

## aPTSDRI Case Study for Practice



### Case Example: 12 year old well child visit.

- Christina is a 12 year old female who presents as shy, physically healthy and with normative social skills, but with scarce eye-contact. Mom reports that Christina has been really snuggly lately and wanting a lot of reassurance and attention. Christina's mother answers yes to both trauma-screening questions

*Has anyone hurt or frightened you or your child recently or in the last year? **Yes***

*Has anything bad, sad, or scary happened to you or your child recently or in the last year? **Yes***

### Provider

- Acknowledge the positive answers to the screening and introduce the aPTSDRI
- Assume she answered the following to the PTSDRI

## Christina: PTSD-RI Responses

1. I get upset, afraid, or sad when something makes me think about what happened.	None <input type="checkbox"/> 0	Little <input type="checkbox"/> 1	Some <input type="checkbox"/> 2	Much <input type="checkbox"/> 3	Most <input checked="" type="checkbox"/> 4
2. I have upsetting thoughts or pictures of what happened come into my mind when I do not want them to.	None <input type="checkbox"/> 0	Little <input type="checkbox"/> 1	Some <input checked="" type="checkbox"/> 2	Much <input type="checkbox"/> 3	Most <input type="checkbox"/> 4
3. I feel grouchy, or I am easily angered.	None <input type="checkbox"/> 0	Little <input type="checkbox"/> 1	Some <input checked="" type="checkbox"/> 2	Much <input type="checkbox"/> 3	Most <input type="checkbox"/> 4
4. I try not to talk about, think about or have feelings about what happened.	None <input type="checkbox"/> 0	Little <input type="checkbox"/> 1	Some <input type="checkbox"/> 2	Much <input checked="" type="checkbox"/> 3	Most <input type="checkbox"/> 4
5. I have trouble going to sleep or wake up often during the night.	None <input type="checkbox"/> 0	Little <input checked="" type="checkbox"/> 1	Some <input type="checkbox"/> 2	Much <input type="checkbox"/> 3	Most <input type="checkbox"/> 4
6. I have trouble concentrating or paying attention.	None <input type="checkbox"/> 0	Little <input type="checkbox"/> 1	Some <input type="checkbox"/> 2	Much <input checked="" type="checkbox"/> 3	Most <input type="checkbox"/> 4
7. I try to stay away from people, places, or things that make me remember what happened.	None <input type="checkbox"/> 0	Little <input type="checkbox"/> 1	Some <input checked="" type="checkbox"/> 2	Much <input type="checkbox"/> 3	Most <input type="checkbox"/> 4
8. I have bad dreams, including dreams about what happened.	None <input type="checkbox"/> 0	Little <input type="checkbox"/> 1	Some <input type="checkbox"/> 2	Much <input checked="" type="checkbox"/> 3	Most <input type="checkbox"/> 4
9. I feel alone inside and not close to other people.	None <input type="checkbox"/> 0	Little <input checked="" type="checkbox"/> 1	Some <input type="checkbox"/> 2	Much <input type="checkbox"/> 3	Most <input type="checkbox"/> 4

Key: none = 0 times per week: Most = 4x per week

Add up the total of the responses. Enter here **21**

Children with a score of 10 or higher should be considered to have clinically significant PTSD symptoms. Please consider referring this child for TF-CBT treatment.

\* abbreviated UCLA- PTSD Reaction Index for the Diagnostic and Statistical Manual of Mental Disorders (4th Edition)

**Provider:** ask permission of the parent to discuss “the event”.

**Parent:** When asked, Christina’s mother explained that Christina’s father went into a huge rage a few months ago and that Christina was in between them when it happened.

**Provider:** asks if this is when Christina began to get more cuddly and need more reassurance.

**Parent:** Mother responds with a yes and adds that she has seemed to melt down more easily and has a shorter fuse around stress.

Using trauma informed language the provider attempts to;

- Provide Support
- Take a Collaborative Approach
- Utilize Reflective Developmental Guidance
- Provide Psychoeducation
- Develop a Safety Plan
- Follow-Up and Referral

## **Observers**

Did Provider give families and patients information about:

- The impact of ACEs and traumatic experiences
- Positive approaches to parenting and how to build resiliency
- The importance of healthy habits: sleep, nutrition, exercise, reading, meditation and routine
- The efficacy of behavioral health treatments in treating trauma and adverse experiences.

Did the provider use Trauma Informed Principles?

- Safety (emotional and physical)
- Trustworthiness
- Choice
- Collaboration
- Empowerment
- Cultural Competence

## **Feedback?**

## ACEs Number Case Study for Practice



**Case Example:** 30 Month old well child visit.

- James is a 2 ½ year old boy who presents as a curious and rambunctious toddler. The Medical Assistant documents that the father is concerned about James's tantrums and then taking a very long time to calm down. His father reports he's trying not to lose his patience, but it's hard to figure out why James is upset or what would help.

### Practice:

- Discuss the parental concerns and acknowledge the positive answers to the ACEs #.
- Assume he answered the following to the ACEs portion

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**ADVERSE CHILDHOOD EXPERIENCES**

Please read the statements below, **HOW MANY** statements apply to your child? Write the total number (0-10) in the box.  
At any point since your child was born:

- Your child's parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child's private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

ACE SCORE	RECOMMENDED SUPPORT
ACE score = 0	Provide anticipatory guidance and follow-up at well child visits.
ACE score = 1-2 and the patient does NOT present with additional symptomology	Provide anticipatory guidance and close follow-up. Consider referral (with warm handoff if available) with the integrated behavioral health clinician.
ACE score equals 1-2 and the patient DOES present with additional symptomology (listed below)	Provide anticipatory guidance, close follow-up and offer referral (with warm handoff if available) to the integrated behavioral health clinician.
ACE score equals ≥3	Screen for symptomology (listed below), provide anticipatory guidance, and close follow-up. Refer all children (with warm handoff if available) with ACE≥3 to integrated behavioral health clinician.

**Provider:** Discuss ACEs Screener

- Ask Permission and gather further information

**Parent:** “He thinks that James is having a hard time with the recent divorce and the fact that his mother has had long hospital stays lately, due to her cancer surgery and treatments.”

**Provider:** Normalize and gather further information

**Parent:** “James’ father explained that James’ mom has been having a really difficult time lately in finding the energy to spend time with James and James’ father thinks she is really depressed on top of everything else.”

**Provider:**

- Provide Support
- Take a Collaborative Approach
- Utilize Reflective Developmental Guidance
- Provide Psychoeducation
- Develop a Safety Plan
- Follow-Up and Referral

Provide families and patients information about:

- The impact of ACEs and traumatic experiences;
- Positive approaches to parenting and how to build resiliency;
- The importance of healthy habits: sleep, nutrition, exercise, reading, meditation and routine;
- The efficacy of behavioral health treatments in treating trauma and adverse experiences

## **Observers**

Did Provider give families and patients information about?

- The impact of ACEs and traumatic experiences;
- Positive approaches to parenting and how to build resiliency;
- The importance of healthy habits: sleep, nutrition, exercise, reading, meditation and routine;
- The efficacy of behavioral health treatments in treating trauma and adverse experiences.

Did the provider Use Trauma informed Principles?

- Safety (emotional and physical)
- Trustworthiness
- Choice
- Collaboration
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**Feedback?**