you had the problem below in the past month.
Use the calendars on the right to help you decide how often.

FREQUENCY RATING CALENDARS



How much of the time during the past month...		None	Little	Some	Much	Most
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13	*Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead or hurting yourself in some way?	Not at all	Several days	More than half the days	Nearly every day	

*Adapted from Patient Health Questionnaire (PHQ-A)

3. Stratify Treatment Response based on:

- Screening tool responses,
- Child functional impairment, &
- Shared decision-making

Provide Appropriate Treatment Approach

TABLE 2. Treatment Stratification		
Symptoms	Poor functioning?	Clinical decision
Severe symptoms: Score $\geq 21^{**}$	YES or NO	Restorative Approach Refer to EBT Treatment
Moderate symptoms: Score 11–20**	YES NO	Resilient Approach Refer to MHI or Community MHI.
Mild symptoms: Score $\leq 10^{**}$	YES NO	Protective Approach Provide strengths-based guidance and continue monitoring.

**Scores from *Pediatric Traumatic Stress Screening Tool* (see page 9 for more information)

✓ KEY COMPONENTS OF EVIDENCE-BASED TRAUMA TREATMENT

Common features of evidence-based trauma treatment for children include being:

- Developmentally and culturally sensitive
- Resilience based
- Focused on overcoming avoidance of the trauma experience
- Parent/caregiver inclusive
- Skills and safety focused

For additional information about trauma-specific evidence-based treatment, see <https://quchdtcenter.georgetown.edu/TraumaInformedCare/IssueBrief4EvidenceBasedTreatments.pdf>.

To learn more about trauma-informed treatments for children, please visit the National Child Traumatic Stress Network factsheets linked in the sidebar or <http://www.nctsn.org>.

RESOURCES FOR SPECIALIZED TRAUMA ASSESSMENT AND TREATMENT

- **UCLA PTSD Reaction Index (RI):** <https://www.reactionindex.com/>
- **TF-CBT** — NCTSN fact sheet available at: http://www.nctsn.org/sites/default/files/assets/pdfs/tfcbt_general.pdf
- **PCIT** — NCTSN fact sheet available at: http://www.nctsn.org/sites/default/files/assets/pdfs/pcit_general.pdf
- **CFTSI** — NCTSN fact sheet available at: http://www.nctsn.org/sites/default/files/assets/pdfs/CFTSI_General_Information_Fact_Sheet.pdf
- **CPP** — NCTSN factsheet available at: http://www.nctsn.org/sites/default/files/assets/pdfs/cpp_general.pdf
- **AF-CBT** — NCTSN fact sheet available at: <https://www.nctsn.org/interventions/alternatives-families-cognitive-behavioral-therapy>

► SPECIALIZED TRAUMA ASSESSMENT AND TREATMENT

Children who are at risk for traumatic stress warrant comprehensive, trauma-informed assessment to determine the right type of treatment. The use of standardized, validated measures is critical for the accurate detection of both trauma exposures and symptoms as well as common, comorbid conditions. A comprehensive assessment tool recommended for the detection of additional trauma exposures and risk for PTSD is:

- **The UCLA PTSD Reaction Index for DSM-5.** Used with children 8 years and older, the UCLA PTSD Reaction Index (RI) is an example of a well-validated measure that captures a variety of potentially traumatic experiences, has tools to help identify developmental timing of trauma exposure, and contains a 31-item symptom report that can be used to support the diagnosis of PTSD with and/or without dissociative symptoms.^{ELN, STE} A derived, shortened version of the full UCLA PTSD RI is used as part of this CPM, meaning that there is cross-informing compatibility between the two measures.

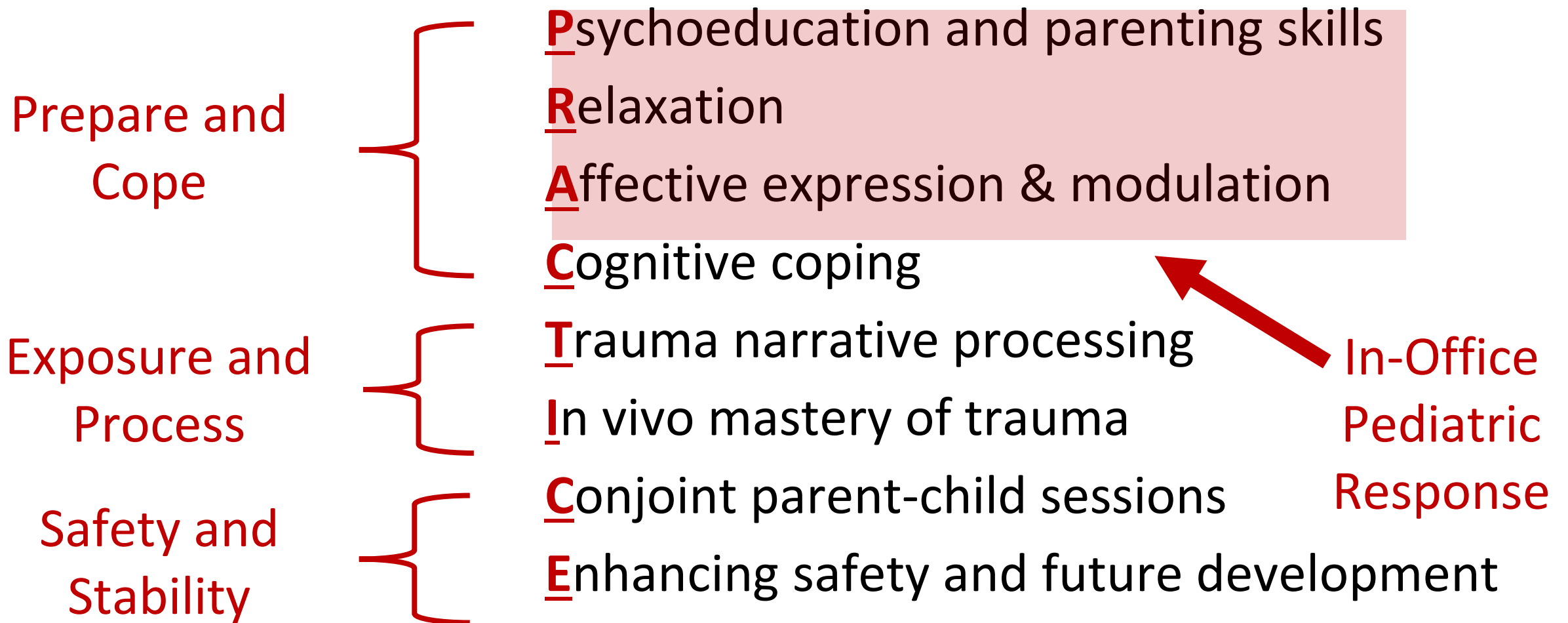
Trauma-specific and trauma-informed treatments include:

- **Trauma-focused cognitive behavioral therapy (TF-CBT).** Used to treat trauma symptoms for children and adolescents in outpatient settings (ages 3–18 years). The model includes non-offending caregivers in treatment and addresses psychoeducation, parenting skills, relaxation, affect expression and modulation, cognitive coping and processing, and developing and sharing a trauma narrative. While the length of treatment varies by youth needs, TF-CBT in community settings averages about 25 weekly sessions.^{COH}
- **Parent-child interaction therapy (PCIT).** Used in outpatient settings to coach non-offending caregivers or caregivers at high risk of physical abuse in positive parenting skills. This coaching is designed to decrease problem behaviors in children (ages 2–7 years) by encouraging their positive behaviors, strengthening their parent-child relationship, and discouraging negative behaviors. While the length of treatment depends on parent/caregiver mastery of skills, PCIT in community settings averages about 20 weekly sessions.^{HEM}
- **Child and family traumatic stress intervention (CFTSI).** Used in outpatient settings with youth (ages 7–18 years) who have experienced one or multiple traumatic experiences to prevent the development of PTSD. Both an early intervention and a secondary prevention strategy, CFTSI usually begins within 30 days of the traumatic experience (or disclosure) and typically involves three to eight weekly sessions. It engages youth and their non-offending caregivers in psychoeducation, symptom monitoring, symptom-specific coping mechanisms, and parent-child communication.^{BER}
- **Child-parent psychotherapy (CPP).** Used to help develop the parent-child relationship for very young children and their non-offending caregivers (ages 0–6 years). Typically applied in-home, the therapist interprets and directs parent-child interactions in more adaptive, positive ways. CPP is typically delivered in 40–50 weekly sessions.^{GHD}
- **Alternatives for families cognitive behavioral therapy (AF-CBT).** Used to treat trauma symptoms from physical abuse and/or physical discipline in children and adolescents (5–18 years). The model engages offending caregivers in treatment and addresses child, parent, and conjoint components of engagement, psychoeducation, discussion of incidents of physical force, cognitive processing, skill training, and clarification of responsibility for past events. AF-CBT in community settings is about 20 weekly sessions.^{KOL}

**Evidence Based
Assessment for
Trauma**

**Evidence Based
Treatment for
Trauma**

Trauma-Focused Cognitive Behavioral Therapy



Pediatric Traumatic Stress Screening Tool

11 years and older

Sometimes violent or very scary or upsetting things happen. This could be something that happened to you or something you saw. It can include being badly hurt, someone doing something harmful to you or someone else, or a serious accident or serious illness.

Has something like this happened recently? ☐ Yes ☐ No

If 'Yes,' what happened? _____

Has something like this happened in the past? ☐ Yes ☐ No

If 'Yes,' what happened? _____

Select how often you had the problem below in the past month.
Use the calendars on the right to help you decide how often.

FREQUENCY RATING CALENDARS



How much of the time during the past month...		None	Little	Some	Much	Most
1	I have bad dreams about what happened or other bad dreams.	0	1	2	3	4
2	I have trouble going to sleep, waking up often, or getting back to sleep.	0	1	2	3	4
3	I have upsetting thoughts, pictures, or sounds of what happened come into my mind when I don't want them to.	0	1	2	3	4
4	When something reminds me of what happened I have strong feelings in my body, my heart beats fast, and I have headaches or stomach aches.	0	1	2	3	4
5	When something reminds me of what happened I get very upset, afraid, or sad.	0	1	2	3	4
6	I have trouble concentrating or paying attention.	0	1	2	3	4
7	I get upset easily or get into arguments or physical fights.	0	1	2	3	4
8	I try to stay away from people, places, or things that remind me about what happened.	0	1	2	3	4
9	I have trouble feeling happiness or love.	0	1	2	3	4
10	I try not to think about or have feelings about what happened.	0	1	2	3	4
11	I have thoughts like "I will never be able to trust other people."	0	1	2	3	4
12	I feel alone even when I'm around other people.	0	1	2	3	4

<div>SLEEP</div> <div>AROUSAL/ INTRUSION</div> <div>AVOIDANCE/ NEGATIVE MOOD</div>	13	*Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead or hurting yourself in some way?	Not at all	Several days	More than half the days	Nearly every day
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*Adapted from Patient Health Questionnaire (PHQ-A)

Connect symptoms
with trauma
&
Provide a brief
targeted intervention

Lower distress
and calm
behaviors

Improve
Engagement
and mood

TABLE 2 . Multiple Symptoms Intervention Guidance

Symptom Category	UCLA-RI Items	Interventions
Sleep concerns	Items: 11, 12	Sleep hygiene; sleep card; medication
Intrusive / hyperarousal	Items: 2,3,4,7,10,11	Belly breathing, guided imagery, mindfulness, treatment referral
Avoidance / negative thoughts	Items: 1,5,6,8,9	Caregiver support, mindfulness, behavioral activation, treatment referral

In-Office Interventions

- Are symptoms best explained by trauma
 - Occurrence of trauma, temporal association
- Target most prominent symptoms
- Demonstrate in person or refer to helpful apps
- Consider functional issues
 - Developmental level
 - Family support
 - Cultural, gender or language issues
 - Type and number of traumatic events

In-Office Interventions

- Sleep – when poor, can exacerbate symptoms
 - Sleep hygiene
 - Routine
 - Coping/Relaxation
 - Breathing
 - Meditation
 - Anxiety reduction
 - Parent proximity
 - Sharing a “lovey item”
 - The invisible string
 - Worry box
 - Notes of Affirmation

Sleep Card

[illegible]

In-Office Interventions

- Hypervigilant/Intrusive Symptoms
 - Breathing
 - Meditation
 - Progressive muscle relaxation
 - Mindfulness –orienting to 5 senses
 - A “safe box”

In-Office Interventions

- Avoidance/Negative Thoughts
 - Returning to routine
 - Sharing activities
 - Special “time in”
 - Finding joyful moments together
 - Getting outside

The 3 R's

1. Reassurance – you are safe
2. Return to Routine
 - charts, lists, schedules
 - prepare in advance for changes
3. Regulation – “keeping the mind in mind”
 - relaxations techniques
 - mindfulness
 - movement: stretch, physical activity
 - music
 - naming and describing emotion

What is Child Traumatic Stress?

Child traumatic stress is when children and adolescents are exposed to traumatic events or traumatic situations, and when this exposure overwhelms their ability to cope.

When children have been exposed to situations where they feared for their lives, believed they could have been injured, witnessed violence, or tragically lost a loved one, they may show signs of traumatic stress. The impact on any given child depends partly on the objective danger, partly on his or her subjective reaction to the events, and partly on his or her age and developmental level.

**If your child is experiencing traumatic stress you might notice the following signs:**

- Difficulty sleeping and nightmares
- Refusing to go to school
- Lack of appetite
- Bed-wetting or other regression in behavior
- Interference with developmental milestones
- Anger
- Getting into fights at school or fighting more with siblings
- Difficulty paying attention to teachers at school and to parents at home
- Avoidance of scary situations
- Withdrawal from friends or activities
- Nervousness or jumpiness
- Intrusive memories of what happened
- Play that includes recreating the event

What is the best way to treat child traumatic stress?

There are effective ways to treat child traumatic stress.

Many treatments include cognitive behavioral principles:

- Education about the impact of trauma
- Helping children and their parents establish or re-establish a sense of safety
- Techniques for dealing with overwhelming emotional reactions
- An opportunity to talk about the traumatic experience in a safe, accepting environment
- Involvement, when possible, of primary caregivers in the healing process

For more information see the NCTSN website: www.nctsn.org.

What can I do for my child at home?

Parents never want their child to go through trauma or suffer its after effects.

Having someone you can talk to about your own feelings will help you to better help your child.

Psychoeducation and Supportive Parenting

- SAY trauma may be the cause of symptoms
- Give LANGUAGE for the child about the problem
- INVESTIGATE further if needed
- NORMALIZE symptoms
- Provide TREATMENT as needed

Psychoeducation for the CAREGIVER

- Emphasize need for safety and security
 - Physical and psychological
- Concept of the emotional container
- Importance of predictability and availability
- Need for compassion

In-Office Intervention

TABLE 3. Brief in-office interventions (for details see page 23)	
Sleep problems	<ul style="list-style-type: none">• Sleep education• Belly breathing• Guided imagery• Medication
Hypervigilant / intrusive symptoms	<ul style="list-style-type: none">• Belly breathing• Guided imagery• Progressive muscle relaxation• Mindfulness
Avoidance / negative mood symptoms	<ul style="list-style-type: none">• Behavioral activation• Return to routine• Parent-child communication



Belly Breathing

01 Use Bubbles

Blowing gently to create bubbles is a good way to be playful and breathe deeply. Kids have to blow carefully and slowly to make the bubbles, which is a useful way to help kids take deep breaths.



02 Stuffed Animals

Have your child lay down on their back and put a stuffed animal on their belly. Have them breathe in and move the stuffed animal up, then breathe out and bring the stuffed animal back down. This helps teach kids to use their belly to take big deep breaths. Another alternative is to use a weighted stuffed animal.

03 Pin wheel

Kids can practice breathing out slowly or more quickly, using the speed of the pinwheel as a measure. Then they can figure out which way works and feels best for them.



04 Feathers

Get some colored feathers and pick out one feather to use. It could be a color that your child loves or one that makes them feel calm. Breathe in and hold it for a count of 3, then breathe out going up on one side of the feather and down the other side.

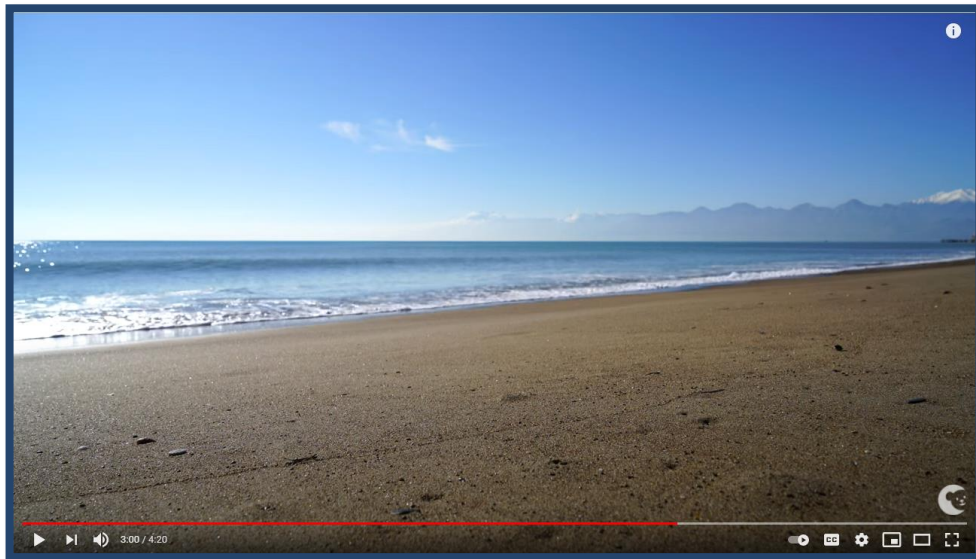
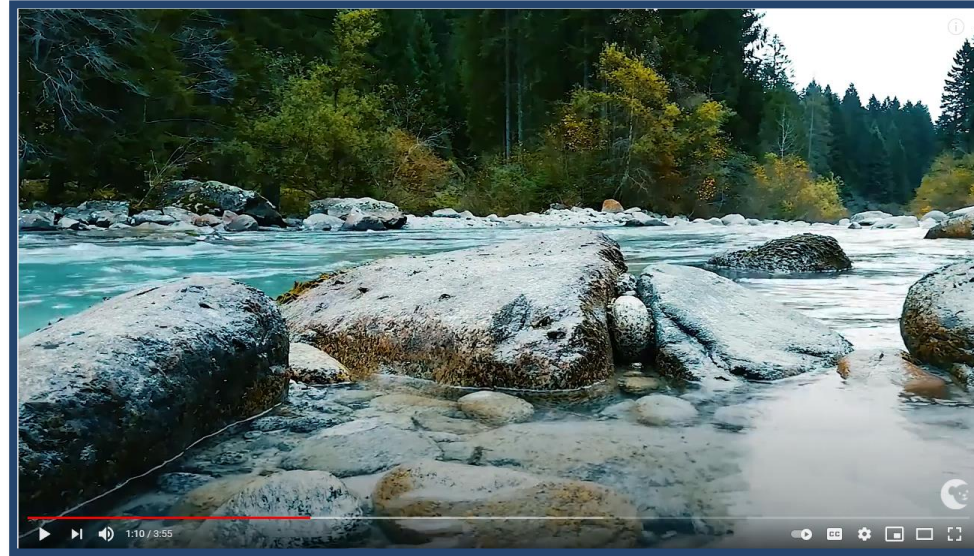
Quick tip

The breathing we want kids to do is deep belly breaths, not shallow chest breaths. They should breath in like they are smelling flowers and breath out like they are blowing our birthday candles.

Belly Breathing



Guided Imagery



Progressive Muscle Relaxation



Mindfulness

- 5-4-3-2-1
- 5 things you can see
- 4 things you can touch
- 3 things you can hear
- 2 things you can smell
- 1 thing you can taste



Behavioral Activation

- Increase activity/social interactions
 - People
 - Places
 - Activities
 - Motivation/rewards/accountability



Activity Brainstorming

When you're trying to add fun activities to your life, it's helpful to consider the people, places, and activities that will be the most rewarding for you. Build a menu of activities by taking a few minutes to answer the questions below:



People

List two people with whom you would like to spend more time:

1. _____
2. _____

Places

List two places you might like to go (somewhere you can get to easily – so probably not Hawaii!):

1. _____
2. _____

Activities

List two activities you would like to do more often – things that get your body moving!

1. _____
2. _____

Rewards!

Rewards help motivate you when you're feeling low or tired. List three rewards that might help you try a few of the items from your menu above. Rewards can be something new that you buy (as long as it's affordable!) but they can also be something you normally get or do (like watching TV, going to a favorite site online, or buying a snack you like) but you decide not to do or not to get for yourself until you've accomplished a goal.

1. _____
2. _____
3. _____

Parent-Child Communication

- Highs and Lows
 - What was the best part of your day? And how did you feel?
 - What was the worst part of your day? And how did you feel?
- 15 minutes special time
 - Child led
 - Positive interaction

Resources Supporting Healthy Coping for Children

- ❑ **Enhanced parent-child communication:** Children struggling with feelings and behaviors benefit from increased caregiver support.
 - Check-in daily with your child on how they are doing and what they are feeling
 - Plan a supportive, child-directed, one-on-one activity every day—even if it is only a few minutes!

Teaching Young Children to Manage Stress, Frustration, and Anger

- ❑ **Download the free app**
"Breathe, Think, Do with Sesame Street"



- ❑ **Search for the online video**
"Elmo Belly Breathe: PBS"



<https://utah.pbslearningmedia.org/resource/sesame-belly-breathe/belly-breathe-sesame-street/>

Promoting Healthy Sleep At Every Age

- ❑ **Develop healthy sleep habits**
 - Get enough sleep
 - 9-12 hours for 6-12 year olds
 - 8-10 hours for 13-18 year olds
 - Enforce healthy sleep conditions
 - Reduce fluids, no caffeine
 - Screens off, nightlight on
 - Introduce trauma-informed routines
 - Remove trauma reminders
 - Support feelings of safety
 - Stay physically close for now
 - Try "what worked before"
- ❑ **Resources for better sleep**
 - Search for "Path to Better Sleep: VA" for online help with insomnia
 - Try the "Sleep Machine" app for customizable sounds to support sleep and relaxation (\$2.99)



Supporting Safety and Wellness in Tweens and Teens

- ❑ **Download an app with helpful tools**
The "PTSD Coach" has many tools such as muscle relaxation, guided imagery, or deep breathing.



- ❑ **Download the SAFE UT app**
Connects kids in crisis with a counselor



Follow Up

- Shorter-term (2-4 weeks) & longer-term (4-6 months)
 - Re-administer screening tool
 - Monitor symptom change
 - Assess/adjust decision-making
 - Provide on-going support

Cases and Skill Building

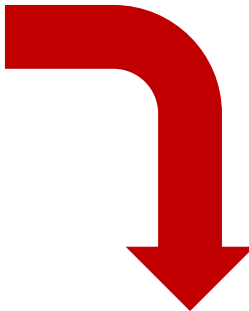
EXAMPLE VIGNETTE

Ellie (Mild Symptoms)

- 6 years old
- Female
- Living with her mom and dad



What if Ellie
started
having a
hard time
sleeping?



Chief complaint

allegations that she witnessed touching between 10 and 5 year old neighbor boys

Select how often your child had the problem below in the past month. Use the calendars on the right to help you decide how often.

FREQUENCY RATING CALENDARS

SMTWTFSS

SMTWTFSS

SMTWTFSS

SMTWTFSS

SMTWTFSS

How much of the time during the past month...	None	Little	Some	Much	Most
1 My child has bad dreams about what happened or other bad dreams.	0	1	2	3	4
2 My child has trouble going to sleep, waking up often, or has trouble getting back to sleep.	0	1	2	3	4
3 My child has upsetting thoughts, pictures, or sounds of what happened come to mind when he/she doesn't want them to.	0	1	2	3	4
4 When something reminds my child of what happened, he/she has strong feelings in his/her body, like his/her heart beats fast, headaches, or stomach aches.	0	1	2	3	4
5 When something reminds my child of what happened, he/she gets very upset, afraid, or sad.	0	1	2	3	4
6 My child has trouble concentrating or paying attention.	0	1	2	3	4
7 My child gets upset easily or gets into arguments or physical fights.	0	1	2	3	4
8 My child tries to stay away from people, places, or things that remind him/her about what happened.	0	1	2	3	4
9 My child has trouble feeling happiness or love.	0	1	2	3	4
10 My child tries not to think about or have feelings about what happened.	0	1	2	3	4
11 My child has thoughts like "I will never be able to trust other people."	0	1	2	3	4
12 My child feels alone even when he/she is around other people.	0	1	2	3	4

EXAMPLE VIGNETTE

Braden (Acting Out)

6 years old

•Male



Chief complaint

Braden is presenting following allegations that he witnessed his father angry and hurting his mother multiple times

Mom is concerned about Braden's behaviors and specifically ADD / ADHD.

Select how often your child had the problem below in the past month.
Use the calendars on the right to help you decide how often.



How much of the time during the past month...		None	Little	Some	Much	Most
1	My child has bad dreams about what happened or other bad dreams.	✗	1	2	3	4
2	My child has trouble going to sleep, waking up often, or has trouble getting back to sleep.	✗	1	2	3	4
3	My child has upsetting thoughts, pictures, or sounds of what happened come to mind when he/she doesn't want them to.	✗	1	2	3	4
4	When something reminds my child of what happened, he/she has strong feelings in his/her body, like his/her heart beats fast, headaches, or stomach aches.	✗	1	2	3	4
5	When something reminds my child of what happened, he/she gets very upset, afraid, or sad.	0	1	✗	3	4
6	My child has trouble concentrating or paying attention.	0	1	2	3	✗
7	My child gets upset easily or gets into arguments or physical fights.	0	1	2	3	✗
8	My child tries to stay away from people, places, or things that remind him/her about what happened.	0	1	✗	3	4
9	My child has trouble feeling happiness or love.	0	1	2	✗	4
10	My child tries not to think about or have feelings about what happened.	0	1	✗	3	4
11	My child has thoughts like "I will never be able to trust other people."	0	1	✗	3	4
12	My child feels alone even when he/she is around other people.	0	1	✗	3	4

EXAMPLE VIGNETTE

Ashley (Intrusive/Hypervigilant)

•50:50 with her mom and her dad

12 yrs old

Chief complaint

Ashley is presenting disclosing last week that her maternal uncle sexually abused her between the ages of 5 and 7 years.



Select how often you had the problem below in the past month.
Use the calendars on the right to help you decide how often.



How much of the time during the past month...		None	Little	Some	Much	Most
1	I have bad dreams about what happened or other bad dreams.	X	1	2	3	4
2	I have trouble going to sleep, waking up often, or getting back to sleep.	0	X	2	3	4
3	I have upsetting thoughts, pictures, or sounds of what happened come into my mind when I don't want them to.	0	1	X	3	4
4	When something reminds me of what happened I have strong feelings in my body, my heart beats fast, and I have headaches or stomach aches.	0	1	X	3	4
5	When something reminds me of what happened I get very upset, afraid, or sad.	0	1	2	X	4
6	I have trouble concentrating or paying attention.	0	1	X	3	4
7	I get upset easily or get into arguments or physical fights.	0	1	X	3	4
8	I try to stay away from people, places, or things that remind me about what happened.	0	1	2	X	4
9	I have trouble feeling happiness or love.	0	1	X	3	4
10	I try not to think about or have feelings about what happened.	0	1	2	3	X
11	I have thoughts like "I will never be able to trust other people."	0	X	2	3	4
12	I feel alone even when I'm around other people.	0	X	2	3	4