



A Trauma Informed Approach to the OSU

A key to trauma-informed care is to approach each client as if they have experienced trauma. Screening for brain injury may be triggering for clients, bringing up many details and memories of various traumatic events. By using trauma-informed language, we can decrease the discomfort clients may experience and increase the efficiency of the screening process and build trust and rapport.

A few key points:

- Begin by giving the client an overview of the types of questions they can expect to be asked when screened using the OSU. The OSU has guided yes / no questions and other questions to confirm details of age, loss of consciousness, and altered state of consciousness.
- Reassure the client they only need to share information that will help us identify the type of severity of injury, and do not need to share any information they are uncomfortable disclosing.
- Share that after the screening, results will be explained. If results indicate injury history, there will be next steps to identify symptoms. Strategies to address those symptoms will be shared. Referrals for resources will be discussed and those agreed upon will also be made to start addressing any areas of concern.
- For age, LOC, & AOC - ensure that estimations are acceptable. Provide support with guiding questions such as:
 - Age: *“What grade do you think you were in?”*
 - LOC: *“What’s the next thing you remember when you woke up?”*
 - Example answer: Waking up to people surrounding them: < 30 Mins
 - Example answer: Waking up in a vehicle / ambulance: 30 mins - 24 hrs
 - Example answer: Waking up in the hospital: hours later - > 24 hrs
 - AOC: *“Did you see stars? Were you confused?”*
- Throughout the screening, take notice if a client appears uncomfortable (shifting body language, stuttering speech, sudden language gaps, statements like “oh, I don’t know, come on!” or “I am a different person now”).
 - Survivors may get frustrated with themselves for not remembering details or may become upset by remembering details about injury events.
 - Provide encouragement that they are doing well: *“It takes a lot of courage to answer these questions, thank you.”*
 - Provide brief validations about their experience: *“Wow, that sounds scary.”*
- At the end of the screening, thank them for sharing their experiences and acknowledge their effort.

Suicide attempts - If a client shares about a past suicide attempt and / or discloses current thoughts of self-harm or thoughts of no longer wanting to live, it is necessary to ask about current suicidal ideation.

- Ask DIRECTLY about suicidal intent: “Are you thinking about committing suicide?” “Are you thinking about killing yourself?”
- If **yes, actively suicidal**, determine imminence by asking if they have a plan. “What plans or actions have you taken recently to hurt yourself?”
- **If actively suicidal, follow the steps below:**
- **Step 1: YOU MUST Call 911 for emergency services.**
- Step 2: After contacting emergency services, these or any additional resources may be shared:
 - National Suicide Prevention Lifeline: Call 988

- If you determine your client is not actively suicidal, offer mental health resources for therapy and future crisis services connection. It is your client's choice whether they engage in referred services, and if they decline services, that is ok. If they reported suicidal feelings, it is important to continue inquiring about their feelings at future meetings.
 - Colorado Crisis Services: 1-844-493-8255 this behavioral health crisis response system offering residents mental health, substance use, or emotional crisis help, information and referrals.

Abuse / Assault / Intimate Partner Violence - Many clients do not wish to discuss these experiences. Provide a gentle reminder that they only need to share the information they are comfortable sharing and that an estimated age range and typical effect of LOC / AOC is enough. Offer intimate partner violence resources for safety intervention, therapy and future crisis services connection. It is your client's choice whether they engage in referred services, and if they decline services, that is ok. If they reported current intimate partner violence, it is important to continue inquiring about this at future meetings.

If your client would like to report a crime: begin by calling 911. If your client is in need of emergency services, reach out to the resources below:

- National Domestic Violence Hotline: 800-799-7233
- National Teen Dating Abuse Hotline: 866-331-9474

If your client would like non-emergent services for intimate partner violence, a list of statewide shelters and programs can be found at cdhs.colorado.gov/our-services/child-and-family-services/domestic-violence-program.

Other Specifics:

- Hospital and ER visits - Share with clients that medical documentation is not required, self-report is acceptable. Explain hospital and ER visit questions are simply a good starting point to help remember injuries. Visiting a hospital or ER is not a requirement, so if an injury happened but there was no medical check or follow up, that is okay.
- Fights, Strikes, Assaults, Abuse, and Gunshots - Prior to asking these questions, give a warning to the client, as these questions can be abrupt and shocking: *"the next few questions are going to be a bit more intense."*
- Explosions and blasts - Often clients need a description of what a blast / explosion is. These are common examples: bombs, mines, exploding cars / buildings. Clients often ask if a loud gunshot near them, that made their ears ring, counts as an explosion. It does not.
- Shift from TBI to Non- TBI questions - Similar to the fights and strikes question, prior to asking this group of questions, give a warning to the client. These questions are different and can cause a disorienting adjustment. A brief reminder to answer to the best of their ability with the knowledge they have is more than enough.
- Overdoses - This tends to be a difficult question for many people due to the shame and stigma associated with substance misuse. Remember to make it clear that clients do not have to go into detail about which substances were used. Prompts about some kind of resuscitation may be helpful: use of Narcan or Naloxone, or other lifesaving interventions. If a client has a history of misuse, offer recovery community resources such as: sober living, residential treatment, outpatient therapy, 12 step meeting lists and sober community spaces. For a list of programs, visit bha.colorado.gov/community-programs/adults.

Do not forget about you!

Screening for brain injuries and hearing clients' various experiences can be triggering to the screener as well. Be sure to take some time after the screening process to take deep breaths, move your body, and debrief with your supervisor, a trusted peer, or a therapist.