



Screening and Assessments for Trauma

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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

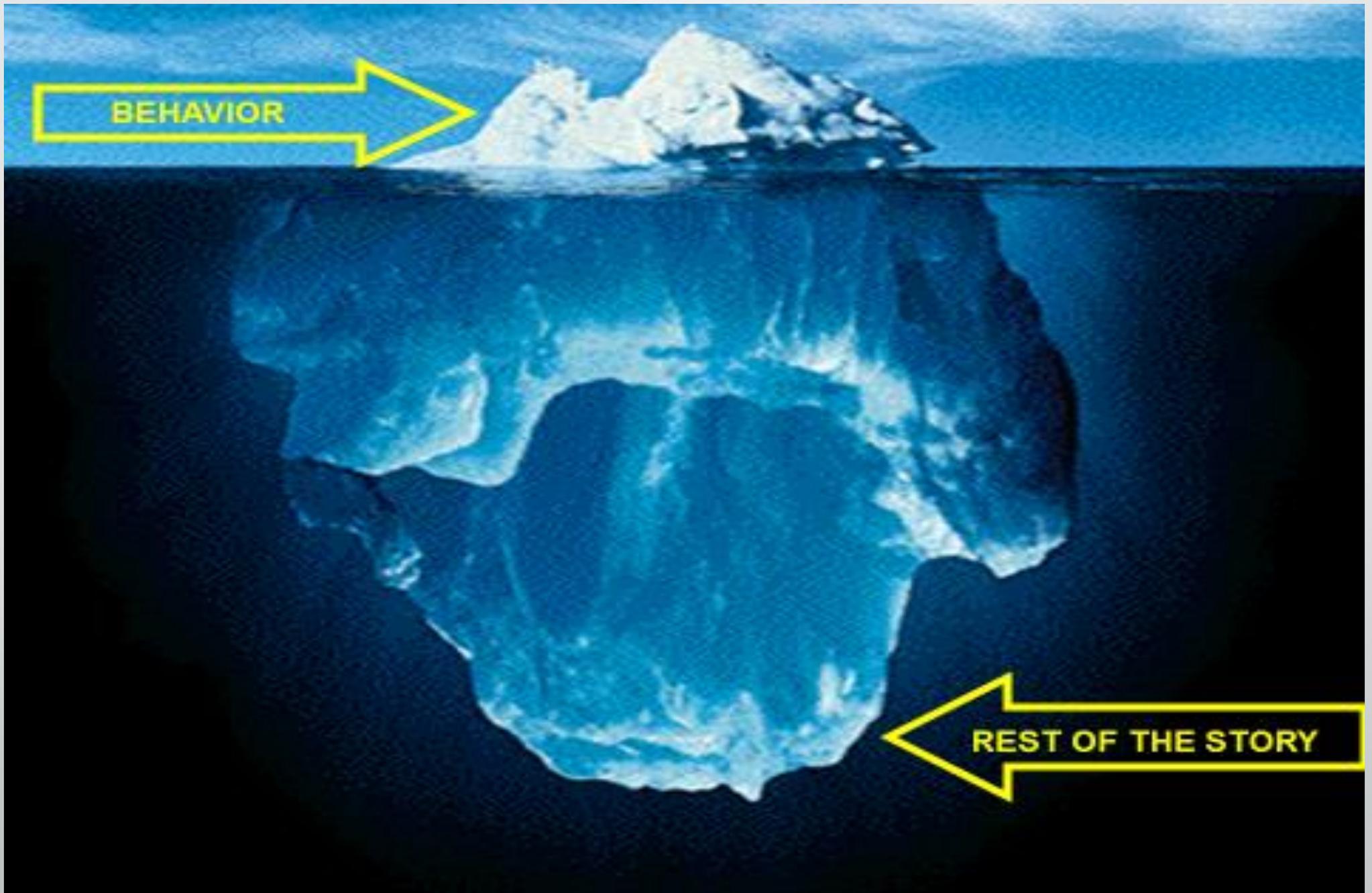
- Traumatic events overwhelm the ordinary human adaptations to life.
- An exceptional experience in which powerful and dangerous stimuli overpower the child's capacity to regulate emotions.
- Not all experiences of trauma lead to a trauma response. Many variables impact the process.

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



BEHAVIOR

REST OF THE STORY

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

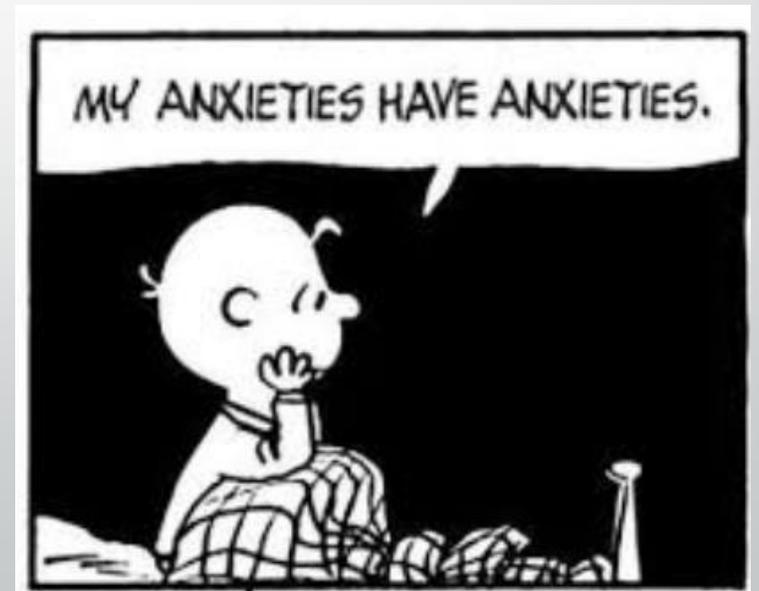
- Specify whether the individual's symptoms meet criteria for PTSD, and in addition, the individual experiences persistent or recurrent symptoms of either of the following:
- Depersonalization: experiences of feeling detached from, and as if one were an outside observer of, one's mental processes or 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



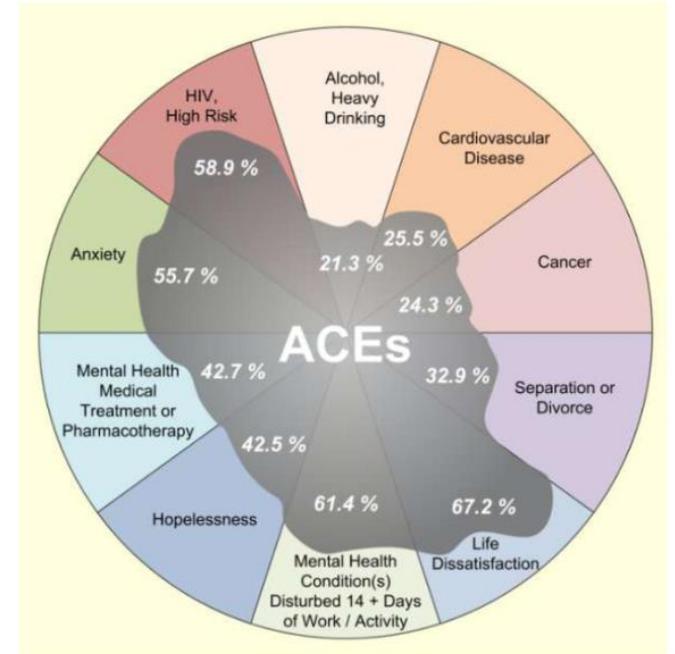
Consequences of trauma: In adulthood

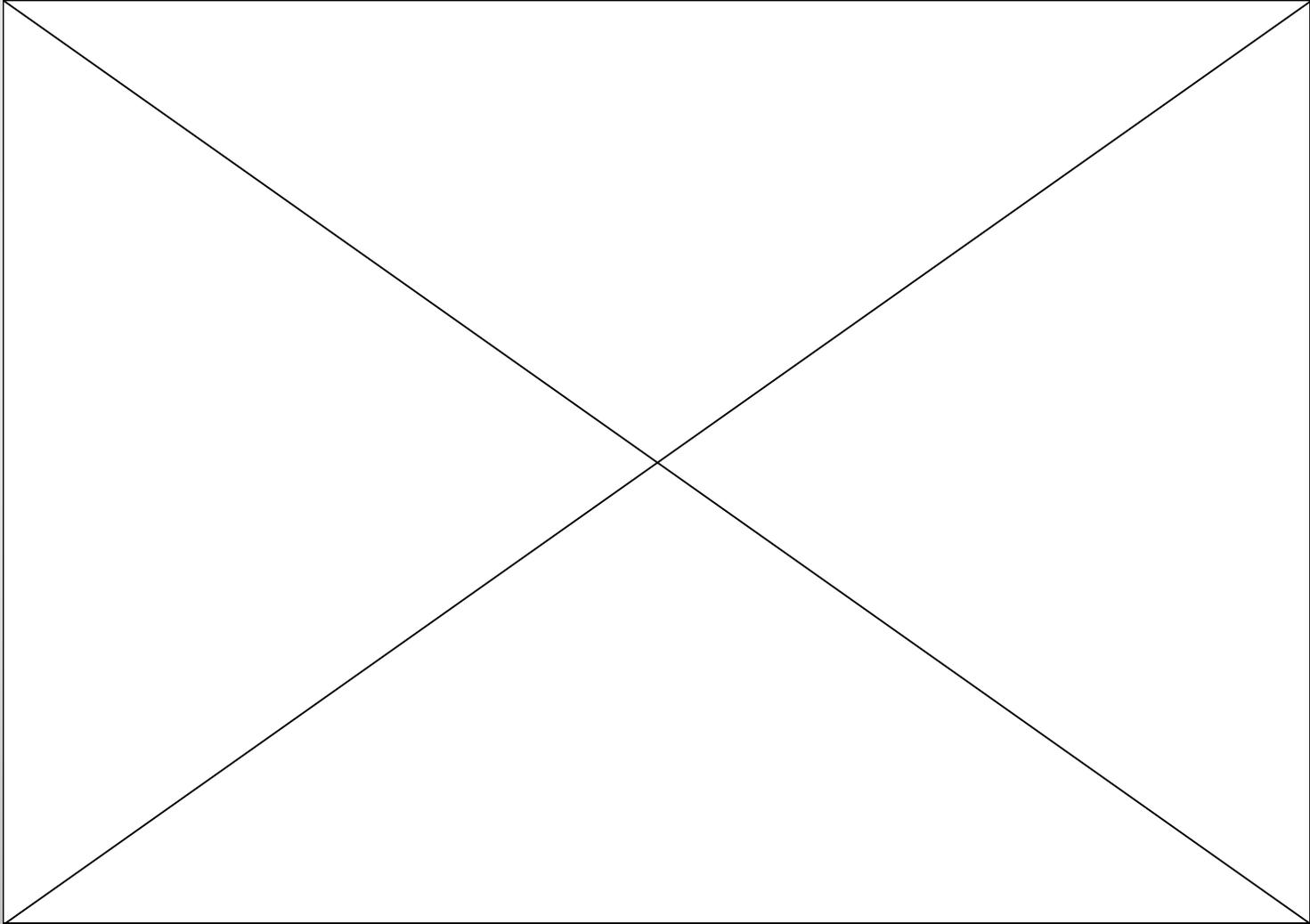
- Major risk factor for:
 - Aggressive and violent behavior
 - Nonviolent criminal behavior
 - PTSD, depression and substance abuse
 - Interpersonal problems
 - Vocational difficulties
 - Medical problems (e.g., cardiovascular)

MAGNITUDE OF THE SOLUTION

ACE reduction reliably predicts simultaneous decrease in all of these conditions.

Population attributable risk





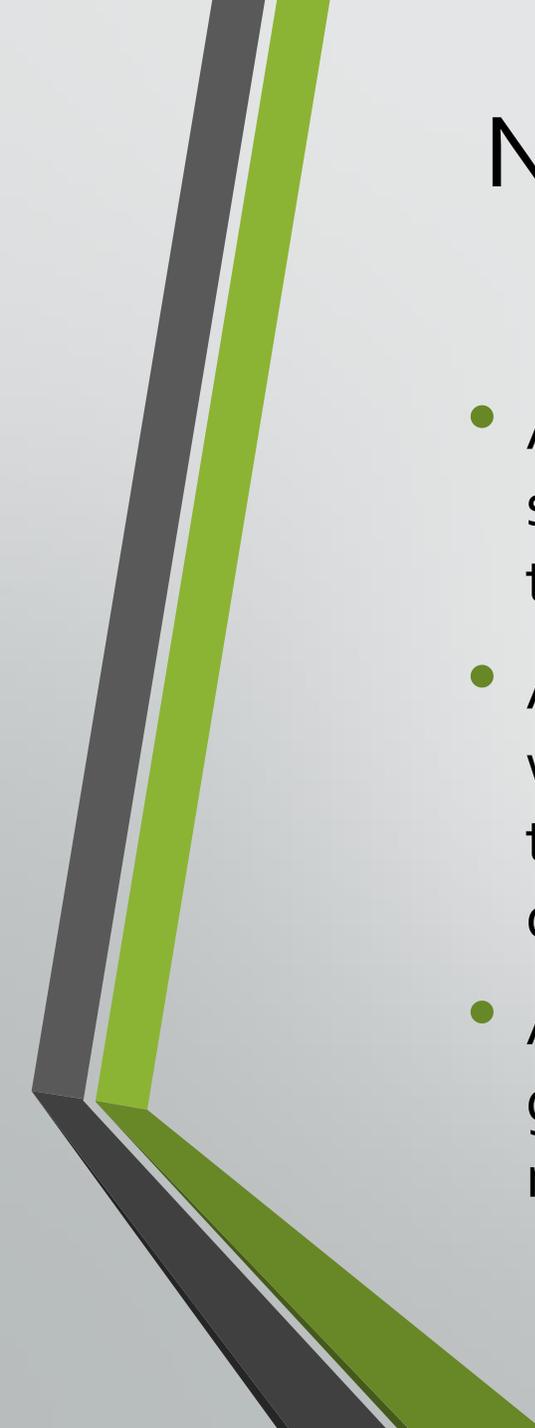


Screening and Assessment Tools

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.

NSLIJHS 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."

Place "Y" or "N" before each item. Write notes to the right and list the most significant trauma at the bottom of this sheet. Provide details only for A1 traumas as defined by the DSM-IV criterion for PTSD. Include information regarding age of onset and duration of trauma. It is not necessary to include detail about items endorsed if they were not traumatic. Include information that others may consider to be traumatic, even if the adolescent does not view it as such.

INCLUDE DETAILS HERE:
(include age of onset & duration)

Please DESCRIBE any significant DETAILS for each A1 Trauma:

1. ___ Have you ever been in a major natural disaster, like a hurricane, earthquake, or flood?
2. ___ Have you ever been directly affected by a terrorist attack like 9/11?
3. ___ Have you or anyone in your family been involved in or affected by a war?
4. ___ Have you ever been in a fire?
5. ___ Have you ever been in a serious car accident?
6. ___ Has there ever been a time when you were seriously hurt or injured?
7. ___ Have you ever been in the hospital or undergone treatment for any serious or life-threatening illness or injuries?
8. ___ Have your parents or sibling(s) ever been in the hospital or undergone treatment for any serious or life-threatening problems?
- 9a. ___ Has anyone ever hit you or beaten you up (physically assaulted you)?
- 9b. ___ Has anyone ever threatened to physically assault you?
- 10a. ___ Have you ever been hit or intentionally hurt by a family member?
- 10b. ___ If yes, did you have bruises, marks or injuries?
- 11a. ___ Was there a time when adults who were supposed to be taking care of you didn't?
- 11b. ___ Have you lived with someone other than your parents while you were growing up?
- 11c. ___ Has there ever been a time when you did not have enough food to eat?
12. ___ Have you ever been homeless?
- 13a. ___ Have you ever *seen* or *heard* someone in your family/house being beaten up or
- 13b. ___ Have you ever *seen* or *heard* someone in your family/house get threatened with bodily harm?
- 14a. ___ Have you ever *seen* or *heard* someone being beaten, or seen someone who was badly hurt?
- 14b. ___ Have you ever seen someone who was dead or dying, or *watched* or *heard* them being killed?
Was this person a stranger, acquaintance, close friend, or family member? _____ (specify)
15. ___ Has anyone ever told you details of how someone you were close to was injured or killed?
16. ___ Have you ever been threatened with a weapon?
17. ___ Has anyone ever stalked you?
18. ___ Did anyone ever try to kidnap you?
- 19a. ___ Has anyone ever made you do sexual things you didn't want to do, like touch you, make you touch them, or try to have any kind of sex with you?
- 19b. ___ Has anyone ever *tried* to make you do sexual things you didn't want to do?
- 19c. ___ Has anyone ever forced you to have intercourse?
- 19d. ___ Has anyone ever *tried* to force you to have intercourse?
20. ___ Is there anything else really scary or very upsetting that has happened to you that I haven't asked you about? Sometimes people have something in mind but they're not comfortable talking about the details. Is that true for you?

Most Significant Traumatic Event(s)

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

Brief Description (include corresponding item number from the list above): **Date (Month/Year)** **Age** **Duration**

IF NO SUCH EVENTS, CHECK HERE ___

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

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:

Below is a list of other scary or violent things that can happen. For each question, check "Yes" if this has happened to you; check "No" if this did NOT happen to you.

2.	Were you in a disaster, like an earthquake, wildfire, hurricane, tornado or flood?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Were you in a bad accident, like a serious car accident or fall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Were you in a place where a war was going on around you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Were you hit, punched, or kicked very hard at home? (DO NOT INCLUDE play fighting between brothers and sisters.)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Were you beaten up, shot at, or threatened to be hurt badly in your school, neighborhood or town?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Did you see someone who was beaten up, shot at or killed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Did you see a dead body (do not include funerals)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Did someone touch your private parts when you did not want them to? (DO NOT INCLUDE visits to the doctor.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11. Did you see or hear about the violent death or serious injury of a loved one or friend?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Did you have a painful or scary medical treatment when you were very sick or badly injured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Were you ever forced to have sex with someone against your will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Has anyone close to you died?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. OTHER than the things described above, has ANYTHING ELSE ever happened to you that was REALLY SCARY OR UPSETTING?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?

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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

HOW MUCH OF THE TIME DURING THE PAST MONTH...		None	Little	Some	Much	Most
1 _{E3}	I am on the lookout for danger or things that I am afraid of (like looking over my shoulder even when nothing is there).	0	1	2	3	4
2 _{D2}	I have thoughts like "I am bad."	0	1	2	3	4
3 _{C2}	I try to stay away from people, places, or things that remind me about what happened.	0	1	2	3	4
4 _{E1}	I get upset easily or get into arguments or physical fights.	0	1	2	3	4
5 _{B3}	I feel like I am back at the time when the bad thing happened, like it's happening all over again.	0	1	2	3	4
6 _{D4}	I feel like what happened was sickening or gross.	0	1	2	3	4
7 _{D5}	I don't feel like doing things with my family or friends or other things that I liked to do.	0	1	2	3	4
8 _{E5}	I have trouble concentrating or paying attention.	0	1	2	3	4
9 _{D2}	I have thoughts like, "The world is really dangerous."	0	1	2	3	4
10 _{B2}	I have bad dreams about what happened, or other bad dreams.	0	1	2	3	4
11 _{B4}	When something reminds me of what happened I get very upset, afraid, or sad.	0	1	2	3	4
12 _{D7}	I have trouble feeling happiness or love.	0	1	2	3	4
13 _{C1}	I try not to think about or have feelings about what happened.	0	1	2	3	4
14 _{B5}	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.	0	1	2	3	4
15 _{D3}	I am mad with someone for making the bad thing happen, not doing more to stop it, or to help after.	0	1	2	3	4
16 _{D2}	I have thoughts like "I will never be able to trust other people."	0	1	2	3	4
17 _{D6}	I feel alone even when I am around other people.	0	1	2	3	4
18 _{B1}	I have upsetting thoughts, pictures or sounds of what happened come into my mind when I don't want them to.	0	1	2	3	4
19 _{D3}	I feel that part of what happened was my fault.	0	1	2	3	4
20 _{E2}	I hurt myself on purpose.	0	1	2	3	4
21 _{E6}	I have trouble going to sleep, wake up often, or have trouble getting back to sleep.	0	1	2	3	4
22 _{D4}	I feel ashamed or embarrassed over what happened.	0	1	2	3	4

23 _{D1}	I have trouble remembering important parts of what happened.	0	1	2	3	4
24 _{E4}	I feel jumpy or startle easily, like when I hear a loud noise or when something surprises me.	0	1	2	3	4
25 _{D4}	I feel afraid or scared.	0	1	2	3	4
26 _{E2}	I do risky or unsafe things that could really hurt me or someone else.	0	1	2	3	4
27 _{D4}	I want to get back at someone for what happened.	0	1	2	3	4
With Dissociative Symptoms (Dissociative Subtype)						
28 _{A1}	I feel like I am seeing myself or what I am doing from outside my body (like watching myself in a movie).	0	1	2	3	4
29 _{A1}	I feel not connected to my body, like I'm not really there inside.	0	1	2	3	4
30 _{A2}	I feel like things around me look strange, different, or like I am in a fog.	0	1	2	3	4
31 _{A2}	I feel like things around me are not real, like I am in a dream.	0	1	2	3	4

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.

Item #	DSM-5 Symptom	Score (0-4)
18	B1	
10	B2	
5	B3	
11	B4	
14	B5	
SYMPTOM CATEGORY B SUMMATIVE SCORE:		
13	C1	
3	C2	
SYMPTOM CATEGORY C SUMMATIVE SCORE:		

Item #	DSM-5 Symptom	Score (0-4)
23	D1	
2*	D2	
9*	D2	_____
16*	D2	
15*	D3	
19*	D3	_____
6*	D4	
22*	D4	_____
25*	D4	
27*	D4	
7	D5	
17	D6	
12	D7	
SYMPTOM CATEGORY D SUMMATIVE SCORE:		

Item #	DSM-5 Symptom	Score (0-4)
4	E1	
20*	E2	
26*	E2	_____
1	E3	
24	E4	
8	E5	
21	E6	
SYMPTOM CATEGORY E SUMMATIVE SCORE		

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: Symptom 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

Item #	DSM-5 Symptom	Score (0-4)
4	E1	
20*	E2	—
26*	E2	
1	E3	
24	E4	
8	E5	
21	E6	
SYMPTOM CATEGORY E SUMMATIVE SCORE		

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.

DSM-5 PTSD DIAGNOSIS

- | | | |
|--------------------------------------|--|--------------------------|
| B: | One or more Category B symptoms present: | <input type="checkbox"/> |
| C: | One or more Category C symptoms present: | <input type="checkbox"/> |
| D: | Two or more Category D symptoms present: | <input type="checkbox"/> |
| E: | Two or more Category E symptoms present: | <input type="checkbox"/> |
| F: | Symptom duration greater than one month: | <input type="checkbox"/> |
| G: | Symptoms cause clinically significant <i>distress</i> or <i>impairment</i> : | <input type="checkbox"/> |
| <u>Specify Dissociative Subtype:</u> | | |
| | One or more dissociative symptoms present: | <input type="checkbox"/> |

UCLA PTSD Reaction Index (DSM-5) Symptom Analysis

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Child/Adolescent Name: _____ ID # _____ Age: _____ Sex: _____
 Grade in School: 11 School: Valencia Teacher: M. [redacted] City/State: L. [redacted]
 Interviewer Name/ID: _____ Date (month, day, year): _____ Session: 3

Category B. Intrusion ● = 0 - 1 ● = 2 ● = 3 - 4

B1  Intrusive Recollections	B2  Recurrent Dreams	B3  Flashbacks	B4  Psychological Reactivity to Reminders	B5  Physiological Reactivity to Reminders
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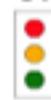
Subscale Total: 15

Category C. Avoidance ● = 0 - 1 ● = 2 ● = 3 - 4

C1  Avoidance of Thoughts or Feelings	C2  Avoidance of Reminders
---	--

Subscale Total: 8

Category D. Negative Cognitions/Mood ● = 0 - 1 ● = 2 ● = 3 - 4

D1  Trouble Remembering	D2  Negative Beliefs	D3  Distorted Negative cognitions	D4  Negative Emotional State	D5  Diminished Interest	D6  Detachment	D7  Inability for Positive Emotions
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Subscale Total: 14

Category E. Arousal/Reactivity ● = 0 - 1 ● = 2 ● = 3 - 4

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