

Investigating the Impact of Caregiver Adverse Childhood Experiences Screening and Pediatrician-Led Discussions on Posttraumatic Stress Disorder Symptoms in a Majority-Hispanic Pediatric Primary Care Clinic Setting

Background:

Adverse Childhood Experiences (ACEs) are traumatic events in childhood that can lead to long-term health issues, affecting both individuals and their children. Hispanic communities experience higher rates of ACEs, yet research on interventions for these populations is limited. Pediatricians can screen caregivers for ACEs to identify at-risk families, but some worry this could retraumatize parents and worsen symptoms of posttraumatic stress disorder (PTSD), a mental health condition triggered by past trauma, causing distressing memories, anxiety, and emotional dysregulation. This study examined whether screening or brief discussions about ACEs in a Hispanic-majority pediatric clinic negatively impacted PTSD symptoms. It aimed to determine if these practices are safe and beneficial, while also addressing concerns about potential harm and the need for trauma-informed care.

Key Takeaway

ACEs screening and brief trauma-informed discussions in pediatric care do not worsen PTSD symptoms in caregivers and can be safely integrated into practice.

Methods:

Data Collection:

- Caregivers completed baseline surveys before their child’s well-child check, measuring ACEs, PTSD symptoms, and resilience.
- Pediatric providers were randomly assigned to either standard care or an intervention group trained in trauma-informed ACE discussions.
- Caregivers were contacted one week later to reassess PTSD symptoms and measure any changes.
- Demographic and socioeconomic data, including age, ethnicity, employment, income, and insurance status, were collected for analysis.

Analysis:

- PTSD symptom changes were analyzed using mixed-effects ordinal logistic regression, accounting for patient and provider-level effects.
- The model tested the effects of time, group assignment (standard care vs. intervention), and their interaction on PTSD scores.

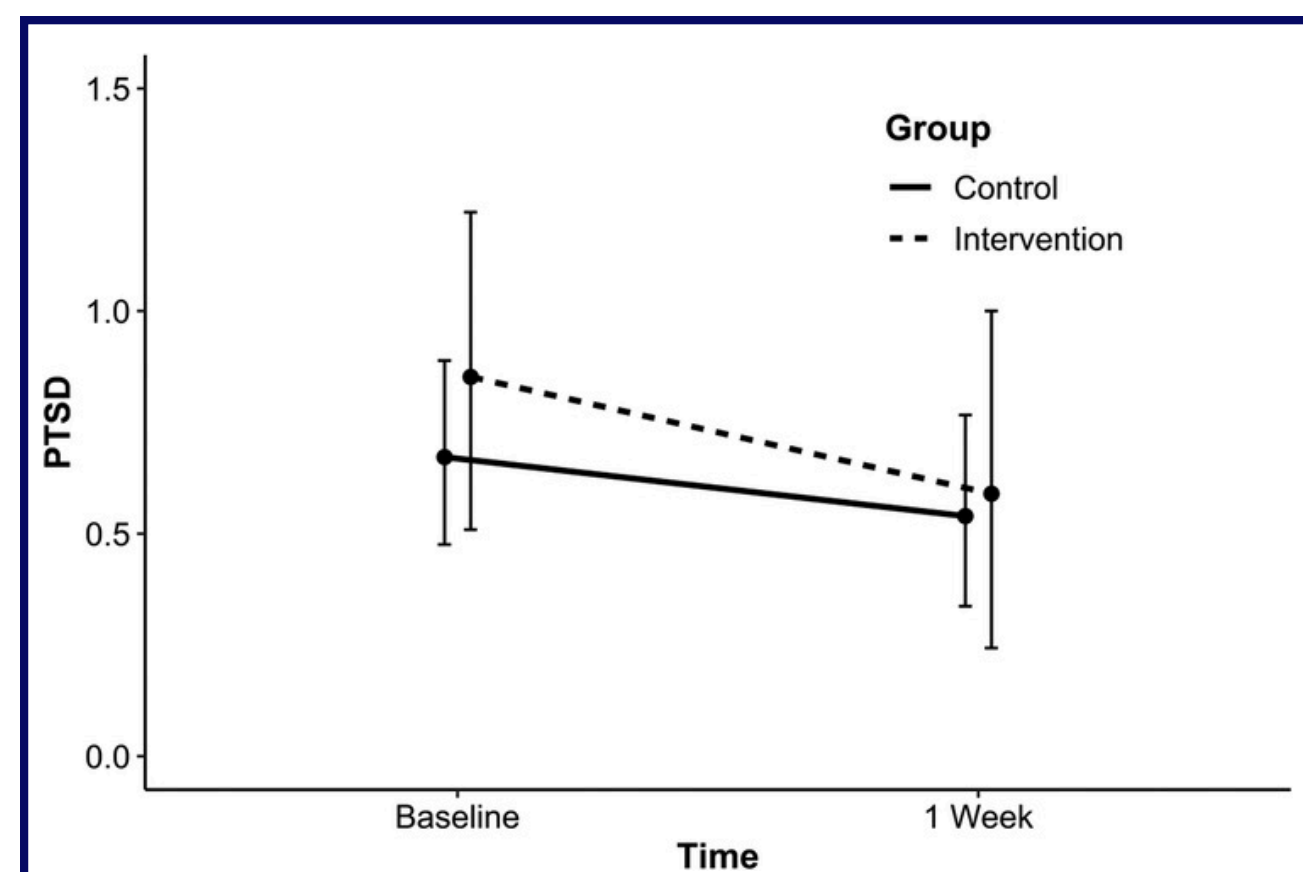


Figure 1: Minimal change in mean PTSD scores one week after ACEs screening in both groups, indicating no worsening of symptoms.

Findings:

- Caregiver PTSD symptoms did not significantly worsen one week after ACEs screening or provider-led discussions.
- There were no significant differences in PTSD symptom changes between the standard care and intervention groups.
- ACEs discussions led by trauma-informed providers did not result in short-term psychological harm, addressing concerns about retraumatization.
- In the control group, mean PTSD scores decreased from a baseline of 0.672 (SD=1.22) to 0.539 (SD=1.10). In the intervention group, mean PTSD scores decreased from 0.852 (SD=1.45) to 0.590 (SD=1.33). PTSD indicates posttraumatic stress disorder.

Discussion:

Screening caregivers for ACEs and engaging in brief, trauma-informed discussions were found to be safe in a majority-Hispanic pediatric primary care setting, with no increase in PTSD symptoms. These findings support the integration of ACEs screening and discussions into pediatric care, offering a valuable opportunity to identify at-risk families and connect them with resources. With proper training, providers can confidently implement trauma-informed conversations without causing harm. Further research can explore the long-term benefits of these interventions, particularly for caregivers with higher PTSD symptoms, to enhance support and improve health outcomes.

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