



# Trauma

## Identification and management for Canadian primary care professionals

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# Understanding Trauma in Primary Care

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# Epidemiology

- Rare before adolescence
- 0.8-6% of children and youth meet criteria for PTSD (Costello, 2005).
- Children often have clinically significant suffering without meeting DSM-IV criteria.
- Prevalence is dependent on stability and safety of a population's environment.

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# **AACAP PTSD Guidelines for Screening and Assessment**

## *Recommendation 1*

The psychiatric assessment of children and adolescents should routinely include questions about traumatic experiences and PTSD symptoms.

## *Recommendation 2*

If screening indicates significant PTSD symptoms, the clinician should conduct a formal evaluation to determine whether PTSD is present, the severity of those symptoms, and the degree of functional impairment. Parents or other caregivers should be included in this evaluation wherever possible.

## *Recommendation 3*

The psychiatric assessment should consider differential diagnoses of other psychiatric disorders and physical conditions that may mimic PTSD.

(Cohen et al., 2010)

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# Identification

- Be mindful that certain questions and physical exam maneuvers may be triggering for someone who has experienced trauma. Bringing a third party into the exam room for the physical exam is prudent.
- Consequences of trauma:
  - Children less likely than adults to present with full criteria for PTSD
  - PTSD symptoms best describe a person's subacute response to a discrete traumatic event and include:
    - Re-experiencing the trauma (e.g. flashbacks, nightmares)
    - Hypervigilance (e.g. insomnia, easily startled, problems concentrating)
    - Avoidance of people, emotions, and places
  - Chronic neglect and/or abuse can result in a different presentation such as mood instability and behavioural problems
  - Neglect and abuse at early age can affect development/attachment

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- As with any mental health presentation perform **review of systems, complete physical exam, and screening bloodwork if indicated:**
  - Anemia (CBC and differential)
  - Infection (CBC and differential, monospot, STIs)
  - Thyroid problems (TSH)
  - Chronic illness e.g. asthma (liver tests, electrolytes, kidney tests)
  - Medications (over the counter, alternative, and prescribed)
  - Pregnancy
  - Malnutrition
  - Less frequent conditions like cancer
- Screen for other mental health problems including
  - Anxiety
  - Depression
  - Substance use disorder
  - Trauma or bullying
  - ADHD and learning problems
  - Eating disorder
  - Significant negative life events (e.g., death of loved one)

**Whenever the issue of self-harm and suicide is on a self-report questionnaire, ensure youth fills out questionnaire in presence of qualified office staff.**

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- Assess functional impairment: The degree of functional impairment along with the severity of symptoms will guide your management plan.

Some free domain tools are listed below:

- [Teen Functional Assessment](#)
- [Weiss Functional Impairment Rating Scale \(Self-Report\)](#)
- [Weiss Functional Impairment Rating Scale \(Parent Report\)](#)

Free domain screening tools: No specific tools known

Free domain tools for assessing co-morbid mental illness (filled out by caregivers)

- [Weiss Symptom Record](#)
- [T-CAPS](#)

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# AACAP PTSD Guidelines for Management

## *Recommendation 4*

Treatment planning should consider a comprehensive treatment approach which includes consideration of the severity and degree of impairment of the child's PTSD symptoms.

## *Recommendation 5*

Treatment planning should incorporate appropriate interventions for comorbid psychiatric disorders.

## *Recommendation 6*

Trauma-focused psychotherapies should be considered first-line treatments for children and adolescents with PTSD.

## *Recommendation 7*

SSRIs can be considered for the treatment of children and adolescents with PTSD.

## *Recommendation 10*

Use of restrictive "rebirthing" therapies and other techniques that bind, restrict, withhold food or water, or are otherwise coercive are not endorsed.

## *Recommendation 11*

School- or other community-based screening for PTSD symptoms and risk factors should be conducted after traumatic events that affect significant numbers of children.

(Cohen et al., 2010)

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# Treatment

- Tips on developing a [therapeutic alliance with teens](#) (Kutcher and Chehil 2009)
- Self-help and education (see below)
- Non-medication strategies:
  - General Principles:
    - [Sleep Hygiene](#)
    - Diet
    - Exercise
    - Relaxation and socialization
    - [Mood-Enhancing Prescription](#) (Activity Plan)
  - Most evidence for trauma-focused cognitive behavioural therapy (TF-CBT)
  - Medication strategies:
    - SSRIs can be used. For brief review of use of antidepressants in children and youth including SSRIs and suicidal ideation, see Lam et al., 2009)

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# Resources

- Youth:
  - [Mindmasters](#) (Orlick)
  - <http://www.mindyourmind.ca>: Youth information, resources and tools to help you manage stress, crisis and mental health problems.
  - Kids Help Phone: [www.kidshelpphone.ca](http://www.kidshelpphone.ca) or 1-800-668-6868
- Parents:
  - Dr. Bruce Perry is an expert in child and adolescent trauma and links to two of his articles might be helpful for practitioners and parents:
    - [Trauma and development](#)
    - [Strategies for children and youth who have been exposed to trauma](#)

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## Freely Available Comprehensive Guides

- For a comprehensive guide to PTSD in children and youth in primary care, please download the [American Academy of Child and Adolescent Psychiatry Practice Parameters](#) (Cohen et al., 2010)
- For a comprehensive guide to attachment problems in children and youth in primary care please download the [American Academy of Child and Adolescent Psychiatry Practice Parameters](#) (Boris et al., 2005)
- For a comprehensive guide to child and youth mental health in primary care, see Healthy Minds/Healthy Children and the Southern Alberta Child & Youth Network's "[Mental Health in the Primary Care Setting: Addressing the Concerns of Children and Youth, 2nd edition, a Desk Reference](#)" (includes general mental health, depression, suicide and self-harm, anxiety, disruptive behaviour disorders, parental mental illness and infant mental health) or [3<sup>rd</sup> edition](#) (includes fetal alcohol spectrum disorder, childhood trauma, autism spectrum disorder and eating disorders), or visit the [Healthy Minds Healthy Children](#) website.

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## References

Boris, N. W., Zeanah, C. H.; Work Group on Quality Issues. (2005). Practice parameter for the assessment and treatment of children and adolescents with reactive attachment disorder of infancy and early childhood. *Journal of the American Academy of Child and Adolescent Psychiatry, 44*, 1206–1219.

Canadian Attention Deficit Hyperactivity Disorder Resource Alliance (CADDRA). (2008). *Canadian ADHD Practice Guidelines*. Available at [www.caddra.ca](http://www.caddra.ca)

Cheung, A., Ghalib, K., Jensen, P., Kelleher, K., Reiss-Brennan, B., Tomb, M., et al. (2010). *Guidelines for Adolescent Depression in Primary Care (GLAD – PC) Tool Kit, Version 2*. Available at [http://www.thereachinstitute.org/images/GLAD-PCToolkit\\_V2\\_2010.pdf](http://www.thereachinstitute.org/images/GLAD-PCToolkit_V2_2010.pdf), retrieved June 11, 2015.

Cohen, J., Bukstein, O., Walter, H., Benson, S., Chrisman, A., Farchione, T., et al. (2010). Practice parameter for the assessment and treatment of children and adolescents with posttraumatic stress disorder. *Journal of the American Academy of Child and Adolescent Psychiatry, 49*, 414-430.

Costello, E. J., Egger, H. L., and Angold, A. (2005). The developmental epidemiology of anxiety disorders: phenomenology, prevalence, and comorbidity. *Child and Adolescent Psychiatric Clinics of North America*, 14, 631-648, vii.

Healthy Minds/Healthy Children Outreach Services and Southern Alberta Child and Youth Health Network. (revised 2011). *Mental health in the primary care setting: Addressing the concerns of children and youth (2<sup>nd</sup> edition): A desk reference*. Available at <http://www.albertahealthservices.ca/hp/if-hp-hmhc-desk-reference-complete-second-edition.pdf>, retrieved June 11, 2015.

Healthy Minds/Healthy Children Outreach Services and Southern Alberta Child and Youth Health Network. (n.d.). *Mental health in the primary care setting: Addressing the concerns of children and youth (3rd edition): A desk reference*. Available at <http://www.albertahealthservices.ca/hp/if-hp-hmhc-desk-reference-third-edition.pdf>, retrieved June 11, 2015.

Lam, R., Kennedy, S., Grigoriadis, S., McIntyre, R., Miley, R., Ramasubbu, R., et al. (2009). Canadian Network for Mood and Anxiety Treatments (CANMAT) Clinical guidelines for the management of major depressive disorder in adults. III. Pharmacotherapy. *Journal of Affective Disorders*, 117(Suppl. 1), S26-S43.

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