**Trauma SBIRT Protocol Integrity Checklist**

1. Introduction of provider:

*Example: “Hi, I’m (name), and work here as a part of your service team. I’d like to talk with today about health and well-being. Is that OK?”*

Done: \_\_\_\_\_\_

2. *Do you have health insurance?* \_\_\_\_\_Yes

 \_\_\_\_\_No

If yes, who is your carrier?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Done: \_\_\_\_\_\_\_

2a. If no: *Would you like to talk to Covering Wisconsin, who can help you with getting it?*

 \_\_\_\_\_Yes

 \_\_\_\_\_No Done: \_\_\_\_\_\_\_

 N/A: \_\_\_\_\_\_\_

2b. If yes, make a referral. Done: \_\_\_\_\_\_\_

 N/A: \_\_\_\_\_\_\_

Notes (Date appointment made, what was result if known):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. *Do you have a place to go for health care?*

 \_\_\_\_\_Yes Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_No

Done: \_\_\_\_\_\_

3a. If no: *Would like a referral to Whole Health Clinic or another clinic*?

 \_\_\_\_\_\_Yes

 \_\_\_\_\_\_No Done: \_\_\_\_\_\_

 N/A: \_\_\_\_\_\_

3b. If yes, make a referral to Whole Health Clinic or another clinic.

Notes (Date appointment made, how did you make appointment):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Done: \_\_\_\_\_\_

N/A: \_\_\_\_\_\_

4. Introduce stress and trauma, and their relationship to well-being and job performance.

*Example: “They say that stress from daily life or from traumatic events can have a significant impact on mental health, physical health and even job performance.*

 Done: *\_\_\_\_\_\_*

5. Ask permission to implement trauma SBIRT protocol.

*I’d like to talk to you briefly about stress or related concerns - things that can affect your health and well-being.  Is that ok?*

Done: \_\_\_\_\_\_

 *5a.* Discuss limits of confidentiality.

*“I won't share your information with anyone other than perhaps your case manager, if that is OK.  However, if you do tell me that you could harm yourself or others, than I have to report that information to outside supports in order to get you help.  Does that make sense?”*

Done: \_\_\_\_\_\_

6. Ask about specific stressors in client’s life.

*What are the top stressors in your life right now?* List them*:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Done:\_\_\_\_\_\_

7. Ask about exposure to potential traumatic events (Trauma History Screen):

*How about any previous stressors or trauma?  Have you experienced any past trauma, either in childhood or adulthood, such as the following?*

*A. A really bad car, boat, train, or airplane accident \_\_\_\_\_*

*B. A really bad accident at work or home \_\_\_\_\_*

*C. A hurricane, flood, earthquake, tornado, or fire \_\_\_\_\_*

*D. Hit or kicked hard enough to injure - as a child \_\_\_\_\_*

*E. Hit or kicked hard enough to injure - as an adult \_\_\_\_\_*

*F. Forced or made to have sexual contact - as a child \_\_\_\_\_*

*G. Forced or made to have sexual contact - as an adult \_\_\_\_\_*

*H. Attack with a gun, knife, or weapon \_\_\_\_\_*

*I. During military service - seeing something horrible or being badly scared \_\_\_\_\_*

*J. Sudden death of close family or friend \_\_\_\_\_*

*K. Seeing someone die suddenly or get badly hurt or killed \_\_\_\_\_*

*L. Some other sudden event that made you feel very scared, helpless or horrified \_\_\_\_\_*

*M. Sudden move or loss of home and possessions. \_\_\_\_\_*

*N. Suddenly abandoned by spouse, partner, parent, or family. \_\_\_\_\_*

*O. Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* \_\_\_\_\_

 Done: \_\_\_\_\_\_

8. Ask about trauma symptoms. Please read the following verbatim (Primary Care Post Traumatic Stress Disorder Screen):

*Sometimes people can actually develop post-traumatic stress symptoms from these kinds of experiences.  We can even develop post-traumatic stress symptoms from traumas we can’t remember. Let me know if you have had any of these stress symptoms in the past month.*

1. *In the past month, have you ever had nightmares about an upsetting event or thought about the event when you did not want to?*

*\_\_\_\_\_\_*

1. *In the past month, have you ever tried hard not to think about the upsetting event or went out of your way to avoid situations that reminded you of it?*

*\_\_\_\_\_\_*

1. *In the past month, did you ever feel like you were constantly on guard, watchful, or easily startled?*

\_\_\_\_\_\_

1. *In the past month, have you ever felt numb or detached from others, activities, or your surroundings?*

\_\_\_\_\_\_

1. *In the past month, have you felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?*

\_\_\_\_\_\_

Done: \_\_\_\_\_\_

9. Ask about positive coping around stress and/or trauma:

*What have been some of your positive ways of coping with stress or trauma?*

(Reflective listening, support positive coping)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Done: \_\_\_\_\_\_

10. Ask about coping that may have led to problems:

*What have been some unhelpful ways you may have dealt or coped with stress or trauma?*

(Reflective listening, support motivation to get help)

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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Done: \_\_\_\_\_\_

11. Help prepare client for referral by highlighting connections between traumatic stress and ongoing challenges with coping:

*Often it can be helpful to see a counselor in order to cope better with stress and maybe address previous trauma. What do you think?*

(Reflective listening, support motivation to get help)

 Done: \_\_\_\_\_\_

12. Gauge motivation for referral if applicable (client may not need one if no problems).

*Over the past few years, lots of progress has been made to help people deal with stress and trauma. We can refer you to supportive services. Do you think you may have interest in seeing someone in order to talk more about these topics?*

Client stated yes \_\_\_\_\_\_

 Client already seeing mental health professional \_\_\_\_\_\_

 Client stated no \_\_\_\_\_\_

 Client stated maybe \_\_\_\_\_\_

 N/A \_\_\_\_\_\_

(N/A= client does not have issues with trauma exposure, trauma symptoms, or negative coping)

13. Make a referral if applicable:

 Where referred? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How referred? \_\_\_\_\_\_\_Phone

 \_\_\_\_\_\_\_Verbal

 \_\_\_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Done \_\_\_\_\_\_ N/A \_\_\_\_\_\_

14. *How much trouble do you think you’ll have getting to your first counseling appointment* (e.g., transportation, scheduling, reluctance, fear)?

Not at all Very much

0 1 2 3 4

To overcome this I will: (e.g., have to find transportation)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 N/A \_\_\_\_\_\_

 Done \_\_\_\_\_

15. *How likely do you think it is that you will continue to participate in counseling services?*

Not at all Very much

0 1 2 3 4

To overcome this I will: (e.g., invest work now in a calmer future, talk to therapist)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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N/A \_\_\_\_\_\_

Done \_\_\_\_\_

16. Offer client the trauma fact sheet (“Understanding Trauma”):

*This fact sheet describes trauma, trauma recovery, and resources to help recovery from trauma.*

Fact sheet not accepted: \_\_\_\_\_\_\_

 Fact sheet accepted: \_\_\_\_\_\_\_

Done \_\_\_\_\_\_

17. *Are you feeling worse, the same, or better after this conversation*?

Worse \_\_\_\_\_\_\_

 Same \_\_\_\_\_\_\_

 Better \_\_\_\_\_\_\_

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Done \_\_\_\_\_\_

If **worse**, offer this grounding exercise:

* + Containment exercise or breathing retraining (EBP)
		- Inhale normal breath through nose
		- Slowly exhale through nose while silently repeating calming term
		- Pause for count of 4 between breaths (can be less)
		- Give instructions, model, then coach

(Coffey, Schumacher, Brimo, & Brady, 2005; Foa & Rothbaum, 1998)

* + If safety concerns emerge/persist, please contact supervisor in order to follow current safety planning and consultation protocols.

 Done (if client says “worse”, was grounding exercise offered): \_\_\_\_\_\_

 N/A: \_\_\_\_\_\_

 Done (if client is offered grounding exercise, was it COMPLETED): \_\_\_\_\_\_

 N/A: \_\_\_\_\_\_

Notes (e.g. why the grounding exercise is not completed if client says “worse”): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. Please mark the line that applies:

Client completed the T-SBIRT protocol \_\_\_\_\_\_

-OR-

Client started the T-SBIRT protocol but did not complete it \_\_\_\_\_\_