JOIN US FOR THE ATS/TSN COORDINATOR COURSE MARCH 4-5



nationally recognized patient - centered care

The American Trauma Society (ATS) and Trauma Survivors Network (TSN) have been recognized as the national leaders in providing support services to traumasurvivors and their families; the Trauma Survivors Network Coordinator Coursels acomprehensive training program for ATS institutional Members.

IDENTIFY



1) The history and purpose of the TSN program. 2) The relationship between the TSN and ATS. 3] The strategies to encourage stakeholder buy-in, cultivate physican and trauma team champions, and gromote and fundrise for the TSN program. 4) The importance of pertnerships between organizations to further the mission of the TSN.

UNDERSTAND



(1) The benefits of implementing a TSN program. 2) The correlation between TSN services and evidence-based research in trauma-informed care for survivors and their support system. 2) The best practices to recruit and train trauma survivors and family members to garticipate as TSN Peer Visitors. 4) The importance of incorporating student interne so part of the TSN team.

DISCUSS

JOIN US

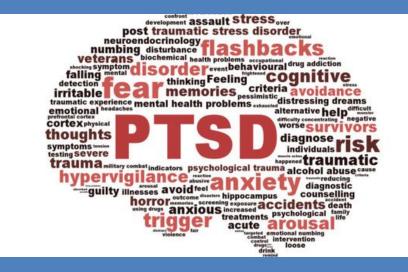


1) The best practices for inpatient and outpetient TSN services. 2] The best practices to engage survivors, families, and trauma professionals in National Trauma Survivors Day, Trauma Awareness Month, and other trauma champion events. 3] Key concepts to build partnership with local AMPOWER Peer Visitors to help support Peer Visitation Program.



March 4 - 5, 2019 in Cleveland, OH at MetroHealth Medical Center Register at www.AMTRAUMA.org/TSNCC





PTSD Screening and TSN Support for Trauma Survivors

February 2019

TRAUMA SURVIVORS NETWORK WEBINAR

PRESENTED BY:

• Eileen Flores, LCSW

National Trauma Survivors Network Coordinator American Trauma Society.

Megen Simpson, M.Ed, LPC

Manager, Survivor Recovery Services

The MetroHealth System





AGENDA

- Patient-Centered and Trauma-Informed Support for Trauma Survivors and Families
- TSN Services Supporting Survivors with ASD and PTSD
- Screening for ASD and PTSD at Trauma Centers and Trauma Outpatient Clinics
- Question & Answer





TSN SUPPORT TO PATIENTS & FAMILIES

TSN Inpatient Services	TSN Outpatient Services
Rounding on Trauma Patients/Families	Support Groups for Survivors & Families
Patient & Family Handbook	In-Person 6-session NextSteps Groups
Family Class/Snack n Chat	Online 6-session NextSteps Groups
Peer Visitation for Patients & Families	Peer Visitation for Patients & Families
ASD & PTSD Support/Resources	ASD & PTSD Support/Resources
	TSN Online Resources for Survivors &
	Families

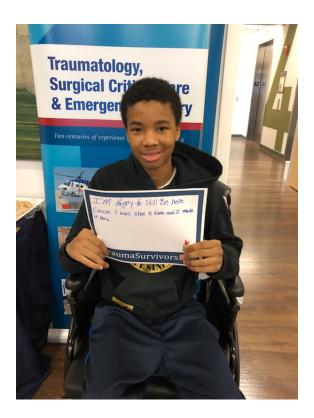




TSN & TRAUMA-INFORMED APPROACH

According to SAMHSA's concept of a trauma-informed approach, "A program, organization, or system that is trauma-informed:

- Realizes the widespread impact of trauma and understands potential paths for recovery;
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively resist re-traumatization."







TSN & TRAUMA-INFORMED APPROACH

- National Center for Trauma Informed Care (NCTIC) and the Substance Abuse and Mental Health Services Administration, (SAMHSA)
- Six Key Principles of a Trauma-Informed Approach:
 - Safety
 - Trustworthiness and Transparency
 - Peer support
 - Collaboration and mutuality
 - Empowerment (voice and choice)
 - Cultural, Historical, and Gender Issues

(Substance Abuse and Mental Health Services Administration, 2018)

https://www.samhsa.gov/nctic/trauma-interventions





TSN & TRAUMA-INFORMED APPROACH

TSN Peer Visitors Can Share their Stories and their Strengths

in Many Different TSN Services











Mental Health Information and Awareness

Emotional Reactions to Trauma

After a traumatic event or injury, it is common for children and adults to feel a range of stressful emotions. For some people, these feelings of distress resolve over time. For others, these reactions may hold steady or even increase. It's important to know the warning signs and to seek help from a mental health professional to aid in the healing process.

If you or your <u>child are</u> experiencing any of these symptoms, you are not alone. There is hope after trauma. Talk with the Social Worker or TSN Coordinator on your healthcare team. They can lead you to local counseling resources, support groups, and peer to peer support for adults and kids.

What Is Acute Stress Disorder?

Acute stress disorder involves symptoms that last from 3 days to 1 month after one or more traumatic events. Symptoms may begin after someone experiences or sees an event involving a threat of or actual death, serious injury, or physical violation to the person or others. Symptoms fall into five categories: intrusion, negative mood, dissociation, avoidance, and arousal.

- Intrusion symptoms (Invasive distressing memories of the trauma or recurrent bad dreams)
- Negative mood (ongoing inability to experience positive emotions such as happiness or love)
- Dissociative symptoms (time slowing, seeing oneself from an outsider's perspective, being in a daze)
- Avoidance symptoms (avoidance of memories, thoughts, feelings, people, or places associated with the trauma)
- Arousal symptoms (difficulty falling or staying asleep, irritable behavior, problems with concentration or focus)

People with acute stress disorder may also experience a great deal of guilt about not being able to prevent the trauma. Or, they may feel guilt for not being able to move on from the trauma





more quickly. Panic attacks may occur in the month following a trauma. Children with acute stress disorder may also experience anxiety related to their separation from caregivers.

Only a mental health professional can diagnose Acute Stress Disorder, but if you or a loved one notices any of these symptoms, it may be a sign that professional help is needed.

What Is Posttraumatic Stress Disorder (PTSD)?

PTSD is a type of anxiety that occurs in response to a traumatic event with symptoms that are present for at least 1 month or longer. PTSD was first described in combat veterans. After years of research, it is understood that PTSD may occur after experiencing or seeing traumatic events that can happen in everyday life.

After a traumatic event, people may have some PTSD symptoms. But, that does not always mean they have a PTSD diagnosis. PTSD can be diagnosed and treated by a mental health professional who completes an assessment of a person's symptoms over a certain length of time. There are 3 types of PTSD symptoms:

Hypervigilance

- Having a hard time falling asleep or staying asleep
- · Feeling irritable or having outbursts of anger
- Having a hard time concentrating
- Having an exaggerated startle response

Re-experiencing

- Having recurrent recollections of the event
- Having recurring dreams about the event
- Acting or feeling as if the event were happening again
- Flashbacks of the event
- Feeling distress when exposed to cues that resemble the event

Avoidance

- Avoiding thoughts, feelings, conversations, or activities,
- Avoiding places or people that are reminders of the event
- Less interest or participation in activities that used to be important
- Feeling detached; numb, not able to feel

If you or your <u>child experience</u> any of these symptoms, you are not alone. Contact a mental health professional for support.







"This class taught me in six weeks what it took me six years to learn" -NextSteps Participant

Sign up today at: <u>www.nextstepsonline.org</u> CLASS BEGINS: January 23, 2019

NextSteps is a FREE online program to help you manage your life after a serious injury. You can engage in the weekly education modules and live chats with other trauma survivors. NextSteps can help you explore the ways your life has changed after traumatic injury and how you can move forward on your journey. This program can help you manage difficult emotions and find the courage to achieve your goals. Join us!

Date	Торіс	Live Chat
	Lessons 1 & 2: Taking Stock	
	Explore where you are on the Road to Recovery, learn	
	more about self-management, and begin to practice	
January 23-29	self-management tools.	January 29 at 7:00 pm ET
	Lessons 3 & 4: Moving Forward	
January 30-	Identify problems related to your injury, set goals, and	
February 5	begin to use problem-solving to find solutions.	February 5 at 7:00 pm ET
	Lessons 5 & 6: Managing Emotions I	
	Learn about emotional adjustment, including myths	
	and common reactions following a traumatic injury	
February 6-12	and begin to use tools to improve your mood.	February 12 at 7:00 pm ET
	Lessons 7 & 8: Managing Emotions II	
	Learn to identify, reduce, and break the cycle of	
	anxiety by confronting negative thinking and using	
February 13-19	relaxation.	February 19 at 7:00 pm ET
	Lessons 9 & 10: Friends and Family	
	Begin to get the help you need from family and friends	
	by learning the signs of a healthy relationship, getting	
	the most of your support system and recognizing	
February 20-26	helpful and unhelpful "help".	February 26 at 7:00 pm ET
	Lesson 11 & 12: Looking Ahead	
	Learn how to overcome setbacks that may arise in your	
February 27-	recovery. Take time to reflect on the future and	
March 5	celebrate the progress you've made.	March 5 at 7:00 pm ET









International Society for Traumatic Stress Studies

www.istss.org

Trauma Center at Justice Resource
Institute

www.traumacenter.org

- National Child Traumatic Stress Network
 •www.nctsn.org
- National Center for PTSD
 •www.ptsd.va.gov
- American Counseling Association

 https://www.counseling.org/knowledge-center/mental-health-resources/trauma-disaster#
 www.traumacenter.org

- Substance Abuse and Mental Health Services Association
 - https://www.samhsa.gov/nctic/traum a-interventions
- Centers for Disease Control and Prevention
 - https://www.cdc.gov/violencepreven tion/acestudy/about_ace.html
- International Society for the Study of Trauma and Dissociation
 - http://www.isst-d.org/
- American Psychiatric Association
 - www.psychiatry.org/patientsfamilies/ptsd/what-is-ptsd







Supporting Trauma Survivors and Loved Ones: Psychoeducation and Screening

Megen Simpson, M.Ed, LPC

The following report is proprietary information and constitutes trade secrets of The MetroHealth System and may not be disclosed in whole or part to any external parties without the express consent of The MetroHealth System. This document is intended to be used internally for The MetroHealth System discussion.

The Trauma Recovery Center



The TRC Team:

3 Licensed Professional Counselors7 Licensed Social Workers1 Data Specialist

What We Offer Patients & Loved Ones:

- Bedside Coaching
- Crisis Intervention
- Peer Visitor Program
- Parking Assistance
- Health System Coordination
- Referrals to Community Partner Programs
- Trauma Informed Yoga Classes
- Trauma Survivors Monthly Support Groups

Additionally for Victims of Crime:

- Connection to Legal Services
- Emergency Housing Coordination
- Food Assistance
- Transportation Assistance
- VOCA Compensation Navigation and Support
- 16 Weeks of Trauma-Focused Counseling

Screening Protocol

Collaboration between TRC and the Department of Trauma

- Assessment administered in the outpatient Trauma, Orthopaedic Trauma, or Burn Clinics
- Assessments collected by the TRC Team
- Assessments scored by the TRC Team
 - If intervention necessary, TRC Team contacts identified patient
 - No intervention required for those scoring "below threshold"
- Assessment scanned into patient's electronic medical record by TRC Team

Screening Protocol

Collaboration between TRC and the Department of Trauma

- Each assessment to include patient identification sticker
- Each assessment includes a cover sheet:
 - Informs patient of right to decline assessment
 - Informs purpose of the assessment
 - Informs patient the TRC may contact them, based upon responses
 - Informs patient that if urgent mental health services (suicide risk, etc.) are necessary, to inform clinic staff *immediately*
 - Provides TRC contact information for any follow-up questions or comments

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem <u>in</u> <u>the past month</u>. In the past month, how much were you bothered by:

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4

PCL-5 (Continued)

	Not at all	A little bit	Moderately	Quite a bit	Extremely
 9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, 					
the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what					
happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from					
other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness	i				
or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "super alert" or watchful					
or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

PCL-5

- Assessment available through the US Department of Veteran Affairs
 - <u>https://www.ptsd.va.gov/professional/assessment/documents/PCL-5_Standard.pdf</u>
- Self-reported measure
 - Patients either complete in the waiting area or in exam rooms
- Purposes include1
 - Monitoring symptom change during and after treatment
 - Screening individuals for PTSD
 - Making a provisional PTSD diagnosis
- The PCL-5 Corresponds to DSM-5 criteria for Post Traumatic Stress Disorder
- Multitude of ways to score assessment
 - TRC team utilizes total symptom severity score (range of 0 80)
 - Suggested "cut-off" score of 331

Intervention, Referrals & Resources

What to do with a positive screen?

- Typically, Patient is already familiar with TRC team if inpatient admission was required
- 3 contact attempts from TRC team
- Patient Consents/Denies Consent to a Referral and/or Resource
- Referrals and Resources include:
 - Trauma Survivors Monthly Support Group
 - Next Steps Online Program
 - Rehab Psychology (specialization in PTSD)
 - Outpatient Psychiatry at MetroHealth
 - Referral to Community Partner
 - Trauma Focused Counseling through TRC (if eligible)

References

1. Weathers, F.W., Litz, B.T., Keane, T.M., Palmieri, P.A., Marx, B.P., & Schnurr, P.P. (2013). The PTSD Checklist for DSM-5 (PCL-5). Scale available from the National Center for PTSD at www.ptsd.va.gov.

Question & Answer

