

**How to Collaborate with  
Hospital Social Workers to  
Meet the Mental Health Needs  
of Trauma Patients**

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# **TSN Webinars**

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# **What the Grey Book Says About the Mental Health Needs of Trauma Patients and How to Demonstrate Compliance**

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# Mental health screening in ACS standards

## 5.29 Mental Health Screening—TYPE II

### Applicable Levels

LI, LII, LIII, PTCI, PTCII

### Definition and Requirements

All trauma centers must meet the mental health needs of trauma patients by having:

- A protocol to screen patients at high risk for psychological sequelae with subsequent referral to a mental health provider (LI, LII, PTCI, PTCII)
- A process for referral to a mental health provider when required (LIII)

### Additional Information

Level I and II trauma centers are required to have a structured approach to identify patients at high risk for mental health problems while Level III trauma centers are required to have a means of referral should a problem or risk be identified during inpatient admission.

### Measures of Compliance

- Mental health screening and referral protocol (LI, LII, PTCI, PTCII)
- Mental health referral process (LIII)

### Resources

None

### References

None

### 5.29 Mental Health Screening

1. Upload mental health screening protocol.
2. Describe your center's mental health referral process.



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**How to Collaborate with  
Hospital Social Workers to Meet the  
Mental Health Needs of Trauma Patients**

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**“Trauma is not what happens to you,  
but what happens inside you as  
a result of what happens to you.”**

Gabor Maté

# **Social Work Case Manager Role**

**Collaboratively assessing the needs of patients and their loved ones and arranging and coordinating multiple services to meet those needs. Working closely with interdisciplinary teams to ensure timely care and follow-up services, with an aim to improve health outcomes.**

# Brief Overview of Tasks

- **Initial assessments**
  - Screens for prior level of functioning, standing outpatient follow-up, social determinants of health (SDOH), social barriers and risk factors
- **Comprehensive discharge planning**
  - Collaboration with patients, loved ones, systems and interdisciplinary teams to establish discharge plans based on individual need
- **Daily collaboration with patients, loved ones, systems and interdisciplinary teams to ensure continuity of care**
- **Link patients with appropriate medical and community resources**
  - Skilled medical needs, community, mental health, social
- **Trauma Screens**



# Social Determinants of Health (SDOH)

- Homelessness/housing insecurity
- Substance use
- Mental health
- Abuse (physical, mental, emotional, sexual)
  - Children, adults and older adult populations
- Lack of resources/support systems
- Immigration/visa/documentation status

# Discharge destinations

- Home
  - Home services (self-care, VNA, HHA, infusions, etc.)
- Rehab
  - Acute, Skilled Nursing, Subacute
- Inpatient Psychiatric Placement
- Substance-Use Rehab
- Shelters/Emergency Housing
- Repatriation

# Barriers

## *Factors that frequently delay next steps in treatment plans*

- Insurance
  - Medical, auto, worker's compensation
  - On average: pre-authorizations generate within 24-48 hours
- Legal proceedings
  - Guardianship, WC, auto claims (fault-based/no-fault), criminal, etc.
- Lack of resources and support systems
- Social barriers
  - Inadequate payor sources, limited social support, limited resources in community

# When to call your trauma social worker

- Provider discretion
- Patients with social work specific needs
- SW/CM are an integral part of your Trauma Team
- Actively involved in daily patient care

# Common myths

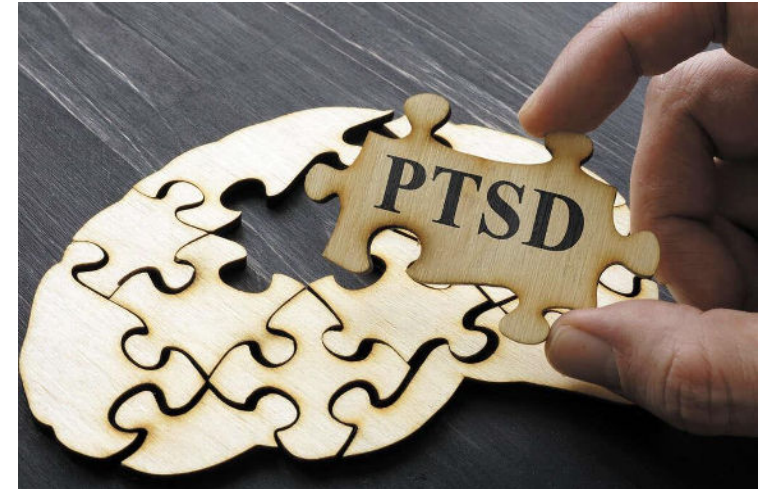
- We are a consult service
- We are real estate agents
- All patient needs can be met while inpatient
- Our sole task is discharge planning

# Ways to support disciplines

- Have a concrete understanding of roles and barriers
- Escalate treatment plans/social concerns
- Communication
- Ask questions
- Keep patients and disciplines up-to-date on treatment plans

# Post-Traumatic Stress Disorder

A mental health disorder that is caused by exposure to an extremely stressful or terrifying event — either being part of it or witnessing it.



# What the research tells us

- Approximately one in four individuals develop chronic PTSD following physical trauma (deRoon-Cassini et al., 2019)
- Symptoms usually begin within the first 3 months after the traumatic event (NAMI, 2023)
- Symptoms may not emerge until years after
- Associated with a chronic course and debilitating symptoms (Lancaster et al., 2016)

deRoon-Cassini, T. A., Hunt, J. C., Geier, T. J., Warren, A. M., Ruggiero, K. J., Scott, K., George, J., Halling, M., Jurkovich, G., Fakhry, S. M., Zatzick, D., & Brasel, K. J. (2019). *Journal of Trauma and Acute Care Surgery*, 87(2), 440–450. <https://doi.org/10.1097/ta.0000000000002370>

Post-traumatic stress disorder. (2023). National Institute of Mental Health. <https://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd>

Lancaster, C. L., Teeters, J. B., Gros, D. F., & Back, S. E. (2016). *Journal of Clinical Medicine*, 5(11), 105. <https://doi.org/10.3390/jcm5110105>



# Symptoms of PTSD

- Intrusion (re-experiencing)
- Persistent avoidance
- Negative alterations in cognition or mood
- Marked alterations in arousal and reactivity

# Intrusion (re-experiencing)

- Flashbacks
  - Unwanted, distressing memories of traumatic event
- Reliving traumatic event
- Upsetting dreams or nightmares about event
- Severe emotional distress or physical reactions to something that reminds individual of traumatic event

# Avoidance

- Trying not to think or talk about traumatic event
- Staying away from objects, places, activities or people that remind you of traumatic event

# Negative changes in cognition or mood

- Feeling detached from loved ones
- Not being interested in activities you previously enjoyed
- Having a difficult time feeling positive emotions
- Consistent negative emotions of guilt, fear, blame, guilt or shame
- Negative thoughts about yourself, other people or the world

# Alterations in arousal and reactivity

- Easily startled or frightened
- Being on guard for danger
- Maladaptive behaviors (drinking too much, reckless driving, etc.)
- Difficulties sleeping or sleeping for significant periods of time
- Concentration difficulties
- Irritability
- Physical reactions
  - Sweating, fast heart rate, rapid heart rate or shaking

# Pediatric considerations

- Reenacting traumatic event or aspects of traumatic event through play
- Frightening dreams that may or may not include traumatic event
- Disrupted sleep patterns
- Bed wetting after learning how to use the toilet
- Becoming very upset when something triggers a memory of the event
- Intense ongoing fear or sadness
- Irritability or angry outbursts
- Being unusually clingy with parent or another adult

# Validated screening tools

Alcohol Use Disorder Identification Test (AUDIT)
Drug Abuse Screening Test (DAST)
Primary Care PTSD Screen (PC-PTSD)
Injured Trauma Survivor Screen (ITSS)
Peritraumatic Distress Inventory (PDI)
Posttraumatic Adjustment Screen (PAS)
PTSD Checklist-5 (PCL-5)
Hospital Anxiety and Depression Scale (HADS)
Depression and Anxiety Scales (DASS-21)
Pediatric Emotional Distress Scale Early Screener (PEDS-ES)
Child Trauma Screening Questionnaire (CTSQ)
Screening Tool for Early Predictors of PTSD (STEPP)
Acute Stress Checklist for Children (ASC-Kids)
Child Stress Disorders Checklist Short Form
Young Child PTSD Screen
Brief Suicide Safety Assessment (BSSA)

**American College of Surgeons. (2022). *Best practices guidelines: Screening and intervention for mental health disorders and substance use and misuse in the acute trauma patient* (p. 65). American College of Surgeons Committee on Trauma.**

# Injured Trauma Survivor's Screen (ITSS)

## Injured Trauma Survivor Screen (ITSS)

1 = Yes 0 = No

Before this injury	PTSD	DEP
1. Have you ever taken medication for, or been given a mental health diagnosis?		1 0
2. Has there ever been a time in your life you have been bothered by feeling down or hopeless or lost all interest in things you usually enjoyed for more than 2 weeks?		1 0
When you were injured or right afterward		
3. Did you think you were going to die?	1 0	1 0
4. Do you think this was done to you intentionally?	1 0	
Since your injury		
5. Have you felt emotionally detached from your loved ones?		1 0
6. Do you find yourself crying and are unsure why?		1 0
7. Have you felt more restless, tense or jumpy than usual?	1 0	
8. Have you found yourself unable to stop worrying?	1 0	
9. Do you find yourself thinking that the world is unsafe and that people are not to be trusted?	1 0	
≥ 2 is positive for PTSD risk		
≥ 2 is positive for Depression risk		
SUM =		

- Prompted by the American College of Surgeons (deRoon-Cassini et al., 2019).
- Most widely used evidence-based screening tool
  - Demonstrates adequate sensitivity and specificity at 1-month-post-injury and 6-months-post-injury timeframes (Hunt et al., 2018).
- Screens patients for PTSD and depression
- Patients meeting inclusion criteria are screened
- Yes/no nine-item tool created specifically for use in adult traumatically injured patient population

deRoon-Cassini TA, Hunt JC, Geier TJ, Warren AM, Ruggiero KJ, Scott K, George J, Halling M, Jurkovich G, Fakhry SM, Zatzick D, Brasel KJ. J Trauma Acute Care Surg. 2019 Aug;87(2):440-450. doi: 10.1097/TA.0000000000002370. PMID: 31348404; PMCID: PMC6668348.

Hunt JC, Chesney SA, Brasel K, deRoon-Cassini TA. J Trauma Acute Care Surg. 2018 Aug;85(2):263-270. doi: 10.1097/TA.0000000000001944. PMID: 29672441; PMCID: PMC6081305.

From: Smith, M., Smith, C., Gunter, O., Evans, B., & Dennis, B. (2023). Vanderbilt University Medical Center Division of Acute Care Surgery.



# Inclusion criteria and implementation

## Injured Trauma Survivor Screen (ITSS)

1 = Yes 0 = No

Before this injury	PTSD	DEP
1. Have you ever taken medication for, or been given a mental health diagnosis?		1 0
2. Has there ever been a time in your life you have been bothered by feeling down or hopeless or lost all interest in things you usually enjoyed for more than 2 weeks?		1 0
When you were injured or right afterward		
3. Did you think you were going to die?	1 0	1 0
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5. Have you felt emotionally detached from your loved ones?		1 0
6. Do you find yourself crying and are unsure why?		1 0
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9. Do you find yourself thinking that the world is unsafe and that people are not to be trusted?	1 0	
≥ 2 is positive for PTSD risk		
≥ 2 is positive for Depression risk		
SUM =		

- Process: Mental health screenings will be provided to all trauma patients deemed high-risk for depression or PTSD, whose Glasgow Coma Scale (GCS) is  $\geq 14$
- Screens will be offered in the patient's native language, or a hospital-approved interpreter will be utilized
- All survey screen fields must be complete to allow for scoring
- Mental health resources and services linked if scoring positive/interested in resources

# High-risk population

## Injured Trauma Survivor Screen (ITSS)

1 = Yes 0 = No

Before this injury	PTSD	DEP
1. Have you ever taken medication for, or been given a mental health diagnosis?		1 0
2. Has there ever been a time in your life you have been bothered by feeling down or hopeless or lost all interest in things you usually enjoyed for more than 2 weeks?		1 0
When you were injured or right afterward		
3. Did you think you were going to die?	1 0	1 0
4. Do you think this was done to you intentionally?	1 0	
Since your injury		
5. Have you felt emotionally detached from your loved ones?		1 0
6. Do you find yourself crying and are unsure why?		1 0
7. Have you felt more restless, tense or jumpy than usual?	1 0	
8. Have you found yourself unable to stop worrying?	1 0	
9. Do you find yourself thinking that the world is unsafe and that people are not to be trusted?	1 0	
≥ 2 is positive for PTSD risk		
≥ 2 is positive for Depression risk		
SUM =		

1. History of drug or alcohol abuse
2. Victim of violent crime
3. Death involved incident
4. Suicide attempt
5. New spinal cord injury or amputee
6. Provider discretion

# Child Trauma Screening Questionnaire

## Child Trauma Screening Questionnaire (CTSQ)

Please indicate whether any of these things have happened to you since the event.

1. Do you have lots of thoughts or memories about the accident that you don't want to have?	Yes	No
2. Do you have bad dreams about the accident?	Yes	No
3. Do you feel or act as if the accident is about to happen again?	Yes	No
4. Do you have bodily reactions (such as a fast-beating heart, stomach churning, sweating and feeling dizzy) when reminded of the accident?	Yes	No
5. Do you have trouble falling or staying asleep?	Yes	No
6. Do you feel grumpy or lose your temper?	Yes	No
7. Do you feel upset by reminders of the accident?	Yes	No
8. Do you have a hard time paying attention?	Yes	No
9. Are you on the "look-out" for possible dangerous things that might happen to yourself and others?	Yes	No
10. When things happen by surprise or <u>all of a sudden</u> , does it make you "jump"?	Yes	No

- Evidence-based screening tool for young children
- Age appropriate: 8-17
- 10-item self-report tool
- Adapted from the 10-item Trauma Screening questionnaire for adults
- Questions were reworded to make them more comprehensible to children
- Can be accessed: [Child Trauma Screening Questionnaire | The National Child Traumatic Stress Network](#)

From: Kenardy JA, Spence SH, Macleod AC. (2006). *Pediatrics*. 2006; 118(3): 1002-1009.  
American College of Surgeons. (2022). American College of Surgeons Committee on Trauma.

# Young Child PTSD Screen

## Young Child PTSD Screen

### YOUNG CHILD PTSD SCREEN (YCPS)

Name \_\_\_\_\_ ID \_\_\_\_\_ Date \_\_\_\_\_

#### TRAUMATIC EVENTS

An event must have led to serious injury or be perceived as if it could have led to serious injury to the child, or to another person (usually a loved one) and the child witnessed it, and is usually sudden and/or unexpected.

0 = Absent 1 = Present

Circle 0 if the event has not happened and 1 if the event has happened to your child.  
Frequency is the number of events the child can remember. Generally, children start remembering events around 3 years of age.

	Frequency	
P1. Accident or crash with automobile, plane or boat.	0	1
P2. Attacked by an animal.	0	1
P3. Man-made disasters (fires, war, etc)	0	1
P4. Natural disasters (hurricane, tornado, flood)	0	1
P5. Hospitalization or invasive medical procedures	0	1
P6. Physical abuse	0	1
P7. Sexual abuse, sexual assault, or rape	0	1
P8. Accidental burning	0	1
P9. Near drowning	0	1
P10. Witnessed another person being beaten, raped, threatened with serious harm, shot at seriously wounded, or killed.	0	1
P11. Kidnapped	0	1
P12. Other: _____	0	1

- Evidence-based screening tool for young children
- Age appropriate: 3-6 years old
- Can be utilized in acute aftermath of trauma (2-4 weeks after an event) or in setting where longer screening tools are not available

From: <https://medicine.tulane.edu/sites/g/files/rdw761/f/YCPS.pdf>

American College of Surgeons. (2022). American College of Surgeons Committee on Trauma.

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**Show Me the Research**

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# Case study

- In a national study, 9707 surgical inpatients were recruited from 69 hospitals across the U.S.
- PTSD and depression were assessed at 12 months post injury
- Functional outcomes assessed: activities of daily living, health status, and return to usual major activities and work
- 20.7% of patients had PTSD and 6.6% had depression
- Early acute-care interventions targeting PTSD and depression are imperative

## Injured Trauma Survivor Screen (ITSS)

1 = Yes 0 = No

Before this injury	PTSD	DEP
1. Have you ever taken medication for, or been given a mental health diagnosis?		1 0
2. Has there ever been a time in your life you have been bothered by feeling down or hopeless or lost all interest in things you usually enjoyed for more than 2 weeks?		1 0
When you were injured or right afterward		
3. Did you think you were going to die?	1 0	1 0
4. Do you think this was done to you intentionally?	1 0	
Since your injury		
5. Have you felt emotionally detached from your loved ones?		1 0
6. Do you find yourself crying and are unsure why?		1 0
7. Have you felt more restless, tense or jumpy than usual?	1 0	
8. Have you found yourself unable to stop worrying?	1 0	
9. Do you find yourself thinking that the world is unsafe and that people are not to be trusted?	1 0	
≥ 2 is positive for PTSD risk ≥ 2 is positive for Depression risk	SUM =	

# Best practice

- Address patient's questions about what they may be experiencing
- Normalize their distress
- Provide education/tools on effective coping mechanisms
- Educate on symptoms and warning signs
- Reduce their perception of helpers' potential insensitivity
- Give them a positive experience that will increase their chances of seeking help in the future
  - Instill hope

# Resources for survivors

- Trauma Survivor's Network
- Brain Alliance
- Psychology Today
- Veterans Affairs Resources
- The National Child Traumatic Stress Network
- Office on Violence Against Women
- AA/NA
- Hospital-based programs
  - (Peer Recovery, DV programs, Injury Prevention Services)
- Local outpatient psychiatric services
- National suicide hotline: 988



# Whose trauma is it anyway?

- Rates of vicarious traumatization are significant among physicians, nurses, medical students and social workers aiding trauma patients
  - Between 40% and 85% of “helping professionals” develop vicarious trauma, compassion fatigue or high rates of traumatic symptoms (Mathieu, 2012)
- Previous literature reports that 30% of physicians, nurses and medical students identified an increase in psychological and emotional distress
- Recent reports demonstrate 22% of general surgery residents screen positive for PTSD (Jackson et al, 2017)
  - An additional 35% of surgical residents were “at risk” for PTSD
- Trauma surgeons share the impact of major traumatic incidents
  - Probable PTSD among trauma surgeons is 16.3% (Williams & Butts, 2023)

Jackson T, Provencio A, Bentley-Kumar K, Percy C, Cook T, McLean K, Morgan J, Haque Y, Agrawal V, Bankhead-Kendall B, Taubman K, Truitt MS. Am J Surg. 2017 Dec;214(6):1118-1124. doi: 10.1016/j.amjsurg.2017.08.037. Epub 2017 Sep 28. PMID: 28987413.

Mathieu F. (2012). The compassion fatigue workbook. Routledge. [Google Scholar]







Williams AY, Butts CC. Curr Trauma Rep. 2023 Apr 27:1-8. doi: 10.1007/s40719-023-00259-3. Epub ahead of print. PMID: 37362905; PMCID: PMC10134724.

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**TSN Webinars**

**Thank You**

# Resources: Sample CPG on Mental Health Screening for Injured Patients

Title:	Mental Health Screening for Injured Patients
Effective Date:	TBD

**PURPOSE:**  
To provide a means for screening, supporting and treating depression and Early Post Traumatic Stress Disorder (PTSD) in injured patients.

**DEFINITIONS:**

- Robert Wood Johnson University Hospital (RWJUH) is a Level I Adult, Level II Pediatric Trauma Center
- Jersey City Medical Center (JCMC) is a Level II Adult Trauma Center

**GUIDELINE:**  
Post-traumatic Stress Disorder (PTSD) and depression are prevalent and increasing among trauma patients, and these conditions significantly impact the patient's quality of life. A series of investigations now demonstrate a strong relationship between symptoms of acute stress disorder/early post traumatic stress disorder, depression and functional impairment after injury.

Within the first year after injury, an estimated 21% of traumatic injury survivors develop PTSD and an estimated 23% develop depression symptoms.

Early intervention for PTSD and depression following injury can range from cognitive behavioral interventions to psychopharmacologic intervention.

A. Patient population to screen:  
RWJUH // Adult patients ≥ 18 yrs, Pediatric patients between 8-17 yrs.  
JCMC // adult patients ≥ 15 years of age presenting as an injured patient at Jersey City)

... if one of the following:

- a. Patient involved in an incident resulting in death, i.e. death in same or other vehicle, mass casualty, etc.
- b. Patient with an injury caused by an assault (intentional harm)
- c. Patient with an injury related to self-harm
- d. Patient are risk for loss of limb or limb function
- e. Patients in the intensive care unit for greater than 72 hours, due to their traumatic injury
- f. Patient population will be flagged/determined by trauma program staff

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Click the image above to download the entire six-page document

# Resources: ITSS

Hunt JC, Herrera-Hernandez E, Brandolino A, et al. Validation of the Injured Trauma Survivor Screen: An American Association for the Surgery of Trauma multiinstitutional trial. *J Trauma Acute Care Surg.* 2021;90(5):797-806. doi:10.1097/TA.0000000000003079.

## Injured Trauma Survivor Screen (ITSS)

Questions	YES	NO
<i>BEFORE THIS INJURY:</i>		
1. Have you taken medication for, or been given a mental health diagnosis?		
2. Has there ever been a time in your life you have been bothered by feeling down or hopeless or lost interest in things you usually enjoyed for more than 2 weeks?		
<i>WHEN YOU WERE INJURED OR RIGHT AFTERWARD:</i>		
3. Did you think you were going to die?		
4. Do you think this was done to you intentionally?		
<i>SINCE YOUR INJURY:</i>		
5. Have you felt emotionally detached from your loved ones?		
6. Do you find yourself crying and are unsure why?		
7. Have you felt more restless, tense or jumpy than usual?		
8. Have you found yourself unable to stop worrying?		
9. Do you find yourself thinking that the world is unsafe and that people are not to be trusted?		
<b>Total</b>		

**Scoring:** "No" responses are scored zero; "yes" answers are scored "1". For the questions pertinent to depression (1,2,3,5,6), a sum score of "2" is considered positive. For questions pertinent to PTSD (3,4,7,8,9), a sum score of "2" is considered positive.

# Resources: CTSQ

American College of Surgeons. (2022). American College of Surgeons Committee on Trauma.

## Child Trauma Screening Questionnaire (CTSQ)

Please indicate whether any of these things have happened to you since the event.

1. Do you have lots of thoughts or memories about the accident that you don't want to have?	Yes	No
2. Do you have bad dreams about the accident?	Yes	No
3. Do you feel or act as if the accident is about to happen again?	Yes	No
4. Do you have bodily reactions (such as a fast-beating heart, stomach churning, sweating and feeling dizzy) when reminded of the accident?	Yes	No
5. Do you have trouble falling or staying asleep?	Yes	No
6. Do you feel grumpy or lose your temper?	Yes	No
7. Do you feel upset by reminders of the accident?	Yes	No
8. Do you have a hard time paying attention?	Yes	No
9. Are you on the "look-out" for possible dangerous things that might happen to yourself and others?	Yes	No
10. When things happen by surprise or <u>all of a sudden</u> , does it make you "jump"?	Yes	No

# Resources: YCPS

## YOUNG CHILD PTSD SCREEN (YCPS)

Name \_\_\_\_\_ ID \_\_\_\_\_ Date \_\_\_\_\_

### TRAUMATIC EVENTS

An event must have led to serious injury or be perceived as if it could have led to serious injury to the child, or to another person (usually a loved one) and the child witnessed it, and is usually sudden and/or unexpected.

0 = Absent      1 = Present

Circle 0 if the event has not happened and 1 if the event has happened to your child.

Frequency is the number of events the child can remember. Generally, children start remembering events around 3 years of age.

	Frequency	
P1. Accident or crash with automobile, plane or boat.	0	1 _____
P2. Attacked by an animal.	0	1 _____
P3. Man-made disasters (fires, war, etc)	0	1 _____
P4. Natural disasters (hurricane, tornado, flood)	0	1 _____
P5. Hospitalization or invasive medical procedures	0	1 _____
P6. Physical abuse	0	1 _____
P7. Sexual abuse, sexual assault, or rape	0	1 _____
P8. Accidental burning	0	1 _____
P9. Near drowning	0	1 _____
P10. Witnessed another person being beaten, raped, threatened with serious harm, shot at seriously wounded, or killed.	0	1 _____
P11. Kidnapped	0	1 _____
P12. Other: _____	0	1 _____

American College of Surgeons. (2022). American College of Surgeons Committee on Trauma.

# Resources: References

- American College of Surgeons Committee on Trauma. (2018). Statement on Post-Traumatic Stress Disorder in Adults. <https://www.facs.org/about-acs/statements/109-adult-ptsd>
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