OREGON STATE HOSPITAL

PORTLAND – SALEM

POLICIES AND PROCEDURES

SECTION 6:	Patient Care	**POLICY: 6.052**
SUBJECT:	**Trauma-Informed Care – Screening, Assessment, & Treatment Planning**	

POINT PERSON:	PAT DAVIS-SALYER EDUCATOR, EDD
	JAMES CAMPBELL ASSOCIATE DIRECTOR, STANDARDS & COMPLIANCE DEPARTMENT

APPROVED:	GREGORY P. ROBERTS SUPERINTENDENT	DATE: AUGUST 10, 2012

I. POLICY

OSH operates with the underlying assumption that all persons admitted to OSH have had or have risk factors related to abuse, neglect, trauma, exploitation, and/or other adverse experiences. OSH shall screen and/or assess each person treated for trauma history.

The long-term negative effects of experiencing or witnessing violence, abuse, neglect, exploitation, and other serious traumatic events are seen in most of the patients served at Oregon State Hospital (OSH). Trauma survivors often do not request or identify the need for services to address underlying trauma histories.

At OSH, all services shall be provided from a trauma-informed perspective. All staff shall be knowledgeable about the long-term effects of psychological trauma in order to provide evidence-based and trauma-informed services that promote hope, safety, and recovery.

II. DEFINITIONS

A. Psychological trauma refers to the cluster of symptoms, adaptations, and reactions that interfere with the functioning of an individual who has extreme suffering (including neglect and deprivation), as a result of severe physical abuse and injury, sexual abuse and/or exploitation, witnessing or surviving severe community or domestic violence (including accidents, natural or human-caused disasters).

B. Trauma-informed services are not specifically designed to treat symptoms or syndromes related to sexual or physical abuse or other trauma, but they are services that are informed about, and sensitive to, trauma-related issues present in survivors. "Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization" (SAMHSA).

C. Trauma-specific services are designed to treat the actual consequences of trauma, recognize adaptive 'symptoms', and the importance of collaborative, person-directed treatment.

D. Person-centered care recognizes that OSH places the person served at the center of treatment. Staff collaborate with persons served to help them identify their hopes and dreams, understand their strengths and abilities, and recognize their needs and challenges.

III. PROCEDURES (See attached Process Map and RACI- Attachment A)

A. Trauma Screening & Assessment

1. As a part of the admission process, the following disciplines shall conduct assessments that include review of past trauma, abuse, exploitation, and/or neglect to address the concerns of the patient (Psychiatrist/PMHNP, RN, & Psychology assessments; and Psychosocial History [Social Work]). When patients are unwilling or unable to disclose past trauma experiences, family, friends, and/or support networks may be resources.

2. The admitting RN shall administer the Primary Care Post Traumatic Stress Disorder screen (PC-PTSD, see Attachment B).

3. Based on the results of the PC-PTSD, the Interdisciplinary Team (IDT) shall determine if the Post-Traumatic Stress Disorder Check List (PCL-C, see Attachment C) needs to be completed before the 30 day review and, if immediate interventions are needed, assist the patient in remaining safe.

4. The IDT shall consider risk & resilience factors (Assessing Risk and Resilience Factors & Symptoms, see Attachment D) in making their determination. At the 10 day Interdisciplinary Team meeting, the IDT shall review the Trauma Informed Care Report in the Electronic Health Record (EHR) generated by the Treatment Care Plan Specialist. This report combines data entered from the admission assessments and other assessments, thereby bringing attention to trauma, abuse, exploitation, and/or neglect issues. It serves to inform staff when developing or reviewing a Treatment Care Plan.

5. The psychologist or designee shall be responsible to work with patients to complete the PCL-C for the 30 day IDT review or sooner if indicated.

6. Due to the potential of retraumatization, patients who are unable to disclose, or unwilling to disclose, known trauma may need time to feel safe, establish trust, and rapport with staff, before discussing or engaging in treatment that is trauma-specific. The IDT shall track and document the frequency of reattempts to engage in trauma discussions as rapport and trust builds.

B. Treatment Care Plans, other Service Delivery Plans, and Treatment Services (Individual & Group)

1. The patient's Treatment Care Plan (TCP), upon the completion of the PC PTSD, the PCL-C, and during ongoing reviews, shall reflect person-centered, trauma-informed, strength-based, support planning.

2. Trauma Informed Care shall be considered in the following plans and documents with each TCP review as applicable:

   a. PCL-C (Post Traumatic Stress Disorder Checklist, Attachment C)
   b. Behavioral Support Plan
   c. Safety Plan
   d. Relapse Prevention Plan
   e. Wellness Recovery Action Plan (WRAP) with patient's permission
   f. Incident Reports
   g. Seclusion and Restraint Reports

h. Short Term Assessment of Risk and Treatability (START)
i. Assessing Risk and Resilience Factors & Symptoms for Trauma History, (Attachment D)
j. Mental Health Advanced Directives

3. The IDT, as a part of the review process, shall consider the trauma potential of events that occur while patients are hospitalized. The PCL-C may be updated as needed. This can be initiated by the patient and the treatment team at any time. Events may include, but are not limited to: transfers and reverse transfers, seclusion or restraint of an individual, aggression or self-harm acts, individual involvement in intense events, other behavioral changes, or witnessing such incidents.

C. Discharge Planning

As a part of the discharge planning process, OSH shall promote an integrated trauma-informed approach to support discharge planning within every department and discipline.

D. Rules Compliance

Oregon State Hospital shall be in compliance with Oregon Health Authority Addictions and Mental Health Division's Integrated Service System Rule under OAR 309-032-1510 to ensure the demonstration of trauma-informed and sensitive services.

E. Staff Training and Professional Development

OSH staff shall attend New Employee Orientation and annual refresher trainings that include discussion and direction regarding abuse, neglect, and mandatory reporting. OSH shall offer monthly professional development opportunities on trauma-informed care and trauma-sensitive services that address initial, secondary, or vicarious trauma, abuse, exploitation, and/or neglect. The training shall include identification of internal and external triggers, risk factors, treatment considerations. Trauma-informed services are woven throughout other hospital mandatory and elective classes, such as: Pro-ACT, Therapeutic Communications, Professional Boundaries, Personal Recovery at OSH, Motivational Interviewing, Wellness: Mind/Body Connection, De-escalation Principles, Preventing Patient Abuse, and Behavioral Emergency Equipment.

IV. ATTACHMENTS

Attachment A: Trauma Screening, Assessment, & Treatment Process RACI
Attachment B: PC-PTSD
Attachment C: PCL-C
Attachment D: Assessing Risk and Resilience Factors & Symptoms for Trauma History

V. REFERENCES

Comprehensive Accreditation Manual for Hospitals, The Joint Commission, Provision of Care, PC.01.02.09 https://e-dition.jcrinc.com/MainContent.aspx

Jennings, A., Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services. National Association of State Mental Health Program Directors, (2008).

OHA Addictions & Mental Health Division's Trauma website: http://www.oregon.gov/OHA/addiction/trauma.shtml

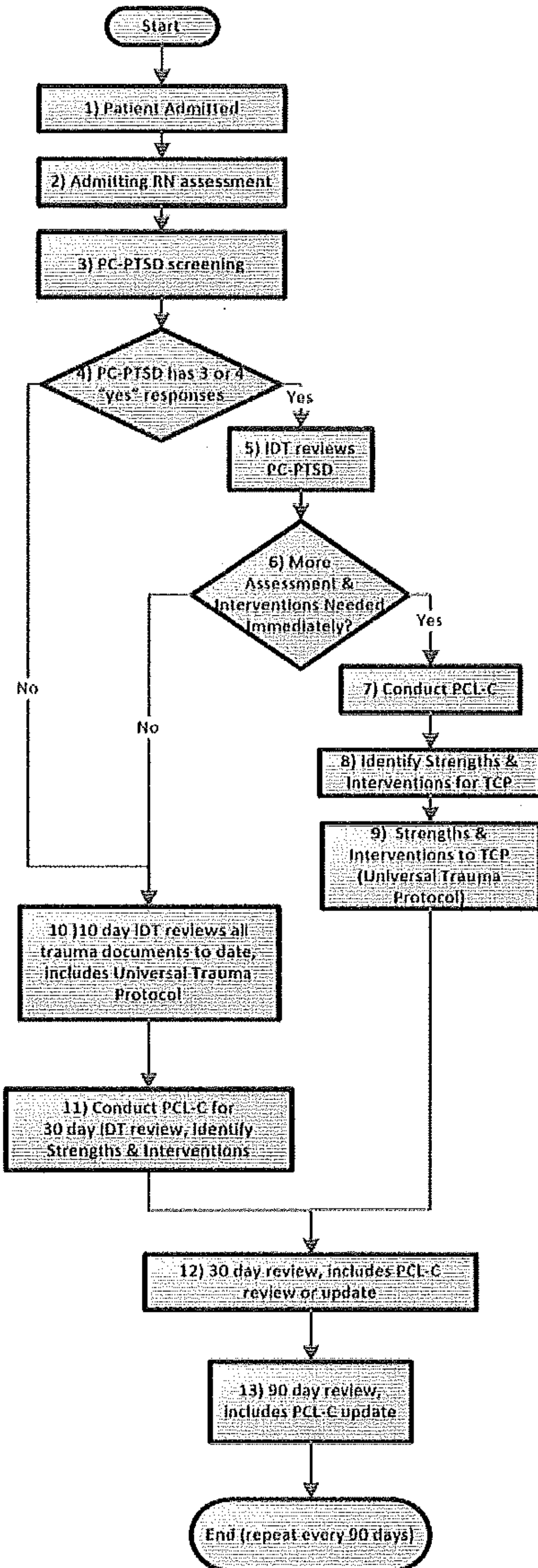
OAR 309-032-1510

OHA Addictions and Mental Health Division's Trauma Policy, dated February 14, 2006.

SAMHSA, National Center for Trauma Informed Care http://www.samhsa.gov/nctic/

Additional resources, references and bibliography will be provided in the Education Development Department training on Trauma Informed Care.

Attachment A



Step	Responsible	Accountable	Consult	Inform	Reference Documents, Policies, OARS, Accreditation Standards
1)	RN	Discipline Supervisor		IDT	
2)	RN	Discipline Supervisor	Patient	IDT	OSH Medical Dept 1.001 OSH Nursing Svs 3/A-2 OSH Nursing Svs 3/N-5
3)	Patient & RN	Discipline Supervisor	Patient	IDT	OAR 309-032-1510 CAMH PC.01.02.09
4)	RN	IDT	Patient	IDT	
5)	IDT	TCPS	Case Monitor & Recovery Specialist		OSH Patient Care, Policy 6.011 OSH Patient Care, Policy 6.045 OSH Patient Rights, Policy 7.012
6)	IDT & Patient	IDT	Patient		
7)	Patient & Psychology	Psychology		IDT	
8)	Patient & Psychology	Psychology	Case Monitor & Recovery Specialist	IDT	
9)	IDT	TCPS	Patient		
10)	IDT & Patient	IDT & TCPS	Case Monitor & Recovery Specialist		OSH Patient Care, Policy 6.011 OSH Patient Care, Policy 6.045 OSH Patient Rights, Policy 7.012
11)	Patient & Psychology	Psychology		IDT	
12)	Patient & IDT	IDT & TCPS	Case Monitor & Recovery Specialist		
13)	Patient & IDT	IDT & TCPS	Case Monitor & Recovery Specialist		OSH Patient Care, Policy 6.011 OSH Patient Care, Policy 6.045 OSH Patient Rights, Policy 7.012

Primary Care PTSD Screen (PC-PTSD)

Instructions

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past 90 days, you:

Question	Response	
Have had nightmares about it or thought about it when you did not want to?	Yes	No
Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	Yes	No
Were constantly on guard, watchful, or easily startled?	Yes	No
Felt numb or detached from others, activities, or your surroundings?	Yes	No
Total		

If the patient answers "yes" to any three items the patient should be considered "positive". Enter this information in the admitting Nursing Assessment and notify the Interdisciplinary Team (IDT) for inclusion on the Treatment Care Plan.

The IDT shall determine if the Post Traumatic Stress Disorder Check List (PCL-C) should be completed before the 30 day review and if immediate interventions are needed to assist the patient in remaining safe.

Post Traumatic Stress Disorder Check List (PCL-C)

Name: ____________________ Date: ____________________

Instruction: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem in the last few months.

No.	Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Trouble *falling* or *staying asleep*?					
2.	Feeling *irritable* or having *angry outbursts*?					
3.	Having *difficulty concentrating*?					
4.	Being *"super alert"* or watchful on guard?					
5.	Feeling *jumpy* or easily startled?					
6.	Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?					
7.	Avoid *activities* or *situations* because they *remind you* of a stressful experience from the past?					
8.	Trouble *remembering important parts* of a stressful experience from the past?					
9.	Loss of *interest in things that you used to enjoy?*					
10.	Feeling *distant* or *cut* off from other people?					
11.	Feeling *emotionally numb* or being unable to have loving feelings for those close to you?					
12.	Feeling as if your *future* will somehow be *cut short*?					
13.	Repeated, disturbing *memories, thoughts, or images* of a stressful experience from the past?					
14.	Repeated, disturbing *dreams* of a stressful experience from the past?					
15.	Suddenly *acting* or *feeling* as if a stressful experience *were happening* again (as if you were reliving it)?					
16.	Feeling *very upset* when *something reminded* you of a stressful experience from the past?					
17.	Having *physical reactions* (e.g., heart pounding, trouble breathing, or sweating) when *something reminded* you of a stressful experience from the past?					

If you have placed an "X" in a number of the 3, 4 or 5 columns, you and your treatment team may want to identify effective tools and skills to assist you in managing these stressful responses.

Modified from Weathers, Litz, Huska, & Keane National Center for PTSD - Behavioral Science Division
This is a Government document in the public domain.

Assessing Risk and Resilience Factors & Symptoms for Trauma History

Risk factors

- Experiencing dangerous events and trauma
- Having a history of mental illness
- Seeing people hurt or killed
- Feeling horror, helplessness, extreme fear and threat of loss of life
- Having little or no social support after the event
- Dealing with extra stress after the event, such as loss of a loved one, pain and injury, or loss of a job or home.
- Domestic violence, poverty, and/or homelessness
- Having first-degree relatives with mental illness, including PTSD
- Having first-degree relatives with depression
- Having been abused or neglected as a child

Resilience factors that may reduce the risk

- Seeking out support from other people, such as friends and family
- Finding a support group after a traumatic event
- Feeling good about one's own actions in the face of danger
- Having a coping strategy, or a way of getting through the bad event and learning from it
- Being able to act and respond effectively despite feeling fear.

Symptoms

Actions, behaviors, or feelings can trigger or exacerbate trauma symptoms. The patient needs to be asked about symptoms, including nightmares and flashbacks, difficulty connecting with everyday life, and emotional numbering. Criteria can be identified to help staff make trauma history assessments. Symptoms may be internal or external and may be seen as:

Internal:

- Rage/anger
- Anxiety
- Sadness
- Memories of a traumatic event
- Feeling alone
- Feeling abandoned
- Feeling frustrated
- Feeling out of control

- Feeling vulnerable
- Palpitations or racing heartbeat
- Pain
- Muscle tension

External:

- A disagreement
- Seeing or hearing about a traumatic event through the media
- Watching a television show or movie that triggers memories
- Certain smells or sounds
- Ending a relationship
- An anniversary of a specific event
- Holidays
- A specific place
- Seeing someone who triggers memories
- Seeing someone who is going through a traumatic event

Source: NIMH & Mayo Clinic