Background: Trauma exposure among children in the United States remains highly prevalent. It is well documented within the literature that children who suffer an acute injury often experience signs of acute stress disorder (ASD). According to Miller et al. in some populations, as many as 28% of children who experience a traumatic event will go on to have ASD signs. Children react in both a physiological and psychological ways. Traumatic reactions can include a variety of responses, including intense and ongoing emotional outburst, depression, anxiety, behavioral changes, difficulties with attention, difficulties in school, and problems eating or sleeping. Without intervention ASD may evolve into post-traumatic stress disorder (PTSD). In response to this many healthcare facilities have put processes in place to screen school age children for signs of ASD in order to coordinate appropriate intervention. What has not been well established is the presence of ASD and resultant PTSD in the 0-5 year old age group. Bishop et al (2014) discussed the early contributions of childhood trauma to the development of PTSD in later life. Additionally, Grasso et al (2013) looked at early life trauma exposure and stress sensitivity in young children. The findings in this study suggested that early life trauma exposure may sensitize young children and place them at risk for internalizing or externalizing problems when exposed to subsequent, non-traumatic life stressors. Often caregivers of children who experience a traumatic event are provided with verbal information on potential behavior changes in their child and instructed to follow up with their primary care provider. Screening tools have not historically been used to identify very young children susceptible to ASD or PTSD. In order to objectively identify those children an appropriate screening tool should be used to help identify those children and caregivers that may suffer from stress disorder.

Objective: Our aim was to implement an ASD screening tool for the 0-5 year old pediatric trauma population in order to identify the presence of ASD and subsequent PTSD symptoms. Additionally we hoped to establish a process for follow up to ensure families with young children who go on to develop PTSD have access to community resources.

Implementation: The first step in the process was to find a tool that was validated and not cumbersome to use. The Young Child PTSD Screen developed by Scheeringa et al (2010) is a developmentally sensitive screening tool for young children. It is a 6 item screen to quickly determine whether children need to be referred for clinical treatment for stress disorder. Following identification we then sought additional resources by enlisting the help of the Child Life Specialists in order to provide the screening. Child Life Specialists are pediatric health care professionals who work with children and families in hospitals, and other settings, to help them cope with the challenges of hospitalization, illness, and disability. They are the experts in child growth and development and can easily recognize subtle changes in behavior. The Child Life Specialist meets with the caregiver and performs the initial screening as well as obtaining demographics and follow-up contact information. If the child screens positive, caregivers are provided a list of resources available in the community. Follow up is then conducted at 3, 6, 9, and 12 months by trauma services to evaluate whether or not there have been any changes in the child’s behavior and if the child is meeting their developmental milestones. If a concern arises based off the questionnaire the caregiver is encouraged to take the patient to their primary care provider. Trauma Services also tracks whether or not mental health services were needed and ease of access to those services.
**Results:** This project is in the beginning phases and we are just starting to collect data. At this time we have not collected enough data to make a correlation to outcomes. Trauma Services has created a trifold brochure to provide all families with resources available in our community and online. This information is shared with all families including those that have declined follow up.

Conclusion: With early identification of those children at risk, interventions can be implemented to help lessen anxiety disorders over the life span. The project is currently being expanded to patients admitted to our burn center and outpatient burn clinic.

**References:**


