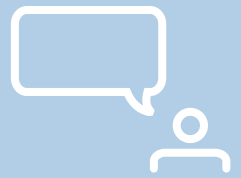
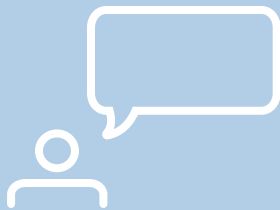


Screening for Trauma in Primary Care

What is trauma? Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. (SAMHSA, 2014)



What is trauma screening?



Trauma screening is a brief, focused assessment that identifies historical and current experiences of adverse events and any resulting trauma-related symptoms.

Why screen for trauma in primary care? (Bucci et al., 2015)

Primary care clinics are uniquely positioned for routine behavioral health screening. Youth frequently visit their primary care physician for routine well visits, allowing providers to develop trusting relationships with their patients through these regular interactions. Trauma assessment is relevant to primary care clinics because trauma exposure increases the likelihood for physical and mental health concerns. Screening for these adverse events and resulting symptoms can help providers determine appropriate referrals and next steps for the patient and their family.

The American Academy of Pediatrics (AAP) recommends routine screening for trauma exposure to better support positive child development and promote wellbeing (Flaherty & Sterling, 2010).

What are common adverse experiences included on trauma screeners?

Typical trauma screeners will ask about the following experiences: natural disaster, fire, serious accident or injury, robbery, physical violence, sexual violence, someone close to you dying suddenly or violently, separation from a caregiver, being attacked, scary medical procedure, and being in or near war.

It is important to recognize that this is not an exhaustive list, and one drawback of screeners is that they do not include a list of all adverse or potentially traumatic events. For example, historical or multigenerational trauma is often not assessed for on well-known screeners. As such, when providing screeners, it is important to allow individuals the ability to identify potentially traumatic events that may not be included on the screener list. Many screeners include a blank statement, where patients can write in any traumatic events they have experienced that may not be included on the screener.

What are common symptoms assessed for on screeners?

A trauma screening tool will ask about symptoms that are consistent with post-traumatic stress disorder. This includes:

- **Intrusive symptoms** (e.g., negative memories of the trauma, nightmares of the trauma)
- **Avoidance** (e.g., avoiding people, places, or things that remind the patient of the trauma)
- **Negative mood or thought alterations** (e.g., lower mood, self-blame)
- **Changes in arousal or reactivity** (e.g., heightened startle response, feeling on edge)
- **Other emotional or behavioral changes** (e.g., increased anger, decreased sleep)

It is common for these symptoms to occur shortly after an adverse event. A trauma screener can be used to determine if these symptoms have *continued* to persist and for how long, allowing providers to identify if additional services are warranted.



Common Brief Screening Tools:


- [Child Trauma Screen](#) (Lang & Conwell, 2016)
 - » Free screener for youth ages 6 to 17, caregiver and child report available
- [Child Trauma Screening Questionnaire](#) (CTSQ, Kenardy et al., 2006)
 - » Free screener for youth ages 7 to 16, child report available
- [Child and Adolescent Trauma Screen](#) (CATS, Goldbeck & Berliner, 2014)
 - » Free screener for youth ages 3 to 17, caregiver and child report available

Who should be screened for trauma?

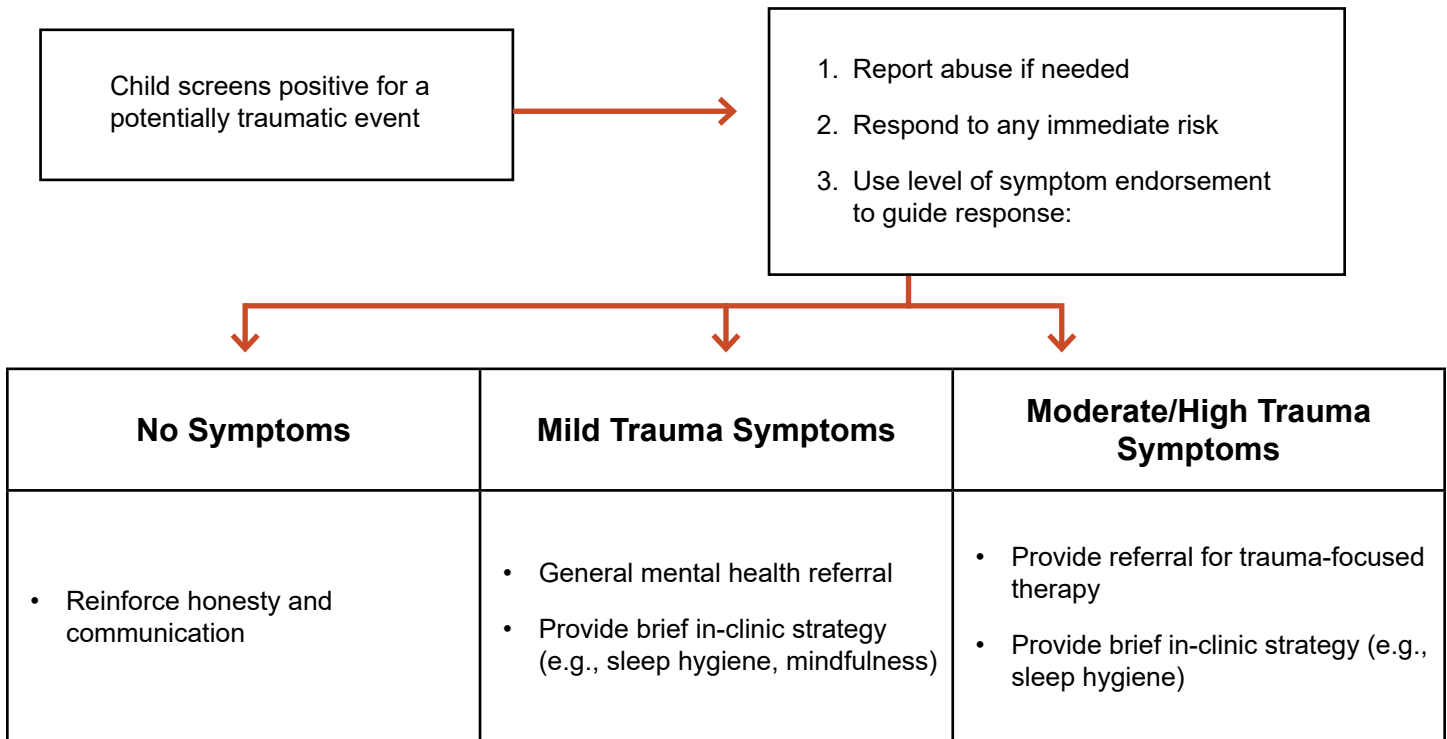
The AAP recommends universal trauma screening, where all children are screened yearly at well child or annual visits (Flaherty & Sterling, 2010). Additional options include screening children that present with emotional or behavioral concerns, or routinely screening during visits when mental health is the presenting concern.

Developing a workflow with clear roles for different clinic staff members is important to make sure screening is feasible and sustainable. Below is an example of a workflow with a decision tree and sample scripts for providers.

Universal Screening Clinic Flow – An Example (Modified from Bucci et al., 2015)

- 
- Medical staff provides well-visit screening packet that includes trauma screener
 - Medical staff describes trauma screener
 - Family completes screener and returns packet to medical staff
 - Medical staff or primary care provider (PCP) scores screener
 - PCP asks follow up questions and discusses results with family
 - PCP or social work staff provides referrals

Positive Screener: Next Steps



Note: “Mild” Versus “Moderate/High” symptoms will depend on the particular screener utilized. Most screeners assist providers by providing cutoff scores for “Mild” versus “Moderate/High” symptoms. In general, individuals with mild symptoms have few trauma symptoms which are infrequent and minimally impairing. In general, individuals with moderate/high symptoms have multiple trauma symptoms which are frequent and functionally impairing.

| | |
|---|--|
| What resources should I provide to youth with mild trauma symptoms? | What resources should I provide to youth with moderate/high trauma symptoms? |
| <ul style="list-style-type: none"> • Provide brief in clinic strategy that focuses on relaxation, healthy habits, stress management, or emotion regulation. • Refer to a general mental health provider. You might consider using providers whom you already refer youth to for other mental health concerns (e.g., in clinic mental health provider, behavioral health clinics at universities or medical centers, private behavioral health clinics). Before referring, you can inquire whether the therapist provides trauma-informed services. Trauma-informed services acknowledge the patient’s life experiences and integrate these experiences into treatment, while treating general mental health concerns. | <ul style="list-style-type: none"> • Provide brief in clinic strategy that focuses on relaxation, healthy habits, stress management, or emotion regulation. • Refer to a provider who provides trauma-focused services. Trauma-focused services are evidence-based treatments that help reduce trauma symptoms. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an example of a family based, trauma treatment for youth and non-offending caregivers. TF-CBT that has shown efficacy at reducing trauma specific symptoms. You can use this website to find a TF-CBT provider in your area. Other evidence based trauma focused treatment options include treatments such as Parent Child Interaction Therapy (PCIT) and Child Parent Psychotherapy (CPP), which are often used with young children. You also might consider connecting with your in-clinic provider, nearby universities/medical centers, or private behavioral health clinics and inquiring whether their therapists provide trauma-focused services. |



Tip: If a traumatic event occurs within ~1 month of the screener being provided, Moderate/High traumatic symptoms are expected briefly after a traumatic event, and most individuals' symptoms resolve without intervention and with use of their normal coping strategies. We have added a script below to assist clients after a recent traumatic event

Sample Scripts:

Introducing a screener:

"This is a screener assessing for potentially traumatic events and related reactions. We provide this screener to children each year because we know that exposure to stressful events may impact health and development. I'm happy to answer any questions you may have. Your doctor will review the results of the screener(s) during your visit."

(Modified from Bucci et al., 2015)

Follow up questions:

"Thank you for filling out the screener(s). We know that it may be difficult for some children and families to discuss the situations asked about, while other families find relief discussing these items. I'd like to ask you a few questions about the screener you filled out."

(Modified from Sala-Hamrick et al., 2021)

Response with trauma exposure and no symptoms:

"At this time, it does not seem like your child is experiencing significant trauma related symptoms. If your child ever does experience any of these symptoms, we're here for you and can provide helpful support and referrals."

Response with trauma exposure and mild symptoms:

"These results suggest that your child's traumatic experiences may be contributing to concerns in [area of concern]. Mental health services are often helpful for children experiencing these concerns. Therapy often focuses on developing healthy coping strategies and reinforcing healthy behaviors. I'd like to refer your child to some services that may be helpful."

Response with trauma exposure and high symptoms:

"These results suggest that your child's traumatic experiences may be contributing to concerns in [area of concern]. Trauma-focused therapy is often helpful for children experiencing these concerns. Trauma-focused therapy can help your child develop healthy coping strategies, process the event, and improve well-being moving forward. I'd like to refer you to someone who specializes in trauma-focused services."

Sample Scripts (con't):

Response with trauma exposure within the last month and high symptoms:

“These results suggest that your child’s traumatic experiences may be contributing to concerns in [area of concern]. Because [the traumatic event] occurred [x number of days/weeks ago], we would expect this level of symptomology at this time. If symptoms persist, trauma focused therapy may be beneficial to helpful to reduce these symptoms. Right now, you can help your child’s symptoms by engaging in positive activities with your child, building or maintaining a strong social support network, maintaining routines, regulating sleep and eating habits, and by encouraging use of the strategies that your child has used in the past to cope with difficult emotions. If your child’s symptoms persist or begin to impact their ability to function, please reach out to us for a referral for someone who specializes in trauma-focused services.”

Response with no trauma exposure endorsed:

“Thank you for allowing us to complete this screener with your family. Your child did not endorse any traumatic events or trauma related symptoms on this screener. We will continue to complete this screener yearly at well-child visits.

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References:

Bucci M, Gutiérrez Wang L, Koita K, Purewal S, Silvério Marques S, Burke Harris N. Center for Youth Wellness ACE-Questionnaire User Guide. San Francisco, CA: Center for Youth Wellness; 2015

Flaherty, E. G., Stirling Jr, J., & Committee on Child Abuse and Neglect. (2010). The pediatrician’s role in child maltreatment prevention. *Pediatrics*, 126(4), 833-841.

Sala-Hamrick, K. J., Isakson, B., De Gonzalez, S. D. C., Cooper, A., Buchan, J., Aceves, J., ... & Waggoner, D. M. (2021). Trauma-informed pediatric primary care: Facilitators and challenges to the implementation process. *The journal of behavioral health services & research*, 48(3), 363-381.