START: BRIEF TRAUMA SCREENING AND INTERVENTION

Significance
Direct trauma, such as adverse childhood experiences and community violence, lead to poor short- and long-term health outcomes. Young men of color residing in urban neighborhoods with high levels of violence are particularly at risk due to their social environments as well as barriers to accessing care. Trauma-related symptoms occur as a result of exposure to violence. Clustered together en masse, these symptoms are diagnosed as Post-Traumatic Stress Disorder. But even in less broad manifestations, these symptoms cause biological and psychological distress and mediate the association between trauma and poor health outcomes. Screening Brief Intervention and Referral to Treatment (SBIRT) is one tool that has been shown as an effective strategy in dealing with other health-related behaviors to reduce the association between trauma and poor health outcomes with alcohol and substance abuse.

Research basis
To reduce the disparity in awareness and treatment for trauma symptoms suffered by urban young men of color, Youth ALIVE!, the Center for Nonviolence and Social Justice at Drexel University and researchers from Highland Hospital/UCSF endeavored to develop an SBIRT-type tool for screening and intervention related to trauma. From August 2013 through April 2014, researchers designed and conducted a series of four focus groups with African-American and Latino males in Oakland aged 18-30 with known histories of firearm assault injuries, and then 69 structured interviews with a similar population but without violent injury as inclusion criteria.

Researchers developed a screening protocol with questions adapted for cultural appropriateness from validated, SAMHSA-endorsed PTSD and depression screening tools. The brief interventions tested came from two sources: adaptations of methods endorsed by the Department of Veterans Affairs for PTSD management, and short therapeutic exercises based in multidisciplinary psychological methods adapted by a licensed therapist and collaborating investigator for the DSM-V. With promising results -- only 3% of the young men we interviewed did not suffer negative impacts of trauma in their daily life; 82% to 96% found the various awareness and relief tools that we offered to be helpful in alleviating symptoms -- we are ready to pilot the efficacy of START (Screening & Tool for Awareness & Relief of Trauma) to address common trauma symptoms e.g. sleep disturbance and hyper-arousal.

Pilot
At your pilot site, potential participants would be selected by that site to participate. It is recommended that START be offered universally among the selected population.

A community health worker or other non-clinical staff trained on START would conduct a short, structured START interview (6-25 minutes) in a private room. Youth ALIVE! could provide this trained staff person and/or could train staff at your site to conduct START themselves.

The START participant will leave with several START tools in hand and with the understanding that he/she will receive a follow-up call in 30-45 days. Participants will be paid by Youth ALIVE! for completing follow-up interviews.
What START looks like

Universally applied

- A six-question screening (2 minutes)
- Brief psycho-education and a handout on common trauma symptoms (3-4 minutes)

Potentially applied, based on screening score

- Structured discussion of sleep hygiene tips and patient selection of next steps (3-5 minutes)
- Patient creation of a personalized stress reduction plan (10-18 minutes)
- Breathing, grounding or another short relaxation exercise (2-4 minutes each)
- Referral to mental health assessment in cases of severe symptoms

Each of the interventions can all be done discreetly, with START kit materials provided free of cost to the site and each participant.

The Methods

The pilot study design is an effort to show the efficacy of brief screening and intervention in reducing symptoms of trauma in people who have trauma symptoms. Participants will be individuals aged 14 and older who are receiving services at the pilot site. Piloting START could ultimately lead to the validation of the approach as a standard public health practice.

Pilot site participation

- Each site will sign an MOU agreeing to:
  - Conduct START as trained
  - Have a referral protocol for participants who screen positive for probably PTSD to get a formal mental health assessment
  - Provide data collected from the START interview, as well as follow-up contact information for each participant
  - Share feedback on START interview process in real time to inform how we can improve the tool across sites
- Each site will provide a private room to conduct START
- Youth ALIVE! will pay participants for their participation in a follow-up interview
- START is for all participants 14 and older (IRB permitting) and BOTH men and women.

To get involved / For more information

Please contact Linnea Ashley, lashley@youthalive.org, (510) 594-2588 x314