Overview of Trauma Informed Screening, Assessment and Treatment Planning for Behavioral Health Clinicians

NC TIDE Conference

November 15, 2016

Sonja Frison, PhD, MPH, HSP-P

Center for Youth, Family, and Community Partnerships
The University of North Carolina at Greensboro

UNCG
Center for Youth, Family and Community Partnerships

Presenter Support

The UNCG Center for Youth, Family and Community Partnerships receives funding to support the Juvenile Justice Substance Abuse Mental Health Partnerships (JJSAMHP).

JJSAMHP is funded by the Division of Mental Health, Developmental Disabilities and the Substance Abuse Services through the Substance Abuse and Mental Health Services Administration. JJSAMHP strives to support local teams in their utilization of best practices in cross system work and service provision for youth with behavioral health issues and their families who are in contact with the juvenile justice system.

UNCG
Center for Youth, Family and Community Partnerships

THRIVE

UNCG
Center for Youth, Family and Community Partnerships

Overview of Session

- Define differences between trauma screening, assessment and treatment planning
- Outline possible roles in the trauma screening, assessment, and treatment planning process
- Develop a plan for implementation of trauma screening and/or assessment within your local practice

UNCG
Center for Youth, Family and Community Partnerships

The 4 R's: Key Assumptions of a Trauma Informed Approach-Refresher

- Realization about how trauma can affect families, groups, organizations, and communities as well as individuals.
- Recognize the ability to spot the signs of trauma. These signs may be gender, age, setting-specific and may be manifested by individuals seeking or providing services in these settings.

UNCG
Center for Youth, Family and Community Partnerships

The 4 R's: Key Assumptions of a Trauma Informed Approach-Refresher

- Responds by applying the principles of a trauma-informed approach to all areas of functioning. The program, organization or system integrates an understanding that the experience of traumatic events impacts all people involved whether directly or indirectly.
- Resist-Re-Traumatization of clients as well as staff. Organizations often inadvertently create stressful or toxic environments that interfere with the recovery of clients, the well-being of staff and the fulfillment of the organizational mission.

UNCG
Center for Youth, Family and Community Partnerships

Defining Differences-Trauma Informed Screening and Assessment

- Universal trauma screening and assessment
- "All people who enter the system of care, regardless of which door they enter, should receive a trauma assessment and screening at admission"
- *At a minimum, should have the following*
  - Interpersonal and social violence
  - Experiences with seclusion and restraint
- Procedures should avoid "retraumatization"

UNCG
Center for Youth, Family and Community Partnerships

Blanch, A. (2003). Developing trauma-informed behavioral health systems. Washington, D.C.: National Association of State Mental Health Program Directors. http://www.nasmhpd.org/general_files/publications/ntac_pubs/reports/TraumaExpertsMtgreport-final.pdf.

Defining Differences-Trauma Informed Screening and Assessment

- All human services agencies should screen individuals for a trauma history-universal screening-**System of Care Collaborative education**
- Screening should occur as quickly as possible after entry into the system
- Screening helps all participants (including providers) in the system to think about trauma
- Helps in making more "thoughtful" referrals

UNCG
Center for Youth, Family and Community Partnerships

Harris, M., & Fallot, R. D. (2001). Using trauma theory to design service systems. In H. R. Lamb, (Series Ed.), New Directions for Mental Health Services (Vol. 89).

Defining Differences-Trauma Informed Screening and Assessment

- Traditional Approach
  - View of trauma as single event (Type I trauma)
  - Focuses on symptoms to guide treatment planning (for example-address anxious thoughts, sleeplessness, etc.)

- Trauma Informed Approach
  - More Holistic View
  - When assessing trauma-understand that many persons have likely been through repeated trauma and this may affect the person's assumptions about the world (Type II trauma)
  - May affect physiology and other areas (interpersonal)

UNCG
Center for Youth, Family and Community Partnerships

Harris, M., & Fallot, R. D. (2001). Using trauma theory to design service systems. In H. R. Lamb, (Series Ed.), New Directions for Mental Health Services (Vol. 89).

Defining Differences-Trauma Informed Screening and Assessment

- To be trauma informed in the assessment process-the question moves from "How do I understand this problem or symptom" to "How do I understand this person?"
- "Symptoms" are often attempts for the survivor to cope
- To be trauma informed-obtaining a diagnosis is a secondary goal-the primary goal is a shared understanding of the role of trauma in the person's life

UNCG
Center for Youth, Family and Community Partnerships

Harris, M., & Fallot, R. D. (2001). Using trauma theory to design service systems. In H. R. Lamb, (Series Ed.), New Directions for Mental Health Services (Vol. 89).

Defining Differences: Trauma Informed Screening Process

- "brief, focused inquiry to determine whether or not an individual has experienced specific trauma events"-p. 24
- Screening measures should have at minimum
  - Physical abuse -beaten, kicked, punched, or choked
  - Sexual abuse-being sexually touched when did not want it or being forced to have sex
  - Violence
- Providers should be prepared to deal with wide range of responses

UNCG
Center for Youth, Family and Community Partnerships

Harris, M., & Fallot, R. D. (2001). Using trauma theory to design service systems. In H. R. Lamb, (Series Ed.), New Directions for Mental Health Services (Vol. 89).

Defining Differences: Trauma Informed Assessment

- "more in-depth exploration of the nature and severity of the traumatic events, the sequela of the events, and current trauma related symptoms" p. 25
- Built on the development of safety and trust
- Process and not a single event
- Help survivor to maintain control in assessment process

UNCG
Center for Youth, Family and Community Partnerships

Harris, M., & Fallot, R. D. (2001). Using trauma theory to design service systems. In H. R. Lamb, (Series Ed.), New Directions for Mental Health Services (Vol. 89).

Defining Differences: Trauma Informed Assessment Question

- *"We have found that many people who come here for services have been physically or sexually abused at some time in their lives. Because this can have such important effects on people's lives, we ask everyone whether they have been a victim of violence or abuse. ....If you would rather not answer any question, just let me know, and we will go on to something else."*

UNCG
Center for Youth, Family and Community Partnerships

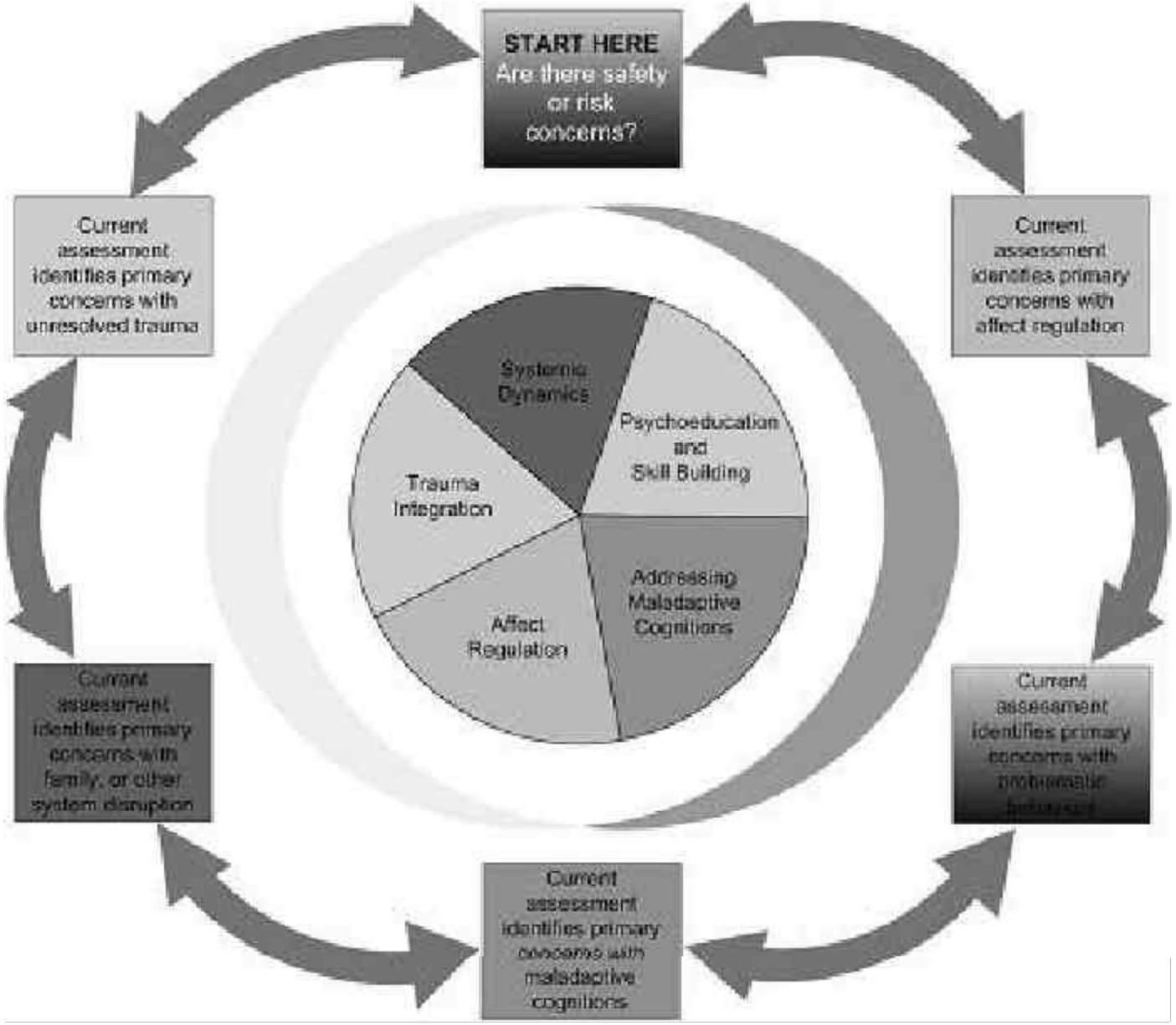
From: Harris, M., & Fallot, R. D. (2001). Using trauma theory to design service systems. In H. R. Lamb, (Series Ed.), New Directions for Mental Health Services (Vol. 89).

Defining Differences: Treatment Planning- Treatment Assessment Pathway "TAP" Model

- Can do FREE training online and obtain manual free online at http://taptraining.net/
- Developed by Chadwick Center for Children and Families at Rady Children's Hospital and Health Center in San Diego
- "The TAP Model uses clinical pathways to guide choices about clients' treatment. Within the TAP model, "pathway" refers to a sequence that clinicians follow in making assessment, triage, and clinical decisions."

UNCG
Center for Youth, Family and Community Partnerships

Taylor, N., Gilbert, A., Mann, G., & Ryan, B. (2008). Assessment-Based Treatment for Traumatized Children: A Trauma Assessment Pathway Model. Accessed from National Child Traumatic Stress Network Website: http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/TAP_General.pdf



Chadwick Center for Children and Families (2009). Assessment Based Treatment for Traumatized Children: A Trauma Assessment Pathway (TAP). San Diego: Author.

UNCG
Center for Youth, Family and Community Partnerships

Defining Differences: Treatment Planning

- Treatment tasks focused on:
  - Relationship building
  - Culture
  - Trauma integration
  - Affect Regulation
  - Maladaptive Cognitions
  - Skill Building
  - Psychoeducation

UNCG
Center for Youth, Family and Community Partnerships

Taylor, N., Gilbert, A., Mann, G., & Ryan, B. (2008). Assessment-Based Treatment for Traumatized Children: A Trauma Assessment Pathway Model. Accessed from National Child Traumatic Stress Network Website: http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/TAP_General.pdf

What are your thoughts?

Situation where a young person is fighting all the time and using substances. As they are engaging in therapy, their behaviors are getting worse. The family, the young person and the Court Counselor (staff that works with them in the justice system) all believe that therapy is not working and the adults believe the behavior is delinquent or criminal. The therapist begins to agree and advocates for the young person to be in detention to control their behavior.

UNCG
Center for Youth, Family and Community Partnerships

DISRUPTIVE TO LEARNING

ENVIRONMENT

CUTTER MEAN LONER

NEEDS TO BE LOCKED UP

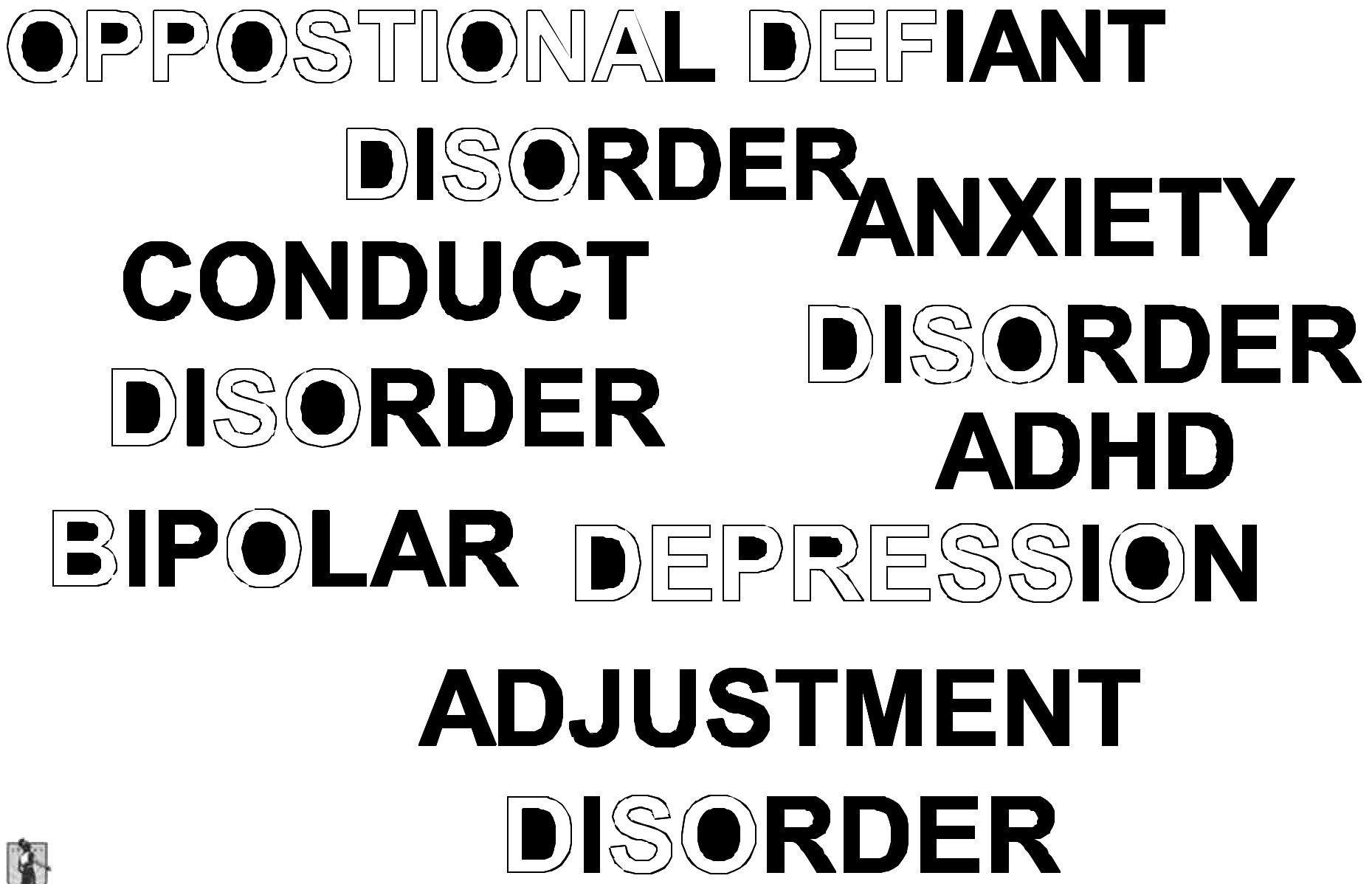
NOT AMENABLE

TO TREATMENT

NO HOPE FOR THEM

AGGRESSIVE

UNCG
Center for Youth, Family and Community Partnerships



UNCG
Center for Youth, Family and Community Partnerships

Outlining Roles

IS IT TRAUMA?

UNCG
Center for Youth, Family and Community Partnerships

Outlining Roles Case Study: John

Break up into small groups and read the story about John. Talk about some diagnoses that are often considered with this presentation and why. What other things would you want to know about John, particularly in light of trauma issues?

UNCG
Center for Youth, Family and Community Partnerships

Outlining Roles: Differential Diagnoses

- High co morbidity between PTSD and other psychiatric diagnoses
- Symptoms of PTSD are shared with other diagnostic criteria
- 115 male veterans
- Structured Clinical Interview for DSM-IV and Clinician Administered PTSD Scale (CAPS)

UNCG
Center for Youth, Family and Community Partnerships

Schillaci, J., Yasanak, E., Harned-Adams, J., Dunn, N. J., Rehm, L., & Hamilton, J.D. (2009). Guidelines for Differential Diagnoses in a Population with Posttraumatic Stress Disorder. Professional Psychology: Research and Practice, (40 (1), 39-45.

Outlining Roles: Differential Diagnoses

- Assessment Interviews videotaped and second interviewer scored videotapes independently
- Percentage agreement 94% to 100%
- Differentials
  - Agoraphobia and Avoidance
  - Specific Phobias and Avoidance
  - Psychotic Symptoms and Re-Experiencing
  - PTSD Symptoms and Depression
  - PTSD Symptoms and Personality Issues

UNCG
Center for Youth, Family and Community Partnerships

Schillaci, J., Yasanak, E., Harned-Adams, J., Dunn, N. J., Rehm, L., & Hamilton, J.D. (2009). Guidelines for Differential Diagnoses in a Population with Posttraumatic Stress Disorder. Professional Psychology: Research and Practice, (40 (1), 39-45.

Outlining Roles: Differential Diagnoses

- Assess the nature of the behavior and context (Examples)
  - Agoraphobia and crowd avoidance
  - Simple Phobia and fear of telephones versus fear of snakes
  - Hallucinations and hearing cries for help
  - Depression and loss of interest, concentration difficulties (timeline development)
  - Personality issues and avoidance of intimate relationships

UNCG
Center for Youth, Family and Community Partnerships

Schillaci, J., Yasanak, E., Harned-Adams, J., Dunn, N. J., Rehm, L., & Hamilton, J.D. (2009). Guidelines for Differential Diagnoses in a Population with Posttraumatic Stress Disorder. Professional Psychology: Research and Practice, (40 (1), 39-45.

Outlining Roles-Possible Barriers

- Underreporting of trauma by survivors
  - Immediate safety concerns
  - Feel stigma of system and "blaming" of the victim
  - Some may feel more vulnerable
  - Some may withdraw and isolate themselves
- Under recognition by providers
  - Not trained in trauma assessment
  - Concerned about ramifications for survivor
  - Criteria for reimbursement-may only focus on what is reimbursable
  - Other barriers?

UNCG
Center for Youth, Family and Community Partnerships

Harris, M., & Fallot, R. D. (2001). Using trauma theory to design service systems. In H. R. Lamb, (Series Ed.), New Directions for Mental Health Services (Vol. 89).

Outlining Roles: Trauma Assessment and Cultural Competence

- Thorough assessment is necessary
  - Sensitivity to issues of:
    - Gender
    - Age
    - Ethnicity
  - How much was cultural diversity a part of test development?
  - Overall assessment process and determination of direct and indirect encounters of racism and the trauma process

UNCG
Center for Youth, Family and Community Partnerships

Brown, L. S. (2008). Cultural competence in trauma therapy: Beyond the Flashback. Washington, D.C.: American Psychological Association

Outlining Roles: Trauma Assessment and Cultural Competence

- "ADDRESSING"
- Age
- Disability
- Religion
- Ethnicity
- Social Class
- Sexual Orientation
- Indigenous Heritage
- National Origin
- Gender/Sex

UNCG
Center for Youth, Family and Community Partnerships

Brown, L. S. (2008). Cultural competence in trauma therapy: Beyond the Flashback. Washington, D.C.: American Psychological Association

Outlining Roles: Prioritizing During Assessment Process

- Safety first
  - Safety from continued victimization
  - Suicidal Ideation
  - Homicidal Ideation
  - Drug/alcohol use
  - Health risk from eating disorder
  - Dissociation

UNCG
Center for Youth, Family and Community Partnerships

Taylor, N., Gilbert, A., Mann, G., & Ryan, B. (2008). Assessment-Based Treatment for Traumatized Children: A Trauma Assessment Pathway Model. Accessed from National Child Traumatic Stress Network Website: http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/TAP_General.pdf

Outlining Roles: Selecting Screening and Assessment Tools (APA Effective Providers Workshop)

- Child PTSD Symptom Scale
- Child Sexual Behavior Inventory
- Trauma Symptom Checklist for Children
- UCLA PTSD Reaction Index
- Violence Exposure Scale for Children-Revised
- Parenting Stress Index
- THERE ARE OTHER MEASURES

UNCG
Center for Youth, Family and Community Partnerships

Outlining Roles: Identification of Assessment Measures

- Identify program's overall goals
- How would you know if goals were met?
- List areas of concern for your clients
- What would indicate that clients are improving?
- Who would be best person(s) to inform you about whether or not your clients are improving?
- Do any standardized measures exist to assess your goal?
- Are these measures (if they exist) sensitive to change?

UNCG
Center for Youth, Family and Community Partnerships

From Page 11-Taylor, N., Gilbert, A., Mann, G., & Ryan, B. (2008). Assessment-Based Treatment for Traumatized Children: A Trauma Assessment Pathway Model. Accessed from National Child Traumatic Stress Network Website: http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/TAP_General.pdf

Unknown Source: Distributed by Paul Savery, DMHDDSAS.

Outlining Roles: Evidence Based Treatments for Trauma (APA Matrix)

- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Child Parent Psychotherapy (CPP)
- Alternative for Families-A Cognitive Behavioral Therapy (AF-CBT)
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
- Parent-Child Interaction Therapy (PCIT)

UNCG
Center for Youth, Family and Community Partnerships

Developing a Plan: Decision Making in Selecting an Evidence Based Practice

Is study population comparable to yours?

- Age
- Gender
- Race/ethnicity
- Clinical profile

Selecting and Adopting Evidence Based Practices for Disruptive Behavior Disorders: M.Lane, J Rivard, B.Burns and S.Fisher 5-31-07

UNCG
Center for Youth, Family and Community Partnerships

Developing a Plan: Decision Making in Selecting an Evidence Based Practice

Do intervention characteristics fit with agency and community?

- Setting: clinic, school, home
- Length of intervention
- Family component
- Individual or group
- Level of training required

M.Lane, J Rivard, B.Burns and S.Fisher 5-31-07

UNCG
Center for Youth, Family and Community Partnerships

Developing a Plan: Decision Making in Selecting an Evidence Based Practice

Does intervention fit with agency needs and resources?

- Training available
- Location of training
- Length of training
- Cost
- Follow up coaching /consultation

UNCG
Center for Youth, Family and Community Partnerships

Developing a Plan: Decision Making in Selecting an Evidence Based Practice

Do monitoring and reimbursement requirements fit with agency?

- Fidelity required
- Fidelity measure available
- Specification of an outcome measure (do they fit?)
- Medicaid reimbursement

UNCG
Center for Youth, Family and Community Partnerships

Developing a Plan: Decision Making in Selecting an Evidence Based Practice

Does intervention fit with youth and family values and preferences?

- Individualized
- Family centered
- Choice
- Flexibility
- Culture

UNCG
Center for Youth, Family and Community Partnerships

Developing a Plan: Decision Making in Selecting an Evidence Based Practice

Does intervention fit with clinicians?

- Openness to evidence based practice
- Compatibility with theoretical orientation
- Expectation of parental involvement in treatment

M.Lane, J Rivard, B.Burns and S.Fisher 5-31-07

UNCG
Center for Youth, Family and Community Partnerships

Developing a Plan: Take Care of Yourself……

- *Secondary Traumatic Stress* describes a professional worker's subclinical or clinical signs and symptoms of PTSD that are similar to those experienced by trauma clients, friends, or family members
- VIDEO
- http://www.youtube.com/watch?v=Q3hJn_tWzLw&feature=plcp

UNCG
Center for Youth, Family and Community Partnerships

Developing a Plan

- **Trauma Screening**-What do I need to do to more effectively screen clients if I am not already doing so? If I am screening, are there additional tools or processes to put in place?
- **Trauma Assessment**-What do I need to do to more thoroughly and accurately assess in a more trauma informed manner?
- **Trauma Treatment Planning**-What do I need to do to incorporate trauma informed goals and tasks into treatment planning and PCPs?
- **Trauma Treatment**-What do I need to do to advocate for more usage of Evidence Based Treatments for Trauma or get trained in EBTs for Trauma?
- **Self-Care**-What are two things I can do more of to take better care of myself in working with the youth and families?
- **Network/Personal Accountability-** Can I reach out to other clinicians locally to be "accountable" to each other to move forward in this area? How will I hold myself accountable to my goals?

UNCG
Center for Youth, Family and Community Partnerships

Web Resources For Trauma Informed Screening, Assessment and Treatment Planning

- http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf (SAMHSA's concept of Trauma Informed Approach)
- http://www.nctsnet.org/resources/online-research/measures-review (National Child Traumatic Stress Network-Measures Review Database)
- http://www.istss.org/assessing-trauma.aspx (Assessment Tools from International Society for Traumatic Stress)
- http://www.istss.org/ISTSS_Main/media/Documents/ISTSS_guidelines_for_training.pdf

  (Some basic training guidelines from ISTSS)
- Trauma Assessment Pathway Manual
  - http://www.taptraining.net/

UNCG
Center for Youth, Family and Community Partnerships

THANK YOU!-Contact Information

Sonja L. Frison, Ph.D. MPH, HSP-P
Licensed Psychologist # 3123
UNCG-CYFCP
slfrison@uncg.edu
1001 West Lee Street, Greensboro, NC, 27402
336-334-3867

UNCG
Center for Youth, Family and Community Partnerships