**Screening Tools—Examples**

A screening tool is validated, reliable, standardized tool that is designed to identify trauma in children or adults. The purpose of screening is not to provide a diagnosis but to establish the need for an in depth assessment. Screening is a brief, formal process that occurs soon after the individual seeks services.¹

**Children with Serious Emotional Disturbance**

*The Juvenile Victimization Questionnaire (JVQ)*


For available versions, go to: [http://www.unh.edu/ccrc/jvq/available_versions.html](http://www.unh.edu/ccrc/jvq/available_versions.html)

The JVQ contains screening questions about 34 offenses against youth that cover five general areas of concern: (1) Conventional Crime, (2) Child maltreatment, (3) Peer and sibling Victimization, (4) Sexual Victimization, and (5) Witnessing and Indirect Victimization. JVQ is for children, ages 8 through 17 years. The JVQ has been validated for ethnically diverse samples of children 2 to 17 years of age.²

When screening young children (under 7 years) a caregiver instrument must be used because as they lack the developmental capacities for accurate self-report of psychiatric symptoms.

*Child Welfare Trauma Referral Tool*

Available at: [http://www.nctsn.org/content/child-welfare-trauma-referral-tool](http://www.nctsn.org/content/child-welfare-trauma-referral-tool)

This measure is designed to help workers make more trauma-informed decisions about the need for referral to trauma-specific and general mental health services. History of exposure to a variety of types of trauma, the severity of the child's traumatic stress reactions, attachments problems, behaviors requiring immediate stabilization, and the severity of the child's other reactions/behaviors/functioning are documented. Strategies for making recommendations to general or trauma-specific mental health services by linking the child's experiences to their reactions are then given. For children/youth, ages 1-20 years.

*The Child PTSD Symptom Scale*

Available at: [http://www.istss.org/ChildPTSDSymptomScale.htm](http://www.istss.org/ChildPTSDSymptomScale.htm)

The CPSS is used to measure post-traumatic stress disorder severity in children aged 8-18. It is made up of 17 items in part 1 and 7 items in part 2. It takes approximately 20 minutes to administer as an interview measure (by a clinician or a therapist) and 10 minutes to complete as a self-report. Versions are available in English and Spanish.


Please contact the author for Spanish version and information on this translation.
Correspondence to:
Edna B. Foa, Ph.D.
Center for the Treatment and Study of Anxiety
3535 Market Street, 6th Floor
Philadelphia, PA 19104
foa@mail.med.upenn.edu

Adults with serious mental illness including older adults

Screening for Post-Traumatic Stress Disorder (PTSD) in Primary Care: A Systematic Review

To minimize treatment delays and to maximize population reach, Veterans Affairs (VA) established a screening program to facilitate identification of post-traumatic stress disorder (PTSD) in their patients as they present in primary care clinics. Such screening programs may be helpful because primary care providers often have difficulty identifying PTSD in their patients, and PTSD is frequently undertreated in the primary care setting. The premise of this type of screening program is to facilitate mental health treatment engagement earlier in the course of the illness and to engage patients in treatment who might otherwise not be identified as needing mental health care.

Successful screening programs utilize instruments that are simple, valid, precise, and acceptable both clinically and socially. To identify screening tools that are best suited to the primary care setting, this evidence synthesis report reviews the literature on the feasibility and diagnostic accuracy of screening tools used and evaluated with a gold standard in a primary care setting.3

The article describes a number of screening tools, some of which are listed below, that are appropriate for a primary care setting.

The Primary Care PTSD Screen (PC-PTSD)
Available at: http://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp

The PC-PTSD is a 4-item screen that was designed for use in primary care and other medical settings and is currently used to screen from PTSD in veterans at the VA. The screen includes an introductory sentence to cue respondents to traumatic events. The authors suggest that in most circumstances the results of the PC-PTSD should be considered “positive” if a patient answers “yes” to any 3 items. A cutoff score of 2 can be used to optimize sensitivity. Those screening positive should then

be assessed with a structured interview for PTSD. The screen does not include a list of potentially traumatic events.

**The Impact of Event Scale – Revised (IES-R)**

IES-R was developed to parallel the DSM-IV criteria for PTSD. The IES-R is a self-report measure designed to assess subjective distress for any specific life event. 22 items that address hyperarousal symptoms such as: anger and irritability, heightened startle response, difficulty in concentration, hypervigilance, and intrusion.

The main strengths of this revised instrument are that it is still short, easily administered and scored, correlates better with the DMS-IV criteria for PTSD, and can be used repeatedly to assess progress. It still is limited by remaining a screening tool rather than a comprehensive test and by the non-clinical focus. It is still best used for recent not remote traumatic events. The IES-R has been translated into many languages including Spanish, French, Chinese, Japanese, and German.

**Brief Trauma Questionnaire (BTQ)**

The Brief Trauma Questionnaire (BTQ) is a 10-item self-report questionnaire derived from the Brief Trauma Interview (BTI, Schnurr, et al., 1995). The BTQ was originally designed to assess traumatic exposure according to DSM-IV but specifically asked only about Criterion A.1 (life threat/serious injury) because of the difficulty of accurately assessing A.2 (subjective response) in a brief self-report format. Criterion A.2 has been eliminated from the PTSD diagnostic criteria in DSM-5, so the BTQ provides a complete assessment of Criterion A.

**PTSD Checklist**
[http://www.mirecc.va.gov/docs/visn6/3_PTSD_CheckList_and_Scoring.pdf](http://www.mirecc.va.gov/docs/visn6/3_PTSD_CheckList_and_Scoring.pdf)
To request a copy of the checklist, go to: [http://www.ptsd.va.gov/professional/assessment/ncptsd-instrument-request-form.asp](http://www.ptsd.va.gov/professional/assessment/ncptsd-instrument-request-form.asp)

The PTSD Checklist (PCL) is a seventeen-item instrument that respondents rate using a 5-point scale from 1 (not at all) to 5 (extremely), pertaining to how bothered they are by symptoms related to the traumatic event(s) listed on the Life Events Checklist. These items are rated as the respondent experiences them over the past month. These items tap into the *DSM-IV* PTSD B (re-experiencing), C (hyperarousal) and D (avoidance) criteria.

There are 3 versions of the checklist:
1. The **PCL-M** (military) asks about symptoms in response to "stressful military experiences." It is often used with active service members and Veterans.
2. The PCL-C (civilian) asks about symptoms in relation to generic "stressful experiences" and can be used with any population. This version simplifies assessment based on multiple traumas because symptom endorsements are not attributed to a specific event. In many circumstances it is advisable to also assess traumatic event exposure to ensure that a respondent has experienced at least on event that meets DSM-IV Criterion A.

3. The PCL-S (specific) asks about symptoms in relation to an identified "stressful experience." The PCL-S aims to link symptom endorsements to a specified event. Similar to the PCL-C, it is optimal to assess traumatic event exposure to ensure that the index event meets PTSD Criterion A. Respondents also can be instructed to complete the PCL-S in reference to a specified event or event type (e.g., assault, disaster, or accident).

The PCL is a self-report measure that can be read by respondents themselves or read to them either in person or over the telephone. It can be completed in approximately 5-10 minutes.

**NOTE:** The PCL was revised in accordance with DSM-5 (PCL-5). The information below describes the PCL for DSM-IV.

Several important revisions were made to the PCL-5, including changes to existing symptoms and the addition of three new symptoms of PTSD. The self-report rating scale for PCL-5 was also changed to 0-4. Therefore, the change in the rating scale combined with the increase from 17 to 20 items means that **PCL-5 scores are not compatible with PCL for DSM-IV scores and cannot be used interchangeably.**

When further psychometric work is completed, a new handout will be made available. Preliminary validation work is sufficient to make initial cut-point suggestions, but this information may be subject to change. Please see the website above for further information.

**Life Events Checklist**

The Life Events Checklist is part of the screening measure used with the Clinician-Administered PTSD Scale (CAPS), a structured clinical interview to determine DSM-IV diagnosis of PTSD and symptom severity published by Western Psychological Services. The Life Events Checklist assesses a respondent's experience of seventeen possible negative life events. These life events often qualify as DSM-IV PTSD diagnosis Criterion A events. The respondent will indicate whether or not he or she experienced one or more of these events, and the clinician will review this list post-screening. Item 17 ("Any other very stressful event or experience") may not qualify as a Criterion A event.

**NOTE:** Criterion A for PTSD (from the DSM-IV, pages 427–428): The person has been exposed to a traumatic event in which both of the following were present: (1) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or threat to the physical
integrity of self or others; (2) the person’s response involved intense fear, helplessness, or horror.


**Dissociative Experiences Scale, A Screening Test for Dissociative Identity Disorder**

The Dissociative Experiences Scale (DES) by Eve Bernstein Carlson, Ph.D. and Frank W. Putnam, M.D. and available online.

The Dissociative Experiences Scale (DES) is a 28-item self-report instrument that can be completed in 10 minutes, and scored in less than 5 minutes. It is easy to understand, and the questions are framed in a normative way that does not stigmatize the respondent for positive responses. A typical DES question is, "Some people have the experience of finding new things among their belongings that they do not remember buying. Mark the line to show what percentage of the time this happens to you." The DES contains a variety of dissociative experiences, many of which are normal experiences.

A newer form of the DES has a format in which the responses are made by circling a percentage ranging from 0% to 100% at 10% intervals. The advantage of the new form of the DES is that it is easier to score. It appears to have excellent convergent validity with the original form of the DES, and to be interchangeable with it (Ellason, Ross, Mayran, & Sainton, 1994).

The DES has very good validity and reliability, and good overall psychometric properties, as reviewed by its original developers (Carlson, 1994; Carlson & Armstrong, 1994; Carlson & Putnam, 1993; Carlson et al., 1993). It has excellent construct validity, which means it is internally consistent and hangs together well, as reflected in highly significant Spearman correlations of all items with the overall DES score. The scale is derived from extensive clinical experience with an understanding of DID. In the initial studies during its development and in all subsequent studies, the DES has discriminated DID from other diagnostic groups and controls at high levels of significance, based on either group mean or group median scores. In most samples, the mean and median DES scores for DID subjects are within 5 points of each other.

**Trauma Symptom Inventory (TSI)**

Psychological Assessment Resources
Address: P.O. Box 998, Odessa, FL, 33556
Phone: 1-800-331-TEST
Email: custsup@parcinc.com
The TSI is used in the evaluation of acute and chronic posttraumatic symptomatology, including the effects of rape, spouse abuse, physical assault, combat experiences, major accidents, and natural disasters, as well as the lasting sequelae of childhood abuse and other early traumatic events. The various scales of the TSI assess a wide range of psychological impacts. These include not only symptoms typically associated with posttraumatic stress disorder (PTSD) or acute stress disorder (ASD), but also those intra- and interpersonal difficulties often associated with more chronic psychological trauma.

The 100 items of the TSI are contained in a reusable test booklet. Respondents complete a separate answer sheet that facilitates rapid scoring. Each symptom item is rated according to its frequency of occurrence over the prior six months, using a four point scale ranging from 0 (“never”) to 3 (“often”). The TSI does not generate DSM-IV diagnoses; instead, it is intended to evaluate the relative level of various forms of posttraumatic distress. The TSI requires approximately 20 minutes to complete for all but the most traumatized or clinically impaired individuals, and can be scored and profiled in approximately 10 minutes.4

Adults with Co-Occurring Disorders

AC-OK Screen for Co-Occurring Disorders (Mental Health, Trauma Related Mental Health Issues & Substance Abuse)
AC-OK Screen for Co-Occurring Disorders (Mental Health, Trauma Related Mental Health Issues & Substance Abuse) was designed to determine if a person who asks for help from either a mental health agency or a substance abuse treatment agency needs to be assessed for the possible co-occurring disorders of Mental Health, Trauma Related Mental Health Issues, and Substance Abuse. The tool has been tested for reliability, validity, specificity and sensitivity.

The screen is copyrighted. Anyone or any agency can use it without charge or permission of the author. It should not be commercialized or sold by any party under any conditions.

4 http://www.johnbriere.com/tsi.htm