SELECTING SCREENING TOOLS FOR MENTAL HEALTH SCREENING AND REFERRAL IN PEDIATRIC TRAUMA PATIENTS

Created by: Center for Pediatric Traumatic Stress

How does our team know what screening tools to use to meet the ACS guidelines for pediatric trauma patients?

We believe that the following items are key:

Essential:

1. Screening tool performance has been evaluated with injured children in a medical setting
2. Evidence that screening tool detects concurrent psychological distress and/or predicts persistent, ongoing distress
3. Tool is feasible for use in ED or inpatient setting, ie, time to administer, ease of scoring
4. Evidence-based scoring guidelines are provided - with meaning of positive screen described so that healthcare team can take appropriate action (e.g. monitor, assess further, refer for MH services)

Desirable:

5. Multiple studies provide evidence for prediction of concurrent or future / ongoing psychological distress
6. Evidence for prediction of broader spectrum of distress - e.g PTS*, depression, anxiety, behavioral difficulties, impact on functioning
7. Demonstrated feasibility and utility based on real world use in multiple settings
8. Tool has been evaluated in, and has evidence for good performance with, injured patients similar to those you see in your setting (e.g., age, culture, language, injury types and severity)

See next page for quick summary of current status of several current screening tools.

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Summary of current screening tools for mental health sequelae of pediatric injury

	ASC-Kids [1-3]	CTSQ [4,5]	CSDC- short form [6]	PsySTART [7,8]	STEPP [9-13]	PDI-C [14,15]
Screener content	early child PTS* symptoms	early child PTS symptoms	early child PTS symptoms	variety of risk factors including staff observation of child responses	variety of child risk factors including HR*	early child PTS symptoms including peritraumatic dissociation
Language(s)	Eng, Span	Eng	Eng	Eng	Eng	Eng; Fr
# of items	3- or 6- item screener	10 items	4 items	9 items	12 items	13 items
Child ages	8 - 17	6 - 16	5 - 17	7 - 17	8 - 17	8 - 15
Source of information	child	child	parent	staff, med record	child, parent, med record	child
Who can administer	any staff	any staff	any staff	any staff	any staff	any staff
Time to administer	1 -2 min	2 - 3 min	1 -2 min	2 min	5 - 6 min	5-8 min
ESSENTIAL	**ASC-Kids**	**CTSQ**	**CSDC**	**PsySTART**	**STEPP**	**PDI-C**
1. Tool performance has been evaluated with injured children in a medical setting	Yes	Yes	Yes	Not yet	Yes	Yes
2. Evidence that tool detects concurrent psychological distress and/or predicts persistent, ongoing distress	Yes	Yes	Yes	Yes – for concurrent PTSD & depression post-disaster	Initial positive findings not replicated	Yes
3. Tool appears feasible for use in ED or inpatient setting	Yes	Yes	Yes	Yes	Yes	Yes
4. Evidence-based scoring guidelines available	Yes	Yes	Yes	Yes – for post-disaster screening	Initial findings not replicated	Yes
DESIRABLE	**ASC-Kids**	**CTSQ**	**CSDC**	**PsySTART**	**STEPP**	**PDI-C**
5. Multiple studies provide evidence for screener performance	Yes	Yes	Yes	No	No	Yes
6. Evidence for prediction of broader spectrum of distress	--	--	--	Yes	No	Developing for pediatric population
7. Demonstrated feasibility and utility	Developing	Developing	Developing	Developing	Feasible	Developing
8. Evidence for good performance with <u>injured patients similar to those you see in your setting</u> (e.g., age, culture, language, injury types and severity)	Evaluate for your setting	Evaluate for your setting	Evaluate for your setting	Evaluate for your setting	Evaluate for your setting	Evaluate for your setting

*PTS= post-traumatic stress; **HR= heart rate

Find more information at https://www.healthcaretoolbox.org/screening-after-pediatric-injury

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