Name of Client:_____Name of Service Provider:_____

Site or Agency Name:_____Date of Completion:_____

TRAUMA SBIRT PROTOCOL INTEGRITY CHECKLIST

1. Introduction of provider: *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?"*	☐
2. Limits of confidentiality: **"***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?"*	☐
3. Ask about specific stressors in client's life. *"What are the top stressors in your life right now?"* **List them:** _____ _____	☐ ☐
4. Review results from trauma exposure screener (Trauma History Screen). • **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 necessarily 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.	☐
. 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)	☐
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)	☐
8. Help prepare client 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 (client 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?"* **Client stated yes** **Client already seeing mental health professional** **Client stated no** **Client stayed maybe** **Didn't share this information (not relevant)**	☐ ☐ ☐ ☐ ☐ ☐
10. Make a referral if applicable (client stated yes and you will give in-house referral). **Where referred?** _____ **How referred?** ☐ Phone ☐ Verbal ☐ 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 client the PTSD pamphlet:
"This pamphlet can give you information on PTSD and healthy coping mechanisms."

☐

Pamphlet accepted ☐

Pamphlet not accepted ☐

14.

☐

a). Do you feel worse, the same, or better than before we started this conversation about stress, trauma and life experience?

Worse ☐

Same ☐

Better ☐

b). If worse, ask client if they would like to complete a calming exercise. ☐

N/A ☐

<u>CALMING EXERCISE</u> (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)

- ❑ **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 ☐

15. Please mark the line that applies:

a). Client did not complete T-SBIRT services (refused or started but didn't finish) ☐

-Or-

b). Client completed T-SBIRT services ☐