

ETI-CA

Essen Trauma – Inventory for Children and Adolescents *-Interview-*

Name/Reference: _____

Age: _____

Date of assessment: _____

| |
|--|
| List of potentially traumatic events (personally experienced/ witnessed?) |
|--|

| Part A | Personally | Witnessed |
|---|-----------------------|-----------------------|
| 1. Natural disaster | <input type="radio"/> | <input type="radio"/> |
| 2. Serious accident, fire, or explosion | <input type="radio"/> | <input type="radio"/> |
| 3. Severe illness/injury | <input type="radio"/> | <input type="radio"/> |
| 4. Assault by a stranger | <input type="radio"/> | <input type="radio"/> |
| 5. Assault by a known person | <input type="radio"/> | <input type="radio"/> |
| 6. Death or loss of an attachment figure (sudden/ unexpected) | <input type="radio"/> | <input type="radio"/> |
| 7. Captivity | <input type="radio"/> | <input type="radio"/> |
| 8. Sexual abuse by a stranger | <input type="radio"/> | <input type="radio"/> |
| 9. Sexual abuse by a known person | <input type="radio"/> | <input type="radio"/> |
| 10. Stay in war zone | <input type="radio"/> | <input type="radio"/> |
| 11. Torture | <input type="radio"/> | <input type="radio"/> |
| 12. Neglect | <input type="radio"/> | <input type="radio"/> |
| 13. Other stressful events | | |
| Which: _____ | | |

Which event is described as the worst? (Refers to the events listed above)

The following questions all refer to this **WORST EXPERIENCE.**

14. How long ago did this event happen?

Days: _____ Weeks: _____ Months: _____ Years: _____

15. Did the event entail...? (Trauma Criterion A according to DSM-IV)

| | YES | NO | |
|---|-----------------------|-----------------------|------------------|
| A1. Physical injury | <input type="radio"/> | <input type="radio"/> | |
| A2. Thoughts that the own life was at risk | <input type="radio"/> | <input type="radio"/> | <u>A1</u> |
| A3. Physical injury of someone else | <input type="radio"/> | <input type="radio"/> | |
| A4. Thoughts that someone else's life was at risk | <input type="radio"/> | <input type="radio"/> | |
| <hr/> | | | |
| A5. Feelings of helplessness | <input type="radio"/> | <input type="radio"/> | |
| A6. Strong fear | <input type="radio"/> | <input type="radio"/> | <u>A2</u> |
| A7. Strong tenseness | <input type="radio"/> | <input type="radio"/> | |
| A8. Strong feeling of restlessness | <input type="radio"/> | <input type="radio"/> | |

Trauma symptoms referring to the past 4 weeks

Part B

| | NEVER | RARELY | OFTEN | VERY OFTEN |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| ASD min. 1 <u>Intrusion</u> PTSD min. 1 item with 3 (very often) | 0 | 1 | 2 | 3 |
| 1. Do straining thoughts and memories of the event occur involuntarily? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Does he or she suffer from nightmares since the event? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Does he or she mentally "live through" the event repeatedly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Are memories of the event experienced as straining/ upsetting? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Does remembering the event cause physical reactions? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ASD min. 1 <u>Avoidance</u> PTSD min. 3 | | | | |
| 1. Does he or she try not to think or speak of the event or to suppress emotions related to it? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Does he or she avoid situations that would remind them of the event? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Is he or she unable to recall parts of the event? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Did he or she lose interest in activities they used to enjoy before the event? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Does he or she experience feelings of loneliness and alienation from their environment more often since the event? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Does he or she suffer from emotional numbness? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Does he or she feel hopeless and like their plans for the future will not come true/ are restricted? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ASD min. 1 <u>Hyperarousal</u> PTSD min. 2 | | | | |
| 1. Does he or she experience sleep problems? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Do outbursts of temper or greater irritability occur more often? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Does he or she have problems concentrating? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Does he or she show increased alertness/ caution without reason? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Is he or she more easily startled or highly nervous/ restless? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ASD min. 3 <u>Dissociation</u> | | | | |
| 1. Does he or she ever feel like they are not part of what is going on? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Does he or she have a changed sense of time and experience their environment "in slow motion"? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Does the event seem unreal, like it happened in a movie or dream? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Does he or she ever look in the mirror and does not recognise him or herself? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Does he or she ever feel like their body does not belong to them? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Does he or she experience spatial and/ or temporal disorientation? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

1. How long have the above problems been experienced?

Part C

- Less than 1 month 1
- Less than 3 months 2
- More than 3 months 3

2. How long after the worst event did the symptoms occur?

- Within 6 months 1
- After 6 months 2

3. Have there been more physical complaints after the worst event? If so, which?

- Stomach aches
- Head aches
- Sickness
- Diarrhoea
- Tremor
- Dizziness
- Racing heartbeat
- Breathlessness
- Seizures
- Other: _____

4. As how burdening/straining is the event experienced now?

- Not at all 0
- Very slightly 1
- Slightly 2
- Moderately 3
- Strongly 4
- Extremely 5

5. Current psychosocial restrictions/ negative effects on different areas of life.

| | NONE | SLIGHT | MODERATE | STRONG |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| | 0 | 1 | 2 | 3 |
| a. School/ Job | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Household chores and duties | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Hobbies und leisure activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Relationships to friends/ peers/ colleagues | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Relationships to family members | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Sexuality | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Evaluation

Acute Stress Disorder (ASD):

- DSM-IV Trauma Criterion A corresponds to ETI- item number 15: A1= A1, A2, A3, A4 (at least 1 item must be positive) and A2= A5, A6, A7, A8 (at least 1 item must be positive)
- Plus at least 1 Intrusion-, 1 Avoidance-, 1 Hyperarousal- and 3 Dissociation-Symptoms responded to with 3 (very often)
- Duration of symptom occurrence as well as time gap between traumatic event and onset 4 weeks max. (Part C, item 1)
- Restrictions in psychosocial areas existent (min. 1 “strongly”) (Part C, item 5)

Posttraumatic Stress Disorder (PTSD):

- DSM-IV Trauma Criterion A corresponds to ETI-item number 15: A1= A1, A2, A3, A4 (at least 1 item must be positive) and A2= A5, A6, A7, A8 (at least 1 item must be positive)
- Plus 1 Intrusion-, 3 Avoidance- and 2 Hyperarousal-Symptoms responded to with 3 (very often)
- Duration of symptom occurrence as well as time gap between traumatic event and onset min. 1 month (Part C, item 1)
- Restrictions in psychosocial areas existent (min. 1 “strongly”) (Part C, item 5)