

Pediatric Traumatic Stress Care Process Model- A Review and Look at In Office Strategies

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Disclosures

- I have no relevant financial relationships with any commercial interests

Background

- I did my pediatric residency at University of Colorado at Children's Hospital Colorado
- Prior to returning as faculty at Children's Hospital Colorado in November 2021, I spent the preceding 6 years in rural Wyoming as a general pediatrician, doing full spectrum general pediatric care including medical exams for concerns of physical child abuse.
- Implemented a pilot of the CPM in my Wyoming clinic and then began to do trainings for other rural practices in Wyoming interested in using the PTTS-CPM

Learning Objectives

- Examine what trauma is and why it is important
- Review the Pediatric Traumatic Stress Care Process Model
- Illustrate how you can utilize the second level suicide screener, the Columbia, when suicide risk is identified with the care process model
- Explore data on dual screening for depression and trauma especially in adolescents
- Identify some helpful in-office interventions based on the patient's response to the pediatric traumatic stress screener.
- Explore pharmacologic sleep interventions when the sleep disturbance is related to trauma.

Learning Objective: Examine
what trauma is and why it is
important

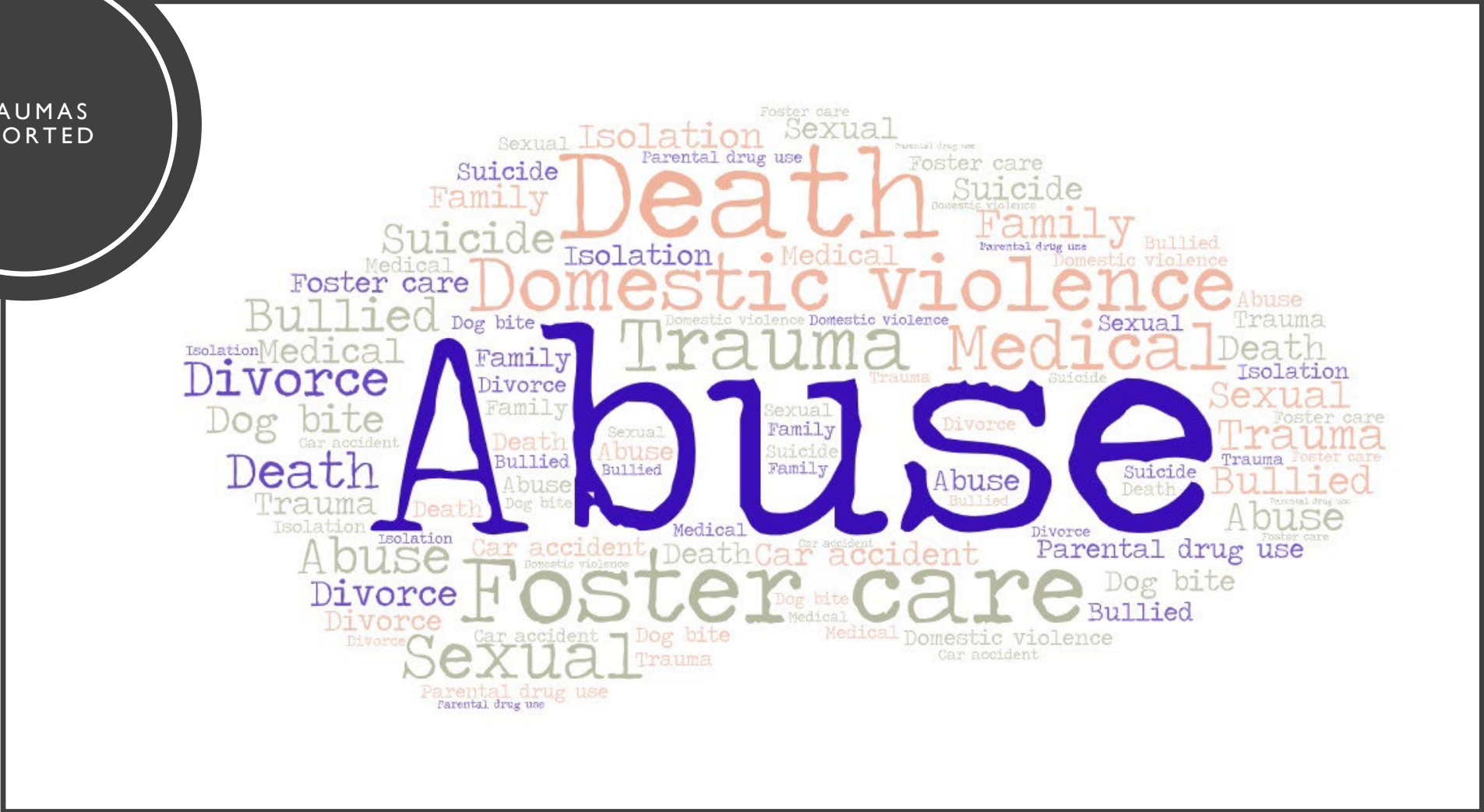


DEFINITIONS

- **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



TRAUMAS
REPORTED



Pediatric Trauma

- High prevalence of trauma exposure
 - Up to 80% of children experience at least one significant traumatic event in childhood
- Trauma is connected to poor physical and mental health outcomes
 - 10-15% of those children develop traumatic stress
- Trauma symptoms often go undiagnosed or misdiagnosed
- Trauma-focused evidence-based treatments work
- AAP recommends active and regular screening

EFFECTS OF TRAUMA

Trauma results from being psychologically alone in unbearable emotional pain; dysregulated; FRAYED

- You are FRAYED (and at the end of your rope)
 - Fits, Frets and Fear
 - Regulation disorders
 - Attachment disorders
 - Yelling and yawning
 - Educational and developmental delays
 - Defeated



ACES

- Physical Abuse
- Sexual Abuse
- Psychological Abuse
- Neglect
- Domestic Violence
- Family Mental Illness
- Family Substance Abuse
- Family Incarceration
- Divorce
- Family member attempt or complete suicide



Middlebrooks JS, Audage NC. The Effects of Childhood Stress on Health Across the Lifespan. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2008. Accessed February, 23, 2018.



SOCIAL
DETERMINANTS
OF HEALTH

- Social environment (e.g., racism, discrimination, income, education level, marital status)
- Physical environment (e.g., place of residence, food scarcity, crowding conditions, built environment [i.e., buildings, spaces, transportation systems, and products that are created or modified by people])
- Health services environment (e.g., access to and quality of care, insurance status)

THE INTERPLAY

Trauma

SDoH

ACE's

IMPORTANCE OF IDENTIFICATION OF TRAUMA

- Resiliency studies show that children with supportive caregivers and access to evidence-based services can recover from traumatic events
- It is estimated that proper identification of the root cause of the symptoms/behaviors can offer health care savings in the billions of dollars annually

Keeshin BR, Strawn JR. Psychological and pharmacologic treatment of youth with posttraumatic stress disorder: an evidence based review. *Child Adolesc Psychiatr Clin N Am.* 2014;23(2):399-411.

Keeshin, B, Forkey HC, Fouras, G, et al. American Academy of Pediatrics, Committee on Child Abuse and Neglect, Council on Foster Care, Adoption and Kinship Care, American Academy of Child and Adolescent Psychiatry, Committee on Child Maltreatment and Violence, Committee on Adoption and Foster Care. Children Exposed to Maltreatment: Assessment and the Role of Psychotropic Medication. *Pediatrics.* 2020;145(2):e20193751.

Melek SP, Norris DT, Paulus J; Milliman American Psychiatric Association Report. Economic Impact of Integrated Medical-Behavioral Healthcare: Implications for Psychiatry. Denver, CO: Milliman, Inc; 2014.



RESILIENCE

- The capacity to withstand or adapt positively to adversity
- Is done inside of relationships
 - Safe, stable, nurturing
 - Predictable, compassionate availability

RESILIENCE ACHIEVED WITH THREADS

Resilience achieved with THREADS

- Resiliency skills the THREADS of childhood:
 - **T**hinking and learning brain
 - **H**ope
 - **R**egulation or self control
 - **E**fficacy
 - **A**ttachment
 - **D**evelopmental skill mastery
 - **S**ocial connectedness



CHALLENGES IN
IDENTIFYING
TRAUMATIC
STRESS

Families may not volunteer trauma history unless asked directly

PTSD is rarely the identified chief complaint


Families don't connect traumatic history and current symptoms

When in a known, comfortable setting, children with PTSD may appear calm

Choosing the Right Bucket



Learning Objective: Review
the Pediatric Traumatic Stress
Care Process Model



IDENTIFY & RESPOND TO TRAUMATIC STRESS

A Care Process Model (CPM) for Pediatric Traumatic Stress



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.^{165, COG}
- **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.¹⁶⁶
- **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.^{167A, COH, ROB} 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.^{168, NOR}
- **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.¹⁶⁹
- **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.^{170, GRI, DOR, COH} Resiliency studies indicate that children with parental support and access to services can recover from traumatic experiences.^{171, LAX, FLO} Several treatment studies have shown significant symptom remediation.^{172, GRI, DOR, COH}

► 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

WHAT IS A CARE PROCESS MODEL (CPM)?

A decision support tool or algorithm that helps providers follow standard/best practice

Improve efficiency

Increase accuracy

Decrease variation

Increase quality



WHO

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



HOW

- Waiting room screening tool
- Parent and youth report (depending on age of patient)
 - 6-10: parent report
 - 11 and older: self report
- English or Spanish
- Paper or electronic

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? ☐ Sí ☐ No

Si la respuesta es "sí", ¿qué le pasó?

¿Le ha pasado algo así a su niño en el pasado? ☐ Sí ☐ 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 de los días
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 pensarlos.	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.	0	1	2	3	4
5. Cuando algo le recuerda a mi niño lo que pasó, se enoja, le da miedo o se pone triste.	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 podría 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, ¿cuán a menudo su niño ha tenido pensamientos que están lejanos a la realidad o de la realidad de alguna manera?	En la actualidad	Varias veces	Más de la mitad de los días	Casi todos los días	

Adapted from Parent Health Screenings (PHS)

Clinicians, please indicate actions taken:

☐ No Action Taken

Referrals: (check all that apply)

☐ Child Protection (DCS/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: _____ EMT: _____

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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 of the time
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	Sometimes	More often than I want	Nearly every day	

Adapted from Parent Health Screenings (PHS)

Clinicians, please indicate actions taken:

☐ No Action Taken

Referrals: (check all that apply)

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

In-office Interventions: (check all that apply)

☐ Sleep Education
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☐ Progressive Muscle Relaxation

Patient Name: _____ Patient DOB: _____ EMT: _____

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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 <u>Suicide Prevention CPM</u> 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

<https://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=529796906>



Determine if reportable event



Assess suicide risk



**Assess for trauma symptoms
and treatment**

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.

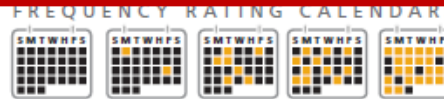
Has something like this happened recently? ☐ Yes ☐ No

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)

1. Report if Required

3. Stratify Treatment Response with referral based on:

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

2. Respond to Suicide Risk

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)*

Learning Objective: Illustrate how you can utilize the second level suicide screener, the Columbia, when suicide risk is identified with the care process model



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
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*Adapted from Patient Health Questionnaire (PHQ-A)

2. Respond to Suicide Risk

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 Columbia Suicide Severity Rating Scale (C-SSRS)

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

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

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		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

Based on suicide risk, providers may:

- Encourage ongoing family communication
- Develop a safety plan
- Refer to MH treatment
- Refer to the ER/crisis team



Learning Objective: Explore
data on dual screening for
depression and trauma
especially in adolescents



When Suicide Screening is positive

Question 9: Thoughts that you would be better off dead, or thoughts of hurting yourself in some way?

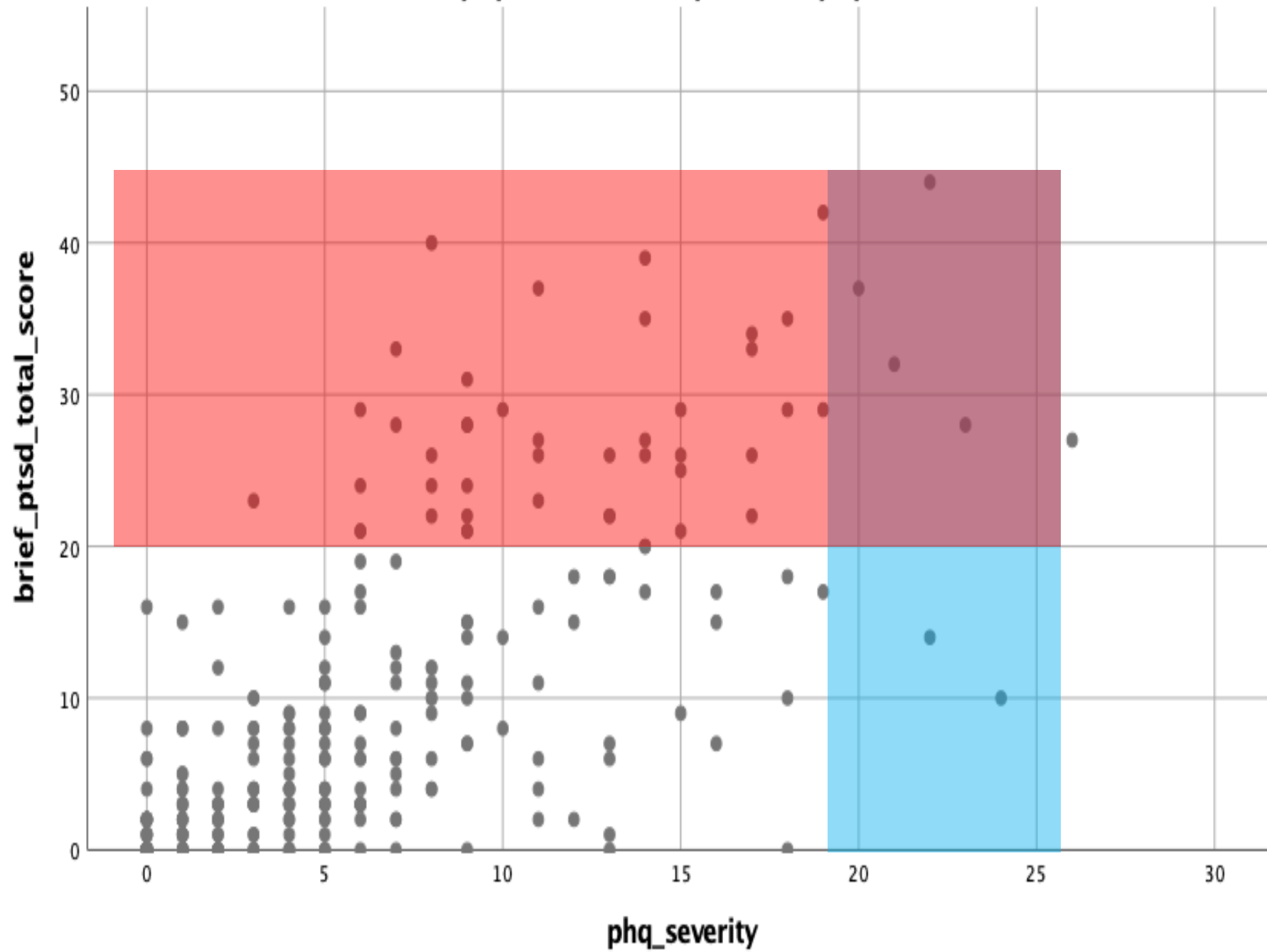
PHQ-9 #9: Any Positive

- **20% with symptoms concerning for severe depression**
- **56% with symptoms concerning for PTSD**

PHQ-9 # 9: > half the days

- **43% with symptoms concerning for severe depression**
- **84% with symptoms concerning for PTSD**

Trauma Symptoms versus Depression Symptomts



DEPRESSION (PHQ-A) VS TRAUMATIC STRESS (N=302)

- 41 (14%) reported clinical symptoms of depression
- 28 (68%) of these reported a trauma exposure

- 71 (24%) reported symptoms of traumatic stress
- 38 (54%) had no evidence of depressive symptoms on PHQ-A

When screening teens in primary care...

Depressed teens often have occult trauma

Traumatized teens often do not have depression

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, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or 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

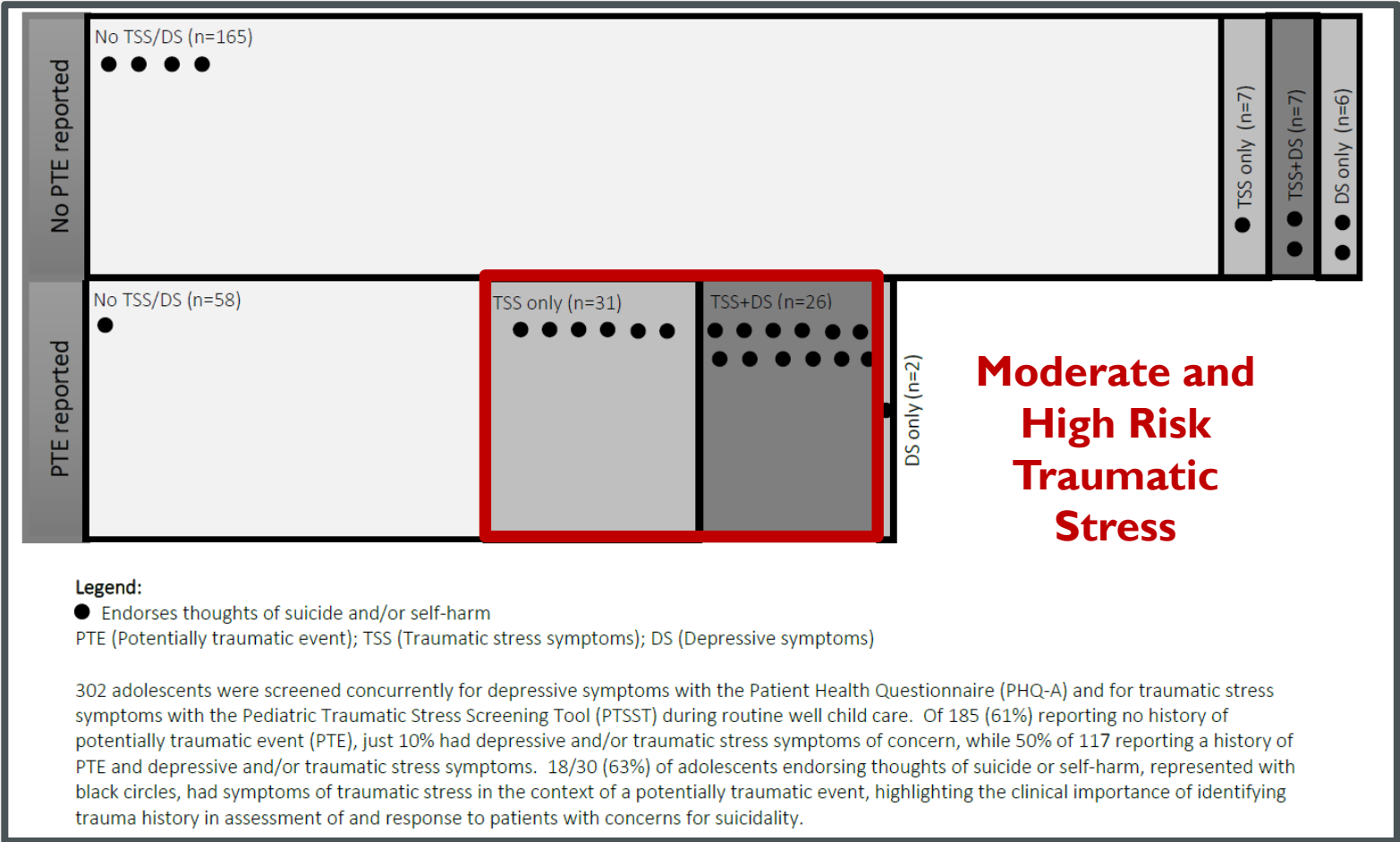
If "Yes," what happened? _____

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

	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

Intermountain Healthcare page 1 of 2 PHQ-A 04/15

Potentially Traumatic Events (PTEs) and Symptoms of Traumatic Stress, Depression, & Suicide/Self-Harm Detected at Well Child Checks



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, 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

Intermountain Healthcare page 1 of 2

Learning Objective: Identify
some helpful in-office
interventions

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
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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	

3. Stratify Treatment Response

Office Based Approach to Concerns of Trauma



Target most prominent symptom (If sleep is a problem I always recommend starting here)



SAY trauma may be the cause of the symptoms and behaviors (Help make the link for the patient and the family)



Be curious



Normalize symptoms



Treatments and Therapies



3 R's

Reassuring

- Physical touch of a trusted adult, safe space in house, I know a scary thing happened, but you are safe now

Return to routines

- Prepare for changes or disruptions to the routine
 - Visitations, travel
 - Not just negative changes, but also exciting or positive ones!
- Routine charts

Regulation

- Belly breath, music, name feelings, where do they feel emotions in their bodies (awareness), coping strategies

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.

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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
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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	

SLEEP

AROUSAL/
INTRUSION

AVOIDANCE/
NEGATIVE
MOOD

TEACHING A RESPONSE

TEACH a helpful response see (page 22)

Sleep problems

- Sleep education
- Belly breathing
- Guided imagery

Hypervigilant/intrusive symptoms

- Belly breathing
- Guided imagery
- Progressive muscle relaxation
- Mindfulness

Avoidance/negative mood symptoms

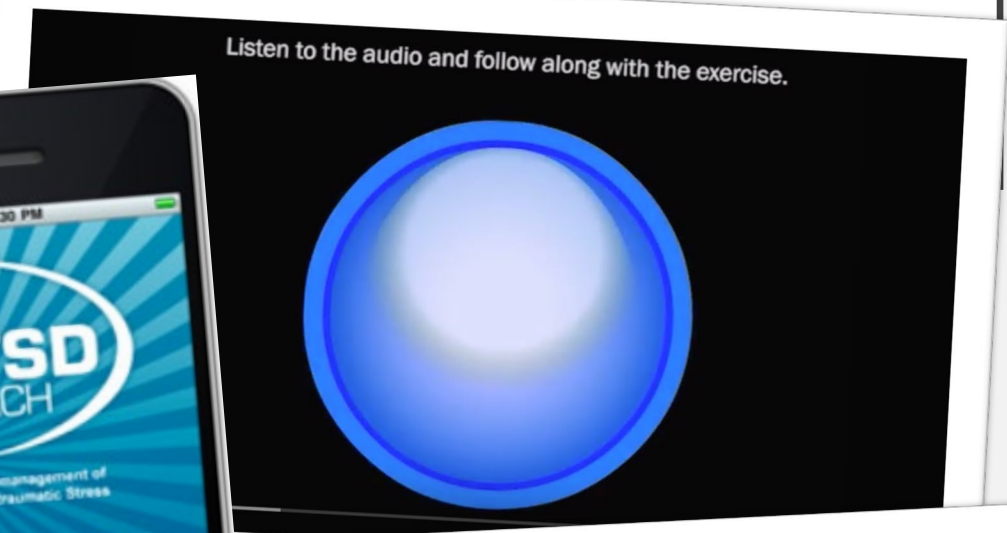
- Behavioral activation
- Return to routine
- Parent-child communication


*Adapted from Patient Health Questionnaire (PHQ-A)

IN-OFFICE INTERVENTIONS

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





Brief In Office Interventions – Sleep

Sleep Hygiene

Attachment: Invisible String Book (Tie a string)

Shared lovey items

Sticky notes of safety and affirmation

Worry Box

PTSD Coach App

Belly Breathing or focused breathing

Mindfulness

Meditation

- New Horizon – Guided Meditation for Children, The gratitude tree (12 minutes)



Hypervigilant and Intrusive Symptoms

Belly Breath

Meditation

Progressive muscle relaxation

Guided Imagery


Going through our senses: 5 things I can see, 4 things I can hear, 3 things I can feel, 2 things I can smell, 1 thing I can taste

- Ground your feet

Safe Space in the house

- A tent, a fort, a cardboard box, a bed with a canopy

PTSD Coach App



Avoidance/Negative Mood

Return to routine

- Get dressed, shower, brush teeth, go to school

Validate feelings

Increase positive communication and activities (share time and space)

- Eat as a family
- Go for a walk
- Watch a show together

Shared development of rules and consequences

Special “Time In”

PTSD Coach App

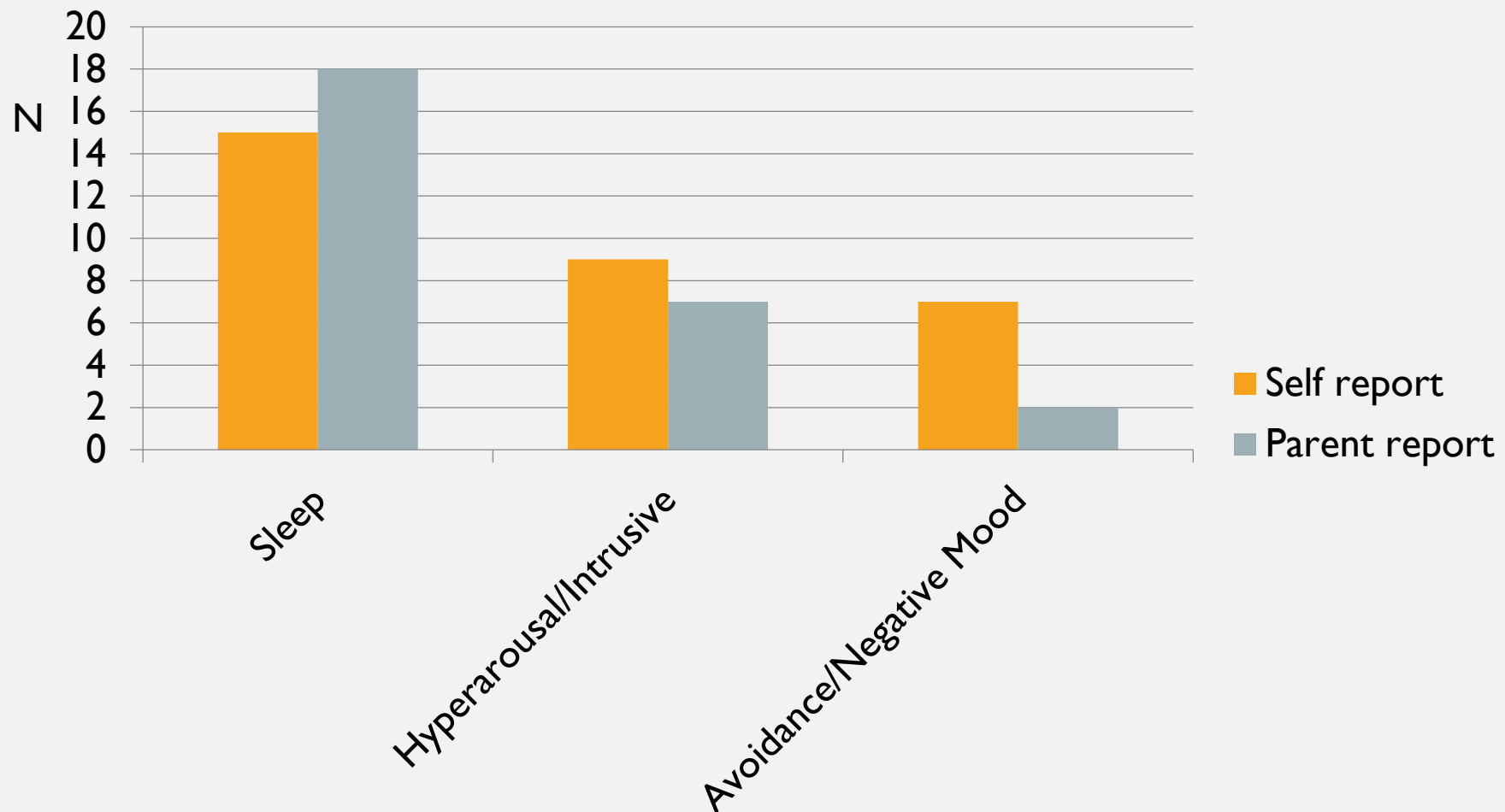
Follow Up

-
- 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

Learning Objective: Explore
pharmacologic sleep
interventions when trauma is
related to the sleep
disturbance



TRAUMA AND SLEEP





Prazosin and Melatonin

Drug/Generic	Name Brand	Duration	Pediatric Dose	Side effects/Special precautions
Melatonin			Age <2: No data Age ≥ 2: Nightly, 0.5 –1.0mg PO, up to 3.0mg PO Adolescents: Nightly, 1 –3mg PO, up to 5 mg	<ul style="list-style-type: none">• There are no known long-term side effects; however, concerns exist based on animal studies about possible effects on pubertal development.• Consider the use of pharmaceutical-grade melatonin; refer to U.S. Pharmacopeia available online.• Administer 30 – 60 minutes before bedtime
Prazosin	Minipress	3 days - Months	Initial: 1mg PO QHS Target: 2 – 5mg	Due to first-dose orthostatic hypotension risk, start at 1 mg po QHS, titrate after 3 nights to 2mg PO QHS for 3 additional nights; if patient tolerates medication but symptoms persist, continue titrating up by 1 –2mg PO QHS every week up to 5mg

PRAZOSIN – Sleep

- Alpha 1 antagonist (Blood pressure medication)
- Demonstrated to be highly beneficial for sleep when sleep disturbance is trauma related
- Start at low dose, 1 mg po, nightly and titrate every 3 days to dose where it is tolerated from a side effect profile and sleep is improved.
 - Max dose: 5 mg.
- Side effects: can make you dizzy, drowsy, lightheaded
 - Get up slowly in the morning, drink fluids
- Typically follow up in 2 weeks

Summary

- Children who present to primary care often report symptoms of traumatic stress
- Many children with traumatic stress may have suicidal ideation
- A systematic approach can differentiate trauma from commonly encountered pediatric mental health conditions
- Providers and staff can provide families with:
 - Appropriate responses to ensure safety and reduce suicide risk
 - Connections to evidence-based therapy for trauma
 - In-office interventions to help families cope with traumatic stress



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DIAGNOSTIC CODES

F43.12: Post-traumatic stress disorder, chronic

F43.11: Post-traumatic stress disorder, acute

F43.10: Post-traumatic stress disorder, unspecified

F43.0: Acute stress disorder

F43.9: Reaction to severe stress, unspecified

F43.8: Other specified trauma and stress-related disorder

F43.25: Adjustment disorder with mixed disturbance of conduct/emotions

F43.23: Adjustment disorder with mixed anxiety/depression

T74.92X: Child maltreatment, confirmed, unspecified

T76.92X: Child maltreatment, suspected, unspecified

Z91.49: Other personal history of psychological trauma, not elsewhere classified
Event codes for the type of injury or abuse can also be important to document.

QUESTIONS

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