

# DIAGNOSES TO CONSIDER WHEN EVALUATING A CHILD EXPOSED TO TRAUMA

## ABUSE/NEGLECT

|  |
|--|
| Child maltreatment   |
| Encounter for examination and observation following alleged child physical abuse |
| Child psychological abuse  |
| Other absence of family member   |
| Child in welfare custody   |
| Other specified problems related to primary support group                        |
| Child neglect or abandonment   |
| Child physical abuse   |
| Child sexual abuse   |

## PHYSICAL FINDINGS/SYMPTOMS

|  |
|--|
| Constipation   |
| Dysmorphic features  |
| Fecal incontinence   |
| Enuresis   |
| Failure to thrive (child)  |
| Feeding difficulties and mismanagement                           |
| Newborn (suspected to be) affected by maternal use of alcohol    |
| Fetal alcohol syndrome (dysmorphic)                              |
| Mild protein-calorie malnutrition                                |
| Moderate protein-calorie malnutrition                            |
| Nutritional stunting/growth restriction                          |
| Microcephaly   |
| Macrocephaly   |
| Prematurity (by gestational age)                                 |
| Low birth weight (by weight)                                     |
| Newborn (suspected to be) affected by maternal noxious substance |
| Sleep disorder   |
| Underweight  |

## MENTAL HEALTH/EMOTIONAL

|   |
|---|
| Adjustment disorder                             |
| Anxiety disorder                                |
| Attention-deficit hyperactivity disorder (ADHD) |

## MENTAL HEALTH/EMOTIONAL (continued)

|  |
|--|
| Attention and concentration deficit (not ADHD)   |
| Behavioral and emotional disorders with onset usually occurring in childhood/adolescence |
| Childhood disorders of social functioning  |
| Childhood emotional disorder   |
| Conduct disorder   |
| Demoralization and apathy  |
| Disinhibited social engagement disorder  |
| Emotional lability   |
| Impulsiveness  |
| Intermittent explosive disorder  |
| Irritability and anger   |
| Major depressive disorder  |
| Nervousness  |
| Obsessive-compulsive disorder (OCD)  |
| Oppositional defiant disorder (ODD)  |
| Other symptoms and signs involving emotional state                                       |
| Post-traumatic stress disorder   |
| Reactive attachment disorder of childhood  |
| Other or unspecified/specified trauma and stressor related disorder                      |

## DEVELOPMENTAL ISSUES

|  |
|--|
| Autistic disorder  |
| Encephalopathy   |
| Frontal lobe and executive function deficit  |
| Intellectual disabilities  |
| Unspecified lack of expected normal physiological development in childhood         |
| Unspecified symbolic dysfunctions (includes language delay, learning disabilities) |
| Other symptoms and signs involving cognitive functions and awareness               |
| Other symptoms and signs involving the musculoskeletal system                      |
| Other symptoms and signs involving the nervous system                              |
| Social pragmatic communication disorder  |

For CPT and ICD specific coding tips, please go to:

<https://www.aap.org/en-us/professional-resources/practice-support/Coding-at-the-AAP/Pages/Private/Trauma-Coding-Fact-Sheet.aspx>

## SCREENING INSTRUMENTS FOR TRAUMA IN CHILDREN AND YOUTH:

In addition to the screening tools listed in the table on page 10 of the guide, below is a list of screening tools available in the public domain:

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### [Child Revised Impact of Events Scale \(CRIES\)](#)

<http://www.childrenandwar.org/measures/children%E2%80%99s-revised-impact-of-event-scale-8-%E2%80%93-cries-8/>

### [Pediatric Symptom Checklist \(PSC\)](#)

[http://www.brightfutures.org/mentalhealth/pdf/professionals/ped\\_symptom\\_chklst.pdf](http://www.brightfutures.org/mentalhealth/pdf/professionals/ped_symptom_chklst.pdf)

### [Screen for Child Anxiety Related Disorders \(SCARED\)](#)

<http://www.psychiatry.pitt.edu/sites/default/files/Documents/assessments/SCARED%20Child.pdf>

<http://www.psychiatry.pitt.edu/sites/default/files/Documents/assessments/SCARED%20Parent.pdf>

### [Survey of Well Being in Young Children \(SWYC\)](#)

<http://www.theswyc.org/>

[The Early Childhood Screening Assessment can be found at the bottom of this page:](#)

<http://www.infantininstitute.org/measures-manuals/>

[Additional developmental/behavioral screening tools are reviewed at:](#)

[https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH\\_ScreeningChart.pdf](https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf)

[A list of tools related to trauma and resilience are listed here:](#)

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Clinical-Assessment-Tools.aspx>

# VISIT DISCHARGE AND REFERRAL SUMMARY FOR FAMILY

NAME:

AGE:

DATE:

## Assessment Findings:

History of:

Foster Care

Kinship Care

Institutional/ Orphanage Care

Adoption

Trauma Screen: History (Check all that apply)

Sexual Abuse

Serious Accident or Illness

Emotional Abuse

Neglect

Domestic Violence

Traumatic Death

Community Violence

Physical Abuse

Systems-induced Trauma (ie: removal from home, multiple placements, separation from siblings)

Other

Current Traumatic Stress Reactions/Behaviors/Functioning (Check all that apply)

INTRUSION

re-experiencing (intrusive memories, repetitive play scenarios, dreams/ nightmares, flashbacks)

physiological/psychological reactions to reminders of traumatic event

AVOIDANCE

avoiding activities, people, places

dissociation

feelings of detachment/social withdrawal

decreased interest in activities

limited range of affect

AROUSAL/REACTIVITY

anxiety, irritability

self-harm

oppositional behaviors

conduct problems exaggerated startle, difficulty concentrating

hypervigilance

somatic/physical complaints

difficulties with emotional/behavioral regulation (anger, tantrums, impulsivity, aggression), difficulties with physiologic regulation (sleeping, eating, bowel/bladder function)

NEGATIVE MOOD/COGNITION

negative expectations/emotional state

inability to experience positive emotions

depression

difficulties with attention/concentration

regression (behavior, skills)

traumatic grief

Developmental Issues:

Developmental delay/Intellectual disability

Poor school performance

Symptoms of prenatal alcohol exposure

Other

Medical Issues:

## Recommendations:

Parenting strategies for home: handouts provided

Trauma-informed mental health evaluation/treatment

Psychiatric evaluation:

School evaluation: letter of request for evaluation by special education department

Additional recommendations/medical evaluations:

Vision:

Specialist referral:

Hearing:

Other:

Bloodwork/laboratory studies:

## Resources:

Local:

**National Childhood Traumatic Stress Network** [www.nctsn.org](http://www.nctsn.org)

(search: What is child traumatic stress, Invisible suitcase, Caring for children who have experienced trauma)

**Healthy Foster Care America** [www.aap.org/fostercare](http://www.aap.org/fostercare) (see Resource Library)

**American Academy of Pediatrics – Healthy Children** [www.healthychildren.org](http://www.healthychildren.org)

## Follow-up

Doctor Name:

Address:

Phone:

Fax:

# PARENTING AFTER TRAUMA: UNDERSTANDING YOUR CHILD'S NEEDS

## A Guide for Foster and Adoptive Parents



All children need homes that are safe and full of love. Children who have experienced severe trauma may need more. Early, hurtful experiences can cause children to see and react in different ways. Some children who have been adopted or placed into foster care need help to cope with what happened to them in the past. Knowing what experts say about early trauma can help you work with your child.

### Trauma

An event is traumatic when it threatens the child or someone the child depends on for safety and love. Abuse may be traumatic, but trauma may take many forms. It includes neglect, separations, violence between caregivers, natural disasters, or accidents. A frightened child may feel out-of-control and helpless. When this happens the body's protective reflexes are triggered. This can make a child's heart pound and blood pressure rise. The "fight or flight" panic response can kick in.

Some children are more sensitive than others. What is traumatic for one child may not be seen as traumatic for another child. It can be hard to tell what will affect a child. Fear is guided by a child's *perception* of what is frightening. It might be hardest for children who are neglected, even if they are not bruised and battered. These children worry about basic needs like food, love, or safety.

## Trauma has more severe effects when...

- It happens again and again.
- Different stresses add up.
- It happens to a younger child.
- The child has fewer social supports (healthy personal relationships).
- The child has fewer coping skills (language skills, intelligence, good health, and self-esteem).

## Remembering

When something scary happens, the brain makes sure you do not forget it. Traumatic events are remembered in a special way. They are often experienced as a pattern of sensations with sounds, smells, and feelings mixed together. Any one of these things can make a child feel like the whole event is happening again. These things or sensations are called "triggers." Triggers can be smells or sounds. They can be places, postures, or tones of voice. Even emotions can be a trigger. For example, being anxious about school may bring up the memory of being anxious about violence at home. This can cause to dramatic and often unexpected behaviors like physical aggression or withdrawal. Triggers can be hard to identify, even for a child. Children will try hard to avoid them.

Remembering a traumatic event can cause some of the original "fight, flight, or freeze" reaction to return. This might look like a "tantrum." It might also look like the child is overreacting. Sometimes anxiety can cause a child to "freeze." This may look like defiance. A child that sees the world as a place full of danger may do this. Many children who have been abused or neglected go through life always ready to flee or to fight.

Being ready to flee or fight shows up in many ways. Children who are always on guard may have trouble concentrating. This is called "hyperarousal." This is a classic sign of "Attention Deficit Hyperactivity Disorder," and children may receive this diagnosis. They may experience frequent anxiety and be overwhelmed with emotions. Children who have experienced trauma may have trouble with the unexpected. Their need for control may be seen as "manipulative" or as always wanting things done their way. Going from one activity to another may be hard. When behaviors are extreme, it is sometimes called an "Oppositional Defiant Disorder" or "Intermittent Explosive Disorder."

## Learning to Trust

All newborn babies are helpless and dependent. Consistent and loving caregivers help babies learn to trust others, and to feel valuable. This is important for healthy development. We cannot thrive without the help of others. This is most true when times are hard.

Supportive, caring adults can help a child recover from traumas. Some children may not know that adults can help or that they can be trusted. They may resist the help of others. Not trusting adults can be mistaken as disrespect for authority. This can cause problems at home and at school. It can also make learning harder.

It can be hard to tell who is affected by trauma. Mistreated children may withdraw from people and seem shy and fearful. They may also be very friendly with everyone they meet. They may cross personal boundaries and put themselves at risk for more abuse. They are choosing between "trust no one" and "trust everybody, but not very much."



## What Can a Parent Do?

Usual parenting practices may not work. So, be careful! First, know and respect that your child may perceive and respond to the world in ways that you do not.

### Remember:

- Children who have been adopted or are in foster care have often suffered trauma, and live with more anxiety. They see and respond to threats that others do not.
- Their brains might always be "on guard." It might be hard to ignore things or focus on a book or a lesson.
- It may be hard to earn their trust and respect, even over time. Many children have never learned to depend on consistent, reliable adults.

Parents may need to seek help and this is common. Pediatricians, developmental specialists, and therapists can give you effective ways to respond. They can help you see how your child relates to the world. Therapists may give insights to you and your child. Sometimes medications, used appropriately, will help to control symptoms and make learning new ways possible.

## TIPS

*Learn to notice and avoid (or lessen) "triggers." Find out what distracts or makes your child anxious. Work to lessen these things.*

*Set up a routine for your child so she knows what to expect.*

*Give your child a sense of control. Give simple choices. Respect your child's decisions.*

*Do not take your child's behaviors personally.*

*Try to stay calm. Find ways to respond to outbursts that do not make things worse. Lower your voice. Do not yell or show aggression. Do not stare or look directly at your child for too long. Some children see this as a threat.*

*When your child keeps you at a distance, stay available and responsive.*

*When you can, stay away from discipline that uses physical punishment. For a child who was abused, this may cause panic and out-of-control behavior.*

*Let your child feel the way she feels. Teach your child words to describe her feelings. Show acceptable ways for her to deal with feelings. Then, praise her for expressing her feelings or calming down.*

*Be patient. It may have taken years of trauma or abuse to get the child in his current state of mind. Learning to trust again is not likely to happen overnight—or any time soon.*

*Be consistent, predictable, caring, and patient. Teach your child that others can be trusted to stay with her and help her.*

*Ask for help when you have concerns, questions, or are struggling. There are proven therapies to help children and parents adjust to trauma's effects. You do not have to do this by yourself.*

Kids are doing the best they can, with what they have been given. It is our job to provide them with the tools they need and to guide them as they grow. It may be a slow process, with many setbacks, but the rewards are worth the effort. By understanding that your child's past experiences have affected the way she sees and responds to her world, you have taken the first steps to building a safer, healthier one.

Children are doing the best they can.