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

Child or caregiver completes the Pediatric Traumatic Stress Care Process Model intermountainphysician.org (Tools and Resources)

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

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**FOLLOW the 3-step process**

**1. Report if required (see page 18)**

- Call DCFS if child maltreatment suspected (1-855-323-3237).

**2. Respond to suicide risk (see page 19)**

- 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.

**3. Stratify response (see page 20)**

- 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.

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### Treatment Stratification

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

**YES or NO**

**NO**

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**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

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**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)

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