



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES
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July 8, 2015

Dear Colleague:

On February 13, 2015 I sent copies of the two Universal Trauma Screening Tools as recommended by the Division of Mental Health and Addiction Services (DMHAS) Trauma Informed Care Work Group, and my circulation of those documents represented the Division's position on screening for trauma issues:

1. **The Stressful Life Events Screening Questionnaire (SLE)**
Developed as a general traumatic events questionnaire, this tool is a 20 question self-report measure that includes the individuals' view of the impact of those events. The SLE is available in English and Spanish.
2. **The Trauma Assessment for Adults (TAA)**
A 17-item self-report that inquires about numerous potentially traumatic events that an individual may have experienced and/or different types of stressful life events using a yes/no format.

These measures are both identified as evidence based through SAMHSA and in the Center for Substance Abuse Treatment's: TREATMENT IMPROVEMENT PROTOCOL 57: Trauma-Informed Care in Behavioral Health Services. Your agency should be using them as either self-report, or with the assistance of staff members. Without screening, trauma histories and related symptoms often go undetected, and we may provide services for symptoms and disorders that may only partially explain the individuals' distress. Whenever an individual screens positive for potential trauma related issues, further assessment is needed. That assessment should be with evidence based tools as recommended by SAMHSA Administration (see TIP 57, Trauma-Informed Care in Behavioral Health Services Appendix D—Screening and Assessment Instruments, 2014).

With this announcement, I am pleased to provide you with the DMHAS recommended assessment tools for your use for people with histories of traumatic life events. Our Trauma Informed Care Work Group has selected self-assessment as the preferred method, but staff should be cautioned to sit with an individual as they complete a self-assessment to create a caring environment; and if needed, provide assistance with reading, writing or interpreting the questions. The Trauma Informed Care Working Group has recommended the following self-assessment tools, which form the basis for our position on Universal Trauma Assessment:

1. **Adverse Childhood Experiences**
The CDC's Adverse Childhood Experiences Questionnaire.
The ACE Study uncovered a stunning link between childhood trauma and the chronic disorders that individuals develop as adults. Additional information on life span effects

of trauma can be obtained: <http://acestudy.org/> The ACE Score Calculator is also available for download from that website in French, German, Icelandic, Norwegian, Spanish and Swedish.

2. The Trauma History Questionnaire
The Trauma History Questionnaire (THQ) is a 24-item self-report measure. Answers to these questions should be used to understand the individual's history of exposure to traumatic events, and to target the development of specific skills to create wellness and avoid re-traumatization. The THQ is also available in Spanish by contacting:
<http://www.ctc@georgetown.edu>

Agencies that do not already use one of the SAMHSA recommended assessment tools should choose assessment tools recommended herein to be used with each individual who is admitted as a service recipient.

If you have any questions, or need additional information, please contact Kathi Bedard at: Kathi.bedard@dhs.state.nj.us. Please also take advantage of downloading the materials available on our website, and check back often for new information!
<http://www.state.nj.us/humanservices/dmhas/initiatives/trauma/>.

Thank you!

Sincerely,



Lynn A. Kovich
Assistant Commissioner

C: Kathi Bedard

Division of Mental Health and Addictions Services

Trauma Informed Care

Trauma Assessment

HISTORY

Universal Trauma Informed screening will inform diagnosis and appropriate treatment planning: people with histories of trauma often display symptoms that meet criteria for other types of disorders. Without screening, trauma histories and related symptoms often go undetected, and we may provide services for symptoms and disorders that may only partially explain the individuals' distress. Universal screening for trauma history and trauma-related symptoms can identify individuals at risk of developing more pervasive and severe symptoms of traumatic stress. The tools used for screening must come from those recommended by the Substance Abuse and Mental Health Services Administration (see TIP 57, Trauma-Informed Care in Behavioral Health Services Appendix D—Screening and Assessment Instruments, 2014.) DMHAS has circulated recommended screening tools for our agencies. They are available for download at:

<http://www.state.nj.us/humanservices/dmhas/initiatives/trauma/>

When anyone screens positive for trauma, action in the form of further assessment is needed.

ASSESSMENT

For people with histories of traumatic life events, thorough assessment gathers the information necessary to understand the role and effect of the trauma in their lives; appropriate treatment objectives, goals, planning, and placement; and any ongoing diagnostic and treatment considerations, including reevaluation or follow-up. Assessment determines the nature and extent of past and current experiences, psychosocial and cultural history, protective factors, assets and resources. Whenever possible, self-assessment is the preferred method, but staff should be cautioned to sit with an individual as they complete a self-assessment to create a caring environment; and if needed, provide assistance with reading, writing or interpreting the questions (even individuals who speak English well may have trouble understanding the subtleties of questions on standard screening and assessment tools.) It is also important to realize that the assessment process can be a potential trigger, so consideration should be given to staying with an individual after the assessment takes place to create safety and well-being. It may take more than a single session to complete the full assessment.

Some of these pages are marked with this box: *Staff information sheet* **These pages are not part of the self-assessments and should not be given to the individuals receiving the assessment.**

ASSESSMENT TOOLS

DMHAS recommends two assessment tools for use throughout the system of care:

1. *Adverse Childhood Experiences*

The CDC's Adverse Childhood Experiences Study (ACE Study) uncovered a stunning link between childhood trauma and the chronic disorders that individuals develop as adults. The ACE Score attributes one point for each category of exposure to child abuse and/or neglect. Five categories are individualized, five are environmental. Add up the points for a score of 0 to 10. The higher the score, the greater the exposure, and therefore the greater the risk of consequences. Those consequences have wide implications throughout the life span. Additional information on life span effects of trauma can be obtained: <http://acestudy.org/> The ACE Score Calculator is also available for download from that website in French, German, Icelandic, Norwegian, Spanish and Swedish.

Staff information sheet

2. *The Trauma History Questionnaire*

The Trauma History Questionnaire (THQ) is a 24-item self-report measure that measures the history of exposure to highly stressful events, and the influence of childhood trauma on symptoms of depression, anxiety, and stress disorders in adulthood using a yes/no format. For each event individuals are asked to provide the frequency of the event as well as their age at the time of the event. Answers to these questions should be used to understand the individual's history of exposure to traumatic events, and to target the development of specific skills to create wellness and avoid re-traumatization. The THQ is also available in Spanish by contacting: <http://www.ctc.georgetown.edu>

THE ASSESSMENT PROCESS

The first step in evaluation of trauma should be to determine the individual's level of psychological stability. Individuals who are highly disorganized or unable to participate in their assessment and treatment may be further challenged, and re-traumatized by attempting to engage in assessment. Both of these tools use a self-report method. Agencies that do not already use one of the SAMHSA recommended assessment tools should choose assessment tools recommended herein to be used with each individual who is admitted as a service recipient.

Some of these assessment questions may need clarification, further details or elaboration. Please ask additional questions to provide enough information for a complete and appropriate assessment, and development of a treatment plan.

Scripts are attached on the next page to assist staff in introducing the assessment tool.

Recommended Script to Introduce Trauma Assessment:

It is recommended that staff who perform trauma assessment use the following script as a guide for how to introduce the trauma screening process:

“It is common for people to have experienced stressful and upsetting events. Even if those events happened to you a long time ago, those events can still effect how a person thinks and feels today. Things that happen to us can affect how we react to other people and situations many years later. Trauma is the person's experience of a situation - how they think and feel about it afterward, it's not the situation itself. No two people will have the exact same reaction to a given situation, and no reaction is "wrong" or shameful. We will use this information to begin to develop your recovery and resilience plan with you.

People who have experienced a traumatic event, a series of traumatic events, or certain kinds of stress over time can have different needs than people who have not. Because of this, it is helpful for us to be aware of your past experiences, and the way in which those events may still affect you. This questionnaire asks about many different types of stressful life events.

We would like you to answer the following questions on your own to see if any of these things have happened to you. These kinds of events can be frightening or distressing to almost everyone. I am here to help if you have any questions, or need assistance with completing this questionnaire. When the assessment is finished, we will not leave you alone if you feel a need for support or want to talk.

[Starting a conversation about a person's score requires sensitivity:]

“Studies have shown us that what we all know is true: bad things that happen to us as children can cause problems for our whole life, and it is important for you to understand where some of the challenges in your life have come from. When we have experienced trauma, it even changes the way that our brains work. Problems that continue throughout our lives can cause us stress that can sometimes feel unbearable, and make us feel as if no one understands us. We have learned that people with trauma sometimes feel like they have to work harder at just about everything. When we have had challenges or negative experiences, we try to cope as best as we can. *What we really want to do now is to begin to focus on developing resiliencies: the behaviors, attitudes and skills that we need to help us to bounce back, to get well and stay well.*”

What's Your ACE Score?

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? -or- Act in a way that made you afraid that you might be physically hurt?
No___ If Yes, enter 1 _____
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? -or- Ever hit you so hard that you had marks or were injured?
No___ If Yes, enter 1 _____
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? -or- Attempt or actually have oral, anal, or vaginal intercourse with you?
No___ If Yes, enter 1 _____
4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? -or- Your family didn't look out for each other, feel close to each other, or support each other?
No___ If Yes, enter 1 _____
5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? -or- Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
No___ If Yes, enter 1 _____
6. Was a biological parent ever lost to you through divorce, abandonment, or other reason?
No___ If Yes, enter 1 _____
7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her? -or- Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? -or- Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
No___ If Yes, enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
No___ If Yes, enter 1 _____
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
No___ If Yes, enter 1 _____
10. Did a household member go to prison?
No___ If Yes, enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

TRAUMA HISTORY QUESTIONNAIRE

The following is a series of questions about serious or traumatic life events. These types of events actually occur with some regularity, although we would like to believe they are rare, and they affect how people feel about, react to, and/or think about things subsequently. Knowing about the occurrence of such events, and reactions to them, will help us to develop programs for prevention, education, and other services. The questionnaire is divided into questions covering crime experiences, general disaster and trauma questions, and questions about physical and sexual experiences.

For each event, please indicate (circle) whether it happened and, if it did, the number of times and your approximate age when it happened (give your best guess if you are not sure). Also note the nature of your relationship to the person involved and the specific nature of the event, if appropriate.

Crime-Related Events		Circle one		<i>If you circled yes, please indicate</i>	
				Number of times	Approximate age(s)
1	Has anyone ever tried to take something directly from you by using force or the threat of force, such as a stick-up or mugging?	No	Yes		
2	Has anyone ever attempted to rob you or actually robbed you (i.e., stolen your personal belongings)?	No	Yes		
3	Has anyone ever attempted to or succeeded in breaking into your home when you were <u>not</u> there?	No	Yes		
4	Has anyone ever attempted to or succeed in breaking into your home while you <u>were</u> there?	No	Yes		
General Disaster and Trauma		Circle one		<i>If you circled yes, please indicate</i>	
				Number of times	Approximate age(s)
5	Have you ever had a serious accident at work, in a car, or somewhere else? (if yes , please specify below) _____	No	Yes		
6	Have you ever experienced a natural disaster such as a tornado, hurricane, flood or major earthquake, etc., where you felt you or your loved ones were in danger of death or injury? (if yes , please specify below) _____	No	Yes		

7	Have you ever experienced a “man-made” disaster such as a train crash, building collapse, bank robbery, fire, etc., where you felt you or your loved ones were in danger of death or injury? (<u>If yes</u> , please specify below) _____	No	Yes		
8	Have you ever been exposed to dangerous chemicals or radioactivity that might threaten your health?	No	Yes		
9	Have you ever been in any other situation in which you were seriously injured? (<u>If yes</u> , please specify below) _____	No	Yes		
10	Have you ever been in any other situation in which you feared you <u>might</u> be killed or seriously injured? (<u>If yes</u> , please specify below)	No	Yes		
11	Have you ever seen someone seriously injured or killed? (<u>If yes</u> , please specify who below) _____	No	Yes		
12	Have you ever seen dead bodies (other than at a funeral) or had to handle dead bodies for any reason? (<u>If yes</u> , please specify below)	No	Yes		
13	Have you ever had a close friend or family member murdered, or killed by a drunk driver? (<u>If yes</u> , please specify relationship [e.g., mother, grandson, etc.] below) _____	No	Yes		
14	Have you ever had a spouse, romantic partner, or child die? (<u>If yes</u> , please specify relationship below) _____	No	Yes		
15	Have you ever had a serious or life-threatening illness? (<u>If yes</u> , please specify below) _____	No	Yes		
16	Have you ever received news of a serious injury, life-threatening illness, or unexpected death of someone close to you? (<u>If yes</u> , please indicate below) _____	No	Yes		
17	Have you ever had to engage in combat while in military service in an official or unofficial war zone? (<u>If yes</u> , please indicate where below) _____	No	Yes		

Physical and Sexual Experiences		Circle one		<i>If you circled yes, please indicate</i>	
				Repeated?	Approximate age(s) and frequency
18	Has anyone ever made you have intercourse or oral or anal sex against your will? (<u>If yes</u> , please indicate nature of relationship with person [e.g., stranger, friend, relative, parent, sibling] below)	No	Yes		
19	Has anyone ever touched private parts of your body, or made you touch theirs, under force or threat? (<u>If yes</u> , please indicate nature of relationship with person [e.g., stranger, friend, relative, parent, sibling] below)	No	Yes		
20	Other than incidents mentioned in Questions 18 and 19, have there been any other situations in which another person tried to force you to have an unwanted sexual contact?	No	Yes		
21	Has anyone, including family members or friends, ever attacked you with a gun, knife, or some other weapon?	No	Yes		
22	Has anyone, including family members or friends, ever attacked you <u>without</u> a weapon and seriously injured you?	No	Yes		
23	Has anyone in your family ever beaten, spanked, or pushed you hard enough to cause injury?	No	Yes		
24	Have you experienced any other extraordinarily stressful situation or event that is not covered above? (<u>If yes</u> , please specify below)	No	Yes		