Introduction

“Children seen at the Children’s Advocacy Center (CAC) may have had really scary, upsetting, or harmful things happen to them. We refer to these as potentially traumatic events. Symptoms children may have in response to these events include anger, sadness, fear, behavioral issues, reduced performance in school, sleep problems, and physical complaints.

There are evidence-based therapy models that have been shown to be helpful with reducing symptoms in children who have had potentially traumatic events. We want all children to have access to these therapies and we are happy to provide referrals.

The form we had you/your child complete is so that we can talk about how you are/your child is currently feeling and resources available to you.”

Score / Symptom Interpretation

High

“Based on your/your child’s report, you are/your child is experiencing a high level of symptoms. These symptoms may be related to a recent or past trauma. Children experiencing trauma-related symptoms often respond very well to therapy models specifically proven by research to be effective. I’m providing you a referral to ________________ who offers these types of evidence-based therapy models.”

Moderate

“Based on your/your child’s report, you are/your child is experiencing some symptoms. These symptoms may be related to a recent or past trauma. Children experiencing trauma-related symptoms often respond very well to therapy models specifically proven by research to be effective. I’m providing you a referral to: ________________ who offers these types of evidence-based therapy models.”

Low

“Based on your/your child’s report, you have/your child has a few symptoms that may be related to a recent or past trauma. The low report of symptoms might mean that your child is doing well, that you are unsure of your child’s symptoms, or that your child did not feel comfortable answering the questions. To be sure that your child is doing well, I recommend that your child see a trauma-trained therapist for an assessment or follow up with your pediatrician to determine your child’s need for services.”

Follow-Up

“If you provided an email on the form or if you want to now, you will receive an email reviewing much of what we just talked about. It has links to material and tools about traumatic stress, coping skills, and services. Additionally, based on your stated preference, you are going to follow up with ________________. Furthermore, if you would like, we can directly contact your primary care provider to let them know about today’s evaluation. We will also plan to check in with you in 2–4 weeks over the phone. However if you have any questions or concerns before we reach back out, please give us a call.”

Key Point: All families have access to trauma-specific evidence based treatment.

Source: Intermountain’s Pediatric Traumatic Stress Care Process Model. www.intermountainphysician.org (tools and resources)