

ANALYSIS OF TRAUMA- INFORMED CARE SCREENINGS



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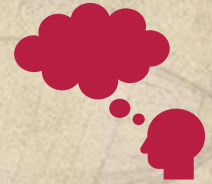
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ACRONYMS



- ❑ TIC – Trauma-Informed Care
- ❑ SDOH – Social Determinants of Health
- ❑ CMS – Centers for Medicare & Medicaid
- ❑ SAMHSA – Substance Abuse & Mental Health Services Administration
- ❑ HRSN – Health-Related Social Needs
- ❑ NAH – Northern Arizona Health
- ❑ PC – Primary Care

RESEARCH QUESTION



What is Trauma-Informed Care (TIC) and its standards? Are the Social Determinates of Health (SDOH) screening questions trauma-informed? How do the different screenings all compare to one another?

INTEREST



- ☐ I'm interested in the medical, and forensic/criminology fields.
- ☐ Project allowed me the opportunity to explore my 2 interests...sort of.
- ☐ The more I got into it, the more I started to get more involved and interested.



BACKGROUND

TRAUMA



- ❑ No universal definition of “trauma”
- ❑ SAMHSA’s definition is commonly referenced: “Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.” (2)
- ❑ There are many causes of trauma, not limited to the commonly accepted events (ex. sexual assault, medical trauma, natural disasters, war)

TRAUMA CONT.



- ❑ You can be “Trauma-Aware”, but that doesn’t mean you’re “Trauma-Informed”
- ❑ Different Levels:
 - Trauma-Aware (TA) – Basic understanding of trauma + its impact (s).
 - Trauma-Sensitive (TS) – Incorporates TA, communication and practice skills into interactions with individuals.
 - Trauma-Informed (TI) – Incorporates TA and TS by integrating it into an organization/community.
 - Trauma-Responsive (TR) – Combines all terms, but includes learning and evolving to meet specific needs through continuous assessment.

TRAUMA-INFORMED CARE



- ❑ TIC Definition: “an approach to healthcare that recognizes the widespread impact of trauma and seeks to create a safe environment that promotes healing and empowerment.” (4)
- ❑ Based on understanding that trauma affects patients on a psychological, and physical level
- ❑ The TIC approach is not a “one-size-fits-all”
- ❑ 4 R’s of TIC: Realization of trauma & its affects; Recognizing the signs of trauma; Responding to trauma; and Resisting re-traumatization
- ❑ 6 Pillars of TIC: Safety; Empowerment; Choice & Voice; Connection & Collaboration; Trustworthiness/Transparency; and Peer Support



EXAMPLES OF WHAT ISN'T TIC:

☐ Not “Trauma-Informed”:

- “Start at the beginning and tell me what happened.”
- “Why did you go with the suspect?”
- “Did you say no?”
- “Why didn’t you report right away?”

EXAMPLES OF TIC:



☐ Trauma-Informed:

- “Where would you like to start?”
- Can you describe what you were thinking and feeling when you went with the suspect?”
- How did the suspect respond to your words/actions? Do you remember how that made you feel?
- “Did anything in particular cause you to come tell us about this incident today?”

SDOH



- ❑ Conditions in one's environment that affect a person's health, functioning, and quality of life.
- ❑ According to CMS, there are 5 main domains:
 - Economic Stability
 - Education Access & Quality
 - Healthcare Access & Quality
 - Neighborhood & Built Environment
 - Social & Community Context (includes Safety)
- ❑ Not medical, but still affect individuals
- ❑ One of the subcategories is "Safety", the main focus of the project

SDOH CONT.



❑ Other versions of the 5 main domains:

- Food Insecurity
- Housing Instability
- Transportation Needs
- Utility Difficulties
- Interpersonal Safety

The background of the slide features a textured, aged paper surface. Faint, sepia-toned illustrations are visible: a hot air balloon on the left and a blimp on the right. The word "METHODOLOGY" is centered in a bold, black, sans-serif font. A thin red horizontal line is positioned directly below the text.

METHODOLOGY



INITIAL STEPS

1. Research: Google, PubMed, Google Scholar, Literature Reviews, etc....
2. EBP (Evidence-Based Practice) Tables
3. Interviews
4. Lots of Advice and Guidance



SCREENING COMPARISON STEPS

1. S-BAR (Situation, Background, Analysis, & Recommendations) for each different screening
2. Analyze each different question that fits in the “Safety” Domain (trauma-informed or not?)
3. Excel Sheets...
4. Comparison Tables (not on Excel, strengths & weaknesses)
5. Rating Scale: 1 - 10

RATING SYSTEM



☐ Only looks for 3 different things:

1. Generalizations
2. # of Questions
3. Language

☐ Generalizations: Does it apply to/use the term “anyone”? Or does it only apply to a specific group/individual?

- Specific – 1 pt
- General – 3 pt

RATING SYSTEM CONT.



☐ # of Questions: How many questions are in the Safety Domain?

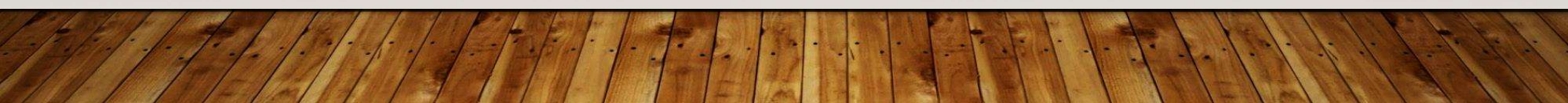
- 0-3 questions – 1 pt
- 4-6 questions – 2 pt
- +7 questions – 3 pt

☐ Language: Are the questions trauma-informed?

- No – 1 pt
- 50/50 – 2 pt
- Yes – 3 pt



FINDINGS



SCREENINGS



☐ 6 Main Screenings:

- PRAPARE
- Virginia Commonwealth University Health System (VCUH)
- Veterans RAND + PAM
- HealthBegins
- American Academy of Family Physicians (AAFP)
- CMS – Centers for Medicare & Medicaid Services

VETERANS RAND + PAM



- ☐ Designed for Veterans' mental + physical health specifically
- ☐ Based on activation scale
- ☐ Based off previous other screenings
- ☐ Only 1/10 rating
- ☐ 8 strengths, 7 weaknesses

PRAPARE



- ☐ Protocol for Responding to & Assessing Patient Assets, Risks, and Experiences (PRAPARE)
- ☐ Designed to address SDOH
- ☐ Created by & for community health centers
- ☐ Only 4/10 rating
- ☐ 6 strengths, 5 weaknesses

HEALTHBEGINS



- ❑ Focus on Health-Related Social Needs (HRSN) and SDOH
- ❑ 2 different papers to discuss screening
- ❑ 13 domains total
- ❑ Only 4/10 rating
- ❑ 5 strengths, 5 weaknesses

VCUH



- ☐ Not much background on this screening
- ☐ Any health environment
- ☐ Uses CMS & MediSolve Domains
- ☐ Only 6/10 rating
- ☐ 7 strengths, 3 weaknesses

AAFP



- ☐ Lots of information about the screening and the organization themselves on their website
- ☐ About 9 domains total
- ☐ Safety Domain biggest domain
- ☐ Only 6/10 rating
- ☐ 8 strengths, 3 weaknesses

CMS



- ☐ Brief background of survey on survey itself
- ☐ Federally well-known healthcare agency that provides health coverage through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace.
- ☐ Multiple other domains total aside from main 5
- ☐ Only 6/10 rating
- ☐ 5 strengths, 4 weaknesses

QUESTIONS



- *"How often does anyone, including family, physically hurt you?" (AAFP, CMS)*
- *"How often does anyone, including family, insult or talk down to you?" (AAFP, CMS)*
- *"How often does anyone, including family, threaten you with harm?" (AAFP, CMS)*
- *"How often does anyone, including family, scream or curse at you?" (AAFP, CMS)*
- *"Are you afraid you might be hurt in your apartment building or home?" (VCUH)*
- *"Within the last year, have you been humiliated or emotionally abused by your partner or ex-partner?" (HealthBegins)*
- *"Within the last year, have you been afraid of your partner?" (HealthBegins)*
- *"Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?" (HealthBegins)*

QUESTIONS



- ***“Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner?”*** (HealthBegins)
- *“In the past year, someone in your household spent more than 2 nights in a row in a jail, prison, detention center, or juvenile or correctional facility?”* (PRAPARE)
- *“In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile or correctional facility?”* (PRAPARE)
- ***“Do you feel physically and emotionally safe where you currently live?”***
(PRAPARE)
- *“In the past year, have you been afraid of your partner or ex-partner?”*
(PRAPARE)



CONCLUSIONS

- ❑ Each screening has its own strengths and weaknesses
- ❑ Each screening is for different health facilities/departments
- ❑ Ratings aren't as accurate...but works in the short-term
- ❑ Questions in the “Safety” Domain not all trauma-informed...BIG CONCERN

WHY TIC MATTERS



- ☐ Incorporating TIC practices into care can lead to improvements in patient-personnel engagement & wellness, and treatment adherences & outcomes
- ☐ Trauma has long-lasting affects on a person's health both mentally and physically
- ☐ Emphasizes physical; and psychological safety for all parties
- ☐ Empowers patients
- ☐ Ensures no one is retraumatized while seeking care
- ☐ Reflects 6 Pillars of TIC

THE CHALLENGES



- ☐ Project changes (last minute add on)
- ☐ Getting a badge
- ☐ Slight question change
- ☐ Work as we go
- ☐ Excel Sheets...
- ☐ Hard to compare ER screening to other screenings

NEXT STEPS + FINAL PRODUCT



- ❑ NAH (Northern Arizona Healthcare) can use the research to write an article in the American Nurses Magazine.
- ❑ Final product: My tables analyzing current screenings can be used to develop better screening tools, specifically in Primary Care (PC).

INTERNSHIP MOMENT



THE FINALE



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