

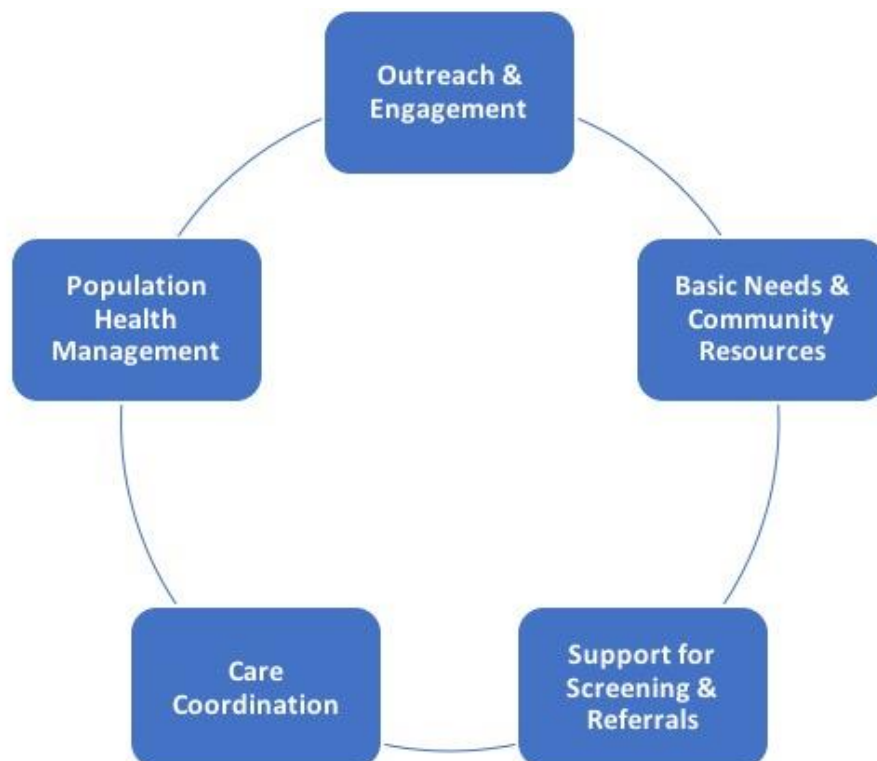
TRAUMA AND PTSD MINI WORKBOOK

TEAM UP FOR CHILDREN COMMUNITY HEALTH WORKERS

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How to use this workbook	
Goals for this workbook	<ul style="list-style-type: none"> • Workbooks are designed to accompany the core framework for CHW work within Team Up with 5 core areas described below • Depending on the site, CHWs may work more in one core area than another • Each site has the flexibility to adapt the CHW role within core areas to best match the needs of families in their sites • CHWs should coordinate with their clinical care teams on all tasks • CHWs should direct work outside of the core areas back to clinical care team • CHWs should use this workbook to guide their work with families • Workbooks accompany the learning community modules (webinars) by topic area
Adapting this workbook	<ul style="list-style-type: none"> • This workbook may be adapted to better match each site's needs and clinical protocols • Core topic areas in this workbook reflect the core framework and should not be changed to ensure similarity across sites using this CHW curriculum • Please maintain all acknowledgements of this work



OVERVIEW	
<p>Traumatic Events</p> <p>Post-Traumatic Stress Disorder (PTSD)</p>	<ul style="list-style-type: none"> • Families may be exposed to traumatic events • Reactions to traumatic events are normal and usually resolve with adequate support • When symptoms persist and become chronic, they interfere with a child or parent’s daily functioning <p>Core symptoms:</p> <ul style="list-style-type: none"> • Recurrent memories, flashbacks, nightmares and dreams • Avoiding memories, thoughts or external reminders of traumatic event (people, places, activities) • Blame, guilt, hopelessness • Irritability, aggression • Sleep issues • Somatic complaints (headaches, stomachaches) • Increased separation anxiety • Problems at home, school or work caused by symptoms • Associated with depression <p>Families may</p> <ul style="list-style-type: none"> • Describe sleep issues, complaints, anxiety after event • Describe feeling hopeless, scared, worried after event • Avoid places, situations that remind family of event
<p>CHW-Role in Trauma/PTSD</p>	<ul style="list-style-type: none"> • Engage families in the process of diagnosis and services for child <ul style="list-style-type: none"> ○ behavioral health services ○ school-based services and support • Connect family with integrated behavioral health provider and/or primary care provider to discuss symptoms after traumatic event • Engage families in the process of understanding when a traumatic event becomes problematic • Offer parenting support and problem-solve managing PTSD symptoms • Coordinate care and help navigate medical and community-based systems as needed <ul style="list-style-type: none"> ○ Assist with referrals ○ Assist with initiating school-based services
<p>Screeener</p>	<ul style="list-style-type: none"> • Pediatric Symptom Checklist (PSC-17 or PSC-35)

ENGAGEMENT	
Logistics	<input type="checkbox"/> Review the “ask” from providers about working with family <input type="checkbox"/> Review the medical chart <input type="checkbox"/> Gather materials needed to meet with family
Introduce yourself	<p><i>-Hello, my name is ____ and I am a CHW/FP part of your medical team. I help families access resources and services and can offer ongoing support to you as needed. Your child’s provider asked me to talk to you about ____.</i></p> <p><i>-Do you have time now to talk about this?</i></p>
Set an Agenda	<p><i>-I am going to talk about _____. (Getting you and your child help for how they have been reacting after the traumatic event.)</i></p> <p><i>-Do you have anything else that you would like to talk about?</i></p>

EDUCATION	
Reason for Referral	<p><i>-Your child has been referred for _____. (i.e. behavioral health services)</i></p> <p><i>-What do you think about the referral?</i></p> <p><i>-What are the goals and expectations you may have for your child with this referral?</i></p>
Trauma/PTSD	<p><i>(Explain how referrals can help child and family)</i></p> <p><i>-Accessing services for how your child is feeling will help you and your child function for school and work.</i></p> <p><i>-Your primary care provider and/or behavioral health provider can explain the details of trauma to you as part of these services.</i></p> <p><i>-I also have some materials here on traumatic events and when it becomes a problem for kids and families.</i></p> <p><i>-Do you have any questions or concerns? We can loop back with your child’s provider.</i></p>
Diagnostic Process	<p><i>-Your child’s provider is referring your child for a behavioral health assessment. What do you think about this?</i></p>
Explain the Process	<p><i>-We are going to submit a referral to (provider/clinic/hospital).</i></p> <p><i>-Typically, the way this will work is you will have to go in for an intake, fill out paperwork and go through a series of questions on how much of a problem you and/or your child is having after the traumatic event.</i></p>

<p>Address barriers or concerns</p> <p>Create an action plan</p>	<p><i>-What do you think? Is this something you'd be willing to try?</i></p> <p><i>-What might make it difficult for you to try this?</i></p> <p>Ask about specific barriers: Transportation, childcare for other children, work demands, stigma?)</p> <p><i>-I am going to send this referral over to the _____. They will call you in a week. If they don't call you, you will call them at this number_____.</i></p> <p><i>-I will call you on (date) in a week to see when the appointments are scheduled for.</i></p> <p><i>-It will be helpful to get signed releases from you as a parent today so that we can communicate directly with your child's school and/or the other medical providers.</i></p> <p><i>-You will need to bring paperwork to the appointment. I can help you fill that out or get any documents you might need.</i></p> <p><i>-You can always reach me at _____.</i></p>
<p>Services</p> <p>Explain Services</p> <p>Address barriers or concerns</p> <p>Create an action plan</p>	<p><i>-Your child's provider thinks you and your child might benefit from seeing a _____ for services to help your child with _____.</i></p> <p><i>-Kids who are recovering from a traumatic event benefit from counseling and/or medication treatment.</i></p> <p><i>-Parents may also benefit from counseling to help them plan how to manage their child's behavior due to the traumatic event.</i></p> <p>(Explain the type of service. You may have to do some research or ask another team member to help you learn about how these services work.)</p> <p><i>-What do you think? Is this something you'd be willing to try?</i></p> <p><i>-What might make it difficult for you to try this?</i></p> <p><i>-Some parents like to talk to other parents. Would you like us to connect you to other parents through support groups?</i></p> <p><i>-Some parents like to talk to a counselor to think about parenting strategies. Would you like us to connect you to a counselor?</i></p> <p><i>-You will need to call_____ to start the process.</i></p> <p><i>-I will make the referral and they will call you.</i></p> <p><i>-I will call you on (date) in a week to see when the appointment is.</i></p> <p><i>-You can always reach me at _____.</i></p>

APPLICATION: Care Coordination & Key Tasks

<p>Engagement</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Highlight strengths of the child and family <input type="checkbox"/> Bring out hopes for the child and family <input type="checkbox"/> Encourage positive parenting <input type="checkbox"/> Encourage family activities that promote safety and build connection <input type="checkbox"/> Are there psychological or cultural barriers? <input type="checkbox"/> Did you offer any parenting support and resources?
<p>Education and Support</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Does family understand referral for behavioral health services? <input type="checkbox"/> Encourage problem-solving to manage child’s behaviors <input type="checkbox"/> Encourage parents to stay calm, model calm behaviors and skills, avoid yelling and screaming <input type="checkbox"/> Encourage parents to have a consistent bedtime routine <input type="checkbox"/> Encourage parents to reassure child, praise desired behaviors <input type="checkbox"/> Encourage parents to be aware of their own emotional response <input type="checkbox"/> Did you address barriers or concerns? <input type="checkbox"/> Did you create an action plan? <input type="checkbox"/> Did you loop back with PCP? <input type="checkbox"/> Did you connect to the school/teacher? <input type="checkbox"/> Did you document in the EMR? <input type="checkbox"/> Do you have signed medical releases? <input type="checkbox"/> Any other important information?
<p>Diagnostic Process</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Does family have all necessary information for the diagnostic process? <input type="checkbox"/> Did you get medical releases signed? <input type="checkbox"/> Did you address barriers or concerns? <input type="checkbox"/> Does family need help scheduling appointments? <input type="checkbox"/> Does the family need help filling out paperwork or bringing materials? <input type="checkbox"/> Does the family need transportation to the appointments? <input type="checkbox"/> Did you document in the EMR? <input type="checkbox"/> Do you have signed medical releases? <input type="checkbox"/> Any other important information?
<p>Services</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Does family have all necessary information to access services? <input type="checkbox"/> Did you address barriers or concerns? <input type="checkbox"/> Does family need help scheduling or coordinating appointments? <input type="checkbox"/> Does the family need transportation to appointments? <input type="checkbox"/> Did you document in the EMR? <input type="checkbox"/> Do you have signed medical releases? <input type="checkbox"/> Any other important information?

NAVIGATION PATHWAYS: Population Health Management	
Pre-diagnosis	<ul style="list-style-type: none"> • Screening and Education on referral process • Referral to behavioral health assessment • Referral to school-based assessment • Signed releases for coordination of care across systems
Diagnostic Stage	<ul style="list-style-type: none"> • Diagnostic Assessment Process: <ul style="list-style-type: none"> ○ Forms, Scheduling appointments ○ Coordination with school • Logistical barriers: <ul style="list-style-type: none"> ○ Transportation, appointment times, childcare • Cultural and Psychological barriers: <ul style="list-style-type: none"> ○ Perceived need and importance of assessment ○ Perception of traumatic event and response to traumatic event
Post-Diagnosis	<ul style="list-style-type: none"> • Services <ul style="list-style-type: none"> ○ Recommendation for services: counseling and medication treatment ○ Specialized programs for children and parents ○ Parent services for trauma/PTSD ○ Patient and Family Rights • School-based services <ul style="list-style-type: none"> ○ IEP process, including 504 Plan

RESOURCES	
Trauma/PTSD Overview	<ul style="list-style-type: none"> • Team Up Learning Community Modules • Substance Abuse and Mental Health Services Administration (SAMSHA) https://www.samhsa.gov/treatment/mental-disorders/post-traumatic-stress-disorder
Information for Families	<ul style="list-style-type: none"> • National Child Traumatic Stress Network https://www.nctsn.org/audiences/families-and-caregivers • Help Kids Cope Mobile App https://www.nctsn.org/resources/help-kids-cope • National Center for PTSD: Resources for Families https://www.ptsd.va.gov/public/materials/web-resources/web-families.asp