ROAD MAP OF CARE: CHILD TRAUMATIC STRESS IN CHILD ADVOCACY CENTERS (6 – 18 years of age)

Child or caregiver completes the Pediatric Traumatic Stress Screening Tool as part of a multidisciplinary evaluation for child abuse (see 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 (Tools and Resources)

FOLLOW the 3-step process

1 Report if required (see page 18)	2 Respond to suicide risk (see page 19)	3 Stratify response (see page 20)
Call DCFS if child maltreatment suspected (1-855-323-3237).	If child reports thinking about being better off dead or of harming themselves in some way, use the **Columbia Suicide Severity Rating Scale (C-SSRS)** (see page 19). To further assess and respond to risk see Intermountain's *Suicide Prevention* CPM.	• Refer to the **Pediatric Traumatic Stress Screening Tool** to assess symptom severity (see pages 33 – 36). • Engage family about their treatment preferences. • Use stratification chart below to facilitate a referral.

Treatment Stratification

Symptoms	Family preference?	Recommended response
Severe symptoms Score ≥ 21**	YES or NO	**Restorative Approach** Facilitate referral to Evidence-based Trauma Treatment (see page 21).
Moderate symptoms Score 11 – 20**	YES → Restorative Approach; NO	**Resilient Approach** Facilitate referral to Evidence-based Trauma Treatment (see page 21).
Mild symptoms Score ≤ 10**	YES → Resilient Approach; NO	**Protective Approach** Facilitate referral to primary care for continued monitoring (see page 21)

** Scores from the **Pediatric Traumatic Stress Screening Tool.** See page 17 for more information and pages 33-36 for copies of the screening tool.

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

FOLLOW UP (see page 22)

Give a phone call to the family after 2 – 4 weeks, to check on follow through with referrals and / or primary care provider. This gives another opportunity for family support or problem-solving assistance

With permission, send a letter to the child's primary care provider:
- Low symptom letter (see page 38)
- Moderate / high symptom letter (see page 39)

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

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