

## CETA Measures Cheat Sheet

**Trauma Screen and PTSD-DSM5 Checklist-Adult Section 1. Trauma Screen.** *The trauma screen section is a list of possible traumas. It is not scored.*

Purpose of the Trauma Screen section of the Trauma Screen and PTSD-DSM5:

Establish trauma exposure history and provide validating feedback. Feedback contains the following clinical components: engagement, psychoeducation, exposure, and promoting adaptive cognitions.

Feedback:

Engagement (Validate experience)

*"I am so sorry that you went through that"; "Thank you for telling me about your experiences".*

Psychoeducation (Normalizing):

*"You are not alone; many people have had experiences like these." "I work with a lot of people who have been through some similar things."*

Exposure (Model and support "facing up to fears" by talking about traumas endorsed):

*"I see you said you were in a serious accident, what happened?"; "You reported that someone forced or pressured you to have sex when you couldn't say no, tell me a little about that."; "You marked that you were slapped, punched or beat up, how often did that happen?"; "You checked that being attacked, stabbed or shot at was the worst, what made it the worst for you?"*

**Trauma Screen and PTSD DSM5 Checklist- Adult Section 2.** *Lists the DSM 5 symptoms of posttraumatic stress. Scoring indicates whether there is a clinical level of PTSD. It can also be used to meet the diagnostic criteria for PTSD*

Trauma Screen and PTSD DSM5 Checklist- Adult Self-Report. 18+ years.

Add up the score for the 20 PTSD sx to determine if the score is clinical (21+).

Feedback:

If non-clinical (<\_\_).

Engagement [Validate coping skills]:

*“Even though you experienced those traumas, you have been able to cope effectively. What strengths do you have that you used to help you handle these traumas?”*

Psychoeducation [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. By the way, that is exactly the best thing to do for any kind of anxiety or worry.”*

If clinical (21+)

Engagement [Validate distress]:

*“Your score is 27. Scores 21 or higher mean that you have thoughts and feelings that are really stressful and upsetting. No wonder you are having a rough time.”*

Psychoeducation [Info about PTS and PTSD - Normalizing]:

*“These questions find out about feelings, thoughts, worries and behaviors that sometimes go with having been through traumas like [NAME SOME OF CLIENT’S TRAUMATIC EVENTS]. Together these are called posttraumatic stress (PTS). Have you heard of that? I’ll give you a handout if you want. It is normal to have intense reactions right after a trauma. Usually the reactions lessen over time, but sometimes they can continue or even get worse. PTS is memories or reminders of the trauma that bring back the feelings and physical reactions from when you were going through the trauma experience. Because it feels bad, people naturally want to avoid those feelings so they avoid reminders of what happened and sometimes shut down emotionally. Unfortunately, even though the avoidance works really well temporarily, avoidance doesn’t solve the PTS and can actually keep it going.”*

Engagement [Instilling hope]:

- *“We have a program that works really well for exactly these feelings and worries. It helps lower the stress so you can feel normal again. You can start feeling better, maybe in just a few weeks.”*
- *“I’ll ask you to try some new things that help change the way you are feeling. A big part of feeling better is facing up to memories about what happened. That can be hard sometimes, but it’s how people get better.”*
  - INTRODUCE ANALOGY (splinter, wound, falling off a bike/horse)
- *“I’ve got a handout that describes our program. Let’s look at it together.”*
  - Provide CETA handout and review

*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 and do get better from PTSD.”; “Humans are better than you might think at overcoming terrible experiences.”; “We have a treatment that works most 80-85% of the time called CETA.”; “You will be able to get your life back. It might be a new normal, but it will be a good life.”*

### **Impairment Questions**

*Not scored.*

*Feedback:*

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

**Anxiety. Measures of anxiety. GAD 7. This measure is scored.**

*GAD7. Add up the score for the 7 symptoms to determine whether the symptom level is clinical (10+).*

*Feedback:*

*If non-clinical (GAD <10).*

*Validation. “This checklist measures anxiety. Anxiety is being too scared or worrying too much when you don’t need to. Everyone has times when they are anxious or worried, the key is when the anxiety or worrying is too much or too often. Your score means you are not having so much anxiety right now that would mean treatment for anxiety is necessary. It also means that you must have some really good coping skills to get you through stressful moments. What are the coping skills you find most useful?”*

*If clinical (GAD 10+):*

*Psychoeducation [Info about anxiety. Normalizing]: “This checklist measures anxiety. Anxiety is being too scared or worrying too much when you don’t need to. Being anxious or worried all the time is very stressful and makes it hard to get along in life. The score tells if you have too much anxiety and could benefit from some help. Your score is over 10 which means you may be having too many feelings of anxiety and they are interfering with your life. It means you would benefit from learning some skills to help you worry less and feel better.”*

*Engagement [Instilling hope. Hook into treatment]: “CETA is a treatment for anxiety that works really well. It helps lower the anxiety and worry symptoms so you can feel more relaxed and calm. If you practice the new skills you learn, you’ll start feeling better.”*

**Measures of depression. Patient Health Questionnaire 9 (PHQ9). This measure is scored.**

PHQ9. Add up the score for the 9 symptoms to determine whether the symptom level is clinical (10+). Check Question 9 and if greater than 0, assess suicidality.

If non-clinical (PHQ9 = <10)

Feedback:

Validation. *“This checklist measures depression. Depression is feeling sad, down, or thinking that nothing is going well or you can’t do anything right. Everyone has ups and downs and bad days. Depression is when the feelings are really serious and happen a lot. You have a pretty low score. That means you are not having the level of depression right now that would mean treatment for depression is necessary. It also means that you must have some really good ways of handling when you feel sad or down. What are some of the ways that work for you?”*

If clinical (PHQ9 = 10+)

Psychoeducation [Info about depression, Normalizing]: *“This checklist measures depression. Depression is feeling sad, down, or thinking that nothing is going well or you can’t do anything right. Everyone has ups and downs and bad days. But having depression means the feelings are really strong and keep going on. When people are depressed it is really hard to enjoy anything, get out in the world, or take steps towards goals. Your score is 16. This means you are having too much sadness and depressed feelings. We can work on some skills to help you feel better.”*

Engagement [Instill hope. Hook into treatment]: *“CETA is a treatment for depression that works really well. It helps lower depression symptoms so you can feel more energetic and positive and start meeting your goals. If you practice the new skills you learn, you’ll start feeling better.”*

**Progress Monitoring. Ongoing assessment of progress/change during treatment:**

*Re-administration of measure of clinical target (PHQ9, GAD7, PSS).*

*“Every session I am going to ask you to fill out the same checklist for [insert clinical target] that you took to help us decide what to focus on in CETA. This lets us keep track of your progress and how the treatment is going. We expect there will be some ups and downs, but tracking how it is going overall is a really good way to see how stressful events in your life can catch up with you and learn what works best for you”.*

*Progress Monitoring Checklist.*

*Add up 1-9 (PHQ9), 10+ = clinical; add up 10-11 (GAD2), 3+ = clinical, add up 12-17 (PTSD sx), 4+ = clinical.*

*Feedback:*

*“This checklist measures depression, anxiety and PTS. By filling it out every session we can both tell how you are doing and whether CETA is working for you. Everyone has bad weeks and better weeks. This will help us keep track of your level of distress and help us learn whether the skills you are learning are making a difference”*