ACEs
Adverse Childhood Experiences/Trauma

Pediatric Healthcare Toolkit

www.mainehealth.org/aces
ACEs Pediatric Healthcare Toolkit
Table of Contents

1. ACEs Overview
   a. Introduction
   b. Infographic; The Story of ACEs

2. Trauma Screener
   a. ACEs/Trauma Exposure in MaineHealth Outpatient Settings
   b. Pediatric Provider Pathway for Screening
   c. Epic Tips; Trauma Screening Tools
   d. Trauma Screening Questions
      (Children Ages 0-8, Adolescents Ages 9-11 and Adolescents Ages 12-17)
   e. Abbreviated PTSD-RI Symptom Screen
      (Children Ages 0-8, Children Ages 8 and older)
   f. Patient/Family Information (Childhood Traumatic Events)
   g. Epic Developmental Tips for Prevention and Intervention of ACEs/Trauma
      (Children Ages 1-9 months, Children Ages 1-2.5 years, Children Ages 1-3-8 years, Adolescents and Youth Ages 9-21)
   h. Sample Language For Providing Support

3. Survey of Well-being of Young Children (SWYC) Resources
   a. SWYC 101: A Quick-Start Guide for Staff
   b. SWYC Workflow for Practices
   c. Epic Tips: SWYC
   d. Scoring the SWYC
   e. SWYC: 9 months
   f. SWYC: 15 months
   g. SWYC: 30 months
   h. Sample Language for Providing Support

4. Treatment Resources
   a. Helping Children Heal
   b. Agencies Trained in Evidence-Based Trauma Treatment
   c. When to Refer to a Behavioral Health Clinician

5. Supporting Resources
   a. American Academy of Pediatrics Articles (AAP)
      i. Adverse Childhood Experiences and the Lifelong Consequences of Trauma
      ii. The Medical Home Approach to Identifying and Responding to Exposure to Trauma
      iii. Bringing Out the Best in Your Children
      iv. When Things Aren’t Perfect: Caring for Yourself and Your Children
      v. Clinical Considerations Related to Behavioral Manifestations of Child Maltreatment
   b. Center for Youth Wellness Resources
      i. ACE Questionnaire Child
      ii. ACE Questionnaire Teen
      iii. Screening for Adverse Childhood Experiences (ACEs) in an Integrated Pediatric Care Model
   c. AAP/ Defending Childhood Initiative Posters
Introduction to the ACEs Pediatric Healthcare Toolkit

Adverse Childhood Experiences (ACEs) are a pervasive health epidemic affecting children throughout Maine. One in four children in Maine experience two or more ACEs, including household dysfunction (parental substance abuse, witnessing domestic violence, loss of a parent), abuse (physical, sexual and mental), neglect and neighborhood violence[1]. When children are repeatedly exposed to trauma without any form of protective relationships, their bodies react by producing an overload of stress hormones. This stress response is called toxic stress, and it causes serious, lasting developmental and physical harm. Children exposed to multiple ACEs have significantly higher rates of developmental delays, anxiety, depression, and other behavioral concerns. In addition, adults who experience ACEs have higher rates of substance abuse, suicide, depression, and early death.[2]

Healthcare providers and their teams have the unique opportunity to understand, identify and address ACEs and can play a pivotal role in early intervention for children, youth and their families. Developmental screening, through the use of the Survey of Well-being of Young Children (SWYC), is one of several ways to assess development and identify ACEs. Through screening and referrals for ACEs, healthcare teams can help determine resources to promote healthy development.

Through a collaborative partnership, Maine Medical Center, Maine Medical Partners, The Barbara Bush Children’s Hospital, MaineHealth, Maine Behavioral Healthcare and Portland Public Health, are working together to address ACEs comprehensively throughout the MaineHealth system.

This toolkit is designed to provide:
- background on ACEs, screening and treatment resources
- tools for implementing the SWYC developmental screening
- supporting research

ACEs Team:
Steve DiGiovanni, MD, Medical Director, MMP Outpatient Clinics
Rebecca Hoffmann Frances, LMFT, Director of Clinical Innovation, Maine Behavioral Healthcare
Angela Lawton, Associate Program Manager, Child Health, MaineHealth
Rebecca Brown, LCSW, Clinical Manager, Maine Behavioral Healthcare
Barrett Wilkinson, Prevention Coordinator, City of Portland Public Health Division
Elizabeth Murphy, Manager of Clinical Administration, Women and Children Service Line
Stacey Ouellette, LCSW, Director Behavioral Health Integration, MaineHealth
Roslyn Gerwin, DO, Child Psychiatry, Maine Medical Center

Website: www.mainehealth.org/aces
Contact: childhealth@mainehealth.org

One in four children in Maine experience two or more adverse childhood experiences.

Over 60% of children are exposed to violence in the US.

Seeing, hearing or directly experiencing violence is harmful to children.

Several evidence-based trauma treatments are proven to be highly successful in reducing the negative effects of trauma. These treatments are available in our community.

STATISTICS

ACEs Effect Patients Throughout the Life Span

Percentage of Chance of Developmental Delay by Age 3

Cumulative ACES & Chronic Disease

CUMULATIVE ACES & MENTAL HEALTH

FOR MORE INFORMATION ON ACEs VISIT

www.mainehealth.org/aces

WHAT IS THE COST TO DO NOTHING?

1 Suffer the Little Children: An Assessment of the Economic Costs of Child Maltreatment

CA Narratives.org
## The Evidence

- Over 60% of children are exposed to violence in the US.\(^1\) Seeing, hearing or directly experiencing violence is harmful to children.\(^2\)
- Adverse experiences (such as exposure to violence, abuse or neglect, parental substance abuse, parent incarceration, mental illness or parental separation/divorce) can impact a child’s developing brain and affect health and well-being long-term.\(^3\)
- One in four children in Maine experience two or more adverse childhood experiences, including witnessing domestic violence and experiencing neighborhood violence.\(^4\)
- Common symptoms of trauma include: developmental delays or regression, anxiety, depression, behavioral concerns, inattention, sleep issue or unexplained physical complaints. This can result in long term health and developmental impact.


\(^2\) Portland Defending Childhood, www.PortlandDefendingChildhood.org

\(^3\) The Lifelong Effects of Early Childhood Adversity and Toxic Stress, Pediatrics 2012;129;e232; December 26, 2011

\(^4\) Maine Kids Count Data Book, 2013

---

## What is Clinical Staff Being Asked to Do?

### SCREEN:

As part of a well-child, ask/document

Do you/your child feel safe in your home, neighborhood, school and relationships? Has anything bad, sad or scary happened to you/your child recently or in the last year?

- If Safety or Trauma question is positive then discuss event / situation further. Assess safety, severity of the event, risk and resiliency factors.
- Utilize PTSD Reaction Index to assess symptoms for patients who confirm exposure to violence or trauma.
- Create assessment and follow-up plan for all patients screening positive on the PTSD Reaction Index

### EDUCATE:

“Children and infants can be impacted by traumatic experiences or witnessing violence. It can change their behavior and inhibit healthy development. There are resources in this community that can help children heal from trauma.”

### SUPPORT/ REFER:

- Ensure child is not in imminent danger
- Provide empathy and advice on supporting / talking to the child
- Educate regarding the importance of routine and stability
- Schedule follow up to monitor the child/family’s progress
- Seek a mental health provider who can provide an evidence-based trauma treatment such as Child Parent Psychotherapy (CPP), Child and Family Traumatic Stress intervention (CFTSI) or Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- **Maine Behavioral Healthcare clinicians are trained in evidence-based trauma treatments 1-844-292-0111**

---

## Support Is Available

- There is information and support for children and their caregivers who have been exposed to violence or trauma available to help children heal and recover.
- Several evidence-based trauma treatments are proven to be highly successful in reducing the negative effects of trauma. These treatments are available in our community.
- Caregivers are essential to helping children recover, heal and thrive after a traumatic experience.
- Identifying safe adult relationships in a child’s life can be an important intervention towards building and enhancing resiliency for children and families exposed to violence and trauma.
Handout non-identifiable questionnaire when patient presents for a well-child visit  
DO NOT issue during SWYC visits (9, 15, 30 month)  
Age 9+: Hand directly to child

Ask the caretaker if they will need assistance to complete the form

Instruct patient/family to bring completed form into visit with the provider

Provider (Resident / Attending / NP)

Assesses severity of event and child safety

Use PTSD-RI in EPIC to determine symptoms

May use Center for Youth Wellness ACEs screener to identify number of ACEs

Determine next steps

Clinical Check-in (MA/RN/LPN)

Assist family with completion when needed

Update provider regarding positive screen and enter results in EPIC

Determine next steps based on severity of the trauma, PTSDRI score, the number of other ACEs, safety concerns and access to resources:
- Close monitoring and follow up by Primary Care Provider with safety planning as appropriate
- Referral to office based integrated behavioral health clinician
- Referral to Maine Behavioral Healthcare / MMC Child Psychiatry
- Referral to Child Developmental Services (CDS)
- Referral to community resources
- Referral to DHHS if there is a concern for abuse/neglect/safety of the child
SeHR System Update

Effective Date:
Role: Ambulatory Provider, Ambulatory Clinical
Category: Documentation

New Pediatric Violence-Trauma Screening Tools

Starting 11/24/15 there will be new Pediatric Violence Screening Tools in the pediatric office visit navigator. The Barbara Bush Children’s Hospital in partnership with Portland Defending Childhood and Maine Behavioral Health Care have developed community resources, trainings and EPIC tools to screen for and address childhood exposure to violence/trauma. The tools and resources align with the JAHCO and AAP guidelines in regards to addressing Violence/ACES (Adverse Childhood Events).

These screenings will replace the current safety question for pediatric patients that is found in the Quick Question section of the Navigator. The questions are designed to be used at well child visits from birth through age 21 years. The questions can also be used at other visit types at the discretion of the individual site. Information regarding training opportunities, clinical recommendations and workflow tools are included in the attached Toolkit. Clinical trainings provided by Maine Behavioral Healthcare for your staff and providers can be scheduled by contacting Portland Defending Childhood @ (207) 874-8735 or bw@portlandmaine.gov).

The updated tools titled Potentially Traumatic Events will appear in the Peds QM > Behavioral/ Mental Health Screening section. There are 2 versions based on the patients age (8 and younger OR 9 and older).
A positive answer to either of the first two questions will open the additional questions designed to screen for symptoms related to the potentially traumatic event (Abbreviated PTSD Reaction Index). As you answer the additional questions, the total of the responses will auto calculate, even if every answer was not completed. The section titled *Reason form was not completed* is generally to be used if the event was not clinically significant or the patient declined to answer the questions. All questions also have a notes option to add additional detail.

**PTSD Reaction Index 8 and younger**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When something reminds my child of what happened, he or she gets very upset, scared or sad.</td>
<td>0=Hardly ever, 1=Sometimes, 2=A lot</td>
</tr>
<tr>
<td>2. My child has upsetting thoughts, pictures, or sounds of what happened come into his or her mind when he or she does not want them to.</td>
<td>0=Hardly ever, 1=Sometimes, 2=A lot</td>
</tr>
<tr>
<td>3. My child feels grouchy, angry or sad.</td>
<td>0=Hardly ever, 1=Sometimes, 2=A lot</td>
</tr>
<tr>
<td>4. My child tries to stay away from people, places, or things that make him or her remember what happened.</td>
<td>0=Hardly ever, 1=Sometimes, 2=A lot</td>
</tr>
<tr>
<td>5. My child is more aggressive (hitting, biting, kicking, or breaking things) since this happened.</td>
<td>0=Hardly ever, 1=Sometimes, 2=A lot</td>
</tr>
<tr>
<td>6. My child has trouble going to sleep or wakes up often during the night.</td>
<td>0=Hardly ever, 1=Sometimes, 2=A lot</td>
</tr>
</tbody>
</table>

Total of the responses (Children with a score of 3 or higher on the abbreviated PTSD-Ri should be considered to have clinically significant PTSD symptoms):

**PTSD Reaction Index 9 and older**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I get upset, afraid, or sad when something makes me think about what happened.</td>
<td>0=None, 1=Little, 2=So... , 3=Much, 4=Most</td>
</tr>
<tr>
<td>2. I have upsetting thoughts or pictures of what happened come into my mind when I do not want them to.</td>
<td>0=None, 1=Little, 2=So... , 3=Much, 4=Most</td>
</tr>
<tr>
<td>3. I feel grouchy, or I am easily angered.</td>
<td>0=None, 1=Little, 2=So... , 3=Much, 4=Most</td>
</tr>
<tr>
<td>4. I try not to talk about, think about or have feelings about what happened.</td>
<td>0=None, 1=Little, 2=So... , 3=Much, 4=Most</td>
</tr>
<tr>
<td>5. I have trouble going to sleep or wake up often during the night.</td>
<td>0=None, 1=Little, 2=So... , 3=Much, 4=Most</td>
</tr>
<tr>
<td>6. I have trouble concentrating or paying attention.</td>
<td>0=None, 1=Little, 2=So... , 3=Much, 4=Most</td>
</tr>
<tr>
<td>7. I have bad dreams, including dreams about what happened.</td>
<td>0=None, 1=Little, 2=So... , 3=Much, 4=Most</td>
</tr>
<tr>
<td>8. I feel alone inside and not close to other people</td>
<td>0=None, 1=Little, 2=So... , 3=Much, 4=Most</td>
</tr>
</tbody>
</table>

Total of the responses (Children with a score of 10 or higher on the abbreviated PTSD-Ri should be considered to have clinically significant PTSD symptoms):

When the staff or provider fill out the screening questions, they will automatically become a part of the Well Child Check smarttexts under the Family Situation section of the note.

If you have filled out the questions and are not using the Well Child Check smarttexts but would like the information in your note, you can do so by adding the following smartphrases to your note

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Smartphrase</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 and younger</td>
<td>TRAUMASCREEN8ANDYOUNGER</td>
</tr>
<tr>
<td>9 and older</td>
<td>TRAUMASCREEN9ANDOLDER</td>
</tr>
</tbody>
</table>
There are review flowsheets so that you can track data over time.

<table>
<thead>
<tr>
<th></th>
<th>MH AMB PTSD FORM 8 years and younger</th>
<th>MH AMB PTSD FORM 9 years and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>436</td>
<td></td>
<td></td>
</tr>
<tr>
<td>450</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enter smartphrase .PTSDTOXICSTRESSCHILDHOOD in the patient instructions to give the patient/family more information and resource options. (see below)

### Childhood Traumatic Stress - How Parents Can Help

Violence and other scary events can impact children and teens in a negative way. This may be called a **traumatic event**, or **trauma**. When trauma happens, it may lead to problems that change how your child feels or acts. Trauma may include:

- Seeing violence in your home, school or neighborhood
- Car accidents
- Medical procedures
- Bullying
- War/refugee trauma or violence
- Death of a loved one
- Hitting, kicking, slapping, pushing (physical abuse)
- Neglect
- Sexual assault/sexual abuse

Stress occurs when kids are exposed to something scary and have a hard time dealing with what happened. While some kids “bounce back”, others may have a difficult time. Changes to look for may include:

<table>
<thead>
<tr>
<th>Young Child/ Baby</th>
<th>School-Age Children</th>
<th>Teenager/ Adolescent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can't understand what happened</td>
<td>Thinks it is their fault</td>
<td>Defensive</td>
</tr>
<tr>
<td>Thinks it is their fault</td>
<td>Can't pay attention</td>
<td>Short attention span</td>
</tr>
<tr>
<td>Talks less or not at all after the event</td>
<td>Doing poorly in school</td>
<td>Doing poorly in school</td>
</tr>
<tr>
<td>Anxious, nervous or sad</td>
<td>Interested in violence</td>
<td>Feelings of aggression</td>
</tr>
<tr>
<td>Has a hard time playing with other kids their age</td>
<td>Poor memory</td>
<td>Thinks about revenge</td>
</tr>
<tr>
<td>Doesn’t respond as well with you or other caregivers</td>
<td>Not getting along with children</td>
<td>Poor memory</td>
</tr>
<tr>
<td>Trouble sleeping or eating</td>
<td>Bad/sad view of the world</td>
<td>Unhealthy dating relationships</td>
</tr>
<tr>
<td>Angry, aggressive</td>
<td>Worried about their safety</td>
<td>Risky behavior (using alcohol or drugs, early sexual activity)</td>
</tr>
<tr>
<td>Yelling, fussy</td>
<td>Fear/anxiety</td>
<td>Not connected family or friends</td>
</tr>
<tr>
<td>Can’t do things they were able to do in the past (like potty training)</td>
<td>Feeling bad about themselves</td>
<td>Less empathy for others</td>
</tr>
<tr>
<td>Feeling of helplessness</td>
<td>Feelings of shame</td>
<td>Feeling helpless</td>
</tr>
<tr>
<td>General fear</td>
<td>Nightmares</td>
<td>Feeling shame</td>
</tr>
<tr>
<td>Difficulties talking about the event with words</td>
<td>Aggressive or careless</td>
<td>Sadness or anxiety</td>
</tr>
<tr>
<td></td>
<td>Physical pain with no cause</td>
<td>Thinking about hurting themselves or someone else</td>
</tr>
<tr>
<td></td>
<td>Acting out</td>
<td>Self-harming behavior</td>
</tr>
<tr>
<td></td>
<td>Can’t do things they were able to do in the past (regression)</td>
<td>Running away or skipping school</td>
</tr>
<tr>
<td></td>
<td>Overly protective</td>
<td></td>
</tr>
</tbody>
</table>
Talking to your children after trauma

Parents and other trusted adults may feel lost when trying to talk to kids about scary events. It is natural to feel this way. It may help to:

- **Talk about safety.** Kids need to know that you know an event happened and how you are going to help them feel safe.
- **Share age-appropriate information.** Children need information to make sense of what happened. Kids don’t need a lot of details, keep the message short, and in words your child understands.
- **Keep a routine.** Kids need extra love and care after trauma. Stick to regular meal times and bed times to help children heal and feel safe again.
- **Let kids express their feelings when they are ready.** Kids can process their feelings through art, play or being creative. Asking simple questions while they are playing or drawing shows that you care and understand that a scary event happened. You could ask “what were you feeling?”, “do you think about what happened?” to check-in with them.
- **Make simple, caring statements of comfort.** Children need to understand their feelings to feel supported, safe and cared for. “I love you” or “I am here to listen if you want to talk about what happened” can help a child try to make sense of a traumatic event. Do your best not to down-play their feelings by saying “don’t think about it” or “I know just what you are feeling”. Saying things like this can make it harder for your child to talk about the event.

When to seek help for your child

It may be time to seek help when:

**Your child has**
- Trouble going to school or inability to pay attention at school, grades slipping
- Arguments with friends, or desire not to be with friends
- Oversleeping or not able to sleep, nightmares
- Lost skills or abilities they once had and/or they aren’t gaining new skills. For example, if your child was toilet trained and is now having accidents.
- Behaviors that is risky such as running away, physical fighting, or using drugs or alcohol. Young children may have extreme tantrums or frequent aggression towards self or others.

**Or when your child**
- Seems sad, hopeless or withdraws from activities they used to love
- Seems unable to enjoy daily activities due to feelings of fear or anxiety. Having fears of things they were not afraid of before
- Begins talking about death or dying or is trying to hurt themselves

Mental health treatment can help. Please call Maine Behavioral Healthcare at 1-844-292-0111 to make an appointment with someone who can help your child recover from a traumatic event.
Visit [www.portlanddefendingchildhood.org](http://www.portlanddefendingchildhood.org) or [www.nctsn.org](http://www.nctsn.org) for resources.
Trauma Screening

Parent Questions for Children Ages 0-8yrs

Being a parent isn’t easy. Stressful life events, such as violence or a sudden loss, are common in childhood and can affect your child’s development and health. In order to provide the best care, we are asking all families these two questions. This is voluntary so you can choose whether you answer them. If you have any questions, please ask your provider during your visit.

1. Has anything bad, sad, or scary happened to you and/or your child recently or in the last year? □ YES □ NO

2. Has anyone hurt or frightened you or your child recently or in the last year? □ YES □ NO
Trauma Screening

Pre-adolescent Questions for Ages 9-11

To be completed by the patient only.

We want children to be safe in all parts of their lives so we are asking all children these two questions. They ask about problems that affect the health of many children. This is voluntary so you can choose whether you answer them. If you have any questions, please ask your provider during your visit.

1. Has anything bad, sad, or scary happened to you recently or in the last year? □ YES □ NO

2. Has anyone hurt or frightened you recently or in the last year? □ YES □ NO
Adolescent Questions for Ages 12 and Older

To be completed by the patient only.

Please complete this confidential form to help your provider better understand you. The questions ask about experiences that affect many young people and their families. This is voluntary so you can choose whether you answer them. If you have questions, please ask your provider during your visit.

1. Has anything bad, sad, or scary happened to you recently or in the last year? □ YES □ NO

2. Has anyone hurt or frightened you recently or in the last year? □ YES □ NO

3. How often have you been bothered by each of the following symptoms during the past two weeks?
   a. Feeling down, depressed, irritable, or hopeless?
      □ Not at all □ Several Days □ More than half the days □ Nearly every day
   b. Little interest or pleasure in doing things?
      □ Not at all □ Several Days □ More than half the days □ Nearly every day

4. During the PAST 12 MONTHS, did you:
   a. Drink any alcohol (more than a few sips-- do not counts sips of alcohol taken during family or religious events) □ YES □ NO
   b. Smoke any marijuana or weed? □ YES □ NO
   c. Use anything else to get high? ("anything else" includes illegal drugs, over the counter and prescription drugs that you sniff or huff) □ YES □ NO
**Parent Report of Child Symptoms**
*(To be completed by parents of children 8 years and younger)*

<table>
<thead>
<tr>
<th>1. When something reminds my child of what happened, he or she gets very upset, scared or sad.</th>
<th>Hardly ever □0</th>
<th>Sometimes □1</th>
<th>A lot □2</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. My child has upsetting thoughts, pictures, or sounds of what happened come into his or her mind when he or she does not want them to.</td>
<td>Hardly ever □0</td>
<td>Sometimes □1</td>
<td>A lot □2</td>
</tr>
<tr>
<td>3. My child feels grouchy, angry or sad.</td>
<td>Hardly ever □0</td>
<td>Sometimes □1</td>
<td>A lot □2</td>
</tr>
<tr>
<td>4. My child tries to stay away from people, places, or things that make him or her remember what happened.</td>
<td>Hardly ever □0</td>
<td>Sometimes □1</td>
<td>A lot □2</td>
</tr>
<tr>
<td>5. My child is more aggressive (hitting, biting, kicking or breaking things) since this happened.</td>
<td>Hardly ever □0</td>
<td>Sometimes □1</td>
<td>A lot □2</td>
</tr>
<tr>
<td>6. My child has trouble going to sleep or wakes up often during the night.</td>
<td>Hardly ever □0</td>
<td>Sometimes □1</td>
<td>A lot □2</td>
</tr>
</tbody>
</table>

Add up the total of the responses. Enter total here__________________

Children with a score of 3 or higher should be considered to have clinically significant PTSD symptoms. Please consider referring this child for TF-CBT treatment.

*UCLA-PTSD Reaction Index, Parent Screening Version (Robert Pynoos, MD, Alan Steinberg, PHD, and Michael Scheeringa, MD, 2008)*
Potentially Traumatic Events (PTE) Screening
(For children 8 years and older)

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Little</th>
<th>Some</th>
<th>Much</th>
<th>Most</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I get upset, afraid, or sad when something makes me think about what happened.</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>2. I have upsetting thoughts or pictures, of what happened come into my mind when I do not want them to.</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>3. I feel grouchy, or I am easily angered.</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>4. I try not to talk about, think about or have feelings about what happened.</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>5. I have trouble going to sleep or wake up often during the night.</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>6. I have trouble concentrating or paying attention.</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>7. I try to stay away from people, places or things that make me remember what happened.</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>8. I have bad dreams, including dreams about what happened.</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>9. I feel alone inside and not close to other people.</td>
<td>□ 0</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
</tbody>
</table>

Key: none = 0 times per week; Most = 4x per week

Add up the total of the responses. Enter here ____________

Children with a score of 10 or higher should be considered to have clinically significant PTSD symptoms. Please consider referring this child for TF-CBT treatment.

*abbreviated UCLA-PTSD Reaction Index for the Diagnostic and Statistical Manual of Mental Disorders (4th Edition)*
Parent/Family Information: Childhood Traumatic Events

Experiencing violence and other traumatic events can overwhelm children and teenagers and lead to problems in their daily lives. Some examples of traumatic events may include:

- Domestic violence
- Car accidents
- Medical procedures
- Bullying
- War/refugee trauma
- Unexpected death of a loved one
- Physical assault/physical abuse
- Neglect
- Sexual assault/sexual abuse

Child Traumatic Stress

Child traumatic stress occurs when children and adolescents are exposed to traumatic events or traumatic situations, and when this exposure overwhelms their ability to cope with what they have experienced. While some children "bounce back" after adversity, traumatic experiences can result in a significant disruption of child or adolescent development and can have profound short term and/or long-term consequences.

Common Reactions to Child Traumatic Stress

These are some typical traumatic stress reactions in children:

<table>
<thead>
<tr>
<th>Common Reactions in Infants and Preschoolers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cognitive</strong></td>
</tr>
<tr>
<td>• Inability to understand the situation</td>
</tr>
<tr>
<td>• Self-Blame</td>
</tr>
<tr>
<td>• Loss of some speech skills</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
Common Reactions in School-age Children

<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Social</th>
<th>Emotional</th>
<th>Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Self-blame</td>
<td>• Poor peer relationships</td>
<td>• Persistent concern</td>
<td>• Nightmares</td>
</tr>
<tr>
<td>• Distracted, inattentive</td>
<td>• Radical shift in how they view the world</td>
<td>over safety</td>
<td>• Aggression</td>
</tr>
<tr>
<td>• Poor academic performance</td>
<td>• Fear of being labeled “abnormal”</td>
<td>• PTSD</td>
<td>• Physical Complaints</td>
</tr>
<tr>
<td>• Pro-violent attitude</td>
<td>• Poor memory</td>
<td>• Numbing</td>
<td>• Disobedience</td>
</tr>
<tr>
<td>• Decrease IQ</td>
<td></td>
<td>• Shame</td>
<td>• Regressive Behaviors</td>
</tr>
<tr>
<td>• Poor memory</td>
<td></td>
<td>• Low self-esteem</td>
<td>• Reckless behavior</td>
</tr>
</tbody>
</table>

Common Reactions in Teens

<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Social</th>
<th>Emotional</th>
<th>Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Defensive</td>
<td>• Dating violence (victim or offender)</td>
<td>• Feeling of helplessness</td>
<td>• Substance use</td>
</tr>
<tr>
<td>• Short attention span</td>
<td>• Increased risk of pregnancy</td>
<td>• Rage/Shame</td>
<td>• Alcohol use</td>
</tr>
<tr>
<td>• Pro-violent attitude</td>
<td>• Withdrawal from family and friends</td>
<td>• Numb</td>
<td>• Early Sexual Activity</td>
</tr>
<tr>
<td>• Poor academic performance</td>
<td>• Less empathy for others</td>
<td>• Depression</td>
<td>• Self-Harming Behavior</td>
</tr>
<tr>
<td>• Fantasy of retribution or revenge</td>
<td></td>
<td>• Anxiety</td>
<td>• Running Away</td>
</tr>
<tr>
<td>• Poor memory</td>
<td></td>
<td>• PTSD</td>
<td>• Aggression</td>
</tr>
</tbody>
</table>

What Can Help

**Talking to your children after a traumatic event**
When a child has experienced trauma, parents and other trustworthy adults can feel lost when trying to talk to the child. This is a normal response; however, it is important to start the process of talking to your children about the traumatic events. Here are some guidelines for talking to your children:

- **Talk to your child about safety and how you are going to keep them safe.** Children need to know that trustworthy adults understand the trauma that has happened and are doing something to keep them safe. Children need information to make sense of what has occurred but also too much information may overwhelm them. On the other hand, not talking about safety will increase feelings of uncertainty and not allow them to start the healing process.
- **Keep a routine.** Another way to help children understand that they are safe is re-establishing a routine, such as bedtime and mealtime. Structure and routines can bring back a sense of normalcy and predictability.
• Let them express their emotions but don’t force them to talk if they are not ready. Ask open ended questions, such as “what were you feeling?” Allow children to draw pictures and play. Children problem-solve while playing and it helps them organize their world. Asking questions while they are playing or drawing shows that you are interested and attentive to their needs.

• Make simple statements that are reassuring. These statements can express concern and caring, such as “I care about you”, “I care about what you are feeling and whenever you want to talk about it, I will be here to listen”. Avoid statements that minimize their feelings or repress feelings, such as “don’t think about it” or “I know just what you are feeling”. Although these statements may appear to be helpful, they can be harmful and disempowering to children.

• Give them extra comfort and support. Like adults, children need extra TLC after a traumatic event. No matter what age, children need to be emotionally supported to feel safe and cared for.

When to seek help
Families who have been affected by trauma may benefit from support to handle a child’s reactions. Although it may be difficult to reach out for help, it can be a necessary step to alleviating the symptoms your child is experiencing. There are effective mental health treatments that have been proven through science to help reduce stress reactions for children following trauma. These are some of the signs that you may need professional help:

• When the child’s reaction to stress is interfering in their ability to go to school, interact with friends, sleep through the night or eat.

• Child has lost skills once acquired or is demonstrating delays in development.

• Child’s behaviors are becoming more risky and less predictable, such as running away, starting physical fights, and drinking OR in young children, extreme tantrums or frequent aggression towards self or others.

• Child may seem depressed, withdrawn from activities they use to love, or seem hopeless.

• Child’s fear and/or anxiety reactions are interfering in his/her ability to engage in typical daily activities.

• If child begins talking about death or dying and/or child is engaging in self-injurious behaviors.

Call Maine Behavioral Healthcare at 1-844-292-0111 to make an appointment with a mental health clinician for evidence-based trauma treatment.

For web-based resources please visit www.mainehealth.org/aces.
# Well-Child Visit; Looking Ahead

## Epic: Developmental Tips for Prevention and Intervention of ACEs/Trauma (1 - 9 months old)

| 1 month | Parenting a newborn is exciting but can be difficult. Think of two people you trust to call on for support and answers to your questions. Your child’s doctor can be one of these people.  
Babies cry and are sometimes hard to soothe. Sometimes you may feel like you cannot help calm your baby. This does not mean you are doing something wrong. Lack of sleep and post pregnancy changes can make these times seem even more difficult. Remember, if you need a moment to calm yourself when your baby is crying, it is okay to place them in a safe place (such as their crib on their back) for a few minutes. Take this time to take some slow deep breaths, picture a soothing place, or call a support person. |
| 2 months | Infants require a lot of attention and around the clock care. However hard it may be, keep in mind that you are the most important person in your baby’s life- by soothing them when they cry, holding, feeding and changing diapers often; you are helping them develop a sense of safety and confidence that will be important throughout their life.  
Feeling sad or overwhelmed is common for new parents. If you are feeling sad, lonely, or are struggling with caring for your baby, talk to your provider. There are many ways to help support you so you do not have to continue feeling this way. |
| 4 months | Simple play like singing, laughing, smiling, and eye contact help your baby’s brain develop! Playing with them is very important at this age- get on their level for tummy time or look at a mirror together. Everything you do to interact with them helps them grow and see you as the person who will keep them safe in the world.  
Children even at this age are very aware of their surroundings. Stress in the home can have an impact on a baby and his/her development. If there is yelling or hitting in your home, please talk to your provider or a trusted individual so that everyone can feel safe and respected. |
| 6 months | Now that your baby is a little older, they may be uneasy around strangers or even family and friends who aren’t you. This is perfectly normal so give them time to warm-up and let them see how you act with trusted family and friends while you hold them- they will learn a lot by watching you.  
Your baby is learning about the world through you. Show them love, safety and security. You can do this by taking care of yourself so that you can respond to their needs calmly. By meeting their needs and showing affection, you are reinforcing that their world is safe and predictable, even when you feel stressed. |
| 9 months | Your baby may be starting to explore their voice so encourage them by talking back, singing and telling about your day together. What may seem like baby talk with them is actually very important bonding with you and practice that helps their brain develop. Your baby may not want to be away from you much at this age, so let them gently adjust to new settings and people.  
When leaving your baby with another person, be sure this person is trustworthy. Do they know how to properly care for babies? Are you confident they have never hurt another child? Do you know if other people will be there too? Are these people safe for your baby to be around? If there is a concern about these individuals, do not leave your baby with them. Trust your gut if you have any worries about the person or people who are caring for your baby. |
## Well-Child Visit; Looking Ahead

**Epic: Developmental Tips for Prevention and Intervention of ACEs/Trauma (1-2.5 years old)**

<table>
<thead>
<tr>
<th>Age</th>
<th>Tips and Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 months</td>
<td>Your child has grown and done a lot in the last year and so have you! Everyday your child is looking to you to teach them new things. As you play, sing, and talk to your child, you help their brain to grow. It is important to be open with your provider about your child's experiences and any of your worries about your child. Your provider can support you and find help if it is needed.</td>
</tr>
<tr>
<td>15 months</td>
<td>Your toddler is really exploring the world and it may feel as though you can never turn your back because they are into everything. This can feel frustrating for those caring for your child. Consider creating a plan for how each caregiver will be able to take a break if feeling frustrated. Your child is also very aware of strangers. Pay attention to times when your child shows signs of fear or doubt. If something feels unsafe to your child, take time to explain in simple terms what is happening and help them understand. Speaking calmly and offering affection can be even more important than the words you say. Your connection with them will help them feel safe.</td>
</tr>
<tr>
<td>18 months</td>
<td>At this age toddlers love to copy what they see adults do, so let them “help” you around the house, pretend to talk on the phone, cook, etc. Even from this early age, children see you as the role model and want to learn by doing with you. Pay attention to times when your child shows signs of fear or uncertainty. If something feels unsafe to your child, take time to explain in simple terms what is happening and help them understand. Speaking calmly and offering affection can be even more important than the words you say. Your connection with them will help them feel safe. If you or your child has been in an unsafe or scary situation, talk with your provider about what happened as there may be things you can do to help your child.</td>
</tr>
<tr>
<td>2 years</td>
<td>Routines can help toddlers see the world and you as predictable. Consider having a daily schedule to help your toddler know what to expect and deal with changes. If your child has experienced something sad, scary or frightening (fighting, violence, an accident, a loss or separation) they may show it through their behavior. This looks different for different children, but can include aggression, tantrums, or separation anxiety. Talk to your provider about what you’re seeing change in your child and any concerns you have.</td>
</tr>
<tr>
<td>30 months</td>
<td>Preschoolers are a lot of work – they are fast and have lots of opinions which can be stressful for parents. While they will test your patience most days, you can keep them busy and teach them new skills through play and being active together. They will learn how to deal with frustration by watching you. Teach them to take deep breaths and try again when they get upset. Preschoolers are also very interested in their bodies and the bodies of others. Begin teaching your child the correct words for all body parts, including private ones. This will help them take ownership of their bodies and understand personal boundaries.</td>
</tr>
<tr>
<td>Age</td>
<td>Information</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
</tr>
</tbody>
</table>
| 3 years | Pre-school age children are learning lots of social skills which will help them learn to communicate with others and make friends as they grow. You can help them by practicing at home. They can learn healthy ways to show emotions, deal with anger and frustration, how to be respectful and what to do when someone else isn’t playing nice. Children will learn a lot from their parents about how to treat others- you are their first and most important role model! Children will learn to do what they see at home.  
If your 3 year old has had something scary happen they may show it by a change in their behavior. They could be withdrawn, anxious, begin acting out, or not do things that they used to do (like being toilet trained). Talk to your provider if you have concerns as they can help you find resources to help.  
Begin teaching your children to come to you if they feel unsafe. Even children this young can learn when situations feel dangerous. They should learn that they shouldn’t keep secrets from you and you are a trustworthy adult. |
| 4 years | Preschoolers are beginning to understand their bodies and are curious about the bodies of others. This is a good time to teach your child about who can touch their bodies and what type of touch is and is not ok.  
If your 4 year old has had something scary happen they may show it by a change in their behavior. Encourage your child to always talk to you about their fears or questions. Talk to your provider if you have concerns as they can help you find resources to help. |
| 5-6 years | School age children are going through lots of new transitions. This can be exhausting for them and they may need lots of support from you at home. You can help your child adjust by talking about their day at school and the things they do while away from you.  
In early grades children are developing lots of new social skills. You can help them by talking with them about what makes a good friend, how to ask for what they need, and what they do to solve problems. This can help you identify early on if your child has concerns that could impact their experience at school and their behavior at home.  
Your child may know when they are in an unsafe situation. You can teach them a simple tool when they feel unsafe called "No, Go, Tell". If they feel unsafe with another person, they should yell "NO" to them, they should GO, (leave the situation) and then they should TELL a safe adult. It is important to listen, stay calm and believe your child if they share something with you that has happened to them. |
| 7-8 years | Children need adults to help them understand appropriate behavior so taking time to talk about communication and how to solve problems is especially important.  
Consistent parenting combined with praising the actions of your child well will help them to feel good about themselves and create positive behaviors. Research and experience shows that severe punishment such as hitting, kicking, slapping or yelling does not work to reduce negative behaviors, and may make it worse.  
If your child has experienced something scary, sad or bad in their life, it is important to watch for changes in their behavior, grades or emotions. These events may be a big deal to your child even if they are unable to describe their feelings. Talk with your provider if you have concerns as there are things that can help your child cope with something scary or big changes that have occurred. |
## Well-Child Visit; Looking Ahead

### Epic: Developmental Tips for Prevention and Intervention of ACEs/Trauma (9-21 years old)

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Tips</th>
</tr>
</thead>
</table>
| 9-11 years | Children can be hurtful to one another at school. By talking about what happens at school on a regular basis with your child, you can identify if there are issues with other students and if your child is feeling safe and supported while at school.  
Since children are still learning how to behave and treat one another, it’s especially important for parents to talk to their kids about what makes a good friend, how people should treat each other and the appropriate way to solve problems (without violence). If your child is struggling with any of these issues your provider can be a resource to help you address these concerns for your child. |
| 12-14 years | This is an important stage in your adolescent’s life where they are building a sense of self and becoming more independent. There are huge developmental shifts for them at this stage and this can impact their communication and behavior. They are making new friendships and may be at risk for trying dangerous things such as substance use. Ask for their opinion and inquire about what they see happening with their friends to learn more about what they are dealing with in their peer-group. Having open and honest conversations about substance use, friendships, relationships and social media will help your child see you as someone they can go to with their and worries.  
If your child has experienced bullying (in-person or in-social media) or has seen something scary at home or in your neighborhood, it can affect their sense of safety. This can lead to a change in their behavior or grades. Talk with your provider if your child has experienced anything like this, as there are resources to help them recover. |
| 15-17 years | Take time to talk about relationships and what is healthy in friendship and dating relationships. Help your teen define healthy boundaries for themselves about how people should treat one another. Teach them what to do if they feel unsafe in a relationship. If you need help in teaching these types of lessons, talk to your provider.  
Your openness to talking with your teen will help them see you as a resource if something scary or concerning happens. If you notice a change in your teenagers behavior (grades, socially withdrawn, anxiety) it can be a sign they need additional support. Talk with your provider about what you are seeing as there are resources that can help. |
| 18-21 years | Unfortunately, the reality is a lot of young people will experience dating abuse or violence. The more open you are to talking with people you trust about your relationships, the more it will help you define what is acceptable and what is not acceptable for yourself in relationships.  
If you have been exposed to violence or abuse in a relationship, at school, work, home or in the community, it can negatively impact your emotional and physical health, functioning in school/work and your self-esteem. Talk with your provider if you have concerns. |
**Sample Language for Providing Support**

**Trauma**

**Normalize:**
“One of the reasons we ask these questions is because so many children and adolescents experience upsetting events. Sometimes experiencing these types of events affects how we feel, behave, think, and our health. Can you tell me a little bit more about why you answered yes to these questions?”

**Support:**
“I am so grateful that you answered these questions and trusted us enough to share this information. I want to partner with you to determine the best way to help you be the healthiest and safest you possible.”

**Collaborate / Ask permission:**
“I’d like to ask you a few additional questions about this so we can figure out the best way to help you feel less ________ (stressed, scared, anxious, sad, bad, etc.) Is that ok?”

**Psychoeducation:**
“Remember how I said that sometimes stressful events can affect our thoughts, feelings, and behaviors? Your answers to these questions are making me wonder if some of these thoughts and feelings are related to what you told me about (bullying, friend suicide, etc.)... These feelings and thoughts are really normal and I see many kids who have similar experiences and feelings.”

**Determine symptomology:**
“Do you mind if I ask you a few questions about how this experience is affecting you?” Utilize the PTSDRi

**Follow-up and Support**
“I have someone I work with who is an expert in helping kids who are experiencing this type of stress. I’d like to bring her/him in because I think perhaps the three of us could work on this together. Is that ok?”
Survey of Well-being of Young Children (SWYC) 101
A Quick-Start Guide for Staff

What is the SWYC?

- Questionnaire designed to give pediatricians a better idea of how their young patients are doing
- Includes sections on developmental milestones, behavioral/emotional development, and family risk factors. At certain ages, a section for Autism-specific screening is also included.
- Age-specific SWYC forms are available for each well-child visit from 2 to 60 months
- One page, back and front
- Available in English, Spanish and Portuguese

MMP Process

- Use the SWYC screen at 9, 15, and 30 month visits
- Schedule an interpreter if needed. Extend visit length by 15 minutes
- Store the SWYC forms at the front desk
- Group by age and language
- Print more forms at SWYC website  [https://sites.google.com/site/swyc2016/](https://sites.google.com/site/swyc2016/)

Steps for Check-in for the Well-Child Visit

1. Ask yourself if the patient is in the right age group to receive the SWYC.
   - If they are here for the 9, 15, or 30 month visit, they should receive a SWYC.

2. Pick the correct SWYC form. **If patient is less than 2 years old and > 3 weeks premature** their age should be adjusted based on the number of weeks they were premature.
   - 9 month old born 8 weeks premature would be calculated at 7 months. **This chart** indicates to use the 6 month SWYC.

<table>
<thead>
<tr>
<th>Form</th>
<th>Minimum Age</th>
<th>Maximum Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1 month, 0 days</td>
<td>3 months, 31 days</td>
</tr>
<tr>
<td>4</td>
<td>4 months, 0 days</td>
<td>5 months, 31 days</td>
</tr>
<tr>
<td>6</td>
<td>6 months, 0 days</td>
<td>8 months, 31 days</td>
</tr>
<tr>
<td>9</td>
<td>9 months, 0 days</td>
<td>11 months, 31 days</td>
</tr>
<tr>
<td>12</td>
<td>12 months, 0 days</td>
<td>14 months, 31 days</td>
</tr>
<tr>
<td>15</td>
<td>15 months, 0 days</td>
<td>17 months, 31 days</td>
</tr>
<tr>
<td>18</td>
<td>18 months, 0 days</td>
<td>22 months, 31 days</td>
</tr>
<tr>
<td>24</td>
<td>23 months, 0 days</td>
<td>28 months, 31 days</td>
</tr>
<tr>
<td>30</td>
<td>29 months, 0 days</td>
<td>34 months, 31 days</td>
</tr>
<tr>
<td>36</td>
<td>35 months, 0 days</td>
<td>46 months, 31 days</td>
</tr>
<tr>
<td>48</td>
<td>47 months, 0 days</td>
<td>58 months, 31 days</td>
</tr>
<tr>
<td>60</td>
<td>59 months, 0 days</td>
<td>65 months, 31 days</td>
</tr>
</tbody>
</table>
3. Hand the parent the SWYC form.
   - “Your child’s physician has asked that you complete this form. Please answer every question and hand it to the Medical Assistant who brings you to the room.” “If you need assistance the medical assistant or nurse will help you once you are in a room.”

4. Give the form to the MA to score if the parent returns it to you.

Who should be asked to complete the SWYC?

The SWYC can be completed by any caregiver, including parents and grandparents, who have enough knowledge about the child to be able to answer the SWYC questions reliably.

When I hand parents the SWYC, I tell them that their child’s doctor has asked that they complete the form. Sometimes parents then ask for more information about why they need to do so. What should I say?

We would suggest saying something like: “This questionnaire is a tool that helps your child’s pediatrician monitor [child’s name]’s development and behavior. Don’t worry if he or she is not doing all of the things this questionnaire asks about –most children can’t do every skill described. The questions are just a way for your doctor to get a sense of what things you should talk about in more detail.”

How about if they want to know what I will do with the information?

We would suggest saying something like: “Your answers to this questionnaire are confidential- the only people who will see your responses are your doctor, medical assistant or nurse. The questionnaire will also become part of your child’s medical record.”

How long does it take to complete the SWYC?

Different parents require different amounts of time to complete the SWYC. Most take about 10-15 minutes.
The SWYC resulting in a needs review score is designed for follow-up / interventions to be provided by one or more than one of the following:

1. Primary Care Provider: Pediatrician / Family practice
2. Referral to Child Developmental Services
3. Warm-handoff or referral to integrated behavioral health clinician
4. Referral Pediatric Behavior and Development Specialist
5. Referral to Child Psychiatry
Completing the SWYC (Survey of well-being of Young Children) Assessment

How to document the SWYC form and drop the charge

Follow the steps below to complete the pediatric SWYC assessment form through your visit navigator, and drop the appropriate charge. The SWYC assessment is required to be performed instead of the usual developmental milestones at ages: 9mo, 15mo, 30mo.

The SWYC is a comprehensive, validated screener that assesses developmental milestones, behavioral/emotional development and family risk factors. Screening at these well-child visits meets the American Academy of Pediatrics recommendations to perform three validated screens before the age of three years.

Try It Out

1. Look to your activities on the left and click on the Peds QM activity. It should be available in the office visit navigator for all patients up to age 21:

2. In the table of contents above, click Dev. Screenings:

3. To quickly see when the form was completed last, click the Last Filed button on the top right corner of the section:

4. If you decide to complete the form, clicking Yes (96110) to the first question drops the charge for this assessment:

5. Complete the remaining questions based on the SWYC Scoring Guide.


7. Sign, date and send SWYC to scanning.

You Can Also...

- Complete this process using a flowsheet, by clicking on the Go To Doc Flowsheets link, seen with the section closed:
Scoring the SWYC

Developmental Milestones:
1. Each form includes 10 items. Score each item using these values: “Not Yet” corresponds to “0”; “Somewhat” to “1”; and “Very Much” to “2.” Missing items count as zero.
2. Add up all 10 item scores to calculate the total score.
3. Plot total on the exact month age of the scorecard. Determine category; the “Needs Review” or “Appears to Meet Age Expectations” category.

Baby Pediatric Symptom Checklist: Positive risk = total of ≥3 in any of the 3 subscale sections
1. Assign a “0” for each “Not at All” response, a “1” for each “Somewhat” response, and a “2” for each “Very Much” response, and then sum the results in that subsection.
2. If parent chose multiple responses, choose the highest number to calculate total.
3. If left blank = 0 points

Pre-school Pediatric Symptom Checklist: Positive risk = total score ≥ 9
1. Assign a “0” for each “Not at All” response, a “1” for each “Somewhat” response, and a “2” for each “Very Much” response, and then sum the results.
2. If parent chose multiple responses, choose the highest number to calculate total.
3. If left blank = 0 points

Parents Observation of Social Interaction/Autism: Positive risk total score ≥ 3
1. If the parent selects one or more responses that fall in the last three columns, the question is scored as “1”; otherwise, it is scored as “0.”
2. If parent chose multiple responses, choose the highest number to calculate total.
3. If left blank = 0 points

Parent’s concerns: If a parent endorses being “Somewhat” or “Very Much” concerned about his or her child on either of the two Parent’s Concerns questions, pediatricians should use this as an opportunity for additional conversation.

Family Questions:
Question 1 screens for tobacco use.
Questions 2, 3, and 4: At least one positive response suggests a substance abuse disorder.
Question 5 screens for food insecurity.
Questions 6 and 7: Parental depression is assessed by the Patient Health Questionnaire-2 (PHQ-2). Answers are scored such that "Not at All" is given a "0", "Several Days" is given a "1", "More than Half the Days" is given a "2", and "Nearly Every Day" is given a "3." A total score of 3 or greater, suggests further evaluation.
Questions 8 and 9 screen for domestic violence. The score is considered positive if the most extreme choice is endorsed on one or both items.

CPT Code 96110
## SWYC Scoring Guide

<table>
<thead>
<tr>
<th>Milestones</th>
<th>9 mo</th>
<th>10 mo</th>
<th>11 mo</th>
<th>15 mo</th>
<th>16 mo</th>
<th>17 mo</th>
<th>29 mo</th>
<th>30 mo</th>
<th>31 mo</th>
<th>32 mo</th>
<th>33-34 mo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irritability</td>
<td>9 mo</td>
<td>15 mo</td>
<td>30 mo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inflexibility</td>
<td>10 mo</td>
<td>16 mo</td>
<td>31 mo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routines</td>
<td>11 mo</td>
<td>17 mo</td>
<td>32 mo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preschool Pediatric Symptom Checklist (PPSC)</td>
<td>9 mo</td>
<td>15 mo</td>
<td>30 mo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent’s Observations of Social Interactions (POSI)</td>
<td>9 mo</td>
<td>15 mo</td>
<td>30 mo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental Concerns</td>
<td>9 mo</td>
<td>15 mo</td>
<td>30 mo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dev</td>
<td>9 mo</td>
<td>15 mo</td>
<td>30 mo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behav</td>
<td>9 mo</td>
<td>15 mo</td>
<td>30 mo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco</td>
<td>9 mo</td>
<td>15 mo</td>
<td>30 mo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Use (Questions 2-4)</td>
<td>9 mo</td>
<td>15 mo</td>
<td>30 mo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Security</td>
<td>9 mo</td>
<td>15 mo</td>
<td>30 mo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental Depression PHQ-2 (Questions 6 &amp; 7)</td>
<td>9 mo</td>
<td>15 mo</td>
<td>30 mo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tension</td>
<td>9 mo</td>
<td>15 mo</td>
<td>30 mo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arguments</td>
<td>9 mo</td>
<td>15 mo</td>
<td>30 mo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Key
- ≤ Less than or equal to
- ≥ Greater than or equal to

**Example Scoring:***

- **9 mo:**
  - Irritability: ≥ 3
  - Inflexibility: ≥ 3
  - Routines: ≥ 3

- **15 mo:**
  - Irritability: ≥ 3
  - Inflexibility: ≥ 3
  - Routines: ≥ 3

- **30 mo:**
  - Parental Depression PHQ-2: ≥ 3
  - Arguments: Great difficulty
### DEVELOPMENTAL MILESTONES

These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

<table>
<thead>
<tr>
<th>Developmental Milestones</th>
<th>Not Yet</th>
<th>Somewhat</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holds up arms to be picked up</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Gets into a sitting position by him or herself</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Picks up food and eats it</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Pulls up to standing</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Plays games like &quot;peek-a-boo&quot; or &quot;pat-a-cake&quot;</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Calls you &quot;mama&quot; or &quot;dada&quot; or similar name</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Looks around when you say things like &quot;Where's your bottle?&quot; or &quot;Where's your blanket?&quot;</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Copies sounds that you make</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Walks across a room without help</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Follows directions - like &quot;Come here&quot; or &quot;Give me the ball&quot;</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

<table>
<thead>
<tr>
<th>Baby Pediatric Symptom Checklist</th>
<th>Not at all</th>
<th>Somewhat</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child have a hard time being with new people?</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Does your child have a hard time in new places?</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Does your child have a hard time with change?</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Does your child mind being held by other people?</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Does your child cry a lot?</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Does your child have a hard time calming down?</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Is your child fussy or irritable?</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Is it hard to comfort your child?</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Is it hard to keep your child on a schedule or routine?</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Is it hard to put your child to sleep?</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Is it hard to get enough sleep because of your child?</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Does your child have trouble staying asleep?</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

********** Please continue on the back **********
## FAMILY QUESTIONS

Because family members can have a big impact on your child’s development, please answer a few questions about your family below:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Does anyone smoke tobacco at home?</td>
<td>Y</td>
</tr>
<tr>
<td>2</td>
<td>In the last year, have you ever drunk alcohol or used drugs more than you meant to?</td>
<td>Y</td>
</tr>
<tr>
<td>3</td>
<td>Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?</td>
<td>Y</td>
</tr>
<tr>
<td>4</td>
<td>Has a family member's drinking or drug use ever had a bad effect on your child?</td>
<td>Y</td>
</tr>
<tr>
<td>5</td>
<td>In the past month was there any day when you or anyone in your family went hungry because you did not have enough money for food?</td>
<td>Y</td>
</tr>
</tbody>
</table>

### Over the past two weeks, how often have you been bothered by any of the following problems?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Having little interest or pleasure in doing things?</td>
<td>⑤</td>
<td>②</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>Feeling down, depressed, or hopeless?</td>
<td>⑤</td>
<td>②</td>
<td>3</td>
</tr>
</tbody>
</table>

### In general, how would you describe your relationship with your spouse/partner?

<table>
<thead>
<tr>
<th></th>
<th>No tension</th>
<th>Some tension</th>
<th>A lot of tension</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>No difficulty</td>
<td>Some difficulty</td>
<td>Great difficulty</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

### Do you and your partner work out arguments with:

<table>
<thead>
<tr>
<th></th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>No trouble</td>
</tr>
</tbody>
</table>
### DEVELOPMENTAL MILESTONES

These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

<table>
<thead>
<tr>
<th></th>
<th>Not Yet</th>
<th>Somewhat</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calls you &quot;mama&quot; or &quot;dada&quot; or similar name</td>
<td></td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Looks around when you say things like &quot;Where's your bottle?&quot; or &quot;Where's your blanket?&quot;</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Copies sounds that you make</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Walks across a room without help</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Follows directions - like &quot;Come here&quot; or &quot;Give me the ball&quot;</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Runs</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Walks up stairs with help</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Kicks a ball</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Names at least 5 familiar objects - like ball or milk</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Names at least 5 body parts - like nose, hand, or tummy</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

### BABY PEDIATRIC SYMPTOM CHECKLIST (BPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Somewhat</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child have a hard time being with new people?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Does your child have a hard time in new places?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Does your child have a hard time with change?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Does your child mind being held by other people?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Does your child cry a lot?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Does your child have a hard time calming down?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Is your child fussy or irritable?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Is it hard to comfort your child?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Is it hard to keep your child on a schedule or routine?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Is it hard to put your child to sleep?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Is it hard to get enough sleep because of your child?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Does your child have trouble staying asleep?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

******* Please continue on the back *******
### FAMILY QUESTIONS

Because family members can have a big impact on your child’s development, please answer a few questions about your family below:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Does anyone smoke tobacco at home?</td>
<td>( \checkmark )</td>
</tr>
<tr>
<td>2</td>
<td>In the last year, have you ever drunk alcohol or used drugs more than you meant to?</td>
<td>( \checkmark )</td>
</tr>
<tr>
<td>3</td>
<td>Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?</td>
<td>( \checkmark )</td>
</tr>
<tr>
<td>4</td>
<td>Has a family member’s drinking or drug use ever had a bad effect on your child?</td>
<td>( \checkmark )</td>
</tr>
<tr>
<td>5</td>
<td>In the past month was there any day when you or anyone in your family went hungry because you did not have enough money for food?</td>
<td>( \checkmark )</td>
</tr>
</tbody>
</table>

### Over the past two weeks, how often have you been bothered by any of the following problems?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Having little interest or pleasure in doing things?</td>
<td>( \bigcirc )</td>
<td>( \bigcirc )</td>
<td>( \bigcirc )</td>
</tr>
<tr>
<td>7</td>
<td>Feeling down, depressed, or hopeless?</td>
<td>( \bigcirc )</td>
<td>( \bigcirc )</td>
<td>( \bigcirc )</td>
</tr>
</tbody>
</table>

### In general, how would you describe your relationship with your spouse/partner?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Some tension</th>
<th>A lot of tension</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>No tension</td>
<td>( \bigcirc )</td>
<td>( \bigcirc )</td>
<td>( \bigcirc )</td>
</tr>
<tr>
<td>9</td>
<td>Do you and your partner work out arguments with:</td>
<td>No difficulty</td>
<td>( \bigcirc )</td>
<td>( \bigcirc )</td>
</tr>
</tbody>
</table>
**DEVELOPMENTAL MILESTONES**
These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

<table>
<thead>
<tr>
<th>Not Yet</th>
<th>Somewhat</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Names at least one color</td>
<td>· · · · · · · · · · · · ·</td>
<td></td>
</tr>
<tr>
<td>Tries to get you to watch by saying &quot;Look at me&quot;</td>
<td>· · · · · · ·</td>
<td></td>
</tr>
<tr>
<td>Says his or her first name when asked</td>
<td>· · · · · · ·</td>
<td></td>
</tr>
<tr>
<td>Draws lines</td>
<td>· · · · · · · · · · · · ·</td>
<td></td>
</tr>
<tr>
<td>Talks so other people can understand him or her most of the time</td>
<td>· · ·</td>
<td></td>
</tr>
<tr>
<td>Washes and dries hands without help (even if you turn on the water)</td>
<td>· ·</td>
<td></td>
</tr>
<tr>
<td>Asks questions beginning with &quot;why&quot; or &quot;how&quot; - like &quot;Why no cookie?&quot;</td>
<td>· ·</td>
<td></td>
</tr>
<tr>
<td>Explains the reasons for things, like needing a sweater when it's cold</td>
<td>· ·</td>
<td></td>
</tr>
<tr>
<td>Compares things - using words like &quot;bigger&quot; or &quot;shorter&quot;</td>
<td>· ·</td>
<td></td>
</tr>
<tr>
<td>Answers questions like &quot;What do you do when you are cold?&quot; or &quot;...when you are sleepy?&quot;</td>
<td>· ·</td>
<td></td>
</tr>
</tbody>
</table>

**PRESCCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)**
These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Somewhat</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seem nervous or afraid?</td>
<td>· · · · · · ·</td>
<td></td>
</tr>
<tr>
<td>Seem sad or unhappy?</td>
<td>· · · · · · ·</td>
<td></td>
</tr>
<tr>
<td>Get upset if things are not done in a certain way?</td>
<td>· ·</td>
<td></td>
</tr>
<tr>
<td>Have a hard time with change?</td>
<td>· ·</td>
<td></td>
</tr>
<tr>
<td>Have trouble playing with other children?</td>
<td>· ·</td>
<td></td>
</tr>
<tr>
<td>Break things on purpose?</td>
<td>· ·</td>
<td></td>
</tr>
<tr>
<td>Fight with other children?</td>
<td>· ·</td>
<td></td>
</tr>
<tr>
<td>Have trouble paying attention?</td>
<td>· ·</td>
<td></td>
</tr>
<tr>
<td>Have a hard time calming down?</td>
<td>· ·</td>
<td></td>
</tr>
<tr>
<td>Have trouble staying with one activity?</td>
<td>· ·</td>
<td></td>
</tr>
</tbody>
</table>

| Is your child... | | | |
| Aggressive? | · · · · · · | | |
| Fidgety or unable to sit still? | · · · · · · | | |
| Angry? | · · · · · · | | |

| Is it hard to... | | | |
| Take your child out in public? | · · · · · · | | |
| Comfort your child? | · · · · · · | | |
| Know what your child needs? | · · · · · · | | |
| Keep your child on a schedule or routine? | · · · · · · | | |
| Get your child to obey you? | · · · · · · | | |

********** Please continue on the back **********
**PARENT'S OBSERVATIONS OF SOCIAL INTERACTIONS (POSI)**

<table>
<thead>
<tr>
<th>Does your child bring things to you to show them to you?</th>
<th>Many times a day</th>
<th>A few times a day</th>
<th>A few times a week</th>
<th>Less than once a week</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your child interested in playing with other children?</td>
<td>Always</td>
<td>Usually</td>
<td>Sometimes</td>
<td>Rarely</td>
<td>Never</td>
</tr>
<tr>
<td>When you say a word or wave your hand, will your child try to copy you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child look at you when you call his or her name?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child look if you point to something across the room?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How does your child usually show you something he or she wants?</th>
<th>Says a word for what he or she wants</th>
<th>Points to it with one finger</th>
<th>Reaches for it</th>
<th>Pulls me over or puts my hand on it</th>
<th>Grunts, cries or screams</th>
</tr>
</thead>
<tbody>
<tr>
<td>(please check all that apply)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What are your child's favorite play activities?</th>
<th>Playing with dolls or stuffed animals</th>
<th>Reading books with you</th>
<th>Climbing, running and being active</th>
<th>Lining up toys or other things</th>
<th>Watching things go round and round like fans or wheels</th>
</tr>
</thead>
<tbody>
<tr>
<td>(please check all that apply)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PARENT'S CONCERNS**

<table>
<thead>
<tr>
<th>Do you have any concerns about your child's learning or development?</th>
<th>Not At All</th>
<th>Somewhat</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have any concerns about your child's behavior?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FAMILY QUESTIONS**

Because family members can have a big impact on your child's development, please answer a few questions about your family below:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Does anyone smoke tobacco at home?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>4 Has a family member's drinking or drug use ever had a bad effect on your child?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>5 In the past month was there any day when you or anyone in your family went hungry because you did not have enough money for food?</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

**Over the past two weeks, how often have you been bothered by any of the following problems?**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Having little interest or pleasure in doing things?</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>7 Feeling down, depressed, or hopeless?</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In general, how would you describe your relationship with your spouse/partner?</th>
<th>No tension</th>
<th>Some tension</th>
<th>A lot of tension</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you and your partner work out arguments with:</th>
<th>No difficulty</th>
<th>Some difficulty</th>
<th>A lot of difficulty</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

Copyright © www.thewyc.org 2015
Sample Language for Providing Support

Survey of Well-being of Young Children (SWYC)

Support:
“I am so grateful that you answered these questions and shared this information with me. I want to partner with you to determine the best next steps for you and your child based on this information.”

Information gathering:
“What is going well? What are the challenges? What do you love about your child?”

Collaborate:
“What you are describing is very stressful for any parent to experience. Despite the difficulties, the care and love you provide your child impresses me and I would like to commend you.”
“It is really important to me that you feel like you can talk to me about these concerns. We can try to figure this out together.”

Psychoeducation:
“You have indicated that there is some conflict in your relationship. I want to hear more about this. Sometimes, children who are exposed to parent conflict or tension in the home can begin to act out, even at a very young age. I’m not saying this is what is happening for your child, but it is one of the reasons I think it is so important for us to talk about these concerns and what is happening in your family.”

Safety:
“I am really concerned about you and your child’s safety. Are there things you are doing to keep you and your child safe during these times of conflict/tension?”

“What you are describing sounds like domestic violence, it is not ok that your partner injured you. What are your thoughts about hearing me say this?”

“You probably have already thought about how to keep you and your child safe during these times, what can I/we do to help you and your child stay safe today and moving forward?”

“I would like to schedule a time for you to come back so that we can monitor how these things are going. I also have a provider I work with who is an expert in relationships and parenting. Would you be willing to meet with him/her?”
MaineHealth offers many treatments that are proven to help children and families heal and thrive after stressful events. Depending on your needs, these services are available in different settings within MaineHealth medical and behavioral health practices and hospitals and in other locations around the state. Many MaineHealth primary care practices offer access to an integrated behavioral health clinician who helps combine care for your child and family's physical and emotional health needs, right in the provider’s office. Integrated behavioral health clinicians are able to help families with the following:

- Youth and family counseling (including children with ADHD, anxiety, depression or PTSD)
- Crisis management
- Strength-based and solution-focused therapy
- Family mediation

Treatment is also available in outpatient mental health clinic settings. Learn more about our treatment options below.

**Child Parent Psychotherapy (CPP)**
CPP is a treatment focused on helping a child and caregiver reconnect and heal from past trauma and violence. CPP is for children ages 0–6 years old. Caregivers actively participate in this type of treatment, which is important to the healing process. This healing can lead to less anxiety and a more confident and trusting relationship for both the caregiver and child. Treatment usually lasts about 9 months to 1 year, but the length depends on each family's needs.

**Trauma Focused Cognitive Behavioral Therapy (TF-CBT)**
TF-CBT is a short-term treatment for children ages 5–18. It helps children and their caregivers overcome the painful effects of traumatic life events. These life events might include:

- Domestic violence
- School violence
- Community violence
- Sexual violence or abuse
- Unexpected death of a loved one, and/or
- Exposure to disasters, terrorist attacks or war trauma

This therapy aims to teach children and caregivers ways to relax and cope. It also offers them a supportive environment where they are encouraged to speak out about their traumatic experiences. The treatment lasts for 12–16 visits.

**Child and Family Traumatic Stress Intervention (CFTSI)**
CFTSI is a short-term treatment for children and youth ages 7–18 year old and their caregivers. It helps to increase family support for children exposed to a potentially traumatic event. CFTSI should be started within 45 days after a traumatic event. Usually this treatment lasts 4–8 visits. These visits include families as a whole, and individual meetings with the child and also with the caregiver. There are many benefits to CFTSI, including:

- Helping the child communicate about the trauma
- Teaching family members how to cope with the child's reactions
- Preventing long-term stress reactions by parent/caregiver and child or just child
Where can I find a practice that uses these treatments?

Listed below are all the MaineHealth practices with access to integrated behavioral health clinicians who can help. The practices in **bold red** have clinicians who are specifically trained in trauma treatments.

**LincolnHealth:**
- Boothbay Harbor Family Care Center: (207) 633-7820
- Damariscotta Family Medicine Clinic: (207) 563-4777
- Damariscotta Pediatric Clinic: (207) 563-4780
- Waldoboro Family Medicine Clinic: (207) 832-6394
- Wiscasset Family Medicine Clinic: (207) 882-7911

**Maine Medical Partners:**
- Lakes Region Pediatric Clinic: (207) 892-3233
- Falmouth Family Medicine Clinic: (207) 781-1500
- Falmouth Pediatric Clinic: (207) 781-1775
- Portland Family Medicine Clinic: (207) 874-2466
- Pediatric Clinic: (207) 662-0111
- Portland Pediatric Clinic: (207) 662-1442
- Saco Pediatric Clinic: (207) 282-3327
- Scarborough Family Medicine Clinic: (207) 883-7926
- South Portland Pediatric Clinic: (207) 775-4151
- Westbrook Family Medicine Clinic: (207) 661-3400
- Westbrook Pediatric Clinic: (207) 662-1360

**Pen Bay Medical Center:**
- Rockport Family Medicine Clinic: (207) 921-5600
- Rockport Pediatric Clinic: (207) 921-5600
- Waldoboro Family Medicine Clinic: (207) 832-5291

**Southern Maine Health Care:**
- Biddeford Pediatric Clinic: (207) 282-7531
- Kennebunk Family Practice: (207) 467-8930
- Kennebunk Pediatric Clinic: (207) 467-8930
- Saco Family Medicine Clinic: (207) 283-8800
- Saco Pediatric Clinic: (207) 594-5959
- Sanford Family Practice: (207) 324-4310
- Sanford Pediatric Clinic: (207) 324-4310

**Waldo County General Hospital:**
- Belfast Family Medicine Clinics: (207) 930-6708 and (207) 338-1120

**Western Maine Health:**
- Norway Family Medicine Clinic: (207) 743-8766
- Norway Pediatric Clinic: (207) 743-8766

Trauma-focused treatments are also available through Maine Behavioral Healthcare 1 (844) 292-0111 and through the Division of Child and Adolescent Psychiatry at Maine Medical Center (207) 662-2221.
The following is a list of locations where clinicians have been trained in evidence-based child trauma treatment as part of The Maine Children’s Trauma Response Initiative. *Practice quality, fidelity, or availability of trauma treatments cannot be guaranteed.*

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Acronym</th>
<th>Population Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma Focused Cognitive Behavioral Therapy</td>
<td>TF-CBT</td>
<td>(Ages 5-18)</td>
</tr>
<tr>
<td>Child Parent Psychotherapy</td>
<td>CPP</td>
<td>(Ages 0-6)</td>
</tr>
<tr>
<td>Child and Family Traumatic Stress Intervention</td>
<td>CFTSI</td>
<td>(Ages 7-19*) *within 45 days of event/stressors</td>
</tr>
</tbody>
</table>

### Androscoggin County

**TF-CBT**
- Maine Immigrant and Refugee Services 207-753-2700
- Margaret Murphy Center for Children 207-376-3311
- MAS Home Health Services 207-376-4880
- Tri-County Mental Health Services 207-783-9141

### Aroostook County

**TF-CBT**
- Aroostook Mental Health Center 207-762-4851
- Life By Design 207-764-6825
- Lori Martin, LCSW – Madawaska, Caribou, Fort Kent lmartinsjvrbh@icloud.com 207-436-9587
- Stacie Murphy, LCSW – Madawaska smurphysjvbehavioralhealth@yahoo.com 207-592-1485

### Cumberland County

**TF-CBT**
- Connections for Kids 207-854-1030
- Day One Outpatient Services 207-874-1122
- Learning Works 207-775-0105
- Maine Immigrant and Refugee Services 207-808-8551
- Maine Behavioral Healthcare - Portland Outpatient 207-874-1030 Brunswick Outpatient 207-373-9417
- Center for Autism and Developmental Disabilities (CADD) 1-844-292-0111

*(Cumberland County Continued)*
- Maine Medical Center 207-662-2221
- Opportunity Alliance 207-874-1175
- Spring Harbor Hospital 1-866-857-6644 ext. 1
- The Real School 207-781-6207
- Tri-County Mental Health Services 207-647-5629
- Darylann Leonard, LCSW – Naples darylann@fairpoint.net 207-693-3245
- Spurwink 207-871-1200
- Sweetser 207-294-4900
- The Collaborative School 207-688-2253

**CPP**
- Maine Behavioral Healthcare - Portland 1-844-292-0111
- Opportunity Alliance 207-874-1175
- Maine Medical Center Outpatient Psychiatry
- Heather Dunbar, LCSW – Yarmouth hdunbarcounseling@gmail.com 207-650-9647
- Dale Stephenson, LCSW – South Portland Dps4kids49@gmail.com 207-749-7535

**CFTSI**
- Maine Behavioral Healthcare - Portland 1-844-292-0111
Franklin County
TF-CBT
- Mark Rains, PhD – West Farmington
  mainerains@gmail.com
  207-491-2456

Hancock County
TF-CBT
- Aroostook Mental Health Center
  207-532-6523
- Donna Kelly, LCPC – Bucksport
  donnakellylcpc@yahoo.com
  207-631-0081

Kennebec County
TF-CBT
- Community Health & Counseling Services
  nmb byhb
  207-395-2555
- Kennebec Behavioral Health
  207-626-3455
- MaineGeneral
  207-464-4463
- Jill Avery, LCSW – Gardiner
  abcounseling@roadrunner.com
  207-841-5734

Knox County
TF-CBT
- Maine Behavioral Healthcare - Rockland
  1-844-292-0111

Lincoln County
TF-CBT
- Maine Behavioral Healthcare - Rockland and
  Brunswick
  1-844-292-0111

Oxford County
TF-CBT
- Tri-County Mental Health Services
  207-743-7911

Penobscot County
TF-CBT
- Care & Comfort
  207-992-2535
- Community Health & Counseling Services
  207-858-4860
- MAS Home Health Services
  207-561-9533
- United Cerebral Palsy of Maine
  207-941-2952

Somerset County
TF-CBT
- Kennebec Behavioral Health
  207-626-3455

Waldo County
TF-CBT
- MAS Home Health Services
  207-218-1170
- Maine Behavioral Healthcare - Belfast
  207-874-1030
- Katherine Box, LCSW – Belfast
  Katherine.box@sequelyouthservices.com
  207-338-8960
- Megan Berman, LCPC-c - Searsport
  megan.berman@sequelyouthservices.com
  207-338-8960

Washington County
TF-CBT
- Aroostook Mental Health Center
  207-532-6523
- Families United
- MAS Home Health Services
  207-561-9533
- Point Pleasant Health Center- Passamaquoddy Tribe
  207-853-0644
- United Cerebral Palsy of Maine
  207-941-2952

York County
TF-CBT
- Margaret Murphy Center for Children
  207-376-3311
- Maine Behavioral Healthcare - Biddeford and
  Springvale
  Center for Autism and Developmental Disabilities
  1-844-292-0111
- Spurwink
  207-871-1200
- Sweetser
  207-294-4900

CPP
- Maine Behavioral Healthcare - Biddeford, Springvale
  1-844-292-0111
- Spurwink Therapeutic Preschool - Kate Sullivan, LCPC
When to Refer to the Behavioral Health Clinician

Concerned about a patient?
Worried about child development?
Screened positive for ACEs?
Considering referral to psychiatry?
Not sure about next steps?

Behavioral Health Clinicians can help.

Assessment
Screening
Treatment
Link to Additional Services
Consultant to Providers
Population Health

Mental Health Treatment
Behavioral Change
Chronic Disease Management
Individual Therapy
Family Treatment
Parent Support

MaineHealth
Behavioral Health Integration

Maine Behavioral Healthcare
MaineHealth

https://mainehealth.org/behavioral-health-integration
Many children experience stressful life events that can affect their health and wellbeing. The results from this questionnaire will assist your child’s doctor in assessing their health and determining guidance. Please read the statements below. Count the number of statements that apply to your child and write the total number on the line provided.

Please DO NOT mark or indicate which specific statements apply to your child.

1) Of the statements in Section 1, HOW MANY apply to your child? Write the total number in the box.

Section 1. At any point since your child was born...

- Your child’s parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child’s private parts or asked your child to touch their private parts in a sexual way
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

2) Of the statements in Section 2, HOW MANY apply to your child? Write the total number in the box.

Section 2. At any point since your child was born...

- Your child was in foster care
- Your child experienced harassment or bullying at school
- Your child lived with a parent or guardian who died
- Your child was separated from her/his primary caregiver through deportation or immigration
- Your child had a serious medical procedure or life threatening illness
- Your child often saw or heard violence in the neighborhood or in her/his school neighborhood
- Your child was often treated badly because of race, sexual orientation, place of birth, disability or religion
Many children experience stressful life events that can affect their health and wellbeing. The results from this questionnaire will assist your child’s doctor in assessing their health and determining guidance. Please read the statements below. Count the number of statements that apply to your child and write the total number on the line provided.

Please DO NOT mark or indicate which specific statements apply to your child.

1) Of the statements in Section 1, HOW MANY apply to your child? Write the total number in the box.

Section 1. At any point since your child was born...
- Your child’s parents or guardians were separated or divorced
- Your child lived with a household member who served time in jail or prison
- Your child lived with a household member who was depressed, mentally ill or attempted suicide
- Your child saw or heard household members hurt or threaten to hurt each other
- A household member swore at, insulted, humiliated, or put down your child in a way that scared your child OR a household member acted in a way that made your child afraid that s/he might be physically hurt
- Someone touched your child’s private parts or asked them to touch that person’s private parts in a sexual way that was unwanted, against your child’s will, or made your child feel uncomfortable
- More than once, your child went without food, clothing, a place to live, or had no one to protect her/him
- Someone pushed, grabbed, slapped or threw something at your child OR your child was hit so hard that your child was injured or had marks
- Your child lived with someone who had a problem with drinking or using drugs
- Your child often felt unsupported, unloved and/or unprotected

2) Of the statements in Section 2, HOW MANY apply to your child? Write the total number in the box.

Section 2. At any point since your child was born...
- Your child was in foster care
- Your child experienced harassment or bullying at school
- Your child lived with a parent or guardian who died
- Your child was separated from her/him primary caregiver through deportation or immigration
- Your child had a serious medical procedure or life threatening illness
- Your child often saw or heard violence in the neighborhood or in her/his school neighborhood
- Your child was detained, arrested or incarcerated
- Your child was often treated badly because of race, sexual orientation, place of birth, disability or religion
- Your child experienced verbal or physical abuse or threats from a romantic partner (i.e. boyfriend or girlfriend)
WHAT DOCTORS GIVE YOUR KIDS IS ONE THING. WHAT YOU GIVE THEM IS EVERYTHING.

It’s true. Scientists have discovered that the more quality time you spend with your kids, the mentally and physically healthier they’ll be. Just like regular check-ups or shots, you have the power to help keep your kids well today—and into adulthood. And it can be as easy as reading to them, playing with them, or simply snuggling.

Ask your doctor about the many wonderful ways you can help keep your child—and yourself—happier and healthier. aap.org/theresilienceproject

This content was produced by the American Academy of Pediatrics under award #2012-VF-GX-K011, awarded by the Office for Victims of Crime, Office of Justice Programs, US Department of Justice. The opinions, findings, and conclusions or recommendations expressed are those of the contributors and do not necessarily represent the official position nor policies of the US Department of Justice.
DOCTORS CAN HELP
MAKE YOUR
KIDS WELL
BUT ONLY YOU CAN
MAKE THEM
THRIVE.

It’s true. Scientists have discovered that the more quality time you spend with your kids, the mentally and physically healthier they’ll be. Just like regular check-ups or shots, you have the power to help keep your kids well today—and into adulthood. And it can be as easy as reading to them, playing with them, or simply snuggling.

Ask your doctor about the many wonderful ways you can help keep your child—and yourself—happier and healthier. aap.org/theresilienceproject

This content was produced by the American Academy of Pediatrics under award #2012-VF-GX-K011, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed are those of the contributors and do not necessarily represent the official position nor policies of the U.S. Department of Justice.