

# ▶ 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
- Violence
- Serious accidents
- Natural disasters
- Medical trauma

Page numbers refer to the [Pediatric Traumatic Stress Care Process Model](#) [intermountainphysician.org](http://intermountainphysician.org) (Tools and Resources)

FOLLOW the 3-step process		
<b>1</b>	<b>2</b>	<b>3</b>
Report if required (see page 9)	Respond to suicide risk (see page 10)	Stratify treatment approach (see page 12)
Call DCFS if child maltreatment suspected (1-855-323-3237).	Follow Intermountain's <u><a href="#">Suicide Prevention CPM</a></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"> <li>• Refer to the <b>Pediatric Traumatic Stress Screening Tool</b> to assess symptom severity (see pages 33–36).</li> <li>• Inquire about child's functioning in daily activities.</li> <li>• Use stratification chart below to determine next steps.</li> </ul>

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

PROVIDE a brief in-office intervention (see page 15)	
<b>Sleep problems</b>	<ul style="list-style-type: none"> <li>• Sleep education</li> <li>• Belly breathing</li> <li>• Guided imagery</li> <li>• Medication</li> </ul>
<b>Hypervigilant / intrusive symptoms</b>	<ul style="list-style-type: none"> <li>• Belly breathing</li> <li>• Guided imagery</li> <li>• Progressive muscle relaxation</li> <li>• Mindfulness</li> </ul>
<b>Avoidance / negative mood symptoms</b>	<ul style="list-style-type: none"> <li>• Behavioral activation</li> <li>• Return to routine</li> <li>• Parent-child communication</li> </ul>

### Possible medication roles:

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

### 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.

