PTSD Clinical Guidelines for PCPs

I. 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

II. Continue Interviewing

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
Mild	<12	<15
Moderate	12-14	15-20
Severe/Probable PTSD	≥15	≥21

II. 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)

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III. Additional Options for Moderate to Severe Trauma-Related Symptoms

- Refer for Trauma-focused evidence-based therapy
- 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

IV. 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)

V. 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 ASD is complex. Do not hesitate to call YAP-P (877-729-2779) to discuss specific cases with an on-call child psychiatrist.

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