

Trauma-Informed Care Learning Community

Domain 1: Screening and Assessment
June 1, 2015

Presenters

- Tony Salerno, PhD

TIC Faculty, National Council for Behavioral Health

- Linda Ligenza, LCSW

TIC Faculty, National Council for Behavioral Health



Agenda

- What is trauma informed screening and assessment
- Why is screening and assessment important?
- What about ACEs?
- Domain 1 of the Organizational Self-Assessment
- Components of a comprehensive trauma assessment process
- Trauma screening and assessment for children and adolescents
- Resources for trauma screening and assessment



What is Screening & Assessment of Trauma?

Screening - brief, focused inquiry to determine an individual's

- Experience of traumatic events or current events that might be traumatizing
- Experiencing of invasive thoughts, feelings or behaviors associated with trauma

Assessment - more in-depth exploration of the nature and severity of the traumatic events and the consequences on a person's life including current distressing symptoms

Why is Trauma Screening & Assessment Important?

- Universal trauma screening and specific trauma assessment methods are necessary to developing collaborative relationships with trauma survivors and offering appropriate services (Harris & FalLOT, 2001)
- Necessary in order to avoid re-traumatization, honoring the dictum: “Above all, Do No Harm”
- Sets the stage for building resilience, recognition of a survivors strengths and builds a healing alliance



Consequences of Failing to Screen and Assess for Trauma

- Many users of mental health services are upset at not being asked about abuse
(Lothioan & Read, 2002)
- Inhibiting or holding back one's thoughts, feelings and behaviors is associated with toxic stress
- Not to inquire may further re-victimize the client
(Doob,1992)



Consequences of Failing to Screen and Assess for Trauma

- Childhood sexual abuse is the single strongest predictor of suicidality regardless of other factors
(Read et al., 2001)
- Any attempt to address suicide reduction that does not include assessment of childhood sexual trauma will fail
(Hammersley, 2004)



Screening and Assessment: Key to the Aims of a Trauma-Informed Organization

- Safe, calm and secure environments
- System wide understanding of trauma prevalence, impact, and trauma-informed care
- Cultural competence
- Consumer voice, choice and self-advocacy
- Recovery is consumer driven and offers trauma specific services
- Relationships are healing, hopeful and trusting



Polling Question #1

To what degree does your organization or program screen for trauma?

- We don't have a routine way to screen for trauma
- We include trauma screening questions as part of our approach but not routinely
- We include trauma screening questions as part of our routine clinical assessment process
- We have an effective process to universally screen for trauma



The Power of ACEs

“The impact of ACEs can now only be ignored as a matter of conscious choice. With this information comes the responsibility to use it”

(Anda and Brown, 2010, CDC)



ACE Score Increases Likelihood of Suicide Attempts



1 of 100 people with 0 ACEs attempt suicide



10 of 100 people with 3 ACEs attempt suicide



20 of 100 people with 7 ACEs attempt suicide



Polling Question #2

How high a priority is your organization placing on trauma screening and assessment during the duration of the Learning Community?

- High Priority
- Mid-Priority
- Low Priority
- Not on our radar



What Happened Versus What's Wrong: Examples from the Voice of Consumers

- *“There were so many doctors and nurses and social workers in your life asking you about the same thing, mental, mental, mental, but not asking you why.”*
- *“There was an assumption that I had a mental illness and because I wasn't saying anything about my abuse I'd suffered, no-one knew.”*
- *“My life went haywire from thereon in... I just wished they would have said: “What happened to you? What happened?” But they didn't.”*

(Lothioan & Read, 2002)



**National Council's
Organizational Self Assessment
Domain 1:
Screening and Assessment**



Questions to Consider

- Do your screening and assessment tools include questions about trauma?
- What is your process for screening and then assessing for trauma?
- Who is asking the questions and have they been trained to do so in a sensitive manner?
- When and where is the screening/assessment conducted?
- Are people with lived experience involved in decisions regarding the selection of trauma related questions?
- Is permission requested to explore trauma related events and experiences in a way that respects the persons comfort and need for control?



Questions to Consider

- Is the screener/assessor aware of the importance of understanding a person's cultural/historical background?
- Is there a procedure in place to re-engage or re-assess at other times during the treatment process?
- Does the assessment process lead to a diagnosis associated with trauma when indicated?
- Do the assessment findings guide the treatment planning process?



Performance Standard A

The Initial encounter

- Includes questions designed to sensitively and respectfully explore prior and current trauma related experiences
- Respects person's time and pace
- Is done in a calm, safe space by caring and trained individuals
- Is never confrontational or coercive



Poll Question #3

To what degree do staff and practitioners have the knowledge and skills to effectively screen and assess for trauma?

- Little knowledge and skill
- Some knowledge and skill
- Adequate knowledge and skill
- High degree of knowledge and skill



Performance Standard B

The organization recognizes that some consumers may not be able or willing to reveal traumatic life experiences early on in the intake/assessment process given the sensitive nature of the topic.



Timing is Everything

- If a person is not willing or comfortable providing information during the initial interview, support their decision
- A procedure is in place to re-engage and re-assess at a later time
- Using opportunities that might arise in service plan reviews, new information is shared when someone self-reports
- Consider warning signs that are typically associated with trauma responses



Performance Standard C

- The screening and assessment process is sufficiently thorough and focused on trauma related issues to allow for the determination of a diagnosis associated with trauma (e.g. PTSD)
- The ongoing assessment process allows for the gathering of new trauma related information leading to potential changes in diagnosis as well as appropriate treatment objectives, goals, and services



Performance Standard D

- Early screening and assessment process is designed to promote shared decision-making between the consumer and the provider related to the selection of optimal services
- The process involves identifying trauma related needs, strengths, and available services



Outcomes of Quality Screening and Assessment

- Instituting comprehensive trauma screening and assessment can result in changes in diagnosis
- Process is centered around shared decision-making and identifies trauma related needs, strengths and available services
- Assessment process is a co-learning experience for both the practitioner and the person (the assessor is not the expert, but a partner)
- Trauma-focused and trauma-specific treatments are available once a positive assessment for trauma has occurred



Implementation of Trauma Screening and Assessment

- Utilize “test” period to assess how tool sensitively and respectfully explores trauma
- Engage consumer voice in implementation of new tools
- Identify tool and its usage
- Train staff in appropriate use of screening and assessment tools, grounding and safety techniques and protocol for follow up
- Identify interventions (e.g. Seeking Safety Safe Coping Skills handout)



Comprehensive Trauma-informed Assessment Components

Includes....

- Range of abusive or traumatic experiences
- Dimensions related to severity of impact
- Life domains affected by trauma
- Identification of current triggers or stressors
- Identification of coping resources and strengths
- Appropriate diagnosis based on trauma theory
(Harris & Fallot, 2001)



Is Self-Report Reliable?

- Self-report is generally an accurate method of obtaining psychiatric and medical history, including among trauma survivors (Fergusson et al., 2000; Wilsnack et al., 2002)
- People with schizophrenia and other psychoses have been found to report accurate histories (Read & Ross, 2003; Mueser et al., 2001; Whitfield, 2005)



Screening and Assessment Steps

1. Identify the presence of traumatic events/experience(s) (e.g., PTSD Civilian Screen, Trauma Screening Checklist)
2. Explore the traumatic experience in more detail (open ended questions, .i.e., Motivational Interviewing techniques)
3. Determine service needs
4. Refer for trauma specific services
5. Reassess during course of treatment
6. Measure adaptation response to treatment/supports



Step 1: Identify the Traumatic Events/Experience(s)

- As a general rule, do screening as early as possible in intake process
- If not advisable to screen during initial meeting or in the event of a negative screen, repeat the brief set of questions periodically. With establishment of safety and trust, consumer may be more willing to disclose
- Maximize consumer choice and control and place priority on consumer preferences regarding self-protection and self-soothing needs
 - (Harris & Fallot, 2001)



Step 1: Identify Traumatic Events/Experience(s)

- Be clear about the steps and process of assessment (e.g. I would like to ask you some questions about....)
- Be clear about the reason for the questions
Example of one approach to informing a client

“We have found that many people who come here for services have experienced things that were very difficult either as children or as adults. Because this can have such an important impact on a person’s life, we ask everyone about whether they have ever been a victim of violence, abuse or neglect.”

Step 1: Identify the Traumatic Events/Experience(s)

- Be clear about the consumer's right to self-administer or stop the process at any time (*e.g. "If you would like to answer these questions on your own or wish to stop or delay this interview at any time, you can."*)
- Be clear about the consumer's right not to answer questions (*e.g. "If you would rather not answer any question, just let me know, and we'll go on to something else."*)



Example of Screening Tool

- Life Events Checklist
 - Standard Self-report
 - Extended Self-report
 - Interview



Life Events Checklist (Standard) Screening

Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it *happened to you* personally; (b) you *witnessed it* happen to someone else; (c) you *learned about it* happening to a close family member or close friend; (d) you were exposed to it as *part of your job* (for example, paramedic, police, military, or other first responder); (e) you're *not sure* if it fits; or (f) it *doesn't apply* to you.

Be sure to consider your *entire life* (growing up as well as adulthood) as you go through the list of events. (***Event Happened to me , Witnessed it, Learned about it , Part of my job , Not Sure, Doesn't Apply)***)



Life Events Checklist (Standard) Screening

1. Natural disaster (for example, flood, hurricane, tornado, earthquake)
2. Fire or explosion
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)
4. Serious accident at work, home, or during recreational activity
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)
9. Other unwanted or uncomfortable sexual experience
10. Combat or exposure to a war-zone (in the military or as a civilian)
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)
12. Life-threatening illness or injury
13. Severe human suffering
14. Sudden violent death (for example, homicide, suicide)
15. Sudden accidental death
16. Serious injury, harm, or death you caused to someone else
17. Any other very stressful event or experience



Life Events Checklist (Extended)

Screening - Person's Perception of Trauma

PART 2:

A. If you checked anything for #17 in PART 1, briefly identify the event you were thinking of:

B. If you have experienced more than one of the events in PART 1, think about the event you consider the *worst event*, which for this questionnaire means the event that currently bothers you the most. If you have experienced only one of the events in PART 1, use that one as the worst event. Please answer the following questions about the worst event (*check all options that apply*):

1. Briefly describe the worst event (*for example, what happened, who was involved, etc.*).

2. How long ago did it happen? _____ (*please estimate if you are not sure*)

3. How did you experience it?

It happened to me directly

I witnessed it

I learned about it happening to a close family member or close friend

I was repeatedly exposed to details about it as part of my job (for example, paramedic, police, military, or other first responder)

Other, please describe:

4. Was someone's life in danger?

Yes, my life

Yes, someone else's life

No



Life Events Checklist (Interview)

Further Exploration of Trauma

In a few minutes I'm going to ask you more about the questionnaire you filled out on stressful events in your life. But before I do that I want to ask you a few questions about what it was like for you growing up.

- **Who did you live with?** (*Who took care of you?*)
- **What stands out for you about growing up?** (*Anything particularly good? Particularly bad?*)
- **What was your relationship like with your:**
Mother? Father? Siblings? Other caretakers?
- **How did your parents (adults you grew up with) get along?** (*Yelling? Fighting? Violence?*)
- **How was discipline handled?** (*Who handled it? What did it consist of?*)
- **Were you ever treated in a cold, unemotional way?** (*By whom? What was that like? How old were you? How often?*)
- **Did you ever feel rejected by someone you grew up with?** (*By whom? What was that like? How old were you? How often?*)
- **Were you ever criticized unfairly or told that you were no good or worthless?** (*By whom? What was that like? How old were you? How often?*)
- **Were you ever made to feel ashamed or humiliated?** (*By whom? What was that like? How old were you? How often?*)
- **Were you ever neglected or left to fend for yourself (e.g., left alone, left without food, kept out of the house)?** (*By whom? What was that like? How old were you? How often?*)

RATE EMOTIONAL ABUSE SEVERITY

(1=none, 2=minimal/subthreshold, 3=definite/threshold, 4=harsh/severe) _____



Life Events Checklist (Interview)

Assessment

Getting back to the questionnaire about stressful events, what I'm going to do now is go over the different events you said you experienced and ask you to tell me very briefly about what happened. If it's something that happened more than once I want you to think about the WORST time.

You said you:

1. **Natural disaster (Experienced / Witnessed / Learned about / Job-related / Not sure What happened?)** (*How old were you? How were you involved? Who else was involved? Was anyone seriously injured or killed? Was anyone's life in danger? How many times did this happen?*)

Exposure type:

- Experienced ____
- Witnessed ____
- Learned about ____
- Exposed to aversive details ____
- Life threat? NO YES [self ____ other ____]
- Serious injury? NO YES [self ____ other ____]
- Criterion A met? NO PROBABLE YES
- Number of times _____



Step 2: Explore In More Detail if Positive Screen

Exploration of trauma unfolds over time, and for persons whose experiences of powerlessness and lack of choice have been pervasive, having control over the pace and content of trauma discussions is very important. (Harris & Falot, 2001)

- Use open ended questions to explore details in a sensitive and respectful manner
- Go at the pace of the person
- Look for signs of discomfort that may harm rapport

Step 2: Explore In More Detail if Positive Screen

- If traumatic events are reported
 - Ask about recency and frequency (In the past 6 months?)
 - Ask about current danger (Are you afraid now that someone may hurt you?)
 - Use unambiguous and straightforward language to avoid confusion and encourage straightforward responses

(Harris & FalLOT, 2001)



Step 3: Determine How Trauma has Affected the Person

Use open ended interview questions in combination with a screening/assessment tool to explore how trauma has affected the person's physical and emotional wellbeing.

(e.g., PTSD Questionnaire)



PTSD Civilian Questionnaire

1. Have you experienced or witnessed an event in your past that was any or all of the following: Extremely scary, horrifying, assaulting, and/or life-threatening? Yes_____ No_____
2. Do you have recurrent and distressing memories of the event, even when you try not to think about it? Yes_____ No_____
3. Are you having recurrent dreams of parts or all of the trauma? Yes_____ No_____



PTSD Questionnaire

4. Do you sometimes feel like you are experiencing some part, parts and/or all of the traumatic event over again? Yes___ No___
5. Do you sometimes find yourself feeling traumatized or very frightened about something and cannot associate any memories with the feeling? Yes___ No___
6. Are you making efforts to avoid thoughts, feelings or talking about the trauma? Yes___ No___



Step 4: Diagnosis and Service Needs

- For a *trauma-informed assessment*, reaching a diagnosis is a decidedly secondary goal
- The primary goal is to develop with the consumer a shared understanding of the role that trauma has played in shaping the survivor's life.
- Rather than seeing their “symptoms” and “disorders” as defects, clients are enabled to understand their strengths (adaptive capacities) as well as weaknesses that have grown out of their responses to horrific events.

(Harris & Fallot, 2001)



Step 4: Diagnosis and Service Needs

- Conclude the brief interview with a discussion of its implications for service planning, and for any necessary immediate intervention.
- This will begin to connect trauma concerns with the rest of the consumer's problems and goals.



Polling Question #4

Does your organization or program employ a comprehensive **assessment** of trauma following a positive screen?

- We don't have a routine way to comprehensively assess trauma
- We include some assessment elements, but not comprehensively
- We routinely use comprehensive assessment, but could improve
- We routinely use comprehensive assessment process when warranted that is working very well



Step 4: Diagnosis and Service Needs

- Is trauma the root cause of the person's difficulties?
- Is trauma a significant contributing factor to the person's current life difficulties?
- Is trauma an incidental finding, unrelated to symptoms and current problems?
- Is trauma intensifying symptoms of an underlying illness?
- Does trauma affect current problems but not meet criteria for PTSD?
- Does the person's symptoms meet criteria for PTSD?



Screening, Assessment and Diagnosis

- One likely outcome associated with the adoption of a robust, comprehensive and ongoing screening and assessment process conducted by skillful and engaging practitioners is the diagnostic profile of the clients
- The TIC learning community teams might consider tracking changes in the diagnostic profile of your clients. Teams might find an increase in the number of clients with PTSD diagnosis



Items to Consider Related to the Diagnostic Process

- How is a diagnosis made and who makes it?
- Who provides the information needed to make a diagnosis?
- Once made, is the practitioner reviewing the diagnosis and how might a diagnosis get changed when new information is revealed?
- Is there a comprehensive and skillful diagnostic process that closely examines the presence of PTSD criteria?
- Is the “diagnostician” or diagnostic team knowledgeable about trauma and PTSD?
- Are you alert to the over-assessment or under-assessment of PTSD?
- If the diagnostic process is very strong then you are likely to see an increase in PTSD diagnosis that truly reflects the reality of the clients problems.



PTSD vs. Trauma Related Difficulties

- A person may not meet criteria for PTSD but may nonetheless have traumatic life experiences that contributes to their current life difficulties. This shouldn't be overlooked
- If you notice that a client is not responding to your best efforts, disengages from treatment or may be getting worse, you may want to consider exploring the possibility that trauma and overwhelming stress may be a contributing factor



PTSD DSM V Category of Trauma and Stressor-Related Disorders

- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Acute Stress Disorder
- Adjustment Disorder
- Other Specified Trauma-and Stressor-Related Disorder
- Unspecified Trauma-and Stressor-Related Disorder
- *Posttraumatic Stress Disorder*



Trauma-Informed Screening and Assessment for Children and Adolescents



Screening and Assessment for Children and Adolescents

- Questions about trauma should be part of the routine mental health intake of children and psychiatric and psychological evaluations (Hodas, 2004)
- Seek multiple perspectives about trauma (e.g. child, parents, legal guardians)
- Determine if child is still living in a dangerous environment
- Use combination of self-report and assessor-directed questions
- Recognize potential impact of both culture and developmental level while obtaining trauma information from children



Screening and Assessment for Children and Adolescents

- 3 Basic approaches to assessment of trauma in children through tools and instruments:
- Instruments that directly measure traumatic experiences or reactions
 - Broadly based diagnostic instruments that include PTSD subscales
 - Instruments that assess symptoms not trauma specific but commonly associated symptoms of trauma

(Wolpaw & Ford, 2004)



Screening and Assessment for Children and Adolescents

- Because trauma comes in many different forms for children of varying ages, gender, and cultures, there is no simple, universal, highly accurate screening measure.
- Screening approaches should identify risk factors such as poverty, homelessness, multiple births during adolescence, and other environmental vulnerabilities of trauma-related symptoms and behavior problems associated with trauma histories
 - PTSD symptoms (which vary with age)
 - Behavioral symptoms associated with trauma

(Hodas 2004)



ADHD and Trauma

- Trauma can lead to symptoms that resemble ADHD
- It is important to explore *why* a child is tuning out, having trouble concentrating, being moody and hyperactive

Pernicano, 2014



Screening and Assessment for Children and Adolescents

Dr. Bruce Perry and
The ChildTrauma Academy

The Neurosequential Model of Therapeutics



Neurosequential Model of Therapeutics

An approach to clinical problem solving that is:

- Developmentally informed
- Biologically respectful
- Organizes a child's history and current functioning
- Not a specific therapeutic technique or intervention



Neurosequential Model of Therapeutics (NMT)

Goal is to structure assessment of a child in order :

- Articulate primary problems
- Identify key strengths
- Apply interventions that will help family, educator, therapists and related professionals best meet the needs of the child



Neurosequential Model of Therapeutics (NMT)

NMT emphasizes the importance of assessing:

- Developmental history
- Developmental risk
- Current central nervous system functionality
- Current relational health
- Functional brain map



Neurosequential Model of Therapeutics

Recommendations for Interventions

Four areas:

- Sensory Integration
- Self regulation
- Relational
- Cognitive



Neurosequential Model of Therapeutics

Recommendations for Interventions

Three levels:

- Essential
- Therapeutic
- Enrichment



Neurosequential Model of Therapeutics

Where to get more information:

- [The Boy Who Was Raised as a Dog](#)
Dr. Perry and Maia Szalavitz, 2007
- CTA Library section on the CTA website
- Special NMT DVD (*Introduction to the Neurosequential Model of Therapeutics*) on the CTA online store



In Summary

- Excellent measures have been developed to aid in assessment of trauma history and diagnosis of PTSD.
- These measures have been shown to possess excellent psychometric properties (Blake et al., 1990; Weathers et al, 1999), and to be reliable and valid even with persons suffering serious mental illness (Goodman et al., 1999; Mueser et al., 2001)
- Universal Screening and Assessment for trauma should be standard operating procedure for all organizations



Screening and Assessment Resources

- National Council TIC website - Trauma Measures
<http://www.nationalcouncildocs.net/trauma-informed-care-learning-community/resources/domain-1-screening-and-assessment>
- National Center for Post Traumatic Disorder (NCPTSD)
www.ncptsd.org
- Veteran's Administration www.va.gov
- SAMHSA Disaster Technical Assistance Center (DTAC)
www.samhsa.gov/dtac
- SAMHSA's Tip 57 – Trauma-Informed Care in Behavioral Health Services, Appendix D – Screening and Assessment Instruments
<http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>
- National Center for Trauma-Informed Care (NCTIC)
www.samhsa.gov/nctic
- National Child Traumatic Stress Network (NCTSN) www.nctsnet.org



Trauma Screening/Assessment Instruments for Children

Title of Measure	Type of Measure
<u>When Bad Things Happen Scale (WBTH)</u>	<u>Child Measures</u>
<u>Child Posttraumatic Stress Reaction Index (CPTS-RI)</u>	<u>Child Measures</u>
<u>The UCLA PTSD Index for DSM-IV</u>	<u>Child Measures</u>
<u>Traumatic Events Screening Inventory (TESI-C)</u>	<u>Child Measures</u>
<u>Trauma Symptom Checklist for Young Children (TSCYC)</u>	<u>Child Measures</u>
<u>Trauma Symptom Checklist for Children (TSCC)</u>	<u>Child Measures</u>
<u>Parent Report of Child's Reaction to Stress</u>	<u>Child Measures</u>
<u>My Worst Experiences Survey</u>	<u>Child Measures</u>



Trauma

Screening/Assessment

<u>Dimensions of Stressful Events Rating Scale (DOSE)</u>	<u>Child Measures</u>
<u>Clinician-Administered PTSD Scale for Children and Adolescents (CAPS-CA)</u>	<u>Child Measures</u>
<u>Children's PTSD Inventory (CPTSDI)</u>	<u>Child Measures</u>
<u>Children's Impact of Traumatic Events Scale-Revised (CITES-2)</u>	<u>Child Measures</u>
<u>Childhood PTSD Interview</u>	<u>Child Measures</u>
<u>Child PTSD Symptom Scale (CPSS)</u>	<u>Child Measures</u>



Screening/Assessment Instruments

<u>Los Angeles Symptom Checklist (LASC)</u>	<u>Adult Self Report</u>
<u>Davidson Trauma Scale (DTS)</u>	<u>Adult Self Report</u>
<u>Impact of Event Scale - Revised (IES-R)</u>	<u>Adult Self Report</u>
<u>Mississippi Scale for Combat-Related PTSD (M-PTSD)</u>	<u>Adult Self Report</u>
<u>Modified PTSD Symptom Scale (MPSS-SR)</u>	<u>Adult Self Report</u>
<u>Penn Inventory for Posttraumatic Stress Disorder (Penn Inventory)</u>	<u>Adult Self Report</u>
<u>Trauma Symptom Inventory (TSI)</u>	<u>Adult Self Report</u>
<u>Trauma Symptom Checklist - 40 (TSC-40)</u>	<u>Adult Self Report</u>
<u>Screen for Posttraumatic Stress Symptoms (SPTSS)</u>	<u>Adult Self Report</u>



Screening/Assessment Instruments

<u>PTSD Checklist (PCL)</u>	<u>Adult Self Report</u>
<u>Posttraumatic Diagnostic Scale (PDS)</u>	<u>Adult Self Report</u>
<u>Distressing Events Questionnaire (DEQ)</u>	<u>Adult Self Report</u>
<u>PTSD Symptom Scale - Interview (PSS-I)</u>	<u>Adult Interviews</u>
<u>Structured Interview for PTSD (SI-PTSD)</u>	<u>Adult Interviews</u>
<u>Structured Clinical Interview for the DSM-IV Axis I Disorders (SCID PTSD Module)</u>	<u>Adult Interviews</u>
<u>Clinician-Administered PTSD Scale (CAPS)</u>	<u>Adult Interviews</u>



Trauma Exposure Measures

<u>Life Stressor Checklist - Revised (LSC-R)</u>	<u>Trauma Exposure Measures</u>
<u>Life Event Checklist (LEC)</u>	<u>Trauma Exposure Measures</u>
<u>Traumatic Stress Schedule (TSS)</u>	<u>Trauma Exposure Measures</u>
<u>Traumatic Life Events Questionnaire (TLEQ)</u>	<u>Trauma Exposure Measures</u>
<u>Stressful Life Events Screening Questionnaire (SLESQ)</u>	<u>Trauma Exposure Measures</u>
<u>Traumatic Events Questionnaire (TEQ)</u>	<u>Trauma Exposure Measures</u>
<u>Trauma History Screen (THS)</u>	<u>Trauma Exposure Measures</u>
<u>Trauma History Questionnaire (THQ)</u>	<u>Trauma Exposure Measures</u>
<u>Trauma Assessment for Adults--Self-report (TAA)</u>	<u>Trauma Exposure Measures</u>
<u>Potential Stressful Events Interview (PSEI)</u>	<u>Trauma Exposure Measures</u>
<u>Evaluation of Lifetime Stressors (ELS)</u>	<u>Trauma Exposure Measures</u>
<u>Combat Exposure Scale (CES)</u>	<u>Trauma Exposure Measures</u>



Trauma Measures: PTSD Screens

<u>Trauma Screening Questionnaire (TSQ)</u>	<u>PTSD Screens</u>
<u>SPRINT</u>	<u>PTSD Screens</u>
<u>SPAN</u>	<u>PTSD Screens</u>
<u>Short Screening Scale for PTSD</u>	<u>PTSD Screens</u>
<u>Short Form of the PTSD Checklist - Civilian Version</u>	<u>PTSD Screens</u>
<u>The Primary Care PTSD Screen (PC-PTSD)</u>	<u>PTSD Screens</u>
<u>Beck Anxiety Inventory - Primary Care (BAI-PC)</u>	<u>PTSD Screens</u>



Trauma Screening and Assessment: Deployment Instruments

<u>Sexual Harassment Scale (DRRI Section: G (ITEMS 8-14))</u>	<u>Deployment Measures</u>
<u>Sense of Preparedness Scale (DRRI Section: C)</u>	<u>Deployment Measures</u>
<u>Self-Report of Nuclear/Biological Chemical (NBC) Exposures Scale</u>	<u>Deployment Measures</u>
<u>Prior Stressors Scale (DRRI Section: A)</u>	<u>Deployment Measures</u>
<u>Postdeployment Stressors Scale (DRRI Section: M)</u>	<u>Deployment Measures</u>
<u>Postdeployment Social Support Scale (DRRI Section: L)</u>	<u>Deployment Measures</u>
<u>Perceived Threat Scale (DRRI Section: H)</u>	<u>Deployment Measures</u>
<u>General Harassment Scale (DRRI Section: G)</u>	<u>Deployment Measures</u>
<u>Exposure to the Aftermath of Battle Scale (DRRI Section: J)</u>	<u>Deployment Measures</u>
<u>Difficult Living and Working Environment Scale (DRRI Section: D)</u>	<u>Deployment Measures</u>
<u>Childhood Family Environment Scale (DRRI Section: B)</u>	<u>Deployment Measures</u>
<u>Combat Experiences Scale (DRRI Section: I)</u>	<u>Deployment Measures</u>
<u>Concerns about Life and Family Disruption Scale (DRRI Section: E)</u>	<u>Deployment Measures</u>
<u>Deployment Risk and Resiliency Inventory (DRRI)</u>	<u>Deployment Measures</u>
<u>Deployment Social Support Scale (DRRI Section: F)</u>	<u>Deployment Measures</u>

Your Resource Team Contact Information

Cheryl Sharp

cheryls@thenationalcouncil.org

Tony Salerno

tonys@thenationalcouncil.org

Linda Ligenza

lindal@thenationalcouncil.org

Karen Johnson

karenj@thenationalcouncil.org



Your Resource Team Contact Information

Cheryl Sharp

cheryls@thenationalcouncil.org

Karen Johnson

karenj@thenationalcouncil.org

