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HEALTH SERVICES



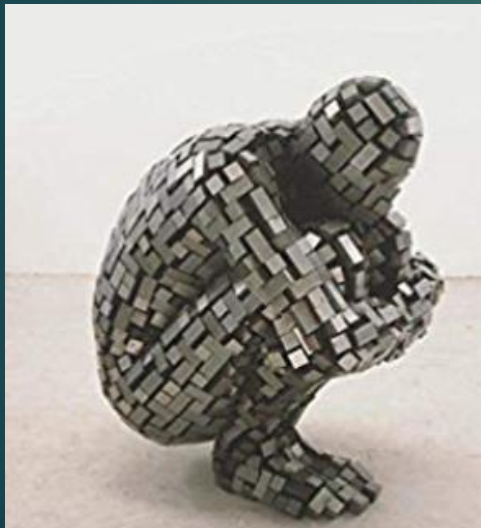
Trauma Informed Care: Best Practices in the SNF Setting



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Relevant Regulations:

F699 Trauma- Informed Care (TIC)



F699: 483.25 (m): The facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident.

483.40 (b) (1): A resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post traumatic stress disorder, receives appropriate treatment and services to correct the assessment problem or to attain the highest practicable mental and psychosocial well being.

Definition:

Trauma Informed Care

- ▶ TIC is a...service delivery approach that:
 - ▶ Is grounded in an understanding of, and responsiveness to, the impact of trauma,
 - ▶ emphasizes physical, psychological, and emotional safety
 - ▶ creates opportunities for survivors to rebuild a sense of control and empowerment
 - ▶ involves vigilance in anticipating and avoiding institutional processes and individual practices that are likely to retraumatize individuals who already have histories of trauma



(SAMHSA, 2014)

Why is TIC Important?

- ▶ In the general population, approximately 70% to 90% of adults aged 65+ have been exposed to **at least one** potentially traumatic event during their lifetime

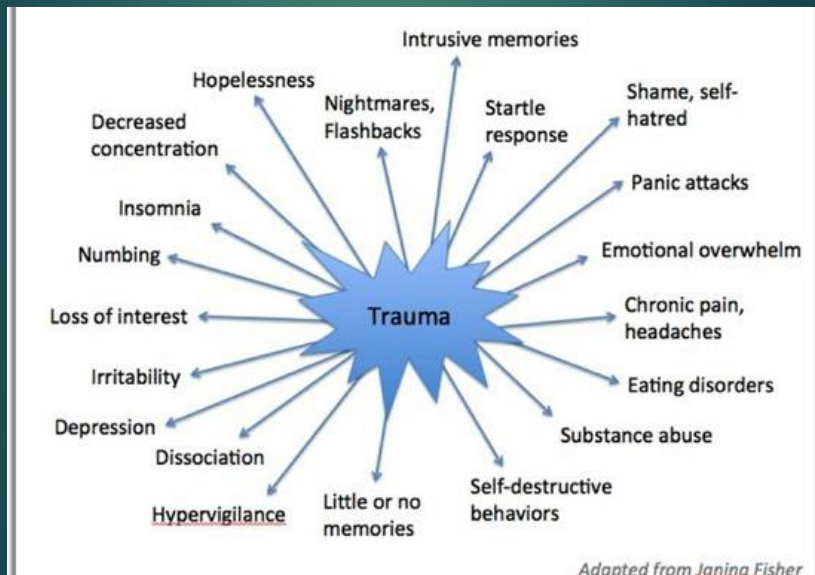


Definition:

What is Trauma?

- ▶ Trauma “refers to experiences that cause intense physical and psychological stress reactions. It...refers to [event/s], or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual’s physical, social, emotional, or spiritual wellbeing (SAMHSA, 2014).”

- ▶ The traumatic event usually overwhelms an individual’s resources to cope
- ▶ It frequently produces a sense of fear, vulnerability, and helplessness



The Three E's in Trauma

Events

*Events/circumstances
cause trauma.*

Experience

*An individual's
experience of the
event determines
whether it is traumatic.*

Effects

*Effects of trauma
include adverse
symptoms and
consequences.*



Trauma Impacts People Differently:



Reactions to a traumatic event may be:

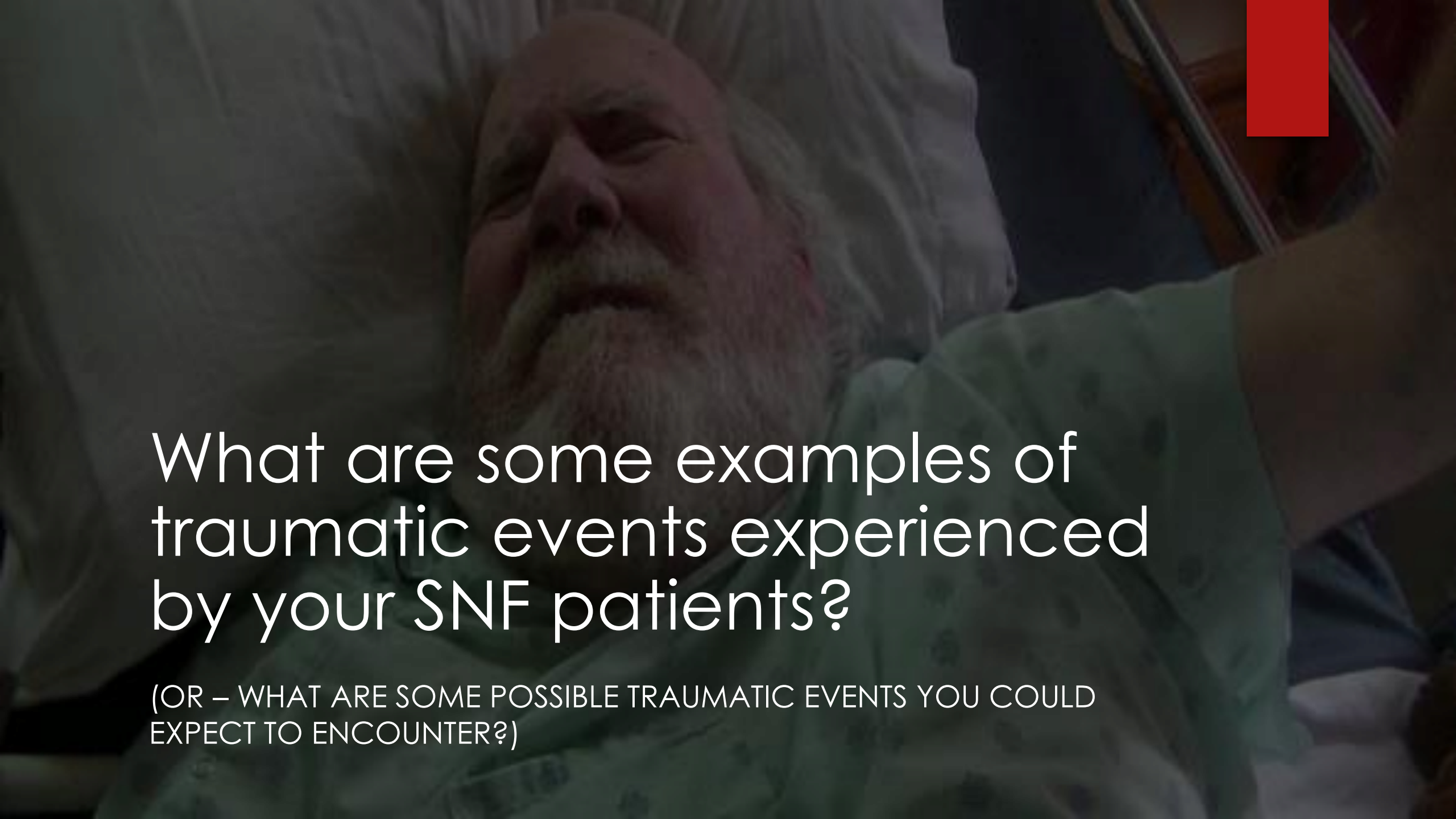
Temporary:
Many people successfully cope

More prolonged and severe:

- Lead to enduring mental health and medical/physical consequences
- E.g., PTSD, anxiety, substance abuse, chronic headaches, chronic pain

Represent “Sub-threshold” trauma-related symptoms:

- I.e. not severe enough to meet established criteria for PTSD or other mental disorders, but represent clinically significant symptoms



What are some examples of
traumatic events experienced
by your SNF patients?

(OR – WHAT ARE SOME POSSIBLE TRAUMATIC EVENTS YOU COULD
EXPECT TO ENCOUNTER?)

Types of Trauma

- ▶ Physical abuse or assault
- ▶ Sexual abuse or assault
- ▶ Emotional abuse or psychological maltreatment
- ▶ Neglect
- ▶ Victim or witness to interpersonal, domestic, or community violence
- ▶ Natural or manmade disaster exposure
- ▶ War, terrorism, or political violence
- ▶ Historical trauma
- ▶ Serious accident, illness, or medical procedure
- ▶ Traumatic grief or separation
- ▶ Military trauma
- ▶ Etc.



Transfer Trauma

(Relocation
Stress
Syndrome)

- ▶ Transfer trauma describes the stress a person may experience when changing living environments
- ▶ The length of time and severity of the transfer trauma is individual

Transfer Trauma, cont.



- ▶ If transfer trauma is not immediately identified and reduced, there can be significant negative consequences:
 - ▶ Depression, anxiety, isolation/withdrawal, insomnia
 - ▶ Noncompliance/resistance to care
 - ▶ Behavioral disturbances (verbal and physical agitation; combativeness, frequent complaints)
 - ▶ Elopement risk
 - ▶ Increased staff burden

Other Potential SNF Patient “Trauma/s”

- ▶ New significant medical diagnosis
- ▶ Loss of functioning:
 - ▶ Loss of limb
 - ▶ Wheelchair- or bed-bound
 - ▶ Serious fall
 - ▶ Stroke/TBI with significant physical/cognitive/communication deficits
- ▶ Recent Traumatic Event: MVA
- ▶ Natural disaster: Fires, earthquake, etc.
- ▶ Being placed on hospice (terminal prognosis)
- ▶ Sensory loss
- ▶ Etc.



Impact of Trauma

Emotions

Fear, Helplessness, Anger, Shock, Sadness, Guilt, Shame, Grief, Depression

Thoughts

The world is unsafe. I am a bad person. People cannot be trusted. Something bad is about to happen.

Physical

Hypervigilance, Sleep problems, Appetite change, Fatigue

Co- Occurring Disorders

Trauma can lead to a number of comorbid mental health disorders:

- ▶ Substance abuse disorders
- ▶ Mood disorders
- ▶ Anxiety disorders
- ▶ Personality disorders
- ▶ Eating disorders



Core Principles of TIC

1. *Understanding Trauma*
2. *Safety & Security*
3. *Dependability, Trustworthiness, and Transparency*
4. *Collaboration & Empowerment*
5. *Focus on Resilience*
6. *Cultural Competence & Responsiveness*



Incorporate Routine TIC Assessments

The facility should determine process for considering trauma history, experiences and symptoms **at admission and ongoing**

Referrals to behavioral health should be made based on screen

The CHE provider should also screen for past trauma and impact on current dx picture, symptoms, behaviors and functioning



Establish Safety:

Safety is Physical and Emotional

Physical Safety

- ▶ Access to exits, privacy, security for patients, staff members and personal property, consideration of policies around seclusion and restraint, predictability and routine

Emotional Safety

- ▶ Anticipate triggers for trauma survivors that impact sense of safety – i.e. retraumatization





Retraumatization

- ▶ Refers to the process of reexperiencing traumatic stress as a result of a current situation that mirrors or replicates in some way the prior traumatic experiences

Examples of Retraumatization Triggers

- ▶ Loud noises, e.g., television at high volume, raised voices
- ▶ Observing tension between people, e.g. two staff members, a staff member and another resident
- ▶ Certain smells
- ▶ Casual touches that are perceived as invasions of physical boundaries
- ▶ Not recognizing the importance of appropriate social boundaries
- ▶ Having limited privacy or personal space
- ▶ Perception of limited choices and control



Examples of Retraumatization Triggers

- ▶ Using isolation or physical restraints
- ▶ Feeling pushed to take medications
- ▶ Being interviewed/examined in a room that feels too isolating or confining
- ▶ Undergoing physical examination by a medical professional of the same sex as the client's previous perpetrator of abuse
- ▶ Having clients undress in the presence of others
- ▶ Sudden or inadequately explained transitions, such as room changes, staff changes,
 - ▶ Can evoke feelings of danger, abandonment, or instability



Managing Triggers: The Care Plan

- ▶ If possible remove/prevent the trigger
- ▶ Identify staff responses that successfully address the trigger
- ▶ Identify patient coping skills to encourage when triggered

Trauma Informed Treatment: Best Practice Considerations

- ▶ Develop individualized care plans to help client cope with triggers and current stressors
- ▶ Learn the patient's "life story" and obtain a good history
- ▶ Treatment goals should reflect the resident's preferences
- ▶ Treatment is integrated across disciplines (responsibility of all staff)
- ▶ Culture is respected and incorporated into service and treatment planning
- ▶ Interventions help residents learn how to deal with their feelings effectively and make wiser choices about their behaviors in the SNF setting

TIC: Partnerships with trauma-specific treatment providers

- ▶ Educate facility on appropriate referrals for a formal behavioral health assessment
- ▶ Trauma-specific treatment is conducted by behavioral health specialists



Communicating Findings

- ▶ How are trauma triggers and interventions care-planned?
- ▶ How are they communicated to all direct care staff?
- ▶ Where are the care plans located?
- ▶ OR other locations to locate patient-specific triggers and staff response?



What Might Surveyors Ask?

1. What is “Trauma”?
2. What is “Retraumatization”?
3. Does Mr. X have a history of trauma?
4. What are Mr. X’s potential trauma triggers?
5. How are staff avoiding/preventing those triggers?
6. What are the interventions/staff response to use if Mr. X is triggered?
7. Where can you locate Mr. X’s care planned trauma triggers and interventions?
8. What is the process for you to communicate any new triggers you identify or interventions you believe are helpful?



Case Example: Combat Veteran

Mr. F is an 89-year-old veteran of the Korean War. He never married, has no children and has lived alone for the last 35 years of his life in a small trailer park outside of the city. He had two older brothers who have predeceased him.

He was transferred to your nursing home after he was hospitalized with an large malignant tumor on his face. He only went to the hospital after the owner of the trailer park finally persuaded him to go. He is often disoriented to time and situation and was recently assessed and diagnosed with mild to moderate dementia. He is in the process of being assigned a conservator and is transitioning to long-term skilled care at your facility. Mr. F can be irritable with staff at the nursing home and appears to be having difficulty adjusting to his loss his independence and living alone.

Staff note many unusual behaviors. At specific hours of the day, typically around 6:00am, Mr. F yells "Help! Help! Help!" over and over. He gets out of bed, looks under his bed, looks in his closet, looks out the window, and down the hallway. He appears anxious and agitated as though he is afraid of something.





Trauma Assessment Resources

APPENDIX

Conducting a TIC Assessment

- ▶ The main focus is on how trauma symptoms impact the resident's current functioning
- ▶ Do not have patients describe emotionally overwhelming traumatic events in detail
 - ▶ If appropriate, refer for a formal behavioral health assessment



Conducting a TIC Assessment

- ▶ Give the patient as much personal control as possible by:
 - ▶ Presenting a rationale for the interview questions
 - ▶ Explaining this is standard assessment and normalize the assessment
 - ▶ Explaining the stress-inducing potential of the questions
 - ▶ Making it clear the patient has the right to refuse to answer any and all questions
 - ▶ Giving the patient (where staffing permits) the option of being interviewed by someone of the gender (or other characteristics that make the patient comfortable)
 - ▶ Postponing the interview if necessary



Script to Introduce Trauma Assessment

- ▶ *“It is common for people to have experienced stressful and upsetting events. Even if those events happened a long time ago, they can still affect how a person thinks and feels today. This is why we ask every resident upon admission about such events.*
- ▶ *If you experienced a past traumatic event, it is helpful for me to be aware so we can best support you and be sensitive in our care practices during your stay. The next series of questions ask whether you have experienced a number of such events, as well as about some common reactions and feelings people experience related to those events. Sometimes thinking about these past events can be uncomfortable. While that is normal, please let me know if it becomes too uncomfortable. We can discontinue these questions at any time, and of course, you can decline to answer any specific question.”*



Adapted from: Department of Human Services. Division of Mental Health and Addiction Services. State of New Jersey. Trauma Informed Care: Trauma Assessment. (2015).

Conducting a TIC Assessment, cont.



- ▶ If the patient begins a detailed account, refocus him/her on more general assessment questions
 - ▶ *“Talking about your past traumatic events in detail at this point could arouse intense feelings; later, if you choose to, you can talk with our psychologist about how to work on exploring your past and for individual support.”*
 - ▶ *“My concern for you at this moment is to help you establish a sense of safety and support during your stay at our facility. I am gathering initial information at this stage to help us determine resources most helpful to you. Later, if needed, we can have our psychologist meet with you to gather more detailed information if you agree that would be helpful.”*

Facility Screener Considerations: Trauma Event History

Sometimes people experience especially frightening and traumatic event. Have you ever experienced any of these kind of event?

- ▶ A serious natural disaster (e.g. fire, earthquake, flood, etc.)
- ▶ Physical or sexual assault or abuse
- ▶ Catastrophic event (e.g. war, serious crime, shooting, observing significant harm to another person)
- ▶ Significant or major loss
- ▶ Serious Medical condition, illness or injury that you consider traumatic.
- ▶ Other event/s

Facility Screener Considerations: Clinical Reactions and Symptoms

- ▶ Have you had unwanted thoughts, upsetting memories, or reoccurring nightmares/dreams about the past trauma? [**Re-experiencing**]
- ▶ Have you tried to avoid thoughts, feelings, physical sensations, people, places, activities, or situations that bring up memories of the traumatic event? [**Avoidance**]
- ▶ Have you been constantly on guard, watchful, or easily startled, like something dangerous could happen? [**Hypervigilance**]
- ▶ Have you had any difficult emotion that you attribute to the trauma such as feeling overwhelmed, anxious, sad, or angry? Or have you found it difficult to experience positive emotions, such as joy and happiness?
- ▶ What about the opposite? Have you felt numb or detached? [**Negative Emotions**]
- ▶ Have you noticed any physical changes such as changes in sleep, appetite, energy level, concentration? [**Physical Symptoms**]

Facility Assessment: Strength-Based Assessment Questions

1. What are some of your accomplishments that give you the most pride?
2. What would you say are your strengths?
3. How do you manage your stress today?
4. What behaviors and activities have helped you survive your traumatic experiences (during and afterward)?
5. What are some of the creative ways that you deal with painful feelings?
6. How do you gain support today?

Facility Assessment: Staff Responses

- ▶ Do you have suggestions or preferences for how care providers can support you during your stay?
- ▶ If you do experience any difficult emotions or reactions, what can our staff do to help you feel better?

Trauma Screening Questionnaire (TSQ)

<https://www.everyonegoeshome.com/wp-content/uploads/sites/2/2014/04/FLSI13TSQ.pdf>

Trauma Screening Questionnaire (TSQ)

If you have recently been exposed to a potentially traumatic event (a PTE), here is a tool that may help you to identify whether or not you should seek additional help in recovering from its effects. Have you recently experienced any of the following:

	YES at least twice in the past week	NO
1. Upsetting thoughts or memories about the event that have come into your mind against your will		
2. Upsetting dreams about the event		
3. Acting or feeling as though the event were happening again		
4. Feeling upset by reminders of the event		
5. Bodily reactions (such as fast heartbeat, stomach churning)		
6. Difficulty falling or staying asleep		
7. Irritability or outbursts of anger		
8. Difficulty concentrating		
9. Heightened awareness of potential dangers to yourself and others		
10. Feeling jumpy or being startled by something unexpected		

Brief Trauma Questionnaire (BTQ)

<https://www.ptsd.va.gov/professional/assessment/documents/BTQ.pdf>

Brief Trauma Questionnaire

The following questions ask about events that may be extraordinarily stressful or disturbing for almost everyone. Please circle "Yes" or "No" to report what has happened to you.

If you answer "Yes" for an event, please answer any additional questions that are listed on the right side of the page to report: (1) whether you thought your life was in danger or you might be seriously injured; and (2) whether you were seriously injured.

If you answer "No" for an event, go on to the next event.

Event	Has this ever happened to you?	If the event happened, did you think your life was in danger or you might be seriously injured?	If the event happened, were you seriously injured?
1. Have you ever served in a war zone, or have you ever served in a noncombat job that exposed you to war-related casualties (for example, as a medic or on graves registration duty)?	No Yes	No Yes	No Yes
2. Have you ever been in a serious car accident, or a serious accident at work or somewhere else?	No Yes	No Yes	No Yes
3. Have you ever been in a major natural or technological disaster, such as a fire, tornado, hurricane, flood, earthquake, or chemical spill?	No Yes	No Yes	No Yes
4. Have you ever had a life-threatening illness such as cancer, a heart attack, leukemia, AIDS, multiple sclerosis, etc.?	No Yes	No Yes	N/A
5. Before age 18, were you ever physically punished or beaten by a parent, caretaker, or teacher so that you were very frightened; or you thought you would be injured; or you received bruises, cuts, welts, lumps or other injuries?	No Yes	No Yes	No Yes
6. Not including any punishments or beatings you already reported in Question 5, have you ever been attacked, beaten, or mugged by anyone, including friends, family members or strangers?	No Yes	No Yes	No Yes
7. Has anyone ever made or pressured you into having some type of unwanted sexual contact? <i>Note:</i> By sexual contact we mean any contact between someone else and your private parts or between you and some else's private parts	No Yes	No Yes	No Yes
8. Have you ever been in any other situation in which you were seriously injured, or have you ever been in any other situation in which you feared you might be seriously injured or killed?	No Yes	N/A	No Yes
9. Has a close family member or friend died violently, for example, in a serious car crash, mugging, or attack?	No Yes	N/A	No Yes
10. Have you ever witnessed a situation in which someone was seriously injured or killed, or have you ever witnessed a situation in which you feared someone would be seriously injured or killed? <i>Note:</i> Do not answer "yes" for any event you already reported in Questions 1-9	No Yes	N/A	N/A

Impact of Event Scale – Revised (IES-R)

<https://emdrresearchfoundation.org/toolkit/ies-scoring.pdf>

IMPACT OF EVENT SCALE-REVISED

Daniel S. Weiss, PhD & Charles R. Marmar, MD

Instructions: Below is a list of difficulties people sometimes have after stressful life events.

Please read each item and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to _____, how much were you distressed or bothered by these difficulties?

Not at all=0, Little bit =1, Moderately=2, Quite a bit = 3, Extremely= 4

Sr.No	Statement	0	1	2	3	4
1.	Any reminder brought back feelings about it					
2.	I had trouble staying asleep.					
3.	Other things kept making me think about it.					
4.	I felt irritable and angry.					
5.	I avoided letting myself get upset when I thought about it or was reminded of it.					
6.	I thought about it when I didn't mean to					
7.	I felt as if it hadn't happened or wasn't real					
8.	I stayed away from reminders about it.					
9.	Pictures about it popped into my mind.					
10.	I was jumpy and easily startled.					
11.	I tried not to think about it.					
12.	I was aware that I still had a lot of feelings about it, but I didn't deal with them.					
13.	My feelings about it were kind of numb.					
14.	I found myself acting or feeling like I was back at that time.					
15.	I had trouble falling asleep.					
16.	I had waves of strong feelings about it.					
17.	I tried to remove it from my memory.					
18.	I had trouble concentrating.					
19.	Reminders of it caused me to have physical reactions, such as sweating, trouble breathing.					
20.	I had dreams about it.					
21.	I felt watchful and on-guard.					
22.	I tried not to talk about it.					

Avoidance Subscale = mean of items 5, 7, 8, 11, 12, 13, 17, 22

Intrusion Subscale = mean of items 1, 2, 3, 6, 9, 16, 20

Hyper arousal Subscale = mean of items 4, 10, 14, 15, 18, 19, 21

Note: The IES-R is not a diagnostic or screening tool for PTSD; rather, it relies on a patient's own report of symptoms and is used to gauge response no sooner than two weeks after a traumatic event, as well as to evaluate recovery.

Trauma History Screen (THS)

<https://www.ptsd.va.gov/professional/assessment/documents/THS.pdf>

Trauma History Screen

The events below may or may not have happened to you. Circle "YES" if that kind of thing has happened to you or circle "NO" if that kind of thing has not happened to you. **If you circle "YES" for any events:** put a number in the blank next to it to show how many times something like that happened.

Event	Circle "YES" if that kind of thing has happened to you	Circle "NO" if that kind of thing has not happened to you	Number of times something like this has happened
A. A really bad car, boat, train, or airplane accident	YES	NO	_____ times
B. A really bad accident at work or home	YES	NO	_____ times
C. A hurricane, flood, earthquake, tornado, or fire	YES	NO	_____ times
D. Hit or kicked hard enough to injure - as a child	YES	NO	_____ times
E. Hit or kicked hard enough to injure - as an adult	YES	NO	_____ times
F. Forced or made to have sexual contact - as a child	YES	NO	_____ times
G. Forced or made to have sexual contact - as an adult	YES	NO	_____ times
H. Attack with a gun, knife, or weapon	YES	NO	_____ times
I. During military service - seeing something horrible or being badly scared	YES	NO	_____ times
J. Sudden death of close family or friend	YES	NO	_____ times
K. Seeing someone die suddenly or get badly hurt or killed	YES	NO	_____ times
L. Some other sudden event that made you feel very scared, helpless, or horrified	YES	NO	_____ times
M. Sudden move or loss of home and possessions	YES	NO	_____ times
N. Suddenly abandoned by spouse, partner, parent, or family	YES	NO	_____ times

Did any of these things really bother you emotionally? NO YES

If you answered "YES", fill out one or more of the boxes on the next pages to tell about EVERY event that really bothered you.

PC-PTSD-5

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide.

Have you ever experienced this kind of event?

YES

NO

If no, screen total = 0. Please stop here.

If yes, please answer the questions below.

In the past month, have you...

1. had nightmares about the event(s) or thought about the event(s) when you did not want to?

YES

NO

2. tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?

YES

NO

3. been constantly on guard, watchful, or easily startled?

YES

NO

4. felt numb or detached from people, activities, or your surroundings?

YES

NO

5. felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

YES

NO

Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)

<https://www.ptsd.va.gov/professional/assessment/documents/pc-ptsd5-screen.pdf>

PTSD Checklist for DSM-5-Civilian Version (PCL-C)

<https://www.ptsd.va.gov/professional/assessment/documents/APCLC.pdf>

PCL-C

INSTRUCTIONS: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful experience from the past?	1	2	3	4	5
2. Repeated, disturbing <i>dreams</i> of a stressful experience from the past?	1	2	3	4	5
3. Suddenly <i>acting or feeling</i> as if a stressful experience were happening again (as if you were reliving it)?	1	2	3	4	5
4. Feeling <i>very upset</i> when something reminded you of a stressful experience from the past?	1	2	3	4	5
5. Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past?	1	2	3	4	5
6. Avoiding <i>thinking about or talking about</i> a stressful experience from the past or avoiding <i>having feelings</i> related to it?	1	2	3	4	5
7. Avoiding <i>activities or situations</i> because they reminded you of a stressful experience from the past?	1	2	3	4	5
8. Trouble <i>remembering important parts</i> of a stressful experience from the past?	1	2	3	4	5
9. <i>Loss of interest</i> in activities that you used to enjoy?	1	2	3	4	5
10. Feeling <i>distant or cut off</i> from other people?	1	2	3	4	5
11. Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?	1	2	3	4	5
12. Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?	1	2	3	4	5
13. Trouble <i>falling or staying asleep</i> ?	1	2	3	4	5
14. Feeling <i>irritable</i> or having <i>angry outbursts</i> ?	1	2	3	4	5
15. Having <i>difficulty concentrating</i> ?	1	2	3	4	5
16. Being " <i>super-alert</i> " or watchful or on guard?	1	2	3	4	5
17. Feeling <i>jumpy</i> or easily startled?	1	2	3	4	5

Screen for Post Traumatic Stress Symptoms (SPTSS)

<http://www.midss.org/sites/default/files/sptss.pdf>

SPTSS

IN THE BLANK SPACE BEFORE EACH QUESTION, PUT A NUMBER TO TELL HOW MUCH THAT THING HAS HAPPENED TO YOU DURING THE PAST TWO WEEKS. Use the scale below to decide which number to put in the blank space. Put "0" if you never had the experience during the past two weeks, and put "10" if it was always happening to you or happened every day during the past two weeks. If it happens sometimes, but not every day, put in one of the numbers between "0" and "10" to show how much.

0 1 2 3 4 5 6 7 8 9 10
(never) (always)

- ___ 1. I don't feel like doing things that I used to like doing.
- ___ 2. I can't remember much about bad things that have happened to me.
- ___ 3. I feel cut off and isolated from other people.
- ___ 4. I try not to think about things that remind me of something bad that happened to me.
- ___ 5. I feel numb: I don't feel emotions as strongly as I used to.
- ___ 6. I have trouble concentrating on things or paying attention to something for a long time.
- ___ 7. I have a hard time thinking about the future and believing that I'm going to live to old age.
- ___ 8. I feel very irritable and lose my temper.
- ___ 9. I avoid doing things or being in situations that might remind me of something terrible that happened to me in the past.
- ___ 10. I am very aware of my surroundings and nervous about what's going on around me.
- ___ 11. I find myself remembering bad things that happened to me over and over, even when I don't want to think about them.
- ___ 12. I get startled or surprised very easily and "jump" when I hear a sudden sound.
- ___ 13. I have bad dreams about terrible things that happened to me.
- ___ 14. I get very upset when something reminds me of something bad that happened to me.
- ___ 15. I have trouble getting to sleep or staying asleep.
- ___ 16. When something reminds me of something bad that happened to me, I feel shaky, sweaty, nervous and my heart beats really fast.
- ___ 17. I suddenly feel like I am back in the past, in a bad situation that I was once in, and it's like it was happening it all over again.

Posttraumatic Stress Screen for the Cognitively Impaired (PTSS-CI)

http://www.midss.org/sites/default/files/ptss-ci_12-07.pdf

PTSS-CI

INTERVIEWER Instructions: This measure is intended for use with patients who have MMSE scores greater than 19. Read the instructions below to the patient. Make sure that the patient understands that the questions are about what happened **in the past week**. For each symptom, fill in the number that best reflects the patient's response. Moderate and severe ratings should be given for symptoms that happened many times or for a symptom that happens only once or twice, but is very upsetting.

Use the ratings below, but **DO NOT** read these definitions to the patient.

0 = Not at all

1 = Mild: happened, but was not very upsetting or troublesome

2 = Moderate: clearly noticeable, patient bothered or upset by this problem; patient had to stop what he/she was doing, but only for a few minutes

3 = Severe: patient very upset by this problem; patient had to stop what he/she was doing and took more than 10 minutes to calm down; upset enough for others to notice

If the patient seems unsure of how to respond, use prompts such as:
"Did that happen last week?" "Did it upset you?" "Did it bother you?"

PATIENT Instructions: I am going to ask you about some problems that might be bothering you. After each question, tell me how much that problem bothered or upset you **IN THE LAST WEEK**.

- Have you been feeling jumpy or nervous?
- Have you been getting upset by sudden noises?
- Have you been surprised by someone coming up behind you?
- Have you had nightmares or restless sleep?
- Have you had memories of terrible things that happened in the past?
- Have you been feeling as if you were in danger?
- Have you been feeling irritated or angry?
- Have you been trying to avoid reminders of terrible things that happened in the past?

PTSS-CI Observer Version

PTSS-CI Observer Version

Instructions: This measure can be completed by a health care provider, family member, or friend who has observed the patient's behavior for at least one week. For each symptom, fill in the number that best reflects the patient's behavior. Moderate and severe ratings should be given for symptoms that happened many times or for a symptom that happens only once or twice, but is very upsetting.

0 = Not at all

1 = Mild: happened, but was not very upsetting or troublesome

2 = Moderate: clearly noticeable, patient bothered or upset by this problem; patient had to stop what he/she was doing, but only for a few minutes

3 = Severe: patient very upset by this problem; patient had to stop what he/she was doing and took more than 10 minutes to calm down; upset enough for others to notice

- Jumpy or nervous
- Upset by sudden noises
- Upset by someone coming up from behind
- Nightmares, agitated sleep, or trouble sleeping
- Talking or thinking about terrible things that happened in the past
- Watchful or worried about being safe
- Irritated, angry, or aggressive
- Distracted, preoccupied, or off in his/her "own world"

Other Trauma-Exposure & Symptom Screening Measures

Life Events Checklist for DSM-5 (LEC-5)

https://www.ptsd.va.gov/professional/assessment/documents/LEC5_Standard_Self-report.PDF

Life Stressor Checklist – Revised (LSC-R)

<https://www.ptsd.va.gov/professional/assessment/documents/LSC-R.pdf>

Trauma History Questionnaire (THQ)

<https://georgetown.app.box.com/s/t1jggc8rq8memb3afj4jwmebdo6co6cg>

Stressful Life Events Questionnaire – Revised

<https://georgetown.app.box.com/s/nzprmm2bn5pwzdw1l62w>

PTSD Scale – Self Report for DSM-5 (PSS – SR5)

<https://www.div12.org/wp-content/uploads/2014/11/PSS-SR5.pdf>

PTSD Symptom Scale Interview (PSSI)

http://pcptoolkit.beaconhealthoptions.com/wp-content/uploads/2016/02/PTSD_PSSIScreening.pdf

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