

SCREENING FOR TRAUMA

Pediatric providers, be they a school nurse or a pediatric PCP, are extremely well placed to assess their patients for exposure to, and symptoms of, trauma. There are various screening measures and tools available to choose from now, so it is helpful to think about what it is you are looking for and which will work the best for your practice. It is important to remember that trauma affects people in many different ways, so what you are screening for is generally:

1. Exposure to events that have been recognized as being associated with trauma, and
2. Symptoms or reactions to traumatic stress¹.

Screening Tools

Ages 0-8

For children this young it can be hard to assess for “symptoms” of trauma, and is usually easier to focus on exposure to potentially traumatic events, as well as screening parents for their own ACE history, as parental ACE exposure has been found to be associated with child developmental delays.²

Ages 8+

With children over the age of 8 you may consider self-report tools to assess for exposure to, and symptoms of, trauma and Adverse Childhood Experiences. These tools allow children to either verbalize or write their experiences in their own words. It is often beneficial to survey parents as well because certain exposures may have occurred when the child was too young for them to recall on their own.

If there is a positive screen - refer children and families who you know or suspect have experienced trauma to mental health and other supportive services. Try to have referral resources on-hand and do case management to make sure they follow up.

“Survey Fatigue”

If your practice and patients suffer from “survey fatigue,” consider just asking one question at the start of every well child visit³:

“Since the last time I saw your child, has anything really scary or upsetting happened to your child or anyone in your family?”

or

“Since the last time I saw you, has anything really scary or upsetting happened to you or your family?”

¹ <https://www.nctsn.org/treatments-and-practices/screening-and-assessments/trauma-screening>

² Alonzo T. Folger, Emily A. Eismann, Nicole B. Stephenson, Robert A. Shapiro, Maurizio Macaluso, Maggie E. Brownrigg, Robert J. Gillespie. *Pediatrics* Apr 2018, 141 (4) e20172826; DOI: 10.1542/peds.2017-2826

³ Cohen JA, Kelleher KJ, Mannarino AP. Identifying, Treating, and Referring Traumatized Children: The Role of Pediatric Providers. *Arch Pediatr Adolesc Med.* 2008;162(5):447–452. doi:10.1001/archpedi.162.5.447

For more information about trauma or trauma-related screening measures, visit the National Child Trauma Stress Network's pages on Trauma Screening and Measure Reviews below:

- <https://www.nctsn.org/treatments-and-practices/screening-and-assessments/trauma-screening>
- <https://www.nctsn.org/treatments-and-practices/screening-and-assessments/measure-reviews>

For information about possible diagnoses and a list of screening tools, visit the American Academy of Pediatrics' resources below:

- Diagnosis list: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/TraumaDiagnosis.pdf>
- Trauma Toolbox for Primary Care: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Trauma-Guide.aspx>
- AAP Clinical Assessment Tools: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Clinical-Assessment-Tools.aspx>