Making the Unspeakable Speakable: Making a Case for Trauma Screening & Assessment

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Research & Evaluation

- T-SBIRT
- Randomized Control Testing (RCT)
- Family Foundations of Wisconsin evaluation
- Project Connect
- Data analytics of evidence-based interventions (EBI’s) used in the community
- Internships

Program Design & Implementation

- Trauma & Recovery Project increasing access to trained clinicians in EBI’s
- Coordinating or leading trainings in PCIT, TFCBT and CPP
- Significantly reducing trainee cost
- Project Connect and Families Empowered Together: Group-Based PCIT
- Building Brains with CARE
- Testing
- Consultation

Community Engagement & Systems Change

- Families First Prevention Services Act
- Scaling Wellness in Milwaukee member
- Dissemination:
  - Authentic Community Engagement webinar
  - Evaluating Systems Change: An Inquiry Framework webinar
- Publications, Social Media
- University without borders
- State to begin implementing T-SBIRT

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Our Presenters

Meghan Christian  
Cynthia Franzolin  
Dimitri Topitzes
Benefits of Asking Sensitive Questions

Asking acknowledges exposure to adversity

- Vast majority of individuals can respond to sensitive questions without significant distress

Asking recognizes and strengthens resilience

- Although people with trauma history report more discomfort to sensitive questions than those without trauma history, they are more likely to report it is a helpful and valuable experience to be asked these types of questions

Asking allows exploration of ongoing negative affects which allows for positive adjustments in personal health and well-being

- Some discomfort is normative and even potentially nourishing to the relationship when considering concept of gradual exposure

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Common Concerns About Asking Sensitive Questions

Will it harm families with whom I work?

• Providers may worry that asking questions about adversity could cause distress or discomfort by prompting individuals to relive experiences

Will it hinder our relationship?

• Providers could be concerned individuals may interpret questions as intrusive or judgmental, thus negatively affecting rapport leading to avoidance behaviors or program dropout
Impacts of Trauma Screening and Assessment

- Uncover Current and past stressors (incl COVID-19)
- Uncover source of multiple presentations
- Strengthens client awareness, self-acceptance & confidence
- Deepens client/practitioner rapport
- Reduces time spent addressing secondary issues
- Informs evidence-based treatment
Impacts on Therapeutic Relationship

• Gather more rich information by asking directly than by assuming the clients will bring it up on their own (shame may contribute to the problem)

• Many clients feel when secrets are out they do not need to feel defensive anymore, improving therapeutic work

• Opportunities to discover and develop strengths are more visible

• Facilitates the integration of other resources that adapt with the ones they are already using

• Gives opportunity to validate experiences and normalize trauma reactions/protective mechanisms

• Plenty of information to assist on case conceptualization and treatment plan development

• Highlights foreseeable risks and develop ideas to better assist the client
Using Screening and Assessment in Practice

Screening can help you figure out the map for treatment, but assessment is the compass.

Adapted from Sixteenth Street Clinic slides
How to Ask Sensitive Questions

- Prepare client for sensitive nature of questions
- State goal is to reduce negative effects of exposure to adversity
- Set aside enough time to talk
- Be mindful of timing of questions (not too early or too late in service delivery)
- Ensure privacy
- Be face-to-face
- Give client copy of survey
- Record responses or ask client if they’d like to circle responses
- Acknowledge adversity and resilience
Tools and Resources

- Trauma Exposure Screeners (LEC-5, THS, BTQ, LES)
- Trauma Symptom Screener (PCL-5, PC-PTSD, IES)
  - See National Center for PTSD
- Childhood Exposure Screener (ACE, CES, CTS, TESI-PRR)
- Childhood Symptom Assessments (CPSS, UCLA-PTSD)
- Complex Trauma Assessment (TSCC, SIDES-SR)
  - See CDC, NCTSN or JRI-Trauma Ctr or John Briere
T-SBIRT

- History
- Theory base
  - Motivational Interviewing
  - Emotional Processing Theory
  - Resilience Theory or PTG
- Structure:
  - Current and past stressors
  - Current symptoms (PTSD)
  - Coping: helpful and unhelpful
  - Psychoeducation
  - Referral for treatment
  - Enhance motivation for referral completion
  - Assess current state and stabilize if necessary
- Intent:
  - Increase awareness and decrease stigma
  - Strengthen coping and resilience
  - Increase access to mental/behavioral health treatment

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Dimitri’s Lessons Learned

1. Client resilience and appreciation
2. Great extent of complex trauma in low income SES
3. Practitioner training and skill
4. Referral acceptance doesn’t translate into completion
5. Dearth of trauma-focused providers in community
6. Need model to address trauma on larger scales
Cynthia’s Lessons Learned

1. Individuals are more resilient than we could believe
2. If you don’t ask, it will take a long time to know
3. Not all screening and assessment tools are valid with all populations
4. Always allow time to help the client to self-regulate at the end of the assessment (even if they do not look affected by the material)
5. When we don't ask or hesitate to do it, it is important to reflect on what is holding us back
What Questions Do You Have?
Upcoming ICFW Webinars

Join us for “Parent Child Interaction Therapy (PCIT) & Child Welfare” with Dr. Emma Girard, PCIT Master Trainer, and Kate Bennett and Leah Cerwin, Children’s Wisconsin and ICFW Well-Being Lead Clinicians, on May 20th at 1:00 CST.

Register here: https://chwi.zoom.us/webinar/register/WN_4c2_Ns_7RkKqVSgHBHa4LA

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Contact Luke Waldo: lwaldo@chw.org
Thank you!

We value your participation and feedback. Please complete the brief survey that you will receive upon the conclusion of this webinar.

We will follow shortly with supportive materials for further learning.