Screening & Tool for Awareness & Relief of Trauma (START):
A practical application of Trauma-Informed Care

The goal of this action brief is to introduce practitioners and policymakers who interact with boys and young men of color (BMoC) to the Screening and Tool for Awareness and Relief of Trauma (START), a newly developed approach to addressing stress and trauma. Our hope is that this brief will help practitioners and policymakers to understand what START is and how it works, provide evidence of its effectiveness, and encourage them to commit to integrating START into their organizations.

WHY IS START IMPORTANT?

START was born of our deep conviction that boys and young men of color who have experienced lifelong stress deserve to feel better and to have tools to deal with their daily stresses and traumas. We also sought to create a tool that providers could use in daily encounters with BMoC who may not show obvious signs of trauma but may be suffering just the same. The goal of START is to address common trauma symptoms like sleep disturbance and hyperarousal. Unlike a number of other approaches to trauma, the goal of start is not to arrive at a specific diagnosis like PTSD (post-traumatic stress disorder) or depression. Rather, the goal of START is to meet the person where they are and provide relief for whatever trauma symptoms are most bothersome to them. As detailed below, 95% of the 302 people with whom we have piloted START suffer from at least one trauma-related symptom. BMoC are the "invisible walking wounded" of our communities – suffering from trauma without acknowledgment or support for their healing.

The goal of the Healing in Color action brief series is to raise up the voices and experiences of BMoC in order to inform and improve how their trauma is recognized and addressed. In our previous action briefs, we detailed the pervasiveness and unique character of trauma among BMoC. We then described the ways in which the organizations and institutions that interact with BMoC often fail to meet the needs of this traumatized population, and how they can take steps to improve.

> "Boys and young men of color who have experienced lifelong stress deserve to feel better."

In this final action brief, we detail how our conversations with BMoC guided us to develop one particular tool, START, a practical application of trauma-informed care.

Not a "cure" for trauma, START is, instead, a way to ease the suffering of boys and young men of color who have been impacted by violent trauma either personally or within their communities. Much as aspirin can temporarily ease suffering from physical pain, START provides a way for youth to ease the psychological pain of trauma that is often with them constantly. Analogous to aspirin, while it may not cure the problem, experiencing some relief from pain has several important effects:

1. Once their suffering is no longer acute, their own resources and resilience to heal may kick in.
2. The experience of finding relief of symptoms builds hope that healing is possible, and can encourage BMoC to seek further help, including behavioral health care.
3. The experience of START builds trust in the organization where it took place, and makes BMoC more likely to return there.

Our pilot testing of START has shown that 94% of START participants found the various awareness and relief tools that we offered to be helpful in alleviating symptoms. It's not a cure, but it's a start.

WHAT DID WE LEARN FROM BMOC TO INFORM START?

When we conducted a series of focus groups and interviews with BMoC about trauma, we gained valuable insights (many of which we detailed in the earlier action briefs) that informed the development of START, such as:

- **Timeliness.** Any interaction with BMoC should be timely, using their time productively and as briefly as required. For example, the young men we talked to complained about being diagnosed and then told to come back at a later time for treatment. It was essential to our design that BMoC walk away from START with tangible, useful tools.
- **Transparency.** Due to mistrust of systems – based in historical and personal experiences of mistreatment – any interaction with BMoC should be as transparent as possible about what will, and is, happening and being recorded. In START, participants are told what is happening and why.
- **Trust-building.** Structured, appropriate self-disclosure is one trust-building method embedded in START. Another trust-building tool is that the START facilitator explicitly states the purpose of START, that they want to help the participant. A third method of trust-building is the transparency of all the materials (which are shared with participants).
- **Agency.** The facilitator makes clear at the beginning that the participant can choose whether, and how much, to share and participate. At no point during START is the participant asked about the specifics of the trauma(s) they have experienced. If they choose to self-disclose, that is their own decision.
- **Healing is for everyone.** In many cases, BMoC interact with institutions and organizations only after being told that something is wrong with them, often implying that they are "sick" or "bad." Part of being trauma-informed is to understand that behavior is often the normal result of trauma, and that everyone deals with adversity. All START facilitators complete START themselves, and share that they have with participants. This helps break down barriers and reinforces to participants that they are not engaging in START because something is wrong with them, but because it may be helpful to them, as it was for the facilitator.
- **It's about their life, not their trauma.** Another reason that the START facilitator does not ask about what traumas or stresses that participants have experienced is because, as detailed in earlier action briefs, we start from the assumption that BMoC have experienced trauma. The goal is not to get their history, but to focus on their future. The same trauma can affect people in very different ways. It is the trauma symptoms that impede their lives, so START focuses on how to alleviate those.

> "At no point during START is the participant asked about the specifics of the trauma(s) they have experienced. If they choose to self-disclose, that is their own decision."

- **Language.** Wording matters, but perhaps not in the way that one might expect. It is not about making the language more colloquial per se, but understanding the lived experiences of whom you are speaking to. For example, when we discuss sleeping arrangements, we do not just refer to "your bed" but "the bed or other place you sleep" with the understanding that people may be experiencing homelessness, sleeping on something other than a bed, or may not have control over their sleeping arrangements.
- **Multiple reinforcement.** Even though every part of START is written down, the facilitator reads it aloud to account for varying levels of literacy. Also, because trauma inhibits the ability to focus and retain information, we do not rely on the participant retaining the information. They leave with all the material, both printed and with access to the website to locate it again.
- **Strengths-based.** We assume that everyone has inherent coping skills. In fact, given the sheer vastness and complexity of the stresses and traumas most BMoC face, their resilience is remarkable. START builds on the coping skills, support networks and healing practices that BMoC come with.

> “START builds on the coping skills, support networks and healing practices that BMoC come with.”

HOW DOES START WORK?

To reduce the disparity in awareness and treatment for trauma symptoms suffered by urban young men of color, we endeavored to develop a tool inspired by SBIRT - Screening, Brief Intervention, and Referral to Treatment - an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.[1] Instead of addressing substance use, we would address trauma symptoms.

Based on input from our focus groups and surveys, we created an intervention that requires 15-30 minutes of structured conversation. At the end, the participant leaves with a better understanding of trauma symptoms and up to four tools that person can use discreetly when feeling stressed, overwhelmed, disconnected, or unable to focus.

START was designed for use in community-based organizations, health clinics, schools, and other organizations and institutions where BMoC are served on a regular basis. It is important to note that while it was developed with, by and for BMoC, the tool itself is developmentally appropriate to people of all races and genders who are over 14 years old.

START conversations are designed to be conducted by trained staff in a private, one-on-one setting. The START facilitator does not need to have any formal mental health training. In fact, as described in an earlier action brief, START seems to work best when administered by a person identified as a mentor or peer. Ideally, the tool is facilitated by a trained paraprofessional, such as a peer specialist, outreach worker or other professional who have completed a four-hour training offered by Youth ALIVE! and who are used to interacting comfortably with youth.

In order to build trust in a short period of time, START facilitators are instructed to clearly state that the goal of the session is to help participants get support for problems they experience as a result of trauma, and that they want to help them. This helps to demonstrate that they care, a key component of trust.

A copy of every item used in START – from the screening questions to the intervention tools – are shared with participants, ensuring that participants do not feel that any information about what they say or what they are doing is hidden from them. In addition, all START facilitators must complete START themselves before they ever conduct a session, not just so that they are familiar with the process but so that they can appropriately self-disclose during the session about what tools they have used and how they do so. This reduces the “me vs. them” feeling that BMoC may have, the frequent sense that they are being diagnosed and judged rather than understood and supported. It makes trauma awareness and relief something that is for everyone, not just the START participant because they are somehow lacking or damaged.

Photo courtesy of Jason Mongue/Youth ALIVE!

WHAT DOES START LOOK LIKE IN ACTION?

Anyone willing to participate in START is invited to complete a short questionnaire. The intervention begins with a six-question screening that asks about sleep disturbance, difficulty focusing, intrusive memories or flashbacks, feeling numb, feeling jumpy (hyper-aroused) and avoiding reminders of their trauma.

START begins with an invitation to participate. Personal agency is important to establishing a working level of trust in a short period of time. Once participation is accepted, the participant is asked six screening questions, which takes about two minutes. The questions (listed below) purposely refrain from asking about specific experiences the participant may have had and that may feel invasive. They focus instead on the symptoms of trauma he may be experiencing. To ground the answers into manageable recollections each question begins with, "in the past 30 days have you..."

1. ...had trouble focusing on everyday tasks, like working, doing chores, running errands or reading?
2. ...had problems falling asleep or staying asleep?
3. ...had disturbing memories, thoughts, or nightmares about a current or past stressful experience?
4. ...felt numb, or not connected to people, activities or your surrounds?
5. ...felt more on guard, watchful or jumpy?
6. ...tried hard not to think about a current or past stressful experience, or gone out of your way to avoid situations that reminded you of it?

This screening protocol uses questions adapted for cultural appropriateness from validated, SAMHSA-endorsed PTSD and depression screening tools. Embedded within the six questions are versions of the four question from the validated Primary Care Post-Traumatic Stress Disorder Screen.[2] Although START is not a PTSD screen and focuses on symptoms whose affects can be ameliorated, the research team also recognized some level of crossover and incorporated an indicator that further screening might be necessary. The participant's answers to the screen are then used to determine which interventions the participant might benefit from and if a referral for a mental health assessment is warranted. If so, this referral is offered at the end of the START session.

Two screening questions not based on the Primary Care PTSD screen concern trauma symptoms that the young men in our focus groups and interviews discussed at length – difficult focusing and sleep dysfunction.

"Often, participants will ask questions or identify particular trauma symptoms that they, or people they know, experience."

Many of the standard symptoms of trauma affect sleep, including hyperarousal (keeps BMoC awake), re-experiencing (causes nightmares), and avoidance (leads to refusing to sleep at night or in one's home because that is when or where the trauma occurred). A full 68% of the young men we interviewed had difficulty sleeping. As one gunshot survivor stated in a focus group:

"Nightmares... ooh, I've been having nightmares... I have a lot of nightmares too. That ain't no joke. Nightmares... they be causing you cold sweats."

All START participants receive some brief psychoeducation using a handout on common trauma symptoms, which takes about four minutes to review. Often, participants will ask questions or identify particular trauma symptoms that they, or people they know, experience. They are given this information verbally and as a handout to take home for their own reference and to share. In our experience, participants also frequently choose to disclose details of trauma they have personally experienced to the START facilitator once they connect the dots between their experiences and their symptoms.

Photo courtesy of Jason Mongue/Youth ALIVE!

After the psychoeducation, based on the results of their trauma symptom screening, the START facilitator will show participants up to four interventions. The brief interventions 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. For example, for participants who have identified problems with sleep, they will be engaged in structured discussion of sleep hygiene tips and develop a sleep improvement plan, which takes between three and five minutes. Other tools that might be offered are hand massage/pressure points and breathing exercises, both requiring two to four minutes to introduce and demonstrate.

The most detailed intervention, and one of the most popular, also takes the most time, between 10 and 18 minutes. Based on the mental health practice of Safety Planning[3], the SOS plan involves the creation of a personalized stress reduction plan referred to as Self-care On the Spot (SOS) kit. The SOS kit provided encourages participants to consider what exercises or experiences benefit them when they are overwhelmed and to create their own self-soothing plan. The activities include but are not limited to breathing exercises, imagery, spiritual/mindfulness practices, reaching out to their support network, listening to calming or uplifting sounds or music, and physical activity. Participants are encouraged to include activities they may already do but may not necessarily think about in terms of wellness. In this way, the SOS plan emphasizes, and builds on, their own capacity and resilience.

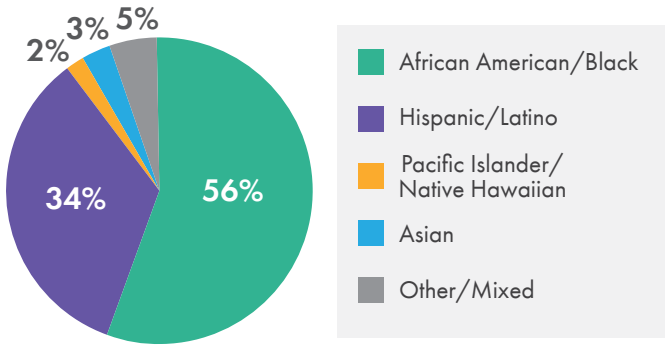
All of the intervention tools are designed to be used discreetly and can be done at the young person's own pace anywhere they feel comfortable. All START materials can be shared with friends and family in their community.

The materials and training are provided free of cost to each site and each participant. The materials are available in paper form and online at START2heal.org. (The intervention tools only, not screening and scoring tools, are on this site.)

DOES START WORK?

After creating START, we implemented it in a number of community-based organizations in the Oakland, CA area. To date, we have collected data on 302 people who completed in-person START sessions, with 200 completing a brief follow-up phone interview 30 to 45 days later. We were able to engage a diverse group of young people as shown below:

Demographics | 302 total responses

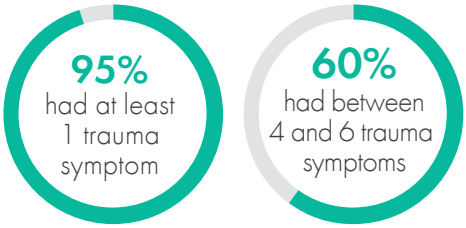


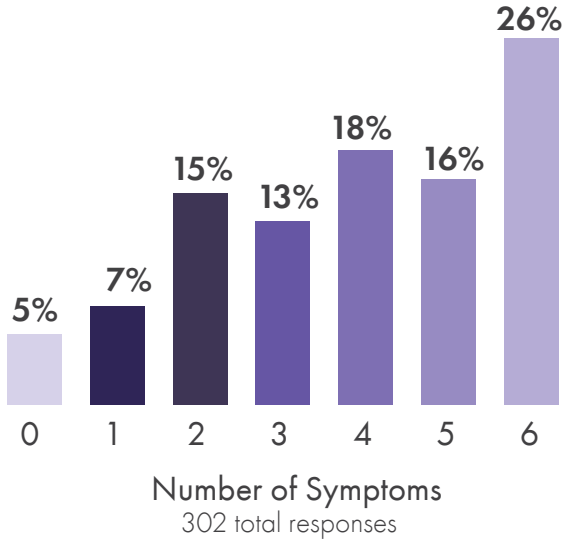
There was also diversity in gender, as 66.6% identified as male, and 33.4% as female. Among START participants, we found a significant burden of traumatic symptoms as shown below:

Initial Data Collection | March 2015 – Dec. 2017

The six trauma symptoms screened for:

- Difficulty focusing
- Hyperarousal
- Sleep issues
- Re-experiencing
- Dissociation
- Avoidance





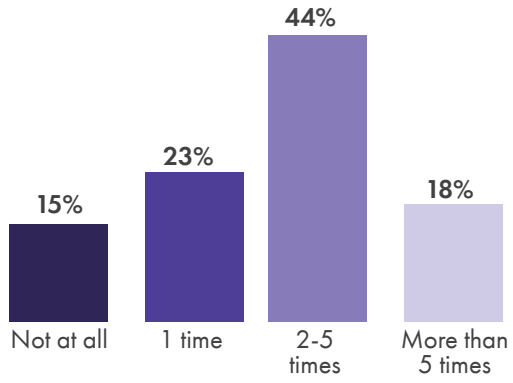
302 total responses

> “Rather than focusing solely on diagnosing PTSD, START recognizes the need to provide relief from trauma symptoms for people who may not meet the threshold for diagnosis.”

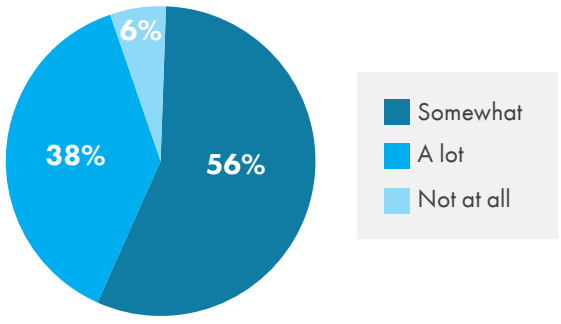
As we piloted START in our community, we followed up on the initial START session with a phone call about a month – 30 to 45 days – later. We were able to reach 200 START participants for phone surveys – a follow-up rate of 66%. In that brief call, we again asked the trauma symptom screening questions, to measure any changes. We also asked about frequency of using tools offered and how helpful participants found them to be. For the 200 START participants for whom we could compare both their original START session survey and the follow-up survey, we were able to learn about START's impact on their lives. Importantly, after receiving START, 94% of participants who used the exercises reported that they were helpful.

Follow-up Data

Did you use any of the exercises learned?

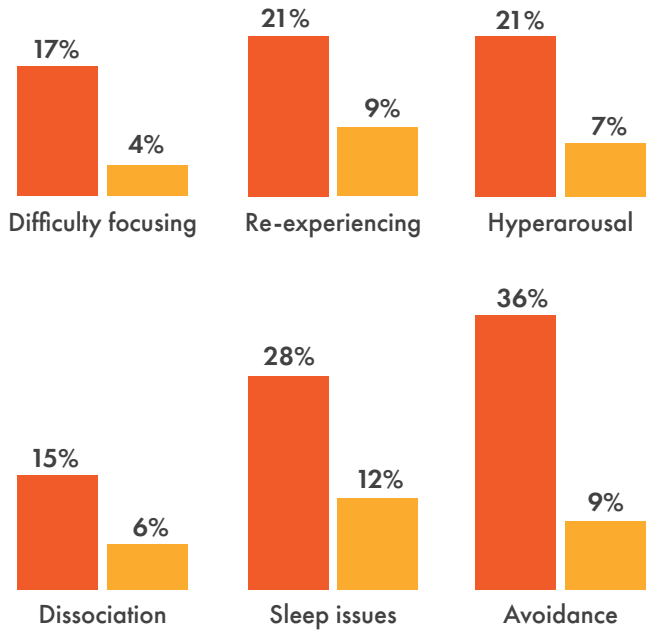


If you did use the tools, did you find the exercises helpful?



Follow-up Data

- Age range 14-25 years
- 64% identified as Male; 36% identified as female
- 200 total responses



Strikingly, participants reported a decrease in frequency of each of the six trauma symptoms we measured. The chart above shows the percentage of participants reporting experiencing each of the symptoms at least once per week, which is how we defined “often” to START participants. The number of participants who often experienced avoidance symptoms dropped from 36% to 9%. For sleep problems, it changed from 28% to 12%.

In addition, 85% of participant continued to use the exercises at least once even after four weeks.

IMPLICATIONS

Data from our community pilot and from our community implementation suggests that START is effective. Based on these results, we believe that START has great potential to expand the tools available to providers seeking to address violence and trauma as a part of their mission. Rather than focusing solely on diagnosing boys and young men of color with PTSD, START recognizes the need to provide relief from trauma symptoms for people who may not meet the threshold for diagnosis. Having a brief intervention that can be delivered by community workers augments the opportunity for culturally competent engagement and

intervention and provides a tool that expands treatment beyond the limited pool of affordable, available, and culturally appropriate mental health professionals.

Furthermore, strategies like START have the potential to improve trust between hospitals, clinics and behavioral health providers, and BMOC who are often marginalized from by these settings. START has the potential to improve the mental health of boys and young men of color in urban environments.

One of the other surprising findings to emerge from conducting START in the community is the willingness of the participants to share their stories – sometimes intimate details of experiences that had happened to them or that they had witnessed. It was not uncommon for a young man to come into the interview and begin with short answers and, shortly after, offer up information and add depth and texture to their responses.

The other extreme, are those participants that don't require any warming to the subject and offer details from the very beginning, self-disclosing their own injuries and loss. More than one participant commented on how nice it was to be able to share, to have safe space to verbalize those thoughts that they so often carry alone.

We strongly believe that BMoC and poor communities of color are already resilient, despite the constant grinding trauma and adversity. START builds on existing coping mechanisms and serves as a bridge either to recovery or to getting needed behavioral health care and support. Furthermore, providing a positive, helpful experience such as START for BMoC suffering with trauma can serve to build trust in the institutions and organizations that serve them. START can also build a belief among youth that help is possible, which can serve to counter the hopelessness that accompanies a sense that violence and suffering are inevitable.

THREE THINGS YOU CAN DO TO START TO HEAL IN YOUR OWN COMMUNITY

1. Visit the START2Heal.org website to learn more about the Screening & Tool for Awareness & Relief of Trauma and check out some of the brief interventions for yourself.

2. START training and consultation is available. Organizations who are interested in implementing START can receive training and consultation for through Youth ALIVE! by contacting Linnea Ashley at lashley@youthalive.org. Whenever possible, we provide the training and tool at no cost.

3. Review your own agency practices and see if there are ways to implement screening for trauma-related symptoms and to provide immediate care and support for them.

“Providing a positive, helpful experience such as START for BMoC suffering with trauma can serve to build trust in the institutions and organizations that serve them.”

Photo courtesy of Jason Mongue/Youth ALIVE!

ABOUT THE *HEALING IN COLOR* ACTION BRIEF SERIES:

This is the third in a series of action briefs commissioned and funded by The California Endowment in partnership with Youth ALIVE! and the Center for Nonviolence and Social Justice at Drexel University entitled Developing Health Care Standards of Practice for Boys and Men of Color (BMoC) Exposed to Violence. Under this initiative, researchers from Youth ALIVE! and UCSF conducted 4 focus groups with male survivors of gunshot wounds and 69 individual interviews with young men of color from the local area, and analyzed their words to understand their lived experience of trauma and their interactions with health care, education, criminal justice and human services organizations.

Regarding these young men as experts in their own lives and their communities, we have summarized their wisdom and insights, and proposed approaches that will help systems that touch the lives of these young men to deliver more human and more effective care and intervention for trauma and its manifestations.

The first action brief, "There is No 'Post': How Trauma and Violence Affect the Lives of Young Males of Color," addresses the sustained and persistent nature of the trauma that BMoC face. The second action brief, "'Ain't nobody gonna come back because you didn't do nothin' while I was there': Making your Organization Responsive to BMoC," addresses how BMoC who have experienced violence and trauma perceive their treatment and care from organizations and institutions, and what they would like to see. The third action brief, "Screening & Tool for Awareness & Relief of Trauma (START): A practical application of Trauma-Informed Care," describes an intervention tool developed through this initiative to not only screen for but to address the often hidden trauma that BMoC face. It is our hope that taken together, these three action briefs will provide a roadmap for BMOC-serving individuals and organizations to understand and intervene effectively to heal the wounds trauma.

Dedicated to the memory of Maceo Bell, Jr. (1993-2014), whose tragic death cannot overshadow his vibrant life. His words and wisdom live on in this work.

Youth ALIVE!

The California Endowment

health happens aquí

SONS & BROTHERS

Drexel UNIVERSITY
Center for Nonviolence and Social Justice

Thank you for reading!

For more information: youthalive.org | drexel.edu/cnvsj | START2Heal.org

Authors: Linnea Ashley, MPH, John Rich, MD, MPH, Anne Marks, MPP, Ted Corbin, MD, MPP, and Daniel Roman *January 2018*

---

1. For information about SBIRT, visit https://www.samhsa.gov/sbirt, https://www.bu.edu/bniart/sbirt-in-health-care/what-is-sbirt and https://www.integration.samhsa.gov/clinical-practice/sbirt
2. Prins, Annabel, et al. "The Primary Care PTSD Screen (PC–PTSD): Development and Operating Characteristics." Primary Care Psychiatry, vol. 9, no. 1, Jan. 2004, pp. 9–14. CrossRef, doi:10.1185/135525703125002360
3. See http://sanctuaryweb.com/TheSanctuaryModel/THESANCTUARYMODELFOURPILLARS/Pillar4SharedPractice/TheSanctuaryToolkit/SafetyPlans.aspx for a good description of safety plans and their use with trauma survivors