

Participant Name: _____

Participant Identification Number: _____

Provider Name: _____

Trauma SBIRT Protocol Integrity Checklist

1. Introduction of provider:

Example: I would like to talk to you today about stress and trauma because we know that it affects well-being. Is that OK with you?

Done: _____

2. Confidentiality and its limits.

"I won't share your information with anyone other than perhaps members of your service team, if that is OK. However, if you do tell me that you could harm yourself or others, than I have to report that information to outside supports in order to get you help. Does that make sense?"

Done: _____

3. Ask about specific stressors in participant's life.

What are the top stressors in your life right now? List them:

Done: _____

4. Ask about exposure to potential traumatic events (Trauma History Screen):

How about any previous stressors? Have you experienced any previous stressors or trauma either in childhood or adulthood, such as the following?

- A. A really bad car, boat, train, or airplane accident _____
- B. A really bad accident at work or home _____
- C. A hurricane, flood, earthquake, tornado, or fire _____
- D. Hit or kicked hard enough to injure - as a child _____
- E. Hit or kicked hard enough to injure - as an adult _____
- F. Forced or made to have sexual contact - as a child _____
- G. Forced or made to have sexual contact - as an adult _____
- H. Attack with a gun, knife, or weapon _____
- I. During military service - seeing something horrible or being badly scared _____
- J. Sudden death of close family or friend _____
- K. Seeing someone die suddenly or get badly hurt or killed _____
- L. Some other sudden event that made you feel very scared, helpless or horrified _____
- M. Sudden move or loss of home and possessions. _____
- N. Suddenly abandoned by spouse, partner, parent, or family. _____
- O. Others _____

Done: _____

5. Ask about trauma symptoms. Please read the following verbatim (Primary Care Post Traumatic Stress Disorder Screen):

Sometimes people can actually develop post-traumatic stress symptoms from these kinds of experiences. Let me know if you have had any of these stress symptoms in the past month.

A. In the past month, have you ever had nightmares about an upsetting event or thought about the event when you did not want to?

B. In the past month, have you ever tried hard not to think about the upsetting event or went out of your way to avoid situations that reminded you of it?

C. In the past month, did you ever feel like you were constantly on guard, watchful, or easily startled?

D. In the past month, have you ever felt numb or detached from others, activities, or your surroundings?

E. In the past month, have you felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

(Let the consumer know how many yes responses they had, and that these results do not necessarily mean that they have mental illness, only that they are experiencing natural reactions to difficult events)

Done: _____

6. Ask about positive coping around stress and/or trauma:

What have been some of your positive ways of coping with stress or trauma?
(Reflective listening, support positive coping)

Done: _____

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?
(Reflective listening, support motivation to get help)

Done: _____

8. Help prepare participant for referral by highlighting connections between traumatic stress and ongoing challenges with coping:

Often it can be helpful to see a counselor in order to cope better with stress and maybe address previous trauma. What do you think?

(Reflective listening, support motivation to get help)

Done: _____

9. Gauge motivation for referral if applicable (participant may not need one if no problems)

Over the past few years, lots of progress has been made to help people deal with stress and trauma. We can refer you to supportive services. Do you think you may have interest in seeing someone in order to talk more about these topics?

Participant stated yes _____
Participant already seeing mental health professional _____
Participant stated no _____
Participant stated maybe _____
N/A _____
(N/A= participant does not have issues with trauma exposure, trauma symptoms, or negative coping)

10. Make a referral if applicable:

Where referred? _____

How referred? _____ Phone
_____ Verbal
_____ Other _____

Done _____ N/A _____

11. *How much trouble do you think you'll have getting to your first counseling appointment (e.g., transportation, scheduling, reluctance, fear)?*

To overcome this I will: (e.g., have to find transportation)

N/A

12. *How likely do you think it is that you will continue to participate in counseling services?*

To overcome this I will: (e.g., invest work now in a calmer future, talk to therapist)

N/A _____

Done (#11 and #12) _____

13. Offer participant the trauma fact sheet (“Understanding Trauma”):

This fact sheet can give you information on healthy coping. Also, if you'd like to see a counselor, just let us know.

Fact sheet not accepted: _____

Fact sheet accepted: _____

Fact sheet not offered

Done

14. *Are you feeling worse, the same, or better after this conversation?*

Worse _____
Same _____
Better _____
Other _____

If **worse**, offer this grounding exercise:

- Containment exercise or breathing retraining (EBP)
 - Inhale normal breath through nose
 - Slowly exhale through nose while silently repeating 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.

Done _____
N/A _____

15. Please mark the line that applies:

Participant completed the T-SBIRT protocol _____

-OR-

Participant started the T-SBIRT protocol but did not complete it _____