Screening and Assessments for Trauma

Adrian James, MS, NCC, LPC-S
What is a Traumatic Event?

• An experience that is emotionally painful, distressing, and shocking, which can result in lasting physical and/or mental effects.

  • Actual or threatened death or serious injury
  • Witnessed or experienced
  • Response includes intense fear, helplessness, horror
    • *In children, may be disorganization or agitation*
Traumatic Event

• Traumatic events overwhelm the ordinary human adaptations to life.
• An exceptional experience in which powerful and dangerous stimuli overpower the child's capacity to regulate emotions.
• Not all experiences of trauma lead to a trauma response. Many variables impact the process.
Risk Factors

- An unstable or unsafe environment
- Separation from a parent
- Serious illness
- Intrusive medical procedures
- Sexual, physical, or verbal abuse
- Domestic violence
- Neglect
- Bullying
Types of Trauma

• Acute trauma (one-episode)
  • Results from a single, sudden, usually unexpected event such as a rape, a bad car accident, or witnessing violence.

• Chronic trauma (repeated trauma)
  • Arises from long-standing, repeated events, such as sexual or physical abuse.

• Complex trauma
  • Describes exposure to multiple or prolonged traumatic events and the impact of this exposure on youth’s development.
  • Involves the simultaneous or sequential occurrence of events that are chronic and begin in early childhood.
Reactions to Traumatic Events

• May appear immediately after the trauma or days and even weeks/months later
• Reactions of children and adolescents vary according to age, developmental level, and proximity to the event
• Disruptive feelings and behaviors found after an extreme trauma are typical reactions
  • Need to distinguish immediate phase (hours-weeks after the trauma) from short-term phase (weeks to 2-3 months after the trauma)
Children’s Reactions to Trauma

• Infants and Toddlers (age 3 and under)
  • Crying
  • Searching for parents/caregivers
  • Clinging
  • Change in sleep and eating habits
  • Regressive behavior (e.g., thumb sucking, wetting)
  • Repetitive play or talk
Children’s Reactions to Trauma

- Preschoolers and Young Children (ages 3-5)
  - Fear of separating from parents/loved ones
  - Clinging
  - Tantrums or irritable outbursts
  - Sleep disturbance (e.g., wanting parents, nightmares)
  - Regressive behaviors (e.g., wetting, thumb-sucking)
  - Withdrawal
  - Increase in fears (in general: dark, monsters)
Children’s Reactions to Trauma

- Children ages 6 to 11 years
  - Regressive behaviors (e.g., school refusal)
  - Anger and aggression
  - Avoidance and social withdrawal
  - Inability to concentrate
  - Depression and irritability
  - Fears and worry
  - Physical complaints (stomach, headaches)
  - Self-blame
Children’s Reactions to Trauma

• Adolescents ages 12-17
  • Responses may be more similar to adults and specific to the trauma
  • Depression, guilt/shame, helplessness
  • General anxiety, panic attacks, dissociation
  • Numbing, re-experiencing
  • Mood swings, irritability
  • School refusal (or academic decline)
  • Concentration difficulties
Children’s Reactions to Trauma

• More adolescent symptoms:
  • Fears: usually event-related (e.g., planes, death)
  • Anger/resentment
  • Sleep and appetite changes
  • Withdrawal (becomes quiet and/or isolates self) from peers, family, teachers, coaches
  • Physical complaints
  • Substance abuse
Trauma-Related Mental Health Problems

- PTSD and other forms of anxiety
- Grief and depression
- Somatic symptoms
- Risky behavior (alcohol/drug use, self-injury)
- Aggressive and oppositional behaviors
- Physical problems (gastrointestinal problems)
- Attachment and social deficits
- Academic and learning problems
Consequences of Trauma: PTSD

- Exposure to traumatic event
- Re-experiencing
  - Intrusive thoughts
  - Nightmares
  - Repetitive play involving the event
  - Flashbacks
- Avoidance
  - Efforts to avoid thoughts or feelings associated with the event.
  - Efforts to avoid people, places, or activities associated with the event.
- Numbing symptoms
  - Inability to recall important aspect of the trauma
  - Detachment from others
Consequences of Trauma: PTSD

• Arousal symptoms
  • Difficulty falling or staying asleep
  • Irritability
  • Hypervigilance
  • Exaggerated startle response
  • Psychosomatic symptoms

• Even if they do not meet full criteria for PTSD, the majority of children report some re-experiencing, avoidance, and/or hyperarousal
Consequences of Trauma: PTSD

*Dissociative Subtype*

• Specify whether the individual’s symptoms meet criteria for PTSD, and in addition, the individual experiences persistent or recurrent symptoms of either of the following:

• **Depersonalization**: experiences of feeling detached from, and as if one were an outside observer of, one’s mental processes or body (e.g., feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).

• **Derealization**: experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distant, or distorted).
Trauma-Related Mental Health Problems: Differential Diagnosis

- Attention Deficit/Hyperactivity Disorder
  - Traumatized children may remain physically active in an effort to keep their minds otherwise occupied
- Psychosis
  - Need to distinguish between psychotic intrusive thoughts and PTSD re-experiencing. Presence of otherwise intact reality testing in PTSD
Consequences of trauma: Anxiety Disorders

- Separation anxiety: fear for loved ones
- Generalized anxiety: excessive worry
- Panic attacks
Consequences of trauma: Depression

- Depressed mood most of the day (irritable)
- Loss of interest or pleasure in activities
- Significant weight loss (failure to gain weight)
- Insomnia or hypersomnia nearly every day
- Psychomotor agitation or retardation
- Fatigue or loss of energy nearly every day
- Feelings of worthlessness or guilt
- Poor concentration
- Suicidal ideation
Consequences of trauma: Behavioral Problems

- Aggression
  - Toward parents, teachers, and peers
- Oppositional behavior
- Conduct disorder/juvenile delinquency
- In home and school/academic settings
Consequences of trauma: Attachment and Social Deficits

- Insecure attachments: anger, noncompliance, lack of persistence, little positive affect
- Misread social cues
- Lower peer status
- Fewer social skills
- Social networks are more insular and negative
Consequences of Trauma Exposure: Academic and Learning Problems

• No overall deficits in cognitive functioning
• Receptive and expressive language
• Learning problems
• Reading ability
• Comprehension and abstraction
Consequences of trauma: In adulthood

- Major risk factor for:
  - Aggressive and violent behavior
  - Nonviolent criminal behavior
  - PTSD, depression and substance abuse
  - Interpersonal problems
  - Vocational difficulties
  - Medical problems (e.g., cardiovascular)
Screening and Assessment Tools
Trauma Screening

- Screening does not mean diagnosing
- Screening is essential to a public health approach for detecting mental health issues, including trauma
- Screening is “the great equalizer”
Need for Comprehensive Assessment

• Assessment identifies potential risk behaviors (i.e. danger to self, danger to others) and aims to determine interventions that will ultimately reduce risk.

• Assessment also tells us why a child may be reacting this way, the behavior’s connection to his/her experiences of trauma, and whether substance use is a means to cope with distress.

• Assessment provides input for the development of treatment goals with measurable objectives designed to reduce the negative effects of trauma and substance use.
Need for Comprehensive Assessment

• Risk for misdiagnosis, as well as inappropriate treatment & prescribing increase if providers do not appropriately assess for trauma.

• Behaviorally, trauma can present as Substance use, depression, Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), and/or Conduct Disorder (CD), or Adjustment Disorder
Trauma Assessment

• Not all children who have experienced trauma need trauma-specific intervention.

• Unfortunately, many children exposed to trauma lack natural support systems and need the help of trauma-informed care.

• Many children who do not meet the full criteria for PTSD still suffer significant posttraumatic symptoms that can have a dramatic adverse impact on behavior, judgment, educational performance, and ability to connect with caregivers.

• These children need a comprehensive trauma assessment to determine which intervention will be most beneficial.
The Importance of Trauma Assessment

• Trauma assessment typically involves conducting a thorough trauma history.
  • Identify all forms of traumatic events experienced directly or witnessed by the child, to determine what is the best type of treatment for that specific child.

• Supplement trauma history with trauma-specific standardized clinical measures to assist in identifying the types and severity of symptoms the child is experiencing.
Assessment of Co-Occurring Substance Abuse Problems

• *If you don’t ask, they won’t tell.* Trauma and substance abuse screening should happen at the beginning and throughout treatment.

• Youth with this co-occurrence experience difficulties with emotional and behavioral regulation, and thus find it hard to stop using.

• The presence of one of these problems can—and often does—exacerbate the other.

• Therefore, assessment strategies should look at the extent of substance use as well as the level of impairment and interference with emotional and behavioral functioning.
Examples of Trauma Assessment Tools

- **NSLIJHS (Northshore) Trauma History Checklist**: Initial screening for trauma related incidences; Required at all intakes (can be used to reassess at a later date)
  - Asks questions such as “Have you ever been in a serious car accident?” or “Have you ever been threatened with a weapon?”
  - Requires the UCLA when trauma is indicated

- **UCLA PTSD Reaction Index**: Self-report instrument to screen for trauma exposure and assess for DSM-5 PTSD symptoms
  - There is also a caregiver-report version
  - Sample item: “I try to stay away from people, places, or things that make me remember what happened.”

For more information go to www.nctsn.org/measures.
# NSLHS Trauma History Checklist and Interview

**Date:**

**Interviewer:**

**Eval:**

"Sometimes things happen to people that are extremely upsetting, things like being in a life-threatening situation. I'd like to ask if any of these kinds of things have happened to you at any time during your life. You don't need to give me a lot of details..."

*Please rate your answer to the right and list your most significant trauma(s). Please rate your answer from 0 to 5 for all trauma(s) listed.*

<table>
<thead>
<tr>
<th>Trauma Description</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you ever been in a major motor vehicle accident, like a car crash, or truck accident?</td>
<td>0-5</td>
</tr>
<tr>
<td>2. Have you ever been injured by a stabbing or shooting?</td>
<td>0-5</td>
</tr>
<tr>
<td>3. Have you ever been in a fight?</td>
<td>0-5</td>
</tr>
<tr>
<td>4. Have you ever been hit by a car when you were walking or running?</td>
<td>0-5</td>
</tr>
<tr>
<td>5. Have you ever been involved in a serious accident or accident that happened to a family member?</td>
<td>0-5</td>
</tr>
<tr>
<td>6. Have you ever been in a hospital or emergency room for any reason?</td>
<td>0-5</td>
</tr>
<tr>
<td>7. Have you ever been in a hospital or emergency room for any reason?</td>
<td>0-5</td>
</tr>
<tr>
<td>8. Have you ever been treated by a doctor or nurse?</td>
<td>0-5</td>
</tr>
<tr>
<td>9. Have you ever been in a hospital or emergency room for any reason?</td>
<td>0-5</td>
</tr>
<tr>
<td>10. Have you ever been treated by a doctor or nurse?</td>
<td>0-5</td>
</tr>
<tr>
<td>11. Have you ever been in a hospital or emergency room for any reason?</td>
<td>0-5</td>
</tr>
<tr>
<td>12. Have you ever been treated by a doctor or nurse?</td>
<td>0-5</td>
</tr>
<tr>
<td>13. Have you ever been in a hospital or emergency room for any reason?</td>
<td>0-5</td>
</tr>
<tr>
<td>14. Have you ever been treated by a doctor or nurse?</td>
<td>0-5</td>
</tr>
<tr>
<td>15. Have you ever been in a hospital or emergency room for any reason?</td>
<td>0-5</td>
</tr>
<tr>
<td>16. Have you ever been treated by a doctor or nurse?</td>
<td>0-5</td>
</tr>
<tr>
<td>17. Have you ever been in a hospital or emergency room for any reason?</td>
<td>0-5</td>
</tr>
<tr>
<td>18. Have you ever been treated by a doctor or nurse?</td>
<td>0-5</td>
</tr>
<tr>
<td>19. Have you ever been in a hospital or emergency room for any reason?</td>
<td>0-5</td>
</tr>
<tr>
<td>20. Have you ever been treated by a doctor or nurse?</td>
<td>0-5</td>
</tr>
</tbody>
</table>

**INCLUDE DETAILL: Event:**

(list date, month, and duration of trauma)

---

**Most Traumatic Event:**

Of the things we've talked about, which is the worse? Which still really bothers you?

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Date</th>
<th>Month</th>
<th>Year</th>
<th>Age</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**If no such events, check here**

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UCLA PTSD Reaction Index for DSM-5

• Trauma History Profile
• Symptom Scale (now includes B, C, D, & E)
• Frequency Rating Sheet
• Clinician Checklist (to determine clinically significant distress or functional impairment)
• Scoring Worksheet
Trauma History Profile: Part I

- Clinician-administered trauma exposure screener
- Prompts clinician to assess age and features of exposure
- Utilizes all available sources of information (e.g., self-report trauma screener, DCFS reports, caregiver interview)
- Completed at intake and updated over course of treatment
<table>
<thead>
<tr>
<th>Trauma Type</th>
<th>Trauma Details</th>
<th>Role in Event</th>
<th>Age(s) Experienced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect/Maltreatment</td>
<td>Physical □  Psychological □</td>
<td>□ Victim □ Witness</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>Penetration □ Non-Family □</td>
<td>□ Victim □ Witness □ Learned about</td>
<td></td>
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<tr>
<td></td>
<td>Intra-familial □ CPS Report □</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>Serious Injury □ Weapon Used □</td>
<td>□ Victim □ Witness □ Learned about</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CPS Report □</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>Caregiver Substance Abuse □</td>
<td>□ Victim □ Witness □ Learned about</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other __________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>Weapon Used □</td>
<td>□ Victim □ Witness □ Learned about</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Serious Injury □ Report Filed □</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Violence</td>
<td>Gang-Related □</td>
<td>□ Victim □ Witness □ Learned about</td>
<td></td>
</tr>
<tr>
<td></td>
<td>High Crime Community □ Drug Traffic □ Other ___</td>
<td></td>
<td></td>
</tr>
<tr>
<td>War/Political Violence</td>
<td>□ Specify: __________</td>
<td>□ Victim □ Witness □ Learned about</td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Trauma Type</td>
<td>Trauma Details</td>
<td>Role in Event</td>
<td>Age(s) Experienced</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------------------</td>
<td>------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Life-Threatening Medical Illness</td>
<td>Type __________________________</td>
<td>Self □ Family □ Friend □</td>
<td>□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □</td>
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<tr>
<td></td>
<td></td>
<td>□ Motor Vehicle □ Dog Bite □ Hospitalized □ Other ______________________</td>
<td>□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □</td>
</tr>
<tr>
<td>Serious Accident</td>
<td></td>
<td>□ Victim □ Witness □ Learned about</td>
<td>□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □</td>
</tr>
<tr>
<td>School Violence</td>
<td></td>
<td>□ Victim □ Witness □ Learned about</td>
<td>□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □</td>
</tr>
<tr>
<td>Disaster</td>
<td></td>
<td>□ Victim □ Witness □ Learned about</td>
<td>□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □</td>
</tr>
<tr>
<td>Terrorism</td>
<td></td>
<td>□ Victim □ Witness □ Learned about</td>
<td>□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □</td>
</tr>
<tr>
<td>Kidnapping</td>
<td></td>
<td>□ Victim □ Witness □ Learned about</td>
<td>□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □</td>
</tr>
<tr>
<td>Sexual Assault/Rape</td>
<td></td>
<td>□ Victim □ Witness □ Learned about</td>
<td>□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □</td>
</tr>
<tr>
<td>Interpersonal Violence</td>
<td></td>
<td>□ Victim □ Witness □ Learned about</td>
<td>□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □</td>
</tr>
<tr>
<td>Bereavement</td>
<td></td>
<td>□ Witness □ Learned about (exclude death due to natural causes)</td>
<td>□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □</td>
</tr>
<tr>
<td>Trauma Type</td>
<td>Trauma Details</td>
<td>Role in Event</td>
<td>Age(s) Experienced</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>---------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Separation</td>
<td>Divide Foster Care  Parent Deported  Parent/Sibling Incarcerated  Parent Hospitalized  Refugee  Separation from relatives' friends in country of origin  Other ________________</td>
<td></td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18</td>
</tr>
<tr>
<td>Impaired Caregiver</td>
<td>Biological Mother  Biological Father  Other Relative  Other Adult  Impairment Due to:  Drug use/abuse/addiction  Mental Health Problem  Medical Illness  Other ________________</td>
<td></td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18</td>
</tr>
</tbody>
</table>
Trauma History Profile: Part II

• Self-report screener for trauma exposure history (Items 1-15)
• Administered verbally or completed independently by child/adolescent
• Assesses 14 types of trauma exposure using yes/no format
• Child should write a brief description of the trauma
• If the child endorses multiple types of trauma exposure, child should indicate which trauma type is currently the most bothersome and indicate when this occurred.
• Clinician should write a brief description of the trauma that is currently most bothersome (if different from child’s original description)
**SELF-REPORT TRAUMA HISTORY**: In interviewing the child/adolescent, ask: *Sometimes people have scary or violent things that happen to them where someone could have been or was badly hurt or killed. Has anything like this ever happened to you?*

1. Provide a brief description of what happened:

2. **Were you in a disaster, like an earthquake, wildfire, hurricane, tornado or flood?**
   - [ ] Yes
   - [ ] No

3. **Were you in a bad accident, like a serious car accident or fall?**
   - [ ] Yes
   - [ ] No

4. **Were you in a place where a war was going on around you?**
   - [ ] Yes
   - [ ] No

5. **Were you hit, punched, or kicked very hard at home? (DO NOT INCLUDE play fighting between brothers and sisters.)**
   - [ ] Yes
   - [ ] No

6. **Did you see a family member being hit, punched or kicked very hard at home? (DO NOT INCLUDE play fighting between brothers and sisters.)**
   - [ ] Yes
   - [ ] No

7. **Were you beaten up, shot at, or threatened to be hurt badly in your school, neighborhood or town?**
   - [ ] Yes
   - [ ] No

8. **Did you see someone who was beaten up, shot at or killed?**
   - [ ] Yes
   - [ ] No

9. **Did you see a dead body (do not include funerals)?**
   - [ ] Yes
   - [ ] No

10. **Did someone touch your private parts when you did not want them to? (DO NOT INCLUDE visits to the doctor.)**
    - [ ] Yes
    - [ ] No
11. Did you see or hear about the violent death or serious injury of a loved one or friend? □ Yes □ No
12. Did you have a painful or scary medical treatment when you were very sick or badly injured? □ Yes □ No
13. Were you ever forced to have sex with someone against your will? □ Yes □ No
14. Has anyone close to you died? □ Yes □ No

15. **OTHER** than the things described above, has **ANYTHING ELSE** ever happened to you that was **REALLY SCARY OR UPSETTING**? □ Yes □ No

If the answer is "YES" to only ONE question in the above list (#1 to #15), place the number of that question in this blank: # _______. If the answer is "YES" to MORE THAN ONE QUESTION, choose the thing that BOthers YOU THE MOST NOW and place the question number in this blank: # _______

**About how old were you when this bad thing happened?** _______

**Clinician:** Provide a brief description of what is most bothersome now **(if different from #1 above):**
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Symptom Scale: Frequency Rating Sheet

- Introduce the Frequency Rating Sheet to client before completing symptom scale
- Check for understanding by asking sample questions
- Use objective time anchors to define past month
- Separate Frequency Rating Sheet from packet for client use as a visual reference
# FREQUENCY RATING SHEET

**How much of the time during the past month did the problem happen?**

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NONE</td>
<td>LITTLE</td>
<td>SOME</td>
<td>MUCH</td>
<td>MOST</td>
</tr>
<tr>
<td>MTWFS</td>
<td></td>
<td><strong>X</strong></td>
<td></td>
<td><strong>X</strong></td>
<td></td>
</tr>
<tr>
<td>SMTWFS</td>
<td></td>
<td></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
<td><strong>X</strong></td>
</tr>
</tbody>
</table>

**Never** | **Two times** | **1-2 times** | **2-3 times** | **Almost every day**

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Symptom Scale

- 27 items to assess PTSD symptoms
- 4 additional items (#s 28-31) to assess Dissociative Subtype
- Administered verbally or completed independently by child/adolescent
- When answering questions, the child should think about the traumatic event that is most bothersome to him/her currently
- Child rates the frequency of symptoms in the past month
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>None</th>
<th>Little</th>
<th>Some</th>
<th>Much</th>
<th>Most</th>
</tr>
</thead>
<tbody>
<tr>
<td>1_{E3}</td>
<td>I am on the lookout for danger or things that I am afraid of (like looking over my shoulder even when nothing is there).</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2_{D1}</td>
<td>I have thoughts like “I am bad.”</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3_{C2}</td>
<td>I try to stay away from people, places, or things that remind me about what happened.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4_{E1}</td>
<td>I get upset easily or get into arguments or physical fights.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5_{B3}</td>
<td>I feel like I am back at the time when the bad thing happened, like it’s happening all over again.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6_{D4}</td>
<td>I feel like what happened was sickening or gross.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7_{D5}</td>
<td>I don’t feel like doing things with my family or friends or other things that I liked to do.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8_{E5}</td>
<td>I have trouble concentrating or paying attention.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9_{D2}</td>
<td>I have thoughts like, “The world is really dangerous.”</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10_{B2}</td>
<td>I have bad dreams about what happened, or other bad dreams.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11_{B4}</td>
<td>When something reminds me of what happened I get very upset, afraid, or sad.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12_{D7}</td>
<td>I have trouble feeling happiness or love.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13_{C1}</td>
<td>I try not to think about or have feelings about what happened.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14_{B5}</td>
<td>When something reminds me of what happened, I have strong feelings in my body like my heart beats fast, my head aches or my stomach aches.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15_{D3}</td>
<td>I am mad with someone for making the bad thing happen, not doing more to stop it, or to help after.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16_{B2}</td>
<td>I have thoughts like “I will never be able to trust other people.”</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17_{D6}</td>
<td>I feel alone even when I am around other people.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18_{B1}</td>
<td>I have upsetting thoughts, pictures or sounds of what happened come into my mind when I don’t want them to.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19_{D3}</td>
<td>I feel that part of what happened was my fault.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20_{E}</td>
<td>I hurt myself on purpose.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>21_{E6}</td>
<td>I have trouble going to sleep, wake up often, or have trouble getting back to sleep.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>22_{D4}</td>
<td>I feel ashamed or embarrassed over what happened.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Statement</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------------------------------------------------</td>
<td>---</td>
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<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>23_D1</td>
<td>I have trouble remembering important parts of what happened.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24_E4</td>
<td>I feel jumpy or startled easily, like when I hear a loud noise or when something surprises me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25_D4</td>
<td>I feel afraid or scared.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26_E2</td>
<td>I do risky or unsafe things that could really hurt me or someone else.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27_D4</td>
<td>I want to get back at someone for what happened.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**With Dissociative Symptoms (Dissociative Subtype)**

<table>
<thead>
<tr>
<th></th>
<th>Statement</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>28_A1</td>
<td>I feel like I am seeing myself or what I am doing from outside my body (like watching myself in a movie).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29_A1</td>
<td>I feel not connected to my body, like I’m not really there inside.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30_A2</td>
<td>I feel like things around me look strange, different, or like I am in a fog.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31_A2</td>
<td>I feel like things around me are not real, like I am in a dream.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Clinician: Check whether the reactions (thoughts and feelings) above appear to cause clinically significant distress or functional impairment.

- Clinically Significant Distress: (check if youth endorses #1 below)
  - Yes  □ No  □ 1. Do these reactions (thoughts and feelings) bother or upset you a lot?

- Clinically Significant Functional Impairment: (check if functional impairment at home, at school, in peer relationships, in developmental progression)
  - Home: (check if youth endorses #1, #2 or #3 below)
    - Yes  □ No  □ 1. Do these reactions (thoughts and feelings) make it harder for you to get along with people at home?
    - Yes  □ No  □ 2. Do these reactions (thoughts and feelings) get you into trouble at home?
    - Yes  □ No  □ 3. Do these reactions (thoughts and feelings) cause some other problem at home?
    Describe: ________________________________

  - School: (check if youth endorses #1 or #2 below)
    - Yes  □ No  □ 1. Do these reactions (thoughts and feelings) make it harder for you to do well in school?
    - Yes  □ No  □ 2. Do these reactions (thoughts and feelings) cause other problems at school?
    Describe: ________________________________

  - Peer Relationships: (check if youth endorses #1 below)
    - Yes  □ No  □ 1. Do these reactions (thoughts and feelings) make it harder for you to get along with your friends or make new friends?
    Describe: ________________________________

  - Developmental Progression: (check if youth endorses #1 below)
    - Yes  □ No  □ 1. Do these reactions (thoughts and feelings) make it harder for you to do important things that other kids your age are doing?
    - Yes  □ No  □ 2. Other (describe) ________________________________
For Items 2, 9, and 16: indicate highest score only for DSM-5 Symptom D2; for Items 15 and 19: indicate highest score only for DSM-5 Symptom D3; for Items 6, 22, 25, and 27: indicate highest score only for DSM-5 Symptom D4; for Items 20 and 26: indicate highest score only for DSM-5 Symptom E2. Category B Total: Sum scores for symptoms B1-B5; Category C Total: Sum scores for symptoms C1 and C2; Category D Total: Sum scores for symptoms D1-D7; Category E Total: Sum scores for symptoms E1-E6; PTSD-RI Total Scale Score: Sum Category B, C, D, and E.

**Dissociative Symptoms**
- 28. A1 ___
- 29. A1 ___
- (Indicate highest score for A1) ___
- 30. A2 ___
- 31. A2 ___
- (Indicate highest score for A2) ___

**PTSD-RI Total Scale Score**

**DSM-5 PTSD Diagnosis**
- B: One or more Category B symptoms present: □
- C: One or more Category C symptoms present: □
- D: Two or more Category D symptoms present: □
- E: Two or more Category E symptoms present: □
- F: Symptoms duration greater than one month: □
- G: Symptoms cause clinically significant distress or impairment: □
- Specify Dissociative Subtype:
  - One or more dissociative symptoms present: □

**Estimating Whether DSM-5 PTSD Category B, C, D, and E Symptom Criteria are Met**
If symptom score is 3 or 4, then score symptom as “present.” For question #4, #10, and #26: use a rating of 2 or more for symptom presence. Then determine whether one or more B symptoms are present; whether one or more C symptoms are present; whether two or more D symptoms are present; and whether two or more E symptoms are present. If one or more Dissociative Symptoms are present, then assign Dissociative Subtype.
Scoring Sheet

• Use PTSD-RI Score Sheet to tabulate symptom category scores and total scale score

• PTSD-RI Total Scale Score: Sum Category B, C, D, & E

• Count highest score only for alternatively worded items of the same symptom

• Example of scoring a symptom category:
  • For Items 20 & 26, indicate highest score only for Symptom E2.
  • Category E total: Sum scores for symptoms E1-E6
Scoring Sheet

• Estimating whether DSM-5 PTSD category B, C, D, and E symptom criteria are met:
  • If symptom score is 3 or 4, score symptoms as “present”
  • For questions 4, 10, & 26; use a rating of 2 or more for symptom presence
  • Then determine whether one or more B symptoms are present; whether one or more C symptoms are present; whether two or more D symptoms are present; and whether two or more E symptoms are present.
  
• Determine if symptoms duration has been greater than one month
• Determine if symptoms cause clinically significant distress/impairment
• If one or more Dissociative Symptoms are present, then assign Dissociative Subtype.
UCLA PTSD Reaction Index (DSM-5) Symptom Analysis

Child/Adolescent Name: ______________________ ID #: ______________________ Age: ___________ Sex: ___________
Grade In School: ___, School: ______________________ Teacher: ______________________ City/State: ______________________
Interviewer Name: __________ D: __________ Session: __________ Date/month, day, year: __________

Category B. Intrusion

B1  Intrusive Recollections
B2  Recurrent Dreams
B3  Flashbacks
B4  Psychological Reactivity to Reminders
B5  Physiological Reactivity to Reminders

Subscale Total: 15

Category C. Avoidance

C1  Avoidance of Thoughts or Feelings
C2  Avoidance of Reminders

Subscale Total: 8

Category D. Negative Cognitions/Mood

D1  Trouble Remembering
D2  Negative Beliefs
D3  Distorted Negative cognitions
D4  Negative Emotional State
D5  Diminished Interest
D6  Detachment
D7  Inability for Positive Emotions

Subscale Total: 14

Category E. Arousal/Reactivity

E1  Irritability and Anger
E2  Reckless/ Self-Destructive Behavior
E3  Hypervigilance
E4  Exaggerated Startle
E5  Concentration Problems
E6  Sleep Disturbance

Subscale Total: 14
Total Score: 51
Clinical Utility of the PTSD-RI

- Research has shown that certain types of treatment approaches are better for certain aspects of PTS symptoms
  - e.g.,
    - avoidance responds best to *in vivo* types of exposure
    - sleep disturbances would suggest the use of behavioral regimens and/or relaxation techniques
    - significant rumination and self-blame would indicate the need for cognitive interventions
Clinical Utility of the PTSD-RI

- Comparisons of pre/post scores reveal areas of clinical improvement:
  - Does the child’s Overall/Total PTSD Severity Score decrease substantially?
  - Does the child’s symptomatology improve in all domains of post-traumatic stress reactions?
Importance of Caregiver Response

- Children, particularly young children, tend to be strongly affected by their caregivers’ reactions to the traumatic event.
- Parents tend to underestimate both the intensity and duration of their children’s stress reactions.
Resources

Free 10-hour web-based training available through the
The National Child Traumatic Stress Network
Free CEUs available

www.tfcbt.musc.edu
Pine Belt Mental Healthcare Resources

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FAX: (601)450-0765
adrian.james@pbmhr.org