PIPS

CARE PROCESS MODEL
FOR PEDIATRIC TRAUMATIC STRESS
Road Map

Goal: To identify children (5-18 years old) with traumatic stress and provide a trauma-informed response

Use the Pediatric Traumatic Stress Screening Tool (PTSST) with Children 5-18 Years Old

Pediatric Traumatic Stress Screening Tool
11 years and older

Sometimes **violent** or **very scary** or **upsetting** things happen. This could be something that happened to you or something you saw. It can include being badly hurt, someone doing something harmful to you or someone else, or a serious accident or serious illness.

Has something like this happened **recently**? ❑ Yes ❑ No

If 'Yes,' what happened? _____

Has something like this happened **in the past**? ❑ Yes ❑ No

If 'Yes,' what happened? _____

If you checked 'yes' on either question above, please continue below.

Select how often you had the problem below in the past month.
Use the calendars on the right to help you decide how often.

FREQUENCY RATING CALENDARS

	How much of the time during the past month...	None	Little	Some	Much	Most
1	I have bad dreams about what happened or other bad dreams.	0	1	2	3	4
2	I have trouble going to sleep, waking up often, or getting back to sleep.	0	1	2	3	4
3	I have upsetting thoughts, pictures, or sounds of what happened come into my mind when I don't want them to.	0	1	2	3	4
4	When something reminds me of what happened I have strong feelings in my body, my heart beats fast, and I have headaches or stomach aches.	0	1	2	3	4
5	When something reminds me of what happened I get very upset, afraid, or sad.	0	1	2	3	4
6	I have trouble concentrating or paying attention.	0	1	2	3	4
7	I get upset easily or get into arguments or physical fights.	0	1	2	3	4
8	I try to stay away from people, places, or things that remind me about what happened.	0	1	2	3	4
9	I have trouble feeling happiness or love.	0	1	2	3	4
10	I try not to think about or have feelings about what happened.	0	1	2	3	4
11	I have thoughts like "I will never be able to trust other people."	0	1	2	3	4
12	I feel alone even when I'm around other people.	0	1	2	3	4

13	*Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead or hurting yourself in some way?	Not at all	Several days	More than half the days	Nearly every day

*Adapted from Patient Health Questionnaire (PHQ-A)

Trauma Exposure (UCLA Brief Screen)

Traumatic Stress Symptoms (UCLA Brief Screen)
- Sleep Problems
- Hypervigilance & Intrusion
- Avoidance & Negative Mood

Suicidality (PHQ-9 #9)

Note. Adapted from the Brief UCLA PTSD RI

For Children at Risk for Trauma Exposure, Follow these Steps to a Trauma-Informed Response

1. Address trauma safety concerns, and make a report to Child Protective Services (CPS) when indicated

2. Assess suicide risk and provide a prevention response

3. Provide trauma education and connect at-risk children to evidence-based trauma treatment

4. Teach a skill or share resources targeting the child's most significant symptoms