

# Screening for Trauma: The Who, What, Why and How's

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# What's the big deal about screening for trauma?

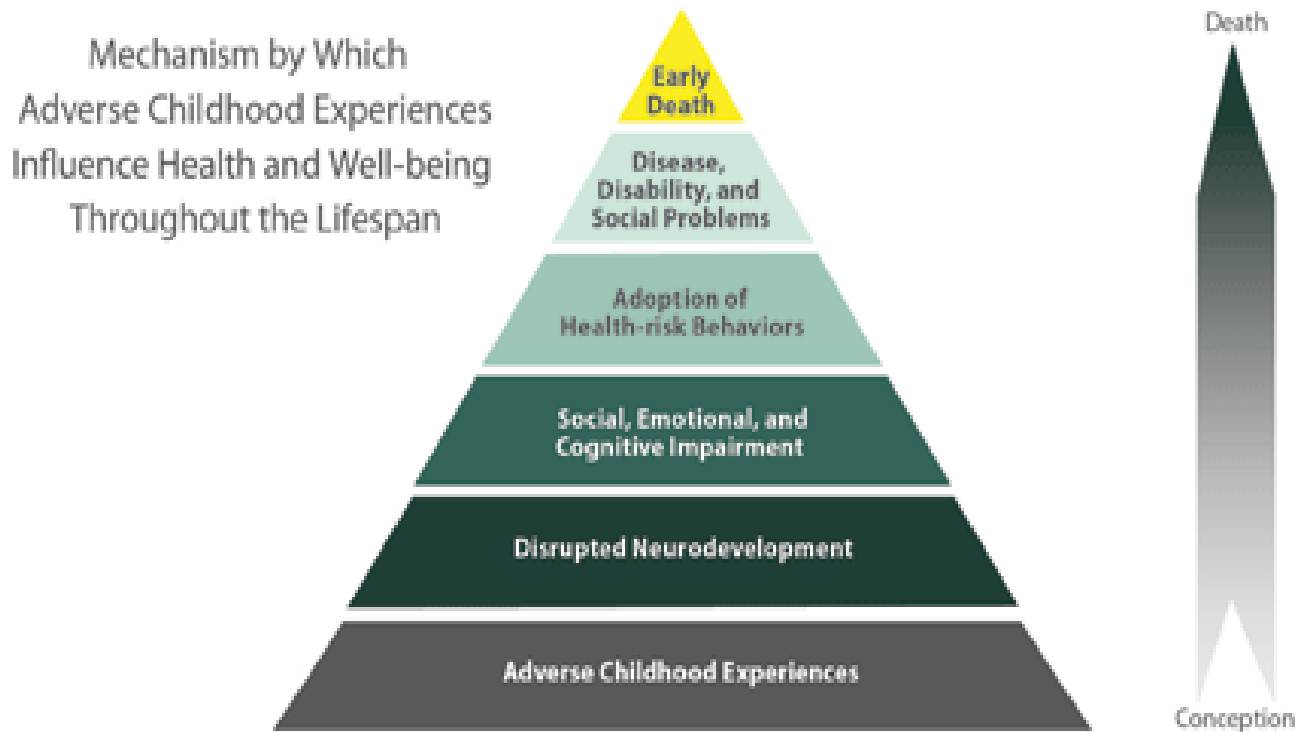


# Who Should be Screened for Trauma??

The reality is:

- Exposure to traumatic experiences is very common.
- It is estimated that **well over half** of the people with mental health or substance use disorders have a history of trauma exposure.
- It is difficult to find youth involved with CYS and/or JPO who have not been exposed to trauma!
- There are natural and consequent behavior and emotions that can result from helping people who are currently suffering and/or have a history of trauma. As a result, YOU, your co-workers and employees could be affected.
- To be honest, MOST OF US have been exposed to trauma sometime, somewhere during our lives!!

# THIS IS ABOUT YOU AND YOUR LOVED ONES TOO!!!



Source: ACES Study: *American Journal of Preventive Medicine* 1998 14, 245-258 DOI: (10.1016/S0749-3797(98)00017-8)

# Why Should we Screen for Trauma?

- Behavioral health problems, including substance use and mental disorders, are more difficult to treat if trauma-related symptoms and disorders aren't detected early and treated effectively.
- Not addressing traumatic stress symptoms, trauma-specific disorders, and other symptoms/disorders related to trauma can impede successful mental health and substance abuse treatment.
- Criminal Justice System – Rise in Inmate Population & Recidivism

# Federal Bureau of Prisons

[https://www.bop.gov/about/statistics/population\\_statistics.jsp](https://www.bop.gov/about/statistics/population_statistics.jsp)



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[https://www.bop.gov/about/statistics/statistics\\_inmate\\_age.jsp](https://www.bop.gov/about/statistics/statistics_inmate_age.jsp)



**WHY???**

**THE GOOD, THE BAD AND THE UGLY!**



# Why Is Universal Trauma Screening Necessary in Human Services?

The “GOOD”:

- Universal screening for trauma history and trauma-related symptoms can help behavioral health practitioners identify individuals at risk of developing more pervasive and severe symptoms of traumatic stress.
- Screening can help prevent misdiagnosis and inappropriate treatment planning.
- Screening, early identification, and intervention serves as a prevention strategy.
- As a result, trauma-informed screening is an essential part of the intake evaluation and the treatment planning process, but it is not an end in itself.

# Why Is Universal Trauma Screening Necessary in Behavioral Health Services?

The “BAD”:

- Without screening, clients’ trauma histories and related symptoms often go undetected, leading providers to direct services toward symptoms and disorders that may only partially explain client presentations and distress, and further alienate the real issues; as a result, treatment can be ineffective or even HARMFUL!
- People with histories of trauma often display symptoms and behaviors that meet criteria for other disorders when trauma is the real issue; as a result, many people seeking treatment for MH or SUD’s are misdiagnosed.

# The Ugly!!



## **The Aye-aye**

is a gremlin-looking creature, called an Aye-aye, is actually a primate found in [Madagascar](#).

# Why Is Universal Trauma Screening Necessary in Behavioral Health Services?

The “UGLY”:

- Unrecognized, unaddressed trauma symptoms can lead to poor engagement in treatment, premature termination, greater risk for relapse of psychological symptoms or substance use, and outcomes that are much worse!
- What does unrecognized, unaddressed traumatic stress look like????

# Like THIS for Some Kids:

- Children exposed to domestic and community violence undergo lasting physical, mental, and emotional harm including:
  - difficulties with attachment
  - regressive behavior
  - anxiety and depression
  - aggression and conduct problems
  - more prone to dating violence, delinquency, further victimization, and involvement with the child welfare and juvenile justice systems
  - Impaired capacity for partnering and parenting later in life, continuing the cycle of violence into the next generation

# Like THIS for Youth and Adults in the Justice System!

In a study by the National Association of State Mental Health Program Directors (NASMHPD) and National Technical Assistance Center for State Mental Health Planning (NTAC), 2004:

- Childhood trauma is correlated with increased truancy, running away, homelessness, and adolescent substance abuse.
- Childhood trauma increases the likelihood of arrest as a juvenile by 53% and as a young adult by 38%. The likelihood of arrest for a violent crime also increases by 38%.
- Males in the JJ or CJ system are more likely to commit violence, whereas females are more likely to be the victims of violence.
- More than 75% of adolescent females *adjudicated* delinquent had been sexually abused.
- 92% of *incarcerated* females reported sexual, physical or severe emotional abuse during childhood.
- The majority of men and women in the criminal justice system, *including sex offenders and murderers*, have had a history of significant trauma exposure.

# And Like THIS for Females!!

## NASMHDP/NTAC, 2004:

- Females sexually abused during childhood are 2.4 times more likely than non-abused females to be re-victimized sexually as adults
- Females who experience violence during childhood are 3-4 times more likely to be raped
- Females subject to incest in childhood are twice as likely to become victims of domestic violence
- Females subject to childhood trauma are at increased risk to have a lack of empathy
- Approximately 33% of females abused in childhood may neglect or abuse their own children
- Females abused in childhood are at greater risk of suicidal and self-mutilating behavior (Herman, 1992)

# **The Moral of the Story is**

**Reenactment of  
victimization is a major  
cause of societal crime  
and violence!!!**

(NASMHDP/NTAC, 2004)



A photograph of a metal can with a lid, featuring a label with a pattern of worms. A silver can opener is positioned on the lid. Two dark red rounded rectangular boxes with white text are overlaid on the can. The top box contains the text "opening up a can of worms" or dealing with the real issues?". The bottom box contains the text "Education is the most elementary aspect of becoming trauma-informed!". At the bottom of the can, the text "1.2 oz. (35g)" is visible.

“opening up a can of worms”  
or dealing with the real issues?

*Education* is the most elementary  
aspect of becoming trauma-informed!

1.2 oz. (35g)

# HOW??

1. Universal Routine Screening for Trauma
2. Finding the Tools You Need:
  - a. Assessment for Trauma Informed Systems
  - b. Tools to Screen for Trauma Exposure
  - c. Tools to Screen for Trauma Related Symptoms
  - d. Tools to Screen for Vicarious Trauma

# Incorporating Universal Routine Screening for Trauma

- Screening universally for client histories, experiences, and symptoms of trauma at intake is of great benefit to clients and providers.
- Although providers know that some clients can be affected by trauma, universal screening provides a steady reminder to be watchful for past traumatic experiences and their potential influence upon a client's interactions and engagement with services across the continuum of care.

# Screening Tool Selection, Training and Use

- Screening tool selection is an important ingredient in incorporating routine, universal screening practices into behavioral health services.
- Many screening tools are available, and quite a few are FREE via download and use on the Internet.
- See the National Center for PTSD – List of all measures (see handout #2) or online at:  
[http://www.ptsd.va.gov/professional/assessment/all\\_measures.asp](http://www.ptsd.va.gov/professional/assessment/all_measures.asp)
- Tools differ in format and in how they present questions.
- Select tools based not just on sound test properties, but also according to whether they encompass a broad range of experiences and are flexible enough to allow for an individual's own interpretation of his/her traumatic events.

# Screening Tool Selection, Training and Use

- Staff should be trained to use screening tools consistently so that all clients are screened in the same manner.
- Staff members also need to know how to score screenings and when specific variables (e.g., race/ethnicity, native language, gender, culture) may influence screening results.

# Screening Tool Selection, Training and Use

- Once specific trauma-related screening tools have been identified, it is essential to determine how and when to gather additional relevant information after the screening is complete.
- Organizational policies and procedures should guide staff members on:
  - How to score the responses
  - How to clearly determine what constitutes a positive score
  - The steps to take after a positive or negative screening, such as making a referral for an in-depth assessment of traumatic stress, providing the client with an introductory psychoeducational session on the typical biopsychosocial effects of trauma, and/or coordinating care so that the client gains access to trauma-specific services that meet his or her needs

# Screening Tool Selection, Training and Use

- If someone acknowledges a trauma history, then further screening is necessary to determine whether trauma-related symptoms are present.
- The presence of such symptoms does not necessarily say any thing about their severity, nor does a positive screen indicate that a disorder actually exists, it only indicates that assessment or further evaluation is warranted, AND negative screens do not necessarily mean that a person doesn't have symptoms that warrant intervention.

Finding the Tools That You Need

# **TYPES OF SCREENING TOOLS**



# 1. Self-Assessment for Trauma-Informed Systems

- NCTIC has developed a self-assessment package for trauma-informed systems to help administrators structurally incorporate trauma into programs and services. The self-assessment can be used by systems of care to guide quality improvement with the goal of establishing fully trauma-informed treatment and recovery efforts (NCTIC, Center for Mental Health Services, 2007). Behavioral health treatment program administrators can use these materials and NCTIC as resources for improvement in delivering TIC.

Source: <http://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf>

# 1. Self-Assessment for Trauma-Informed Systems

- When establishing TIC, it is vital that behavioral health systems, service providers, licensing agencies, and accrediting bodies build culturally responsive practices into their curricula, standards, policies and procedures, and credentialing processes. The implementation of culturally responsive practices will further guide the treatment planning process so that trauma-informed services are more appropriate and likely to succeed.

## 2. Screening for Trauma Exposure

- There are various forms and types of trauma. For example see: “Types of Child Traumatic Stress” (handout #3) or: <http://nctsnet.org/trauma-types>
- To determine whether a person has a trauma history, the screening tool(s) used must encompass the various forms and types of potential trauma exposure.
- Try to choose the screening tool(s) that best match the population of clients you work with, e.g., military personnel, veterans, adults or children with BH diagnoses, individuals w/a history of substance use/abuse, youth on probation, GLBTQI, males, females.
- For samples of this type of screening tool see SLESQ-R (handout #4) and Trauma History Questionnaire (handout #5).

# 3. Screening for Trauma Related Symptoms

- The list of trauma related symptoms that may result after exposure to one or multiple accounts and/or types of traumatic experiences is endless, and not everyone will have the same exact symptoms.
- These are NORMAL reactions to ABNORMAL events!
- Common physical symptoms may include:
  - hypervigilance, easily startled by noises or unexpected touch
  - aches and pains like headaches, backaches, stomach aches
  - sudden sweating and/or heart palpitations (fluttering)
  - changes in sleep patterns, appetite, interest in sex
  - constipation or diarrhea
  - more susceptible to colds and illnesses
  - increased use of alcohol or drugs and/or overeating
  - Wetting the bed
  - Uncontrollable, explosive anger or rage

# 3. Screening for Trauma Related Symptoms

## Common emotional reactions may include:

- shock and disbelief
- fear and/or anxiety
- grief, disorientation, denial
- hyper-alertness or hypervigilance
- irritability, restlessness, outbursts of anger or rage
- emotional swings -- like crying and then laughing
- worrying or ruminating -- intrusive thoughts of the trauma
- nightmares
- flashbacks -- feeling like the trauma is happening now
- feelings of helplessness, panic, feeling out of control
- increased need to control everyday experiences
- minimizing the experience
- attempts to avoid anything associated with trauma
- tendency to isolate oneself
- feelings of detachment
- concern over burdening others with problems
- emotional numbing or restricted range of feelings
- difficulty trusting and/or feelings of betrayal
- difficulty concentrating or remembering
- feelings of self-blame and/or survivor guilt
- shame
- diminished interest in everyday activities or depression
- unpleasant past memories resurfacing
- suicidal thoughts
- loss of a sense of order or fairness in the world; expectation of doom and fear of the future
- anger towards religion or belief system; loss of beliefs
- desire for revenge

<http://www.trauma-pages.com/s/t-facts.php>

# 4. Screening for Secondary Trauma

## What Is Vicarious Trauma?

- Vicarious Trauma, or Secondary traumatic stress, is defined as the natural, consequent behavior and emotions that result from knowledge about a traumatizing event experienced by another and the stress resulting from helping or wanting to help a traumatized or suffering person.
- The symptoms can be similar to post-traumatic stress disorder and may include symptoms of hyperarousal, emotional numbing, avoidance, and intrusive experiences.

# Who Can Get VT?

**People who help people with a history of trauma.**

**Yes, that means ME & YOU!!**



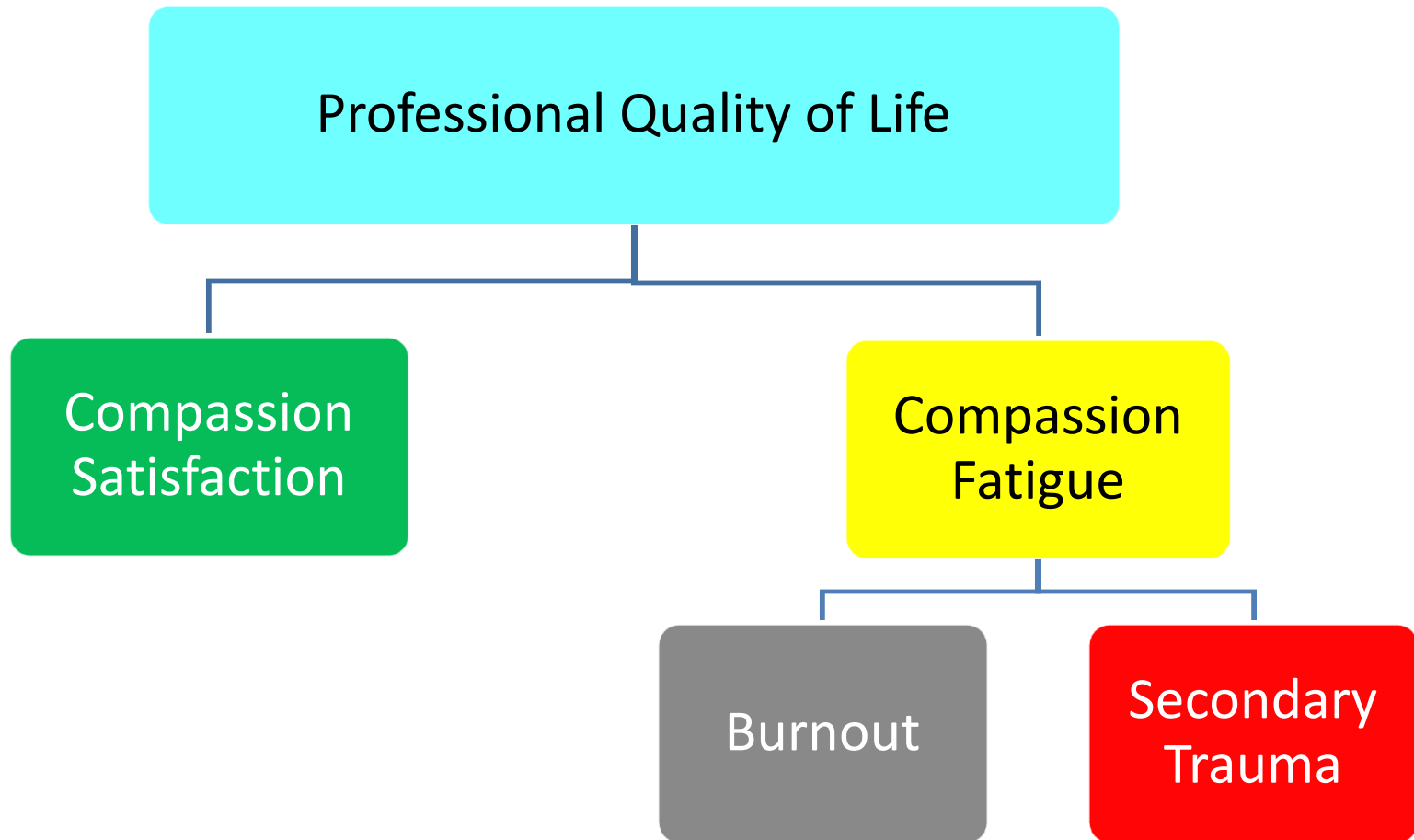
# The *Professional Quality of Life Scale* (*ProQOL*)

- The ProQOL, Version 5 (most current version) is a 30 item self report measure of the positive and negative aspects of caring (see handout #6)
- The ProQOL measures Compassion Satisfaction and Compassion Fatigue
- Compassion Fatigue has two subscales
  - Burnout
  - Secondary Trauma (aka Vicarious Trauma)
- The ProQOL can be downloaded and used for free.

Source: [www.proqol.org](http://www.proqol.org)



# CS-CF Model



# Compassion Satisfaction

- The positive aspects of helping
  - Pleasure and satisfaction derived from working in helping, care giving systems
- May be related to
  - Providing care
  - To the system
  - Work with colleagues
  - Beliefs about self
  - Altruism

# Compassion Fatigue

- The negative aspects of helping
- The negative aspects of working in helping systems may be related to
  - Providing care
  - To the system
  - Work with colleagues
  - Beliefs about self
- Burnout
- Work-related trauma

# Burnout and STS: Co Travelers

- Burnout
  - Work-related hopelessness and feelings of inefficacy
- STS
  - Work-related secondary exposure to extremely or traumatically stressful events
- Both share negative affect
  - Burnout is about being worn out
  - STS is about being afraid

# Resiliency Planning

- Individual, personally
  - The ProQOL can help you plan where to put your energy to increase your resilience
- Organizational planning
  - Can help organizations find ways to maximize the positive aspects and reduce the negative aspects of helping
- Supportive Supervision
  - The ProQOL can be used as information for discussions

For More Information see:

**[WWW.PROQOL.ORG](http://WWW.PROQOL.ORG)**

# REFERENCES

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