

Primary Care / Pediatrics

Description of Primary Care / Pediatrics

For this document, primary care / pediatrics include non-emergency medical care provided to children from birth to age 18. Because the relationship between families and primary care physicians / pediatricians is typically a long term relationship this setting provides a unique opportunity. Primary care physicians and pediatricians have the ability to build a rapport with families over time and assist them in accessing resources to address past trauma, as well as cope with trauma that may happen throughout the child's life.

Screeener vs. Assessment

Screeener

- Widely administered
- Brief
- Easy to complete
- Gives yes or no information
- Focused on a specific topic

Assessment

- Targeted administration
- In-depth
- Requires training to administer
- Gives unique client picture
- Informs treatment
- Completed over 1-3 visits

Recommendation

Universal trauma screening, or screening all children for trauma in the primary care / pediatric setting, is recommended. There is connection between traumatic experiences in childhood and the increased likelihood for chronic health conditions including, but not limited to, cardiovascular disease, type 2 diabetes, obesity, and high blood pressure.¹ In the primary care/ pediatric setting it is extremely important to consider using a tool that you will be able to easily re-administer during regularly scheduled doctors' visits. Additionally, it is necessary to consider how the screening needs to change as the child gets older. Initially questions will need to be answered by the parents, but as the child ages it is best practice to ask the child directly about traumatic experiences.

Potential Trauma Screening Tools (indicates availability of tool in other languages)*

- *Primary Care PTSD Screen (PC-PTSD) - http://www.mentalhealth.va.gov/communityproviders/docs/PCPTSD_Screen.pdf
- *Patient Health Questionnaire-2 (PHQ-2) - <http://www.phqscreeners.com>
- *Edinburgh Postnatal Depression Scale (EPDS) - <http://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf>
- *Adverse Childhood Experiences – Questionnaire (ACE-Q) - <http://centerforyouthwellness.org/CYW-ACE-Q-and-User-Guide>

- *Ages & Stages Questionnaire – Social Emotional (ASQ-SE) - <http://agesandstages.com/products-services/asqse-2/>

Resources

- Resources for helping families cope with medical traumatic stress - <https://www.healthcaretoolbox.org/>
- Trauma Matters Infographic - http://www.thenationalcouncil.org/wp-content/uploads/2013/10/Trauma_matters_infographic.png Trauma Toolbox for Primary Care – overview of adverse childhood experiences (ACEs) and the process of asking families about exposure to ACEs or other traumatic events <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Trauma-Guide.aspx#sthash.0t2izaH3.dpuf>

Questions to Consider Before Implementation

- Will you track number screened versus the number who screen positive for trauma?
- How will you use the data collected to guide service delivery?
- How will providers and clinical staff be trained/educated on trauma screening, interventions, resilience, etc.?
- How will providers learn about the community resources that are available to treat and prevent ACEs?
- Who should we assess and when?
 - Are we targeting the incidence of ACEs within our patients (children and adolescents) themselves?
 - If so, when do we assess?
- Do we look at parents' experiences instead of or in addition to children's experiences?
- If we use a questionnaire, how will it be distributed and given to patients?
 - How will it get returned to the physician or other staff who will address the issues?
 - How do we consider patient privacy as questions are answered?
- If we use a direct interview approach, what decision supports will help us remember the questions?
- How do we document the results?

ⁱ <http://www.cdc.gov/violenceprevention/acestudy/>