

Brief Intervention for Traumatic Stress (BITS) for Children and Adolescents v1.2

The following brief trauma informed assessment, intervention and triage support is intended for families at risk for trauma and COVID specific emotional reactions and behavioral changes. The manual and training material were developed by Brooks Keeshin, Brian Thorn and Lindsay Shepard with Pediatric Integrated Post-trauma Services (PIPS) at the University of Utah as an adaptation of the Intermountain Healthcare Care Process Model for The Diagnosis and Management of Traumatic Stress in Pediatric Patients. For permission to use or distribute the manual and/or training materials outside of Intermountain Healthcare or for additional information on the brief intervention, care process model or other resources for pediatric traumatic stress, please contact Brooks.Keeshin@imail.org.

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The following brief trauma and behavior focused assessment, intervention and triage support is intended for families at risk for trauma and COVID specific emotional reactions and behavioral changes.

TRAUMA FOCUSED ASSESSMENT

Hi, this is [insert name and organization]. I am checking in with children referred by their PCP or waiting to get into therapy. In light of COVID-19, I would like to talk with you briefly about what is currently happening with your child, how you think things are going, and identify any concerns we might be able to discuss today. Does that sound ok to you?

Are you at a place where we can talk for the next 20 minutes? [If older child/adolescent] It may be helpful if we include your child in this discussion in a few minutes, will he/she be available and would that be ok with you?

Ask the parent the following: Sometimes **violent** or **very scary** or **upsetting** things happen. This could be something that happened to your child or something your child saw. It can include being badly hurt, someone doing something harmful to your child or someone else, or a serious accident or serious illness. It could be something related to COVID and COVID response or may be completely unrelated.

Please describe what your child has experienced – either recently, in the past, or both. [Write a brief description]

How do you think this is impacting your child? Please tell me about what you are seeing. [Write a brief description]

How much would you say those things are happening? [Write a brief description]

Would you be willing to answer a few more questions that will help us figure out the most helpful thing to do right now? [Regarding an older child/adolescent] It may be helpful if we include your child now, is he/she available to answer questions with you present?

Read items 1-13 of Pediatric Traumatic Stress Screening Tool from the Traumatic Stress in Pediatric Patients Care Process Model and record their responses, briefly explaining response options of *none, little, some, much, and most*. See attached version of parent and self-report screeners or use iCentra form “Brief Intervention for Traumatic Stress”.

Address Safety Concerns

- If a parent has reported a concern about the child’s safety (i.e. child abuse or witnessed domestic violence) ask appropriate follow up questions to determine if a report to CPS needs to be made.
- If the answer to the suicide item (#13) is anything other than “*not at all*” complete the Columbia Suicide Severity Rating Scale (CSSRS) to assess risk. Discuss next steps to ensure safety for anyone with recent thoughts of suicide (info on SafeUT, safety plan, etc.) and refer anyone with high risk CSSRS results to appropriate crisis response.

A PTSD score may be calculated by adding the values of their responses to items 2-12 (none=0, little=1, some=2, much=3, most=4). Scores >20 are at increased risk for PTSD, although lower scores may still identify symptoms worth addressing. A quick scan of the response pattern can also give a good sense of severity of symptoms; numerous “much” and “most” responses indicate significant risk of ongoing or worsening difficulties.

Briefly review observations based on information obtained regarding trauma and adversity experiences, challenging behaviors, trauma symptoms and suicidality. Consider beginning with a statement such as: “*I appreciate you sharing with me what has been happening and how this has impacted [child name]. It is important that you (both) know that lots of kids are having the same type of experiences that [child name] is having, and I am really glad you are willing to talk about how it is impacting [child name] and interested in doing something to help.*” Let’s talk about something you can start doing right now that may help to alleviate some behaviors or distress [child name] is experiencing.

TARGETED TRAUMA or BEHAVIOR INTERVENTION (only choose 1 of the options below)

Mild symptoms – (PTSD scores <10, no significant behavior concerns) Provide information about monitoring symptoms and calling back or contacting PCP if symptoms worsen over time. Discuss ways they can increase support and encourage engagement in routines and enjoyed/valued activities to the extent possible.

Prominent Trauma Symptoms – (PTSD score >10, and trauma symptoms > behavior concerns) Provide a brief intervention targeted to their most significant symptoms. Questions 1-12 focus on sleep problems (questions 1-2), affective arousal/intrusion symptoms (questions 2-7) and negative mood/avoidance symptoms (questions 8-12). Target the most significant symptoms or the symptoms they are most interested in addressing. When there is no clear primary symptom, consider a calming coping strategy that can be used for both sleep problems and overall distress.

Prominent Behavior Symptoms – (behavior concerns > trauma concerns) Recognize the difficulty of managing behaviors during this time when many of the positive activities/rewards are not allowable/available, increased stress/boredom and proximity can worsen children's behaviors and parents may have a lower threshold to tolerate behaviors. If the family is not interested in discussing behaviors but is interested in addressing trauma, consider a calming/coping strategy that may decrease severity/frequency of reactive outbursts.

For All Families: Psychoeducation on trauma/traumatic stress and guidance on how to monitor. Recognize/validate current stressors on family and address parental distress and self-care. Encourage monitoring/limiting exposure to distressing media and discussions when applicable.	
Traumatic Stress Symptoms	Brief Interventions
	PTSD Coach On-line Version Elmo Belly Breathe Video
Sleep Difficulties, Affective Arousal or Intrusive Thoughts <i>**note - behavior difficulties are a common sign of affective arousal– and a behavior approach may be considered in lieu of coping skill**</i>	<ul style="list-style-type: none"> Discuss value of sleep hygiene and calming bedtime routine, possibly including quiet parent presence to increase child's sense of safety during sleep onset. Teach belly breathing, focused breathing, or mindfulness (teens). Encourage use of relaxation apps or videos like Sesame Street Elmo Belly Breathing on You Tube or PTSD Coach App or on-line. Consider teaching a thought stopping technique
Negative thoughts/mood and withdrawal	<ul style="list-style-type: none"> Encourage behavioral activation such as exercise, walking, other physical activities, increased family activities, spending time on hobbies or projects. Encourage increased communication/check ins between adult and child and open-ended questions about how they are feeling that day.
Behavior Symptoms	Brief Interventions
	Resource Pack for Positive Parenting during Covid-19 Isolation
Younger child	<ul style="list-style-type: none"> Primary focus on aggressive/destructive behaviors and increased patience with other misbehavior. Help parent recognize good behaviors and proactively engage with child (i.e. fun activity of child's choice). Briefly explain a positive discipline technique for aggressive or destructive behaviors.
Older child/Adolescent	<ul style="list-style-type: none"> Briefly discuss validating feelings, increasing positive communication, recognizing good behaviors and proactively engaging (i.e. talk about something the teen likes such as music, sport or friends). Identify activities where they can be helpful/successful to break negative behavior cycles. Encourage the shared development of rules/expectations with built in natural consequences that both the teen and parent can agree upon. Briefly explain a positive discipline technique for aggressive or destructive behaviors.

TRIAGE - CHOOSING THE RIGHT NEXT STEP

Based on the child's exposures to potentially traumatic events, the child's ongoing reactions and behaviors, and the family's interest/engagement in using the recommended interventions to enhance resiliency, the final part of the intervention is choosing the appropriate next step for the family. Clinical judgement and shared decision making are critical to supporting the majority of families who will not need additional services while engaging higher risk families to encourage ongoing care specific to their identified needs.

Identify Higher Risk Circumstances

High Risk Traumas, Trauma Symptoms and Trauma Related Behaviors:

For concerns about the child or family's physical safety, please follow reporting guidelines for CPS.

Some children/families may benefit from more than one brief session. In those cases, options include asking the family if they would like another brief visit in 1-2 weeks.

For youth with significantly increased and persistent trauma related symptoms, let the family know that specialized trauma treatments exist, and connect the family to a trauma treatment provider (i.e. SHF intake).

If the family has general concerns that are not trauma specific but warrant ongoing services, connect family to ARCS or appropriate general behavioral health referral agency.

Increased Suicide Risk:

When suicide symptoms are high risk, please notify primary care team and ensure appropriate crisis intervention.

When suicide is low or moderate risk, in addition to appropriate guidance/safety planning, please notify primary care team and consider whether a follow up brief intervention or an urgent referral to either trauma specific or general behavioral health services (i.e. SHF or ARCS) is warranted after discussing options with the family.

Finishing the visit

Thank the family for recognizing how COVID (and related issues) can impact how kids feel and act, as well as reaching out for help to support their child during this time. Review understanding/access to resources so that they can try the recommended techniques.

If a referral for high risk trauma/behaviors or high-risk suicidality is being made, confirm with the family the plan and follow up. If no referral is being made, confirm that they know to contact their pediatrician or repeat the brief intervention if they continue to have challenges or need additional help. When applicable, message primary care team or receiving BH/Trauma team to notify of intervention.

[Sample script] *Do you feel like you have everything you need to try the technique(s) we went over? And just to review, you plan to follow up with [insert follow up plan or referral information]. Thank you again for recognizing how COVID (and related issues) can impact how kids feel and act, as well as reaching out for help to support [child name] during this time.*