

## BRIEF TRAUMA SCREENING AND INTERVENTION FOR MEN OF COLOR EXPOSED TO VIOLENCE

### **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 brief 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; **nearly 90%** found the awareness and relief tools that we offered to be helpful in alleviating these symptoms, we are ready to pilot the efficacy of START (Screening & Tool for Awareness & Relief of Trauma) to address needs in the arena of common trauma symptoms e.g. sleep disturbance and hyper-arousal.

## **Pilot**

In a clinical setting, potential participants would be screened at intake, and give informed consent to participate. A community health worker or other non-clinical staff trained on START would conduct a short, structured interview (6-25 minutes) in a private room. The participant would be returned to the line to receive the service he presented for, and the data would be analyzed by the research team. Youth ALIVE! can also provide a community health worker to support START implementation for the first 8-12 months.

### *The Intervention:*

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.

### *The Methods:*

The study design is a randomized controlled trial to test the efficacy of brief interventions in reducing symptoms of trauma, and other short-term outcomes, in people who have trauma symptoms. The study subjects will be individuals aged 14 and older who are attending high school or being seen in primary care outpatient clinics for any reason. Piloting START could ultimately lead to the validation of the tool and the approach becoming a part of standard public health practice. The promising results from the 69 interviews testing START components indicate that this tool could have significant impact on the lives of participants. Researchers will conduct interim analysis while the trial is running, and stop the randomized control once we see any benefit in the treatment group.

### *Clinic participation:*

- A Youth ALIVE! employed community health worker (CHW), or the equivalent START trained clinic staff, will conduct START with clients
- The clinic will provide a private room to conduct START
- The CHW will randomize the participants for participation
- 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.