

ETI-CA

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

Name/Reference: _____

Age: _____

Date of assessment: _____

List of potentially traumatic events (personally experienced/ witnessed?)
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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 | <input type="radio"/> | Head aches | <input type="radio"/> | Sickness | <input type="radio"/> | Diarrhoea | <input type="radio"/> |
| Tremor | <input type="radio"/> | Dizziness | <input type="radio"/> | Racing heartbeat | <input type="radio"/> | Breathlessness | <input type="radio"/> |
| Seizures | <input type="radio"/> | 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)