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Screening and Assessment in Trauma-Informed Care: An Evidence-Based Practice Project

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Screening and Assessment in Trauma-Informed Care: An Evidence-Based Practice Project

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Introduction

Evidence Based Practice

Evidence based practice is defined as the integration of knowledge from professional and clinical expertise, patient/client unique values and circumstances, and best research evidence (Straus, Richardson, Glasziou, & Haynes, 2005). The EBP courses in the St. Catherine University occupational therapy programs emphasizes skill building in finding, analyzing, and synthesizing research.

A definition of Evidence-Based Practice (EBP)



(Straus, Richardson, Glasziou & Haynes, 2005)



The EBP Project

Occupational therapy graduate students at St. Catherine University complete an EBP project in partial fulfillment of the requirements for a course on Evidence-Based Practice.

The EBP Process

- Begins with a practice dilemma
- Dilemma is framed as an EBP question and PICO
P (population/problem) I (intervention) C (comparison group) O (outcome(s) of interest)
- Background learning
- Search for the best evidence
- Initial appraisal and critical appraisal of the evidence
- Summary of themes from the evidence
- Recommendations for practice
- Next steps – implementation in practice

Six EBP Projects: Trauma and Trauma Informed Care

1. Descriptive and risk factors
2. Trauma and health outcomes
3. Screening and assessments
4. Perspectives and experiences
5. Interventions for individuals with a history of trauma
6. Training and programs for health professionals

EBP Practice Dilemma: Trauma and Trauma Informed Care

Hypothetical EBP Case Related to Trauma and Trauma Informed Care

The overall focus on trauma and trauma informed care was chosen because of its increasing attention in the news and healthcare priorities. Recognition of trauma and provision of trauma-informed care in health, community, and education settings are important. Peter Levine, a clinical psychologist stated, “The effects of unresolved trauma can be devastating. It can affect our habits and outlook on life...It can take a toll on our family life and interpersonal relationships. It can trigger real physical pain, symptoms, and disease...” and “The paradox of trauma is that it has both the power to destroy and the power to transform and resurrect.” (Levine, n.d.)

Trauma and trauma-informed care was a particularly challenging topic for the EBP projects for several reasons. First, most of the literature is interdisciplinary and so it required looking for resources outside of occupational therapy for evidence. Second, the literature on trauma and trauma-informed care is still emerging. There are quite a few gaps in research that still need to be addressed. Third, we had to acknowledge in our class that some students may have a history of trauma. At the beginning of our class, we talked about the importance of being aware of our feelings regarding this topic and knowing when to get support. That is why we also provided a list of national and Minnesota resources related to trauma.

Background Information on Trauma and Trauma Informed Care

Trauma has been defined as: “results from an **event**, series of events, or set of circumstances **experienced** by an individual as physically or emotionally harmful or life-threatening with lasting adverse **effects** on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (SAMHSA, 2014). The key attributes of trauma include:

- **Event:** The event is actual or a threat that may include features of physical or psychological harm, life-threatening, and/or child neglect.
- **Experienced:** An unique label, meaning, and disruption is identified.
- **Effects:** The immediate or delayed, short or long term effects can be named.

There are many different types of trauma and many populations who may be affected by trauma. Trauma is associated with (NCTSN, 2014, <https://www.nctsn.org/what-is-child-trauma/trauma-types>):

- Bullying
- Community violence
- Complex trauma
- Disasters
- Early childhood trauma
- Intimate partner violence
- Medical trauma
- Physical abuse
- Refugee trauma
- Sexual abuse
- Terrorism and violence
- Traumatic grief

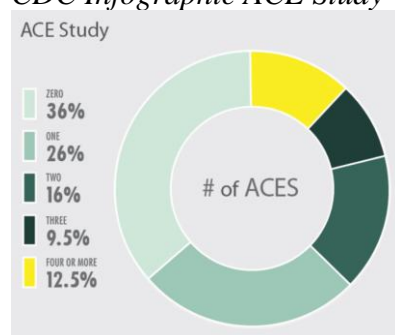
Estimates of adult exposure to trauma vary. Approximately 6 in 10 men and 5 in 10 women have had trauma and 90% of people seen in behavioral health have a history of trauma (SAMHSA, n.d., <https://www.integration.samhsa.gov/clinical-practice/trauma>).

Trauma that is associated with childhood is often labeled an adverse childhood experience (ACE). ACEs are defined as potentially traumatic events in childhood (0-17 years) that may include:

- “violence, abuse, or neglect; witnessing violence in the home; and having a family member attempt or die by suicide...
- growing up in a household with substance misuse, mental health problems, or instability due to parental separation or incarceration of a parent, sibling, or other member of the household.” (CDC, 2019, n.p., <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html>)

A history of ACEs is reportedly quite common in the adult population (see Figure 1). It is estimated that almost 2/3 of adults have had an adverse childhood experience and 2 in 10 people have had three or more ACEs (CDC, 2016).

Figure 1
CDC Infographic ACE Study



Note. (CDC, 2016, <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/ace-graphics.htm>)

Trauma in childhood has a ripple effect on later life (see Figure 2). ACEs may disrupt development, contribute to other impairments, influence risky behaviors, change life potential, influence later health problems and may even be a factor in early death.

Figure 2
CDC Infographic Preventing ACEs



Note. CDC, 2019, n.p., <https://www.cdc.gov/violenceprevention/pdf/preventingACES-508.pdf>

Preventing ACEs is a major priority of public health media campaigns by the Centers for Disease Control and Prevention (CDC, 2019,

<https://www.cdc.gov/violenceprevention/pdf/preventingACES-508.pdf>). Prevention emphasizes:

- Supports for families
- Social norms
- Strong starts
- Skill building to handle everyday challenges
- Connections to caring adults and activities
- Early interventions

The EBP projects from the Fall, 2019, Evidence-Based Practice course provide a snapshot of research studies on trauma and ACEs. Ongoing research in major studies of trauma may be followed in the:

- CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study
- Behavioral Risk Factor Surveillance System (BRFSS)
- World Health Organization: ACE International Questionnaire (ACE-IQ)

Trauma-Informed Care (TIC) has been proposed as a framework for professionals and organizations who work with individuals having a history of trauma.

A professional who implements characteristics of TIC:

- Realizes the impact of trauma
- recognizes the signs and symptoms
- responds through policies, procedures, and practices
- resists re-traumatization.

The six principles of TIC are:

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, historical, and gender issues

The occupational therapy focus on trauma and trauma-informed care has been relatively recent for the American Occupational Therapy Association (AOTA) even though many practitioners have addressed trauma within their own work setting. The AOTA has four publications that may be of interest to occupational therapy practitioners:

- Understanding and applying trauma-informed approaches across occupational therapy settings. (Fette, 2019)
- AOTA's societal statement on stress, trauma, and posttraumatic stress disorder (Champagne, et al., 2018).
- Occupational therapy's role in mental health promotion, prevention, & intervention with children & youth childhood trauma (AOTA, 2015)
- A trauma-informed approach distinct to occupational therapy: The TIC-OT Model (AOTA, 2018)

Appraisals of Best Evidence, Themes, and Recommendations

After searching and finding evidence available from library databases and alternative sources, students conducted an initial appraisal to evaluate the quality and relevance of the evidence and select the best research for further review. Then they conducted critical appraisals of the best formal reviews of primary research (e.g., systematic reviews, meta-analyses) and/or primary/original research studies. One of the steps in the CAP process is to evaluate the strength or level of the research design and the types of conclusions that are possible from each design.

Initial Appraisal

- Quality of the evidence
 - type of evidence and research design
 - investigator qualifications and journal/publication/website
 - journal/publication/website
- Relevance of the evidence

Critical Appraisal

- Appraisal of methods, results, and implications
- Classification of type of research study
 - Reviews of primary research (e.g., systematic reviews, meta-analyses)
 - Qualitative studies
 - Psychometric studies
 - Primary quantitative research studies
 - Level 1: randomized controlled trials
 - Level 2: two groups, nonrandomized/cohort and case control
 - Level 3: nonrandomized, pretest/posttest and cross-sectional
 - Level 4: single subject
 - Level 5: case report

After completing initial and critical appraisals, themes are summarized related to the EBP question and other findings that emerged from the evidence. Recommendations for practice and reflection on participating in an EBP project are identified in the conclusions.

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All EBP Projects are available at <http://sophia.stkate.edu/>.

EBP Question

What interprofessional and occupational therapy screening and assessment measures are used in trauma-informed care and what are their psychometric characteristics?

Executive Summary

Minnesota Occupational Therapy Association Continuing Education Presentation

Screening and Assessments in Trauma-Informed Care

Megan Bender, Beka Bickel, Ashley Hoffman,
Emily Howard, Mykayla Laurie, Yer Lee,
Rachael Nelson, Ciara Nervick

EBP Question

What interprofessional and occupational therapy screening and assessment measures are used in trauma-informed care and what are their psychometric characteristics?

Background Learning

- **Traumatic events can disrupt physical, social, and emotional wellbeing.**
(U.S. Department of Health and Human Services, n.d.)
- **Screening should focus on past exposure and current symptoms.**
(The National Traumatic Stress Network, 2018)
- **Screening is critical to establish rapport.**
(Substance Abuse and Mental Health Services Administration [SAMHSA], 2014)
- **Adapting tools to specific cultures poses challenges.**
(Center for Substance Abuse Treatment, 2014)
- **Proper psychometrics include reliability, validity and consideration of clients' resilience.**
(SAMHSA, 2014)

Examples of Evidence Resources

Governmental and Major Foundations

- U.S. Department of Health & Human Services
- Substance Abuse and Mental Health Services Association (SAMHSA, 2014)

OT Specific Resources

- Occupational Therapy in Polytrauma
- American Occupational Therapy Association

Interprofessional Journals, Databases, Organizations

- The European Journal of Psychotraumatology (EJPT)
- Journal of Trauma & Dissociation

Examples of Search Process

Databases Used

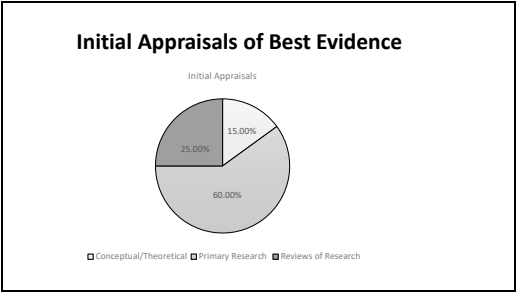
- CINAHL Plus
- PubMed
- PsychInfo
- HAPI
- ERIC

Most helpful search strategies

- Filters: Within last 10 years, Full-text, Scholarly (Peer-reviewed)

Most helpful keywords

- Trauma-informed care
- Psychological trauma
- Screening, assessment, instruments
- Psychometrics



Overview of Critical Appraisals of Best Evidence

Reviews of Primary Research

- **Assessments for refugee children and youth: A systematic review** (Gilliland, Shattuck, & Finkelstein, 2017)

Primary Research Studies

- **Assessing trauma in a transcultural context** (Wylie et al., 2018)
- **Brief self-report measure of trauma exposure** (Carlson et al., 2011)
- **Psychometrics of a brief trauma symptom screen** (Tyler et al., 2019)
- **Psychometric properties of the trauma assessment for adults** (Gray et al., 2009)
- **The child PTSD symptom scale: Psychometric properties** (Gillihan, Adams, Conklin, Capaldi, & Fox, 2013)
- **The psychometric properties of the Subjective Traumatic Outlook (STO) questionnaire** (Palgi, Shiri, & Ben-Ezra, 2017)
- **The trauma and life events (TALE) checklist** (Carr, Hardy, & Fernald-Adams, 2018)

Critical Appraisal 1 and 2

Assessing trauma and mental health in refugee children and youth: A systematic review of validated screening and measurement tools (Gadeberg et al., 2017)

- **Focus Question:** Which screening, or measurement tool should be used to assess trauma and mental health in refugee children?
- **Clinical Bottom Line:** There are few measurement tools that exist for assessing trauma and mental health in the pediatric refugee population. Currently, there is no one tool that is more valid than another and there is no standard assessment used for this target population.

Assessing trauma in a transcultural context: challenges in mental health care with immigrants and refugees (Wylie et al., 2018)

- **Focus Question:** How can assessments and measurement tools be most effectively applied to immigrant and refugee populations?
- **Clinical Bottom Line:** Combining trauma-informed care, family-based approach and transcultural awareness will improve the healthcare experience for multicultural populations, including immigrants and refugees.

Critical Appraisal 3 and 4

Development and validation of a brief self-report measure of trauma exposure: the trauma history screen (Carlson et al., 2011)

- **Focus Question:** What are the psychometric factors of the Trauma History Screen (THS) that make it a good tool for interprofessionals to use?
- **Clinical Bottom Line:** For interprofessionals, the study suggests that the THS has strong test-retest reliability, good to excellent temporal stability, and supported construct validity making it a good tool to utilize.

Psychometrics of a brief trauma symptom screen for youth in residential care (Tyler et al., 2019)

- **Focus Question:** What is one benefit to implementing trauma assessments for youth in residential care?
- **Clinical Bottom Line:** Youth who receive residential services display higher exposures to trauma, increasing the need for trauma assessments in these residential care facilities.

Critical Appraisal 5 and 6

Psychometric properties of the trauma assessment for adults (Gray et al., 2009)

- **Focus Question:** What are the psychometric properties of trauma assessments for potential traumatic events (PTE) for adults?
- **Clinical Bottom Line:** The Trauma Assessment for Adults (TAA) has adequate psychometric properties, including test-retest reliability, convergence validity, and predictive validity as related to PTSD.

The child PTSD symptom scale: Psychometric properties in female adolescent sexual assault survivors (Gillihan et al., 2013)

- **Focus Question:** What are the measurement properties of the CPSS for PTSD screening/assessments?
- **Clinical Bottom Line:** The measurement properties of internal consistency, test-retest reliability, and internal consistency of the CPSS make it a valuable instrument for PTSD screening as well as for assessing symptom severity.

Critical Appraisal 7 and 8

The theoretical and psychometric properties of the Subjective Traumatic Outlook (STO) questionnaire (Palgi et al., 2017)

- **Focus Question:** What are the psychometric properties of the Subjective Trauma Outlook (STO)?
- **Clinical Bottom Line:** The STO tests individual differences in trauma, and it has great psychometric properties because it has strong convergent and divergent validity.

The trauma and life events (TALE) checklist: development of a tool for improving routine screening in people with psychosis (Carr et al., 2018)

- **Focus Question:** What type of assessment would be best in a psychosis service setting when observing trauma experiences?
- **Clinical Bottom Line:** For therapists and over providers, the findings from this study suggest that the TALE checklist has good stability and reliability of providing trauma-informed care in routine services.

Theme 1: Common Screening & Assessments for Trauma-Informed Care

There are a number of common assessments used to screen and assess trauma.

- **Common Assessments (See Table 1 in Executive Summary)**
 - Child Post-Traumatic Stress Disorder Symptom Scale (CPSS) (Gillihan et al., 2013)
 - Post-Traumatic Stress Disorder Checklist-Civilian (PCL-C) (Gray et al., 2009; Palgi et al., 2017)
 - Trauma Assessment for Adult (TAA) (Gray et al., 2009)
 - Trauma History Screen (THS) (Carlson et al., 2011)
 - Traumatic Life Events Questionnaire (TLEQ) (Gray et al., 2009; Palgi et al., 2017)
- **Characteristics of different assessments**
 - Target populations
 - Cost / accessibility variations

Theme 1 (cont.)

Table 1.
Common Assessments in Trauma-Informed Care

Title / Source	Type	Population	Description	Accessibility / Cost
Child Post-Traumatic Stress Disorder Symptom Scale (CPSS) https://www.academyoftraumatology.org/measure/cskhhd-pstsd-symptom-scale	Self-report, Questionnaire	Ages 8 to 18	Available in multiple languages 20 minutes to administer, 10 minutes to complete self-report	Easily accessible via online PDF Cost: Free
Post-Traumatic Stress Disorder Checklist-Civilian Version (PCL-C) https://www.ama-assn.org/donors/trauma/ptssd-checklist-civilian-scoring.pdf	Checklist Self-report	Civilians	17 items self-report Form is made of 1 "see at all" to 5 "extremely"	Easily accessible via online PDF Cost: Free

Theme 2: Psychometric properties of screenings & assessments for trauma-informed care

It is imperative that tools are psychometrically sound. (SAMHSA, 2014)

- Studies establishing test-retest reliability (Carlson, 2011; Gray et al., 2009; Palgi et al., 2017)
- Studies establishing convergent and divergent validity (Carl et al., 2018; Gillman et al., 2013; Palgi et al., 2017)
- Gaps in psychometric studies for certain populations (Carlson, 2011; Greenberg et al., 2017)

Theme 3: Characteristics of screenings & assessments for trauma-informed care

Characteristics of TIC screenings and assessments commonly include brevity and free or low-cost accessibility (Tyler et al., 2018).

- Availability, time allowed, and cost should be considered when selecting screening and assessment tools (David, Semerari, and Fennell, 2002)
- Brevity can increase trauma screening use and improve identification (Tyler et al., 2018)
- It is challenging to find a brief, but comprehensive measure for identifying relevant adverse events (Carl et al., 2018)
- Example: CPSS is free which is useful for organizations and practitioners with limited financial resources (Carlson et al., 2013)

Theme 4: Screening and Assessments for Multicultural Populations

Development and adaptation of measurement tools are needed for transcultural populations and young children.

- Development of tools is needed for specific populations
 - young children (Greenberg et al., 2017; Gillman et al., 2013; A. Taylor et al., 2018)
 - refugee and immigrant populations (Palgi et al., 2018)
- Adaptation of tools should focus on meaning lost in translation process (Palgi et al., 2018)

Recommendations for Occupational Therapy and Interprofessional Programs

- Increase awareness of trauma screenings and assessments
- Provide annual OT TIC training for screening and assessment process
- Evaluate psychometric properties when using assessments
- Consider implementing standard trauma screens and assessments into OT process
- Prioritize brevity and low-cost assessments

Summary and Reflection

- Trauma informed care assessments are transdisciplinary
- Establishing rapport
- Delicate process
- Well trained and competent professional in Trauma-Informed Care

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Themes

Introduction

Trauma can affect all aspects of a person's life, and it is important for clinicians to evaluate the extent of a person's trauma. There are many interdisciplinary resources available for trauma screenings and assessments. Common themes emerged in all of the resources.

Additionally, there are psychometric studies that establish the reliability and validity of the available trauma screenings and assessments. The screening and assessment characteristics that provide the most benefit to clinicians include brevity and low cost. However, there are gaps in available screenings and assessments for specific populations such as immigrants, refugees, and youth.

General Characteristics and Types of Screenings and Assessments

Trauma-informed care (TIC) begins with screening and assessment. In TIC, a practitioner determines whether the individual has traumatic event(s). Occupational therapy and other practitioners may use transdisciplinary screening and assessment measures in their evaluations. An effective screening tool should assess the presence of two main areas: indication of past exposure to trauma and current signs or symptoms related to trauma (National Child Traumatic Stress Network, 2018). Trauma may affect many aspects of a person's daily life including learning, planning, social interaction, and employment and so it is important for healthcare professionals to screen for trauma (U.S. Department of Human Services, n.d.).

Screening is critical to establish rapport to create a good impression and relationship with the client. Many questions during an intake process are dichotomous, which involve "yes" or "no" questions along with life events checklists, ranking scales, and self-report interview guides

(SAMHSA, 2014). Ranking scales include symptoms with a given scale to identify the severity and prevalence of a symptom or experience.

The type of assessment used in practice varies depending on the population being served and the setting that the assessment is administered. Some TIC assessments focus on the presence or severity of post-traumatic stress syndrome (PTSD) and potentially traumatic events (PTE). Common PTSD and PTE assessments for TIC include Child Post-Traumatic Stress Disorder Symptom Scale (CPSS), Post-Traumatic Stress Disorder Checklist Civilian Version (PCL-C), Trauma Assessment for Adults (TAA), and Traumatic Life Events Questionnaire (TLEQ). These assessments are summarized below regarding the type, population, description, accessibility/cost, and the source to locate more information regarding the TIC assessments (See Table 1).

Psychometric Characteristics of Screenings and Assessments

Screening and assessment tools should have adequate psychometric properties in terms of reliability and validity. (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Priority characteristics of reliability and validity in TIC include test-retest reliability, convergent validity, and divergent validity.

Test-retest reliability has been reported for a number of common screening and assessment measures. The Subjective Trauma Outlook assessment for the general Israeli population had strong test-retest reliability (.77) one month after the initial administration (Palgi, Shrira, & Ben-Ezra, 2017). The Trauma Assessment for Adults (TAA) had reasonably stable test-retest reliability over 7-days in college students (Gray, Elhai, Owen, and Monroe, 2009). The Trauma History Screen (THS) of the prevalence of high magnitude stressors (HMS) and persisting posttraumatic distress (PDD) in the lives of homeless veterans showed strong test-

retest reliability for the HMS (.93) and the PPD (.73) (Carlson et al., 2011). These psychometric studies show strong test-retest reliability characteristics in trauma screenings and assessments.

Validity studies establish the degree to which screening and assessments measure what they intent to measure. The psychometric properties of the Trauma and Life Events (TALE) had moderate acceptability and there was a strong relationship ($r=.69$) between the TALE and Trauma History Questionnaire (THQ) (Carr, Hardy, and Fornells-Ambrojo, 2018). Researchers found moderate ($>.40$) convergent validity of inner perceptions of experienced trauma among the Subjective Traumatic Outlook, Centrality of Event Scale, Posttraumatic Cognitions Inventory, Impact of Event Scale-Revised, and PTSD Checklist-Civilian Version within the samples studied (Palgi et al., 2017). A study of the Child PTSD symptom scale with an interview (CPSS-I) or self-report (CPSS-SR) administered to female youth found strong convergent validity between the CPSS-SR and the CPSS-I with 74.5-76.5% agreement (Gillihan, Aderka, Conklin, Capaldi, & Foa, 2013). Both assessments evaluated the severity of trauma and noted that it is a reliable and valid tool for screening female youth (Gillihan et al., 2013).

There are still gaps in in reliability and validity studies for certain populations. The accuracy of information obtained by screenings and assessments can also be affected by an individual's willingness to engage or accurately report their experiences of trauma. People who have experienced recurring trauma (childhood abuse, domestic violence, or combat) were less likely to report their information due to the less recent, high-frequency nature of their trauma (Carlson et al., 2011). A systematic review of the psychometric properties of assessments for refugees reported limited validity because of a lack of standardization in the evaluation process (Gadeberg, Montgomery, Frederiksen, & Norredam, 2017).

Brief and Readily Available Screenings and Assessments

Brief and free or low-cost screenings and assessments are important for practitioners to consider when choosing measures for individuals who have experienced trauma. The availability of a brief instrument is an important consideration in selecting screenings and assessments. Brevity could increase the use of trauma screenings and increase the identification of youth and adults who need further assessment (Tyler et al., 2019). For example, the Trauma History Screen (THS) provides adequate information about trauma exposure and requires relatively little time to complete with 90% of 39 participants completing it in 8 minutes or less. (Carlson et al., 2011). There is a need for screenings and to be both sufficiently brief to be useful in clinical settings and comprehensive enough to identify all relevant adverse events (Carr et al., 2018). Selecting a brief measure should consider the time constraints, needs of the patient and comprehensiveness of documenting the trauma status.

The cost of the screenings and assessments should also be considered. Adoption of free or low-cost instruments may increase the use of trauma screening and improve the identification of youth and adults who need further assessment (Tyler et al., 2019). The low cost or no-cost quality of some measures provides practitioners and organizations with fewer barriers to implementation of screening due to the cost. For example, the CPSS was described as a free instrument that is particularly useful for organizations and practitioners with limited financial resources (Gillihan et al., 2013). Details about the time requirements, availability and cost of the instrument are essential when selecting screenings or assessment (Strand, Sarmiento, and Pasquale, 2005).

Screening and Assessment of Trauma in Transcultural Populations

Limited availability of transcultural screenings and assessments may inadvertently lead to overlooking a population that is affected by trauma. Some screening and assessment tools may not include items related to the unique trauma experiences of refugee and immigrant populations. Research on refugee trauma and mental health is often difficult to obtain because of various measures used and the lack of culturally sensitive tools (Gadeberg, et. al., 2017). Some tools offer guidance in diagnosing rather than assessing effects of trauma. Diagnoses may not provide relevant information for providers in other areas of mental health who do not diagnose, nor have the time to adapt an assessment to fit various cultures. Therefore, more instruments are needed with diverse clinical settings and populations (Wylie et al., 2018). Effective transcultural assessments should have the following characteristics: family-centered care, a transcultural approach, and administration by a trained professional in trauma-informed interviewing (Wylie et al., 2018).

Although there are screening and assessment tools in a variety of languages, many of these measures have not been examined in psychometric studies of refugee and immigrant populations. Although some measurement tools have been translated for specific populations there is still potential for misunderstanding due to the required use of an interpreter. Important information in screening could be lost in the translation process because of the delicate nature of trauma-related issues (Wylie et al., 2018). Research also suggests that the environment in which screenings and assessments are completed may influence results. Clients should feel physically comfortable and may appreciate room decor representative of their backgrounds to encourage feelings of safety and comfort (Menschner & Maul, 2016).

Further studies of screening and assessment tools for young children are particularly needed. Often tools have been adapted to fit the needs of this age group rather than developed specifically for them. For instance, there was no documented measure of trauma for immigrant children under the age of six years (Gadeberg et al., 2017). Similarly, ongoing research to confirm validity is needed for the CPSS when utilized on male subjects, or people who have experienced specific types of traumas (Gillihan et al., 2013). When screening and assessing trauma, practitioners should also consider that if trauma has been experienced by one person in the family, it has likely been experienced by all members of the family (Wylie et al., 2018).

Summary and Implications for Practice

There are many practice implications of this evidence-based research project. Notable findings of interest to occupational therapy practitioners for trauma-informed care include sensitivity towards all clients, need to build rapport, and prioritizing client-centered practice.

A key implication from our review of trauma-informed care (TIC) research on screening and assessments is practitioners' need to be sensitive and skilled in working with trauma populations. No two people have the same experience of trauma. Thus, establishing rapport with individuals who have experienced trauma is a priority in building a therapeutic relationship. Rapport-building may give the client permission to open up about their past experiences, which in turn will enable the practitioner to provide important support and resources. Competent and sensitive administration of assessments is also essential to the field of TIC.

To achieve universal adoption of screening and assessment in healthcare settings, brief and low-cost assessments in practice, research, policy, and education are recommended. Efficient screening is important to address time constraints in clinical settings, needs of individuals with trauma, and increase in the use of screening and assessment TIC.

Evaluation of the psychometric properties of screenings and assessments is important in selecting the measure with the strongest validity and reliability. Measures with adequate validity and reliability ensure that an accurate representation of the status and needs of individuals is obtained. Screening and assessments without adequate psychometric development are likely used by only a small number of practitioners. The content of the assessment allows for the practitioner to measure the amount and severity of trauma and creates a shared understanding of an individual's status across disciplines.

The strengths and limitations of current trauma screening and assessment measures

should be considered. One strength of these screening and assessments is that they are transdisciplinary, meaning that any provider can evaluate trauma experiences and status as long as they have the proper training. Another strength is that many assessments are free and available online for free. One limitation additional screenings and assessments are needed for specific populations (e.g., . refugee populations children in the refugee populations).

Another barrier to trauma informed care is that people who have experienced trauma or are currently experiencing trauma may not disclose important details of the situation to their providers or they may choose to disclose only portions of their experience. Increasing awareness of the presence of trauma is the first step in developing screening and assessment programs in practice settings. With an increase in awareness, providers can then expand their knowledge of the trauma screenings and assessments.

Annual TIC training for occupational therapy practitioners could be another tangible and reasonable step for organizations to take. With more access to training, occupational therapists would be able to develop their skills in administering appropriate TIC screenings and assessments. Annual training provides opportunities for providers to continue to grow learn from evidence-based practices.

The need for culturally sensitive screenings and assessments is prevalent as there is a need for more assessments for diverse populations. With the clients at the center of the care that is provided, the development of culturally sensitive tools could advance the impact occupational therapy can make on a care team.

Screening and assessments is an important component of TIC. Sensitivity, rapport, and a client-centered approach are central components of the screening and assessment process.

Tables of Assessments and EBP Resources

Table 1.

Common Assessments in Trauma-Informed Care

Title / Source	Type	Population	Description	Accessibility / Cost
Child Post-Traumatic Stress Disorder Symptom Scale (CPSS) https://www.nctsn.org/measures/child-ptsd-symptom-scale	Self-report, Questionnaire	Ages 8 to 18	Available in multiple languages 20 minutes to administer, 10 minutes to complete self-report	Easily accessible via online PDF Cost: Free
Post-Traumatic Stress Disorder Checklist Civilian Version (PCL-C) https://www.mirecc.va.gov/docs/visn6/3_ptsd_checklist_and_scoring.pdf	Checklist Self-report	Civilians	17 items self-report from a score of 1 “not at all” to 5 “extremely”	Easily accessible via online PDF Cost: Free
Trauma Assessment for Adults (TAA) https://www.ptsd.va.gov/professional/assessment/te-measures/taa.asp	Self-report	Adults	17-item self-report, assesses 14 life events, takes 10–15 minutes to administer Dichotomous response of “yes” or “no”	Available by request at https://www.ptsd.va.gov/professional/assessment/te-measures/taa.asp
Trauma History Screen (THS) https://www.ptsd.va.gov/professional/assessment/te-measures/ths.asp	General assessment Self-report Questionnaire	General population in the United States	14 items to measure high magnitude stressor (HMS) events and persisting posttraumatic distress (PPD) events Dichotomous response of “yes” or “no”	Easily accessible via online PDF Cost: Free
Traumatic Life Events Questionnaire (TLEQ) https://www.wpspublish.com/trauma-assessment-inventories	Questionnaire	18+ years	Fast, convenient trauma history, PTSD screen 10-15 minutes to conduct the assessment	Easily accessible online Cost: \$152

Table 2.

Governmental and Major Foundation Resources for Trauma and Trauma Informed Care

Title/Name	Brief Description	Source
Resource Guide to Trauma-Informed Services	Includes “an introduction to the topic of trauma, a discussion of why understanding and addressing trauma is important for human services programs, and a ‘road map’ to find relevant resources.”	US Department of Health and Human Services https://www.acf.hhs.gov/trauma-toolkit
The National Child Traumatic Stress Network; Screening and Assessment	Resources related to screenings and assessments utilized as well as issues associated with assessment.	National Child Traumatic Stress Network https://www.nctsn.org/treatments-and-practices/screening-and-assessment
PTSD: National Center for PTSD	Provides information on 7 assessments for traumatic events and PTSD.	U.S. Department of Veterans https://www.ptsd.va.gov/professional/assessment/child/index.asp
Healthy Foster Care America; Trauma Guide	Reliable information related to approaching the topic of trauma in a Primary Care setting.	American Academy of Pediatrics https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Trauma-Guide.aspx
Substance Abuse and Mental Health Services Association (SAMHSA): Patient Assessment	Examples of different assessments and screening tools utilized with different populations	Substance Abuse and Mental Health Services Association (SAMHSA) https://store.samhsa.gov/treatment-prevention-recovery/patient-assessment

Table 3.

Occupational Therapy Resources for Trauma and Trauma-Informed Care

Title/Name	Brief Description	Source
Occupational Therapy in Polytrauma	Defines polytrauma, OTs role, and reviews OT evaluation and intervention.	AOTA https://www.aota.org/About-Occupational-Therapy/Professionals/RDP/Occupational%20Therapy%20in%20Polytrauma.aspx
Trauma-Informed Analysis of Family Occupational Performance	Families with emotional and behavioral issues experience disruptions in all aspects of daily life. This research used interviews to determine this.	AJOT https://ajot.aota.org/article.aspx?articleid=2636526&resultClick=3
Validation of a Sensory-Based Trauma-Informed Intervention Program Using Qualitative Video Analysis	This study looked used qualitative video analysis to examine the SAFE PLACE model.	AJOT https://ajot.aota.org/article.aspx?articleid=2754907&resultClick=3
Understanding OT Practitioners' Confidence in Treating Adolescents With Mental-Health Trauma (MHT) History	This research uses pre-test/post-test design to look at how practitioners felt when working with adolescents with mental health trauma.	AJOT https://ajot.aota.org/article.aspx?articleid=2754896&resultClick=3
Improving Older Trauma Patients' Outcomes Through Targeted Occupational Therapy and Functional Conditioning	The authors created an intervention in hopes to reduce length of stay for hospitalized older adults after trauma.	AJOT https://ajot.aota.org/article.aspx?articleid=1851591&resultClick=3

Table 4.

Interdisciplinary Journals, Databases, Professional Associations for Trauma and Trauma-Informed Care

Title/Name	Brief Description	Source
Journal of the American Geriatrics Society (JAGS)	JAGS is a clinical aging research journal for healthcare professionals which includes clinical practice, geriatrics education, and public policy.	https://onlinelibrary.wiley.com/journal/15325415
Psychological Trauma: Theory, Research, Practice, and Policy ®	Empirical research on the psychological effects of trauma intended to be a forum for interdisciplinary discussion on trauma, based on science, theory, practice, and policy. Uses experimental and correlational methods and qualitative analyses.	Journal is a publication of the American Psychological Association Division 56 (Psychological Trauma) https://www.apa.org/pubs/journals/tra/
The European Journal of Psychotraumatology (EJPT)	<i>EJPT</i> aims to engage scholars, clinicians and researchers in the vital issues of how to understand, prevent, and treat consequences of stress and trauma, including but not limited to, posttraumatic stress disorder (PTSD), depressive disorders, substance abuse, burnout, and neurobiological or physical consequences, using the latest research or clinical experience in these areas.	https://www.tandfonline.com/toc/zept20/current
The Journal of Head Trauma Rehabilitation	Peer-reviewed journal that provides current studies on the clinical management and rehabilitation of individuals with traumatic brain injuries.	https://journals.lww.com/headtraumarehab/pages/default.aspx
Journal of Trauma & Dissociation	Official scientific journal of the <i>International Society for the Study of Trauma and Dissociation</i> . Publishes peer-reviewed scientific literature on dissociation and trauma, manuscripts on theory, basic science research, clinical treatment and research related to interpersonal trauma and/or dissociation in children and adults. The journal features contributions from anthropological, cross-cultural, epidemiological, neurobiological, psychological, psychometric, psychotherapeutic, and social disciplines.	https://www.tandfonline.com/toc/wjtd20/current

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Appendix A. Initial Appraisals

	Overview of Article:
Type of article	Overall Type: Primary Research Study Specific Type: Psychometric study
APA Reference	Carlson, E. B., Smith, S. R., Palmieri, P. A., Dalenberg, C., Ruzek, J. I., Kimerling, R., . . . Spain, D. A. (2011). Development and validation of a brief self-report measure of trauma exposure: The trauma history screen. <i>Psychological Assessment</i> , 23(2), 463-477. doi: http://dx.doi.org.pearl.stkate.edu/10.1037/a0022294
Abstract	“Although information about individuals' exposure to highly stressful events such as traumatic stressors is often very useful for clinicians and researchers, available measures are too long and complex for use in many settings. The Trauma History Screen (THS) was developed to provide a very brief and easy-to-complete self-report measure of exposure to high magnitude stressor (HMS) events and of events associated with significant and persisting posttraumatic distress (PPD). The measure assesses the frequency of HMS and PPD events, and it provides detailed information about PPD events. Test–retest reliability was studied in four samples, and temporal stability was good to excellent for items and trauma types and excellent for overall HMS and PPD scores. Comprehensibility of items was supported by expert ratings of how well items appeared to be understood by participants with relatively low reading levels. In five samples, construct validity was supported by findings of strong convergent validity with a longer measure of trauma exposure and by correlations of HMS and PPD scores with posttraumatic stress disorder (PTSD) symptoms. The psychometric properties of the THS appear to be comparable or better than longer and more complex measures of trauma exposure” (p.463).
Author	Credentials: Eve B. Carlson, PhD, clinical psychologist Position and Institution: Dissemination and Training Division, National Center for Posttraumatic Stress Disorder, Menlo, California, and VA Palo Alto Health Care System, Palo Alto, California Publication History in Peer-Reviewed Journals: Extensive- 91
Publication	Type of publication: Scholarly-peer reviewed Publisher: Psychological Assessment
Date and Citation History	Date of publication: June 2011 Cited By: 221
Stated Purpose or Research Question	“Nonetheless, we applied several of the procedures for content validation recommended by Haynes, Richard, and Kubany (1995), including a systematic approach to (a) specifying the intended functions of the measure, (b) specifying the target domains to be assessed and their dimensions, (c) specifying the methods used to create the measure ems, and (d) explaining how the structure and instructions correspond with the domains assessed” (p.464-465).
Author’s Conclusion	“In conclusion, the analyses presented constitute extensive evidence for the reliability and validity of the THS. Although the reports obtained on the THS are constrained by all the usual sources of error relevant to self-reports and retrospective reports, its psychometric properties appear to be comparable or better than longer and more complex measures of trauma exposure” (p.474).
Overall Relevance to your EBP Question	Overall Relevance of Article: Good Rationale: This article relates to our EBP question directly by analyzing a trauma screening’s psychometric properties. Understanding the content that this screening contains will be helpful in identifying further information related to screenings and assessments.
Overall Quality of Article	Overall Quality of Article: Good Rationale: This article utilized 4 samples for test-retest reliability. It also got perspectives of individuals taking the test and took into consideration reading levels.

Primary Research Study

	Overview of Article:
Type of article	Overall Type: Primary Research Study Specific Type: Psychometric
APA Reference	Carr, S., Hardy, A., and Fornells-Ambrojo, M. (2018). The trauma and life events (TALE) checklist: development of a tool for improving routine screening in people with psychosis. <i>European Journal of Psychotraumatology</i> , 9, 1-10. doi:10.1080/20008198.2018.1512265.
Abstract	“Background: “Best practice guidelines recommend traumatic events should be assessed in psychosis to support the identification and, when indicated, treatment of post-traumatic stress reactions. However, routine assessment in frontline services is rare, and available tools are not tailored to psychosis. Assessment obstacles include lengthy measures, a focus on single, physically threatening events, and the exclusion of psychosis-related traumas. Objective: To develop and validate a brief trauma screening tool for the identification of clinically significant traumas in people with psychosis. Method: The Trauma and Life Events (TALE) checklist was developed in conjunction with people with lived experience of trauma and psychosis, and specialist clinicians and researchers. The psychometric properties (i.e. test-retest reliability, content validity, construct validity) of the TALE were evaluated in a sample of 39 people with psychosis diagnoses. Results: The TALE displayed moderate psychometric acceptability overall, with excellent reliability and convergent validity for sexual abuse. High rates of psychosis-related trauma and childhood adversity were reported, in particular bullying and emotional neglect. A dose–response relationship between cumulative trauma, post-traumatic stress and psychosis was found. Conclusions: The TALE is the first screening tool specifically designed to meet the needs of routine trauma screening in psychosis services. The psychometric limitations highlight the challenge of developing a measure that is both sufficiently brief to be useful in clinical settings and comprehensive enough to identify all relevant adverse events. Validation of the TALE is now required across the spectrum of psychosis” (p. 1).
Author	Credentials: Sarah Carr, Ph. D, Position and Institution: Department of Clinical, Education and Health Psychology, University College London, London, UK. Publication History in Peer-Reviewed Journals: moderate
Publication	Type of publication: scholarly peer-reviewed Publisher: Informa UK Limited; Taylor & Francis Group Other: This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial License (http://creativecommons.org/licenses/by-nc/4.0/), which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.
Date and Citation History	Date of publication: September 11, 2018 Cited By: 2
Stated Purpose or Research Question	“To develop and validate a brief trauma screening tool for the identification of clinically significant traumas in people with psychosis” (p. 2).
Author’s Conclusion	“The psychometric limitations highlight the challenge of developing a measure that is both sufficiently brief to be useful in clinical settings and comprehensive enough to identify all relevant adverse events. Validation of the TALE is now required across the spectrum of psychosis” (p. 8).
Overall Relevance to your EBP Question	Overall Relevance of Article: Good Rationale: The TALE checklist is something that will help future clinicians and researchers to show the benefits of this assessment towards the trauma experience population. This helps support what assignments have a positive impact on trauma.
Overall Quality of Article	Overall Quality of Article: Good Rationale: This first screening tool in the psychosis service population will help to catch the cause of psychosis in individuals faster. This will help toward the future to create more tools like this.

Primary Research Study

	Overview of Article:
Type of article	Overall Type: Primary Research Study Specific Type: Psychometric
APA Reference	Cook, J. M., Elhai, J. D., Cassidy, E. L., Ruzek, J. I., Ram, G. D., & Sheikh, J. I. (2005). Assessment of trauma exposure and post-traumatic stress in long-term care veterans: Preliminary data on psychometrics and post-traumatic stress disorder prevalence. <i>Military Medicine</i> , 170(10), 862-866. doi:10.7205/MILMED.170.10.862
Abstract	“This article reports preliminary data on trauma and post-traumatic stress disorder (PTSD) prevalence, as well as test psychometrics, among 35 cognitively intact veterans residing in long-term care settings. Participants received a traumatic event screening, the Mini-Mental Status Examination, Combat Exposure Scale (CES), PTSD Checklist (PCL), and Mississippi Combat PTSD Scale (M-PTSD). Results demonstrated adequate reliability for the CES, PCL, and M-PTSD for use in these settings, with several significant intercorrelations. A high prevalence of trauma exposure was found, in particular combat. Based on the PCL and M-PTSD, although most veterans did not meet full PTSD diagnostic criteria, a moderate proportion met partial criteria. The need for assessment and treatment of trauma exposure and PTSD in Veterans Affairs long-term care settings is emphasized” (p.862).
Author	Credentials: Joan M. Cook, PhD, Associate Professor, clinical psychologist Position and Institution: New York State Psychiatric Institute, Columbia University Publication History in Peer-Reviewed Journals: limited
Publication	Type of publication: Scholarly Peer Reviewed Journal Publisher: Military Medicine Other: n/a
Date and Citation History	Date of publication: October 2005 Cited By: 45
Stated Purpose or Research Question	“This investigation is important, providing a crucial first step in measuring PTSD in long-term care residents. Although PTSD is likely not as rampant as depression in these settings, it is thought to be a problem that requires recognition, assessment and intervention, especially in those facilities with high concentrations of trauma survivors” (p.862).
Author’s Conclusion	“This study highlights trauma exposure and PTSD assessment findings in a predominantly older sample of veterans residing in extended care settings. Evidence from psychometric analyses supported the use of several established trauma exposure/ PTSD measures in this population. Additionally, results provided preliminary information on PTSD prevalence in this population” (p.864).
Overall Relevance to your EBP Question	Overall Relevance of Article: Good Rationale: This article supports the need for assessments and talks about how the prevalence of PTSD and trauma related disorders can be identified in long-term care residents.
Overall Quality of Article	Overall Quality of Article: Moderate Rationale: The sample sizes were small and the research was an initial study for this population.

	Overview of Article:
Type of article	Overall Type: Primary Research Study Specific Type: Psychometric
APA Reference	Eidhof, M. B., ter Heide, F. Jackie June, van, D. A., Schreckenbach, M., Schmidt, U., Brand, B. L., . . . Vermetten, E. (2019). The dissociative subtype of PTSD interview (DSP-I): Development and psychometric properties. <i>Journal of Trauma & Dissociation</i> , 20(5), 564-581. doi:10.1080/15299732.2019.1597806
Abstract	“The inclusion of the dissociative subtype of post-traumatic stress disorder (PTSD-DS) in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM–5) reflects the importance of assessing PTSD-DS. We developed the Dissociative Subtype of PTSD Interview (DSP-I). This clinician-administered instrument assesses the presence and severity of PTSD-DS (i.e., symptoms of depersonalization or derealization) and contains a supplementary checklist that enables assessment and differentiation of other trauma-related dissociative symptoms (i.e., blanking out, emotional numbing, alterations in sensory perception, amnesia, and identity confusion). The psychometric properties were tested in 131 treatment-seeking individuals with PTSD and histories of multiple trauma, 17.6 % of whom met criteria for PTSD-DS in accordance with the DSP-I. The checklist was tested in 275 treatment-seeking individuals. Results showed the DSP-I to have high internal consistency, good convergent validity with PTSD-DS items of the CAPS-5, and good divergent validity with scales of somatization, anxiety and depression. The depersonalization and derealization scales were highly associated. Moreover, the DSP-I accounted for an additional variance in PTSD severity scores of 8% over and above the CAPS-5 and number of traumatic experiences. The dissociative experiences of the checklist were more strongly associated with scales of overall distress, somatization, depression, and anxiety than scales of depersonalization and derealization. In conclusion, the DSP-I appears to be a clinically relevant and psychometrically sound instrument that is valuable for use in clinical and research settings” (p.565).
Author	Credentials: Marloes B. Eidhof (credentials not listed) Position and Institution: Psychotraumacentrum Zuid Nederland, Reinier van Arkel, 's Hertogenbosch, Netherlands Publication History in Peer-Reviewed Journals: Limited-7
Publication	Type of publication: Scholarly peer-reviewed journals Publisher: Taylor & Francis (United Kingdom) Other: Publication- Journal of Trauma & Dissociation
Date and Citation History	Date of publication: May 30th, 2019 Cited By: 2
Stated Purpose or Research Question	“In conclusion, an interview is needed that specifically assesses PTSD-DS in line with the DSM-5, that covers the broad range of clinical forms of depersonalization and derealization symptoms. The measure should be easily used in conjunction with an interview-based assessment of PTSD in culturally diverse populations” (p. 567).
Author’s Conclusion	“DSP-I appears to be a clinically relevant and psychometrically sound instrument that is able to capture individual differences in a population of individuals with PTSD, based on symptoms of depersonalization and derealization. We expect the DSP-I to contribute to an evidence-based understanding of PTSD-DS, and to facilitate diagnostics and research on PTSD-DS and trauma-related symptoms” (p.578).
Overall Relevance to your EBP Question	Overall Relevance of Article: Moderate Rationale: This article shows the psychometrically sound characteristics of an assessment that addresses symptoms of PTSD. It does not have a specific focus on trauma.
Overall Quality of Article	Overall Quality of Article: Good Rationale: The clinical relevance of this article is related to Occupational Therapy and its use when treating. The methods of analyzing were very extensive.

	Overview of Article:
Type of article	Overall Type: Primary Research Study Specific Type: Group comparison study
APA Reference	Elhai J. D., Engdahl, R. M., Palmieri, P. A., Naifeh, J. A., Schweinle, A., & Jacobs, G. A. (2009). Assessing posttraumatic stress disorder with or without reference to a single, worst traumatic event: Examining differences in factor structure. <i>Psychological Assessment, 21</i> (4), 629-634. doi: http://dx.doi.org/10.1037/a0016677
Abstract	“The authors examined the effects of a methodological manipulation on the Posttraumatic Stress Disorder (PTSD) Checklist’s factor structure: specifically, whether respondents were instructed to reference a single worst traumatic event when rating PTSD symptoms. Nonclinical, trauma-exposed participants were randomly assigned to 1 of 2 PTSD assessment conditions: referencing PTSD symptoms to their worst trauma (trauma-specific group, $n = 218$) or to their overall trauma history in general (trauma-general group, $n = 234$). A 3rd group of non-trauma-exposed participants ($n = 464$) rated PTSD symptoms globally from any stressful event. Using confirmatory factor analysis, the authors show that the 4-factor PTSD model proposed by D. W. King, G. A. Leskin, L. A. King, and F. W. Weathers (1998; separating effortful avoidance and emotional numbing) demonstrated the best model fit for trauma-general and non-trauma-exposed participants. The 4-factor PTSD model proposed by L. J. Simms, D. Watson, and B. N. Doebbeling (2002; emphasizing a general dysphoria factor) demonstrated the best model fit for trauma-specific participants. Measurement invariance testing revealed that non-trauma-exposed participants were different from both trauma-exposed groups on factor structure parameters, but trauma groups were not substantially different from each other” (p.629).
Author	Credentials: Jon D. Elhai, PhD, Professor Position and Institution: Department of Psychology, University of Toledo, Toledo, OH, US Publication History in Peer-Reviewed Journals: Extensive- 282
Publication	Type of publication: Scholarly peer-reviewed journal Publisher: American Psychological Association (US) Other: N/A
Date and Citation History	Date of publication: August 4th, 2008 Cited By: 90
Stated Purpose or Research Question	“We developed the following hypotheses, on the basis of Naifeh et al.’s (2008) observations: (a) Empirical evidence demonstrates that PTSD is most similar to distress-based disorders (depression, dysthymia, generalized anxiety disorder) versus fear-based disorders (panic disorder and the phobias), and this similarity appears most influenced by PTSD’s dysphoria factor (Watson, 2005). Therefore, the dysphoria model should fit better among participants rating PTSD symptoms without reference to a focal fear stimulus or traumatic event (i.e., trauma-general and no-trauma groups), as they are likely rating their own symptoms of nonspecific distress and dysphoria. (b) PTSD models will not be invariant across PTSD measurement methods and conditions” (p.630).
Author’s Conclusion	“In conclusion, we found that the dysphoria model fit better when trauma-exposed respondents rated PTSD symptoms in relation to their most distressing trauma—arguably the more stringent and recommended method for querying PTSD. And we found that the emotional numbing model fit better for non-trauma-exposed and trauma-exposed participants who globally rated PTSD symptoms. Although the trauma-exposed groups were similar to each other on the PCL’s latent structure, this factor structure was different from that derived by non-trauma-exposed participants rating PTSD symptoms from stressful events” (p.633).
Overall Relevance to your EBP Question	Overall Relevance of Article: Moderate Rationale: Although this article gives quality information about the assessment for a trauma related disorder it is heavily focused on PTSD and might be too narrow of a focus for our overall question.
Overall Quality of Article	Overall Quality of Article: Good Rationale: Provides a good sample size and method for observing the characteristics of an assessment.

	Overview of Article
Type of article	Overall Type: Primary Research Study Specific Type: Mixed methods
APA Reference	Kalokhe, A. S., Riddick, C., Piper, K., Schiff, J., Getachew, B., del Rio, C., & Sales, J. M. (2019). Integrating program-tailored universal trauma screening into hiv care: An evidence-based participatory approach. <i>AIDS Care</i> , doi:http://dx.doi.org/10.1080/09540121.2019.1640841
Abstract	“Trauma is prevalent among HIV-infected populations and associated with negative HIV care outcomes. While several agencies have called for integrating trauma-informed care into HIV services, uptake has been limited and effective methods have not been delineated. To develop comprehensive trauma screening strategies tailored to a large, urban HIV care center, we aimed to first understand provider and staff perceptions of the center’s current level of trauma screening and barriers and facilitators to universal screening uptake. We used a mixed-methods convergent parallel design: quantitative assessments with 31 providers and staff and in-depth interviews with 19 providers and staff. Quantitative assessments highlighted center strengths (i.e. assessing effects of trauma, explaining care plans to patients, providing opportunities for questions) and gaps (i.e. asking about head injuries, emotional safety). Qualitative interviews suggested center screening practices were highly-variable and limited, identified gaps in interdepartmental communication regarding results of trauma screening that led to repeated screenings and potential patient re-traumatization, screening barriers (i.e. limited time, competing clinical priorities) and facilitators (i.e. provider-driven, standardized, non-disruptive screening with clear cut-points and follow-up steps). This study provides tangible strategies for the center to begin integrating universal trauma screening, many of which could be adapted by other U.S. HIV clinics” (p. 2).
Author	Credentials: Ameeta S. Kalokhe, MD Position and Institution: Infectious Disease Specialist in Atlanta, GA. Correspondence Publication History in Peer-Reviewed Journals: extensive
Publication	Type of publication: journal Publisher: Taylor & Francis Other: little views and no cross references
Date and Citation History	Date of publication: July 30, 2019 Cited By: none
Stated Purpose or Research Question	“This study provides tangible strategies for the center to begin integrating universal trauma screening, many of which could be adapted by other U.S. HIV clinics” (p. 2).
Author’s Conclusion	“Qualitative interviews suggested center screening practices were highly-variable and limited, identified gaps in interdepartmental communication regarding results of trauma screening that led to repeated screenings and potential patient re-traumatization, screening barriers (i.e. limited time, competing clinical priorities) and facilitators (i.e. provider-driven, standardized, non-disruptive screening with clear cut-points and follow-up steps)” (p. 6).
Overall Relevance to your EBP Question	Overall Relevance of Article: Moderate Rationale: This article has good insight of what an assessment in this trauma population can look like, and how this could be integrated into HIV care.
Overall Quality of Article	Overall Quality of Article: Moderate Rationale: Having this be a new article and study, it is hard to look at the reviews and views of this article. Also, looking at the limited search for this shows that not many authors know about this one or don’t have the research to support it.

	Overview of Article
Type of article	Overall Type: Primary Research Study Specific Type: Program evaluation
APA Reference	Kerns, S. E. U., Pullmann, M. D., Negrete, A., Uomoto, J. A., Berliner, L., Shogren, D., . . . Putnam, B. (2016). Development and implementation of a child welfare workforce strategy to build a trauma-informed system of support for foster care. <i>Child Maltreatment</i> , 21(2), 135-146. doi: http://dx.doi.org/10.1177/1077559516633307
Abstract	“Effective strategies that increase the extent to which child welfare professionals engage in trauma-informed case planning are needed. This study evaluated two approaches to increase trauma symptom identification and use of screening results to inform case planning. The first study evaluated the impact of training on trauma-informed screening tools for 44 child welfare professionals who screen all children upon placement into foster care. The second study evaluated a two-stage approach to training child welfare workers on case planning for children’s mental health. Participants included (a) 71 newly hired child welfare professionals who received a 3-hr training and (b) 55 child welfare professionals who participated in a full-day training. Results from the first study indicate that training effectively increased knowledge and skills in administering screening tools, though there was variability in comfort with screening. In the second study, participants self-reported significant gains in their competency in identifying mental health needs (including traumatic stress) and linking children with evidence-based services. These findings provide preliminary evidence for the viability of this approach to increase the extent to which child welfare professionals are trauma informed, aware of symptoms, and able to link children and youth with effective services designed to meet their specific needs”(p. 135).
Author	Credentials: Suzanne E. U. Kerns, Ph. D Position and Institution: School of Medicine, University of Washington, Seattle, WA, USA Publication History in Peer-Reviewed Journals: limited
Publication	Type of publication: scholarly peer-reviewed Publisher: Funding was provided by the Children’s Bureau, Administration of Children, Youth, and Families, Grant #90C01103/03. Other: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.
Date and Citation History	Date of publication: February 28, 2016 Cited By: 38
Stated Purpose or Research Question	“In alignment with the above guidance, we focus on operationalizing three important components of a trauma-informed system by ensuring that child welfare professionals (a) are <i>trauma-informed</i> (i.e., understand the impact of trauma on the children and families in their care); (b) engage in <i>trauma identification</i> ; and (c) are <i>treatment-informed</i> (i.e., aware of effective, trauma-specific interventions in their community, and advocate for effective treatment)” (p. 138).
Author’s Conclusion	“Information presented was practical and based on maximizing use of tools readily available (e.g., demonstrating where information about EBPs is on the administration’s intranet; using examples from existing screening tools). Our approach, however, currently does not include a formal coaching component, which is considered a critical strategy to support generalization of knowledge” (p. 143).
Overall Relevance to your EBP Question	Overall Relevance of Article: Good Rationale: This study looked at two different studies of screening to inform case planning. This helps with the child population, which is something that is important to evaluate and possibly see if in the future this could help to limit psychosis and other traumatic side effects.
Overall Quality of Article	Overall Quality of Article: Good Rationale: This article has a lot of information regarding what was tested and assessed when given the screens. This article had a lot of details and showed exactly what was tested. “These findings provide preliminary evidence for the viability of this approach to increase the extent to which child welfare professionals are trauma informed, aware of symptoms, and able to link children and youth with effective services designed to meet their specific needs.” (p. 136).

	Overview of Article
Type of article	Overall Type: Primary Research Study Specific Type: psychometric
APA Reference	Osorio, F.L., Salum, G. A., Donadon, M. F., Forni-dos-Santos, L., Loureiro, S. R., and Crippa, J. A. S. (2013). Psychometrics properties of early trauma inventory self report - short form (ETISR-SR) for the Brazilian context. <i>PLoS ONE</i> , 8 (10), 1-8. doi:10.1371/journal.pone.0076337
Abstract	“This study aims to translate and validate Early Trauma Inventory Self Report -Short Form (ETISR-SF) to Brazilian Portuguese. 253 adult subjects answered the ETISR-SF, Beck Anxiety Inventory (BAI), Fagerström Test for Nicotine Dependence (FTND), Patient Health Questionnaire (PHQ-9) and Fast Alcohol Screening Test (FAST). The instrument showed good internal consistency (0.83). Correlations with the PHQ-9 and BAI were moderate ($r=0.26-0.47$) and showed the expected associations with psychiatric constructs. No associations were found for FTND and FAST. Confirmatory Factor Analysis revealed that a correlated four-factor model as well as a second order model subsuming four lower order components presented the best model fit. Test-retest reliability was also excellent ($ICC=0.78-0.90$). ETISR-SF is suitable for assessing traumatic experiences in a Brazilian community sample. Given the importance of trauma as a public health problem, tools such as ETISR-SF may help clinicians/ researchers to better evaluate and measure such events and further advance clinical care of trauma victims” (p. 1).
Author	Credentials: Flávia L. Osório Position and Institution: Department of Neurosciences and Behavior – Medical School of Ribeirão Preto - University of São Paulo, Ribeirão Preto, Brazil Publication History in Peer-Reviewed Journals: extensive
Publication	Type of publication: Peer-reviewed Publisher: FAPESP Other: This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.
Date and Citation History	Date of publication: October 3, 2013 Cited By: 24
Stated Purpose or Research Question	“The aim of the present study was to translate and validate the <i>Early Trauma Inventory Self Report – Short Form (ETISR-SF)</i> scale for the Brazilian context, studying the following psychometric properties: internal consistency, concurrent/divergent and discriminative validity, factor structure, and test-retest reliability” (p. 3).
Author’s Conclusion	“In conclusion, the variety of indicators used here provides support for ETISR-SF as a reliable and valid instrument for assessing early traumatic experiences. Given the importance of trauma as a public health problem, tools such as ETISR-SF may help clinicians and researchers to better evaluate and measure such events and further advance clinical care of trauma victims” (p. 7).
Overall Relevance to your EBP Question	Overall Relevance of Article: Good Rationale: This article talks about the ETISR-SF assessment for trauma to be used in Brazil. Having this assessment around the world will help clinicians to better evaluate and measure events and further advance clinical care for trauma victims.
Overall Quality of Article	Overall Quality of Article: Good Rationale: This article has great support and research for helping trauma victims. This assessment has a reliable and valid support for assessing early traumatic experiences.

	Overview of Article:
Type of article	Overall Type: Primary Research Study Specific Type: Psychometric
APA Reference	Tyler, P. M., Mason, W. A., Chmelka, M. B., Patwardan, I., Dobbertin, M., Pope, K., . . . Blair, R. J. (2019). Psychometrics of a brief trauma symptom screen for youth in residential care. <i>Journal of Traumatic Stress</i> , doi:http://dx.doi.org/10.1002/jts.22442
Abstract	“Trauma screening is an important element for providing trauma-informed services to youth in residential care. Unfortunately, lack of time and resources may deter clinicians from conducting trauma screening at intake. This study tested the psychometric properties of the Brief Trauma Symptom Screen for Youth (BTSSY), which could be used during intake into residential care. Participants included 572 youth, ages 10-18 years (M = 14.28 years, SD = 2.31), of whom 58.9% were boys, 78.7% were Caucasian, 51.7% were youth receiving services in residential care, 15.6% were youth with clinical needs, and 32.7% were typically developing youth from the local community. Participants completed the BTSSY; other questionnaires of psychopathology, childhood maltreatment, and symptomology of posttraumatic stress disorder (PTSD); and diagnostic interviews, which were conducted by licensed psychiatrists. The total BTSSY score had a good composite reliability (CR) of .80 and was valid based on a significant positive correlation, $r = .64$, with the UCLA PTSD-Reaction Index. The BTSSY score was also fair, area under the curve = .75, at detecting a diagnosis of PTSD from a psychiatrist. Significant group differences in the BTSSY scores were found between youth with a diagnosis of PTSD and the other two groups, with moderate-to-large effect sizes, $d_s = 0.73-1.22$. Preliminary results indicated the BTSSY may be a useful screening tool for identifying youth at residential care intake who may need additional assessment for PTSD. Limitations and implications for future research and practice are discussed. © 2019 International Society for Traumatic Stress Studies”(para.1).
Author	Credentials: PhD Position and Institution: Research Clinician, Center for Neurobehavioral Research Publication History in Peer-Reviewed Journals: Moderate
Publication	Type of publication: Scholarly peer-reviewed journal. Publisher: International Society for Traumatic Stress Studies Other: This article was produced during multiple searches on multiple databases by different people regarding trauma assessment.
Date and Citation History	Date of publication: August 23, 2019 Cited By: 1
Stated Purpose or Research Question	“This study tested the psychometric properties of the Brief Trauma Symptom Screen for Youth (BTSSY), which could be used during intake into residential care” (p.1).
Author’s Conclusion	“Preliminary results indicated the BTSSY may be a useful screening tool for identifying youth at residential care intake who may need additional assessment for PTSD” (p.1).
Overall Relevance to your EBP Question	Overall Relevance of Article: Good Rationale: This article is very relevant to our EBP question as it provides information on multiple screening tools.
Overall Quality of Article	Overall Quality of Article: Good Rationale: Addresses topic using large sample size and a broad range of screening tools. I believe this will provide helpful background information for our project.

	Overview of Article:
Type of article	Overall Type: Review of Research Specific Type: Compendium of measures, 4-stage search strategy
APA Reference	Milne, L., & Collin-Vézina, D. (2015). Assessment of children and youth in child protective services out-of-home care: An overview of trauma measures. <i>Psychology of Violence, 5</i> (2), 122-132. http://dx.doi.org/10.1037/a0037865 .
Abstract	“Objective: Research confirms that many children and youth in child protective services (CPS) out-of-home care (OHC) have experienced multiple and often traumatic events that can lead to a variety of detrimental outcomes. Few CPS agencies have adopted standardized, trauma-focused assessment procedures, resulting in a gap in the provision of trauma-focused mental health services. The objective of this article is to propose a compendium of trauma-focused, evidence-based measures geared toward children and youth in OHC that can feasibly be incorporated into routine CPS practice. Method: Using a 4-stage search strategy, 9 measures designed to collect information on trauma exposure, trauma-related symptoms, and related behaviors were recommended based on desirable psychometric properties and practical considerations. Results: Although a plethora of measures exist to assess children and youth, a variety of measures geared toward the trauma-specific needs of children and youth in OHC are presented that demonstrate satisfactory psychometric properties and are considered feasible for implementation by CPS. Conclusion: This article fills a gap for children and youth in CPS OHC by proposing a compendium of measures suitable for a standardized, trauma-focused assessment procedure specifically aimed at this vulnerable population, which can serve as a catalyst for the development of specialized, trauma-focused services”(p.122).
Author	Credentials: Lise Milne, MSW, PhD Position and Institution: Assistant Professor, Faculty of Social Work, University of Regina Publication History in Peer-Reviewed Journals: Extensive
Publication	Type of publication: Scholarly Journal Article Publisher: American Psychological Association
Date and Citation History	Date of publication: April, 2015 Cited By: 21
Stated Purpose or Research Question	“The objective of this article is to propose a compendium of trauma-focused, evidence-based measures geared toward children and youth in OHC that can feasibly be incorporated into routine CPS practice” (p.122).
Author’s Conclusion	“The implementation of a systematic screening and assessment of trauma for children and youth in OHC would fill a notable gap in current practice, and may aid as a catalyst for the development of specialized, trauma-informed mental health services for this highly vulnerable population” (p.129).
Overall Relevance to your EBP Question	Overall Relevance of Article: Good Rationale: This article provides a helpful review of screening assessment tools available, as well as the limitations and gaps within the screening process.
Overall Quality of Article	Overall Quality of Article: Good Rationale: Published by the APA, this article compares various assessment measures providing helpful direction for our project as it relates to assessment tools and their psychometric characteristics.

	Overview of Article:
Type of article	Overall Type: Review of Research Study Specific Type: Review of assessments
APA Reference	Strand, V. C., Sarmiento, T. L., & Pasquale, L. E. (2005). Assessment and screening tools for trauma in children and adolescents: A Review. <i>Trauma, Violence, & Abuse</i> , 6(1), 55–78. https://doi.org/10.1177/1524838004272559
Abstract	“The need for thorough and accurate assessment of trauma in the lives of children and adolescents has become extremely important for the implementation of appropriate interventions. This article reviews 35 measures, 25 in depth and 10 in brief, that are currently available for use by researchers and practitioners. Instruments were divided into four domains: those that screen for (1) both a history of exposure to traumatic events and the presence of symptoms of trauma; (2) only a history of exposure; (3) symptoms of posttraumatic stress disorder (PTSD) or Dissociations; and (4) multiple symptoms of trauma (i.e. depressions, anger, sexual concerns, as well as PTSD). Information about the type of instrument, how trauma is constructed, psychometric properties, and practical issues are addressed for each of the 25 measures. A brief analysis is also provided for each measure.” (p.55)
Author	Credentials: Virginia C. Strand, MSW, DSW, Professor Position and Institution: Institute for Research, Support and Training (Children FIRST), Fordham University Graduate School of Social Service, NY, US Publication History in Peer-Reviewed Journals: Extensive-70
Publication	Type of publication: Scholarly peer reviewed journal Publisher: Sage Publications (US) Other: Publication: Trauma, Violence, & Abuse
Date and Citation History	Date of publication: January 31st, 2005 Cited By: 170
Stated Purpose or Research Question	“Information on published psychometric properties is summarized, and there is an emphasis in the review on providing practical information. Therefore, details about the availability of the instrument, cost of the instrument, and time needed to administer the instrument are included where available” (p.56).
Author’s Conclusion	“Worth commenting on are those measures that meet three criteria: promising in terms of psychometric development, free, and accessible. In the category of both History and Symptoms, the UCLA PTSD Reaction Index (separate self-report measures for children, adolescents, and parents) meets these criteria. In the History of Exposure category, the TESI stands out when these three criteria are applied. In the PTSD and Dissociative Symptom category, the CDC (a parent report) and the CAPS-CA (a clinician-administered instrument) emerge. The PEDS (a parent self-report instrument) meet these criteria in the Multiple Trauma Symptom category. Together, they total five instruments representing each of the four domains that are available at no cost and are easily accessible” (p.72).
Overall Relevance to your EBP Question	Overall Relevance of Article: Good Rationale: Lots of examples of different types of assessments are recorded in this summary. A very comprehensive list is provided.
Overall Quality of Article	Overall Quality of Article: Good Rationale: Great summary of information to help understand the different types of assessments and screenings utilized.

Conceptual or Theoretical Article

	Overview of Article:
Type of article	Overall Type: Conceptual or Theoretical Article Specific Type: Overview
APA Reference	Conradi, L., Wherry, J., & Kisiel, C. (2011). Linking child welfare and mental health using trauma-informed screening and assessment practices. <i>Child Welfare, 90</i> (6), 129–147.
Abstract	“An abundance of research suggests that children in the child welfare system (CWS) have experienced numerous traumatic events and are exhibiting traumatic stress symptoms. Therefore, it is critical that the CWS work closely with the mental health system to ensure that these children receive the appropriate trauma screening, trauma-focused assessment, and referral to the appropriate trauma-focused mental health services. This paper will begin by providing a concrete definition of trauma-focused screening and highlighting how that differs from a more comprehensive trauma-focused assessment process and a psychological evaluation. From there, the authors will highlight existing trauma-focused screening and assessment tools that are used widely within CWSs and the challenges related to integrating trauma-focused screening practices into CWSs. The authors will provide recommendations for ways in which child welfare jurisdictions can integrate trauma-focused screening practices into their daily practice” (p.1).
Author	Credentials: PsyD Position and Institution: Clinical Psychologist, Chadwick Center for Children and Families, Rady Children’s Hospital, San Diego Publication History in Peer-Reviewed Journals: Extensive
Publication	Type of publication: Scholarly peer-reviewed journal. Publisher: Child Welfare
Date and Citation History	Date of publication: November 1, 2011 Cited By: 46
Stated Purpose or Research Question	“The purpose of the current paper was to provide guidance to CW staff to tease apart some of the often confusing terminology regarding screening, assessment, and evaluation and offer relevant tools and techniques to best ensure that a child is referred to the most appropriate and evidence-based trauma-focused treatment to meet his or her needs” (p. 144).
Author’s Conclusion	“Given the high number of children within the CWS who have been exposed to traumatic events, it is critical for CW workers to adequately screen for level and types of trauma exposure and traumatic stress symptoms and refer children to a mental health provider to conduct a more in depth trauma-focused assessment” (p.145).
Overall Relevance to your EBP Question	Overall Relevance of Article: Good Rationale: This article provides a wide range of background information regarding specific screening and assessment tools used, including their psychometric characteristics. This relates profoundly to our EBP question as the author concludes with the importance of interprofessional collaboration in providing trauma-informed care.
Overall Quality of Article	Overall Quality of Article: Good Rationale: This article provides helpful information and discussion on the range of trauma assessments available. It will be helpful for our project in addition to primary research studies.

	Overview of Article:
Type of article	Overall Type: Conceptual or Theoretical Article Specific Type: Review
APA Reference	Dube, S. R. (2018). Continuing conversations about adverse childhood experiences (ACEs) screening: A public health perspective. <i>Child Abuse & Neglect</i> , 85, 180-184. doi:10.1016/j.chiabu.2018.03.007.
Abstract	“Currently, in the U.S. and worldwide, childhood trauma is a public health crisis. Childhood adversities, such as abuse, neglect, and related household stressors, are common, interrelated and contribute to multiple adverse social, behavioral and <u>health outcomes</u> throughout the lifespan. The present article provides further discussion regarding <u>adverse childhood experiences (ACEs) screening</u> in healthcare utilizing the <u>etic</u> and <u>emic</u> perspectives. Screening in the healthcare system leans toward the etic view: objective observations of symptoms, which may then lead to intervention delivery. Whereas the emic view provides the subjective perspective as experienced by participants of a system, culture, or common group. Finkelhor’s argument about cautions regarding widespread screening is relevant in the current allopathic healthcare system, which utilizes an etic perspective and where evidence-based ACEs interventions within a biomedical-centric model are lacking. Therefore, in healthcare settings, universal ACEs screening may serve the clinicians with a surveillance tool to inform and guide medical practice and policy as they relate to delivering trauma-informed care. The Public Health Code of Ethics and Basis for Action reminds us about the values approach for collecting and using data ethically to protect population health. Practitioners and researchers across the globe are beginning to take community-engaged action, with an emic view of all community members involved”(p. 180).
Author	Credentials: PhD, MPH Position and Institution: Associate Professor of Epidemiology, Georgia State University Publication History in Peer-Reviewed Journals: Extensive
Publication	Type of publication: Scholarly peer-reviewed journals Publisher: Elsevier, Science Direct Other: Author covers extensive topics within the topic of trauma.
Date and Citation History	Date of publication: March 17, 2018 Cited By: 21
Stated Purpose or Research Question	“The present article provides further discussion regarding adverse childhood experiences (ACEs) screening in healthcare utilizing the etic and emic perspectives” (p.180).
Author’s Conclusion	“Healthcare providers are in a position to promote true patient-centered care and the human body’s capacity for healing. Within the context of ACEs, this is best accomplished by ensuring that the collection and use of data is non-diagnostic, multi-generational, trauma-informed, and includes assessment of patient resiliency” (p.184).
Overall Relevance to your EBP Question	Overall Relevance of Article: Moderate Rationale: This article provides helpful background information regarding screening for trauma, but as a discussion article, it lacks actual research.
Overall Quality of Article	Overall Quality of Article: Moderate Rationale: The article is provided by a well-known source but lacks the in-depth research we are seeking on the topic of trauma assessment tools.

Conceptual or Theoretical Article

	Overview of Article:
Type of article	Overall Type: Conceptual or Theoretical Article Specific Type: Overview
APA Reference	Wycoff, K., & Franzese, B. (2019). <i>Essentials of trauma-informed assessment and intervention in school and community settings</i> Wiley Publishing, Hoboken, NJ.
Abstract	“In the <i>Essentials of Psychological Assessment</i> series, the authors have attempted to provide the reader with books that will deliver key practical information in the most efficient and accessible style. Many books in the series feature specific instruments in a variety of domains, such as cognition, personality, education, and neuropsychology. This book is designed to provide school, clinical, and related psychologists and mental health practitioners and their trainers with science-based information about the negative and toxic effects of adverse childhood experience (ACEs) on children’s functioning, adjustment, cognitive, social-emotional, behavioral, academic, and neuropsychological outcomes. The book provides the knowledge base and tools to conduct trauma-informed assessments. It develops and provides evidence-based interventions, a means in which to consult with caregivers about best practices in working with these students. The book also provides expertise in helping schools consider a trauma-informed perspective on children’s educational and mental health services. It is organized and developed with the practitioner in mind. The book contains five sections. Section one discusses the history of trauma, adversity and the trauma-informed movement. Section two provides a brief description on complex trauma and the role of functional impairment. The next three sections discuss the trauma-informed assessment framework; the trauma-informed intervention framework; and ethical considerations in trauma-informed assessment and intervention” (p.5).
Author	Credentials: PhD Position and Institution: Associate Professor and Co-Director School Psychology Program, Eastern University Publication History in Peer-Reviewed Journals: Extensive
Publication	Type of publication: Trade Literature Publisher: Wiley Publishing
Date and Citation History	Date of publication: January, 2019 Cited By: 27
Stated Purpose or Research Question	“The purpose of [this material] is to provide the knowledge base and tools to conduct trauma-informed assessments, develop and provide evidence-based interventions, a means in which to consult with caregivers about best practices in working with these students, and provide expertise in helping schools consider a trauma-informed perspective on children’s educational and mental health services” (p. 6).
Author’s Conclusion	“When assessing such children, the importance of going above and beyond typical evaluations by gathering additional data from formal and informal testing, family and developmental history, and child and caregiver interviews allows for more comprehensive, trauma-focused evaluations. These evaluations can lead to targeted treatments to help understand the strengths and challenges of so many of our nation’s vulnerable, at-risk children and youth” (p.6).
Overall Relevance to your EBP Question	Overall Relevance of Article: Moderate Rationale: The information contained in this article is relevant but the design of the material is too broad to be efficient for research for this project.
Overall Quality of Article	Overall Quality of Article: Good Rationale: This article provides insightful information on the history of trauma screening, referencing past research on trauma research.

	Overview of Article:
Type of article	Overall Type: Conceptual or Theoretical Article Specific Type: Review
APA Reference	Wylie, L., Van Meyel, R., Harder, H., Sukhera, J., Luc, C., Ganjavi, H., Elfakhani, M., and Wardrop, N. (2018). Assessing trauma in a transcultural context: challenges in mental health care immigrants and refugees. <i>Public Health Reviews</i> , 39, 22-36. doi:10.1186/s40985-018-0102-y.
Abstract	“The growing numbers of refugees and immigrants from conflict-prone areas settling throughout the world bring several challenges for those working in the mental health care system. Immigrants and refugees of all ages arrive with complex and nuanced mental health histories of war, torture, and strenuous migration journeys. Many of the challenges of addressing the health care needs for this growing population of immigrants and refugees are often unfamiliar, and thus practices to address these challenges are not yet routine for care providers and health care organizations. In particular, complex trauma can make mental health assessments difficult for health care organizations or care providers with limited experience and training in transcultural or trauma-informed care. Using a transcultural approach can improve assessment and screening processes, leading to more effective and high-quality care for immigrant and refugee families experiencing mental health disorders. This paper presents findings from an assessment of current mental health services focusing on current practices and experiences with immigrant and refugee patients and families. The difficulties in developing shared understandings about mental health can hinder the therapeutic process; therefore, it is imperative to ensure an effective assessment right from the beginning, yet there is limited use of existing cultural formulation tools from the DSM-IV or DSM-5. The paper outlines current practices, approaches, challenges, and recommendations shared by mental health care providers and program leaders in addressing the mental health care needs of immigrants and refugees. The results from this study demonstrate that there are many challenges and inconsistencies in providing transcultural, trauma-informed care. Respondents emphasized the need for a thorough yet flexible and adaptive approach that allows for an exploration of differences in cultural interpretations of mental health. Our study concluded that ensuring a mindful, reflexive, transcultural, and trauma-informed health care workforce, and a learning environment to support staff with education, resources, and tools will improve the health care experiences of immigrants and refugees in the mental health care system” (p. 24).
Author	Credentials: Lloy Wylie, Ph. D Position and Institution: Department of Psychiatry, Western University, London, Ontario, Canada Schulich Interfaculty Program in Public Health, Western University, London, Ontario, Canada Publication History in Peer-Reviewed Journals: Extensive
Publication	Type of publication: Scholarly peer reviewed journal Publisher: Public Health Reviews, Springer Nature Other: Springer Nature is neutral with regard to jurisdictional claims in published maps and institutional affiliations.
Date and Citation History	Date of publication: August 22, 2018 Cited By: 8
Stated Purpose or Research Question	“This article discusses the challenges that mental health care providers working in London Ontario face with mental health assessments and care with immigrant and refugee patients. It identifies some of the barriers to using evidence-based models of care and provides recommendations from health care providers on how to support them to gain these practice-based skills” (p. 26).
Author’s Conclusion	”The respondents in our study demonstrated that ensuring mindful, reflexive practices that are transcultural and trauma-informed will go a long way in improving the health care experiences and healing journeys of immigrants and refugees in the mental health care system [24]. Although guidelines exist to inform such a practice in the DSM-5, some of the requirements, such as a supported learning environment that included education, resourcing, and standardized tools, are not in place across mental health services in London, Ontario. In addition, the complexity of intergenerational and family trauma highlights the need for using a family-based model of care, which is also poorly supported through existing models for appointments and billing. Families are collectively facing past and present challenges, ensuring the family as a whole is collectively embarking on their healing journey builds resilience to support that healing. This strong endorsement from care providers and community agencies led to the development of a transcultural, trauma-informed family-based mental health consultation service.” (p. 33).
Overall Relevance to your EBP Question	Overall Relevance of Article: Good Rationale: This article expresses the assessments done with immigrants and refugees who have experienced trauma. This gives a wide variety of population and what these assessments can be used with clinicians and researchers.
Overall Quality of Article	Overall Quality of Article: Good Rationale: This article has a great summary of what the experience of the assessments did for the refugees and families. This is something that can be implemented for health care specialists in mental health.

	Overview of Article
Type of article	Overall Type: Primary Research Study Specific Type: Screening study
APA Reference	Cline, V.D., Whitaker, B., Duran, P.A., Ratcliff, K., Rosenfeld, E.H., & Naik-Mathuria, B. (2018). Scratching below the surface: Screening for posttraumatic stress symptoms following hospitalization with the pediatric trauma service. <i>Journal of Trauma Nursing</i> , 25(4), 228-232. doi: 10.1097/JTN.0000000000000377
Abstract	“Significant progress has occurred medically for children who have experienced traumatic injuries; however, attention to their psychological adjustment has only more recently been a focus in research and clinical practice. These needs do not cease at discharge but, instead, require monitoring to determine whether further assessment and/or intervention are required. Our team, inclusive of the Psychology Service and the Trauma Service, identified 2 established screening measures (based on age) that were completed by patients during their outpatient follow-up visits post discharge. Should a patient screen positive, the Trauma Service referred them to the Psychology Service for further evaluation and possible treatment (i.e., trauma-focused cognitive-behavioral therapy). Of 881 trauma activations, 31 (4%) patients were screened at an outpatient follow-up appointment through pediatric surgery/trauma clinic. Of these completed screening tools, 29% screened positive and warranted a referral to Psychology. Intervention was recommended for the majority of the patients evaluated; however, half of these did not return for this intervention. A collaboration between the Psychology Service and the Trauma Service is a vital step toward providing stepped care for patients after unintentional injuries. This allows for evaluation of patient needs and then a referral source to meet these identified needs. Future directions include increasing the number of screened patients, perhaps with use of technological supports (i.e., REDCap) or expansion into other clinics and consideration of ways to increase family’s use of psychological intervention” (p. 228).
Author	Credentials: PhD., ABPP Position and Institution: Position not listed. Psychology Service, Pediatrics, Baylor College of Medicine Publication History in Peer-Reviewed Journals: Extensive
Publication	Type of publication: Scholarly peer-reviewed journal Publisher: Journal of Trauma Nursing Other: N/A
Date and Citation History	Date of publication: 2018 Cited By Google Scholar: 5
Stated Purpose or Research Question	“The aim of our study was to briefly describe how our setting, including the Psychology Service and the Trauma Service, collaborated to create a pilot screening process to help foster such a stepped-care model of care post dis-charge” (p 229).
Author’s Conclusion	“Recommendations for practice include collaboration between the Psychology Service and the Trauma Service regarding systems and possible stakeholders to include in establishing systematic screenings” (p 231).
Overall Relevance to your EBP Question	Overall Relevance of Article: Moderate Rationale: This article discusses two types of assessments used in the acute setting for the pediatric population to evaluate for trauma following hospitalization. It does not discuss its psychometric characteristics.
Overall Quality of Article	Overall Quality of Article: Good Rationale: Author is established, the publishing journal is reputable, and publication is within the last 10 years

	Overview of Article
Type of article	Overall Type: Primary Research Study Specific Type: Psychometric Study
APA Reference	Gillihan, S. J., Aderka, I. M., Conklin, P. H., Capaldi, S., & Foa, E. B. (2013). The child PTSD symptom scale: Psychometric properties in female adolescent sexual assault survivors. <i>Psychological Assessment</i> , 25(1), 23–31.
Abstract	“Traumatic experiences are common among youths and can lead to posttraumatic stress disorder (PTSD). In order to identify traumatized children who need PTSD treatment, instruments that can accurately and efficiently evaluate pediatric PTSD are needed. One such measure is the Child PTSD Symptom Scale (CPSS), which has been found to be a reliable and valid measure of PTSD symptom severity in school-age children exposed to natural disasters (Foa, Johnson, Feeny, & Treadwell, 2001). However, the psychometric properties of the CPSS are not known in youths who have experienced other types of trauma. The current study aims to fill this gap by examining the psychometric properties of the interview (CPSS-I) and self-report (CPSS-SR) administrations of the CPSS in a sample of 91 female youths with sexual abuse-related PTSD, a population that is targeted in many treatment studies. Scores on both the CPSS-I and CPSS-SR demonstrated good to excellent internal consistency. One-week test-retest reliability assessed for CPSS-SR scores was excellent ($r = 0.86$); interrater reliability of CPSS-I scores was also excellent ($r = 0.87$). Symptom-based diagnostic agreement between the CPSS-SR and CPSS-I was excellent at 85.5%; scores on both the CPSS-SR and CPSS-I also demonstrated good convergent validity (74.5-76.5% agreement) with the PTSD module of The Schedule of Affective Disorders and Schizophrenia for School-Age Children-Revised for "DSM-IV" (K-SADS; Kaufman, Birmaher, Brent, & Rao, 1997). The strong psychometric properties of the CPSS render it a valuable instrument for PTSD screening as well as for assessing symptom severity”(Contains 3 tables.) (p.23)
Author	Credentials: PhD Position and Institution: Seth J. Gillihan, Department of Psychiatry, University of Pennsylvania; Seth J. Gillihan is now at the Department of Psychology at Haverford College Publication History in Peer-Reviewed Journals: Extensive (25+)
Publication	Type of publication: Scholarly Peer Reviewed Publisher: American Psychological Association (US) Other: Psychological Assessment: A Journal of Consulting and Clinical Psychology
Date and Citation History	Date of publication: March 2013 Cited By: 57
Stated Purpose or Research Question	“We chose to examine the psychometric properties of the CPSS among survivors of sexual assault because of the high rates of PTSD following sexual abuse (e.g., Gillespie et al., 2009; Kessler et al., 1995). Furthermore, a recent meta-analysis of cognitive behavioral therapy studies of PTSD among children and adolescents revealed that the majority of these studies targeted sexual assault survivors (Kowalik, Weller, Venter, & Drachman, 2011). Thus, it is crucial to determine the psychometric performance of the CPSS among a sample drawn from this population” (p.24).
Author’s Conclusion	“A comparison with other measures of PTSD symptoms and severity in children and adolescents suggests that the CPSS has several advantages over other self-report and interview measures. The CPSS is one of a small number of instruments that maps directly onto the 17 PTSD symptoms from DSM-IV-TR. It also includes seven items that assess functional impairment, thereby providing additional information about a person’s posttrauma reactions. As discussed above, the availability of the CPSS at no cost represents an advantage over other measures that are available for a fee and may be especially beneficial for organizations and practitioners with limited financial resources. This advantage appears to carry no tradeoffs as the psychometric properties of the CPSS compare very favorably with those of instruments available for a fee. For example, the internal consistency of the CROPS ranges from .80 to .92 (Greenwald et al., 2002), which is similar to that of the CPSS-SR (.83); similarities also emerge for the test– retest reliability of scores on the CROPS ($r .70$; Greenwald et al., 2002) and scores on the CPSS-SR in the current study ($r .86$). Additional advantages of the CPSS include its brevity (24 items) and quick administration time (approximately 15 min). Taken together these data suggest that the CPSS is a good choice for assessing PTSD in children and adolescents” (p.30).
Overall Relevance to your EBP Question	Overall Relevance of Article: Good Rationale: In relation to our EBP question I find this article to be a good resource. It addresses the psychometrics and instrument used for assessing PTSD in adolescents who have experienced sexual assault
Overall Quality of Article	Overall Quality of Article: Good Rationale: The article outlines sound methodology in relation to identifying CPSS as a valid assessment and provides test-retest reliability.

	Overview of Article
Type of article	Overall Type: Primary Research Study Specific Type: Screening study, cross-sectional
APA Reference	Gonzalez, A., Monzon, N., Solis, D., Jaycox, L., & Langley, A. K. (2015). Trauma Exposure in Elementary School Children: Description of Screening Procedures, Level of Exposure, and Posttraumatic Stress Symptoms. <i>School Mental Health, 8</i> (1), 77–88. doi: 10.1007/s12310-015-9167-7
Abstract	“Traumatic childhood events can have a significant impact on overall child functioning. Early identification and intervention could offer significant benefits for children’s mental health and educational trajectories, but how to effectively identify young children is a challenge. In this paper, we describe screening for exposure to traumatic events and associated symptoms of posttraumatic stress, and examine differences by child gender and grade level. A total of 402 elementary school children in grades 1-5 participated across four elementary schools. We describe modified administration procedures of screening instruments for these young children. Children who endorsed exposure to one or more traumatic events were individually assessed for posttraumatic stress symptom severity. Thirty-four percent (n=138) of children screened experienced one or more traumatic events, and 75.4% of those exposed to at least one traumatic event endorsed moderate levels or higher of posttraumatic stress symptoms. Internal consistency of the symptom self-report instrument was adequate for children of all grade levels. Posttraumatic stress symptom severity increased for children exposed to more types of events. No gender/grade differences were found in symptom severity. Findings suggest that young children are impacted by traumatic events in relatively high numbers, that they can reliably report their posttraumatic stress symptoms, and that a large portion of those exposed to trauma experience significant distress. These results highlight the importance of early screening and identification of these children to curtail potential risk for future academic, social, and psychological maladjustment” (p. 1).
Author	Credentials: PhD Position and Institution: Assistant Professor, California State University, Long Beach, Department of Psychology Publication History in Peer-Reviewed Journals: Extensive
Publication	Type of publication: Scholarly peer reviewed Publisher: School Mental Health
Date and Citation History	Date of publication: March 2016 Cited By: 30
Stated Purpose or Research Question	“This study addresses several gaps in the existing literature by screening a diverse community of elementary school aged children (i.e., non-specialty sample), assessing several types of traumatic events (interpersonal and non-interpersonal), and examining differences in trauma exposure and associated symptoms by gender, grade level, and type of traumatic event. Specifically, our goals are to (a) describe the modified administration procedures for screening children for exposure to traumatic events in the elementary school setting, (b) report the level of trauma exposure in young schoolchildren (grades 1-5) and frequency of exposure to specific types of events, and (c) examine traumatic stress symptom severity of children with trauma exposure, including any potential differences by child gender and grade level. Based on previous work in similar regions, we anticipated that rates of trauma exposure would be comparable to those reported in studies conducting universal screening in middle and high schools. Finally, we did not anticipate detecting gender or grade level differences in trauma exposure or symptom severity. In addition, we conducted a preliminary examination of the reliability of our screening method in young children using developmentally-modified administration of self-report instruments; we anticipated that our modified screening procedures would yield reliable child reports” (p.4).
Author’s Conclusion	“In sum, results support calls to increase school-based screening of mental health in elementary school children. While the rationale for such screenings are clear, issues of implementation of screening procedures present challenges for many schools. However, trauma exposure was prevalent and distressing in young students and school-based mental health services may optimize access to children in need. From the school’s perspective, early school-based screening is needed to identify children who may be particularly vulnerable to symptoms of posttraumatic stress during a developmental period that may interfere with valuable early educational milestones (e.g., developing reading skills). From a public health perspective, screening for youth with trauma exposure, a risk factor for numerous adverse outcomes, may identify many children who would benefit from prevention and intervention” (p.15).
Overall Relevance to your EBP Question	Overall Relevance of Article: Good Rationale: Article is relevant to the EBP question in regards to screening instruments for childhood PTSD.
Overall Quality of Article	Overall Quality of Article: Good Rationale: Article is good quality as its recent and identifies sound methodology for addressing gaps in research around screening for PTSD in children

	Overview of Article
Type of article	Overall Type: Primary Research Study Specific Type: Psychometric study
APA Reference	Maxwell, C.A., Dietrich, M.S., & Miller, R.S. (2018). The frail questionnaire: A useful tool for bedside screening of geriatric trauma patients. <i>Journal of Trauma Nursing</i> , 25(4), 242-247. doi: 10.1097/JTN.0000000000000379
Abstract	“Frailty screening is a priority in acute care. Using secondary data from our prior study, we derived a 5-item FRAIL Questionnaire (instrument) score for 188 geriatric trauma patients and aimed to examine the influence of preinjury physical frailty (as measured by FRAIL) on 1-year outcomes. The study used a secondary data analysis design. Patients were 65 years and older admitted through the emergency department (ED) between October 2013 and March 2014. The 5 items of the FRAIL instrument were identified within data sources of our prior study, and a preinjury FRAIL score was created for each patient. For data analysis, frequencies, measures of central tendency, and linear and logistic regression models were used. Median age of the patients was 77 years (interquartile range [IQR] = 69–86), and median Injury Severity Score = 10 (IQR = 9–17). Upon admission to the ED, 63 patients (34%) were screened as frail (FRAIL score ≥ 3), 71 (38%) as prefrail (score = 1–2), and 54 (29%) as nonfrail (score = 0). Frequencies for components of the FRAIL score were as follows: fatigue (N=123; 65%), resistance (N= 61; 32%), ambulation (N= 76; 40%), illnesses (N= 51; 27%), and loss of weight (N= 11; 6%). After controlling for age, comorbidities, injury severity, and cognitive status, preinjury FRAIL scores explained 13% of the variability in function as measured by the Barthel Index (N= 129, $\beta = .36$, $p < .001$). Forty-seven patients died (26%) within 1 year. Logistic regression analysis revealed that the higher the preinjury FRAIL score, the greater the likelihood of mortality within 1 year (OR = 1.74, $p = .001$; 95% CI [1.27, 2.39]). The FRAIL Questionnaire predicts 1-year functional status and mortality and is a useful tool for bedside screening” (p 242).
Author	Credentials: PhD., RN Position and Institution: Assistant Professor, Vanderbilt University School of Nursing Publication History in Peer-Reviewed Journals: Extensive
Publication	Type of publication: scholarly peer-reviewed journal Publisher: Journal of Trauma Nursing Other: N/A
Date and Citation History	Date of publication: 2018 Cited By: 6
Stated Purpose or Research Question	“In response to a recognized need for frailty screening, clinicians at our Level 1 trauma center began using the five-item FRAIL Questionnaire (Morley, Malmstrom, & Miller, 2012) to screen patients 65 years and older admitted to the trauma service. We aimed to determine the extent to which the FRAIL instrument predicted geriatric trauma outcomes; thus, we retrospectively derived a five-item FRAIL score for patients in our prior study from separate data sources” (p 242).
Author’s Conclusion	“Our findings demonstrated that the five-item FRAIL Questionnaire was associated with reported functional status (as a measure of disability) 1-year post-hospital discharge and with mortality within that same time frame among geriatric trauma patients. The FRAIL score was found to be a predictor among the five preinjury characteristics included in our analysis” (p 245).
Overall Relevance to your EBP Question	Overall Relevance of Article: Poor Rationale: This article focuses on the FRAIL assessment - determining disability and mortality risk. It does not focus on the assessment of trauma or its psychometrics.
Overall Quality of Article	Overall Quality of Article: Good Rationale: Author is established, the publishing journal is reputable, and publication is within the last 10 years

	Overview of Article
Type of article	Overall Type: Primary Research Study Specific Type: Psychometric
APA Reference	Rolon-Arroyo, B., Oosterhoff, B., Layne, C. M., Steinberg, A. M., Pynoos, R. S., & Kaplow, J. B. (2019). The UCLA PTSD Reaction Index for DSM-5 Brief Form: A screening tool for trauma-exposed youths. <i>Journal of the American Academy of Child & Adolescent Psychiatry</i> . doi: 10.1016/j.jaac.2019.06.015
Abstract	“Children and adolescents who experience potentially traumatic events are at risk for developing posttraumatic stress disorder (PTSD). Although psychometrically sound measures are now available to assess these youths, brief tools are currently needed for screening purposes. Two studies were conducted to develop and validate the UCLA PTSD Reaction Index for <i>DSM-5</i> –Brief Form (RI-5-BF)” (p.1).
Author	Credentials: PhD Position and Institution: University of Mass. Amherst; Postdoctoral Fellow & Clinical Instructor UCLA Publication History in Peer-Reviewed Journals: Limited
Publication	Type of publication: Scholarly peer reviewed Publisher: Journal of the American Academy of Child & Adolescent Psychiatry
Date and Citation History	Date of publication: July 31, 2019 Cited By: N/A
Stated Purpose or Research Question	“Children and adolescents who experience potentially traumatic events are at risk for developing posttraumatic stress disorder (PTSD). Although psychometrically sound measures are now available to assess these youths, brief tools are currently needed for screening purposes. Two studies were conducted to develop and validate the UCLA PTSD Reaction Index for <i>DSM-5</i> –Brief Form (RI-5-BF)” (p. 2).
Author’s Conclusion	“These findings provide support for both the psychometric properties of the RI-5-BF as a brief screening measure for PTSD in children and adolescents and its utility for identifying youths meriting further assessment and consideration for treatment” (p. 6).
Overall Relevance to your EBP Question	Overall Relevance of Article: Good Rationale: The article evaluates psychometrics of brief screening measures of PTSD in children and adolescents, which is of interest to the scope of the EBP question.
Overall Quality of Article	Overall Quality of Article: Good Rationale: The article, though authored by a young researcher, is good quality as it is very recently published and provides a sound methodology for evaluating an instrument to measure PTSD in children.

	Overview of Article
Type of article	Overall Type: Review of Research Study Specific Type: Systemic Review
APA Reference	Eklund, K., Rossen, E., Koriakin, T., Chafouleas, S. M., & Resnick, C. (2018). A systematic review of trauma screening measures for children and adolescents. <i>School Psychology Quarterly</i> , 33(1), 30–43. Retrieved from https://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ1175479&site=ehost-live
Abstract	“Traumatized youth are at an increased risk of a host of negative academic and psychoeducational outcomes. Screening and identification of students who experience potentially traumatic events may help schools provide support to at-risk students. In light of this, the current study examines the availability and use of trauma screening measures to detect early indicators of risk among youth in schools. A systematic review was conducted to identify measures available to screen children and youth for trauma exposure and/or symptoms, as well as the associated psychometric properties to support each instrument’s applied use in schools. Eighteen measures met inclusion criteria, which consisted primarily of student self-report rating scales and clinical interviews. While many instruments measure the symptomology or exposure to trauma among children and youth, very little psychometric evidence was available to support the use of these measures in schools. Additional research is needed to endorse and expand the use of trauma screening measures in schools. Impact and Implications: The current study examines the availability of trauma screening measures to detect early indicators of trauma exposure and/or symptoms among youth. This systematic review provides descriptive information on 18 trauma screening measures and their associated psychometric properties. Findings suggest additional research is needed to endorse and expand the use of trauma screening in schools” (p.30).
Author	Credentials: PhD Position and Institution: Assistant Professor University of Missouri Department of School Psychology; Presently Assistant Professor at the University of Wisconsin Madison in School of Education Publication History in Peer-Reviewed Journals: Extensive
Publication	Type of publication: Peer Reviewed Scholarly Journal Publisher: School Psychology Quarterly
Date and Citation History	Date of publication: March 2018 Cited By: 10
Stated Purpose or Research Question	“Given a lack of existing research on the availability of trauma screening measures and the associated psychometric properties to support their use with children and youth in schools, the specific purposes of the current study were twofold. The first purpose was to create a database of currently available “trauma-related” screening measures that have demonstrated evidence to support their use with children and youth, including measures that examined exposure, symptomatology, or both. It was hypothesized that although current research has supported the expansion of trauma-related assessment measures for the general population, very few tools are currently available for use with children and youth. Second, the current study is designed to systematically assess the efficacy (accuracy) and effectiveness (feasibility and acceptability) of available trauma-related screening measures related to use with children and youth. Given the paucity of research on trauma screening in general (Eklund & Rossen, 2016), it was hypothesized that there would be very few studies examining the psychometric properties of trauma-related screening measures for youth. This paper also reviews important ethical and legal considerations when engaging in trauma screening, implications for school-based adoption, implementation, and recommendations for future practice and research” (p.32).
Author’s Conclusion	“Despite the presumed benefits of engaging in trauma screening in schools, information available on existing measures indicates the need for caution given limited information regarding efficacy and effectiveness. Schools planning to engage in such work should also ensure that attempts to participate in screening should include considerations for obtaining consent, being responsive to the context and needs of the school community, and responding to student needs once identified. For example, the recent study by Gonzalez and colleagues (2016) noted that the teachers in the school expressed surprise about some of the students referred as a result of trauma screening, suggesting that needs may exceed what might be expected or available in schools. In the meantime, schools should consider moving toward implementation of a trauma-informed framework of service delivery that incorporates (a) a school-wide focus; (b) dedication to a safe school environment; (c) development of student capacities; and (d) development of staff capacities (Chafouleas, Johnson, Overstreet, & Santos, 2016; Eklund & Rossen, 2016)” (p.41)
Overall Relevance to your EBP Question	Overall Relevance of Article: Good Rationale: Relevant to EBP question in so that it addresses the psychometrics of trauma screening measures for children and adolescents in schools and the existing gaps in research.
Overall Quality of Article	Overall Quality of Article: Good Rationale: Published within the last year and with a reputable lead author who has significant background in child/adolescent trauma and psychology. The article has sound methodology for a systematic review of literature.

	Overview of Article
Type of article	Overall Type: Review of Research Study Specific Type: Systematic Review
APA Reference	Gadeberg, A.K., Montgomery, E., Frederiksen, H.W., & Norredam, M. (2017). Assessing trauma and mental health in refugee children and youth: A systematic review of validated screening and measurement tools. <i>European Journal of Public Health</i> , 27(3), 439-446. http://dx.doi.org.pearl.stkate.edu/10.1093/eurpub/ckx034
Abstract	“Background: It is estimated that children below 18 years constitute 50% of the refugee population worldwide, which is the highest figure in a decade. Due to conflicts like the Syrian crises, children are continuously exposed to traumatic events. Trauma exposure can cause mental health problems that may in turn increase the risk of morbidity and mortality. Tools such as questionnaires and interview guides are being used extensively, despite the fact that only a few have been tested and their validity confirmed in refugee children and youth. Aims: Our aim was to provide a systematic review of the validated screening and measurement tools available for assessment of trauma and mental health among refugee children and youth. Methods: We systematically searched the databases PubMed, PsycINFO and PILOTS. The search yielded 913 articles and 97 were retained for further investigation. In accordance with the PRISMA guidelines two authors performed the eligibility assessment. The full text of 23 articles was assessed and 9 met the eligibility criteria. Results :Only nine studies had validated trauma and mental health tools in refugee children and youth populations. A serious lack of validated tools for refugee children below the age of 6 was identified. Conclusions: There is a lack of validated trauma and mental health tools, especially for refugees below the age of 6. Detection and treatment of mental health issues among refugee children and youth should be a priority both within the scientific community and in practice in order to reduce morbidity and mortality” (p 439).
Author	Credentials: Not listed Position and Institution: Position not listed. Section of Immigrant Medicine, Department of Infectious Diseases Copenhagen University Hospital Hvidovre Denmark Publication History in Peer-Reviewed Journals: Extensive
Publication	Type of publication: scholarly peer-reviewed journals Publisher: European Journal of Public Health Other: N/A
Date and Citation History	Date of publication: 2017 Cited By: 22
Stated Purpose or Research Question	“Our aim was to provide a systematic review of the validated screening and measurement tools available for assessment of trauma and mental health among refugee children and youth” (p 439).
Author’s Conclusion	“Our review shows that there is a lack of trauma and mental health screening and measurement tools developed directly for refugee youth, especially for young refugees below the age of six. Few existing tools have been validated in different cultural- and migration contexts” (p 445).
Overall Relevance to your EBP Question	Overall Relevance of Article: Good Rationale: This article reviews different types of assessments used specifically for the pediatric population. It discusses how they’re administered, their purpose, and appears to touch on the topic of validity of using these tools (a generalization of) to refugee populations.
Overall Quality of Article	Overall Quality of Article: Good Rationale: Author is established, the publishing journal is reputable, and publication is within the last 10 years

	Overview of Article
Type of article	Overall Type: Review of Research Study Specific Type: Systematic Review
APA Reference	Woodman, J., Lecky, F., Hodes, D., Pitt, M., Taylor, B., & Gilbert, R. (2010). Screening injured children for physical abuse or neglect in emergency departments: A systematic review. <i>Child: Care, Health & Development</i> , 36(2), 153-164. http://dx.doi.org.pearl.stkate.edu/10.1111/j.1365-2214.2009.01025.x
Abstract	“Background Screening markers are used in emergency departments (EDs) to identify children who should be assessed for possible physical abuse and neglect. We conducted three systematic reviews evaluating age, repeat attendance and injury type as markers for physical abuse or neglect in injured children attending EDs. Methods We included studies comparing markers in physically abused or neglected children and non-abused injured children attending ED or hospital. We calculated likelihood ratios (LRs) for age group, repeat attendance and injury type (head injury, bruises, fractures, burns or other). Given the low prevalence of abuse or neglect, we considered that an LR of 10 or more would be clinically useful. Results All studies were poor quality. Infancy increased the risk of physical abuse or neglect in severely injured or admitted children (LRs 7.7-13.0, 2 studies) but was not strongly associated in children attending the ED (LR 1.5, 95% CI: 0.9, 2.8; one study). Repeat attendance did not substantially increase the risk of abuse or neglect and may be confounded by chronic disease and socio-economic status (LRs 0.8-3.9, 3 studies). One study showed no evidence that the type of injury substantially increased the risk of physical abuse or neglect in severely injured children. Conclusions There was no evidence that any of the markers (infancy, type of injury, repeated attendance) were sufficiently accurate (i.e. LR \geq 10) to screen injured children in the ED to identify those requiring paediatric assessment for possible physical abuse or neglect. Clinicians should be aware that among injured children at ED a high proportion of abused children will present without these characteristics and a high proportion of non-abused children will present with them. Information about age, injury type, and repeat attendances should be interpreted in this context” (p 153).
Author	Credentials: Not listed Position and Institution: Position not listed. Centre for Evidence-based Child Health and MRC Centre of Epidemiology for Child Health, UCL-Institute of Child Health, London Publication History in Peer-Reviewed Journals: Extensive
Publication	Type of publication: scholarly peer-reviewed journal Publisher: Child: Care and Health Development Other: N/A
Date and Citation History	Date of publication: 2010 Cited By: 52
Stated Purpose or Research Question	“Screening markers are used in emergency departments (EDs) to identify children who should be assessed for possible physical abuse and neglect. We conducted three systematic reviews evaluating age, repeat attendance and injury type as markers for physical abuse or neglect in injured children attending EDs” (p 153).
Author’s Conclusion	“However, there was no evidence that age was associated with physical abuse or neglect in less severely injured children attending an ED...The evidence suggested that repeated attendance at the ED was not sufficiently accurate to be used as a screening marker for physical abuse or neglect in injured children...repeat attendance is not a sensitive marker for abuse...” (p 159-161).
Overall Relevance to your EBP Question	Overall Relevance of Article: Good Rationale: This article discusses the screening of injured children to see if they could’ve been subjects of abuse. It discusses 3 markers used and their validity.
Overall Quality of Article	Overall Quality of Article: Good Rationale: Author is established, the publishing journal is reputable, and publication is within the last 10 years

	Overview of Article
Type of article	Overall Type: Conceptual or Theoretical Article Specific Type: N/A
APA Reference	Ghandour, R.M., Campbell, J.C., & Lloyd, J. (2015). Screening and counseling for intimate partner violence: A vision for the future. <i>Journal of Women's Health, 24</i> (1), 57-61. http://dx.doi.org.pearl.stkate.edu/10.1089/jwh.2014.4885
Abstract	“We describe a vision of screening and intervention for Intimate Partner Violence informed by deliberations during the December 2013 Intimate Partner Violence Screening and Counseling Research Symposium and the resultant manuscripts featured in this special issue of the Journal of Women’s Health. Our vision includes universal screening and intervention, when indicated, which occurs routinely as part of comprehensive physical and behavioral health services that are both patient centered and trauma informed. Areas for future research needed to realize this vision are discussed” (p 57).
Author	Credentials: DrPH, MPA Position and Institution: Position not listed. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Epidemiology and Research, Rockville, Maryland. Publication History in Peer-Reviewed Journals: Extensive
Publication	Type of publication: scholarly peer-reviewed journal Publisher: Journal of Women’s Health Other: N/A
Date and Citation History	Date of publication: 2015 Cited By: 54
Stated Purpose or Research Question	“Building on this foundation, the goals of this paper are twofold: (1) to describe a vision for the effective implementation of evidence-based IPV screening, assessment and intervention strategies based on the research featured in this special issue; and (2) to highlight specific research gaps that must be filled in order to realize that vision” (p. 57).
Author’s Conclusion	“We propose a vision of universal IPV screening and intervention that occurs, routinely, as part of comprehensive physical and behavioral health services that are both patient centered and trauma informed” (p 60).
Overall Relevance to your EBP Question	Overall Relevance of Article: Moderate Rationale: This article discusses their desire to utilize assessments/screenings for IPV early on in a variety of settings, but does not specifically discuss the types of assessment/screenings they would use for this particular type of trauma.
Overall Quality of Article	Overall Quality of Article: Good Rationale: Author is established, the publishing journal is reputable, and publication is within the last 10 years

	Overview of Article
Type of article	Overall Type: Primary Research Study Specific Type: Psychometric
APA Reference	Bethell, C.D., Carel, A., Hudziak, J., Gombojav, N., Powers, K., Wade, R., & Braveman, P. (2017). Methods to assess adverse childhood experiences of children and families: Toward approaches to promote child well-being in policy and practice. <i>Academic Pediatrics, 17</i> (7S), S51-S69. DOI: 10.1016/j.acap.2017.04.161
Abstract	<p>“Background—Advances in human development sciences point to tremendous possibilities to promote healthy child development and well-being across life by proactively supporting safe, stable and nurturing family relationships (SSNRs), teaching resilience, and intervening early to promote healing the trauma and stress associated with disruptions in SSNRs. Assessing potential disruptions in SSNRs, such as adverse childhood experiences (ACEs), can contribute to assessing risk for trauma and chronic and toxic stress. Asking about ACEs can help with efforts to prevent and attenuate negative impacts on child development and both child and family well-being. Many methods to assess ACEs exist but have not been compared. The National Survey of Children’s Health (NSCH) now measures ACEs for children, but requires further assessment and validation. Methods—We identified and compared methods to assess ACEs among children and families, evaluated the acceptability and validity of the new NSCH-ACEs measure, and identified implications for assessing ACEs in research and practice. Results—Of 14 ACEs assessment methods identified, 5 have been used in clinical settings (vs public health assessment or research) and all but 1 require self or parent report (3 allow child report). Across methods, 6 to 20 constructs are assessed, 4 of which are common to all: parental incarceration, domestic violence, household mental illness/suicide, household alcohol or substance abuse. Common additional content includes assessing exposure to neighborhood violence, bullying, discrimination, or parental death. All methods use a numeric, cumulative risk scoring methodology. The NSCH-ACEs measure was acceptable to respondents as evidenced by few missing values and no reduction in response rate attributable to asking about children’s ACEs. The 9 ACEs assessed in the NSCH co-occur, with most children with 1 ACE having additional ACEs. This measure showed efficiency and confirmatory factor analysis as well as latent class analysis supported a cumulative risk scoring method. Formative as well as reflective measurement models further support cumulative risk scoring and provide evidence of predictive validity of the NSCHACEs. Common effects of ACEs across household income groups confirm information distinct from economic status is provided and suggest use of population-wide versus high-risk approaches to assessing ACEs. Conclusions—Although important variations exist, available ACEs measurement methods are similar and show consistent associations with poorer health outcomes in absence of protective factors and resilience. All methods reviewed appear to coincide with broader goals to facilitate health education, promote health and, where needed, to mitigate the trauma, chronic stress, and behavioral and emotional sequelae that can arise with exposure to ACEs. Assessing ACEs appears acceptable to individuals and families when conducted in population-based and clinical research contexts. Although research to date and neurobiological findings compel early identification and health education about ACEs in clinical settings, further research to guide use in pediatric practice is required, especially as it relates to distinguishing ACEs assessment from identifying current family psychosocial risks and child abuse. The reflective as well as formative psychometric analyses conducted in this study confirm use of cumulative risk scoring for the NSCH-ACEs measure. Even if children have not been exposed to ACEs, assessing ACEs has value as an educational tool for engaging and educating families and children about the importance of SSNRs and how to recognize and manage stress and learn resilience” (p. 1-2).</p>
Author	<p>Credentials: PhD, MBA, MPH Position and Institution: Johns Hopkins Bloomberg School of Public Health, Child and Adolescent Health Measurement Initiative, Department of Population, Family and Reproductive Health, Baltimore, Md Publication History in Peer-Reviewed Journals: 85- moderate</p>
Publication	Type of publication: Peer-reviewed Journal Article Publisher: Acad Pediatr
Date and Citation History	Date of publication: July 8, 2019 Cited By: 85
Stated Purpose or Research Question	“Specific objectives for this study were to: 1) characterize and compare, using a standardized framework, existing and emerging measures of ACEs in adult and child populations (part 1); and 2) evaluate psychometric properties and internal and external validity of the new childhood ACEs measure included in the National Survey of Children’s Health (NSCH)-ACEs,55 which provides data on ACEs nationally, for all US states and, potentially, counties and cities (part 2)” (p. 5).
Author’s Conclusion	“Feasible and valid measurement methods are required to guide and evaluate primary care, public health, acute care, and other community-based models that endeavor to prevent and address the consequences of ACEs and promote healthy development and well-being among children, youth, and families. Future research is required to specify approaches, requirements, and the value of engaging families, children, and youth in assessing, addressing, and preventing ACEs in clinical and related settings, because previous research has focused more on adult populations and population-based assessment and research versus practice” (p. 16).
Overall Relevance to your EBP Question	Overall Relevance of Article: Moderate

	<p>Rationale: This article included many different assessment tests to use for individuals experiencing trauma, which relates to our EBP question.</p>
<p>Overall Quality of Article</p>	<p>Overall Quality of Article: Moderate Rationale: This article was recently published and has not yet been cited/included in any scholarly work. This journal article was written within the last year.</p>

	Overview of Article
Type of article	Overall Type: Primary Research Study Specific Type: Cross-sectional
APA Reference	Cerny, S., Aesoph, M., Green, N., & Johnson, B. (2017). Trauma-informed analysis of family occupational performance. <i>American Journal of Occupational Therapy</i> , 71(4_Supplement_1), 7111500062p1-7111500062p1. https://ajot.aota.org/article.aspx?articleid=2636526
Abstract	“Emotional and behavioral special needs can be understood as any behavior or state of being that interferes with children’s learning, development, and success during their primary occupations of play, education, and social participation. It is important not only to acknowledge the child’s maladaptive responses but also to understand how the child’s performance impacts the family context and functional family performance. Identification of the areas of occupational performance that families perceive to be most problematic is an imperative component of the occupational therapy process. Past research has focused on the occupational performance deficits of families with children presenting with physical disabilities, while minimal studies have looked at families of children with behavioral and emotional special needs. Therefore, the purpose of this study is to determine the areas of occupation that are most difficult in families of children with emotional and behavioral special needs and to assess caregiver-perceived performance and satisfaction with performance of these daily activities,” (n.p.).
Author	Credentials: Shana Cerny, OTD R/L Position and Institution: Assistant Professor of Occupational Therapy at the University of South Dakota Publication History in Peer-Reviewed Journals: 8 citations, limited
Publication	Type of publication: Scholarly peer-reviewed journals Publisher: American Occupational Therapy Association
Date and Citation History	Date of publication: August 7, 2017 Cited By: 0
Stated Purpose or Research Question	“Therefore, the purpose of this study is to determine the areas of occupation that are most difficult in families of children with emotional and behavioral special needs and to assess caregiver-perceived performance and satisfaction with performance of these daily activities,” (n.p.).
Author’s Conclusion	“By combining the knowledge of neurodevelopment and activity analysis in response to each area of occupation, intelligibility regarding the function of the child’s behavior and the supports needed can promote improved family occupational performance as the parents are able to see through the behavior and meet the deeper needs of their child through connection and empowerment,” (n.p.).
Overall Relevance to your EBP Question	Overall Relevance of Article: Good Rationale: Relates directly to trauma-informed care, brings family-centered care aspect into lens
Overall Quality of Article	Overall Quality of Article: Good Rationale: Article is organized, relevant, and easy to follow. Information is current and focuses on empowering the family.

	Overview of Article
Type of article	Overall Type: Primary Research Study Specific Type: Exploratory, Retrospective study
APA Reference	Fraser, J. G., Noroña, C. R., Bartlett, J. D., Zhang, J., Spinazzola, J., Griffin, J. L., . . . Barto, B. (2019). Screening for trauma symptoms in child welfare-involved young children: Findings from a statewide trauma-informed care initiative. <i>Journal of Child & Adolescent Trauma, 12</i> (3), 399-409. doi:10.1007/s40653-018-0240-x
Abstract	“Young children who experience abuse, neglect, domestic violence, and other interpersonal forms of trauma are at risk for developing complex psychological trauma. Timely referrals by child welfare services for trauma evaluation and intervention is critical, particularly during the developmentally-sensitive period of birth to three. However, few screening instruments exist that are feasible for implementation in child welfare services and none have reported psychometric data for children under three. The aim of this exploratory, retrospective study was to examine developmental differences in detection rates of two brief trauma screening scales, comparing outcomes for toddlers (age 1 and 2 years) and preschoolers (age 3 to 6 years), using the evaluation data from a statewide child welfare demonstration project. The sample included 151 children ages 1 to 6 participating in evidence-based trauma treatment with their caregivers. More than 80% of children, regardless of age group, met the cut-off on one of the screeners; children who met the cut-off on either screener were significantly more likely to have experienced domestic violence, physical abuse or poly-victimization. Implications for future research are discussed.” (p. 399).
Author	Credentials: PhD, MPH Position and Institution: Zero to Three, 1255 23rd Street, N.W., Suite 350, Washington, DC 20037, USA Publication History in Peer-Reviewed Journals: 60, moderate
Publication	Type of publication: Scholarly peer-reviewed journal Publisher: Journal of Child & Adolescent Trauma
Date and Citation History	Date of publication: September 2019 Cited By: 0
Stated Purpose or Research Question	“This article presents findings from an exploratory study examining trauma screening using data from the evaluation of a Federally-funded statewide demonstration project focused on increasing the capacity of child protective services to deliver trauma-informed services (the Massachusetts Child Trauma Project; see Bartlett et al. 2016; Barto et al. 2018; Fraser et al. 2014). The study investigates YCP-Screen and CBCL-PTSD outcomes, analyzed retrospectively, in a cohort of children receiving trauma treatment under the auspices of the Massachusetts Child Trauma Project” (p. 400).
Author’s Conclusion	“The study applied a developmental lens to further our understanding of screening for trauma symptoms in a sample of very young children receiving child welfare services, all of whom had been identified as needing treatment based on clinical presentation at intake into mental health services. Retrospective analysis of YCP-Screen items found that more than 80% of children, regardless of age group, met the cut-off for needing further trauma assessment” (p. 405).
Overall Relevance to your EBP Question	Overall Relevance of Article: Good Rationale: This article provides good information pertaining to trauma screening scales, which is relevant to our EBP question.
Overall Quality of Article	Overall Quality of Article: Moderate Rationale: This article was recently published and has not yet been cited/included in any scholarly work. This is also a peer-reviewed journal article.

	Overview of Article
Type of article	Overall Type: Primary Research Study Specific Type: Psychometric research study
APA Reference	Blevins, C. A., Weathers, F. W., Davis, M. T., Witte, T. K., & Domino, J. L. (2015). The posttraumatic stress disorder checklist for DSM-5 (PCL-5): Development and initial psychometric evaluation. <i>Journal of Traumatic Stress, 28</i> (6), 489-498. doi:10.1002/jts.22059
Abstract	“The Posttraumatic Stress Disorder Checklist (PCL) is a widely used DSM-correspondent self-report measure of PTSD symptoms. The PCL was recently revised to reflect DSM-5 changes to the PTSD criteria. In this article, the authors describe the development and initial psychometric evaluation of the PCL for DSM-5 (PCL-5). Psychometric properties of the PCL-5 were examined in 2 studies involving trauma-exposed college students. In Study 1 (N = 278), PCL-5 scores exhibited strong internal consistency ($\alpha = .94$), test-retest reliability ($r = .82$), and convergent ($r_s = .74$ to $.85$) and discriminant ($r_s = .31$ to $.60$) validity. In addition, confirmatory factor analyses indicated adequate fit with the DSM-5 4-factor model, $\chi^2 (164) = 455.83, p < .001$, standardized root mean square residual (SRMR) = $.07$, root mean squared error of approximation (RMSEA) = $.08$, comparative fit index (CFI) = $.86$, and Tucker-Lewis index (TLI) = $.84$, and superior fit with recently proposed 6-factor, $\chi^2 (164) = 318.37, p < .001$, SRMR = $.05$, RMSEA = $.06$, CFI = $.92$, and TLI = $.90$, and 7-factor, $\chi^2 (164) = 291.32, p < .001$, SRMR = $.05$, RMSEA = $.06$, CFI = $.93$, and TLI = $.91$, models. In Study 2 (N = 558), PCL-5 scores demonstrated similarly strong reliability and validity. Overall, results indicate that the PCL-5 is a psychometrically sound measure of PTSD symptoms. Implications for use of the PCL-5 in a variety of assessment contexts are discussed” (p. 167).
Author	Credentials: Not listed Position and Institution: VA Portland Health Care System, Portland, Oregon, USA Publication History in Peer-Reviewed Journals: 26 -moderate
Publication	Type of publication: Scholarly peer-reviewed journals Publisher: Journal of traumatic stress
Date and Citation History	Date of publication: December 1, 2015 Cited By: 837
Stated Purpose or Research Question	“The aim of the present research was to investigate the psychometric properties of the PCL-5. Two studies were conducted. The first study compared the PCL-5 to the PCL and two other self-report PTSD measures—the Posttraumatic Stress Diagnostic Scale (PDS; Foa, 1995) and the Detailed Assessment of Posttraumatic Stress (DAPS; Briere, 2001)—with respect to test-retest reliability, internal consistency, convergent and discriminant validity, and factor structure” (p.490).
Author’s Conclusion	“Specifically, Study 1 provided evidence of strong test-retest reliability for PCL-5 total score and test-retest and parallel forms reliability for individual PCL-5 items compared to PCL items. Although the test-retest reliability coefficient for PCL-5 total score was high, the mean PCL-5 total score was significantly lower at retest” (p. 496).
Overall Relevance to your EBP Question	Overall Relevance of Article: Moderately relevant Rationale: This study is moderately relevant to our EBP question as it briefly addresses trauma in the checklists.
Overall Quality of Article	Overall Quality of Article: Good Rationale: This is a reputable journal article and is written in the past 10 years. The article has also been cited more than 800 times.

	Overview of Article
Type of article	Overall Type: Primary Research Study Specific Type: Qualitative
APA Reference	Granström, A., Strömmer, L., Falk, A.-C., & Schandl, A. (2019). Patient experiences of initial trauma care. <i>International Emergency Nursing</i> , 42, 25–29. doi: 10.1016/j.ienj.2018.08.003
Abstract	<p>“Background: Correct initial treatment of trauma patients reduces mortality and morbidity. However, the initial examination may be perceived as traumatic because of the stressful situation, the unfamiliar setting and the shock of being seriously injured. To date, little is known about patient’s experiences of initial trauma management. The aim of this study was to explore trauma patients’ experiences of being exposed to initial full trauma team assessment at a Level 1 trauma centre.</p> <p>Methods: Interviews with 16 patients who had been exposed to initial trauma care were conducted at a Level 1 trauma centre, at a Swedish University Hospital. The interviews were transcribed verbatim and analysed with qualitative content analysis.</p> <p>Results: Patients’ experiences of initial trauma care can be summarized as: feeling safe in a frightening situation. The trauma team members were mostly perceived as professional, well-organised, and efficient. Yet, the patients described an emotional response to the trauma, physical discomfort during the examination, and feeling prioritised or being ignored in the encounter with the trauma team members.</p> <p>Conclusion: The initial trauma care may be improved if the trauma team members keep the patient’s physical and emotional wellbeing in focus and maintain an informative dialogue with the patient during the whole process” (p. 25).</p>
Author	<p>Credentials: Anna Granstrom, Ph.D. Position and Institution: Perioperative Medicine and Intensive Care (PMI) at Karolinska University Hospital (Stockholm, Sweden), Department of Physiology and Pharmacology at Karolinska University Hospital (Stockholm, Sweden). Publication History in Peer-Reviewed Journals: 9 scholarly contributions, moderate</p>
Publication	<p>Type of publication: Scholarly peer-reviewed journal Publisher: ScienceDirect</p>
Date and Citation History	<p>Date of publication: January, 2019 Cited By: 1</p>
Stated Purpose or Research Question	“The aim of this study was to explore trauma patients’ experiences of being exposed to initial full trauma team assessment at a Level 1 trauma centre,” (p. 25).
Author’s Conclusion	“A continuous focus on patients’ physical comfort and emotional wellbeing during the whole period in the trauma room, without compromising with safety, is needed. To increase patient satisfaction, the trauma members need to learn how to 1) better handle patients’ fear and worries 2) if possible reduce the number of painful procedures and 3) improve the personal encounter,” (p. 29).
Overall Relevance to your EBP Question	<p>Overall Relevance of Article: Good Rationale: Article focuses on opportunity for the hospital to improve in the area of trauma-informed care and also looks at the experiences that patients have already had in a trauma center.</p>
Overall Quality of Article	<p>Overall Quality of Article: Good Rationale: Familiar with ScienceDirect and enjoy their content. Article is scholarly, yet easy to follow and pull information from.</p>

	Overview of Article
Type of article	Overall Type: Primary Research Study Specific Type: Psychometric study
APA Reference	Grasso, D. J., Ford, J. D., & Greene, C. A. (2019). Preliminary psychometrics of the Structured Trauma-Related Experiences and Symptoms Screener for Adults (STRESS-A) in an urban prenatal healthcare clinic. <i>Psychological Trauma: Theory, Research, Practice, and Policy</i> , 11(8), 927-935. http://dx.doi.org/10.1037/tra0000476
Abstract	“The primary objective of the current study was to examine preliminary psychometric characteristics of the Structured Trauma-Related Experiences and Symptoms Screener for Adults (STRESS-A), a novel self-report instrument that inventories childhood and adulthood trauma-related experiences and assesses symptoms of posttraumatic stress disorder (PTSD) according to the Diagnostic and Statistical Manual for Mental Disorders (5th ed.; [DSM–5] American Psychiatric Association, 2013). Designed for efficient administration and interpretation by non-clinically trained professionals, the STRESS-A is a promising tool for use in settings where mental health professionals are lacking,” (p. 927).
Author	Credentials: Damion J. Grasso, Ph.D. Position and Institution: Licensed Clinical Psychologist and Assistant Professor in Department of Psychiatry at the University of Connecticut Publication History in Peer-Reviewed Journals: 2 scholarly articles. Limited.
Publication	Type of publication: Scholarly peer-reviewed journal Publisher: PsychNet
Date and Citation History	Date of publication: November 1 st , 2019 Cited By: 0
Stated Purpose or Research Question	“The primary objective of the current study was to examine preliminary psychometric characteristics of the Structured Trauma-Related Experiences and Symptoms Screener for Adults (STRESS-A),” (p. 927).
Author’s Conclusion	“The STRESS-A is a promising tool for assessing risk associated with trauma exposure and probable DSM–5-based PTSD. Findings support its utility in a high-risk pregnancy cohort, a population that is underserved, yet shows high rates of trauma exposure and associated symptoms. Addressing maternal trauma-related impairment may have important implications for healthy fetal and child development,” (p. 935).
Overall Relevance to your EBP Question	Overall Relevance of Article: Moderate Rationale: Article is specific to one assessment tool related to trauma exposure.
Overall Quality of Article	Overall Quality of Article: Moderate Rationale: This article is so new, 10 days old, that it has not yet been cited in any other scholarly works. The article is well-written and informative.

	Overview of Article
Type of article	Overall Type: Primary Research Study Specific Type: Psychometric research study
APA Reference	Gray, M. J., Elhai, J. D., Owen, J. R., & Monroe, R. (2009). Psychometric properties of the trauma assessment for adults. <i>Depression & Anxiety, 26</i> (2), 190-195. doi:10.1002/da.20535
Abstract	“Background: The Trauma Assessment for Adults (TAA) was developed to facilitate the assessment of exposure to traumatic events that could result in posttraumatic stress disorder (PTSD). The TAA inquires about numerous potentially traumatic events that an individual may have experienced. Although the TAA has been used extensively for clinical and research purposes, its psychometric properties have never been formally evaluated. The objective of the present investigation was to evaluate the psychometric properties of this frequently used measure. Methods: The studies reported here describe the performance of the TAA in two samples—college undergraduates (N=142) and community mental health center clients (N=67). Among undergraduates, 1-week temporal stability was evaluated and, in both samples, item- and scale-level convergence of the TAA with an established trauma exposure measure was assessed. Convergence of the TAA with clinically related constructs was also evaluated. Results: The TAA exhibited adequate temporal stability (r=.80) and satisfactory item-level convergence with existing measures of trauma history among college students. In the clinical sample, the TAA again converged well with an established measure of trauma exposure (r=.65). It was not as strongly predictive, in either sample, of trauma-related distress relative to an alternate trauma exposure measure. Conclusion: Although it performs satisfactorily, the TAA does not appear to be superior to other existing measures of trauma exposure” (p. 190).
Author	Credentials: Ph.D. Position and Institution: Department of Psychology, University of Wyoming, Laramie, Wyoming Publication History in Peer-Reviewed Journals: 204, extensive
Publication	Type of publication: Scholarly peer-reviewed journals Publisher: Depression and Anxiety
Date and Citation History	Date of publication: February 1, 2009 Cited By: 43
Stated Purpose or Research Question	“The studies presented here were designed to evaluate the psychometric properties and performance of the TAA. The first study utilized a nontreatment-seeking sample of undergraduate students to evaluate the TAA’s temporal stability and convergence with an established measure of PTE exposure—the Traumatic Life Events Questionnaire (TLEQ)—as well as its convergence with a related symptom measure. The second study, utilizing a sample of clients at a community mental health center, examined associations between the TAA and the TLEQ as well as a PTSD symptom measure to provide evidence for its construct validity” (p. 191).
Author’s Conclusion	“Though the degree of convergence was not quite as strong in the clinical sample, convergence between the TAA and the TLEQ was still satisfactory...Unfortunately, there does not appear to be a comprehensive PTE measure that can be commended above all others for all purposes, as no measure in existence inquires about all incidents that a clinician or a researcher may wish to know about” (p. 194).
Overall Relevance to your EBP Question	Overall Relevance of Article: Good Rationale: The articles purpose relates to our EBP question as it includes psychometric properties for trauma assessments.
Overall Quality of Article	Overall Quality of Article: Good Rationale: This article has been cited in 43 other scholarly articles and is well written within the past 10 years.

	Overview of Article
Type of article	Overall Type: Primary Research Study Specific Type: psychometric study
APA Reference	Kidman, R., Smith, D., Piccolo, L.R., & Kohler, H.P. (2019). Psychometric evaluation of the Adverse Childhood Experience International Questionnaire (ACE-IQ) in Malawian adolescents. <i>Child Abuse & Neglect</i> , 92(2019), 139-145. DOI: 10.1016/j.chiabu.2019.03.015
Abstract	<p>“BACKGROUND: Adverse childhood experiences (ACEs) can have lifelong adverse impacts on health and behavior. While this relationship has been extensively documented in high-income countries, evidence from lower-income contexts is largely missing. In order to stimulate greater research on the prevalence and consequences of ACEs in low-income countries, the World Health Organization (WHO) developed the ACE-International Questionnaire (ACE-IQ). OBJECTIVE: In this paper, we explore the factor structure, validity and reliability of the original ACE-IQ, and evaluate whether potential adaptations improve its predictive validity.</p> <p>PARTICIPANTS AND SETTING: Four hundred and ten adolescents (age 10-16 years old) from Malawi.</p> <p>METHODS: The adolescents answered an adapted version of ACE-IQ and Beck Depression Inventory (BDI).</p> <p>RESULTS: Taken together, our results suggest that (a) the ACE-IQ is structured in three dimensions: household disruption, abuse, and neglect; (b) there is support for the validity of the scale evidenced by the correlation between subdimensions (average across 13 correlations, $\phi = .20, p < 0,01$; across subdomains ($\phi = .10, p < 0,01$); partial agreement among children with the same caregiver ($ICC = .43, p < .001$) and correlation between ACE and depression (predictive validity; $r = .35, p < .001$); (c) information on the timing of the adversities ("last year" in addition to "ever") modestly improved the predictive value of the ACE-IQ in models of depression (from $R^2 = .12$ to $.15, p < .001$); and (d) additional HIV-related questions showed low endorsement and a modest correlation with BDI ($r = .25, p < 0,01$).</p> <p>CONCLUSION: Our findings suggest that the ACE-IQ is appropriate for use among adolescents from a low-income context” (p. 139).</p>
Author	<p>Credentials: Ph.D.</p> <p>Position and Institution: Program in Public Health and Department of Family, Population and Preventive Medicine, HSC Level 3, Stony Brook University (State University of New York), Stony Brook, NY 11794, United States</p> <p>Publication History in Peer-Reviewed Journals: Extensive</p>
Publication	<p>Type of publication: Scholarly, peer-reviewed</p> <p>Publisher: Child Abuse & Neglect</p>
Date and Citation History	<p>Date of publication: 08 April 2019</p> <p>Cited By: 1</p>
Stated Purpose or Research Question	<p>“We respond to this gap by examining the psychometric properties of the ACE-IQ among rural adolescents in Malawi, a sub-Saharan low-income country. Specifically, we explore the factor structure, validity and reliability of the original ACE-IQ, and evaluate whether potential adaptations improve its predictive validity” (p. 140).</p>
Author’s Conclusion	<p>“We found that information on the timing of the adversities (“last year” in addition to “ever”) improved the predictive value of the ACE-IQ in models of depression, but only modestly” (p. 144).</p>
Overall Relevance to your EBP Question	<p>Overall Relevance of Article: Moderate</p> <p>Rationale: This has moderate relevance because it looked at the psychometrics of the ACE-IQ. However, it is very specific and only looked at one test and one population.</p>
Overall Quality of Article	<p>Overall Quality of Article: Good</p> <p>Rationale: The author has extensive research and the article was published in a well-known journal. It hasn’t been cited many times, but that is because it is a relatively new article.</p>

	Overview of Article
Type of article	Overall Type: Primary Research Study Specific Type: Psychometric study
APA Reference	Kisala, P.A., Victorson, D., Pace, N., Heinemann, A.W., Choi, S.W., & Tulsy, D.S. (2015). Measuring psychological trauma after spinal cord injury: development and psychometric characteristics of the SCI-QOL psychological trauma item bank and short form. <i>The Journal of Spinal Cord Medicine</i> , 38(3), 326-334. DOI: 10.1179/2045772315Y.0000000022
Abstract	<p>“Objective: To describe the development and psychometric properties of the SCI-QOL Psychological Trauma item bank and short form.</p> <p>Design: Using a mixed-methods design, we developed and tested a Psychological Trauma item bank with patient and provider focus groups, cognitive interviews, and item response theory based analytic approaches, including tests of model fit, differential item functioning (DIF) and precision.</p> <p>Setting: We tested a 31-item pool at several medical institutions across the United States, including the University of Michigan, Kessler Foundation, Rehabilitation Institute of Chicago, the University of Washington, Craig Hospital and the James J. Peters/Bronx Veterans Administration hospital.</p> <p>Participants: A total of 716 individuals with SCI completed the trauma items</p> <p>Results: The 31 items fit a unidimensional model (CFI=0.952; RMSEA=0.061) and demonstrated good precision (theta range between 0.6 and 2.5). Nine items demonstrated negligible DIF with little impact on score estimates. The final calibrated item bank contains 19 items</p> <p>Conclusion: The SCI-QOL Psychological Trauma item bank is a psychometrically robust measurement tool from which a short form and a computer adaptive test (CAT) version are available” (p.326).</p>
Author	<p>Credentials: M.A., Associate Scientist</p> <p>Position and Institution: Department of Physical Therapy, College of Health Sciences, University of Delaware, Newark, DE</p> <p>Publication History in Peer-Reviewed Journals: extensive</p>
Publication	<p>Type of publication: Scholarly peer-reviewed</p> <p>Publisher: The Journal of Spinal Cord Medicine</p>
Date and Citation History	<p>Date of publication: 26 May 2015</p> <p>Cited By: 9</p>
Stated Purpose or Research Question	“Objective: To describe the development and psychometric properties of the SCI-QOL Psychological Trauma item bank and short form” (p. 326).
Author’s Conclusion	“We have developed a 19-item bank that may be administered using a subset of these items as either a CAT or fixed-length short form. This new tool should help fill the gap in measurement of this important psychosocial outcome in SCI research” (p.333).
Overall Relevance to your EBP Question	<p>Overall Relevance of Article: Moderate</p> <p>Rationale: Because the authors created an assessment and they looked at the psychometrics of their assessment. However, there is not a lot of research on the psychological trauma after spinal cord injuries.</p>
Overall Quality of Article	<p>Overall Quality of Article: Good</p> <p>Rationale: The author has had several publications in a well-known journal, and the article has been cited 9 other times.</p>

	Overview of Article
Type of article	Overall Type: Primary Research Study Specific Type: psychometric study
APA Reference	Palgi, Y., Shrira, A., & Ben-Ezra, M. (2017). The theoretical and psychometric properties of the Subjective Traumatic Outlook (STO) questionnaire. <i>Psychiatry Research</i> , 253(2017), 165-173. DOI: 10.1016/j.psychres.2017.03.050
Abstract	“The present study aimed to develop the theoretical construct and examine the psychometric properties of a new scale for measuring subjective traumatic outlook (STO) among individuals exposed to traumatic events. The main idea behind this construct is to assess individual differences in the way people exposed to traumatic experiences subjectively perceive their trauma. Using four samples, we conducted five studies that examine the new questionnaire's exploratory/confirmatory factor analysis (EFA/CFA), test-retest reliability, and construct validity. The STO was best captured by a five-item factor construct. This construct was found to have good convergent validity with similar, related subjective evaluations of PTSD and PTSD-related constructs. Yet, the STO also has unique and divergent properties compared to other questionnaires. The STO is a new, short questionnaire with excellent psychometric properties. It may provide practitioners with a good screening tool for attaining first impression about one's inner traumatic world, and predicting future risk for developing PTSD” (p.165).
Author	Credentials: Ph.D. Position and Institution: Department of Gerontology, University of Haifa, Israel Publication History in Peer-Reviewed Journals: Extensive
Publication	Type of publication: Scholarly, peer-reviewed Publisher: Psychiatry Research
Date and Citation History	Date of publication: 5 November 2016 Cited By: 4
Stated Purpose or Research Question	“In the present study, the psychometric properties of a novel questionnaire, i.e., the Subjective Traumatic Outlook (STO) questionnaire, is presented. The psychometric properties and the benefit of the STO over other questionnaires measuring one's subjective traumatic experience are examined” (p. 166).
Author's Conclusion	“Our findings showed that a five-item, one-factor structure best fits the data. This construct was replicated in all our samples (EFA and CFA) and the five-item structure had excellent internal validity. In addition, test-retest reliability also showed good results, suggesting that this structure is generally stable over time” (p. 171).
Overall Relevance to your EBP Question	Overall Relevance of Article: Good Rationale: This has good relevance because it looked at the reliability and validity of the Subjective Traumatic Outlook (STO) questionnaire. We will be able to use their results when looking at the psychometrics of assessments.
Overall Quality of Article	Overall Quality of Article: Good Rationale: The author has extensive research and the article was published in a well-known journal. It hasn't been cited many times, but that is because it is a relatively new article.

	Overview of Article
Type of article	Overall Type: Primary Research Study Specific Type: Psychometric research study
APA Reference	Tyler, P. M., Mason, W. A., Chmelka, M. B., Patwardan, I., Dobbertin, M., Pope, K., ... Blair, R. J. (2019). Psychometrics of a brief trauma symptom screen for youth in residential care. <i>Journal of Traumatic Stress, 32</i> (5), 753–763. doi: 10.1002/jts.22442
Abstract	“Trauma screening is an important element for providing trauma-informed services to youth in residential programs. Lack of time and resources may deter clinicians from conducting trauma screening at intake. Screening instruments that are less time consuming, less expensive, less invasive, could be used to quickly detect the possibility of trauma symptoms and inform the need for further assessment,” (p. 753–763).
Author	Credentials: Patrick Tyler, Ph.D. Position and Institution: Research clinician for the Center for Neurobehavioral Research Publication History in Peer-Reviewed Journals: 16
Publication	Type of publication: Scholarly peer-reviewed journals Publisher: Journal of Traumatic Stress
Date and Citation History	Date of publication: August 23 rd , 2019 Cited By: 0
Stated Purpose or Research Question	“This study tested the psychometric properties of the Brief Trauma Symptom Screen for Youth (BTSSY), which could be used during intake into residential care,” (p. 753).
Author’s Conclusion	“Preliminary results indicated the BTSSY may be a useful screening tool for identifying youth at residential care intake who may need additional assessment for PTSD. Limitations and implications for future research and practice are discussed,” (p. 763).
Overall Relevance to your EBP Question	Overall Relevance of Article: Good Rationale: This article relates to trauma-informed care assessments by looking at different screens that are time efficient, cost efficient, and patient-focused. This article is extremely recent and therefore has not been cited by other scholars yet, but aside from that, I would say that this article would be relevant to our research.
Overall Quality of Article	Overall Quality of Article: Good Rationale: This article quality is good, however it would be better if it was cited by other scholars. It was written very recently which explains the lack of citation, but the author has multiple other scholarly articles that have been cited by scholars.

	Overview of Article
Type of article	Overall Type: Review of Research Specific Type: Systematic Review
APA Reference	Arkins, B., Begley, C., & Higgins, A. (2016). Measures for screening for intimate partner violence: A systematic review. <i>Journal of Psychiatric and Mental Health Nursing</i> , 23(3-4), 217-235. DOI: 10.1111/jpm.12289
Abstract	“Abstract: Objective Intimate partner violence (IPV) is a public health priority due to the physical and mental impacts it has on health. No existing reviews have focused on the psychometric properties of IPV screening tools used to screen men and women within a mental health context. This review aimed to identify the best psychometrically tested screening tools available to assess all areas of IPV in men and women in mental health setting. Method Databases psycArticles, PsycINFO, Social Science, CINAHL, PubMed and Cochrane were searched from their starting date through to July 2015. Eligible studies were published in peer-reviewed publications in English. Results Thirty-six studies met the inclusion criteria. Ten IPV screening tools were identified. Three tools assessed all areas of IPV and were validated against an appropriate reference standard. One study tested IPV screening tool in a mental health setting. Conclusion Mental health nurses need to incorporate a psychometrically tested IPV tool as part of risk assessment and safety planning for clients. This review identified three tools that are suitable for identifying IPV in a mental health context. However, further research is necessary to validate IPV screening tools that are culturally sensitive and have been validated with men and women” (p.217).
Author	Credentials: Professor Position and Institution: School of Health Science, Waterford Institute of Technology, Waterford, Ireland. Publication History in Peer-Reviewed Journals: limited
Publication	Type of publication: Scholarly, peer-reviewed Publisher: <i>Journal of Psychiatric and Mental Health Nursing</i>
Date and Citation History	Date of publication: April 2016 Cited By: 20
Stated Purpose or Research Question	“What are the best psychometrically tested screening tools available to assess all areas of IPV in men and women in a mental health setting?” (p.222).
Author’s Conclusion	“This review has identified that currently there are 3 IPV screening tools, the AAS, HARK and WAST that screen all 3 areas of IPV abuse and have been validated against an appropriate reference standard but only the HARK tool had strong psychometric properties.” (p.234).
Overall Relevance to your EBP Question	Overall Relevance of Article: Good Rationale: This has good relevance because it looked at the available screenings for intimate partner violence, and it looked for psychometric properties of each.
Overall Quality of Article	Overall Quality of Article: Moderate Rationale: The author has limited research and publication history. But, it was published in a peer-reviewed scholarly journal.

	Overview of Article
Type of article	Overall Type: Review of Research Specific Type: Systematic Review
APA Reference	Gomez-Hernandez, M.A., Goberna-Tricas, J., & Paya-Sanchez, M. (2019). Characteristics and clinical applicability of the validated scales and tools for screening, evaluating, and measuring the risk of intimate partner violence. Systematic literature review (2003-2017). <i>Aggression and Behavior</i> , 44(2019), 57-66. DOI: 10.1016/j.avb.2018.11.006
Abstract	“Introduction: Several tools have been developed to objectively identify women who are experiencing intimate partner violence (IPV). The objective of this systematic review is to identify and describe the properties and clinical usefulness of the validated tools for detecting IPV published in the past 15 years. Methods: A systematic review was performed of the bibliographic databases PubMed, Cochrane Library, ENFISPO, IME, CINHALL, CUIDEN and Cuidatge. The search was restricted to articles published in the past 15 years. It was broadened to include grey literature. The articles selected present tools for screening, evaluating and measuring the risk of IPV, along with information on the validation of the tool. They are either written in Spanish or English. Results: 536 articles were found in total, of which eight were excluded as they appeared in two different data bases. A further 461 were excluded after reading the title and summary. 67 full articles were reviewed. 63 articles were finally included and 39 tools. Conclusion: This systematic review provides a big-picture perspective of validated IPV tools published since 2003. It can help health professionals and researchers choose the most appropriate tool for their specific purposes and context” (p.63).
Author	Credentials: Ph.D. Position and Institution: Department of Public Health, Mental Health and Perinatal Nursing, Faculty of Medicine and Health Sciences, University of Barcelona, Bellvitge Health Sciences Campus, C/Feixa Llarga s/n, 08907, L'Hospitalet de Llobregat, Barcelona, Spain Publication History in Peer-Reviewed Journals: Moderate
Publication	Type of publication: Scholarly, peer-reviewed Publisher: Aggression and Behavior
Date and Citation History	Date of publication: 28 November 2018 Cited By: 2
Stated Purpose or Research Question	“The objective is to identify and describe the properties, characteristics and, especially, clinical applicability of the validated tools for detecting IPV that have been published in the past 15 years” (p. 58).
Author’s Conclusion	“This review gives a big-picture perspective of the tools validated for screening, evaluation and IPV risk assessment published in the past 15 years” (p.64).
Overall Relevance to your EBP Question	Overall Relevance of Article: Moderate Rationale: This has moderate relevance because it looked at the psychometrics of intimate partner violence risk assessments. However, it is very specific and only looked at one test.
Overall Quality of Article	Overall Quality of Article: Good Rationale: The author has extensive research and the article was published in a well-known journal. It hasn’t been cited many times, but that is because it is a relatively new article.

	Overview of Article
Type of article	Overall Type: Review of Research Study Specific Type: Systematic Review
APA Reference	Hemmings, S., Jakobowitz, S., Abas, M., Bick, D., Howard, L. M., Stanley, N., . . . Oram, S. (2016). Responding to the health needs of survivors of human trafficking: A systematic review. <i>BMC Health Services Research</i> , 16, 1-9. doi:10.1186/s12913-016-1538-8
Abstract	<p>“Background: Despite the multiple physical and psychological health consequences associated with human trafficking, there is little evidence-based guidance available for health providers on assessing and meeting the health needs of trafficked people. We aimed to review literature that provided guidance or research on care provision for people who had been trafficked. Methods: We conducted a systematic review and qualitative analysis of peer-reviewed and grey literature. Data sources included electronic databases, reference list screening, citation tracking, and expert recommendations. Documents were included if they reported on: 1) male or females (adults or children) who were currently or had previously been trafficked; 2) health interventions or service provision; 3) primary, secondary, tertiary or specialist post-trafficking services; and 4) World Bank high income countries. Two reviewers independently screened and quality appraised documents. Framework analysis was used to analyse extracted data. Results: Forty-four documents were included, 19 of which reported findings of primary studies and nine of which exclusively addressed children. Evidence to inform the identification, referral and care of trafficked people is extremely limited. Within current literature on survivor identification, key indicators included signs of physical and sexual abuse, absence of documentation, and being accompanied by a controlling companion. Findings highlighted the importance of interviewing possible victims in private, using professional interpreters, and building trust. For provision of care, key themes included the importance of comprehensive needs assessments, adhering to principles of trauma-informed care, and cultural sensitivity. Further prominent themes were the necessity of multi-agency working strategies and well-defined referral pathways. Conclusions: Human trafficking survivors require healthcare that is trauma-informed and culturally sensitive to their particular needs. Coordination is needed between health providers and statutory and voluntary organisations. Future research should generate empirical evidence to develop trafficking indicators for use by health providers, alongside validated screening tools, and evaluate the effectiveness of psychological interventions” (p. 1).</p>
Author	Credentials: N/A Position and Institution: King’s College London, David Goldberg Centre, De Crespigny Park, London SE5 8AF, UK Publication History in Peer-Reviewed Journals: Limited
Publication	Type of publication: Scholarly peer-reviewed journal, Systematic Review Publisher: BMC Health Service Research
Date and Citation History	Date of publication: July 26, 2016 Cited By: 56
Stated Purpose or Research Question	“This review synthesises evidence on current knowledge and practice in responding to the health needs of trafficked people, specifically exploring identification, referral and provision of care by the healthcare sector” (p. 2).
Author’s Conclusion	“To foster recovery from this crime, healthcare professionals must be at the centre of responses for survivors. Responding to survivors’ needs requires that healthcare professionals adopt trauma-informed and culturally-sensitive approaches, conduct comprehensive health assessments, and participate in a reliable referral network, including law enforcement and voluntary support services” (p. 8).
Overall Relevance to your EBP Question	Overall Relevance of Article: Poor Rationale: This article is not relevant to our EBP question and may be appropriate for another EBP group.
Overall Quality of Article	Overall Quality of Article: Moderate Rationale: This is a systematic review and it has a growing number of citations. Furthermore, it was published in a scholarly journal, but credentials on the author could not be found.

	Overview of Article
Type of article	Overall Type: Conceptual Overview Specific Type: Overview
APA Reference	Cutuli, J. J., Alderfer, M. A., & Marsac, M. L. (2019). Introduction to the special issue: Trauma-informed care for children and families. <i>Psychological Services, 16</i> (1), 1-6. http://dx.doi.org/10.1037/ser0000330
Abstract	“This special issue of <i>Psychological Services</i> includes 18 articles describing efforts to promote and provide trauma-informed care for children and families. Trauma-informed care is an approach to providing services that is sensitive to the possibility that children and families have experienced past or ongoing traumatic situations with implications for their current functioning and response to interventions. Installing and maintaining a trauma-informed approach in organized care settings requires effective planning, initial assessment, implementation, reassessment, and support that reflects an ongoing commitment to recognizing the impact of trauma on those being served. The articles contained in this special issue span a range of efforts in each of these areas, including the development and refinement of models of care and specific interventions, establishing quality assessment tools, and providing illustrations of lessons learned from attempts to implement and sustain trauma-informed initiatives. This introduction to the special issue provides a brief overview of these articles. The purpose of this special issue is to share current data and models of trauma-informed care and to encourage further development of collaborative models, interventions, measurement tools, and implementation efforts that lead to better services and outcomes for children and families who experience trauma,” (p.1).
Author	Credentials: Dr. Cutuli, Ph.D. Position and Institution: Senior research scientist at Nemours Children’s Health Systems, Assistant professor of psychology at Rutgers University Publication History in Peer-Reviewed Journals: Extensive
Publication	Type of publication: Scholarly peer-reviewed journals Publisher: Psychological Services
Date and Citation History	Date of publication: December 28, 2018 Cited By: 4
Stated Purpose or Research Question	“The articles address topics such as defining and delivering components of trauma-informed care, assessment and screening to target and support trauma-informed care, training in trauma-informed care for providers and caregivers, and implementing and evaluating trauma-informed care initiatives,” (p. 1).
Author’s Conclusion	“We hope that these articles encourage further development of collaborative models, interventions, measurement tools, and implementation efforts that lead to better services and outcomes for children and families who experience traumatic stress,” (p. 6).
Overall Relevance to your EBP Question	Overall Relevance of Article: Good Rationale: Relates directly to trauma-informed care and provides multiple different articles within one source.
Overall Quality of Article	Overall Quality of Article: Good Rationale: Strongly suggest using this source to help answer our EBP question. The information is synthesized, organized, and relevant.