



CENTER FOR PEDIATRIC TRAUMATIC STRESS

July 2019

Dear colleague:

Thank you for your interest in the Screening Tool for Early Predictors of PTSD (STEPP). We would like to point out a few important caveats about using it for clinical purposes:

- The evidence for the STEPP's predictive validity in the initial publication¹ was preliminary. In collaboration with colleagues at another institution, we conducted an additional study to assess the feasibility of STEPP use by nurses in a busy emergency care setting. Results supported the feasibility of using the STEPP in the emergency setting, as nurses generally found it quick and easy to use.²
- However, several more recent studies have not supported the STEPP's ability to predict child PTSD^{3,4} or other child mental health problems post-injury⁵. To our knowledge no additional studies have assessed prediction of parent PTSD.
- The sample of children and parents in which the STEPP was developed was drawn from an urban US inpatient pediatric population injured in traffic crashes. Subsequent studies have included injured children in Australia, the Netherlands, and the US; none found strong results regarding STEPP predictive performance.⁴ We do not yet have sufficient data available to tell us how the STEPP performs in other populations.
- For these reasons, we **cannot recommend using the current STEPP as a clinical screening tool**. We are working actively on new and improved screening methods, including screening for acute posttraumatic stress symptoms with measures such as the Acute Stress Checklist for Children (ASC-Kids), which is available in English and Spanish and as 3- and 6-item brief screeners^{6,7}.

If you use the STEPP for clinical or research purposes, we would very much like to hear about your experiences with it, especially any evaluations of its performance in your setting. If you would like to hear about further updates in our work on screening measures, please let us know at cpts@chop.edu.

Sincerely,

Nancy Kassam-Adams, PhD

References:

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