

Suggested Screening Question:

- **For parents/guardians:** "Has anything really scary or upsetting ever happened to your child or anyone else in your family?"
- **For kids ages 7-17:** "Has anything really scary or upsetting happened to you or your family?"

If Yes

Continue interviewing, gather details, and assess for imminent safety concerns:

- If concern for imminent danger to self or others → Refer for emergency mental health assessment

Use the **Child and Adolescent Trauma Screen (CATS)** to assess for adverse childhood events/trauma and PTSD symptoms:

- CATS is available as a [caregiver report for ages 3-6](#) and [caregiver report for ages 7-17](#)
- CATS has a [youth report form for ages 7-17](#)

CATS Score Range & Symptom Severity		
	Age 3-6 yrs	Age 7-17 yrs
<i>Mild</i>	<12	<15
<i>Moderate</i>	12-14	15-20
<i>Severe/Probable PTSD</i>	≥15	≥21

General Approach for All Levels of Trauma-Related Symptoms

- ❖ Supportive treatment
 - Provide support, empathy and hope
 - Build relationship and rapport with patient & family
 - Encourage healthy coping
 - parent-child quality time
 - sleep hygiene
 - bedtime routines and rituals
 - self-soothing skills (deep breathing & progressive muscle relaxation)
- ❖ Provide education on trauma
- ❖ Assess for co-occurring depression and/or anxiety (see relevant YAP-P guideline)

Additional Options for Moderate to Severe Trauma-Related Symptoms

- ❖ Refer for Trauma-focused evidence-based therapy (see box)
- ❖ Monitor for suicidal ideation and self-harm
- ❖ Consider indications for prescribing psychiatric medications
- ❖ Schedule follow up visit in 4-6 weeks to ensure symptoms resolving and/or connection to specialty care

See reverse side for medication considerations

Indications for Psychiatric Medication in Children with PTSD & Related Conditions

- ***There are no FDA-approved medications for PTSD in children and youth***
- Medications are used to:
 - Target the symptoms causing the most distress or functional impairment
 - If the patient has comorbid depression and/or anxiety requiring medication treatment (see relevant YAP-P guideline)
 - Symptoms are causing significant distress or functional impairment despite an adequate trial of an evidence-based psychotherapy
 - Symptom severity is limiting engagement in psychotherapy
- *For trouble falling asleep not responsive to sleep hygiene, consider the following:*
 - **Melatonin** 3-6 mg QHS
 - **Clonidine** 0.05mg x1 week and then 0.1 mg QHS
 - If available, consider Cognitive Behavioral Therapy for Insomnia (CBT-I)

Evidence-Based Therapies for Trauma & Related Disorders

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) – ages 3-21 years
- Eye Movement Desensitization & Reprocessing (EMDR) – ages 2 years & up
- Child-Parent Psychotherapy (CPP) – ages 0-5 years
- Parent-Child Interaction Therapy (PCIT) – ages 2-7 years
- Attachment Regulation and Competency (ARC) – ages 2-21 years

***We understand that the assessment and treatment of PTSD is complex.
Do not hesitate to call YAP-P to discuss specific cases with a YAP-P
consultant.***

YAP-P is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$445,000 with 20% financed by SCDMH. The contents do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).