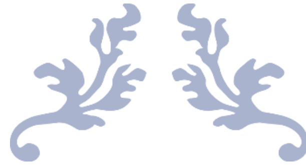
COUNTY OF LOS ANGELES

DEPARTMENT OF MENTAL HEALTH
PREVENTION SERVICES BUREAU – PREVENTION AND EARLY INTERVENTION ADMINISTRATION



TRAUMA-INFORMED CARE FOR COMMUNITY PARTNER CLINICS

For Paraprofessionals and Up

DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing.

COUNTY OF LOS ANGELES

DEPARTMENT OF MENTAL HEALTH
PREVENTION SERVICES BUREAU – PREVENTION AND EARLY INTERVENTION ADMINISTRATION

TRAUMA INFORMED CARE FOR COMMUNITY PARTNER CLINICS

Table of Contents

1. Section 1: Introduction 1
2. Section 2: Session Preparation 3
3. Section 3: Recommended Facilitator Approach to Prevention Services 4
4. Section 4: Sample Session Guide 7
    a. Initial Session 7
    b. Middle Session(s) 10
    c. Final Session and Termination of Services 12
    d. Single Session 14
5. Section 5: Worksheets and Resources 15
    a. What I Need Worksheet 16
    b. Breathing Techniques 18
        i. Butterfly Breath 19
        ii. Abdominal Breathing Script 21
    c. Interrupting Trauma Reactions 23
        i. READ 23
        ii. Taking Care of You 25
        iii. CALM 27
    d. Recognizing Strengths 29
        i. Noticing Your Strengths 29
        ii. My Superpowers Worksheet 31
    e. Cognitive Thought Distortions 33
        i. Cognitive Thought Distortions 33
    f. Cultivating Personal Wellbeing 35
        i. My Tools 35
        ii. My Wellness Toolbox 37
    g. Planning Ahead 39
        i. Action Plan Worksheet 39
    h. Certificate of Completion 41
6. Appendices
    a. DMH and Emergency First Response Contact Information i
    b. Referrals and Resources for Specialty Mental Health Treatment ii
    c. Screenings and Outcome Measures iv

Section 1: Introduction

According to the Centers for Disease Control and Prevention, 61% of adults have experienced at least one major traumatic incident in childhood. This does not account for people who experienced trauma in adulthood. Additionally, many people who have experienced trauma do not meet the diagnostic criteria for posttraumatic stress disorder, however the experience still has a profound impact on their lives.

For healthcare professionals, trauma is all around. It affects patients, colleagues, friends, family members and sometimes even the professional themselves. In fact, trauma is so common that many people ignore their own symptoms. However, as healthcare professionals know well, ignoring symptoms does not treat them. Since trauma is so much a part of the healthcare environment, it is important that professionals work with patients from a Trauma-Informed lens.

For the purposes of this manual, Trauma-Informed Care means using strategies to promote patient safety, self-efficacy and support. Trauma often makes people feel disempowered, isolated and depressed. By using a Trauma-Informed Care framework, patients are encouraged to define their own boundaries and rebuild a sense of control. By providing Trauma-Informed Care, healthcare professionals will be more able to notice potential trauma-related issues, cultivate empathy for patients experiencing trauma, and ultimately have better patient outcomes.

This guidebook was created to provide paraprofessionals and up with the tools to be able to approach their patient from a Trauma-Informed Care perspective. It was developed in 2020, out of a partnership between Los Angeles County Department of Mental Health and Community Partner Clinics (CP Clinics) to provide training and education in order to help CP Clinic staff work with patients to prevent the development of mental health symptoms. This guide also utilizes worksheets and tools that were developed in a partnership between LA County Department of Mental Health and University of California Los Angeles Center of Excellence. These resources will be used by CP Clinics for mental health prevention.

Prevention involves reducing risk factors or stressors, building protective factors and skills, and increasing support. Prevention promotes positive cognitive, social and emotional development and encourages a state of well-being that allows the individual to function well in the face of changing and sometimes challenging circumstances.

Within this larger framework, prevention can be further divided into Universal Prevention and Selective Prevention. Universal Prevention targets the general public or a whole population group that has not been identified on the basis of individual risks. For example, doing a mental health assembly for an entire school is a method of universal prevention.

On the other hand, Selective Prevention targets individuals or a subgroup whose risk of developing mental illness is significantly higher than average. This model is designed to be used as a selective prevention program. It is for specific individuals that you or another member of your healthcare team have identified as having a high level of stress that they may be having trouble managing on their own. There are also outcome measures that facilitators must conduct with patients to determine whether or not the prevention program is helping them. For more information on pre/post measures go to Appendix C on page iv.

This guidebook provides session outlines, researched and tested tools, and coping skills for helping patients manage their trauma reactions within a highly flexible framework. The model can be conducted by a variety of professional roles in multiple settings. It can be used for a single session or for up to approximately ten sessions. It is designed for use with individual patients, but it can be adapted to include family sessions or for a group of patients. In later sections, there are more specific instructions on how you can tailor the model to fit your specific patient(s) and programmatic needs.

Although the model is for people who are experiencing current difficulties due to past trauma, it is very much from a strengths-based perspective. The patients who walk through your doors are very resilient and they have many strengths already. It is our job as healthcare professionals to help patients take those strengths, reinforce them and expand on them as needed.

One important note to remember is that there may be circumstances where patients' mental health symptoms will worsen instead of improve. Perhaps current stressors have gotten more intense, they are having difficulty using the coping skills, or a new stressor has occurred and triggered their trauma reactions. If a patient begins to show symptoms of a mental illness, the patient should be referred to specialty mental health services for an assessment and ongoing mental health treatment. See Appendix A for emergency contact information, and Appendix B for the referral procedures to specialty mental health services.

Section 2: Session Preparation

These are things that you should do prior to your first session with the patient:

General Preparation

- It is important to familiarize yourself with all the content and materials before the session begins. Read the instructions and make print outs of any worksheets that you might use.
  - TIP: You may want to print off at least one additional worksheet than you plan to complete. That way if the session proceeds more rapidly than you planned, you have something else that you can do with the patient.

Materials

- Gather writing and drawing materials and extra paper. Make sure to get some for yourself as well just in case.
- Provide a folder or binder for the patient. They should be getting handouts with every session, so it is a good idea for them to have something to store them in.
  - For the most part, patients will keep copies of the materials except the What I Need Worksheet. That worksheet you hold onto until the final session in case you need to refer back to it at any point.
- Bring in a copy of the guidebook to refer to if needed.

Location

- While this model is intended to be flexible and be conducted in a variety of settings, it is important to follow your Agency's procedures regarding the Health Insurance Portability and Accountability Act (HIPAA). To that end, you must find a secure location for patient privacy.
- An ideal location will be a private area that can be secured by a door.
  - Procure the correct number of chairs for the patient(s) and/or family members as well as one for yourself.
  - There should be a surface that the patient can write/draw on.

Section 3: Facilitator Approach

Your approach matters as you meet with your patients. It informs how you talk to them, what recommendations you make and the overall way you engage with them. In mental health circles, the term strength's-based care is often thrown around without really being defined. This section will clearly define terms and provide general recommendations regarding how to approach patients within the context of mental health prevention.

Protective Factors

As defined earlier, one of the goals with mental health prevention is the increase of protective factors. Protective factors can be defined as things that help mitigate the effect of trauma or stressors. This broad definition can include relationships with family and friends, sense of humor and access to healthcare. Everyone has protective factors that help them deal with difficult times. As facilitators, we seek to discover patient's strengths and build on them.

Patients may have difficulty thinking about their protective factors. They may have grown up in a culture or a family that discouraged talking about themselves in a positive way. Strengths may be hard to elicit, but it is important to do. Having patients state their own strengths may empower them. If they really cannot think of anything, a good strength to start with is that they came into your agency to meet with you. Meeting to address issues related to mental health can be very stigmatizing and the fact that they came in is incredibly powerful.

Role of the Facilitator

As a trauma-informed care facilitator, your role is to explore the patient's needs, teach them skills and help patients to problem solve. Of course, it is more complicated than this sentence implies. They are coming to the clinic for help, so that automatically puts the facilitator in a position of power, however when working with patients, facilitators cannot just prescribe a cure. For this program to work, facilitators must engage with patients and demonstrate care and respect.

Facilitators also must have healthy boundaries with patients. It is important for the focus of the sessions to remain on the patient. You may have patients that will ask you for personal information or try to deflect questions about them by asking questions about you. In these circumstances, it is important to redirect the patient to the topic at hand. It is a good idea to start with a gentle response and then increase the level of firmness until the patient returns to the topic that you are working on. For example, start by gently directing the patient back to the topic, then firmly direct the patient back to the topic, and finally, address personal boundary issues.

There will also be times that it is acceptable to answer some mild personal questions. For example, if a patient is having difficulty with stress due to parenting, it may help

them to know if you are also a parent. You can decide what you are comfortable sharing. However, you have to be careful that you, as the facilitator, do not become the focus of the session.

Empathetic Stance

In order to discover their needs, it is paramount for facilitators to be active listeners. Patients are the experts in their own lives. The role as a facilitator is to listen without judgment, and like most things, listening to others is something that people must work at to do well.

It is easy to blame people for the roles they play in causing or worsening their situations, however facilitators must understand that patients are doing the best they can with what they have. When you assume that your patient is doing the best they can, you are more able to see things from their perspective and patients are more able to trust you. Facilitators give patients more tools on how to have better control over their reactions when triggered and/or how to problem solve, but patients are the ones who have to use them. They do better when they perceive the facilitator as someone who is trying to understand them.

Importance of Observation

Facilitators also must learn to assess the patient's body language. Are they well dressed or disheveled? What is their facial expression like? How are they holding their body? These things can give you valuable information about the patient and their current state of mind that they may not mention with verbal cues.

Non-Verbal Listening

Non-verbal communication techniques are a good way to encourage patients to speak more openly. Some examples of nonverbal communication cues include maintaining eye contact, angling your body so that you are facing your patient, and nodding your head when appropriate.* These signs demonstrate to the patient that they have your full attention, and it will encourage them to share more.

> **Depending on the patient's culture and personality, there may be some examples that are more appropriate to use than others.*

Open Ended Questions

To help patients to express their protective factors and/or strengths, one good way to start is by asking open-ended questions, or questions that must be answered with more than a simple "yes" or "no." Here are some examples:

Close-Ended Question: Did you get here all right?

Open-Ended Question: How was your trip here?

Both questions are attempting to retrieve the same information about the travel to get to this location. The first question is phrased in such a way that a patient could just say yes or no and not elaborate on their answer. The second one encourages more thoughtful engagement with the question and may provide a more nuanced answer. These skills may seem confusing, and too many open-ended questions in a row can make the conversation feel stilted, however it is something that you can practice that will likely increase your ability to solicit detailed information from your patients. Generally, the more information a facilitator has, the more helpful they can be.

Validation

Validation is one of the most powerful gifts that a person can give another. For the purposes of mental health prevention, validation can be defined as the recognition of another person's feelings as important. Validation is different from a compliment, which are often about superficial things like appearance. For example, "You look very nice today," is a compliment, versus a validating statement like, "I can see how that would make you feel angry."

It is entirely possible to validate someone even when they take an action that you would not agree with personally. The feelings behind an action are always valid, even if the actions that a person takes because of those feelings are not. When used correctly, validation can really make patients feel like they are being heard.

Section 4: Sample Session Guide

Structural Elements to Consider Prior to Session

Number of Sessions

This model is designed for flexibility, however as a facilitator, it is recommended that you have a plan for the following: the session structure, follow up and termination of services. It is recommended that facilitator has an idea of about the number of sessions will be offered to patient.

Once you and your agency counterparts have determined what structure and format you can offer the patient, it is important to discuss plans with the patient. Maybe you have the availability to meet with the patient weekly, but they cannot commit to a regular schedule. Together you may be able to compromise on a plan for more sessions, or if not, then you can at least offer a one-time session. At this point, it is a good idea to inform patient of the approximate number of sessions. Here is a sample script:

> *"We will be meeting about 2-3 times as needed to help you learn how to deal with emotional reactions due to past trauma. If you still need services after that, we will discuss it and possibly add a few more sessions as appropriate."*

Missed Sessions

Facilitators must also have a plan for when to stop offering services. A sample policy maybe if a patient misses more than two consecutive sessions without notice, or more than four consecutive sessions, they will be dropped from the program. They may be admitted again later if the patient's circumstances changed to permit them to attend more regularly.

Whatever policy that you and your agency choose to implement regarding attendance and termination should also be discussed with the patient in the initial meeting. Setting clear expectations with a patient early on can mitigate their anxiety.

Another policy to be mindful of is your agency's policies regarding HIPAA and privacy reminders. Facilitators will likely need to set aside time to go through any HIPAA forms with the patient and obtain the proper signatures.

Initial Session

The introductory session will take place after whatever screening process that your agency has in place, and it will likely be different from other sessions. In some cases, this may be the only session you will have with the patient. Under those circumstances, it is important to tailor the techniques to your patient's urgent needs.

As a reminder, this manual is a mental health prevention model. It is not designed for facilitators to conduct clinical treatment. Instead, the goal is to mitigate the patient's risk factors or stressors and augment their protective factors or strengths. Sometimes patients will mention mental health symptoms in the first session, especially as you ask them questions about the presenting problem. If these mental health issues are present at the onset of the program or a patient seems to develop more severe mental health issues like increased depression or anxiety, facilitators should refer to specialty mental health services for more intensive treatment. For more information on linkages to mental health services, refer to Appendix B: Referrals and Resources for Specialty Mental Health Treatment on page ii.

Introduction to Trauma-Informed Care Program

In the first session, the facilitator must make it clear what the goal of this service is (to reduce emotional reactions due to trauma), how that goal will be achieved (the techniques that you will use), and the planned length and frequency of meetings. Here is a sample script that you can use to start. Please note that the script is a suggestion, and facilitators are encouraged to use their own authentic approach.

> *"Hello, my name is ________. We are meeting today to help you manage your emotional reactions to past trauma in a more productive way. Throughout these sessions, I am going to teach you techniques to help you deal with your emotions more effectively. Some are going to work better for you than others, but it is important that you try them all out to see which ones work for you. At any time, please let me know if you have any questions or concerns, and I will do my best to answer them."*

It is always a good idea to do what you can to make patients feel safe in their services. Clear expectations and encouraging patients to voice concerns may lessen their fears about participating in services.

Pre-Measures

It is recommended that facilitators conduct any pre-measures after securing the patient's buy in regarding stress management services and after obtaining any signed consents or forms that your agency may require, but before any programming is introduced. For more information on pre and post-measures, refer to Appendix C on page iv.

Gathering Information on Patient's Need(s)

In order to best help the patient, it is important to have an idea about the stressors in their life. A good place to start is by asking some general questions about what brings

the patient in for prevention services. If needed, here are some sample questions to get the discussion started:

- *What is the hardest thing you are dealing with right now?*
- *What is going well?*
- *Is there anything you would like me to know about you?*
- *How do you usually cope with things that remind you of past bad experiences?*
- *What is getting in your way of coping with this problem the way you have coped with other problems in the past?*
- *What do you hope to get out of this program?*
- *What are your goals after you complete this program?*
- *What is your support system like?*
- *Are there any specific issues that you would like to address in our meetings?*
- *Are there any specific issues that you would not like to address in our meetings?*
- *If you feel comfortable, is there anything you would like me to know about what you have experienced in the past?*

While these questions are general, they allow the facilitator to gather a lot of information. The questions should be used strategically and not all at once so that the facilitator does not overwhelm the patient.

What I Need Worksheet

The facilitator should have printed out a copy of the What I Need Worksheet located on page 17 of this manual. The facilitator should then present worksheet to patient and explain instructions. Depending on the setting and situation, it is usually a good idea to ask the patient if they would like you to fill out this worksheet with them. It is generally encouraged for the facilitator to actively help patients participate, by helping them use or fill out the worksheets in session.

Additionally, when you are planning on conducting multiple prevention sessions, the facilitator should hold onto the original What I Need Worksheet* so that you may refer to it in later sessions. This worksheet should be returned to the patient during the final session. For more details on termination of services, see section on page 12.

**Follow HIPPA regulations according to your specific agency's procedures for storing PHI if patient puts identifying information on worksheet.*

You should also be able to use this worksheet to generate possible referrals to other service providers if needed. It is not the facilitator's role to give advice to the patient on how to solve their problems, but it is important to help patients through linking them to proper supports. For example, if a patient needs housing, this would be the time to refer them to case management housing support. Discuss any referrals you make with the patient prior to initiating the referral.

Introduce New Technique(s)

After clarifying patient's needs, this is the time to introduce a new technique to the patient. It is recommended that facilitators start with the Butterfly Breathing technique on page 19, because it is are relatively easy to learn that has a dramatic effect in reducing anxiety. Practice the technique with the patient in session

Assign Home Practice

It is paramount for patients to practice the skills they learn in session at home. Home practice allows patients to practice skills in their real lives. Ask the patient how often they think they can practice the skill. Work with them on what they feel is reasonable, however make sure that they agree to practice the skill at least once before the next session. Be sure to let the patient know that you will follow up at the next session.

If there are to be more sessions, this may be a good place to stop. Facilitators must be careful not to overwhelm patients with too much content or they will not be able to process it. It is also important not to rush through patient questions and to give patient time to share important information.

Initial Session Outline

1. *Introduction to Trauma-Informed Care and Prevention*
2. *Agency-Specific Documentation and HIPAA*
3. *Ask Questions about Patient's Stressors*
4. *What I Need Worksheet*
5. *Introduction of New Topic/Techniques*
6. *Practice Techniques with Patient in Session*
7. *Home Practice Rationale and Patient Buy In*
8. *End of Session*

Middle Sessions

This is the section wherein the program really gets into a rhythm. While the content will be different, the framework for these next sessions should remain relatively static. Structure is important for all mental health programs, including prevention because it provides a safe a predictable framework that helps patients manage feelings of anxiety. Facilitators are encouraged to make the programming authentic to themselves and their patients and some things change that are beyond the facilitator's control (e.g. Having to

switch rooms unexpectedly during session), but the structure provides a good launching point.

Check In

Starting session with a structured check in is always a good idea. It can be a simple statement like, "How are you doing today?" to a more structured event using a scale. For example, a facilitator could ask the patient, "On a scale of one to ten, where ten is the best you have ever felt and one is the worst, how are you feeling?" This allows you to assess the patient's current state and for the patient to bring up any pressing issues that they may want to discuss.

This is also an opportunity to check progress toward alleviating patient's presenting problem. Has anything changed regarding their stressor? You may want to reference the "What I Need Worksheet." Situational stressors do sometimes change, and these changes may affect how the patient approaches working with you.

Generally, facilitators should avoid suggestions for problem solving with the patient. It is a human impulse to want to solve problems, however if the problem were easily solvable, the patient would have solved it already. By the time a patient comes in for prevention services, they have already tried things to reduce their stress, and have likely already gotten suggestions from others. They are in your office because nothing else has worked. Facilitators are to teach patients how to empower themselves by better coping with traumatic reactions or by figuring out how to problem solve on their own. Facilitators can offer suggestions when asked, however it is important to be mindful of your role and if the feedback would actually help the patient.

Review of Last Session

It is always a good idea to start by asking the patient about what was worked on last session. If they do not remember, gently prompt or remind them. This is a time to remind the patient of the technique(s) and reinforce the learning. Practice the techniques again in session if needed.

Review Home Practice

During this time, ask the patient about their experience with the technique between sessions. Did patient do the home practice? If yes, how was it? If no, what got in the way? This process allows the facilitator to troubleshoot problems that got in their way and reinforce the importance of practicing the skills.

Introduction of New Topic/Technique(s)

Facilitators should pick between I-3 techniques to introduce per session. Any more than that and the patients will not be able to internalize the information. The choice of topics that you can introduce is flexible depending on patient's needs. See the next section for detailed instructions on Resources and Worksheets on page 15.

Practice the technique with the patient in session. This sets the patient up for success. They know that they can use the technique because they tried it in session.

As you introduce the new topic, take time to check for patient understanding. Some patients may not ask questions or tell you when they do not understand something. It is important to allow space to assess patient's grasp of the material and provide clarification if needed.

Assign Home Practice

Remind patient of the rationale behind home practice. Discuss potential barriers to home practice and solicit patient agreement to practice the skills between sessions.

Middle Session(s) Outline

1. *Patient Check In*
2. *Review Last Session and Home Practice*
3. *Introduction of New Topic/Techniques*
4. *Practice Techniques with Patient in Session*
5. *Home Practice Rationale and Patient Buy In*
6. *End of Session*

Final Session and Termination of Services

The final Session should proceed very similarly to middle sessions until after the facilitator Practices Techniques with Patient in Session. At this point, facilitator should move into a discussion about termination of services.

Planning Ahead

Termination of services should be something that is planned for and discussed in advance. In fact, termination should be discussed during the initial session when you discuss the planned length of the program. Facilitators should remind patients about plans for final session approximately two sessions prior to the final session so that they have time to process. Patients' early knowledge of termination will help ease their anxiety and mitigate possible issues with dependence on you as the facilitator.

Empathy

Patients will form emotional connections with facilitators. It is intensely personal to entrust someone with their problems and to ask for help. These connections are normal and healthy, as long as the facilitator maintains personal boundaries; however it can also make termination of services more difficult. Be compassionate and empathetic to the patient as they make this transition. The patient may experience anxiety regarding end of ongoing services and the idea of saying goodbye is difficult for many people.

This is a time wherein the facilitator has the opportunity to remind a patient that there is a positive way of ending things. This ending is one of accomplishment. The fact that you are having a termination session with the patient is proof that they succeeded in

completing the prevention program. In fact, it may be helpful to frame termination of services in terms of a graduation.

Return What I Need Worksheet

At this time, the facilitator will take out the What I Need Worksheet and summarize it with the patient. Discuss what the patient has learned in session. Ask them if they feel it has helped them deal with negative emotional reactions caused by the problem. The facilitator will likely have to come up with some examples of how the patient has made progress. Often patients have more difficulty seeing incremental change. A facilitator highlighting progress can help patients see more progress and view themselves or their progress in a more positive light.

During this section, you also should ask about the stressor itself. Is the stressor still affecting the patient's life? Has it changed over the time you have been meeting with the patient? Be prepared because the stressor may still be an active presence and many of the patient's needs may not be met. If that is the case, you can remind patient that they now have coping skills to help them meet their needs. If it is not possible to meet needs through the use of the trauma-informed care skills, this is the time to provide linkages to appropriate supports for future mental health treatment.

Present Certificate of Completion

It is important for patients to get recognition of their achievements. For some patients, they have never had the opportunity to receive an award, so a program completion certificate has additional meaning for them. There is a template for Completion Certificates on page 40.

Post-Measures

Any post-measures should be conducted after session content is complete but prior to the provision or resources or follow up procedures.

Provide Resources for Follow Up

Patients may become distressed about the idea of a finite ending. This is the time to let patient know if they can return for more services in the future, depending on the policies at your specific agency. If the patient can return for future services, how they can go about re-entering services if they are having trouble managing their traumatic reactions? This is also an important time to remind patient that you can refer them for ongoing mental health treatment at a specialty mental health provider. See Appendix B for the referral procedures to specialty mental health services on page ii.

Final Session Outline

1. *Patient Check In*
2. *Review Last Session and Home Practice*
3. *Introduction of New Topic/Techniques*
4. *Practice Techniques with Patient in Session*

5. *Termination of Services and Patient Progress*
6. *Return What I Need Worksheet*
7. *Present Certificate of Completion*
8. *Conduct Post-Measure*
9. *Provide Resources for Follow Up*
10. *End of Session*

Single Session Prevention

If facilitators know that they will only be able to conduct one session with a patient, it is even more essential to be strategic about the content. The actual content should not change from previous sections, however it must be significantly abbreviated to suit the time-limited format. There are also sections that you can skip altogether. For example, you would not have to discuss plans for future meetings.

While it is still recommended to do the What I Need Worksheet, you do not need to go in depth with context questions. From this point facilitators should jump to the middle sessions about introducing 1-3 techniques, practicing in session and the importance of practicing techniques at home. There will not be a discussion of practicing between sessions, but you still need to solicit patient buy in to try the techniques in their life.

Termination will be much shorter because there simply is not as much time for patients to form an emotional connection to the facilitator. It is a good idea to ask the patient about their plans on how they will approach their stressor(s) differently after the completion of the program and reinforce the techniques. Help them think through when they could use their skills in their real life.

Give patients the certification of completion. It may not have the same emotional weight, but it may still have meaning for the patient. The patient can also use it to justify their attendance if needed. Additionally, provide patients with resources should they further services.

Finally, facilitators will not need to conduct pre and post-measures, however it is still required to conduct a single session measure after the session is complete.

Single Session Outline

1. *Introduction to Trauma-Informed Care and Prevention*
2. *Agency-Specific Documentation and HIPAA*
3. *What I Need Worksheet/Brief Discussion of Patient's Stressors*
4. *Introduction of New Topic/Techniques (1-3 Techniques)*
5. *Practice Techniques with Patient in Session*
6. *Home Practice Rationale and Patient Buy In*
7. *Termination, Linkage and Follow Up Procedure*
8. *Conduct Outcome Measure*

Section 5: Worksheets and Resources

In this section, each of the worksheets is presented along with the rationale for use and instructions about how to complete each one with the patient. The worksheets are recommended to be used in the order presented, however, facilitators may pick the techniques best suited to address the patient's specific issues.

Many of these resources were created in partnership from LA County Department of Mental Health and University of California Los Angeles Center of Excellence.

When introducing skills and worksheets to the patient, orient them to the skill and the learning process. Inform them of the rationale for each skill prior to starting. Encourage patients to ask any questions and answer them at this time. This will help ease patient anxiety and put them in a more open state to learn the skills.

What I Need Worksheet

This worksheet is meant to be a helpful tool to understand what things in the patient's life are causing the patient's stress and exacerbating their traumatic responses. While the role of the facilitator is not to solve the problem for the patient, it is important for the facilitator to know what the patient is dealing with. For example, people might have stress at their job, which may carry over when they come home, making them more anxious and irritable. Although it is possible to treat the anxiety without addressing the stressor, it will be more effective if the person learns how to address their work stress directly. It is important to tailor sessions to reflect the patient's circumstances.

Additionally, there are large stressors (like housing issues) that may need direct case management intervention. This worksheet can help facilitators get an idea about what referrals might need to be made to help the patient. Please keep in mind the patient's capacity to follow through with referrals. When you refer a patient, make sure to give them concrete steps with specific places or phone numbers for them to contact. It is often a good idea to make the first call with the patient so that you can encourage their confidence and help them if they get stuck.

Instructions

This form has a list of various stressors that may be impacting the patient. Facilitators can go through the form with the patient or let the patient fill it out on their own. Be mindful of literacy or language barriers.

Once the patient has finished filling out the form, go over it with them. Make sure that questions 5 and 16 are filled in if patient marks "yes" or "maybe." Ask additional questions about any "yes" or "maybe" answers that they marked off until you feel you sufficiently understand the issue(s).

If necessary, discuss any referrals that you would like to make with the patient prior to initiating linkages.

Either make a copy or keep the original of this worksheet to refer back to throughout prevention program. Return worksheet to patient at the final session.

What I Need?

What are some of the key things that you need help with right now? Please circle the appropriate box.

Item			
1. Medical Care	Yes	No	Maybe
2. Housing	Yes	No	Maybe
3. Income (Including job status and/or benefits)	Yes	No	Maybe
4. Immigration Status	Yes	No	Maybe
5. Other Legal Issues (*Please write in specific issue(s) you need help with)*	Yes	No	Maybe
6. Mental Health Care (Including therapy and/or medication)	Yes	No	Maybe
7. Substance Use Treatment	Yes	No	Maybe
8. Aging and Elder Care Resources	Yes	No	Maybe
9. Education Resources	Yes	No	Maybe
10. Parenting Resources/Skills	Yes	No	Maybe
11. Domestic Violence/Abusive Relationships	Yes	No	Maybe
12. Impulses to Hurt Self or Others	Yes	No	Maybe
13. HIV/STI Testing and/or Resources	Yes	No	Maybe
14. Support Group(s)	Yes	No	Maybe
15. Leisure Activities	Yes	No	Maybe
16. Other *(Please write in specific issue(s) you need help with)*	Yes	No	Maybe

**Some of these are things that we will not be able to help you with now, and we may need to give you outside referrals. It is still important for us to know about these issues because it will allow us to provide you the best care possible.*

Breathing Techniques

Breathing exercises are some of the most effective tools to have when experiencing stress. Slow, focused breathing causes changes in both the sympathetic and parasympathetic nervous system, and in doing so, reduces emotional arousal. Numerous studies have shown that focused breathing helps to reduce stress, anxiety and insomnia. Note these are all common reactions in the aftermath of a traumatic experience. Breathing exercises are components of many holistic practices the world over including mindfulness, meditation and yoga. These exercises can be short (done for only a few breaths) or long (done for 30 minutes or more).

Breathing exercises may also serve a secondary function. By taking some time to breathe, patients remove themselves from the immediate action. They have a chance to stop and think before they immediately react with emotion. This can help decrease impulsive actions during stressful situations.

In practice, these tools are meant to be adaptable. Facilitators should encourage patients to try the breathing exercises as written. However, once a patient tries a tool, the exercises should be adapted as necessary to suit their individual needs. This is a good place to have a discussion about the patient's needs and the likelihood of them using a given tool.

Another important thing to take note of is that sometimes patients will be resistant to focusing on their breath. If the patient is a trauma survivor, focusing so much energy on their body can be very scary. Additionally, common phrases like, "Relax," and "Close your eyes," may remind trauma survivors of their abusers. For these reasons, it is recommended to take a gentle approach. If a patient says that they do not like something, it is a good idea to lightly explore it with them and see what is making them refuse. If the patient vehemently refuses or becomes upset, it is recommended that the facilitator move onto another exercise.

Butterfly Breath

The Butterfly Breath is a simple tool that patients can use to practice breathing while making a repetitive motion with their finger. This allows them to engage both their brain and body in an activity that will help decrease anxiety. Once patients become proficient in making the motion with their finger, they can repeat it on other surfaces without the addition of the worksheet.

Instructions

Place the Butterfly Breath Worksheet in front of patient. It is a good idea to have your own copy as well. Read the instructions through with the patient aloud.

> *"Trace the butterfly with your finger starting in the middle and taking a deep breath in. As you cross over to the other side of the butterfly, slowly let your breath out. Continue breathing around the butterfly until you have a calm body and mind."*

Show the patient how to move their finger around the outside of the butterfly following the direction of the arrows on the page.

Practice this skill for at least 5 minutes.

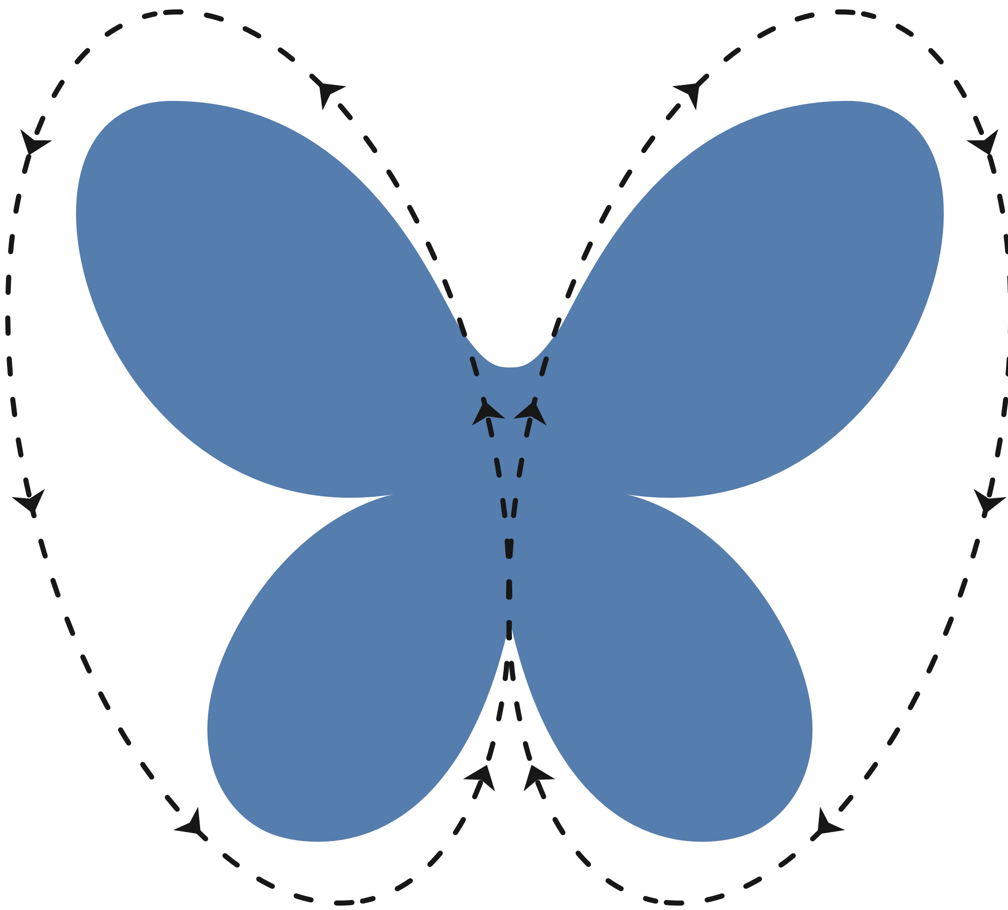
As you start the exercise speak in a soft soothing voice. During this time, remind the patient that the movement around the butterfly should be slow, and their breaths should correspond with the transition from one "wing" to the other. Inform patient that it is normal for their mind to wander. Here is a sample script:

> *"If you notice that your mind is wandering, let the thoughts go. Let them pass through your mind without focusing on them. Return your attention to the butterfly and your breath."*

Upon nearing the end of the practice time, remind patient to take their final breath. And invite them to stop and look up when they are ready.

Butterfly Breath

Individuals of any age can benefit from learning deep-breathing techniques such as the “Butterfly Breath.” Follow the instructions below to teach yourself how to feel calm and manage tough emotions through focused, deep breathing.



Trace the butterfly with your finger starting in the middle and taking a deep breath in.

As you cross over to the other side of the butterfly, slowly let your breath out. Continue breathing around the butterfly until you have a calm body and mind.

UCLA Health

© 2017 Do not replicate without permission from the UCLA Center for Child Anxiety Resilience Education and Support (CARES)

carescenter.ucla.edu

Abdominal Breathing Script

Abdominal Breathing is a way of slowing down inhales and exhales as someone reads a script. Sometimes it is hard to focus on a breathing exercise when people are first starting. This worksheet provides a framework for a beginner.

Instructions

Read through the script at least once prior to meeting with the patient. Before introducing the skill, ask a patient to rate their state of anxiety on a scale of 1-10, where ten is the most anxious they have ever felt.

Read the script aloud in a soothing voice. Practice the steps with the patient. Remind the patient that their mind may wander, but to return their attention to their breath. Make sure to keep the pace relatively slow, so the patient can experience each breath.

After completing the exercise, ask a patient to rate their state of anxiety again on a scale of 1-10. Ask about how they felt doing the exercise. If necessary, you may encourage the patient to try reading the script themselves in session to practice how they would use the skill at home.

Abdominal Breathing Script

Use this script as a tool to practice abdominal breathing. Deep breathing can help reduce feelings of stress. Read the script out loud or quietly to yourself.

Take several deep breaths.

In 1, 2, 3, out 1, 2, 3.
In 1, 2, 3, out 1, 2, 3.

Breathe in through your nose and out through your nose. If you have difficulty breathing out through your nose, you can exhale through your mouth.

In 1, 2, 3, out 1, 2, 3.
In 1, 2, 3, out 1, 2, 3.
In 1, 2, 3, out 1, 2, 3.

Notice your breathing. Where does the air go once it is inside your body? Is the air coming into your chest? Or is it coming down into your abdomen?

In 1, 2, 3, out 1, 2, 3.
In 1, 2, 3, out 1, 2, 3.
In 1, 2, 3, out 1, 2, 3.

Try moving the air all the way to the bottom of your lungs down into your abdomen. You can put your hand on your stomach. When you are breathing deeply into your abdomen, your hand should rise and fall as you inhale and exhale.

In 1, 2, 3, out 1, 2, 3.

When you breathe deeply, the air comes deeper into your lungs and delivers fresh and rejuvenating oxygen to your muscles all over your body.

In 1, 2, 3, out 1, 2, 3.

Keep breathing in slowly and breathing out slowly.

In 1, 2, 3, out 1, 2, 3.

Continue breathing deeply into your abdomen for five more refreshing breaths.

① ② ③ ④ ⑤

DMH-UCLA
PREVENTION CENTER OF EXCELLENCE

© 2019 All materials and downloads contained on learn.wellbeing4la.org are for educational purposes only and should not be copied or disseminated without the express written consent of the DMH-UCLA Prevention Center of Excellence.

Interrupting Trauma Reactions

When trauma reactions are triggered, it is very easy for people to react without thinking about the consequences of their actions. In these circumstances, people often act impulsively and often regret their actions later. Often, there is no immediate way to resolve the situation, so the best thing to do it stop the situation from getting worse.

This section contains skills for those times when patients' emotional responses are activated. They address the importance of stopping and thinking before reacting. They help the patient to take a step back from the situation and make a conscious decision about how they want to respond rather than react in the heat of the moment.

READ

The READ skill is a mnemonic device to help patients remember the following: Recognize, Evaluate, Act and Do it again. This tool is designed to shift the emphasis from a problem focus to a solution focus with a trauma/resilience-informed foundation. It provides a framework to help patients reframe problems within the context of their experiences and generate solutions.

Instructions

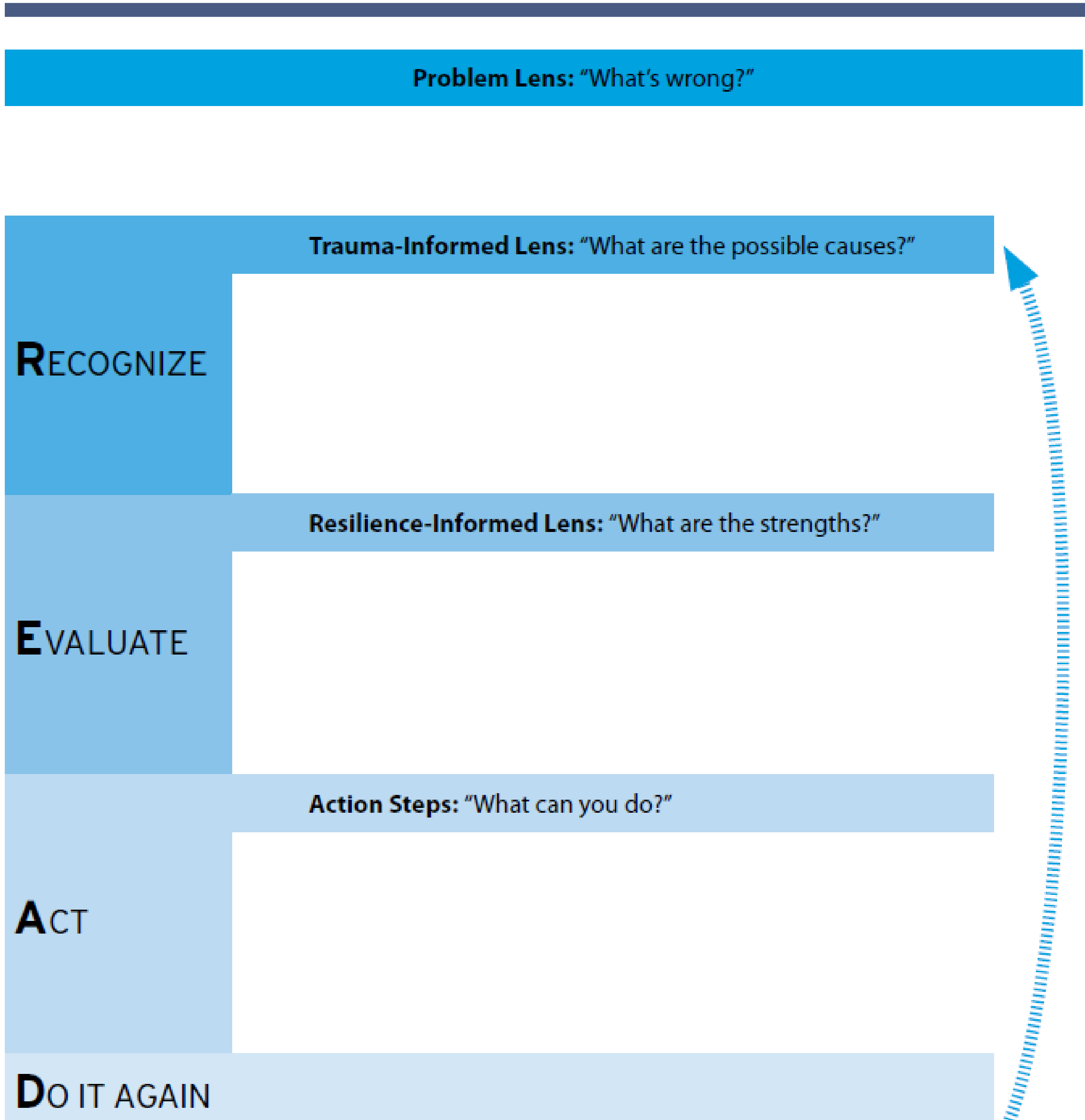
Either read the worksheet aloud with the patient, or have the patient read it to themselves. Start with the problem lens and have the patient write down a problem that they are having. Then, go through each item and provide more detail with the following information:

> **R – Recognize:** This first step is to help you think about what is causing the problem. Are there any underlying issues that may be affecting the problem? Could it relate to your past in some way? The point of this exercise is to get you to think about the problem from another perspective.
>
> **E – Evaluate:** Next think about any strengths you have. These could be things that help you cope with the problem or even help you to eventually resolve it. Are there any good things about this problem that you haven't considered yet? Do you have any supports that can help you with this problem?
>
> **A – Act:** Now think about your options. How can you address this problem? List possible solutions. Are there any ones that feel more appealing to you than others? Which ones and why? Decide on at least one solution to try. Think about what you would need to do to be successful.
>
> **D – Do it again:** Once you are able to successfully use this framework to address a problem, repeat the process when another problem comes up.

After talking through the READ technique with the patient, ask them how they feel about the skill. Is this something they think they could use?

READ

Moving from a problem-based perspective to a trauma and resilience informed lens



DMH-UCLA
PREVENTION CENTER OF EXCELLENCE

© 2019 All materials and downloads contained on learn.wellbeing4la.org are for educational purposes only and should not be copied or disseminated without the express written consent of the DMH-UCLA Prevention Center of Excellence.

Taking Care of You

"Taking Care of You," is about the ability to self-soothe. Self-sooth can be defined as the ability to calm oneself in times of emotional distress, however the definition can be broadened to include being kind to oneself. While many people turn to external sources of comfort in times of distress, there are times where no one else is available. Being able to calm down from a state of emotional distress is critical for being able to address emotional situations calmly.

For people who have never heard of self-soothing, it may be difficult for them to come up with ideas. The "Taking Care of You" sheet is a list of suggestions of some things patients can use to self-soothe.

Instructions

Hand the list to the patient and keep a copy for yourself. Either read the list aloud or have the patient read the list to themselves. Then have the patient check off the things on the list that they think they might use.

Then discuss the boxes that the patient checked. Which ones did they pick and why? How will they use them? Encourage patients to add their own ideas onto the list as well. Here is a sample script about how you can start this conversation.

"Tell me about which things you checked that would help you self-soothe. When do you think it would be a good idea to use them?"

Taking Care of You

Find inspiration for taking care of you using the ideas below

- ☐ Drink a cup of tea
- ☐ Cuddle with your pet
- ☐ Appreciate loved ones
- ☐ Stretch
- ☐ Meditate
- ☐ Exercise
- ☐ Garden
- ☐ Say a prayer
- ☐ Laugh
- ☐ Take a long bath
- ☐ Get a massage
- ☐ Watch a movie
- ☐ Read a book
- ☐ Cook your favorite meal
- ☐ Have dessert
- ☐ Disconnect from technology
- ☐ Enjoy the outdoors
- ☐ Make a craft
- ☐ Take a nap
- ☐ Plan a picnic
- ☐ Practice forgiveness
- ☐ Practice gratefulness
- ☐ Enjoy a break
- ☐ Do an act of kindness
- ☐ Listen to music
- ☐ Join a social group
- ☐ Do your favorite hobby
- ☐ Look into an aquarium
- ☐ Look at a photo album
- ☐ Go stargazing
- ☐ Dance
- ☐ ______________________

DMH-UCLA
PREVENTION CENTER OF EXCELLENCE

©2019 All materials and downloads contained on learn.wellbeing4la.org are for educational purposes only and should not be copied or disseminated without the express written consent of the DMH-UCLA Prevention Center of Excellence.

CALM

The CALM skill is a mnemonic device to help patients remember the following: Check yourself, Active Listening, Make a caring statement. This tool is designed to help people respond calmly in difficult interpersonal situations that trigger strong emotional responses. These steps help patients less defensive during interpersonal interactions. Ultimately, by responding calmly, patients can have better social interactions in the future.

Instructions

Either read the worksheet aloud with the patient, or have the patient read it to themselves. Go through each item and provide more detail with the following information:

> **C – Check yourself:** Although it says, "Check yourself" on the worksheet, a better definition for the term would be Check in with yourself. This reminder is to help you tune into your emotions and your body. Think about how you are feeling. For example, you might be more irritable right now because you are hungry. This may be a good time for you need to take a moment and walk away to figure out your emotions.
>
> **A L – Active Listening:** This helps you empathize with other people throughout the interaction. Really pay attention to what the other person has to say. Use open body language like eye contact and nodding your head to show you are really paying attention. Ask yourself, what is the essence of the situation? Check your understanding of the other person's point of view using summarization.
>
> **M – Make a caring statement:** This is the time when you let the other person know that you value their opinion. You can see if you can come to a mutually beneficial solution. You may not be able to solve the problem, but even if you can't, you can let the other person know that you listened to them and care about what they have to say. You can say something like, "I can see where you are coming from. Although I can't solve it right now, thank you for talking to me about it."

After talking through the CALM technique with the patient, ask them what they think about the skill. Is this something they think they could use? Have the patient think of a time when this skill would be useful.

Additional Resource

- There is also a video explaining how to use the CALM tool for professional disagreements at the UCLA Center of Excellence Website: https://learn.wellbeing4la.org/detail?id=1705

CALM

Check yourself:

Remain calm and non-defensive, watch your non-verbal communication.

Active **L**istening:

Listen carefully, ask a few general questions, empathize, and summarize concerns.

Make a caring statement:

Consider the person's concerns, provide validation, and respond with care.

© 2019 All materials and downloads contained on learn.wellbeing4la.org are for educational purposes only and should not be copied or disseminated without the express written consent of the DMH-UCLA Prevention Center of Excellence

Recognizing Strengths

As mentioned earlier in the manual, this is a strength-based prevention program, and the ability for patients to recognize their own strengths is fundamental to developing a healthy self-image. By this point in the program, facilitators should already be aware that the patients who come in asking for help are very resilient and they already have numerous strengths.

Unfortunately, self-blame and negative self-image is very common for trauma survivors. Many patients will struggle with finding things that they are good at. They may have been told their whole lives that they were worthless, so it is very hard to think of themselves in positive terms. It is the facilitator's role to help patients learn to see their own strengths. Sometimes facilitators will have to suggest things patients can use as strengths or build on small details the patient provides. These skills provide frameworks for patients to practice seeing themselves from a strengths-based perspective.

Noticing Your Strengths

This is the first worksheet in which patients list five strengths and five things to build on. The goal is to have patients practice seeing good things about themselves.

Instructions

Either read the instructions aloud or have the patient read the instructions to themselves. You may want to encourage your patient to write their name on this worksheet because it is important to reinforce the association between these strengths and themselves. Ask the patient if they have any questions. If not, have them begin to write their strengths and their areas to build on. Encourage the patient to challenge themselves to fill in all five lines in each section.

If you notice the patient struggling with writing in the sheet, offer assistance. Ask them questions about things they feel positive about or things that they feel good when they do them. For example, someone might say that they feel good when they draw, so this should be used as a strength. It does not matter if they believe they draw well. The strength can be phrased that they are good at expressing themselves through art.

Also, while patients may say that other people tell them that they are good at things, try to help them reframe those statements as things that the patient sees as positive

When the patient finishes, ask them to read their list aloud. How do they feel after reading their list of strengths?

Noticing Your Strengths

To practice shifting from the problem-focused lens to a strength-based perspective, identify five strengths you already.

Then think of some reasonable ways you can building on your strengths.

List the top five strengths you see in this yourself

1. ....
2. ....
3. ....
4. ....
5. ....

Brainstorm five ways to build on your strengths

1. ....
2. ....
3. ....
4. ....
5. ....

My Superpowers

Now that the patient has some concrete examples of things they can list as their positive attributes (from the “Noticing Strengths” worksheet), they can create their own list of things helpful to them. My Wellness Toolbox is designed to function as a personal account of things they are good at. Even though you may have already helped the patient think of strengths in the last exercise, you may need to help them again. It is difficult for many people to think of themselves in terms of their strengths instead of their deficits, so this may be an area that they need more support.

Instructions

Encourage the patient to bring in their copies of the “Noticing Strengths” worksheet to session so they can use them as a starting point. Give the My Superpowers worksheet to the patient and read the instructions aloud or have the patient read the instructions to themselves. Then the patient should begin to fill in the worksheet. Although the instructions say to write or draw in their ideas, patients can get as creative as time and space will allow. For example, some patients enjoy making their worksheet into a collage.

Once finished, discuss the things that the patient included as their superpowers. What attributes did they pick and why? At the end of the exercise, patients should keep this worksheet so they can remind themselves the things that they feel good about in times when they are struggling.

My Superpowers

Everyone has their own personal superpowers, or things that they do well. Think about the things that you do well. Write or draw them on the figure below.

Cognitive Thought Distortions

The way people think about things can lead them to have false negative perceptions about the world and other people. Cognitive Thought Distortion is a term from Cognitive Behavioral Therapy used to describe destructive thoughts that people have that reinforce negative feelings about themselves and the world. This manual is for mental health prevention and not treatment, however many trauma survivors have these kind of thoughts. This section is included here for educational purposes only.

If the patient has noticed too many of these cognitive distortions or has these thoughts very frequently, this is a sign that the patient likely needs more intensive mental health intervention. See Appendix B on page ii for instructions on how to link patients to specialty mental health services.

Cognitive Thought Distortion

This worksheet is a list of eight common Cognitive Thought Distortions. Each term is defined clearly with an example of a negative thought in italics.

Instructions

Read through the Cognitive Thought Distortion worksheet at least once prior to meeting with the patient. Read the worksheet aloud with the patient, stopping after each definition. Give a concrete example of each cognitive distortion. Make sure to check for patient understanding as you go, because the technical terms can be confusing. Allow the patient time to ask any questions and answer them to the best of your ability.

Continue this process until you have read through and demonstrated all eight skills.

Once finished, lead the patient in a discussion about cognitive thought distortions. How do they feel after reading through the worksheet? Have they noticed anything that they say or think that fits any of these categories? How often do they have those thoughts?

Sometimes thinking about negative thoughts can cause patients to feel distress. It is very important to normalize the patient’s feelings and to provide reassurance. Here is a sample script:

“Everyone has experienced a cognitive distortion at some point. It is ok. Sometimes our brains are cruel to us. But it is important to remember that having a thought does not automatically make it true.”

As mentioned above, if a patient has a lot of cognitive thought distortions or has them very often, they will need to be referred for ongoing mental health treatment

Cognitive Thought Distortion

Thought Distortions are errors in our thinking that can cause us to behave in negative or unhelpful ways, can lead us to interact with others in ways that create conflict or distance, and prevent us from moving forward or making change.

Forecasting	Assuming that the future will turn out negatively and feeling convinced that this is true. *This project is destined to fail.*
Mind Reading	Assuming that another person is having negative thoughts or reactions to you without checking out your perception. *Everyone blames me.*
Negative Filter	Focusing on a single negative instance and disqualifying any positive experiences or evidence to the contrary. *Since my coworkers are frustrated with me, I must be bad at my job.*
All or Nothing Thinking	Seeing things in extreme ways, as either/or, with no middle ground. *Because I feel sad, I'll never be able to feel happy again*
Emotional Reasoning	Believing something is true, because it feels like it is true. *Because I feel like my boss does not like me, he must really not like me.*
Catastrophizing	Exaggerating the importance of an event or outcome. *My family is terrible because we had an argument.*
Should Statements	Having a rigid set of rules about how one should behave or think. *I should be more prepared*
Personalization	Seeing yourself as the cause of an external negative event for which you were not primarily responsible. *We would not have gotten lost if I was more organized*

DMH-UCLA
PREVENTION CENTER OF EXCELLENCE

© 2019 All materials and downloads contained on learn.wellbeing4la.org are for educational purposes only and should not be copied or disseminated without the express written consent of the DMH-UCLA Prevention Center of Excellence.

My Tools

This worksheet is similar to the "Taking Care of You" worksheet because it is also a list. The difference is that this one is a list of suggestions of things patients can do to promote wellbeing. These things relate to long term goals and processes for patients to take care of themselves. Generally, it is not soothing to go the dentist; however, it is important for overall health. "My Tools" are the things that help a patient build an overall sense of wellbeing.

Instructions

Hand the list to the patient and keep a copy for yourself. Either read the list aloud or have the patient read the list to themselves. Then have the patient circle or mark the things on the list that they think they might use.

Then discuss the items that the patient marked. Which ones did they pick and why? How will they use them? Encourage patients to add their own ideas onto the list as well. Here is a sample script about how you can start this conversation.

"Tell me about which things you checked that would help you improve your overall well-being. When do you think you could start practicing them?"

My Tools

What strategies do you keep in your wellbeing toolbox? Each section below provides some ideas to get you started. Fill in your own strategies in the lines provided.

Getting Started

- Write notes of gratitude or positive reflection to yourself
- Have a mailbox for happy emails, notes of thanks, or other positive prompts
- Set passwords as positive reminders
- Check in with colleagues and friends
- ______________________________________
- ______________________________________

Skills Practice

- Set inspirational and realistic goals
- Practice reflection
- Engage in mindfulness techniques
- Set and manage effective boundaries
- Practice optimism
- Take breaks
- Regularly check-in with yourself
- Practice emotion identification and regulation
- Ask for help or consultation (if needed)
- _____________________________________
- _____________________________________

Transitions

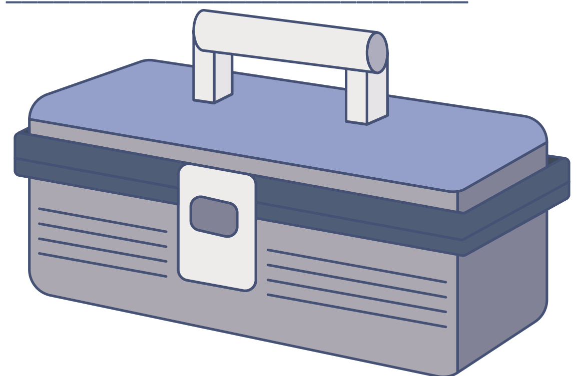
- Remember your personal values and priorities and what is important to you
- Try to leave work at work
- Allow yourself down time
- Allow yourself transition time and/or a transition ritual such as changing clothes, showering, listening to music, or other transitional behavior

Lifestyle Factors

- Get adequate sleep
- Practice healthy eating habits
- Exercise regularly
- Maintain social connections
- Create a sense of meaning and purpose
- Have a regular gratitude practice
- Practice regular meditation or mindfulness
- Use substances in moderation (or not at all)
- Attend regular physical, dental, and mental health appointments (as needed)

Other

- _________________________________
- _________________________________



DMH-UCLA
PREVENTION CENTER OF EXCELLENCE

© 2019 All materials and downloads contained on learn.wellbeing4la.org are for educational purposes only and should not be copied or disseminated without the express written consent of the DMH-UCLA Prevention Center of Excellence.

My Wellness Toolbox

Now that the patient has some concrete examples of things they can use to self soothe (from the "Taking Care of You" worksheet and the "My Tools" worksheet), they can create their own list of things helpful to them. My Wellness Toolbox is designed to function as a personal account of things that will help them self soothe.

Instructions

Encourage the patient to bring in their copies of the "Taking Care of You" worksheet and the "My Tools" worksheet so they can use them as a starting point. Give the worksheet to the patient and read the instructions aloud or have the patient read the instructions to themselves. At this point, the patient should start filling in their toolbox.

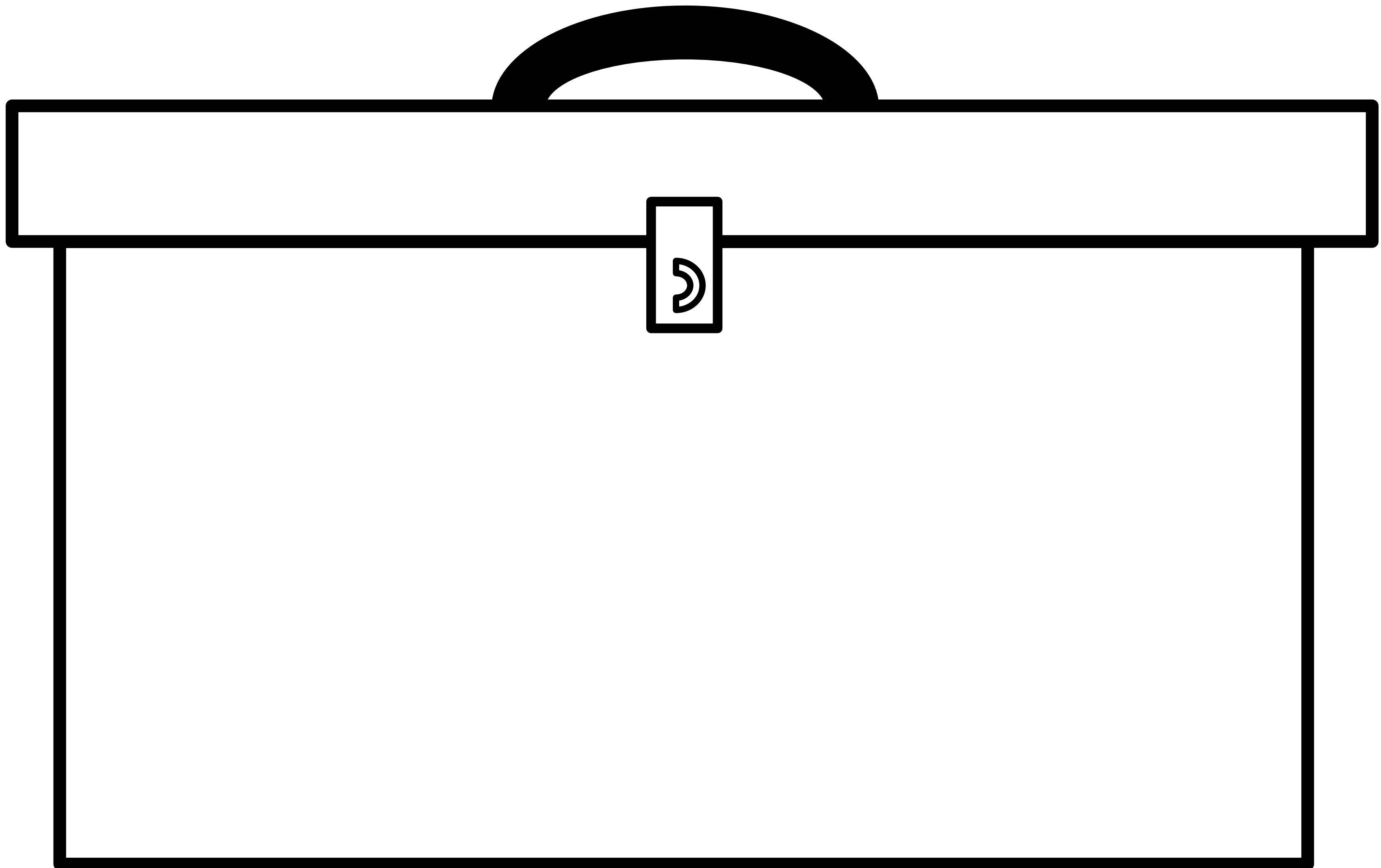
Although the instructions say to write or draw in their ideas, patients can get as creative as time and space will allow. Similarly to the "My Superpowers" worksheet, patients can also create a collage. The only requirement is that the representation must be clear to the patient so that they are able to remember what they are referring to at a later date.

Once finished, discuss the things that the patient included in their toolbox. Which ones did they pick and why? How will they use them? Encourage patients to try their ideas when they feel upset. At the end of the exercise, patients should keep this worksheet in an accessible location, in case they feel overwhelmed. That way they can refer back to their personal reminders of how to calm down.

COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
PREVENTION SERVICES BUREAU
PREVENTION AND EARLY INTERVENTION

My Wellness Toolbox

Fill in this toolbox with strategies that you can use to promote your own wellbeing. Feel free to write or draw them.



Planning Ahead

Many people who experienced a trauma have difficulty planning for good things to happen in the future. Often, trauma survivors react in times of stress rather than plan ahead. Being able to think of a long-term goal, break it into smaller steps and objectives and then follow through completing the smaller steps are all crucial to achieving goals. Planning allows patients to engage their higher-level problem solving abilities that they may not have used before.

These steps allow trauma survivors to think of a future where they have control over the ability to get what they want and need. Trauma often takes away feelings of mastery because something terrible happened that the survivor had no control over. Helping patients learn how to plan for themselves is one of the most empowering things facilitators can teach. If patients are able to think through the processes in advance, they are much better prepared to successfully achieve their goals.

Action Plan

This action plan is a simple framework to help patients begin to think concretely about problem solving. Although the form is framed around patient goals and steps on how they can achieve them, it can also be used to create action steps to handle a stressful situation.

Instructions

Have the patient think of a goal they would like to complete. If the patient needs help, facilitators can ask them some clarifying questions to help them think of something they would like to work towards. You can ask about a career goal, a hobby or a social goal like making more friends.

If the goal is too broad, try to hone in on a specific part. Keep the goals reasonable because facilitators want to set patients up to succeed. Starting with small things that they can do gives the patient positive reinforcement to build on their achievements.

Then help the patient break the goal into five smaller steps. Encourage the patient to fill out all five steps with as much detail as possible Continue until all steps are filled out.

Instruct the patient to read their goal and the action steps aloud. Ask how they feel about their goal and their action steps. Ask how they would feel using this framework in their daily life.

Action Plan Worksheet

Goal: ____

Action Step 1

Action Step 2

Action Step 3

Action Step 4

Action Step 5

DMH-UCLA
PREVENTION CENTER OF EXCELLENCE

© 2019 All materials and downloads contained on learn.wellbeing4la.org are for educational purposes only and should not be copied or disseminated without the express written consent of the DMH-UCLA Prevention Center of Excellence.

Certificate of Completion

Presented to

____

For the successful completion of the Trauma-Informed Care for Community Partner Clinics Prevention Program

Presented on

_______/_______/_______

____

Appendix A: DMH Emergency First Response Contact Information

Emergency Procedures

- Call **911**
  - If the patient is in immediate danger of harming themselves, someone else or are gravely disabled and/or need a response within 30 minutes.
- Call the DMH Access Hotline at **(800) 854-7771** for Psychiatric Mobile Response.
  - If the patient expresses suicidal or homicidal ideation or is gravely disabled, but is not in immediate danger.
  - DMH will send a team of mental health specialists to evaluate the patient for a psychiatric hospitalization.
- The Los Angeles County Helpline, "LA Warmline," at **(855) 952-9276**
  - If the patient is not in crisis, but is in need of emotional support at night, they can call the warm line, which is available from 10 p.m. to 6 a.m.

Appendix B: Referrals & Resources for Specialty Mental Health Treatment

How to Refer a Patient for Mental Health Services

Through the Access Hotline

- At any point in the screening process and/or during the course of delivering Prevention Services, a MHLA participant may be referred for specialty mental health treatment to the Los Angeles County - Department of Mental Health through their 24 hours/day, 7 days/week ACCESS hotline at **1-800-854-7771**.
    1. Please first consult with the appropriate clinical personnel at your agency prior to making this referral as there are required criteria that an individual must first meet to receive Specialty Mental Health Services at DMH clinics.
- Requirements:
    1. There must be an included diagnosis.
    2. Must have one of the following impairments as a result of the disorder from element 1 above:
        - A significant impairment in an important area of life functioning;
        - A probability of significant deterioration in an important area of life functioning; and/or
        - Individual will not progress developmentally as appropriate (This applies only to persons under age 21) **This highlighted bulleted item does not pertain to the MHLA Program.**
    3. Proposed intervention must meet each criteria noted below:
        - Address the condition(s) from element 2;
        - Have the expectation to:
        - Significantly diminish impairment; or
        - Prevent significant deterioration in an important area of life functioning; or
        - Allow individual to progress developmentally (This applies only to persons under age 21) **This highlighted bulleted item does not pertain to the MHLA Program.**
        - The condition would not be responsive to physical health care based treatment.

Through the DMH Website

1. Go to the DMH Service Locator at https://locator.lacounty.gov/dmh
2. On the left hand tab, select the type of services you are looking for, usually "Mental Health Outpatient."
3. Type in the kind of services you would like in the center search bar titled "Find," or leave it blank.

- You can also narrow the search by age group with this search bar.
- For example, if you are looking for adult services, type adult into the search.

4. Then type an address or zip code near where the patient would like to receive services in the right side search bar titled, "Near."
5. Look at the list of links and click on the agency name.
6. Call the numbers prior to giving the referral to the patient.
    - Some of the phone numbers need to be updated occasionally, so this is a good precaution to make sure that the number works.
7. Give the patient the number(s) for any appropriate agencies. If possible, call the phone number with the patient and ask the agency staff for an intake appointment.

Appendix C: Outcome Measures

Pre, Interim and Post Measures

One of the requirements for this MHLA Behavioral Health Expansion Project is that Community Partner (CP) Clinic staff collect the applicable PHQ-9 and GAD-7 questionnaire/measures using the following administration guidelines:

A. CP shall provide an initial screening of all Participants to determine if MHPS are applicable and appropriate. The initial screening process shall entail administration of the PHQ-9 and a review of the results and any other pertinent information from the Participant and/or Health Professional that may indicate Participant risk factors or the need to build protective factors. The questionnaire/measure is traditionally self-administered, however it may be administered by staff. The results must be reviewed by staff.

B. CP staff may also determine following the initial screening process, that the Generalized Anxiety Disorder-7 (GAD-7) questionnaire/measure shall also be administered as part of a Participant's overall screening for appropriate Prevention services.

C. All Participants who receive MHPS after the initial screening shall be provided follow-up questionnaire(s)/measure(s) quarterly with either or both the PHQ-9 or the GAD-7 questionnaires/ measures until the end of the DMH-approved curriculum.
    - The choice of which questionnaire(s)/measure(s) shall be determined at the sole discretion of the CP staff.
    - Follow-up questionnaire/measures may be provided with a greater frequency at the discretion of the CP staff.

D. All Participants who receive additional MHPS shall also be provided either or both questionnaire(s)/measure(s) at the end of the course/curriculum.