PTSD Clinical Pearls for PCPs

I. Clinical History

Recommended Procedure	Clinical Pearls
☐ Multi-informant assessment: gather history from youth, parent/guardian, others who know youth well as indicated, including therapist if already in treatment	Pearl: PTSD can develop in response to experiencing a traumatic event, witnessing a traumatic event, or being indirectly exposed to details of a traumatic event (vicarious trauma).
☐ Assess for PTSD symptom clusters: • **Re-experiencing** (nightmares, intrusive thoughts/memories, flashbacks) • **Avoidance** (internal or external reminders) • **Hyperarousal** (hypervigilance, increased startle, anger/irritability, risk taking, concentration difficulties, sleep disturbance) • **Negative alterations in mood and cognitions** (fear, horror, shame, guilt, anger, and trust issues; can overlap with depressive and anxious symptoms)	Pearl: The Child and Adolescent Trauma Screen 2 (CATS-2) caregiver and self-report measures screen for traumatic events and PTSD symptoms in individuals ages 7-17 years. CATS-2 Caregiver Report CATS-2 Self Report For individuals ages 3-6 years, use the Child and Adolescent Trauma Screen-Caregiver (CATS-C).
☐ Assess for single vs. multiple traumas	Pearl: A high number of small-scale traumas in the context of chronic toxic stress may be more complicated to treat than a single discreet trauma in context of many supports.
☐ Assess timing of the trauma	Pearl: Symptoms in the month after a traumatic event are classified as acute stress reactions and are common. Pearl: PTSD symptoms persisting 3 months after a trauma are unlikely to remit without treatment.
☐ Assess level of psychosocial stress	Pearl: Chronic and severe stress can cause psychological difficulties even in absence of abuse/neglect/violence.
☐ Assess for co-morbid depression and/or anxiety	Pearl: Depression and anxiety are common co-morbid conditions with PTSD – consider YAP-P consultation or referral to specialty care.
☐ Assess for prior episodes of treated or untreated mania/hypomania	Pearl: Prior episodes of mania or hypomania will likely alter treatment planning – consider YAP-P consultation or referral to specialty care.
☐ Assess for presence of substance use disorder	Pearl: Active substance use or a use disorder may complicate assessment and treatment planning – consider YAP-P consultation or referral to specialty care.
☐ Assess for history of non-suicidal and suicidal thinking and behavior (self-harm, suicide attempts) and previous suicidal crises	Pearl: History of active suicidal planning or intent or recent suicidal behavior increases safety risk – consider mental health emergency referral or urgent YAP-P consultation.
☐ Assess for family history of trauma	Pearl: Trauma can have an intergenerational legacy.
☐ Assess for current abuse/neglect	Pearl: Safety must be ensured before psychological treatment can be effective. To report suspected child abuse or neglect, contact the SCDSS 24-hour, toll-free hotline at 1-888-CARE4US or 1-888-227-3487, or online at https://dss.sc.gov/child-well-being/report-child-abuse-and-neglect/

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II. Mental Status Examination

Recommended Procedure	Clinical Pearls
☐ Assess affect (labile, constricted, withdrawn, flat)	Pearl: Children who have experienced trauma may have repetitive play or reenact the trauma through their play.
☐ Suicidality: suicidal thoughts, degree of planning, degree of intent, sense of control, ability to communicate with others and reach out for help, reasons for living	Pearl: Reports of active suicidal planning or intent or recent suicidal behavior increases safety risk – consider mental health emergency referral or urgent YAP-P consultation.
☐ Psychosis: hallucinations, delusions, abnormalities of thought processes or content	Pearl: Hallucinations due to PTSD are typically brief experiences related to the trauma and in the context of intact reality testing. Consider YAP-P consultation. If there are abnormalities in the thought process or behavior, it is recommended to complete a mental health crisis referral for further assessment.

III. Medical Workup

Recommended Procedure	Clinical Pearls
☐ Perform general standard medical assessment	Pearl: General medical assessment is part of good medical care for youth presenting with concerning psychiatric symptoms.
☐ Assessment of medical conditions that can present with depressive or anxious symptoms (i.e., thyroid abnormalities, cardiac arrhythmias, etc.)	Pearl: Identification and intervention for general medical problems presenting with psychiatric symptoms may help with assessment and treatment planning – consider YAP-P consultation for complex situations.
☐ Review of medications that can present with anxiety and depressive symptoms as untoward reactions (i.e., steroid treatments, caffeine, beta-blockers, anticonvulsants, thyroid medications, hormonal treatment, etc.), as well as drugs of abuse like cannabis and nicotine	Pearl: Identification and intervention for medical treatments presenting with psychiatric symptoms may help with assessment and treatment planning – consider YAP-P consultation for complex situations.
☐ Assessment of medical conditions and concurrent medical treatments that may affect treatment planning	Pearl: Identification of medical conditions that could impact medication treatment (i.e., liver disease, cardiac or renal problems) or medications with significant drug-drug interaction potential – consider YAP-P consultation for complex situations.

Acknowledgement: 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 BHDD Office of Mental Health. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

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IV. Differential Diagnosis

Recommended Procedure	Clinical Pearls
☐ Acute Stress Disorder	Pearl: Clinically significant symptoms in the first month following a trauma. This is more common than PTSD as symptoms tend to fade with time.
☐ Anxiety Disorder	Pearl: If a stressful but non-traumatic life event is causing a lot of emotional distress, assess for underlying anxiety disorder. Pearl: Anxiety disorders are risk factors for PTSD. They are also frequently comorbid with PTSD.
☐ Depression	Pearl: Depressive disorders are risk factors for PTSD. They are also frequently comorbid with PTSD.
☐ Bipolar Disorder	Pearl: The hyperarousal symptoms of PTSD, especially irritability and anger, can be confused with bipolar disorder.
☐ ADHD	Pearl: Difficulty concentrating is a symptom of both PTSD and ADHD. The hyperarousal symptoms of PTSD may also present as hyperactivity, especially in young children. In patients with history of trauma, assess for ADHD if difficulties concentrating remain after PTSD has been treated.

V. Assessment of Risk

Recommended Procedure	Clinical Pearls
☐ Assess youth comprehensively for suicidal thinking or behavior as main concern is risk of self-harm, suicidal behavior, or completed suicide	Pearl: Call or text 988 (Suicide and Crisis Lifeline) and/or refer for emergency mental health services in the following situations: • Any evidence of recent suicidal behavior • Current active intent to engage in suicidal behavior • Current significant planning for suicidal behavior • Any degree of lack of cooperation in assessment from youth or family where risk for suicide has been identified • Evidence that youth or family will not or cannot access mental health services in times of worsening risk • Consider YAP-P consultation for complex or confusing situations

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VI. Treatment Planning

Recommended Procedure	Clinical Pearls
☐ Using YAP-P algorithm, discuss recommended treatment plan with family	Pearl: Psychosocial interventions (therapy and family support) are very important. No medications are FDA-approved for PTSD in children and teens, and the evidence base regarding these medications is quite limited.
☐ Psychotherapy is the first line treatment for PTSD	Pearl: Most good therapy for PTSD includes caregiver involvement, skills for coping/relaxation, challenging negative cognitive distortions related to the trauma, and building a trauma narrative and a competent sense of identity.
☐ Ascertain from family preferences regarding treatment plan	Pearl: Family preferences regarding treatment choices can be incorporated along with many other factors in determining an initial treatment plan in many situations – consider YAP-P consultation for complex situations.
☐ With medication treatment, utilize standard informed consent procedures discussing potential benefits of treatment, potential side effects, and that treatment is off label as no medications have FDA approval for treatment of PTSD in children and adolescents.	Pearl: Consult with YAP-P as needed regarding any concerns about informed consent as it applies to treatment planning.
☐ YAP-P currently does NOT recommend the use of routine pharmacogenetic testing for initial medication selection strategies in primary care for youth with PTSD	Pearl: Pharmacogenetic testing is considered experimental and is not incorporated at this time into any standard practice guidelines for youth with depression. There may be specialized situations where pharmacogenetic testing is appropriate in specialty care. Consider consultation with YAP-P CAP to discuss further as warranted.

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VII. Medical Monitoring

Recommended Procedure	Clinical Pearls
☐ Acute Treatment Phase (8-12 weeks)	Goals: • Remission and/or reduction of symptoms, improvement in function • Initiation and close monitoring of medication treatment response and tolerance • Weekly to bi-weekly check-ins with youth and/or family • Monitor medication compliance and tolerance. • If child/youth has intolerable side effects, consider not advancing dose until this is addressed. • Re-assessment of symptoms at 4 weeks using CATS symptom monitoring form or PTSD screening form • Note that there is a 6-question follow up version of the CATS-2 that may be utilized for monitoring • Follow algorithm and consult with YAP-P CAP as needed
☐ Maintenance Phase (6-12 months)	Goals: • Youth will continue to demonstrate reduction and/or remission of symptoms and have improvement in function after initial positive treatment response • Maintain active treatment plan (medication, psychotherapy) during this period • Monitoring generally less involved or intensive assuming ongoing symptom improvement • Monitor medication compliance and tolerance • Ongoing collaboration with therapist if present • Consult with YAP-P as needed • If symptoms and functioning improve for 6-12 months, reassess with CATS-2 (ages 7-17 years) or CATS-C (ages 3-6 years) • Discussion of treatment discontinuation if positive response has been sustained for 6-12 months. This is less likely in situations with multiple and complex traumas and high levels of ongoing psychosocial stress.
☐ Treatment Discontinuation Phase (3 to 6 months)	Goals: • Safely and thoughtfully withdraw treatment and monitor for symptom recurrence • Informed consent with family: potential benefits of withdrawing treatment, potential risks of withdrawing treatment, plan to deal with problems or recurrence if needed • Discuss medication strategies with family (consult with YAP-P as needed) • Active monitoring for several months during this phase • Ongoing collaboration with therapist if present • Consult with YAP-P as needed

Resources:

- Child and Adolescent Trauma Screen-Caregiver (CATS-C) – (Ages 3-6)
- Child and Adolescent Trauma Screen 2 (CATS-2) – Caregiver Report (Ages 7-17)
- Child and Adolescent Trauma Screen 2 (CATS-2) – Self Report (Ages 7-17)

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