

3.4 Trauma and PTSD

SURVEILLANCE FOR TRAUMA & ACES:

- **For parents/guardians:** “Has anything really scary or upsetting ever happened to your child or anyone else in your family?”
- **For kids ages 7-17:** “Has anything really scary or upsetting happened to you or your family?”

IF
YES

GATHER DETAILS AND ASSESS FOR SAFETY

- If concern for recent or current abuse/neglect: call CPS/Police
- If concern for imminent danger to self or others: refer to ED or CSB Crisis Team for emergency assessment

SCREEN TO ASSESS FOR ADVERSE CHILDHOOD EVENTS/TRAUMA and PTSD SYMPTOMS

- Use the **Child & Adolescent Trauma Screen (CATS)** — OR —
- **PEARLS** screens for ACES (Part 1) and additional adversities (Part 2):
available in child tool (0-11) caregiver, adolescent tool (12-19) self/caregiver

SEVERITY

Normal to Mild

Noticeable but basically functioning okay

CATS ages 3-6: score <12
CATS ages 7-17: score <15

- Discuss caregiver concerns
- Explain neurodevelopmental model of stress
- Reassure, normalize feelings
- Correct distorted thoughts
- Reduce stressors
- Offer caregiver and youth self-help resources (videos, books, workbooks, relaxation scripts)
- Provide anticipatory guidance for specific behaviors
- Assist family in obtaining needed social, legal services

Moderate

Moderate trauma-related stress

CATS ages 3-6: score 12-14
CATS ages 7-17: score 15-20

- Assess for co-occurring depression
- Monitor for suicidal ideation, self-injurious behavior
- Trauma education
- Consider referral for trauma-focused therapy
- Schedule follow-up visit in 4-6 weeks to evaluate symptom recovery
- Inquire about how parents/caregivers are coping utilizing self-care and availability of supports

Severe (possible/probable PTSD)

Significant impairment in one setting or moderate impairment in multiple settings

CATS ages 3-6: score 15+
CATS ages 7-17: score 21+

Re-check safety

Offer office-based interventions for mild and moderate **PLUS**

- Recommend trauma-focused therapy
- Consider VMAP consultation
- Consider PTSD

Screen for PTSD

SCARED PTSD Brief Assessment
If positive, refer to specialist for further assessment and treatment

When to Refer:

- Impairment > 2 weeks or trauma secondary to abuse
- If suicide or homicide involved, or if impairment > 4-8 wks after other loss
- Preoccupation with death
- Playing out elements of the trauma
- New behavioral disturbances — especially in specific contexts
- New onset sleep problems and nightmares
- New school or childcare problems
- Caregiver distress

CHILD AND ADOLESCENT TRAUMA SCREEN (CATS) — CAREGIVER REPORT (AGES 7-17 YEARS)

Child's Name: _____ Date: _____

Caregiver Name: _____

Stressful or scary events happen to many children. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to the child to the best of your knowledge. Mark NO if it didn't happen to the child.

Event	Yes	No
1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.	<input type="checkbox"/>	<input type="checkbox"/>
2. Serious accident or injury like a car/bike crash, dog bite, sports injury.	<input type="checkbox"/>	<input type="checkbox"/>
3. Robbed by threat, force or weapon.	<input type="checkbox"/>	<input type="checkbox"/>
4. Slapped, punched, or beat up in the family.	<input type="checkbox"/>	<input type="checkbox"/>
5. Slapped, punched, or beat up by someone not in the family.	<input type="checkbox"/>	<input type="checkbox"/>
6. Seeing someone in the family get slapped, punched or beat up.	<input type="checkbox"/>	<input type="checkbox"/>
7. Seeing someone in the community get slapped, punched or beat up.	<input type="checkbox"/>	<input type="checkbox"/>
8. Someone older touching his/her private parts when they shouldn't.	<input type="checkbox"/>	<input type="checkbox"/>
9. Someone forcing or pressuring sex, or when s/he couldn't say no.	<input type="checkbox"/>	<input type="checkbox"/>
10. Someone close to the child dying suddenly or violently.	<input type="checkbox"/>	<input type="checkbox"/>
11. Attacked, stabbed, shot at or hurt badly.	<input type="checkbox"/>	<input type="checkbox"/>
12. Seeing someone attacked, stabbed, shot at, hurt badly or killed.	<input type="checkbox"/>	<input type="checkbox"/>
13. Stressful or scary medical procedure.	<input type="checkbox"/>	<input type="checkbox"/>
14. Being around war.	<input type="checkbox"/>	<input type="checkbox"/>
15. Other stressful or scary event? Describe: _____	<input type="checkbox"/>	<input type="checkbox"/>

Which one is bothering the child most now? _____

If you marked "YES" to any stressful or scary events for the child, then go to the next page and answer the next questions.

Mark 0, 1, 2 or 3 for how often the following things have bothered the child in the last two weeks 0 — NEVER 1 — ONCE IN A WHILE 2 — HALF THE TIME 3 — ALMOST ALWAYS				
1. Upsetting thoughts or images about a stressful event. Or re-enacting a stressful event in play.	0	1	2	3
2. Bad dreams related to a stressful event.	0	1	2	3
3. Acting, playing or feeling as if a stressful event is happening right now.	0	1	2	3
4. Feeling very emotionally upset when reminded of a stressful event.	0	1	2	3
5. Strong physical reactions when reminded of a stressful event (sweating, heart beating fast).	0	1	2	3
6. Trying not to remember, talk about or have feelings about a stressful event.	0	1	2	3
7. Avoiding activities, people, places or things that are reminders of a stressful event.	0	1	2	3
8. Not being able to remember an important part of a stressful event.	0	1	2	3
9. Negative changes in how s/he thinks about self, others or the world after a stressful event.	0	1	2	3
10. Thinking a stressful event happened because s/he or someone else did something wrong or did not do enough to stop it.	0	1	2	3
11. Having very negative emotional states (afraid, angry, guilty, ashamed).	0	1	2	3
12. Losing interest in activities s/he enjoyed before a stressful event. Including not playing as much.	0	1	2	3
13. Feeling distant or cut off from people around her/him.	0	1	2	3
14. Not showing or reduced positive feelings (being happy, having loving feelings).	0	1	2	3
15. Being irritable. Or having angry outbursts without a good reason and taking it out on other people or things.	0	1	2	3
16. Risky behavior or behavior that could be harmful.	0	1	2	3
17. Being overly alert or on guard.	0	1	2	3
18. Being jumpy or easily startled.	0	1	2	3
19. Problems with concentration.	0	1	2	3
20. Trouble falling or staying asleep.	0	1	2	3
				Total Score
				Clinical = 15+

Please mark “YES” or “NO” if the problems you marked interfere with:

	YES	NO
1. Getting along with others	<input type="checkbox"/>	<input type="checkbox"/>
2. Hobbies/fun	<input type="checkbox"/>	<input type="checkbox"/>
3. School or work	<input type="checkbox"/>	<input type="checkbox"/>
4. Family relationships	<input type="checkbox"/>	<input type="checkbox"/>
5. General happiness	<input type="checkbox"/>	<input type="checkbox"/>

Child's Name: _____

Date: _____

SCARED BRIEF ASSESSMENT**Posttraumatic Stress Symptoms**

Here is a list of sentences that describe how people feel. Decide if it is "Not True or Hardly Ever True", or "Somewhat True or Sometimes True", or "Very True or Often True" for you. Then, for each sentence, choose the answer that seems to describe you for the last 3 months.

Symptom	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
I have scary dreams about a very bad thing that once happened to me.			
I try not to think about a very bad thing that once happened to me.			
I get scared when I think back on a very bad thing that once happened to me.			
I keep thinking about a very bad thing that once happened to me, even when I don't want to think about it.			

Muris, P., Merckelbach, H., & Korver, P., & Meesters, C. (2000)

PTSD: 6+ = clinical

Score _____

EVIDENCE-BASED THERAPIES: TRAUMA-FOCUSED

Name	Description	Resource
Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)	Ages 3-21, focuses on building skills for emotional and behavioral regulation, strengthening relationships, and processing traumatic events	www.tfcbt.org/
Child-Parent Psychotherapy (CPP)	Ages 0-5, focuses on strengthening parent-child attachment	childparentpsychotherapy.com/providers/training
Parent-Child Interaction Therapy (PCIT)	Ages 2-7, therapist coaches parent to change parent-child interaction patterns	www.pcit.org/
Attachment Regulation & Competency Therapy (ARCT)	Ages 2-21, provides a framework for working with children and adolescents with multiple, prolonged traumas	arcframework.org/what-is-arc/

Resources to learn more

- Trauma-Informed Care: Implementation Resource Center
www.traumainformedcare.chcs.org/what-is-trauma-informed-care/
- The National Child Traumatic Stress Network
www.nctsn.org/
- American Academy of Pediatrics Trauma Toolbox for Primary Care
www.aap.org/traumaguide
- Pediatric Medical Traumatic Stress Toolkit for Health Care Providers
www.nctsn.org/resources/pediatric-medical-traumatic-stress-toolkit-health-care-providers
- National Council for Behavioral Health: Fostering Resilience and Recovery Change Package
www.thenationalcouncil.org/fostering-resilience-and-recovery-a-change-package/
- Center for Health Care Strategies: Implementing Trauma-Informed Care in Pediatric & Adult Primary Care
www.chcs.org/resource/implementing-trauma-informed-care-pediatric-adult-primary-care-settings/
- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

PROVIDER TIPS & CLINICAL PEARLS

To understand more about trauma, review [AAP Trauma Toolbox for Primary Care](#)

Ask open-ended questions	<ul style="list-style-type: none"> Has anything bad, sad, or scary happened to your child or to you (older child) recently? Has your home life changed in any significant way? Are there any behavior problems with your child?
Follow up close-ended questions	<ul style="list-style-type: none"> Do you have any concerns that your child is being exposed to stress or something frightening? Does your child feel safe?

Child's Response to Trauma: Bodily Functions

Symptom(s)	Function	Central Cause
<ul style="list-style-type: none"> Difficulty falling asleep Difficulty staying asleep 	Sleeping	Stimulation of reticular activating system
<ul style="list-style-type: none"> Rapid eating Lack of satiety Food hoarding 	Eating	Inhibition of satiety center, anxiety
<ul style="list-style-type: none"> Constipation Encopresis 	Toileting	Increased sympathetic tone, increased catecholamines

Child's Response to Trauma: Misunderstood Causes

Response	More Common In	Misunderstood Cause
<ul style="list-style-type: none"> Detachment Numbing Compliance Fantasy 	<ul style="list-style-type: none"> Females Young children Children with ongoing trauma/pain Children unable to defend themselves 	<ul style="list-style-type: none"> Depression ADHD inattentive type Developmental delay
<ul style="list-style-type: none"> Hypervigilance Aggression Anxiety Exaggerated response 	<ul style="list-style-type: none"> Males Older children Witnesses to violence People able to fight or flee 	<ul style="list-style-type: none"> ADHD ODD Conduct disorder Bipolar disorder Anger management difficulties

Child's Response to Trauma: Developing and Learning

Age	Effect: Working Memory	Effect: Inhibitory Control	Effect: Cognitive Flexibility
0-4	<ul style="list-style-type: none"> Difficulty acquiring developmental milestones 	<ul style="list-style-type: none"> Frequent severe tantrums Aggressive with other children 	<ul style="list-style-type: none"> Easily frustrated Difficulty with transitions
5-12	<ul style="list-style-type: none"> Difficulty with school skill acquisition Losing details can lead to confabulation (others view as lying) 	<ul style="list-style-type: none"> Frequently in trouble at school and with peers for fighting and disrupting 	<ul style="list-style-type: none"> Organizational difficulties Can look like learning problems or ADHD
13+	<ul style="list-style-type: none"> Difficulty keeping up with material as academics advance Trouble keeping school work and home life organized Confabulation increasingly interpreted by others as integrity issue 	<ul style="list-style-type: none"> Impulsive actions which can threaten health and well-being Actions can lead to involvement with law enforcement and increasingly serious consequences 	<ul style="list-style-type: none"> Difficulty assuming tasks of young adulthood which require rapid interpretation of information (e.g., driving, functioning in workforce)

Symptom	How Family Can Respond	
Sleep disturbance	<ul style="list-style-type: none"> Consistent bedtime schedule Soothing bedtime routine (bath, reading books, dim light, brief cuddling/snuggling) No screen time 1 hour before bed 	<ul style="list-style-type: none"> Accept and empathize with child's fears, help reassure child Transitional item: stuffed animal, blanket, pillow (may tell story of item being scared, needing child to feel safe/secure)
Eating disturbance	<ul style="list-style-type: none"> Consistent schedule: 3 meals + 3 snacks Calm, pleasant meals Sit down to eat all meals and snacks 	<ul style="list-style-type: none"> Expect experimentation and messiness Give a chewable multivitamin with iron and zinc
Food refusal	<ul style="list-style-type: none"> No force-feeding, cajoling, or reprimands Set up rewards for each step toward eating item (e.g., having item on plate, smelling item, putting item to lips, tasting item, taking a bite, swallowing item) 	<ul style="list-style-type: none"> Offer 2 desired foods + 1 non-preferred food at each sitting High-calorie/high-protein diet if underweight Follow growth weekly or monthly with primary care
Overeating and hoarding	<ul style="list-style-type: none"> Set up reward system for "asking for food items" and "eating item when given" (instead of sneaking/hiding item) Offer plenty of water throughout the day Frequent checks for hidden foods and reward system for "bedroom free of food" Keep a bowl of high-fiber snacks (e.g., carrots, apples). Refill bowl every 30 minutes and gradually increase time between fillings. Praise child for saving some and progress. 	
Encopresis, constipation	<ul style="list-style-type: none"> Bowel clean out as necessary (taking steps to minimize additional trauma) Eliminate any negative associations around toileting Reward system for sitting on toilet (may need a graduated reward system for small steps toward sitting on the toilet, e.g., pooping in pullup while in bathroom, pooping in pullup while standing next to toilet, pooping in pullup while sitting on closed toilet seat, pooping in pullup while sitting on open toilet seat, pooping in toilet) Game or activity that can only be used in the bathroom 	
Urinary incontinence (day)	<ul style="list-style-type: none"> Treat constipation if present Timed voiding (every 2 hours) 	<ul style="list-style-type: none"> Reward incentive for remaining dry during set intervals and adhering to voiding schedule
Functional abdominal pain	<ul style="list-style-type: none"> Consider diet change: increase fiber, decrease lactose Clarify whether each bout is "same" or "different" Relaxation techniques (deep breathing) 	<ul style="list-style-type: none"> Distraction Cognitive coping skills (positive self-talk)
Tension headaches	<ul style="list-style-type: none"> "What do you think might be causing this headache?" Visual imagery with progressive relaxation exercises Drink lots of water 	<ul style="list-style-type: none"> Visual images of anatomic structures like blood vessel contracting/dilating and accompanying pain sensors Headache diary to identify triggers
Anxiety, fears, avoidance	<ul style="list-style-type: none"> Acknowledge and respect the fear Do not belittle, exaggerate, or cater to the fear Provide information about the fear 	<ul style="list-style-type: none"> Read a book about the feared concern Watch reassuring television programs, movies, videos Practice active listening
Trouble with self-regulation	<p>Techniques for the parent/caregiver:</p> <ul style="list-style-type: none"> Do not take the behavior personally Calm and gentle; lower the tone and intensity in voice Get down to child's eye level to speak Give directions that are positively stated, simple, and direct, without use of strong emotions Anticipate a reactive response and use redirection before child's emotions are out of control 	<p>Techniques to try with the child:</p> <ul style="list-style-type: none"> Practice child calming skills (e.g., breathing techniques, relaxation skills or exercises) when child is not upset Caregiver to model skills to child when caregiver is upset Gently remind child to use skills when upset; caregiver may suggest they use a skill together Use of strategic ignoring for behaviors that can be ignored can help children learn to self-calm

Symptom	How Family Can Respond	
Difficulty expressing feelings	<ul style="list-style-type: none"> • Have caregiver label own emotions/response throughout day, e.g., “Mom is really frustrated sitting in traffic right now.” • Have caregiver help child label child’s emotions, e.g., “It looks like you are upset that you have to wait your turn.” • Encourage child to label his own emotions throughout the day to practice, e.g., “How are you feeling right now?” 	
Irritable, aggressive behavior	<ul style="list-style-type: none"> • Have caregiver help child understand caregiver’s facial expression, tone of voice • Remind caregiver to be aware of emotional response to child’s behavior • Do not take the behavior personally 	<ul style="list-style-type: none"> • Be consistent and calm when disciplining • Avoid yelling, aggression • Give messages that say child is safe, capable, worthwhile • Spend extra-special time playing with child • Praise desired and neutral behavior

After the Trauma: Helping My Child Cope

THINGS PARENTS CAN DO AND SAY



Six things you can do to help your child after a trauma.

- 1 Let your children know they are safe.** Younger children may need extra hugs (as well as your teens).
- 2 Allow children to talk about their feelings and worries if they want to.** Let them know that being a little scared and upset is normal. If they don't want to talk, they could write a story or draw a picture.
- 3 Go back to everyday routines.** Help your child get enough sleep, eat regularly, keep up with school, and spend time with friends.
- 4 Increase time with family and friends.** Children who get extra support from family and friends seem to do better after upsetting events. Try reading, playing sports or games or watching a movie together.
- 5 Take time to deal with your own feelings.** It will be harder to help your child if you are worried or upset. Talk about your feelings with other adults, such as family, friends, clergy, your doctor, or a counselor.
- 6 Keep in mind that people in the same family can react in different ways.** Remember, your child's feelings and worries might be different from yours. Brothers and sisters can feel upset too.

What should I expect after a trauma? In the first few days after a trauma, your child might feel confused, upset, jumpy or worried. This is normal. Most children just need a little extra time to feel better.

What are common changes in my child? After a trauma, changes you might notice are:

- 👉 **Young children:** thumb sucking, bed wetting, clinging to parents, being afraid of the dark.
- 👉 **School age children:** getting easily upset or angry, clinging to parents, nightmares, not paying attention, not wanting to go to school or play with friends.
- 👉 **Teens:** changes in sleeping and eating, new problems in school, arguing with friends or family, complaining of feeling sick.

When and how should I get help for my child? If these changes do not clear up, seem to be getting worse, or there are other things that worry you, talk to your child's doctor or school counselor to find out the best way to help your child and family.



Things other parents have found helpful.

YOUNGER CHILDREN:



"You're safe now."



*"Why don't you draw
a picture about your time
in the hospital."*

OLDER CHILDREN:



*"You can still spend time
with your friends."*



*"When I'm upset,
I find someone to talk to."*

Do: Allow your child to talk about what happened, if he or she wants to.

Say: *"A lot has happened. Is there anything you're worried or confused about?"*

Do: If your child doesn't want to talk about what happened, encourage him or her to draw a picture or write a story about it.

Say: *(To younger children) "Can you draw a picture about what happened and tell me a story about it?" (To teenage children) "Can you write a story about what happened and how you're feeling?"*

Do: Keep in mind that brothers and sisters could also feel upset or worried.

Say: *"How are you doing? Is there anything you are worried about?"*

Do: Keep up with regular meal and bed times for your child. If sleep is a problem for your child, try a bedtime story and a favorite stuffed animal for younger children, some quiet time and relaxing music for teens.

Say: *(To younger children) "Let's read your favorite book before going to bed." (To teenage children) "How about listening to music that helps you relax?"*

Do: Talk to another adult if you are feeling upset about what happened to your child. Also, talk to your child's doctor if you are concerned about how he or she is dealing with the trauma.

Say: *"I'm feeling a little overwhelmed. It would help to have someone to talk to."*



A PARTNER IN
NCTSN
The National Child
Traumatic Stress Network

Developed by The Center for Pediatric Traumatic Stress at The Children's Hospital of Philadelphia and Nemours / Alfred I. duPont Hospital for Children

www.healthcaretoolbox.org