Trauma-Informed Care: Screening & Assessment

RPH Videoconference Series

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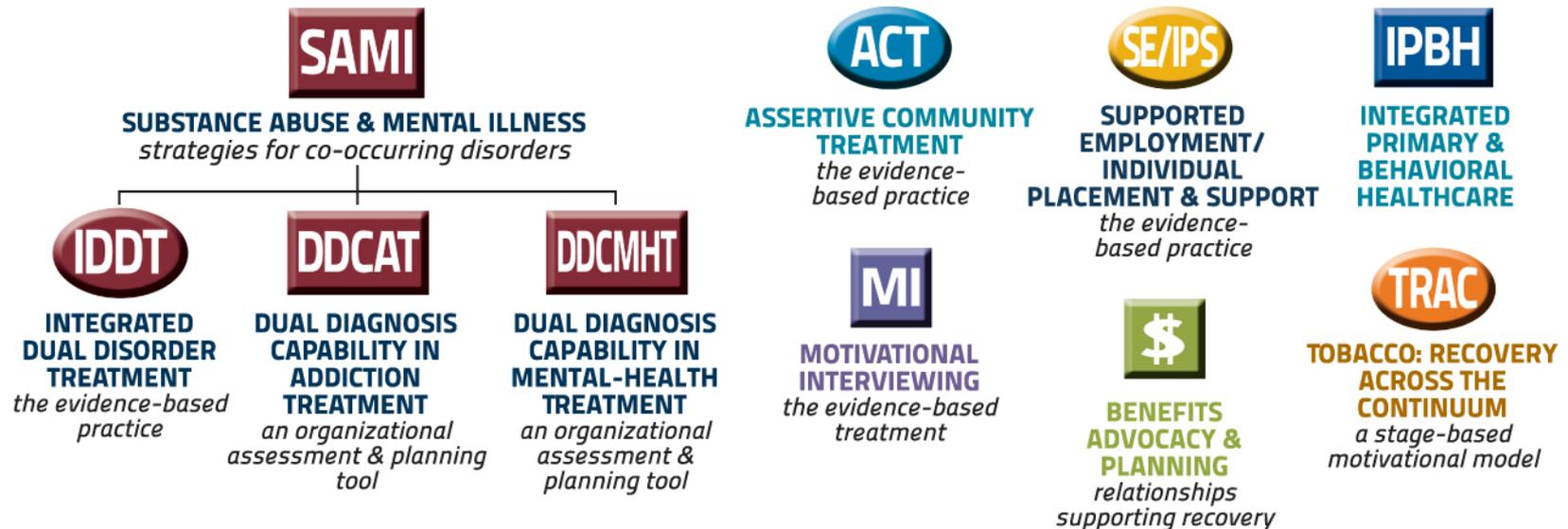
Learning Objectives

Following this presentation, participants will be able to:

1. List the 6 core TIC principles

2. Identify screening tools & methods, assessment components & process

3. Identify and describe issues for treatment planning

4. Application of 6 TIC principles to screening & assessment

5. Describe Ohio's regionally-based TIC initiative

SAMHSA's Concept of Trauma

- *Individual trauma results from an <u>event</u>, series of events, or set of circumstances that is <u>experienced</u> by an individual as physically or emotionally harmful or life threatening and that has lasting adverse <u>effects</u> on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.*

6 KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

1. Safety
   - physical and psychological

2. Trustworthiness and Transparency
   - with clients, family, and staff

3. Peer Support
   - utilizing the lived experience as vehicle for recovery

4. Collaboration and Mutuality
   - partnering/leveling of power differences

5. Empowerment, Voice and Choice
   - strength, resilience, shared decision-making

6. Cultural, Historical, and Gender Issues

March recap –
Pervasive Impact of Trauma

- Discussed the immediate and delayed impact of a range of trauma reactions across several domains: emotional, physical, cognitive, behavioral, social, development, and existential

- Reinforcing the pervasive impact of trauma that reaches beyond diagnosis – for sensitivity from all providers

- Applied this information to a case study

  - Consider strengths and resilience
  - Consider how the principles of Trauma Informed Care can be applied
  - Consider continuity of care between hospital and community providers (jail/hospital liaison, follow up calls, TIC assessments)

Subthreshold Trauma-Related Symptoms

- CSR (Combat Stress Reaction)
  - Informal diagnosis, NOT in DSM-5
  - Can range from mild to debilitating
  - Prolonged combat-ready stance can become hypervigilance and overprotectiveness at home, complicating transition to civilian life

- ASD (Acute Stress Disorder)
  - Associated with one specific trauma vs. long-term exposure to chronic traumatic stress
  - Timing: resolves 2 days to 4 weeks after event
  - Requires 9 out of 14 symptoms from 5 categories
  - It may progress to PTSD if persists after 4 weeks

ASD Symptoms

- Intrusion
  1. Distressing memories
  2. Distressing dreams
  3. Flashbacks
  4. Intense psychological or physical distress to cues

- Negative Mood
  5. Inability to experience happiness, satisfaction or loving feelings

- Dissociative
  6. Altered sense of reality of self or surroundings
  7. Inability to remember aspect of traumatic event

- Avoidance
  8. Efforts to avoid memories, thoughts or feelings about event
  9. Efforts to avoid external reminders that arouse memories

- Arousal
  10. Sleep disturbance
  11. Irritable behavior and angry outbursts
  12. Hypervigilance
  13. Problems concentrating
  14. Exaggerated startle response

PTSD

- Exposure to actual/threatened death, serious injury, or sexual violence
- Applies to those > 6 years, see DSM-5 section on "PTSD for children 6 years and younger"
- Duration is longer than 1 month
- Can have delayed expression (up to 6 months after the event)

PTSD Symptom Clusters

- Intrusion (at least 1)
  - Distressing memories
  - Distressing dreams
  - Flashbacks
  - Psychological distress at cues
  - Physical distress at cues

- Avoidance (at least 1)
  - Avoidance of memories, thought or feelings of event
  - Avoidance of external reminders of event

- Altered cognition and mood (at least 2)
  - Inability to remember event
  - Exaggerated negative beliefs
  - Distorted cognitions (blame)
  - Negative emotional state
  - Diminished interest in activities
  - Estrangement from others
  - Inability to feel happy, loving, satisfied

- Altered arousal (at least 2)
  - Irritability and angry outbursts
  - Reckless or self-destructive behavior
  - Hypervigilance
  - Exaggerated startle response
  - Problems concentrating
  - Sleep disturbance

Complex Traumatic Stress

- When individuals experience multiple traumas, prolonged or repeated childhood trauma, or repetitive trauma in the context of significant interpersonal relationships, their reactions have unique characteristics

- Not yet recognized in the DSM-5

- Complex trauma symptoms may not fully match PTSD criteria and may exceed severity of PTSD

Co-Occurring Disorders

- Considerable overlap with PTSD

- Most common are:
  - Substance use disorders
    - **<u>Bidirectional and cyclical</u>** relationship
  - Mood disorders
    - Especially Major Depressive Disorder
  - Other anxiety disorders
    - Such as GAD or OCD
  - Eating disorders
  - Personality disorders

Screening

- Should be done universally (ALL clients)
  - Prevents misdiagnosis and inappropriate treatment planning
  - Can identify individuals at risk for developing more severe sx of traumatic stress
  - Can help to prevent poor engagement, early termination, mental illness/addiction relapse, and poor outcomes

A Note About DSM-5 and Screening Tools

- Screening tools will need to be changed based on the following changes in DSM-5:

- Criterion A2 has been eliminated

  - "individual's response to trauma involved intense fear, helplessness, or horror"

- 4 cluster symptoms, instead of 3

  - Re-experiencing, avoidance, arousal, and persistent negative alterations in cognitions and mood (with changes in each cluster!)

First 2 Steps in Screening

- 1. Has this person experienced a trauma in the past?

- 2. Does this client at this time warrant further assessment regarding trauma-related symptoms?

  - What is the appropriate "cut-off score"
  - Screening may be done by non-professional staff
  - Assessments require trained professionals who can make a diagnosis

Key Domains to Screen in Persons with Trauma Histories:

- Trauma-related symptoms
- Depressive or dissociative symptoms, sleep disturbances, intrusive experiences
- Past and present mental disorders
- Substance abuse

- Characteristics or severity of specific trauma type
- Social support and coping styles
- Availability of resources
- Risks for self-harm, suicide, violence
- Health screenings

Timing is Important in Screening

- Explain the screening/assessment procedure
  - Increases sense of control and safety
- Specify that client may choose to delay response or not answer at all
- Initial questions about trauma should be general and gradual
- However don't encourage avoidance of trauma-related material

Create an Effective Environment for Screening (1)

- Clarify expectations
  - Physical/psychological reactions may last for hours to a few days (this is normal!)
- Remain matter-of-fact yet supportive
- Respect client's personal space
- Adjust tone/volume of speech
- Have culturally appropriate symbols of safety in the physical environment

Create an Effective Environment for Screening (2)

- Be aware of your own responses to hearing clients' trauma histories

- Proper use of interpreters (do <u>not</u> use family or friends!)

- Elicit only the necessary information
  - Serve as "gatekeeper" to preserve safety
  - Don't probe too deeply yet avoid conveying the message "I don't want to hear about it"

Create an Effective Environment for Screening (3)

- Example of appropriate statement (TIP 57, page 97)
  - "Your life experiences are very important, but at this stage in our work together, we should start with what's going on in your life currently rather than discussing past experiences in detail….let's keep the focus on your safety and recovery right now."

Create an Effective Environment for Screening (4)

- Emphasize personal control—
  - Option of being interviewed by a particular gender
  - Postponing interview if necessary
  - The right to refuse to answer any/all questions
- Self-administered written checklists rather than interviews, when possible
  - Except if trouble reading or filling out checklist

Create an Effective Environment for Screening (5)

- Allow time for client to become calm and oriented after an intense emotional response (TIP 57 Grounding Techniques p98)
  - 1. Ask the client to state what he or she observes.
  - 2. Help the client decrease the intensity of affect.
  - 3. Distract the client from unbearable emotional states.
  - 4. Ask the client to use breathing techniques.

Create an Effective Environment for Screening (6)

- Avoid phrases that imply judgment about the trauma

- Provide feedback about the results of the screening

- Be aware of possible legal implications of screening/assessment

Barriers to Trauma-Informed Screening & Assessment

- Two main barriers:
- (1) clients not reporting trauma
- (2) providers overlooking trauma and its effects

Barriers: Why Clients Don't Report Trauma

- Concern for safety/ fear of retribution

- Fear of being judged by provider

- Shame about victimization

- Not seeing a significant event as traumatic

- Lack of trust in providers

- Not recalling trauma due to denial, repression, or dissociation

- Tired of being interviewed

- Belief that "it doesn't matter"

Barriers: Why Providers Avoid Screening for Trauma

- Underestimate impact of trauma
- Belief that treatment should focus only on presenting symptoms
- Belief that substance use disorders should be treated first and exclusively
- Lack of training/ feeling incompetent

- Not knowing how to respond therapeutically
- Fear that screening will be too disturbing to clients
- Not using common language with clients
- Insufficient time
- Staff's own untreated trauma-related sx

Challenges in Trauma-Informed Screening & Assessment

- Acculturation and Language

- Co-occurring diagnoses

- Misdiagnosis: being given a diagnosis that is not accurate

  - Mood/anxiety disorders, Borderline PD, Antisocial PD, ADHD

- Underdiagnosis: having one or more diagnoses that have not been identified

Cross-Cultural Screening and Assessment

- Influence of culture, ethnicity, and race
  - Cultural norms for expressing psychological distress
  - How trauma is defined, experienced, and given meaning
  - Whether/when to seek treatment inside or outside of one's own culture
- Culture-specific stress responses
  - i.e. *Ataques de nervios, Nervios, Susto* (Latinos) or *Taijin kyofusho* (Japanese)

Choosing Screening and Assessment Instruments

- Key considerations
  - Purpose
  - Population
  - Instrument Quality
  - Practical Issues
    - Free vs. costly?
    - Training required to administer?
    - Too lengthy?
    - How will results be presented to client?
    - Is technical support available?

Key Areas of Trauma Screening and Assessment

- Did trauma occur?
  - Stressful Life Experiences (SLE) Screening
  - Trauma History Questionnaire
  - Traumatic Life Events Questionnaire
  - Primary Care PTSD Screen (PC-PTSD)
- Does client meet criteria for ASD or PTSD?
  - Modified PTSD Symptom Scale
  - PTSD Checklist
  - Stanford Acute Stress Reaction Questionnaire

Key Areas of Trauma Screening and Assessment

- Does client have other <u>symptoms</u> related to trauma?
  - Beck Depression Inventory II
  - Dissociative Experiences Scale
  - Trauma Symptom Inventory
- Does client have other <u>disorders</u> related to trauma?
  - Mental Health Screening Form III
  - Mini Int'l Neuropscyhiatric Interview (MINI)
  - Structured Clinical Interview for DSM-IV-TR

Other Screening Measures

- Resilience Scales
  - Resilience Scale for Adults
  - Connor Davidson Resilience Scale
- Suicidality
  - "In the past, have you ever had suicidal thoughts, had intention to commit suicide, or made a suicide attempt?"
  - "Do you have any of those feelings now?"
  - "Have you had any such feelings recently?"

Screenings are only beneficial IF…

- Follow-up procedures/resources for handling positive screens

- Sufficient resources to complete an assessment or make a referral for an assessment

- Treatment planning processes that can incorporate trauma-informed goals and objectives

- Ability to access trauma-specific services that match clients' needs

EXERCISE and DISCUSSION

- see separate handout "Questions to Consider"

  - How are your screening and assessment processes guided by the 10 TIC Implementation Domains?

 - Consider Organizational (self) Assessment

10 Domains of Implementation

1. **Governance & Leadership**
2. **Policy**
3. **Physical Environment**
4. **Engagement & Involvement**
5. **Cross Sector Collaboration**

6. **Screening, Assessment, Treatment Services**
7. **Training & Workforce Development**
8. **Progress Monitoring & Quality Assurance**
9. **Financing**
10. **Evaluation**

Ohio TIC Regions

Trauma-Informed Care Regional Collaboratives
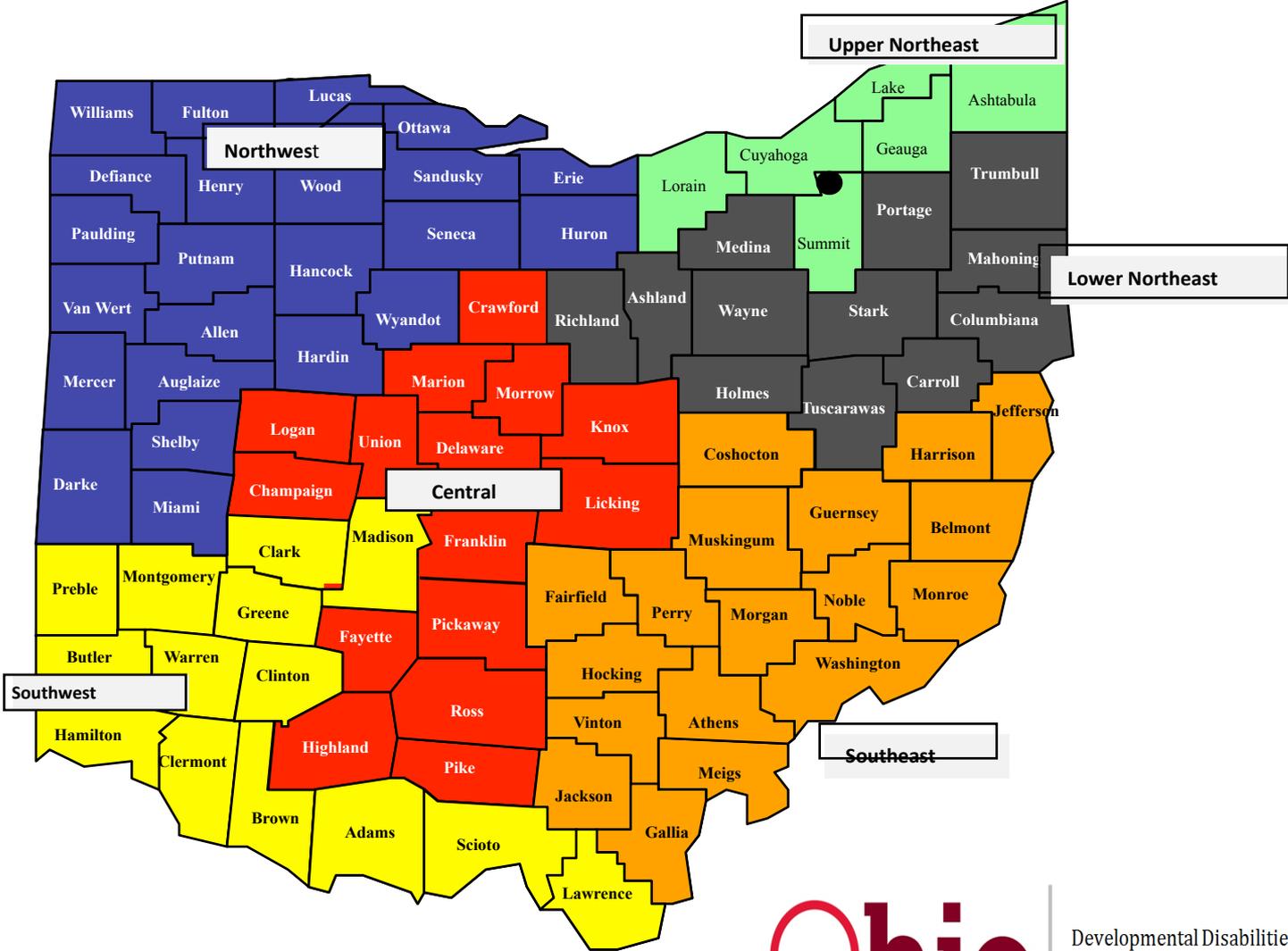
Regional Collaboratives

- Progressively transmit TIC and increase expertise within regions
- Facilitate cultural change within organizations, addressing gaps and barriers and taking effective steps based on the science of implementation
- Topical workgroups (prevention, DD, child, older adult)
- Department(s) continue to support, facilitate, communicate
- Regions are developing networks

RESOURCES

- Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

- Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

1. Safety

Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.

2. Trustworthiness and Transparency

Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with clients and family members, among staff, and others involved in the organization.

3. Peer Support

Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing.

The term "Peers" refers to individuals with lived experiences of trauma, or in the case of children this may be family members of children who have experienced traumatic events and are key caregivers in their recovery. Peers have also been referred to as "trauma survivors."

4. Collaboration and Mutuality

Importance is placed on partnering and the leveling of power differences between staff and clients and among organizational staff from clerical and housekeeping personnel, to professional staff to administrators, demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making.

The organization recognizes that everyone has a role to play in a trauma-informed approach. As one expert stated: "one does not have to be a therapist to be therapeutic."

5. Empowerment, Voice and Choice

Throughout the organization and among the clients served, individuals' strengths and experiences are recognized and built upon. The organization fosters a belief in the primacy of the people served, in resilience, and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma.

The organization understands that the experience of trauma may be a unifying aspect in the lives of those who run the organization, who provide the services, and/ or who come to the organization for assistance and support.

5. cont'd

   As such, operations, workforce development and services are organized to foster empowerment for staff and clients alike. Organizations understand the importance of power differentials and ways in which clients, historically, have been diminished in voice and choice and are often recipients of coercive treatment. Clients are supported in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward. They are supported in cultivating self-advocacy skills. Staff are facilitators of recovery rather than controllers of recovery. Staff are empowered to do their work as well as possible by adequate organizational support. This is a parallel process as staff need to feel safe, as much as people receiving services.

6. Cultural, Historical, and Gender Issues

The organization actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender-identity, geography, etc.); offers, access to gender responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes addresses historical trauma.

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