

Pediatric Symptom Checklist for Identifying At-Risk Children Evaluated for Sexual Abuse

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INTRODUCTION

Background

- 1 in 4 girls & 1 in 13 boys experience childhood sexual abuse (CSA)³
 - 50,000 cases reported annually in the U.S.⁸
 - 62% of children do not disclose CSA⁹
- The Children's Advocacy Center (CAC) of Northeastern Pennsylvania (NEPA) evaluated 393 children in 2021 for concerns of sexual abuse
- Per agency protocol, only those who disclosed CSA received a referral to Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), an evidence based treatment for CSA survivors
- A root cause analysis for low TF-CBT attendance at the CAC identified a disparity between CSA disclosure and non disclosure patients
 - 100% of CSA disclosure patients receive TF-CBT referral
 - 0% of CSA non disclosure patients receive a TF-CBT referral

Problem

The CAC of NEPA **does not** have a protocol to evaluate CSA patients who do not disclose sexual abuse but may be at-risk and benefit from TF-CBT.

Team Members

Stacy Miller, CRNP, initiated PSC, collected and analyzed data
 Cheryl Friedman, CRNP, initiated PSC
 Michael Rogan, MD, Medical Director
 Eva Cooper, Patient Advocate, completed therapy referral process

Aim

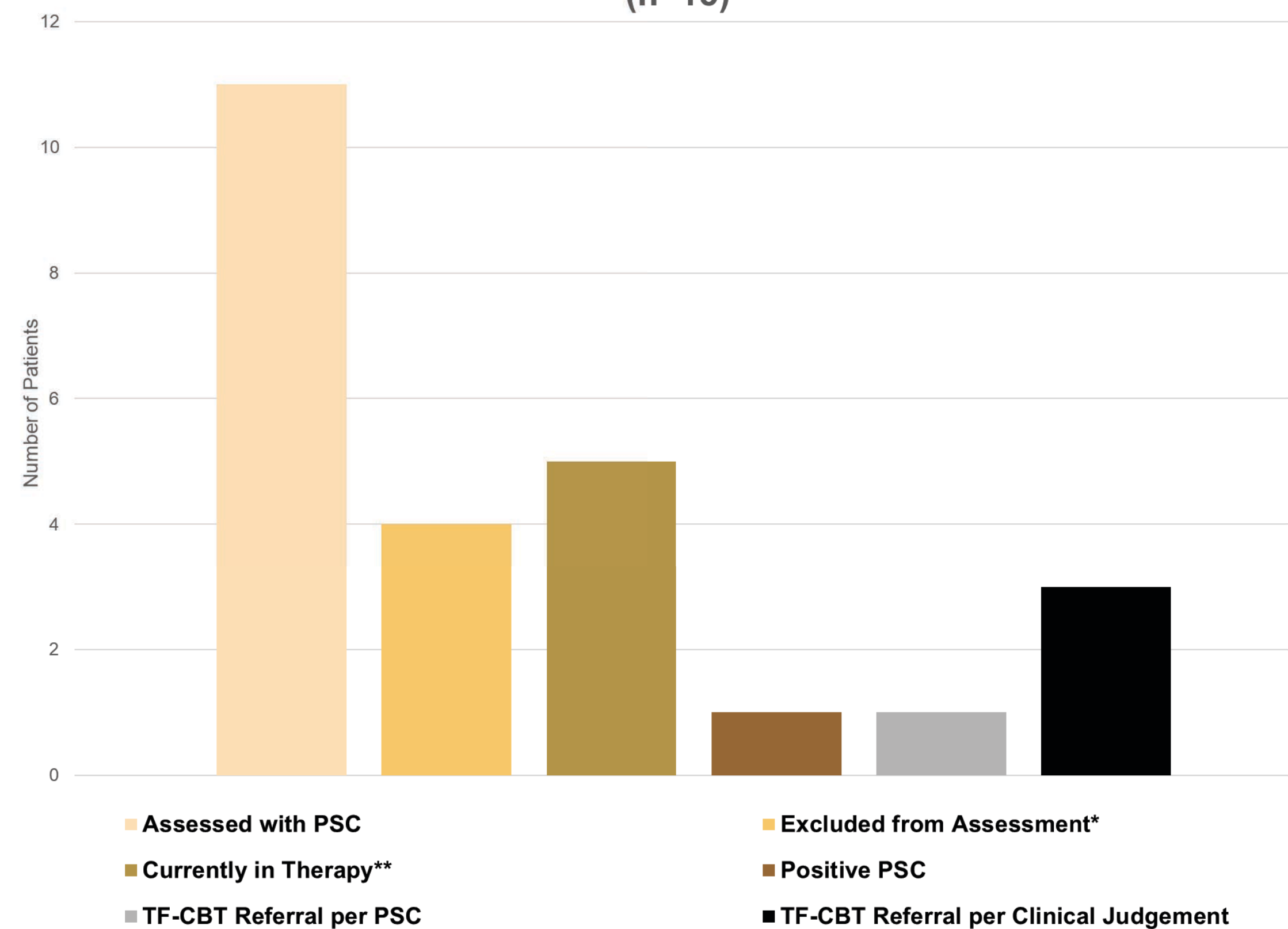
To test the Pediatric Symptom Checklist/Youth-Pediatric Symptom Checklist (PSC/Y-PSC) at identifying the at-risk patients who do not disclose CSA that would benefit from a TF-CBT referral to greater than 0% in a three week period of time.

Objectives

- Discussed the project implementation during a one hour monthly medical meeting and familiarized the medical director and nurse practitioner with the utilization of the PSC/Y-PSC assessment tool, and the intended patient population.
- The nurse practitioner implemented the PSC/Y-PSC for patients between the ages of 4-17 suspected of CSA who do not disclose abuse at the time of evaluation.
- The nurse practitioner recorded the number of patients who did not disclose CSA, baseline history, and the PSC/Y-PSC scores in an excel spreadsheet for data collection at the end of each work day.
- The nurse practitioner determined the percentage of non disclosure patients who had a positive PSC/Y-PSC score indicating a psychosocial problem or use of clinical judgment resulting in a TF-CBT referral at the end of the three week time period.

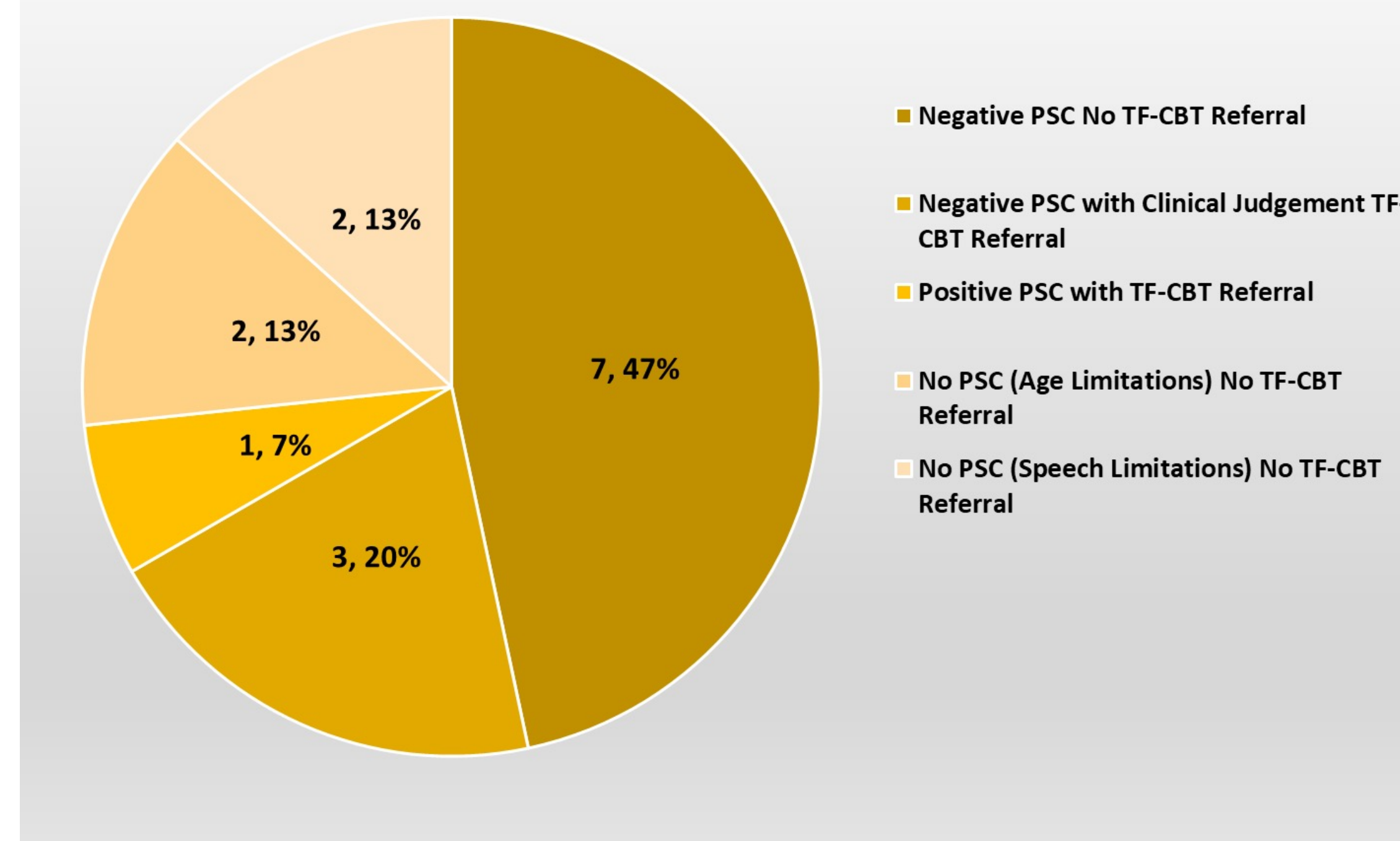


Overview of Patients Who Did Not Disclose CSA (n=15)



*Therapy defined as supportive, play, art, animal, school, or other therapy programs that are not TF-CBT
 **Patients excluded from PSC were not eligible for TF-CBT due to age, cognitive delays, or speech limitations

Non-Disclosure Evaluations (n=15)



METHODS

PSC/Y-PSC – standardized tool with scoring metric used to assess for psychosocial problems⁶

- Used in children aged 4-17 years
- Identifies problems such as anxiety, depression, attention problems, conduct disorders, oppositional defiant disorder, suicidality
- Used in primary care settings, has not been used in CSA
- Rates of identification of psychosocial problems in primary care settings with the PSC/Y-PSC is consistent with national average of children experiencing psychosocial problems (10-13%)

Plan-Do-Study-Act

Plan

- Nurse Practitioners initiated protocol using the PSC/Y-PSC from 3/7/22 to 3/25/22

Do

- Assessed patients who did not disclose sexual abuse during evaluation with age-appropriate version of PSC
- Entered PSC/Y-PSC scores, current therapy status, TF-CBT referral status, and clinical judgement TF-CBT referrals into Excel spreadsheet
- Educated the patient/family on TF-CBT and inform the patient advocate if TF-CBT was indicated to complete therapy referral process

Study

- Categorized data to review which patients resulted in TFCBT referrals
- Created table and chart from patient data, values converted to percentages

Act

- Discussed results of PSC/Y-PSC with Medical Director, made changes to process to use PSC/Y-PSC for all patients to guide therapy referrals

RESULTS

- 30 patients were evaluated for concerns of CSA during this period with 15 (50%) not disclosing CSA
- 4 (26%) children were not eligible for a TF-CBT referral due to age, cognitive delays or speech limitations and were eliminated from PSC assessment
- 11(74%) children met inclusion criteria & completed the PSC/Y-PSC
 - 1 (7%) had positive PSC score & referred to TF-CBT
 - 3 (20%) had negative PSC score & referred to TF-CBT due to clinical judgement
 - 7 (47%) had negative PSC score & not referred to TF-CBT

IMPLICATIONS FOR PRACTICE

- PSC/Y-PSC showed promise as a supportive tool for clinicians to identify at risk population who would benefit from a TF-CBT referral
- PSC/Y-PSC is an adjunct to clinical judgement in providing TF-CBT referrals
- Consider completing PSC/Y-PSC on all patients who present for evaluation at CACs to aid in identification of at-risk children who may benefit from a TF-CBT referral
- Consider the utilization of PSC/Y-PSC to guide other types of therapy referrals for patients evaluated at CACs
- Consider that concerns for CSA are not diagnostic of CSA. Patients with negative PSC scores and were not referred to TF-CBT based on clinical judgement had a low clinical suspicion of CSA.

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