

# Education, Inquiry and Response

## The Components of Domain 1 Screening and Assessing for Trauma

**Webinar**  
**July 8, 2019**



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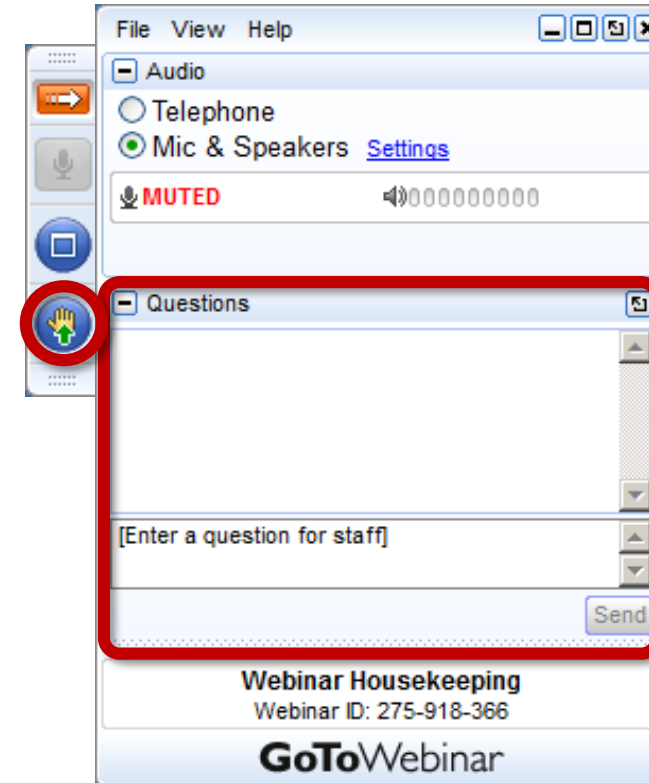
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# Today's Presenters



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# Overview

- Understanding the Why to Assessment
- Getting Ready
  - Plan for responding to different types of trauma
  - Establish pathways prior to engaging in inquiry and
  - Develop an adequate referral network
  - Provide patient education on trauma
- Conduct inquiry for trauma
- Provide appropriate response



# Why We Do This



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# First – a brief focus on Why?

- Adverse life events are associated with a broad range of physical, emotional and substance use problems
- Universal trauma screening methods are necessary to developing collaborative relationships with trauma survivors and offering appropriate services
  - Harris & Fallot, 2001
- Necessary in order to avoid re-traumatization, honoring the dictum: **“Above all, Do No Harm”**
- Sets the stage for building resilience and recognition of strengths



# First – a brief focus on Why?

- Presence and impact of adverse life events are not always evident from direct observation
- Most people will not spontaneously disclose adverse life events
- People with adverse life events do not usually see a connection between those events and current challenges
- We can make mistakes when we don't understand the role that trauma may be playing in the lives of our patients



# Conduct inquiry for presence of trauma

Inquiry + conversation  
+ tool (as needed)

=

Better understanding of  
patient's history, needs, and  
resilience factors





# Polling Question

Please choose the statement which most accurately describes where you are with your screening and assessment process:

- a) We are already screening and assessing patients for trauma
- b) We are still sorting out our process



# Getting Ready



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# Getting Ready

- Create safe, secure and trusting environments
- Establish policies, procedures and pathways related to inquiry
- Develop responses to inquiry
- Train staff



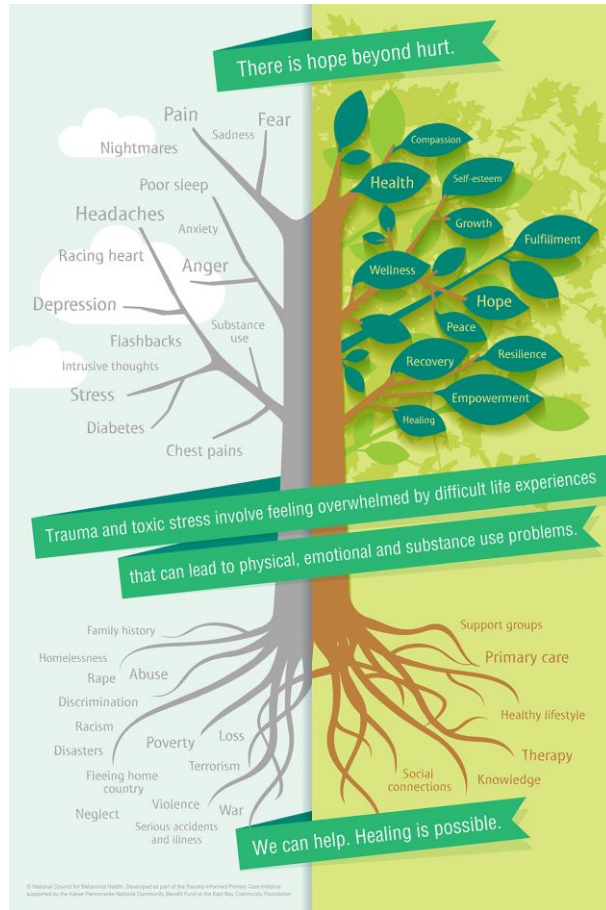
# Create transparency, respect preferences and promote safety

- Be clear about the steps and process of assessment (e.g. I would like to ask some questions about....)
- Be clear about the reason for the questions
- Example of one approach to informing a client


*“We have found that many people who come here for services have experienced things that were very difficult either as children or as adults. Because this can have such an important impact on a person’s life, we ask everyone about whether they have ever been a victim of violence, abuse or neglect.”*



# Provide patient education on trauma



## What are ACEs and Why Do They Matter?



Adverse Childhood Experiences (ACEs) are stressful events in a child or adolescent's life. They are very common, and most Americans have at least one. ACEs can happen to anyone and may have lasting effects on health.

**Types of ACEs**

ACEs include experiences like abuse, neglect, and other major stressors such as divorce, a parent's substance abuse, or witnessing violence in the home. Listed below are 10 ACEs that are linked to a child's current and future health. Other kinds of difficulty, including community violence, bullying, and poverty, can also lead to health issues without the right support.

**Exposure to ACEs may cause harm**

Children have both good and bad experiences, and both can affect their health. Science shows that negative experiences can have long-term effects on children's brains and bodies. Stress from an ACE is different than the everyday stress that all children experience. This type of stress can lead to health problems such as asthma, diabetes, and heart disease. It can also affect behavior, learning, and mental health.



# Establish pathways prior to inquiry and response

- Establish policies related to education, inquiry and response
  - For example
    - Identifying and responding to trauma
    - Providing client education on trauma
- Develop an inquiry workflow
  - Select a method for inquiry
  - Identify an instrument
  - Develop an algorithm for response
  - Determine appropriate staff to administer inquiry
- Clearly designate staff roles and responsibilities



# Conduct Inquiry for Trauma



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## Best Practices Questions to Consider

- Is the person informed about why we are asking about adverse life events? (educating the client is key)
- Is the person reassured that they are “invited” to share this information in a way that respects one’s comfort and need for control?
- Does the screener/assessor take into account the person’s cultural/religious background? ( e.g., What the term trauma means?)
- Is there a procedure in place to re-engage or re-assess at other times during the treatment process?





# Select a general approach for inquiry

- Assume a history of trauma without asking
- Screen for impacts of past trauma instead of for the trauma itself
- Inquire about trauma using open-ended questions
- Use a structured tool to explore past traumatic experiences



# Sample Script Template



## Native American Rehabilitation Association of the Northwest

### Yes or No trauma inquiry questions

- Do you feel you have experienced trauma in your life in the past?
- Do you currently feel safe from trauma in your life?
- Do you feel you carry the trauma of your ancestors in your life?
- Would you like more support in taking care of your body, emotions and spirit?
- Do you feel that trauma affects your participation in medical care?



# Identify an Instrument

- National Council TIC website - Trauma Measures  
<http://www.nationalcouncildocs.net/trauma-informed-care-learning-community/resources/domain-1-screening-and-assessment>
- National Center for Post Traumatic Disorder (NCPTSD)  
[www.ncptsd.org](http://www.ncptsd.org)
- Veteran's Administration [www.va.gov](http://www.va.gov)
- SAMHSA Disaster Technical Assistance Center (DTAC)  
[www.samhsa.gov/dtac](http://www.samhsa.gov/dtac)
- SAMHSA's Tip 57 – Trauma-Informed Care in Behavioral Health Services, Appendix D – Screening and Assessment Instruments  
<http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>
- National Center for Trauma-Informed Care (NCTIC)  
[www.samhsa.gov/nctic](http://www.samhsa.gov/nctic)
- National Child Traumatic Stress Network (NCTSN) [www.nctsnet.org](http://www.nctsnet.org)

# Questions to consider about structured tools

- What is the purpose of the tool? Is it being used to facilitate case decision-making or to inform clinical practice?
- What type of research has been conducted on the tool? Does it have established reliability, validity and norms?
- What are the budget and the cost for the tool?
- How are data from the tool measure scored and stored?
- What staff do you have available to administer the tool? What is their level of education and experience? How much extra time is involved in completing a screening and using the information for case and/or treatment planning purposes?
- Does the tool track change over time and allow you to see if the patient has improved?

# Screen for Resilience

- An opportunity to educate
- Potential for focus on prevention in addition to intervention
- Highlights protective factors and strengths
- Provides hope



# Resilience Scales

## Brief Resilience Scale (BRS)

Please respond to each item by marking <u>one box per row</u>		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
BRS 1	I tend to bounce back quickly after hard times	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
BRS 2	I have a hard time making it through stressful events.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
BRS 3	It does not take me long to recover from a stressful event.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
BRS 4	It is hard for me to snap back when something bad happens.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
BRS 5	I usually come through difficult times with little trouble.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
BRS 6	I tend to take a long time to get over set-backs in my life.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

**Scoring:** Add the responses varying from 1-5 for all six items giving a range from 6-30. Divide the total sum by the total number of questions answered.

**My score:** \_\_\_\_\_ item average / 6

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. *International journal of behavioral medicine*, 15(3), 194-200.



# Resilience Scales

- Connor-Davidson Resilience Scale (CD-RISC)
- Resilience Scale for Adults (RSA)
- Brief Resilience Scale
- Resilience Scale
- Scale of Protective Factors (SPF)
- Predictive 6-Factor Resilience Scale
- Ego Resilience Scale
- Academic Resilience Scale (ARS-30)

*How to Measure Resilience: 8 Resilience Scales for Youth and Adults, Positive Psychology Today*

<https://positivepsychology.com/3-resilience-scales/>

- ACEs Resilience Scale

<https://acestoohigh.com/got-your-ace-score/>

# Center for Youth Wellness

*Early screening for adversity is a clear way forward.*

*We believe routine screening for ACEs at pediatric well-child visits should be as common as checking for hearing loss or exposure to lead paint. With early detection, we can help identify and treat children at risk of a lifetime of health issues.*

<https://centerforyouthwellness.org/>



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# Develop an adequate referral network

- Develop referral agreements and relationships with community partners
- Prioritize referring to providers that are trauma-informed

## Chat Box

Please share the providers that you regularly refer to.

How are they embracing trauma-informed approaches?



# Plan to Respond

Type of Trauma	Response
<b>Interpersonal Violence</b> <b>Intimate Partner Violence</b> <b>Domestic Violence</b> <b>Danger to Children</b> <b>Suicidal or homicidal ideation</b>	Immediate assistance Comply with mandated reporting laws Patient education
<b>Episodic Trauma: Exposure to an episodic or singular event</b>	Client education, connect to supportive service
<b>Complex Trauma: Repetitive, prolonged or cumulative</b>	Client education, connect to supportive services, refer to behavioral health or other supports
<b>Systemic Trauma: Results from the contextual features of environments and institutions</b>	Client education, connect to supportive services, refer to behavioral health or other supports



# Staff considerations

- Determine staff to conduct inquiry
- Often primary care practitioner or nurse
- Someone who is champion of trauma-informed approaches

## Chat Box

Which staff are doing your trauma inquiry?



# Provider's response to clients

- Motivational interviewing
- Shared decision-making
- Linking to specialized and supportive services



# Develop a Response Algorithm



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# Develop an algorithm/care pathway for response

**CYW ACE-Q SCORE 0-3**

WITHOUT SYMPTOMATOLOGY



**ANTICIPATORY GUIDANCE**

**CYW ACE-Q SCORE 1-3**

WITH SYMPTOMATOLOGY OR  $\geq 4$  ACE SCORE



**REFER TO TREATMENT**



CENTER FOR  
**YOUTH  
WELLNESS**

*health begins with hope*



# Conduct Effective Assessments

- Co-learning process for the client and provider
- Focuses on shared decision making and identifies trauma related needs, strengths and services



# Questions and Discussion





# Contacts

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# Thank You!



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