Name of Client:	Name of Home Visitor:
Site or Agency Name:	Date of Completion:

TRAUMA SBIRT PROTOCOL INTEGRITY CHECKLIST

1. Start time (for interview):	Ш
2. Introduction of provider: Example: "I would like to now talk to you about stress and trauma as we know they can affect parenting, health and well-being. Is that OK with you?"	
3. Ask about specific stressors in patient's life. "What are the top stressors in your life right now?" List them:	
 4. Review results from Childhood Experiences Survey. Identify a few items the respondent endorsed and confirm the answer is yes, perhaps inquire a bit into the event if the respondent is non-disclosing (e.g., for how long did that take place?), and validate response. For a self-disclosing client, summarize her experience, and move on to the questions about traumatic stress and soon afterward to the questions about resilience or positive coping. 	
 5. Briefly review answers to the questions about post-traumatic stress symptoms. Perhaps give information that: These reactions are natural and don't reflect "mental illness" per se, Reflect on the different symptoms of post-traumatic stress that the respondent endorsed (re-experiencing, avoidance, hyper-arousal, numbing, and self-blame), and Ask about one or two symptoms (e.g., what memory tends to come back or how do you avoid people, places, or things?). Move on to the question about positive coping as soon as you can, however. 	
6. Ask about positive coping around stress and/or trauma: "What have been some of your positive ways of coping with stress or trauma?" List them: (Reflective listening, support positive mechanisms)	0
7. Ask about coping that may have led to problems: "What have been some unhelpful ways you may have dealt or coped with stress or trauma?" List them: (Reflective listening enhancing motivation to get help)	0
8. Help prepare patient for referral by highlighting connections between traumatic stress and ongoing health risk behaviors. "Often it can be hard to stop using these sometimes unhelpful coping mechanisms or strengthen positive coping mechanisms without the help of another person. That person can even help you address the stress and trauma. What do you think?" (Reflective listening enhancing motivation to get help)	
9. Gauge motivation for referral if applicable (patient may not need one if no problems). "Over the past few years, significant progress has been made in finding ways for people to deal with stress and trauma. We can help you connect with supportive services. Do you think you may have interest in seeing someone in order to talk further about these topics?" Patient stated yes Patient already seeing mental health professional Patient stated no Patient stayed maybe Didn't share this information (not relevant)	
10. Make a referral if applicable (patient stated yes and you will give in-house referral). Where referred? Phone Other:	
N/A	

11. How much trouble do you think you'll have getting to your first counseling appointment (e.g., transportation, scheduling, reluctance, fear)?	
Not at all Very much 0 1 2 3 4 To overcome this I will: (e.g., have to find transportation)	
12. How likely do you think it is that you will continue to participate in counseling services?	
Not at all Very much 0 1 2 3 4	
To overcome this I will: (e.g., invest work now in a calmer future, talk to therapist)	
	
13. Offer the patient the PTSD pamphlet: "This pamphlet can give you information on PTSD and healthy coping mechanisms."	
Pamphlet accepted	
Pamphlet not accepted	
14. Please mark the line that applies:	
a). Patient did not complete T-SBIRT services (refused or started but didn't finish)	
-Or-	_
Patient accepted T-SBIRT services and completed protocol	
b). Do you feel worse, the same, or better than before we started this conversation about stress, trauma and life experience? Worse Same Better N/A	
c). If worse, ask client if they would like to complete a calming exercise.	
CALMING EXERCISE (ONLY IF NECESSARY): Containment exercise or breathing retraining (EBP) Inhale normal breath through nose Slowly exhale through nose while silently repeating a calming term Pause for count of 4 between breaths (can be less) Give instructions, model, then coach (Coffey, Schumacher, Brimo, & Brady, 2005; Foa & Rothbaum, 1998)	П
If safety concerns emerge/persist, please contact supervisor in order to follow current safety planning and consultation protocols.	
If client is offered grounding exercise, it was COMPLETED	
N/A (either client refused grounding exercise or wasn't offered it)	
15. End time (for interview):	
Additional time: + (e.g., follow-up to complete T-SBIRT)	
Total time:	