

Name of Client: \_\_\_\_\_ Name of Service Provider: \_\_\_\_\_

Site or Agency Name: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

## TRAUMA SBIRT PROTOCOL INTEGRITY CHECKLIST

<b>1. Introduction of provider:</b> <i>Example: "I would like to now talk to you about stress and trauma as we know they can affect health and well-being. Is that OK with you?"</i>	<input type="checkbox"/>
<b>2. Limits of confidentiality:</b> <i>"Everything you share will be held in strict confidence, but if you say you could hurt yourself or others, I have to bring in other supports. OK?"</i>	<input type="checkbox"/>
<b>3. Ask about specific stressors in client's life.</b> <i>"What are the top stressors in your life right now?"</i>  <b>List them:</b> _____ _____	<input type="checkbox"/>  <input type="checkbox"/>
<b>4. Review results from trauma exposure screener (Trauma History Screen).</b> <ul style="list-style-type: none"> <li>• <b>Identify</b> a few items the respondent endorsed and confirm the answer is yes, perhaps <b>inquire</b> a bit into the event if the respondent is non-disclosing (e.g., for how long did that take place?), and <b>validate</b> response.</li> <li>• 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.</li> </ul>	<input type="checkbox"/>
<b>5. Briefly review answers to the questions about post-traumatic stress symptoms. Perhaps give information that:</b> <ul style="list-style-type: none"> <li>• These reactions are natural and don't necessarily reflect "mental illness" per se,</li> <li>• Reflect on the different symptoms of post-traumatic stress that the respondent endorsed (re-experiencing, avoidance, hyper-arousal, numbing, and self-blame), and</li> <li>• Ask about one or two symptoms (e.g., what memory tends to come back or how do you avoid people, places, or things?).</li> <li>• Move on to the question about positive coping as soon as you can, however.</li> </ul>	<input type="checkbox"/>
<b>6. Ask about positive coping around stress and/or trauma:</b> <i>"What have been some of your positive ways of coping with stress or trauma?"</i>  <b>List them:</b> _____ _____  (Reflective listening, support positive mechanisms)	<input type="checkbox"/>
<b>7. Ask about coping that may have led to problems:</b> <i>"What have been some unhelpful ways you may have dealt or coped with stress or trauma?"</i>  <b>List them:</b> _____ _____  (Reflective listening enhancing motivation to get help)	<input type="checkbox"/>
<b>8. Help prepare client for referral by highlighting connections between traumatic stress and ongoing health risk behaviors.</b> <i>"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?"</i>  (Reflective listening enhancing motivation to get help)	<input type="checkbox"/>
<b>9. Gauge motivation for referral if applicable (client may not need one if no problems).</b> <i>"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?"</i>	<input type="checkbox"/>  <div style="text-align: right;"> <b>Client stated yes</b> <input type="checkbox"/>  <b>Client already seeing mental health professional</b> <input type="checkbox"/>  <b>Client stated no</b> <input type="checkbox"/>  <b>Client stayed maybe</b> <input type="checkbox"/>  <b>Didn't share this information (not relevant)</b> <input type="checkbox"/> </div>
<b>10. Make a referral if applicable (client stated yes and you will give in-house referral).</b> <b>Where referred?</b> _____ <b>How referred?</b> <input type="checkbox"/> Phone <input type="checkbox"/> Verbal <input type="checkbox"/> Other: _____	<input type="checkbox"/>  <div style="text-align: right;"> <b>N/A</b> <input type="checkbox"/> </div>

