

UCLA/CPSS Cheat Sheet

Purpose:

Establish trauma exposure history (UCLA) and current trauma-related symptoms (CPSS).

Both measures together yield probable DSM IV PTSD diagnosis:

Criterion A1 (determining that event was a trauma) and A2 (experienced as traumatic)
[UCLA]

Criterion B (re-experiencing), C (avoidance), D (hyperarousal) and E (impairment)
[CPSS]).

Also establishes clinical level of PTS symptoms (score of 12+ on CPSS items 1-17).

Use the administration and feedback of both measures together to initiate the clinical process.

Feedback contains the following clinical components: engagement, psychoeducation, exposure, and promoting adaptive cognitions.

UCLA (Trauma screen):

Criterion A1: Exposure to a potentially traumatic event.

Have client (and caregiver) complete early in the assessment process. Use clinical judgment regarding self completion (~12+ years) or clinician administered (via interview).

Feedback:

Engagement [Validate experience] : “I am so sorry that you went through that”; “Thank you for telling me about your traumas”.

Psychoed [Normalizing]: “You are not alone, lots of kids have had experiences like these.”

Exposure [Model and support: “facing up to fears” by talking about traumas endorsed]: “I see you said you were in a bad accident, what happened?”; “You saw a dead body, tell me a little about that.”; “You marked that you saw someone get beat up, how often did that happen?”; “You checked that being touched on the private parts was the worst, what made it the worst for you?”

Criterion A2: Subjective experience during the trauma.

Feedback:

Engagement [Acknowledge/validate feelings]: “That must have been intense if you thought you were going to die”; “Pretty scary to think your mother would die, huh?”

Psychoed [Normalizing reactions]: “Did you have physical reactions during the trauma? Those are our body’s normal way of helping us in dangerous situations, but when you keep having the feelings later it is not helpful and feels bad.”

Criterion B, C, D: PTSD re-experiencing, avoidance/numbing, hyperarousal.

Add up the score to determine whether symptoms are severe enough to warrant treatment (> 12). Can also determine probable PTSD by looking at items endorsed and counting: minimum of 1 re-experiencing (items 1-5), 3 avoidance/numbing (items 6-12), and 2 hyperarousal (items 13-17).

Feedback:

If non-clinical (<12).

Engagement [Validate good coping]: "Impressive job. Even though you had those traumas, you have been able to cope effectively. What strengths do you have that you used?"

Psychoed [Info re generalizing coping skills]: "Sounds like you didn't try to avoid what happened but faced up to it and took active steps to manage your feelings. BTW, that is exactly the best thing to do for any kind of anxiety or worry."

If clinical (12+).

Engagement [Validate distress]: "Your score is 23. Scores over 12 mean that you are dealing with significant level of posttraumatic stress, enough to be really upsetting. No wonder you are having a rough time"

Psychoed [Info re PTS and PTSD - Normalizing]: "This test measures posttraumatic stress. Have you heard of that?"; "PTS That's what some soldiers get in war. Did you know that abuse causes even more PTS than war?"; "It is normal to have intense reactions right after a trauma. Usually the reactions get less over time, but sometimes they can continue or even get worse."; "PTS is memories or reminders of the trauma that bring back the feelings from during the trauma and physical reactions. Because it feels bad, people naturally want to avoid those feelings so they avoid reminders or just shut down emotionally. Unfortunately, even though the avoidance works really well temporarily it doesn't solve the PTS and can actually keep it going."

Engagement [Hook into treatment]: "TF-CBT is a treatment for PTS that works really well. It helps lower the PTS symptoms so you can feel normal again. You'll start feeling better quickly, maybe in as little as a few weeks."

Promoting adaptive cognitions [Info regarding treatment and prognosis]: "Even though these traumas happened and you are having reactions, you should know that the majority of people can get better from PTSD."; "We have a treatment that works 85% of time called TF-CBT."; "Humans are better than you might think at overcoming terrible experiences."; "You will be able to get your life back. It might be a new normal, but it will be a good life."

Criterion E: Impairment.

Feedback:

Engagement [Hook into treatment]: "This shows that your PTS symptoms are really making your life harder. We can help with that."