COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
Adult System of Care
MHSA Implementation and Outcomes Division
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Purpose

- The UCLA PTSD-RI-5 is a brief questionnaire that assesses lifetime history of exposure to trauma and its impact.
- The Reaction Index contains **27 items** that assess the frequency of trauma-related symptoms.
- Four additional items assess dissociative symptoms.
- It is one of the most widely used instruments for assessing symptoms related to trauma in children and adolescents.
- It parallels DSM-5 diagnostic criteria for PTSD

Administration

The UCLA PTSD-RI-5:

- Completed by a Child/Adolescent **from 7 to 18** years.
- May be read aloud to a child/adolescent if need be
- Should be administered by a trained professional with a **minimum** of a bachelor's degree in psychology or related field, who is supervised by a trained Master's level clinician or higher.
- Interpretation is to be by a trained clinician who possesses a Master's degree or higher

Scoring

- The scoring template provides instructions for calculating the Total PTSD score along with cluster scores and PTSD diagnostic criteria considered "present".

PTSD-RI-5 Quick Guide – Child/Adolescent

UCLA Posttraumatic Stress Disorder-Reaction Index for Children/Adolescents – DSM 5 Version ©

Completed by children/adolescents aged 7 to 18 years, within the "21 day window" associated with the First and Last EBP Treatment Sessions, and every six months for treatment lasting six months or longer, for the following EBPs:

- Trauma Focused Cognitive Behavioral Therapy* (TF-CBT)
- Seeking Safety (SS)
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
- Managing and Adapting Practice (MAP-Traumatic Stress)
- Alternatives for Families - Cognitive Behavioral Therapy (AF-CBT)
- Individual Cognitive Behavioral Therapy for Trauma (Ind. CBT)

Sections of the PTSD-RI-5

Trauma/Loss History Screening Questions

- Assesses lifetime history of trauma by surveying 23 specific types
- Captures information from all available sources (e.g. self-report, report of parents, teachers, social worker, DCFS, etc.)

Trauma/Loss Details

- Asks for additional information for any of the 23 specific trauma types endorsed in Part I
- Can also be used to capture information from other sources (e.g., self-report trauma screener, DCFS reports, caregiver interview, etc.)
- Client is asked to identify which trauma (type) is currently the most upsetting
- The clinician is asked to provide a brief description of the trauma/loss that is most bothersome now

Reaction Index (Items 1-27 assess 4 categories of PTSD symptoms)

- Intrusion Symptom Category:
  - Recurrent or involuntary distressing dreams, memories, thoughts, repetitive play or dissociative reactions related to the traumatic event(s)
- Persistent Avoidance Category:
  - The avoidance or efforts to avoid reminders of the traumatic event(s)
- Negative Alterations in Cognitions and Mood Category
  - Persistent and exaggerated negative beliefs about oneself, the world, others, negative mood states, inability to experience positive emotions
- Increased Arousal Category
  - Marked increase in arousal or reactivity such as irritability, hypervigilance, exaggerated startle response, sleep or concentration problems

Client circles the number corresponding to how often he/she has experienced trauma-related symptoms **in the past month**:

0	None	Did not experience
1	Little	Approximately twice during the past month
2	Some	Approximately 1-2 times each week
3	Much	Approximately 2-3 times each week
4	Most	Almost daily

PTSD Severity Scores ≥ 35 are clinically significant.

Additional Information

- A score of 1 or more on items 4, 20, 26 and 27 suggests client may pose a risk to self or others
- The developers of the PTSD-RI have an electronic scoring program available that can calculate all Category and Total scores and can assist in treatment planning and in outcome evaluation

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Administration

The UCLA PTSD-RI-5:

- Completed by Parent/Caregivers for children **ages 7 to 18** years.
- May be read aloud to parents/caregivers if need be
- Should be administered by a trained professional with a **minimum** of a bachelor's degree in psychology or related field, who is supervised by a trained Master's level clinician or higher.
- Interpretation is to be by a trained clinician who possesses a Master's degree or higher

Scoring

- The scoring template provides instructions for calculating the Total PTSD score along with cluster scores and PTSD diagnostic criteria considered "present".

PTSD-RI-5 Quick Guide – Parent/Caregiver

UCLA Posttraumatic Stress Disorder-Reaction Index for Parents/Caregivers – DSM 5 Version ©

Completed by Parents/Caregivers of clients aged 7 to 18 years, within the "21 day window" associated with the First and Last EBP Treatment Sessions, and every six months for treatment lasting six months or longer, for the following EBPs:

- Trauma Focused Cognitive Behavioral Therapy* (TF-CBT)
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Sections of the PTSD-RI-5

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PTSD Severity Scores ≥ 35 are clinically significant.
NOTE: "Don't Know" responses are considered missed items

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