

Purpose

- The UCLA PTSD-RI is a 3-section questionnaire that assesses lifetime history of exposure to trauma and its impact.
- It contains **22 items** that assess the frequency of trauma-related symptoms.
- It is one of the most widely used instruments for assessing symptoms related to trauma in children and adolescents.
- Because it parallels DSM-IV diagnostic criteria for PTSD, the client's responses to the PTSD-RI can provide useful information to aid in diagnosis and treatment planning.

Administration

The UCLA PTSD-RI:

- Completed by Children/Adolescents **ages 6 to 20** years.
- May be read to clients, as it requires a minimum **age 12 reading level**.
- 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.
- Interpreted by a trained clinician who possesses a master's degree or higher



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DEPARTMENT OF
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PTSD-RI Quick Guide – Child & Adolescent

UCLA Posttraumatic Stress Disorder-Reaction Index for Children and Adolescents – DSM IV (Revision) ©

Completed by Clients ages 6 to 20 years, during the First and Last EBP Treatment Sessions, and every six months for treatment lasting six months or longer, for the following EBPs with treatment cycles that started before 11/1/15:

- 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)

Sections of the PTSD-RI

Trauma History Profile

- Provides a snapshot of the client's trauma history
- Assesses lifetime history of one's exposure to trauma

Self-Report Trauma History Profile

- Assesses subjective features of the trauma
- Child/Adolescent identifies situations he/she has experienced

Reaction Index (Items 1-22)

- **Reexperiencing Symptom Cluster:**
 - Evaluating the persistent reexperiencing of thoughts or feelings related to the traumatic event
 - One or more scores of 3 or higher is considered clinically significant
- **Avoidance/Numbing Cluster:**
 - Assessing symptoms associated with mental efforts to avoid cognitive-related reminders of the traumatic events
 - Three or more scores of 3 or higher is considered clinically significant
- **Increased Arousal Cluster:**
 - Identifying the degree to which the client feels "on edge" or is overly reactive to day-to-day situations
 - Two or more scores of 3 or higher is considered clinically significant

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 ≥ 38 are clinically significant

Scoring Information

- Please review the questionnaire to ensure client has answered every item
- Score sheet provides instructions for calculating total PTSD severity score
- With UCLA's permission, LACDMH developed a scoring program for use with the Department's implementation of PEI EBPs

Purpose

- The UCLA PTSD-RI is a 3-section measure that assesses lifetime history of exposure to trauma.
- It contains **21 items** that assess the frequency of trauma-related symptoms in children.
- It is one of the most widely used instruments for assessing symptoms related to trauma in children and adolescents.
- Because it parallels DSM-IV diagnostic criteria for PTSD, the parent's responses to the PTSD-RI can provide useful information to aid in diagnosis and treatment planning.

Administration

The UCLA PTSD-RI:

- Completed by Parents/Caregivers of children or adolescents **ages 3 to 18** years.
- May be read to respondents, as it requires a minimum **age 12 reading level**.
- 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.
- Interpreted by a trained clinician who possesses a master's degree or higher.



PTSD-RI Quick Guide - Parent

UCLA Post-Traumatic Stress Disorder-Reaction Index for DSM IV (Parent Version. Revision 1) ©

Completed by Parents/Caregivers of clients ages 3 to 18 years, during the First and Last EBP Treatment Sessions, and every six months for treatment lasting six months or longer, for the following EBPs, for treatment cycles that started before 11/1/15:

- 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)

Sections of the PTSD-RI

Trauma History Profile

- Provides a snapshot of the child's history of trauma
- Assesses lifetime history of the client's exposure to trauma
- Parent/caregiver reports which presented traumatic events the client experienced

Reaction Index (Pages 3 and 4)

- **Reexperiencing Symptom Cluster:**
 - Evaluating the persistent reexperiencing of thoughts or feelings related to the traumatic event
 - One or more scores of 3 or higher is considered clinically significant
- **Avoidance/Numbing Cluster:**
 - Assessing symptoms associated with mental efforts to avoid cognitive-related reminders of the traumatic events
 - Three or more scores of 3 or higher is considered clinically significant
- **Increased Arousal Cluster:**
 - Identifying the degree to which the client feels "on edge" or is overly reactive to day-to-day situations
 - Two or more scores of 3 or higher is considered clinically significant

Parent/caregiver circles the number corresponding to how often the client 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
5	Don't Know	

PTSD severity scores ≥ 38 are clinically significant

Scoring Information

- Please review the questionnaire to ensure the parent/caregiver has answered every item
- Score sheet provides instructions for calculating total PTSD severity score
- With UCLA's permission, LACDMH developed a scoring program for use with the Department's implementation of PEI EBPs

Purpose

- The UCLA PTSD-RI Adult is a brief version of the UCLA PTSD-RI.
- It contains **22 items** that assess the frequency of trauma-related symptoms.
- The UCLA PTSD-RI is one of the most widely used instruments for assessing symptoms related to trauma.
- Because it parallels DSM-IV diagnostic criteria for PTSD, the client's responses to the PTSD-RI can provide useful information to aid in diagnostic formulation and treatment planning.

Administration

- Completed by Adult clients who are 21 years of age and older.
- May be read to clients, as it requires a minimum **age 12 reading level**.
- 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.
- Interpreted by a trained clinician who possesses a master's degree or higher.



PTSD-RI Quick Guide – Adult

UCLA Posttraumatic Stress Disorder-Reaction Index for Adults – DSM IV (Revision) ©

Completed by Adult Clients 21 years of age and older, during the First and Last EBP Treatment Sessions, and every six months for treatment lasting six months or longer, for the following EBP:

- Seeking Safety (SS) for treatment cycles stated before 11/1/15

Adult Short Form

Posttraumatic Stress Disorder Index

- **Reexperiencing Symptom Cluster:**
 - Evaluating the persistent reexperiencing of thoughts or feelings related to the traumatic event (item numbers: 2, 3, 5, 6, & 18)
 - One or more scores of 3 or higher is considered clinically significant
- **Avoidance/Numbing Cluster:**
 - Assessing symptoms associated with mental efforts to avoid cognitive-related reminders of the traumatic event
 - Evaluating whether one experiences difficulty experiencing positive emotions (item numbers: 7, 8, 9, 10, 11, 15, 17, 19, & 21)
 - Three or more scores of 3 or higher is considered clinically significant
- **Increased Arousal Cluster:**
 - Identifying the degree to which the client feels “on edge” or is overly reactive to day-to-day situations (item numbers: 1, 4, 12, 13, 16 & 20)
 - Two or more scores of 3 or higher is considered clinically significant

Clinical Utility

- Assesses symptom severity at the start of treatment and at any point during the course of treatment
- Aids in diagnostic formulation and treatment planning
- Evaluates response to treatment
- Focuses treatment to alleviate symptoms of PTSD that are resulting in primary distress and/or functional impairment

Client circles the number corresponding to how often he/she has experienced various 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 ≥ 38 are clinically significant

Scoring Information

- Please review the questionnaire to ensure client has answered every item
- Questionnaire includes operational information for determining symptom frequency
- Questionnaire includes scoring sheet for calculating total PTSD severity score
- With UCLA's permission, LACDMH developed a scoring program for use with the Department's implementation of PEI EBPs