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TRAUMA-AND VIOLENCE-INFORMED APPROACHES TO COMPLETING MENTAL HEALTH ASSESSMENTS- GAD-7 AND C-SSRS

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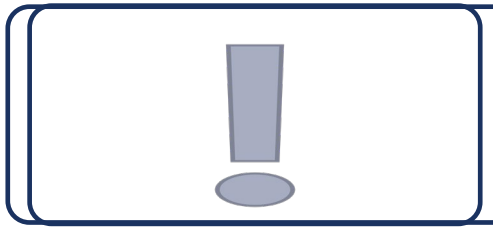
OBJECTIVES

By the end of this session participants will be able to:

- Discuss the use of trauma-and violence-informed (TVIC) principles in the administration of mental health assessment tools, including the Generalized Anxiety Disorder (GAD-7) Scale and the Columbia Suicide Severity Rating Scale (C-SSRS).
- Describe strategies to introduce these tools to clients, explain their purpose and discuss their findings.
- Identify ways to engage in these discussions while prioritizing emotional safety and fostering a therapeutic relationship

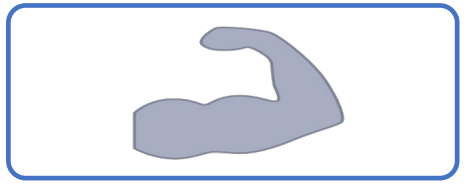
TRAUMA-AND VIOLENCE-INFORMED PRINCIPLES (TVIC)



Understand trauma, violence, and its impact on people and behaviours

Nurture physically and emotionally safe environments

Foster opportunities for choice and collaboration

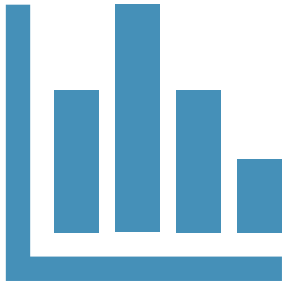


Use a strengths based and capacity building approach

(Ponic et al., 2016)

ABOUT THE TOOLS…

- Avenues for identifying mental health symptoms and finding ways to manage them
- Allow us to quantify data and evaluate outcomes
- Opportunity for education
- **They are just tools**




MANUAL
USER
GUIDE
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- How do we incorporate trauma-and violence-informed principles in the use of these tools?

GENERALIZED ANXIETY DISORDERS SCALE (GAD-7)

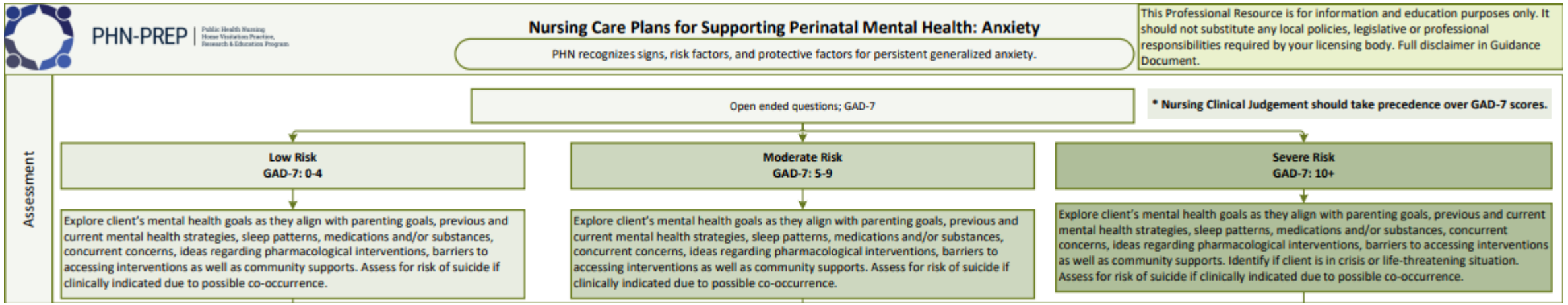
GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems? *(Use "✔" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T____ = ____ + ____ + ____)

- Valid and reliable tool
- Increasing scores were strongly associated with multiple domains of functional impairment (Spitzer et al., 2006)

GENERALIZED ANXIETY DISORDERS SCALE (GAD-7)



INTRODUCING THE TOOL AND EXPLAINING THE PURPOSE- GAD-7

- Use simple clear terms
- Explain to clients why you are using the tool
- Clarify terms as needed
- Take the opportunity to educate/build on client strengths
- Demonstrate active listening
- Allow for silence

"This tool is a set of questions that help us better understand _____ you've been experiencing and ways in which we can support you".

"Anxiety looks and feels different for different people, and these are some of the ways in which people experience it"

"It's 7 questions about how you've been feeling over the past two weeks"

"That sounds really hard.. "

DISCUSSING THE FINDINGS – GAD-7

- It's not a diagnostic tool
- Summarize key issues
- Identify next steps
- Give choices

"It's clear that the worries that you're experiencing are really impacting your life and getting in the way of you taking care of yourself.. it seems like this is something that requires a little more support "

COLUMBIA SUICIDE SEVERITY RATING SCALE (C-SSRS)

SAFE-T Protocol with C-SSRS (Columbia Risk and Protective Factors) - Recent

Step 1: Identify Risk Factors	
C-SSRS Suicidal Ideation Severity (If question 2 is "no" you may skip 3, 4 and 5)	**Month**
1) Wish to be dead *Have you wished you were dead or wished you could go to sleep and not wake up?*	
2) Current suicidal thoughts *Have you actually had any thoughts of killing yourself?*	
3) Suicidal thoughts w/ Method (w/no specific Plan or Intent or act) *Have you been thinking about how you might do this?*	
4) Suicidal Intent without Specific Plan *Have you had these thoughts and had some intention of acting on them?*	
5) Intent with Plan *Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?*	
C-SSRS Suicidal Behavior: *"Have you ever done anything, started to do anything, or prepared to do anything to end your life?"* Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If "YES" Was it within the past 3 months?	**Lifetime** **Past 3 Months**

COLUMBIA SUICIDE SEVERITY RATING SCALE (C-SSRS)

Activating Events:
- ☐ Recent losses or other significant negative event(s) (legal, financial, relationship, etc.)
- ☐ Pending incarceration or homelessness
- ☐ Current or pending isolation or feeling alone

Treatment History:
- ☐ Previous psychiatric diagnosis and treatments
- ☐ Hopeless or dissatisfied with treatment
- ☐ Non-compliant with treatment
- ☐ Not receiving treatment
- ☐ Insomnia

Other:
- ☐ _____
- ☐ _____
- ☐ _____

Clinical Status:
- ☐ Hopelessness
- ☐ Major depressive episode
- ☐ Mixed affect episode (e.g. Bipolar)
- ☐ Command Hallucinations to hurt self
- ☐ Chronic physical pain or other acute medical problem (e.g. CNS disorders)
- ☐ Highly impulsive behavior
- ☐ Substance abuse or dependence
- ☐ Agitation or severe anxiety
- ☐ Perceived burden on family or others
- ☐ Homicidal Ideation
- ☐ Aggressive behavior towards others
- ☐ Refuses or feels unable to agree to safety plan
- ☐ Sexual abuse (lifetime)
- ☐ Family history of suicide

☐ **Access to lethal methods:** Ask specifically about presence or absence of a firearm in the home or ease of accessing

Step 2: Identify Protective Factors (Protective factors may not counteract significant acute suicide risk factors)

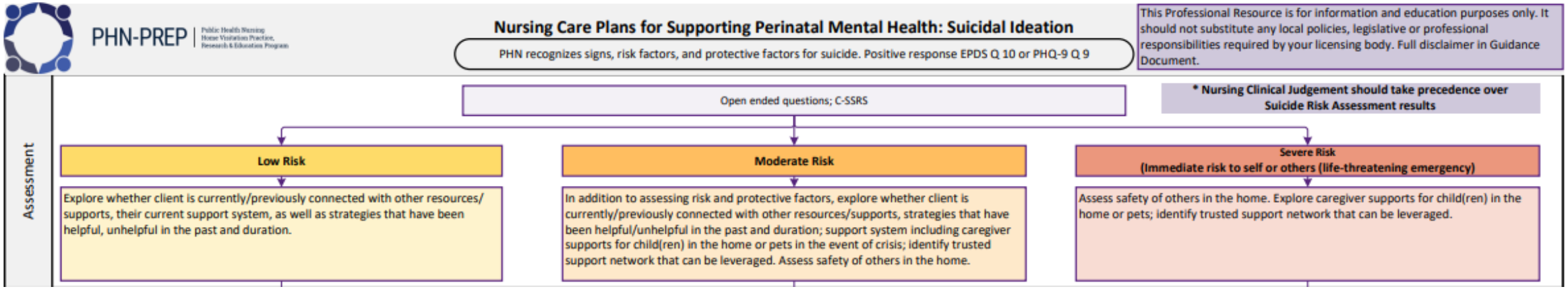
Internal:
- ☐ Fear of death or dying due to pain and suffering
- ☐ Identifies reasons for living
- ☐ _____
- ☐ _____

External:
- ☐ Belief that suicide is immoral; high spirituality
- ☐ Responsibility to family or others; living with family
- ☐ Supportive social network of family or friends
- ☐ Engaged in work or school

COLUMBIA SUICIDE SEVERITY RATING SCALE (C-SSRS)

Step 3: Specific questioning about Thoughts, Plans, and Suicidal Intent – (see Step 1 for Ideation Severity and Behavior – skip if questions 1-5 are all no)	
C-SSRS Suicidal Ideation Intensity (with respect to the most severe ideation 1-5 identified above)	**Month**
Frequency ***How many times have you had these thoughts?*** (1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day	
Duration ***When you have the thoughts how long do they last?*** (1) Fleeting - few seconds or minutes (2) Less than 1 hour/some of the time (3) 1-4 hours/a lot of time (4) 4-8 hours/most of day (5) More than 8 hours/persistent or continuous	
Controllability ***Could/can you stop thinking about killing yourself or wanting to die if you want to?*** (1) Easily able to control thoughts (2) Can control thoughts with little difficulty (3) Can control thoughts with some difficulty (4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts (0) Does not attempt to control thoughts	
Deterrents ***Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of suicide?*** (1) Deterrents definitely stopped you from attempting suicide (2) Deterrents probably stopped you (3) Uncertain that deterrents stopped you (4) Deterrents most likely did not stop you (5) Deterrents definitely did not stop you (0) Does not apply	
Reasons for Ideation ***What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?*** (1) Completely to get attention, revenge or a reaction from others (2) Mostly to get attention, revenge or a reaction from others (3) Equally to get attention, revenge or a reaction from others and to end/stop the pain (4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (0) Does not apply	
Total Score	

COLUMBIA SUICIDE SEVERITY RATING SCALE (C-SSRS)



INTRODUCING THE TOOL AND EXPLAINING ITS PURPOSE- C-SSRS

- Simple, clear terms
- Explain why you are using the tool
- Note your tone and non-verbals
- Note your verbals
- Allow for silence
- Reflect, validate, support

"You mentioned that you think your baby would be better off without you.. with your permission.. I want to ask you a few more questions about this"

"We ask these questions to get a better sense as to how some of these thoughts have been impacting you and what we can do to support you"

"That sounds really hard"

DISCUSS THE FINDINGS- C-SSRS

- Reflect, validate, support
- Summarize key issues
- Identify next steps
- Give choices as able

Thank you for sharing that with me

"I'm hearing that these thoughts have been on the back of your mind and they're worrying you, I'm hoping we can work together on coming up with a plan as to what to do when you these thoughts come back"

'It sounds as though these thoughts are really persistent and very much impacting you, we want to work with you to help you stay safe, and because of that I would like to reach out to _____'

WHAT IF THERE IS A TRAUMATIC/STRESSFUL RESPONSE?

- Unlikely
- If so, response may be fight or flight or freeze
- Stop, listen, acknowledge, validate
- Don't defend
- Take an opportunity to build skills if appropriate

"If you don't want to do this, that's okay"

"I noticed that you are _____, what can I do to help?

"I can see why that was stressful"

THERAPEUTIC RELATIONSHIPS AND EMOTIONAL SAFETY

- During times of stress and disorganization, humans have needs of connectedness
- Nursing is an interpersonal process involving the interaction between two or more individuals with a common goal (Peplau, 1997)

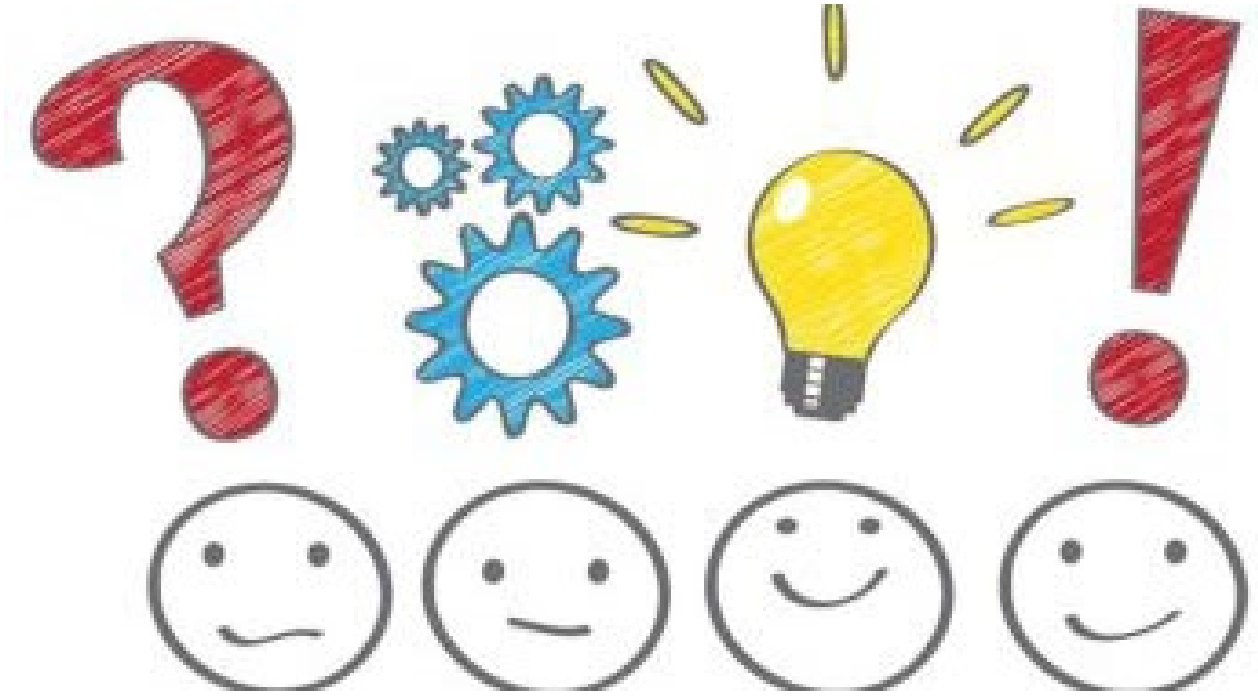
CONCLUSION- DO'S AND DON'TS

- ✓ Do give the person time and choices
- ✓ Do normalize their experiences
- ✓ Do listen actively, use reflective and validating statements

- × Don't prioritize the tool
- × Don't use judgment laden language (good or bad)
- × Don't defend
- × Don't fix it!

QUESTIONS

- Email: jolarte@stjoes.ca



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