

TRAUMA ASSESSMENT AND TREATMENT FOCUS PROTOCOL

PATIENT NAME: _____

ADMISSION DATE: ___/___/___

DIAGNOSES (THIS ADMISSION): PRIMARY _____
SECONDARY _____

INPATIENT TREATMENT COORDINATOR _____

INVENTORY OF SYMPTOMS:

Psychological symptoms-

- | | |
|---|---|
| <input type="checkbox"/> flashbacks | <input type="checkbox"/> panic attacks |
| <input type="checkbox"/> nightmares | <input type="checkbox"/> loneliness |
| <input type="checkbox"/> decreased pleasure | <input type="checkbox"/> hopelessness |
| <input type="checkbox"/> hypervigilance/ tension | <input type="checkbox"/> guilt/self-accusation |
| <input type="checkbox"/> state changes (alter states) | <input type="checkbox"/> depersonalization! derealization |
| <input type="checkbox"/> heightened emotionality/emotional flooding | <input type="checkbox"/> intrusive thoughts of traumatic events |
| <input type="checkbox"/> periods of lost time or "spacing out" | <input type="checkbox"/> emotional numbing or detachment |
| <input type="checkbox"/> decreased attention or concentration | |
| <input type="checkbox"/> disturbance of past memory, specify _____ | |
| <input type="checkbox"/> suicidal ideation, specify _____ | |
| <input type="checkbox"/> phobias, specify _____ | |
| <input type="checkbox"/> paranoid ideation, specify _____ | |
| <input type="checkbox"/> hallucinations, specify _____ | |

Physiological symptoms-

- | | |
|--|--|
| <input type="checkbox"/> hyperarousal | <input type="checkbox"/> headache |
| <input type="checkbox"/> heightened startle response | <input type="checkbox"/> stomach problems |
| <input type="checkbox"/> shaking/ trembling | <input type="checkbox"/> pelvic pain |
| <input type="checkbox"/> pseudoseizures | <input type="checkbox"/> dizziness/ fainting |
| <input type="checkbox"/> anesthesia/numbness/decreased awareness of pain | |
| <input type="checkbox"/> sexual dysfunction, specify _____ | |
| <input type="checkbox"/> sleep disturbance, specify _____ | |

Maladaptive Behaviors-

- | | |
|--|--|
| <input type="checkbox"/> avoidance of people | <input type="checkbox"/> alcohol abuse |
| <input type="checkbox"/> avoidance of activities | <input type="checkbox"/> drug abuse |
| <input type="checkbox"/> compulsive rituals | <input type="checkbox"/> eating disorder |
| <input type="checkbox"/> violence to others | <input type="checkbox"/> anger outbursts sexual acting out |
| <input type="checkbox"/> violence to property | |
| <input type="checkbox"/> suicide attempts, specify most recent _____ | |
| <input type="checkbox"/> self-inflicted injuries, specify _____ | |
| <input type="checkbox"/> general self-neglect, specify _____ | |
| <input type="checkbox"/> medical self-neglect, specify _____ | |

Object Relations-

- ___ Impaired trust
- ___ avoidance of intimacy
- ___ lack of engagement with others
- ___ preoccupation with abandonments or losses
- ___ hostile engagement with others/angry struggles

- ___ passivity/ compliance
- ___ unstable relationships
- ___ excessive dependency
- ___ repetitive abusive relationships
- ___ impaired therapeutic alliance

Defensive style-

- ___ avoidance/isolation
- ___ behavioral dissociation
- ___ internal splitting
- ___ somatization/conversion symptoms
- ___ isolation of affects/disconnection from feelings

- ___ passive dependence
- ___ intellectualization
- ___ behavioral acting out
- ___ externalization of control/responsibility
- ___ identification with the aggressor

Sense of self-

- ___ low self-esteem
- ___ limited personal goals
- ___ fragmented or inconsistent sense of self
- ___ impaired sense of personal agency/disempowerment

- ___ guilt/sense of badness
- ___ self-hatred
- ___ constricted sense of future

CURRENT BEST FUNCTIONING:

- ___ acknowledges emotional/ behavioral difficulties
- ___ has cognitive understanding of problems and treatment
- ___ adequate affect tolerance
- ___ decreased self-directed aggression
- ___ minimal or no substance abuse
- ___ maintaining personal safety
- ___ compliant with treatments
- ___ stable treatment relationships
- ___ adequate self-care
- ___ consistent daily structure
- ___ supportive family relationships
- ___ supportive friendships
- ___ supportive love relationship(s)
- ___ able to set personal goals

CURRENT STAGE OF TREATMENT

- ___ stage 1 (issues of trust, safety, stability and structure are foremost)
- ___ stage 2 (processing and integrating past traumas, connecting past trauma to current difficulties)
- ___ stage 3 (working-through)

TARGET SYMPTOMS

- 1) _____
- 2) _____
- 3) _____

DISCHARGE GOALS

- 1) _____
- 2) _____
- 3) _____