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Effective Trauma Assessment Tools for Women with Severe Mental Illness

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Statement of Purpose

Minnesota Security Hospital (MSH) serves individuals under civil commitment as Mentally Ill and Dangerous by the State of Minnesota. MSH is evaluating its practices to ensure the treatment environment encompasses a recovery oriented, person-centered, and trauma-informed program. Understanding and assessing trauma will assist clinicians in providing patients with the most effective and efficient treatment (Carlson, 1997). Long term negative outcomes exists for individuals with severe mental illness who have experienced trauma including more severe psychiatric symptoms, substance abuse, and homelessness (Mueser, Salyers, Rosenberg, Ford, Fox, & Carty, 2001). The purpose of this Capstone project was to identify and recommend evidence-based trauma assessment tools that could be used during the admission process for women diagnosed with severe mental illness.

Research Question

What evidence-based trauma assessment tool is shown to be most effective in assessing trauma in women under civil commitment as Mentally Ill and Dangerous that could be utilized on the admission unit at Minnesota Security Hospital?

Summary of Relevant Literature

Jennings (2004) reports "Up to 81% of men and women in psychiatric hospitals who are diagnosed with a variety of major mental illnesses have experienced physical and/or sexual abuse, while "Sixty-seven percent of these men and women were abused as children" (p. 41). Additionally, the Department of Health and Human Services [DHS] (2009) reports, "Women are six times more likely than men to report being a victim of rape or attempted rape, and they are three times more likely than men to suffer from sexual or physical intimate partner violence" (p. 9).

With the prevalence of trauma there is a need to respond in a trauma informed manner. Trauma Informed Care (TIC) is a holistic approach that is grounded in the understanding of the neurological, biological, psychological, and social effects that trauma has on patients (The National Association of State Mental Health Program Directors [NASMHPD], 2005; Jennings, 2004). The purpose of a trauma assessment is to identify past or current trauma,violence and abuse (Huckshorn, Stomberg, & LeBel, 2008). Assessments serve to increase the clinician's understanding of the patient's symptom severity, how it impacts the patient in treatment, and can support service delivery and patient recovery (Huckshorn et al., 2008).

NASMHPD (2005) defines trauma and traumatic events as the, "Personal experience of interpersonal violence including sexual abuse, physical abuse, severe neglect, loss and/or the witnessing of violence" (p.1). Carlson (1997) states the event must be perceived as uncontrollable, sudden and negative. Traumatic experiences are complex constructs, and vary in regards to their meaning, developmental phase, social context, severity (i.e. intensity, duration, frequency, duration, nature of trauma), and prior life events (Carlson, 1997). Multiple barriers exists when assessing trauma histories including lack of specific questions, client's amnesia, and incomplete report of the symptoms, and/or the misinterpretation of symptoms (Carlson, 1997).

REFERENCES AVAILABLE UPON REQUEST

Key Findings

Trauma Assessment Tools	Women in Study	Psychiatric Population in Study	Cost	Psychometric Properties (as reported by author)	Format Self-Report Interview	Number of Items & Time to Administer
Traumatic Events Questionnaire	X	X	Free	Strong	Self-Report	13 items 5-10 min
Trauma Recovery Scale	X	X	Free	High	Self-Report	Part 1: 1 item Part 2: 25 items Part 3: 10 items 5 min
Evaluation of Lifetime Stressors	X	Unknown	Free	Good	Self-Report Interview	10-20 min 56 items 1-3 hours
Trauma Assessment for Adults	X	X	Free	Satisfactory	Self-Report Interview	17 items 10-15 min
Trauma Symptom Inventory	X	X	For Purchase	Strong	Self-Report	100 items 5-20 min
Early Trauma Inventory	X	X	For Purchase	Acceptable	Interview	56 items 15-45 min
Traumatic Experiences Inventory	X	Unknown	Unknown	Promising	Self-Report	38 items min Unknown
Life Stressor Checklist-R	X	Unknown	Free	Under development	Self-Report	30 items 15-30 min
Potential Stressful Events Interview	X	X	Free	Basic Properties in tact	Interview	62 items 60-90 min

Methodology

The criterion was selected in collaboration with MSH staff and focused on trauma, and the inclusion of women and psychiatric populations within studies of the instrument. Psychometric properties and practical issues such as cost-effectiveness, format, and number of items, and time to administer the tool were included.

Next, an extensive systematic review of the literature was conducted in the area of trauma informed care and services, complex trauma, trauma exposure measure, trauma assessment and adults, and trauma and severe mental illness. Data was collected and organized into a table in order to compare the tools to selected criteria. There were 28 articles, 3 books, 5 websites, and 3 PowerPoint's reviewed as part of the process. Trauma assessment tools were obtained via written requests to researchers who developed the tools. The available trauma tools, contact information, and additional information were organized into a resource manual for MSH. An Introduction to Trauma-Informed Care was presented to the MSH Social Service Department. The capstone project is also scheduled to be presented to the Social Service Department.

Forensic Purpose Statement

"Promote ***recovery*** and ***hope*** by creating an environment that is ***safe, respectful***, and ***caring***"

Implications for Social Work Practice and Policy

There are several implications related to the social work profession. Smyth (2008) states it is crucial that social workers understand the impact of trauma and how to identify the variety of trauma reactions within this vulnerable and disadvantaged population. Smyth reports, "Trauma-informed policy and practice are very compatible with the values of social work in that the need to empower clients who have experienced trauma is considered essential," thus it is imperative that social workers advocate for trauma-informed policy and practice in all systems (2008, para. 28). The purpose of this project was consistent with the trauma informed care objective which aims to "Do No Harm" (Cusack, Frueh, Hiers, Suffoletta-Maierle, & Bennett, 2003). This project complements the social work value of social justice, specifically engaging in change efforts such as meeting clinical service needs of vulnerable clients who have been impacted by trauma (NASW Code of Ethics, 2008).

Implications for Diverse and At-Risk Populations

Individuals with severe mental illness who are admitted within inpatient psychiatric institutions represent the most vulnerable population, and have often experienced trauma, are unable to effectively communicate their needs, and experience difficulty understanding procedures (Frueh, Dalton, Johnson, Hiers, Gold, Magruder, & Santos, 2000). Smyth (2008) reports that given the high prevalence rates of trauma exposure in many vulnerable and disadvantaged populations, social workers must understand the impact of trauma and how to identify the range of trauma reactions. When diverse and vulnerable populations are impacted by trauma, understanding the cultural meaning of trauma is crucial (Smyth, 2008). Similarly, Nelson (2000) reports culturally competent assessment is necessary for ethnic populations.

Discussion and Recommendations

The selection of a potentially traumatic event measure (PTE) should be guided by the clinical purpose (Gray, Litz, Hsu, & Lombardo 2004), and should be based on the patients presenting problem and one that fits the patient (Carlson, 1997). Based on the key findings, this author recommends that MSH adopt the Traumatic Events Questionnaire (TEQ) or Trauma Recovery Scale (TRS) tool. If more detailed information is required, this author recommends that MSH adopt the Evaluation of Lifetime Stressors (ELS) or the Trauma Assessment for Adults (TAA) tool. Qualifications, training required to administer the measure, and the patient's level of comprehension were anticipated for inclusion in the research, however, the researchers who developed the tools frequently did not address within the studies. When available, information is included in the resource manual.

- The MSH Trauma Informed committee should closely analyze all instruments included in key findings to determine whether any have potential for use at MSH
- Consider using a self-report measure first, and if a patient scores high on a self-report measure, follow-up with a structured-interview to obtain detailed information (i.e. ELS or TAA)
- Seek corroboration of symptoms, and experience reports from official records and collateral sources (Carlson, 1997)
- Pilot different instruments, and follow any administration instructions precisely
- Consider interpreter services when the patients first language is not English
- Provide supervision and ongoing training for clinicians in the area of conducting assessment
- Select a standardized trauma screen. When a patient elicits a positive response from the screen, then a subsequent assessment should follow (Jennings, 2007)