5

ASSESSING TRAUMA-RELATED HEALTH ISSUES

ELEMENT V: Assessing Trauma-Related Health Issues

An Overview and Rationale

Detection of somatic and mental health problems related to exposure to trauma and stress among young children is critical to ensure their healthy physical and emotional development. Pediatric primary care providers, who focus on the development of children and typically have an ongoing, trusting relationship with families, are well suited to assess problems related to exposure to trauma and stress among young children. An assessment for trauma exposure at health maintenance visits helps to identify health problems related to trauma and organize the discussion around family concerns.

In general, the assessment of trauma-related problems among young children should involve a balanced approach that incorporates screening, activation, and communication. More specifically, assessing trauma-related problems is as a process that is likely to involve some combination of a) use of a screening tool, b) discussion about the results, c) collaborative planning to address any concerns identified through the screening or discussion, d) agreement to check in again about this area if there are no concerns at present and e) promotion to facilitate healthy social-emotional development.

Goals and Strategies to Assess Trauma-Related Health Issues:

GOAL 1: Include the systematized assessment of trauma-related health problems as part of a holistic assessment of the child's well-being.

GOAL 2: Complement screening with a discussion that engages the family and facilitates the assessment of trauma-related problems.

USE SCREENING TOOLS

Goal 1. Use Screening Tools

Why Is This Goal Important for Trauma-Informed Integrated Care?

The identification of trauma-related health problems is part of a holistic assessment of the child's well-being. Considering what is known about early brain development, toxic stress, the impact of poverty and resilience, the AAP and Bright Futures (4th Edition) recommend routinely screening for Social Determinants of Health (includes ACE's), maternal depression, and development and behavior, including social-emotional development. Use of a screening tool at health maintenance visits with young children ensures that every caregiver is asked the same set of questions, including questions about problems that could be related to trauma. Routine assessment addresses two important issues: first, that it is impossible to guess which families may have experienced trauma, and second, that routine and universal assessment makes it normal to address a potentially stigmatized topic.

Screening tools can efficiently identify the family's concerns and make sure these issues are discussed in the visit. Prior research about health maintenance visits – not directly related to trauma—found that comprehensive, pre-visit screening with caregivers of children 4-10 enhanced:

- Caregiver engagement
- Caregiver-provider communication
- Agenda setting
- Visit efficiency
- Acceptability of discussing topics believed to be out of the scope of a pediatric visit
- Routine nature of a screener helped caregivers feel comfortable bring up sensitive issues without feeling targeted or stigmatized.

Families and providers should choose screeners that are sensitive and relevant to the community they serve. Key considerations when choosing a screener include:

- **Purpose:** Is your goal to screen for trauma *exposure* and/or how the patient *responds* to trauma exposure?

- **Capacity:** Implementing a trauma screener can result in "new" problems that need to be addressed. What is the capacity of the primary care clinic to address mental health issues? Has the primary care clinic identified mental health resources that have experiences with infant and early childhood mental health? Is the primary care practice familiar with other support resources for families of young children? increased patient loads?

- **Current Systems:** What systems can be adapted to in order to effectively administer a screen? What are your available means of deployment? Can you integrate a trauma screen with other screening and EMRs?

- **When will the screener be administered:** Some topics are routinely asked as new families come into care; others might be routinely asked at all health maintenance visits, while others might be asked only annually (or some other interval) unless a change in a child or family's status raised a concern. The table below highlights the connection between screening timing and content (though these are only suggestions to start discussion).

Table 13. Screening for Trauma and Stress-Related Issues: Considerations

Timing of Screening	Possible Topics
At start of relationship	Prior history of mental health problems (or only maternal depression?) Past exposure to violence, major loss, life threatening situations (medical or otherwise) Caregivers' own childhood experiences Survey of family supports and strengths, perceptions of child's strengths and positive attributes Any current concerns (as per annual and every visit routines)
"Annual" or at some interval other than every health	Family economic security (including security of food, housing, employment) Broad-range inquiry about child emotional, behavioral, developmental issues and use of formal, validated tools for development and behavior, and autism at recommended visits

maintenance encounter	Updates on family accomplishments, changes that family reports as positive Updates on challenges related to health, support, caregiver mental health (and use of formal tool for maternal depression at recommended infant visits) Exposure to violence
At every encounter	Brief inquiry or short screen about caregiver and child emotional/behavioral/functional problems "Anything new?"

There are a number of screening tools available to assess physical and emotional development as well as different aspects of trauma exposure and trauma-related problems among children of various ages. Each screener has different strengths and weaknesses, and the choice of screeners will depend on your office structure and systems, other screeners already being used, patient flow, and co-located resources. When choosing a screener it is important to consider the time and effort needed to complete, administer, score, and interpret the results.

Common *trauma-related* screening tools include: the SEEK, the family questions section of the SWYC, the Kemper-Kelleher Family Psychosocial Screener, the ACES checklist, and the protective factors checklist to assess resilience. The table in the appendix (table 14 Overview of trauma related screeners) lists major characteristics of each and pros and cons.

This goal includes three change concepts: A) select one or more screening tools; B) develop process for administration of tool; and C) carefully introduce screener to family.

SELECT ONE OR MORE SCREENING TOOLS

Change Concept A: Select One or More Screening Tool

In general, providers should ask about the child's own and the family's exposure to trauma and stress and then about somatic, behavioral, and emotional symptoms that could be a result of exposure to trauma. It is critical to include strengths and factors that may promote resiliency as part of your assessment. Trauma screening is a priority in pediatric practice as a key part of overall screening processes, along with maternal depression, developmental and behavioral, social-emotional, and autism screening. In fact, a trauma screen may identify risk and provide opportunity for intervention before an issue is identified on a later developmental screen. Therefore it is important to be clear about your purpose for screening and your capacity to implement a new screener into your workflow. The selection of an approach to trauma and stress depends on the individual needs and capacity of each site.

Moving from Change Concept to Change Strategy

Below, you will see examples of change strategies that could be carried out to select one or more screening tools. Each of these possible strategies is detailed further – making them even more practical and specific –in the sample PDSAs that follow.

- Identify Gaps and Needs for Screening
- Get Input Directly from Pediatric Providers
- Know the Community and Family Needs

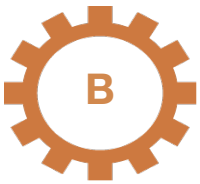
Implementing Change Strategy through Small Tests of Change (PDSAs)

We encourage you to use the strategies and small tests of change included in this toolkit as starting points: taking and adapting what might work for you, and adding to this list so that our collective work continues to grow. Below are more specifics about how you

might consider testing and ultimately implementing these strategies in your own daily work.

Families from different races and cultures may respond to engagement strategies in different ways. Talk with your family advocate, or a sample of caregivers from your community to get a sense of what strategies they find most engaging, supportive, and respectful.

Change Concept A. Select One or More Screening Tools	
Possible Strategies	**Specific Ideas to Test**
Identify gaps and needs for screening	→ Conduct a workflow review focused on screening to understand the various conditions and factors currently being screened for by the office. → Survey pediatric providers about how (if) they identify exposure to trauma and stress. → Survey pediatric providers about how (if) they identify child and family strengths and resilience factors.
Get input directly from pediatric providers	→ Talk to pediatric providers about what information they would like to have about children and families related to trauma and stress exposure. → Host discussion at staff meeting or as a breakfast to talk about the need to screen for trauma, stress and resilience, and how it impacts child development and health. (Use as a quasi-training opportunity while getting information about screening needs.)
Know the community's and families' needs	→ Bring information about screening and possible screening tools to the Caregiver Advisory Council, family advocates, or community partners for input and feedback. → Try using various screeners with diverse families (of various races, socioeconomic status, cultures, and languages) and invite their feedback and recommendations. → Invite a family member or community partner to share their perspectives on trauma and resilience screening tools.



DEVELOP PROCESS FOR ADMINISTRATION OF TOOL

Change Concept B: Develop Process for Administration of Tool

Pediatric visits are already stretched thin. The primary care clinician may have only 20 minutes with a child and family. Identifying parental strengths and discussing social determinants of health is a major focus of Bright Futures guidelines, and using this screening tool is a way to facilitate these conversations with families. Thus, finding ways to work this tool into existing workflows is essential.

Furthermore, you must consider how to document the results of the screening tool. The American Academy of Pediatrics supports the inclusion of trauma screening results in the health record and in primary care, when you take a social history, it is documented in the notes. This is documentation of risk for the benefit of the child. In general, facts relevant to the child's health should be in the record.

There may be other considerations, however, related to documentation that should be discussed with families. For example, concerns about family violence might not be documented if a potentially violent partner could access them. In such instances it is useful to understand the EHR capacity to designate material as confidential and to use that function. Details about parental mental health problems might be omitted and reserved for the caregiver's own medical record as mental health professionals often make a distinction between the medical record and their "psychotherapy notes." (The latter often contain much detail that is helpful to the therapist in thinking through care, but is not essential to documenting the content and appropriateness of care.) This distinction may be helpful in deciding what to include in a child's medical record and what to retain in a provider's personal notes.

Moving from Change Concept to Change Strategy

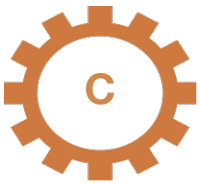
Below, you will see examples of change strategies that could be carried out to engage families at the start of a visit. Each of these possible strategies is detailed further – making them even more practical and specific –in the sample PDSAs that follow.

Implementing Change Strategy through Small Tests of Change (PDSAs)

We encourage you to use the strategies and small tests of change included in this toolkit as starting points: taking and adapting what might work for you, and adding to this list so that our collective work continues to grow. Below are more specifics about how you might consider testing and ultimately implementing these strategies in your own daily work.

Families from different races and cultures may respond to engagement strategies in different ways. Talk with your family advocate, or a sample of caregivers from your community to get a sense of what strategies they find most engaging, supportive, and respectful.

Change Concept B. Develop Process for Administration of Tool	
Possible Strategies	**Specific Ideas to Test**
Understand existing office workflows	→ Map the flow of existing screening tools from the time they are handed to a family and the time the provider reviews and uses them. → Try handing out the selected screening tool at various points in the visit to determine which makes the most sense for patients and providers. This can include sending it prior to the visit, handing it out when the patient first checks in, when they are first roomed, or when the provider comes in for the visit. → Ask caregivers when the screener would be best/easiest for them to complete. → Offer to sit with families to answer questions, read, and/or translate the screening tool.
Develop clear expectations for how, when, and by whom the screener is administered	→ Test out having the screener distributed by various roles in the office to determine which will work best. Consider front desk staff, medical assistants, physician's assistants, nurses, and doctors. → Print the screener on a brightly colored paper so it is obvious to staff and providers. → Use reminders (post-it notes, emails, etc.) to help staff remember to distribute the screener to all families. → Provide brief training to staff who will be distributing the screener to ensure they understand its purpose, value, and importance.



CAREFULLY INTRODUCE SCREENER TO FAMILY

Change Concept C: Carefully Introduce Screener to Family

Asking about trauma and exposure to trauma can be extremely sensitive for families. The questions themselves could be triggers. Moreover, some families will worry about why the questions are being asked and how their responses will be used, for example if certain answers will result in child protective services being called. Regardless of how families feel about being asked these questions, we know that they are still critically important to ask. So rather than avoiding the questions, we need to find ways to explain to families why the questions are being asked, who will see the answers, and how they will be used.

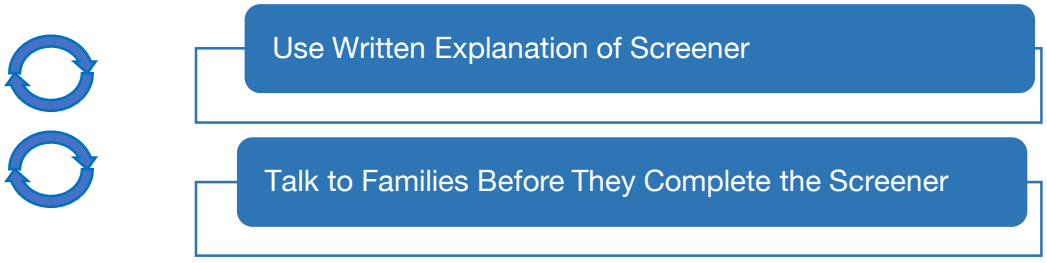
There are a number of possible points to make as you introduce screening. The following list represents points that may vary in their importance to families in different settings. You can ask the families you work with to determine the most effective messages.

- **Screening is universal:** Families may be concerned that they are being targeted for a screen, so it is helpful to explain that you screen all families routinely because these issues are common and can be helped.
- **Screening will give more time for discussion:** It may also be useful to explain to families that you are using a formal screening tool in order to optimize attention to patient concerns in the visit. They may appreciate that you are trying to spend less time on question asking and more time discussing concerns.
- **Screeners ask about all aspects of health that affect a child's development:** Families may not be used to seeing questions about sensitive topics like trauma and mental health, so it's important to explain up front that you are doing a comprehensive assessment of both physical and mental health concerns because all areas of health are important for a young child's development.
- **Screening is confidential:** It is also helpful to explain your confidentiality protocols. When possible, the provision of a private space to complete the screener may help assure confidentiality and increase disclosure.

- **Staff are available to answer questions:** Some families may need help understanding certain questions or the response options, so it is useful to let families know that staff are available to answer questions and explain how families can obtain this assistance.
- **Responses are optional:** You might include that answering any of the questions is optional – any question can be skipped and discussed during the visit instead.

Moving from Change Concept to Change Strategy

Below, you will see examples of change strategies that could be carried out to engage families at the start of a visit. Each of these possible strategies is detailed further – making them even more practical and specific –in the sample PDSAs that follow.



Implementing Change Strategy through Small Tests of Change (PDSAs)

We encourage you to use the strategies and small tests of change included in this toolkit as starting points: taking and adapting what might work for you, and adding to this list so that our collective work continues to grow. Below are more specifics about how you might consider testing and ultimately implementing these strategies in your own daily work.

Families from different races and cultures may respond to engagement strategies in different ways. Talk with your family advocate, or a sample of caregivers from your community to get a sense of what strategies they find most engaging, supportive, and respectful.

Change Concept C. Carefully Introduce Screener to Family	
Possible Strategies	**Specific Ideas to Test**
Use written explanation of screener	→ Develop language that is included at the top of the screener itself – a "preamble" – that explains the purpose and use of the screener in family-friendly terms. (Have caregiver representatives help develop the language.) → Create a one-pager in the office that is distributed to all families about the new screener and why it is now being used. → Put up posters or other information in the waiting area to normalize and explain the use of the tool. → Develop a short Q&A about the tool to dispel any myths or misperceptions about its use.
Talk to families before they complete the screener	→ Develop talking points for all staff involved in distributing the screener to use when explaining the screening tool to families. → Do role plays in the office to practice having the conversation with families. → Offer to help families complete the tool so that they don't feel isolated or confused.

Assessing Your Progress

As you begin testing concrete strategies, you want to ensure that your changes are resulting in improvements. Below are some key questions to help you assess and reflect on how you are doing in each of the change concepts in this goal.

1	2	3	4	5
Serious Concerns/ Challenges				Very Strong, Positive

Change Concept Strategy A. Select One or More Screening Tools

- ❑ What screenings are already being carried out either pre-visit or included in the electronic health record or other systems?
- ❑ How do these screenings include exposure to trauma, impact of trauma, parental experiences, and family strengths?

Change Concept B. Develop Process for Administration of Tool

- ❑ How is screening for these issues incorporated into existing workflows, expectations, and requirements?
- ❑ Who is currently responsible for administering the various screenings done in your office and how are they oriented to the purpose and value?

Change Concept C. Carefully Introduce Screener to Family

- ❑ What is the environment for screening about sensitive issues?
- ❑ How are the screening questions presented to caregivers in ways that are supportive and engaging?
- ❑ How are the screening questions perceived by caregivers with different life experiences and concerns?

DISCUSS SCREENING RESULTS WITH FAMILIES

Goal 2. Discuss Screening Tools With Families

Why Is This Goal Important for Trauma-Informed Integrated Care?

The fundamental purpose of screening is to learn information about children and families that you might not already know. It is not to get a score or rating, but instead to identify information and experiences that may require further conversation or some sort of follow-up intervention.

Thus, screening is incomplete without a conversation between the primary care clinician and the family about the screening results. Implementing screening without discussing the patient's/caregiver's responses seriously undermines the intent and can create additional burdens to families and providers. Without discussion, the screener becomes just another administrative requirement or, worse yet, a potential trigger for families. Discussion should be used to better understand family concerns (including exploring topics suggested by but not covered by the screening) and planning how those concerns can be addressed.

Why Discuss Screening Results?

- The screener can be a template for conversation and allows family concerns to lead communication
- Foster disclosure of concerns
- Tease out serious concerns from moderate concerns
- Learn more about context of problems identified
- Discuss ways to prevent exposure to trauma
- Discuss methods to cope with trauma

Both "negative" and "positive" screens need follow-up. Screens may be negative because: the family truly senses that there are no difficulties to discuss; they are not comfortable disclosing difficulties; they don't understand the questions being asked; or they don't see their problems reflected in the questions on the screen. Thus, even though a negative screen may suggest there are no problems, it can also create an opening for families to disclose related issues and to identify strengths/protective factors.

Screens can be positive because the family in fact has difficulties to discuss or because they misinterpret questions or the directions for completing the form.

The conversations between provider and patient that emerge from the use of the screener are even more important than the positive/negative results of the screening tool itself. It is also important to remember that the positive/negative cut-points in “validated” tools may not be applicable to the population for which you are caring. Scores that are below but close to the cut-point may be significant, just as positive scores just above the cut-point may not be.

This goal includes two change concepts: A) introduce results to families; and B) use results for engagement.

INTRODUCE RESULTS TO FAMILIES

Change Concept A: Introduce Results to Families

With the time limitations of a pediatric well-child visit, screening can help focus the time for discussion. Completion of the screening tool prior to the visit helps with timing, but some clinicians may still have concerns that discussing the results of the screener will take too much time.

Additionally, some clinicians may feel they don't have the skills or expertise to discuss the results of a trauma exposure screener. Clinicians may fear "opening a can of worms," from both a time perspective as well as a content perspective.

Keep in mind that if items are checked as "positive" or may cause distress to a family, you can ask for permission to talk more about the answer. It remains important to plan the visit agenda before circling back to these topics; the trauma/stress screen still is only one of many topics that may be important to the family at this time.

Moving from Change Concept to Change Strategy

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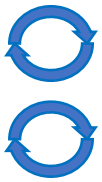

Lead with Appreciation & Engagement Before Results

Normalize Results

Implementing Change Strategy through Small Tests of Change (PDSAs)

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Families from different races and cultures may respond to engagement strategies in different ways. Talk with your family advocate, or a sample of caregivers from your community to get a sense of what strategies they find most engaging, supportive, and respectful.

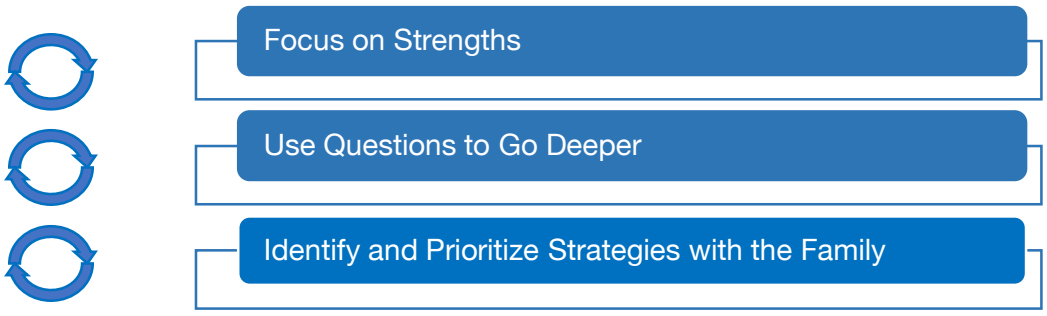
Change Concept A. Introduce Results to Families	
Possible Strategies	**Specific Ideas to Test**
Lead with appreciation and engagement, not just results	→ Thank the patient/caregiver for completing the screen. → Ask for permission to discuss the results. → Explain that the screener is meant to help decide what might be important to talk about at this visit. → Explain that the responses make it seem as if there might/might not be something to add to the agenda, pending what the patient or caregiver thinks. → Ask if the caregiver has any questions about the screener before you start talking about what you learned.
Normalize the results	→ If you are using a validated instrument, you may share some of how the screener is typically used and what it tells you generally. If you are not, you might remind the family that this screener is used with all patients; they have not been "singled out." → Use empathetic and compassionate language, such as "all caregivers experience stress," and "our goal is to help address and alleviate stressors in your life, wherever possible." → Avoid using judgmental or blaming language or jargon such as "this screen was positive" or "you screened positive for stress and trauma exposure."

Change Concept B: Use Results for Engagement

It is important that the family not feel judged for their problems or overwhelmed by possible courses of action. Overall, the discussion between the provider and the family should focus on family strengths and engaging the caregiver and child in a discussion about the patient's well-being.

Moving from Change Concept to Change Strategy

Below, you will see examples of change strategies that could be carried out to engage families at the start of a visit. Each of these possible strategies is detailed further – making them even more practical and specific –in the sample PDSAs that follow.



Implementing Change Strategy through Small Tests of Change (PDSAs)

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Change Concept B. Use Results for Engagement	
Possible Strategies	**Specific Ideas to Test**
Focus on strengths	→ Point out the areas where the caregiver or child demonstrates strengths or resilience factors. Even if they have experienced trauma or stress, it is likely that they have had positive, resilient responses. → Ask the family where they get their strength and support. Invite broad thinking about positives and support systems.
Use the questions to go deeper	→ Clarify the family concerns identified on the screener. Ask deeper questions about those concerns to better understand what might be happening for the family. → Learn more about the child's needs. Ask direct questions about the impact of these experiences rather than just focusing on the experiences themselves. → Learn about the context of problems identified. Make sure you have a full picture of what these experiences mean to the family.
Identify and prioritize solutions and strategies together with the family	→ Use the screener as a teaching opportunity and discuss ways to prevent exposure to trauma in the future. Make the caregiver feel empowered. → Discuss methods to cope with trauma. Remember that just talking about trauma and coping skills is an intervention you can provide in real time. → Ask the caregiver what their primary issues, priorities, or concerns are. Even if the screener is positive and you have some concerns, they may not be the caregiver's priority at this time.

Assessing Your Progress

As you begin testing concrete strategies, you want to ensure that your changes are resulting in improvements. Below are some key questions to help you assess and reflect on how you are doing in each of the change concepts in this goal.

1	2	3	4	5
Serious Concerns/ Challenges				Very Strong, Positive

Change Concept A. Introduce Results to Families

- ❑ How do providers currently engage families in the initial discussion of screening results?
- ❑ What training do providers need to improve their understanding and the purpose of trauma-informed screeners and associated results?

Change Concept B. Use Results for Engagement

- ❑ What training do providers need to improve their ongoing communication of screening results to ensure families are engaged?
- ❑ How do providers use families' strengths as identified through the screening process for engagement?

Element V. For More Information

Goal 1. Use Screening Tool(s)

The resources listed below can be found in **Appendix E.1**

Assessment of trauma-related problems

- **Screeners**

- **Primary Family Psychosocial**

1. Bright Futures Pediatric Intake Form
2. Combined SWYC forms (Family Questions Section)
3. SEEK- The Caregiver Screening Questionnaire (PSQ)
4. Edinburgh Postnatal Depression Scale
5. The Patient Health Questionnaire-2 – Overview
6. The Patient Health Questionnaire-9 – Questions

- **Family Strengths and Risk Profile**

1. Protective Factors Self-Assessment
2. Protective Factors Overview

- **Young Child**

1. Ages & Stages Questionnaire – Social-Emotional 2
2. Baby Pediatric Symptom Checklist (In SWYC ages 2mos – 15 mos)
3. Preschool Pediatric Symptom Checklist (in SWYC ages 18 mos – 60 mos)
4. ECSA (Early Childhhod Screening Assessment (for ages 18 – 60 mos)
5. Young Child PTSD Checklist
6. Young Child PTSD Screen

- **School-Age**

1. Center for Epidemiological Studies Depression Scale for Children
2. Pediatric Symptom Checklist (ages 4-16)
3. Self-Report for Childhood Anxiety Related Emotional Disorders
4. Early Development Instrument: A Population-Based Measure for Communities (EDI)

- **Adolescent**

1. Bright Futures Supplemental Questionnaire for Adolescents
2. ACES- During Your Child's First 18 Years
3. PHQ-9 Modified for Adolescents
4. The CRAFFT Screening Interview
5. The Patient Health Questionnaire-2 – Overview

6. CANS-Trauma Exposure and Adaptation Search CANS at www.learn.NCTSN.org
7. FANS More information: www.fans.umaryland.edu
8. CES-DC

- **Screening – Additional Information**

1. AAP Healthy Development Chapter-Promotion Screening Chart for CCNC Workgroup
2. ACE Nonspecific Rating Scale
3. Identifying and Caring for Child Victims of Violence
4. Improving the Adverse Childhood Experiences Study Scale (Finkelhor et al., 2013)
5. Pediatric Primary Care to Help Prevent Child Maltreatment - The SEEK Model (Dubowitz et al., 2010)
6. Screening & Surveillance
7. Screening Tool Rating Summary
8. The SEEK Model of Pediatric Primary Care (Dubowitz et al., 2012)
9. Trauma Screening Identification and Referral
10. Trauma Screening
11. Enhancing Developmentally-Oriented Primary Care: An Illinois Initiative to Increase Developmental Screening in Medical Homes (Allen et al., 2010). *This describes the successful implementation of training programs to address barriers that pediatric physicians experienced in administering screeners for a variety of developmentally important topics, including violence*

12. Implementation of a Program to Teach Pediatric Residents and Faculty about Domestic Violence (Berger, Bogen, Dulani, & Broussard, 2002). *This article demonstrates that a brief education program is effective at improving violence screening practices among physicians and other medical professionals.*

13. Assessing the Impact of a Web-Based Comprehensive Somatic and Mental Health Screening Tool in Pediatric Primary Care (Fothergill et al., 2013). *This study demonstrates the utility of a comprehensive pre-visit screener for well-child visits. Both caregivers and providers reported that the screener improved caregiver engagement, communication, agenda setting, and visit efficiency.*

14. Improving the Management of Family Psychosocial Problems at Low-Income Children's Well-Child Care Visits: The WE CARE Project *This article describes a randomized controlled trial demonstrating the effectiveness of an easily-implemented psychosocial screener in urban pediatric practice. The use of this screener was shown to increase discussion of*

psychosocial topics and parental engagement with community family support resources.

15. Universal Mental Health Screening in Pediatric Primary Care: A Systematic Review (Wissow et al., 2013).
    This review focuses on how patients and caregivers engage with screeners in pediatric primary care and how the results are evaluated and used by providers in determining care for their patients.

16. Adverse childhood experiences of low-income urban youth (Wade et al. 2014).

Select Links:

- Healthcare Toolbox. A collection of training resources for healthcare providers, including slides on providing trauma-informed care and reducing medical traumatic stress in pediatric settings. Available at: http://healthcaretoolbox.org/index.php/tools-and-resources/training-tools

Goal 2. Discuss Screening Results with Families

1. The AAP Resilience Project
   www.aap.org > advocacy and policy > AAP health initiatives > Center on Healthy Resilient Children > The Resilience Project
   contains articles, training materials, screeners for trauma, ACE's, resilience