

**UMB TRAUMA-INFORMED CARE FORUM NOV 8 2018
SP CASE STUDY SCRIPTS**

NURSE	PATIENT	NOTES
SCENE 1		
Hi, Ms. Green. I'm a nurse here. I took care of you last time you were here. Do you remember me? My name is Pat.	Yeah, I remember you.	Nurse smiling; sits down next to pt
We have your numbers back and your blood sugar is pretty high. I know the hospital isn't your favorite place, so good for you that you came in today.	OK (quiet)	
Have you been remembering to take your insulin every day and check your blood sugars?	Well, as much as I can.	Patient sitting with arms crossed; not making eye contact
Tell me more about that.	I can't always remember ...	
I can understand that. You have a lot going on.	Yeah	
How are the kids doing?	They're doing good. DeeDee stays a lot at her dad's and the other two are with my sister.	
That's good. I'm glad they're doing well. (pause) Where are <i>you</i> staying?	I'm OK, I got places to stay	
Good places? Do you feel safe in the places where you're staying?	Yeah, it's OK	
Can you walk me through a typical morning?	There isn't really any typical morning. It all depends.	
OK, what about checking your blood sugar. Are you able to do that?	Sometimes	
OK. The times when you can't do that, what gets in the way?	I don't always have my supplies. (pause) They're not always with me.	Patient looking down
So you're moving around a lot and it's hard to bring everything with you?	Yeah	
That must be hard not to be able to keep your belongings all in one place.	Yeah. I had it all at my sister's but she won't let me in after a certain time.	
Is that the sister where your younger two stay?	You're asking a lot of questions. I'm here to get my blood sugar fixed.	
Yes, it's important that we bring your blood sugar level down. Again, I'm glad you came here for that. I'm trying to figure out how we can help you stay healthy. I'm only asking you these questions to figure out how to help.	Yeah, OK	
Do you know what makes blood sugar	You gonna talk to me about my diet	Patient looks

levels go up?	now?	annoyed
Well, I was wondering if you knew that it's not just diet that affects blood sugar levels. Did you know that stress can make your blood sugar go up?	No, I didn't, but I got a lot that to go around.	Patient rolls eyes
What would you say are your two biggest stressors?	(Pause) Worrying about my kids ... About taking care of them ...	Patient looks down
And who takes care of <i>you</i> ?	(Quiet)	(allow silence)
How do you cope when you're stressed? What things do you do to make yourself feel better?	(Quiet)	(allow silence)
I notice that you have some scars on your arm. Some people cut themselves to feel more in control. Is that something you have done?	(Pause, squirming) ... You're asking a lot of questions.	Patient looks upset
I can see that you are uncomfortable with these questions. I'm sorry. I'm trying to help you. I want you to know that it's not uncommon for people who have dealt with a lot of pain and stress in their lives to cut themselves to cope. You wouldn't be the only one who has done that.	(Quiet)	Nurse stays calm & concerned
The last time you were here we asked you questions about your past. When you were a child. I'm not going to repeat the questions, but you dealt with a lot growing up. You're a very strong person.	(Quiet)	Patient is looking down ...
But even strong people need help. I'm wondering if you might want to talk with our social worker about ways we can help you and your family have less stress.	I don't need to talk to no social worker! (Angry) Why are you up in my business like this?!	Patient looks up when hearing "social worker," upset
I'm just trying to help you, Ms. Green.	Talkin' about helping me, and why you calling me "Ms. Green"? My name is Akasha! (grumbling)	Nurse has edge of frustration in voice; patient is angry
STOP – DEBRIEF		
Skills demonstrated: establishing trust, strength-based interviewing, empowering Skills missed: regulating emotions, more focus on client as expert		

PHLEBOTOMIST	PATIENT	NOTES
SCENE #2		
You're Ms. Green, right? I need to draw more blood from you.	They already got my blood.	Phlebotomist seems in a hurry; patient seems annoyed
We need another test run.	Why you can't use the blood they already took?	
It has to be in a different tube.		Patient offers right hand
These veins don't look so great, can we try your other arm?		Patient looks annoyed; reluctantly rolls up sleeve
Oh wow, what happened to your arm?	None of your business!	Patient is angry
Calm down, I'm just doing my job!	Just get out of here! Leave me alone!	Phlebotomist's tone is elevated; patient is very angry
<p>STOP – DEBRIEF</p> <p>Skills missed: explain what you're doing/avoid surprises, establish trust (did not introduce), regulating own emotions & helping patient regulate her emotions</p>		

PHYSICIAN	PATIENT	NOTES
SCENE #3		
Hi, I'm Doctor Wilmer. What do you prefer that I call you? (pause) Ms. Green? Akasha?	Akasha is fine	Physician offers hand to shake, sits next to pt, she timidly shakes hand
I heard you had some questions about the extra blood draw I ordered. I'm sorry I didn't come in and explain first why we needed that.	I'm tired of all these needle sticks, everybody probing me. Making me fill out the same forms, asking me the same questions over and over.	Physician looks attentive; patient not making eye contact
I'm sorry about that, too. We're trying to make it easier for patients who return here but it's not so easy to change how things are done.	Yeah, well ...	Patient still not making eye contact; arms crossed
Akasha, what do you think we can do that would help you the most today?	(pause) Um ... my head hurts. I'm so tired. Peeing a lot. I can't check my sugar because my stuff is at my sister's. It's too late. She won't let me in.	Patient uncrosses arms
OK, good, seems like you notice when your blood sugar is high, and since you can't check it yourself, you came here for us to help you get it under control. We can help with that. (pause) Anything else?	(quiet)	Physician smiling, showing concern; patient looks up, cautious but listening
I have other patients with diabetes who tell me it's hard to follow the diet and keep up with the blood sugar checks. If you're not living in one place, that makes it even harder. What helps you if you feel stressed about that?	(pause) Well, I can't get a place without a job. I had a job but had to take 3 buses to get there. Third time I was late they fired me. (pause) Makes me anxious worrying about where we are all staying.	
Wow, I can understand why you would feel anxious. That's a lot of pressure. ... Is there anything you can think of that helps you cope with that pressure?	Um ... Hmmm ... I guess, talking to my grandma. She always prays for me.	Patient looks up
So prayer, your faith, your grandma. It's good to remember what gives you strength.	Yeah	Patient looks calmer.
We can bring your blood sugar down. I am going to explain what we'll do today. But I'd really like Jordan, one of our case managers, to come talk to you about other ways we can help	Case manager, you mean like a social worker?	Patient looks worried
Yes, Jordan is a social worker. You look worried – why is that?	I don't need a social worker.	Patient looks annoyed

Our case managers specialize in finding resources in the community to help patients we see here, like with housing, and finding health care outside of the emergency room. Would you be willing to talk to him?	(pause) ... I guess so	Patient is cautiously engaged
Great. So our goal for today is to get your blood sugar under control and then see if there's anything else we can do to help you stay healthy and less stressed. Okay?	Okay	Physician smiling, patient is more relaxed but still cautious
I'm happy to be working with you ...	Thanks	
STOP – DEBRIEF		
Skills demonstrated: establishing trust, strength-based interviewing, empowering, explain what you're doing		
Skills missed: ??		

CASE MANAGER SOCIAL WORKER	PATIENT	NOTES
SCENE #4		
Hi, Akasha. I'm Jordan, the case manager. Is it OK if I call you Akasha?	Yes. Nice to meet you.	They shake hands, both seated
Do you know what case managers like me do?	(pause) ... take people's kids away?	Patient looks doubtful
I hear that sometimes. Have you had a bad experience with someone like that?	(pause) One time I had my son with me, I had to go to the emergency room and had to bring him with me. He was acting out so bad, I grabbed him and yelled at him. Then later someone came and talked to me like I was beating him. Like they were gonna take him from me for beating him. I never beat him ...	Patient's tone angry, upset
I'm so sorry that happened. (pause) I can see why that experience would really stick with you. ... Do you remember how you felt at the time, when that happened?	(Pause) They have no idea what I do for my kids. They had no right to judge me. Threaten me.	CM stays calm; Patient still looks annoyed & angry
That made you angry	Yeah, wouldn't YOU be angry if someone accused you of beating your child?	
Yes, I would. (pause) So what happened?	They had a social worker come to my house. Ask me a lot of questions. Like I don't have enough problems.	
So you don't have a very good impression of social workers, then.	Nope	
Well, I'm hoping I can change your mind about that.	We'll see ...	
My role here is to help patients find resources in the community that can help them and their family. That involves first getting information about you. Last time you were here someone asked you a bunch of questions about when you grew up. Do you remember?	Yeah (pause) I don't like answering too many questions like that.	Patient calmer but body language is guarded
It can be uncomfortable to answer those questions. But do you know why we ask them?	Not really	
A person's score on that survey has a lot to do with their health later – not just their mental health but also their physical health.	Mmmm. You mean my diabetes and blood pressure can trace back to my childhood?	
Yes. And also positive influences when you were growing up, like whether people loved	(pause) OK	

you and believed in you.		
It seems like you had many challenges growing up, but you also had people who loved you and were there for you. Does that sound right?	Yeah. I have lots of family. My aunts. My grandma.	Patient looks more engaged.
That made you strong. You're a survivor.	(quiet) I guess ...	
The thing is, when children have a lot of challenges growing up, they learn ways to survive, but being in that survival mode is stressful. It takes a toll on the brain and the body in ways that show up later in life. Does that make sense?	I don't know ... seems too late to change that now.	Patient looks unsure, fidgeting
Well, the idea isn't to change the past. But there are things you can do now to help change how you react to stress, so you can feel more in control and good about yourself. And we think this would also help your children.	Are you trying to say I'm not a good mother?	Patient starting to look annoyed/upset
No. That's not what I'm saying, Akasha. I think you're an incredible mother who loves her children. I think you want the best for them. I think you want to give them more opportunities than you had. And we want to help you do that.	I'm tired. I think I should get my sugar fixed and get going.	Patient fidgeting more, looking at door
OK, we can do that. Thanks for talking with me about this. I know it isn't easy.	(pause) Mmm-hmmm	
I have an idea I want to share with you. I want you to think about it. You don't have to make a decision right away, just think about it.	Hmmm. Depends. OK, what?	
We have a good relationship with a shelter near here that takes women and children. They keep you together while trying to find work for you and housing placement. While you're there they have counselors for you and the kids, to work on some of the issues I just talked about.	No thanks, I don't need counseling. My kids are OK.	(fidgeting, looking uncomfortable)
You seem upset. What's going on?	I don't like homeless shelters, those places are nasty.	
I'm sorry, Akasha, I shouldn't have used the word "shelter." It's really more of a family group home. Sounds like you've had bad experiences at shelters.	(quiet) ... Yeah, all their rules, stealing my stuff, dirty ... I'm not going back to no shelter!	Patient's voice raises, upset
I'm sorry. The home I'm thinking about is a nice place. We have graduates of that program who volunteer here. We could have you talk with one of them to explain	Maybe. ... My kids like their school. I don't want them to have to change schools.	

what it's like. Or arrange a tour for you.		
I understand, that's great they like their school. We can figure out if they could stay in their school. That's a good example of us working together, if you tell me what's important, then we can figure out together which options might be a good fit for your family. Is it OK if I ask you just a few more questions to figure out what would help you most and what options there are? ...	(pause) Yeah ... OK	
<p style="text-align: center;">STOP – DEBRIEF</p> <p>Skills demonstrated: establish trust, identify/regulate emotions, validate feelings before addressing behavior, non-judgmental, collaborative, linking past trauma to present, Skills missed: having patient talk more (client is expert)</p>		