

# Trauma Informed Screening Tools

## OVERVIEW-

*Post-traumatic stress disorder symptoms typically start within three months of a traumatic event. In a small number of cases, though, PTSD symptoms may not appear until years after the event. Post-traumatic stress disorder symptoms are generally grouped into three types: intrusive memories, avoidance and numbing, and increased anxiety or emotional arousal (hyperarousal).<sup>1</sup>*

Post-traumatic stress disorder symptoms can come and go. You may have more post-traumatic stress disorder symptoms when things are stressful in general, or when you run into reminders of what you went through. Screening is important to help identify, understand, and treat the symptoms of traumatic stress.

## PICKING SCREENING TOOLS-

Checklist and screenings are to be used as a prompt for the worker to explore and understand how trauma may be a factor in impacting a person's well-being or ability to function. The checklist is to be used as a guide to consider whether a trauma specific mental health assessment and services should be considered.

Important considerations:

- Non-traumatized children and adults may present one or more of these behaviors depending on various factors such as personality, temperament, intelligence, maturity (or lack thereof), media exposure, mental illness, or modeling.
- Non-traumatized children and adults may present with one or more of these behaviors according to their cultural norms and traditions.
- Corroborating with other professionals is necessary to get a complete picture and provide the greatest response and referral.

## SCREENING VS ASSESSMENT –

- Trauma-informed screening refers to a *brief, focused inquiry* to determine whether an individual has experienced specific traumatic events or reactions to trauma and indicate need for further assessment by clinical/mental health professional. <sup>2</sup>
- Trauma assessment is a more *in-depth exploration* of the nature and severity of the traumatic events, the impact of those events, current trauma-related symptoms and functional impairment. Assessment informs treatment. <sup>2</sup>

## REFERENCES

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[http://www.ncswtraumaed.org/wp-content/uploads/2011/07/Child-and-Adolescent-Trauma-Measures\\_A-Review-with-Measures.pdf](http://www.ncswtraumaed.org/wp-content/uploads/2011/07/Child-and-Adolescent-Trauma-Measures_A-Review-with-Measures.pdf)
2. Conradi, Lisa, Henry, Jim, and Kisiel, Cassandra. "Trauma Screening and Assessment Measures for Child Welfare." *The National Child Traumatic Stress Network*. Publisher of Website, 17 May 2012 article. Web. Retrieved May 21, 2014. <http://learn.nctsn.org/course/view.php?id=72>.

# Trauma Informed Screening Tools for ages 18+

## CONSIDERATIONS

Trauma-related symptoms are often not evaluated and therefore go unrecognized and untreated. In one multi-site study where 43% met diagnostic criteria for PTSD, only 2% carried the diagnosis in medical records.

Failure to assess for trauma can have important implications for treatment and recovery, including an increase in a consumer's vulnerability to substance abuse disorders, serious mental illness, and social isolation and loss of social support, increasing vulnerability to relapse in persons with serious mental health challenges.

**SCREENING TOOLS: recommended because of empirical base, ability to identify for further assessment, developmental appropriateness and feasible time to complete. All are free to access.**

### [Life Event Checklist \(LEC\)](#)

- 17-item, self-report measure

### [Abbreviated PCL-C](#)

- 17-item self-report measure
- Shortened version of the PTSD Checklist – Civilian version

### [Trauma Symptom Checklist - 40](#)

- 40-item self-report measure

### [Los Angeles Symptom Checklist \(Adult Version\)](#)

- 40-item self-report measure
- Provides direct correlation to the DSM-IV diagnosis of PTSD

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- Frueh, B. C., Hamner, M. B., Bernat, J. A., Turner, S. M., Keane, T. M. and Arana, G. W. (2002), Racial differences in psychotic symptoms among combat veterans with PTSD. *Depress. Anxiety*, 16: 157–161. doi: 10.1002/da.10068
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