Initial Trauma Review

Adolescent/Young Adult Version (ITR-A)

This semistructured interview allows the clinician to cover the primary forms of trauma potentially experienced by adolescents (i.e., those between the ages of 12 and 21). The clinician may wish to paraphrase these questions in order to make them fit better into the session. However, (1) try to use the behavioral descriptors (don't just ask about "abuse" or "rape"), and (2) only ask as many questions at a given time period as is tolerated by the adolescent. Remaining questions can be asked at later points within the first few sessions. The question *How old were you the first time?* usually indicates whether or not the trauma was a form of child abuse. The questions *When this happened, did you ever feel very afraid, horrified, or helpless?* and *Did you ever think you might be injured or killed?* indicate whether the trauma meets Criterion A2 for DSM-IV PTSD or ASD.

1. **[Childhood physical abuse]** "Has a parent or another adult who was in charge of you ever hurt or punished you in a way that left a bruise, cut, scratches, or made you bleed?"

   ☐ Yes
   ☐ No

   If yes,

   "How old were you the first time?" _____

   "How old were you the last time?" _____

   "When this happened, did you ever feel very afraid, horrified, or helpless?"

   ☐ Yes
   ☐ No

   "Did you ever think you might be injured or killed?"

   ☐ Yes
   ☐ No

2. **[Sexual abuse]** "Has anyone who was five or more years older than you ever done something sexual with you or to you?"

   □ Yes
   □ No

   If yes,

   "How old were you the first time?" _____
   "How old were you the last time?" _____

   "When this happened, did you ever feel very afraid, horrified, or helpless?" [*NOTE: For sexual abuse only, this part is not necessary for PTSD Criterion A*]

   □ Yes
   □ No

   "Did you ever think you might be injured or killed?" [*NOTE: For sexual abuse only, this part is not necessary for PTSD Criterion A*]

   □ Yes
   □ No

3. **[Peer sexual assault]** "Has anyone who was less than five years older than you ever done something sexual to you that you didn't want or that happened when you couldn't defend yourself (for example, when you were intoxicated or asleep)?"

   □ Yes
   □ No

   If yes,

   "How old were you the first time?" _____
   "How old were you the last time?" _____
   "When this happened, did you ever feel very afraid, horrified, or helpless?"

   □ Yes
   □ No

   "Did you ever think you might be injured or killed?"

   □ Yes
   □ No

4. **[Disaster]** "Have you ever been involved in a serious fire, earthquake, flood, or other disaster?"

   □ Yes
   □ No

If yes,

"How old were you the first time?" _____

"How old were you the last time?" _____

"When this happened, did you ever feel very afraid, horrified, or helpless?"

□ Yes
□ No

"Did you ever think you might be injured or killed?"

□ Yes
□ No

5. [**Motor vehicle accident**] "Have you ever been involved in a serious automobile accident?"

□ Yes
□ No

If yes,

"How old were you the first time?" _____

"How old were you the last time?" _____

"When this happened, did you ever feel very afraid, horrified, or helpless?"

□ Yes
□ No

"Did you ever think you might be injured or killed?"

□ Yes
□ No

6. [**Partner abuse**] "Have you ever been slapped, hit, beaten, or hurt in some other way by someone you were dating or who you were in a sexual or romantic relationship with?"

□ Yes
□ No

If yes,

"How old were you the first time?" _____

"How old were you the last time?" _____

"When this happened, did you ever feel very afraid, horrified, or helpless?"

□ Yes
□ No

"Did you ever think you might be injured or killed?"

☐ Yes
☐ No

7. [**Nonintimate peer assault**] "Have you ever been physically attacked, assaulted, stabbed, or shot at by someone who wasn't a parent, date, or sexual partner?"

☐ Yes
☐ No

If yes,

"How old were you the first time?" _____

"How old were you the last time?" _____

"When this happened, did you ever feel very afraid, horrified, or helpless?"

☐ Yes
☐ No

"Did you ever think you might be injured or killed?"

☐ Yes
☐ No

8. [**Torture—if the adolescent is an immigrant from another country**] "In the country where you used to live, were you ever tortured by the government or by people against the government?"

☐ Yes
☐ No

If yes,

"How old were you the first time?" _____

"How old were you the last time?" _____

"When this happened, did you ever feel very afraid, horrified, or helpless?"

☐ Yes
☐ No

"Did you ever think you might be injured or killed?"

☐ Yes
☐ No

9. **[Police trauma]** "Have you ever been hit, beaten, assaulted, or shot by the police or other law enforcement officials?"

   ☐ Yes
   ☐ No

   If yes,

   "How old were you the first time?" _____
   "How old were you the last time?" _____
   "When this happened, did you ever feel very afraid, horrified, or helpless?"

   ☐ Yes
   ☐ No

   "Did you ever think you might be injured or killed?"

   ☐ Yes
   ☐ No

10. **[Medical trauma]** "Have you ever been in the hospital because you were very sick or very hurt?"

    ☐ Yes
    ☐ No

    If yes,

    "How old were you the first time?" _____
    "How old were you the last time?" _____
    "When this happened, did you ever feel very afraid, horrified, or helpless?"

    ☐ Yes
    ☐ No

    "Did you ever think you might die?"

    ☐ Yes
    ☐ No

11. **[Witnessing trauma]** "Have you ever seen someone else get killed, badly hurt, or sexually assaulted?"

    ☐ Yes
    ☐ No

If yes,

"How old were you the first time?" _____

"How old were you the last time?" _____

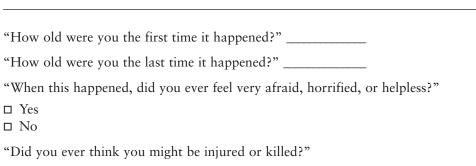"When this happened, did you ever feel very afraid, horrified, or helpless?"

☐ Yes
☐ No

"Did you ever think you might be injured or killed?" [*NOTE: Not required for PTSD Criterion A*]

☐ Yes
☐ No

12. **[Other trauma]** "Has any other very bad or upsetting thing ever happened to you?"

☐ Yes
☐ No

If yes, what was it? (If more than one, pick the worst other thing that happened)

_____

_____

"How old were you the first time it happened?" _____

"How old were you the last time it happened?" _____

"When this happened, did you ever feel very afraid, horrified, or helpless?"

☐ Yes
☐ No

"Did you ever think you might be injured or killed?"

☐ Yes
☐ No