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)

Page numbers refer to the Pediatric Traumatic Stress Care Process Model intermountainphysician.org (Tools and Resources)

* Traumatic experiences may include:
  – Abuse
  – Natural disasters
  – Violence
  – Medical trauma
  – Serious accidents

Follow the 3-step process

1. Report if required (see page 9)
   Call DCFS if child maltreatment suspected (1-855-323-3237).

2. Respond to suicide risk (see page 10)
   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).

3. Stratify treatment approach (see page 12)
   • 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.

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

Not intended to replace physician judgement with respect to individual variations and needs.

**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
  • Sleep education
  • Belly breathing
  • Guided imagery
  • Medication

Hypervigilant/intrusive symptoms
  • Belly breathing
  • Guided imagery
  • Progressive muscle relaxation
  • Mindfulness

Avoidance/negative mood symptoms
  • Behavioral activation
  • Return to routine
  • Parent-child communication

Sleep problems

Severe symptoms
  Score ≥21**
  YES or NO
  Restorative Approach
  Refer to evidence-based trauma treatment (see page 14).

Moderate symptoms
  Score 11 – 20**
  YES
  Resilient Approach
  Refer to MHI or community/private mental health (see page 14).

Mild symptoms
  Score ≤10**
  YES
  Protective Approach
  Provide strengths-based guidance and continue monitoring (see page 14).

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

Sleep problems
  • Sleep education
  • Belly breathing
  • Guided imagery
  • Medication

Hypervigilant/intrusive symptoms
  • Belly breathing
  • Guided imagery
  • Progressive muscle relaxation
  • Mindfulness

Avoidance/negative mood symptoms
  • Behavioral activation
  • Return to routine
  • Parent-child communication

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