



Massachusetts Child Psychiatry Access Program

PTSD Assessment and Treatment Guidelines for Pediatric Primary Care

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Disclosures:

- None

More Disclosures/Trigger Warnings:

- This presentation includes discussion of traumatic events including sexual abuse and violence
- I'm very opinionated and feel strongly that trauma has broader psychological impact than is recognized in the DSM 5

Objectives:

- Review the diagnostic criteria and differential dx for PTSD
- Discuss screening for adverse childhood events and symptoms of traumatic stress
- Present the MCPAP Algorithm for Evaluating and Managing Traumatic Stress Disorders

SAMHSA Definition of Trauma:

The Substance Abuse and Mental Health Service Administration (SAMHSA) defines trauma as "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."

Types of Trauma

- Discrete Trauma – examples include car accident, injury, medical procedure, single episode of physical or sexual assault when life is filled with otherwise helpful and supportive people
- Complex Trauma – series of repeated traumas usually in close interpersonal contexts, such as childhood abuse or neglect or witnessing domestic violence or community violence
- Adverse Childhood Event – A term from the ACE study, referring to potentially traumatic events, that can have an impact on physical and psychological health

Early Childhood Trauma:

- Early trauma between ages 0-3 can have a major impact on brain development
- Interpersonal traumas disrupt the attachment system, which is a BIOLOGIC system

Axiom #1: People are like ducklings

DDx after a traumatic event(s):

- Adjustment disorder
- Acute Stress Disorder
- PTSD
- Anxiety
- Depression

Adjustment Disorder

- Development of emotional/behavioral symptoms due to an identifiable stressor(s) and occurring within 3 months of onset of stressor
- Marked by distress that is in excess of what would be expected within context, given the nature of the stressor, and/or by significant impairment in social, occupational, or other important areas of functioning
- Exclude if disturbance meets criteria for another mental disorder, is due to an exacerbation of another mental disorder, or if normal bereavement
- Does not persist for more than an additional 6 months past conclusion of the stressor

DSM-5 PTSD

- Exposure to a Traumatic event
- 1 re-experiencing symptom - intrusive thoughts/memories, nightmares, flashbacks, intense distress at reminders, physiological re-experiencing
- 1 Avoidance symptom - avoiding memories/thoughts or specific places/experiences associated with trauma
- 2 Negative alterations in cognition or mood – inability to remember parts of the trauma, negative beliefs about self/others/world, self-blame for the trauma, persistent negative emotional state, inability to experience positive emotions, diminished interest and participation in activities,
- 2 Alterations in arousal and reactivity – irritable/angry outbursts, reckless/self-destructive behavior, hypervigilance, high startle, concentration problems, sleep difficulty

Acute Stress Disorder vs. PTSD:

- Same symptoms but of last for different time duration
- Acute Stress Disorder symptoms last < 1 month
- PTSD symptoms last > 1 month
- PTSD symptoms lasting more than 3 months are unlikely to remit without treatment

Anxiety Disorders

- Intrusive level of worry
- Frequently accompanied by somatic symptoms (stomachaches and headaches), especially in younger kids
- Misperception of situations as overly threatening or dangerous
- An urge to avoid that results in functional impairment

Depression

- Sad irritable mood with difficulty or inability to enjoy things that used to give pleasure
- Hopeless and guilty ruminations
- Decreases in energy, interest, and concentration
- Changes in sleep (early morning awakenings) and appetite (typically lower)
- Psychomotor retardation
- Suicidal ideation

PTSD Overlap with Depression/Anxiety

- Exposure to a Traumatic event
- 1 re-experiencing symptom - **intrusive thoughts/memories**, nightmares, flashbacks, intense distress at reminders, physiological re-experiencing
- 1 Avoidance symptom - **avoiding memories/thoughts or specific places/experiences** associated with trauma
- 2 Negative alterations in cognition or mood – inability to remember parts of the trauma, **negative beliefs about self/others/world**, self-blame for the trauma, persistent negative emotional state, **inability to experience positive emotions, diminished interest and participation in activities,**
- 2 Alterations in arousal and reactivity – **irritable/angry outbursts**, reckless/self-destructive behavior, **hypervigilance, high startle, concentration problems, sleep difficulty**

Is this Anxiety, Depression, PTSD or all of the above ???

- Trauma is a risk factor for many mental health disorders and the presence of trauma can complicate treatment
- Pre-existing major depression or anxiety disorder are risk factors development of PTSD after a traumatic event
- I routinely use rating scales for depression, anxiety, PTSD in my clinical practice
- Try to develop a coherent narrative re: how a pt was doing before a traumatic event and how this changed afterwards
- There is the most diagnostic clarity in context of a known single discrete trauma

PTSD can be misdiagnosed as:

- Autism – early developmental history, do their social skills change with people they know well?
- ADHD – time course of symptoms - did the inattention start after a traumatic event?
- Bipolar Disorder – very rare before puberty, clear and compelling family history

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Screening for Traumatic Events:

- I recommend screening for traumatic events as part of well child check ups AND as part of evaluation of mental health complaints
- Start with general questions about stress and move towards more specific questions about traumatic events
- I recommend a mix of clinical interviewing and rating scales
- Prioritize assessing safety and the therapeutic relationship

Assessing Impact of Trauma

- Check in re: child and family functioning
- Assess degree of parental anxiety
- Assess degree of symptoms in child, including separation difficulties, sleep problems, frequent tearfulness or tantrums, or changes in play, withdrawal, hopelessness, suicidal ideation
- In adolescents, assess for self-injurious behavior and substance abuse
- Assess availability of parental or adult to provide support

CATS 7-17 Youth Report

Child and Adolescent Trauma Screen (CATS) - Youth Report

Name: _____ Date: _____

Stressful or scary events happen to many people. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to you. Mark No if it didn't happen to you.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Serious accident or injury like a car/bike crash, dog bite, or sports injury. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Threatened, hit or hurt badly within the family. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Threatened, hit or hurt badly in school or the community. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Attacked, stabbed, shot at or robbed by threat. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Seeing someone in the family threatened, hit or hurt badly. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Seeing someone in school or the community threatened, hit or hurt badly. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Someone doing sexual things to you or making you do sexual things to them when you couldn't say no. Or when you were forced or pressured. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. On line or in social media, someone asking or pressuring you to do something sexual. Like take or send pictures. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Someone bullying you in person. Saying very mean things that scare you. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Someone bullying you online. Saying very mean things that scare you. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Someone close to you dying suddenly or violently. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Stressful or scary medical procedure. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Being around war. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Other stressful or scary event? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Describe: _____

Turn the page and answer the next questions about all the scary or stressful events that happened to you.

Mark 0, 1, 2 or 3 for how often the following things have bothered you in the last two weeks:

0 Never / 1 Once in a while / 2 Half the time / 3 Almost always

- | | | | | |
|--|---|---|---|---|
| 1. Upsetting thoughts or pictures about what happened that pop into your head. | 0 | 1 | 2 | 3 |
| 2. Bad dreams reminding you of what happened. | 0 | 1 | 2 | 3 |
| 3. Feeling as if what happened is happening all over again. | 0 | 1 | 2 | 3 |
| 4. Feeling very upset when you are reminded of what happened. | 0 | 1 | 2 | 3 |
| 5. Strong feelings in your body when you are reminded of what happened (sweating, heart beating fast, upset stomach). | 0 | 1 | 2 | 3 |
| 6. Trying not to think about or talk about what happened. Or to not have feelings about it. | 0 | 1 | 2 | 3 |
| 7. Staying away from people, places, things, or situations that remind you of what happened. | 0 | 1 | 2 | 3 |
| 8. Not being able to remember part of what happened. | 0 | 1 | 2 | 3 |
| 9. Negative thoughts about yourself or others. Thoughts like I won't have a good life, no one can be trusted, the whole world is unsafe. | 0 | 1 | 2 | 3 |
| 10. Blaming yourself for what happened, or blaming someone else when it isn't their fault. | 0 | 1 | 2 | 3 |
| 11. Bad feelings (afraid, angry, guilty, ashamed) a lot of the time. | 0 | 1 | 2 | 3 |
| 12. Not wanting to do things you used to do. | 0 | 1 | 2 | 3 |
| 13. Not feeling close to people. | 0 | 1 | 2 | 3 |
| 14. Not being able to have good or happy feelings. | 0 | 1 | 2 | 3 |
| 15. Feeling mad. Having fits of anger and taking it out on others. | 0 | 1 | 2 | 3 |
| 16. Doing unsafe things. | 0 | 1 | 2 | 3 |
| 17. Being overly careful or on guard (checking to see who is around you). | 0 | 1 | 2 | 3 |
| 18. Being jumpy. | 0 | 1 | 2 | 3 |
| 19. Problems paying attention. | 0 | 1 | 2 | 3 |
| 20. Trouble falling or staying asleep. | 0 | 1 | 2 | 3 |

CATS 7-17 Years Score <15	CATS 7-17 Years Score 15-20	CATS 7-17 Years Score 21+
Normal. Not clinically elevated.	Moderate trauma-related distress.	Probable PTSD.

Please mark "YES" or "NO" if the problems you marked interfered with:

- | | | | | | |
|------------------------------|------------------------------|-----------------------------|-------------------------|------------------------------|-----------------------------|
| 1. Getting along with others | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Family relationships | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Hobbies/Fun | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. General happiness | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. School or work | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

CATS 7-17 Follow Up Form

CATS PTSD Symptom Progress Monitoring- 7-18 Years

Please answer the questions based on how it is going since your last appointment.
This progress monitoring tool will help you and the counselor know how you are doing. The counselor will discuss the results with you

	Never	Once in a while	Half the time	Almost always
1. Bad dreams reminding you of what happened.	0	1	2	3
2. Feeling as if what happened is happening all over again.	0	1	2	3
3. Trying not to think about what happened, or to not have feelings about it.	0	1	2	3
4. Staying away from people, places, things or situations that remind you of what happened.	0	1	2	3
5. Being overly careful (checking to see who is around you).	0	1	2	3
6. Being jumpy.	0	1	2	3

Clinical = 4+

Responding to Disclosures:

- Stay calm
- Use validation and empathy
- Getting a sense of the type of category of traumatic event will not cause PTSD
- If parents are going in to too much detail in front of the child, set a time to talk with them separately
- If there is a question of sexual abuse in a young child that needs to be clarified with an interview, refer to child advocacy center for a forensic evaluation

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Objectives:

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 age 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 recent or current abuse/neglect → File 51A
- If concern for imminent danger to self or others → Refer to ER or crisis team for emergency 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 7-17
- CATS has youth report form for ages 7-17

CATS Ages 3-6 Score < 12
CATS Ages 17-17 Score < 15
Normal

- Provide support and empathy
- Build relationship and rapport with patient and family
- Encourage healthy coping, including parent-child quality time, sleep hygiene, bedtime routines and rituals, and self-soothing skills (deep breathing and progressive muscle relaxation)

CATS Ages 3-6 Score 12-14
CATS Ages 7-17 Score 15-20
Moderate Trauma Related Stress

- Assess for co-occurring depression and/or anxiety (see relevant MCPAP guideline)
- Monitor closely for suicidal ideation or self-injurious behavior
- Consider referral for trauma-focused therapy (see box below)
- Provide education on trauma and encourage healthy coping
- Schedule follow up visit in 4-6 weeks to ensure symptoms resolving

CATS Ages 3-6 Score 15+
CATS Ages 7-17 Score 21+
Probable PTSD

- Assess for co-occurring depression and/or anxiety (see relevant MCPAP guideline)
- Monitor closely for suicidal ideation or self-injurious behavior
- Refer for psychotherapy, ideally with a provider of a trauma-focused evidence-based therapy (see box below)
- Consider indications for prescribing psychiatric medication (see box below)
- Convey hope for recovery
- Schedule follow up visit in 4-6 weeks ensure connection to specialty care

First Line Treatment of PTSD:

Trauma-Focused Evidence-Based Therapies (EBTs):

- Trauma focused CBT (TF-CBT) – ages 3-21, focuses on building skills for emotional and behavioral regulation, strengthening relationships, and processing traumatic events
 - To find a provider of trauma focused care, call the state Child Trauma Training Center (855-Link-Kid)
<https://www.umassmed.edu/cttc/cttc-services/link-kid>
- Child Parent Psychotherapy (CPP) – ages 0-5, focus on strengthening parent-child attachment
- Parent-child Interaction Therapy (PCIT), ages 2-7, therapist coaches parent in the moment to change parent child interactional patterns
- Attachment Regulation and Competency (ARC) – ages 2-21, provides a framework for working with children and adolescents who have experienced multiple or prolonged traumas

For more information on different types of trauma therapy please check out <https://www.nctsn.org/treatments-and-practices/trauma-treatments/interventions>

See your provider for medication considerations

When To Consider Medication:

- Pt has comorbid depression and/or anxiety requiring medication treatment (see appropriate MCPAP algorithm)
- Symptoms are causing significant distress or functional impairment despite an adequate trial of an evidence based psychotherapy for PTSD
- Symptoms severity is limiting engagement in psychotherapy for PTSD

Off Label Treatment of PTSD:

How are medications used in the treatment of PTSD?

- Medications are selected to target the symptom causing the most distress or functional impairment
 - For **trouble falling asleep** not responsive to sleep hygiene
 - Melatonin 3-6 mg QHS
 - Clonidine 0.05mg x1 week and then 0.1 mg QHS
 - For **severe nightmares** not responsive to behavioral interventions
 - In consultation with the MCPAP CAP on call, consider a trial of Prazosin starting at 1 mg QHS
 - Do not mix prazosin with guanfacine or tenex as these are all the same class of alpha agonists and combination may cause hypotension
 - For **hyper-arousal symptoms**, (CATS 7-17 symptom questions 15-20, CATsS3-6 symptom questions 12-16), includes anger/irritability:
 - Consider a trial of an alpha agonist trial such as clonidine or guanfacine at same dosing as used for hyperactivity in ADHD
 - For **negative alterations of cognition** (CATS 7-17 symptom questions 8-14, CATs 3-6 symptom questions 8-11), includes symptoms of depression and anxiety
 - Consider an SSRI trial with dosing recommended in the depression and anxiety algorithms
 - Monitor closely for development or worsening of suicidal ideation
 - Would recommend weekly follow up for the first 4 weeks of treatment, if possible
 - Consider slow taper off of medication when positive response has been sustained for 6-12 months.
 - Less likely in situations with multiple and complex traumas and high levels of stress

**All of the above recommendations are off label prescribing and this information should be part of informed consent with parents/guardians. The goal of medication is to support psychotherapy, which is the first line treatment for PTSD.*

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| 3. School or work | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

They Won't Follow Up!

- Understand their point of view
- Elicit the barriers to engaging with the mental health system
- If there is externalization and wish that someone else just “fix it,” highlight your own limitations
- Emphasize need for parental involvement in treatment
- Build accountability

They Can't Follow Up!

I've placed referrals, but the wait for specialty care is long and the child is very distressed. I'm not sure how to help. What can I do?

- If acute safety concerns → Mobile crisis or ER evaluation
- If severe symptoms limiting functioning, including school refusal, but family is managing at home → Partial hospital program referral
- If severe symptoms limiting functioning, including school refusal, and family is unable to manage at home → CBAT/inpatient admission (usually requires a mobile crisis or ER evaluation)

Some Resources

Sample parent interview:

https://www.youtube.com/watch?v=bxbSsK5D_PY

Sample child interview:

<https://www.youtube.com/watch?v=rKTYOAI65zE>

Useful Handout on trauma:

<https://www.integration.samhsa.gov/clinical-practice/Trauma-infographic.pdf>

More info from MCPAP

https://www.mcpap.com/Provider/PTSD_Charie.aspx

Care Process Model (CPM) for Pediatric Traumatic Stress
via Intermountain Healthcare

<https://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=529796906>

National Child Traumatic Stress Network: <http://www.nctsn.org/>

Questions?

References/Resources

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