The What, Why, and How-To of

Trauma-Informed Psychological Assessments

Dr. Rebecca Fisher and Dr. Sam Straughn

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Agenda

1. Define trauma.
2. Discuss the heterogeneity of trauma symptoms to assess for in a trauma informed evaluation.
3. Via a case study, discuss common assessment measures when used with trauma survivors, including those with minority statuses.
4. Discuss common diagnostic considerations, how to deliver feedback, and provide recommendations.

What is trauma?

The Three E's of Trauma

EVENT

EXPERIENCE

EFFECT

SAMHSA, 2023

Event of Trauma

Individual vs Collective vs Secondary

Acute (single) vs Chronic (repeated and prolonged) vs Complex (varied and multiple invasive, interpersonal events)

Interpersonal vs Intrapersonal vs Intergenerational

What is trauma according to the DSM?

Exposure to actual or threatened death, serious injury, or sexual violence in one or more of the following ways:

- Direct experience
- In-person witnessing of the event
- Learning that a traumatic event occurs to a close person
- Repeated or extreme exposure to aversive details of traumatic events

These are "BIG T" Traumas

Criterion A, PTSD, DSM-V-TR

What is trauma according to the APA?

"An event that exceeds an individual's capacity to cope, or creates a significant rupture in attachment, and can be severe enough to disrupt daily functioning."

Guidelines for Psychologists Regarding the Assessment of Psychological Trauma in Adults
2025

Non-Criterion A Trauma

Recent research indicates that Criterion-A events with resulting PTSD symptoms do have a greater degree of hyperarousal and a greater degree of symptom severity.

However, ambiguous traumatic events that were not full Criterion-A events still resulted in a significant degree of PTSD Cluster symptoms.

Howards et al., 2024

What are we assessing?

Experience of Trauma

Common Responses:

1. **Resistance** : never experience any major problems or reactions to event
2. **Natural Recovery:** Short term emotional, cognitive, and behavioral response to the event
3. **Delayed Dysfunction or response:** Symptoms do not appear immediately but emerge months or years later
4. **Chronic Dysfunction or response:** long term impact of trauma events

ISTSS, 2020, Galatzer-Levy et al, 2018, Bonanno, 2021

Mental Effect of Trauma

Criterion B: ***Intrusion*** *symptoms*	*Criterion C:* ***Avoidant*** *behaviors*	*Criterion D:* *Negative* ***alterations***
- Flashbacks, nightmares, unwanted recollections - Recurrent, involuntary, and intrusive	Avoiding internal and external reminders	- Inability to remember - Persistent and exaggerated negative beliefs - Internalized blame - Anhedonia

Criterion B,C,D, PTSD, DSM-V-TR

Physical Effect of Trauma

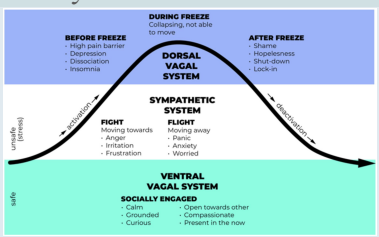


Figure 1: Polyvagal theory. Adapted from "Polyvagal Theory," By Denis De Blok, 2018. https://www.theloveatfirststribe.com/yoganews/2023/6/polyvagal-theory-how-yoga-improves-your-ability-to-cope-with-stress

Physical Effect of Trauma

Criterion E: Marked **alterations in arousal and reactivity**

Irritability and recklessness
Hypervigilance
Startle response

Criterion E, PTSD, DSM-V-TR

Neurological Effect of Trauma

Criterion E: Marked **alterations in arousal and reactivity**

Cognitive functioning:
Working memory, processing speed, language and verbal reasoning, learning

Executive functioning:
Attention, arousal, vigilance, perseverance, decision making, problem solving, initiation, impulse control

International Association of Trauma Professionals, 2019; Criterion E, PTSD, DSM-V-TR

CPTSD Effect of Trauma

All PTSD Criterion plus ***Disturbances in self-organization***

Affect Dysregulation
Negative Self Concept
Interpersonal Disturbances

ICD 11 - CPTSD, Otto, 2025

Heterogeneity of Trauma

- The events of trauma are universal but not equal
  - More likelihood of experiencing a trauma event when holding a minority status
- The experience and effect of trauma is **individual** and therefore **heterogeneous** in presentation

Resiliency Mindset

"A trauma-informed perspective views trauma-related symptoms and behaviors as an individual's best and most resilient attempt to manage, cope with, and rise above the experience of trauma."

SAMHSA, 2014

"In the context of exposure to significant adversity, **resilience** is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways."

Ungar, 2011

The Assessment Process

APA Guidelines for Psychologists in the Assessment of Psychological Trauma in Adults

KNOWLEDGE

1. Psychologists strive to understand trauma exposure as a **possible etiology** of common presenting problems.
2. Psychologists strive to understand how interviews and assessment data can be **used to measure traumatic consequences**, relying on validated methods and instruments.

APA, 2025

APA Guidelines for Psychologists in the Assessment of Psychological Trauma in Adults

CONTENT

3. Psychologists strive to **assess routinely for exposure** to trauma and stress/adversity, including details regarding the type, recency, and frequency of exposure.
4. Psychologists strive to **assess outcomes of trauma exposure** broadly, including emotion, cognition, behavior, and interpersonal effects.
5. Psychologists take care to choose assessment techniques **best suited for evaluation circumstances**, including measures for feigning that have shown validity in the context of assessing trauma exposure and posttraumatic stress.
6. Psychologists strive to consider h**ow culture, identity, and membership in one or more oppressed groups affect an evaluee's experience and understanding** of trauma and posttraumatic reactions.

APA, 2025

APA Guidelines for Psychologists in the Assessment of Psychological Trauma in Adults

PROCESS

7. Psychologists strive to understand **how cultural variables and trauma-related responses (e.g., intense emotions, amnesia, interpersonal distrust) can create reasonable barriers** to disclosure of information and affect the development of rapport.
8. Psychologists strive to be attentive to whether the evaluee is **experiencing posttraumatic symptoms during the assessment** process and are prepared to help evaluees **manage distress** related to the assessment.

APA, 2025

Handout

Case Composite

Trauma Informed Intake

"The main purpose of the assessment is to begin building relationships."

Sweeny, 2021

Intake - Asking About Trauma

Clarify to the client what to expect

Aim for direct and supportive

Respect boundaries that the client puts in place

Try to limit sharing if it is likely to stir up negative feelings and responses - even if the client insists they can share it

Take time for self-care and coping in the interview as needed

Be aware of your own emotional responses

SAMSHA, 2014

Intake - Domains Unique to Trauma Assessment

Start date of symptoms

Level of current safety

Contextual/environmental history (social and cultural)

Personal and familial trauma experiences

Understood effects or impacts

Resilience and strengths

SAMSHA, 2014

Observations

How does trauma appear in the assessment room?

Losing track of thoughts

Speech changes

Heightened or dulled emotions

Changes in fidgeting or movement

Eye contact differences

Trauma Informed Assessment Tools

Traumatic Experience or Exposure Assessments

Specific Trauma Symptom Measures

Emotional and Social Functioning Measures

Personality Measures

Neurodevelopmental Functioning Measures

Traumatic Experience Assessments

Traumatic Experience Assessments

- Adverse Childhood Experiences Scale
- **Life Events Checklist for DSM-5 (LEC-5)**
- Trauma History Screen (THS)
- **University of Connecticut Racial/Ethnic Stress and Trauma Survey (unRESTS)**

Life Events Checklist for DSM-5 (LEC-5)

- List of 16 events and one item for other events not listed
- Not all events meet DSM-5 Criteria A for levels of severity
- Three versions:
  - Standard version to establish if these events occurred
  - Extended version to establish the most severe event and the frequency of that event
  - An interview version, which includes information on early childhood relationships and traumatic experiences

Weathers et al., 2013a; Weathers et al., 2013b; Weathers et al., 2013c

Life Events Checklist for DSM-5 (LEC-5)

- For each event, the individual indicates if, in their *entire lifetime*...
  - The event happened to them
  - They witnessed the event happening to someone else
  - They learned about the event happening to a close family member or relative
  - They are exposed to the event as a part of their job
- Other options include "Not Sure" and "Doesn't Apply"

Weathers et al., 2013

Life Events Checklist for DSM-5 (LEC-5)

Natural disaster
Fire or explosion
Transportation accident
Serious accident at work, home, or during recreational activity
Exposure to toxic substance
Physical assault
Assault with a weapon
Sexual assault
Other unwanted or uncomfortable sexual experience

Combat or exposure to a war-zone
Captivity
Life-threatening illness or injury
Severe human suffering
Sudden violent death
Sudden accidental death
Serious injury, harm, or death you caused to someone else
Any other very stressful event or experience

Weathers et al., 2013

Life Events Checklist for DSM-5 (LEC-5)

- Life Events Checklist (LEC) was intended to be concurrently administered with the Clinician-Administered PTSD Scale for DSM-IV (CAPS)
  - In 2013, the LEC was revised into the LEC-5
  - Very few changes were made
- The original LEC showed convergent validity with the Traumatic Life Events Questionnaire (TLEQ) for both college student and combat veteran samples
- No psychometric information available for the LEC-5

Gray et al., 2004; U.S. Department of Veteran Affairs, 2013

University of Connecticut Racial/Ethnic Stress and Trauma Survey (unRESTS)

- A **semi-structured interview** which includes interview questions and guides for the interview
- **Assesses for experiences of racism** of the individual, their loved ones, and other sources of vicarious racism.
- If any of the reported experiences meet Criteria A, unRESTS includes a **Racial Trauma Assessment** which is structured around the DSM-5 criteria for PTSD

Williams et al., 2018; Williams & Zare, 2022

University of Connecticut Racial/Ethnic Stress and Trauma Survey (unRESTS)

A. Introduction to the Interview
B. Racial and Ethnic Identity Development
C. Experiences of Direct Overt Racism
D. Experiences of Racism by Loved Ones
E. Experiences of Vicarious Racism
F. Experiences of Covert Racism
G. Racial Trauma Assessment
   1. Re-Experiencing
   2. Avoidance
   3. Negative Changes in Cognition and Mood
   4. Physiological Arousal and Reactivity
   5. Dissociative Symptoms
   6. Distress and Interference
   7. Duration of Disturbance

Williams et al., 2018; Williams & Zare, 2022

University of Connecticut Racial/Ethnic Stress and Trauma Survey (unRESTS)

	#	***Experiences of Direct Overt Racism***
Give examples, if needed. This may include harassment at work, threats, victimization by law enforcement, etc. *Elicit a description of the event.*	C1	Can you share with me a time you were impacted by racism? This could be something that someone else either said or did to you. I am especially interested in any experiences where you were concerned about your safety and the event was very upsetting. *If needed:* If you can't think of any instances like that, then any racist experience will be fine (i.e., being followed in stores, called racial slurs, etc.).
Determine when the event occurred. *Be careful not communicate doubt that this was in fact a racist event.*	C2	How old were you when this happened?
	C3	What led you to believe this event happened due to your race?
Assess for degree and type of distress experienced, e.g., anger, depression, anxiety. *Determine if experience was a trauma.*	C4	How upset were you by this experience? *If distress was present:* Are you still upset by it?
	C5	Did you fear for your life, health, or safety? *If yes:* In what way?
Assess for adaptive versus maladaptive coping strategies.	C6	How did you cope with this experience?
Assess for availability and use of support system.	C7	How did other important people in your life respond when you told them about this?
Ask about other experiences of racism.	C8	Can you tell me about another experience of racism like that? *If necessary:* This can be any other situation where you were fearful, concerned about your safety, or if the event was very upsetting.

Williams et al., 2018

University of Connecticut Racial/Ethnic Stress and Trauma Survey (unRESTS)

- Able to use to **identify racial trauma** and clinical **levels of PTSD** resulting from racial trauma
- unRESTS ability to identify racial trauma was positively correlated with the Racial Trauma Scale (RTS), the Multiethnic Identity Measure (MEIM-6), and the Trauma Symptoms of Discrimination Scale (TSDS)

Williams et al., 2018; Williams & Zare, 2022

Trauma Symptom Assessments

Trauma Symptom Scales

- **Trauma Symptom Inventory - 2**
- PTSD Checklist for DSM-V
- **Race-Based Traumatic Stress Symptom Scale**
- Trauma Symptoms Checklist - 40
- Clinician-Administered PTSD Scale for DSM-5 - Child/Adolescent Version (CAPS-CA-5)
- **Multidimensional Inventory of Dissociation**
- unRESTS Racial Trauma Assessment (discussed above)

The Trauma Symptom Inventory-2 (TSI-2)

- Meant for adults 18 an older to assess post-traumatic symptoms as well as trouble with attachment, self-reference, and "acting out" behaviors
  - 136 items, responded to on a scale from 0 to 3
- Has an alternate form (TSI-2-A) that does not have sexual symptoms items
- Specifically assesses symptoms of the last 6 months

Briere, 2011

The Trauma Symptom Inventory-2 (TSI-2)

Based off of the census data from 2007

Table 4.2
TSI-2 Normative Sample by Age and Gender

	U.S. population		TSI-2 normative sample	
Age (years)	Male (%)	Female (%)	Male (%)	Female (%)
18-54	49.8	50.2	46.5	53.8
55-90	45.3	54.7	45.5	54.5

Note. U.S. population data are from the Current Population Survey, March 2007 [Data file] by the U.S. Census Bureau, 2007, Washington, DC: U.S. Department of Commerce.

Table 4.3
TSI-2 Normative Sample by Age and Race/Ethnicity

	U.S. population				TSI-2 normative sample			
Age (years)	Caucasian (%)	African American (%)	Hispanic American (%)	Other (%)	Caucasian (%)	African American (%)	Hispanic American (%)	Other (%)
18-54	64.8	12.3	12.9	7.0	65.1	12.2	14.2	8.4
55-90	78.7	9.0	7.4	4.9	80.8	10.2	4.2	4.8

Note. U.S. population data are from the Current Population Survey, March 2007 [Data file] by the U.S. Census Bureau, 2007, Washington, DC: U.S. Department of Commerce. Percentages may not sum to 100% due to rounding methods.

Table 4.4
TSI-2 Normative Sample by Age and Educational Attainment

	U.S. population				TSI-2 normative sample			
Age (years)	≤11 years (%)	12 years (%)	13-15 years (%)	≥16 years (%)	≤11 years (%)	12 years (%)	13-15 years (%)	≥16 years (%)
18-54	13.0	30.2	29.2	27.0	11.9	30.5	28.2	29.4
55-90	18.6	34.3	22.7	24.3	18.6	34.1	24.6	22.8

Note. U.S. population data are from the Current Population Survey, March 2007 [Data file] by the U.S. Census Bureau, 2007, Washington, DC: U.S. Department of Commerce. Percentages may not sum to 100% due to rounding methods.

Table 4.5
TSI-2 Normative Sample by Age and Geographic Region

	U.S. population				TSI-2 normative sample			
Age (years)	Northeast (%)	Midwest (%)	South (%)	West (%)	Northeast (%)	Midwest (%)	South (%)	West (%)
18-54	18.3	22.1	36.0	23.6	20.3	23.0	36.3	20.3
55-90	19.5	22.2	36.8	21.5	17.1	25.1	36.8	21.0

Note. U.S. population data are from the Current Population Survey, March 2007 [Data file] by the U.S. Census Bureau, 2007, Washington, DC: U.S. Department of Commerce. Percentages may not sum to 100% due to rounding methods.

Briere, 2011

The Trauma Symptom Inventory-2 (TSI-2)

2 Validity scales*

4 Factor scales

12 Scales

12 Subscales

Table 1.1
TSI-2 Scales, Subscales, and Factors

Scale/subscale/factor	Domain evaluated
Validity scale	
Response Level (RL)	Bias toward underreporting or denying symptomatology
Atypical Response (ATR)	Bias toward overreporting trauma-related symptoms
Factor	
Self-Disturbance (SELF)	Difficulties associated with inadequate self-awareness and negative models of self and others
Posttraumatic Stress (TRAUMA)	Posttraumatic stress and related anxiety and dissociative
Externalization (EXT)	Tendency to engage in dysfunctional or self-destructive behaviors when distressed
Somatization (SOMA)*	See SOM scale
Clinical scale/subscale	
Anxious Arousal (AA)	Anxiety and hypervisceral symptoms
Anxiety (AA-A)	Symptoms of anxiety
Hypervisceral (AA-H)	Symptoms associated with posttraumatic hypervisceral
Depression (D)	Cognitive, affective, or somatic symptoms of depression
Anger (ANG)	Angry thoughts, feelings, and behaviors
Intrusive Experiences (IE)	Rubbing/derivative symptoms of posttraumatic stress
Defensive Avoidance (DA)	Avoidance of upsetting thoughts, feelings, or memories
Dissociation (DIS)	Depersonalization, derealization, detachment, amnesia, identity splits
Somatic Preoccupations (SOM)*	Somatic preoccupation and distress
Pain (SOM-P)	Aches and pains
General (SOM-G)	Generalized somatic complaints
Sexual Disturbance (SXD)	Sexual problems and behaviors
Sexual Concerns (SXD-SC)	Negative thoughts and feelings associated with sexuality
Dysfunctional Sexual Behavior (SXD-DSB)	Problematic sexual behaviors
Suicidality (SUI)	Suicidal thoughts and behaviors
Ideation (SUI-I)	Suicidal ideation
Behavior (SUI-B)	Suicidal behavior
Insecure Attachment (IA)	Difficulties or insecurities regarding close relationships with others
Relational Stress (IA-RA)	Discomfort or avoidance regarding close relationships
Rejection Sensitivity (IA-RS)	Preoccupation with abandonment or rejection in relationships
Impaired Self-Reference (ISR)	Difficulties in accessing identity, self, or self-determination
Reduced Self-Awareness (ISR-RSA)	Lack of awareness of internal mental processes associated with a personal sense of self
Other-Directedness (ISR-ODI)	Overvaluing others' views and elements in the absence of sufficient self-reference
Tension Reduction Behavior (TRB)	Use of external activities (e.g., self-injury, bingeing) as ways to avoid or distract from upsetting internal states

*The SOMA factor score is the same as the SOM scale score.

Briere, 2011; Pachet et al., 2024

The Trauma Symptom Inventory-2 (TSI-2)

- Item examples: "In the past 6 months, how often have you experienced.."
  - "Feeling uncomfortable when someone got too close."
    - Insecure Attachment (Relational Avoidance)
  - "Doing something you shouldn't have done because you were upset."
    - Tension Reduction Behavior
  - "Difficulties swallowing."
    - Somatic Preoccupations (General)
  - "Watching out for danger."
    - Anxious Arousal (Hyperarousal)
  - "Feeling like you were watching yourself from far away."
    - Dissociation

Briere, 2011

Multidimensional Inventory of Dissociation (MID)

- Assesses an individual's symptoms of dissociation and identifies likely dissociative disorders
- Adolescent and Adult forms

Reasons to use:

- Clarify diagnosis (differentiates between DID, Other/UnSpecified Dissociative Disorders, PTSD, Functional Neurological Symptom Disorder, Borderline Personality Disorder traits
- Guide Treatment Planning (When dissociation is acknowledged but not addressed directly, success rates are 2-3% (Kluft, 1985)

Dell, 2022

MID MEASURES

Criterion A: PTSD symptoms	Criterion B: Conscious Intrusions	Criterion C: Amnesia
1. General memory problems	1. Child voices	1. Time loss
2. Depersonalization	2. Two parts interacting	2. Coming too
3. Derealization	3. Persecutory voices	3. Fugues
4. Flashbacks	4. Speech and thought insertions	4. Being told of disremembered actions
5. Somatic symptoms	5. Made or intrusive, feelings, impulses and actions	5. Finding objects among possessions
6. Trance	6. Temporary loss of well rehearsed skills	6. Finding evidence of one's recent actions
	7. Disconcerting self alteration	

Multidimensional Inventory of Dissociation

Norm Considerations:

Mainly caucasian and female population

TABLE 1. Demographic Characteristics of the Participants in Two MID Validation Studies

Characteristic	Groups (Study 1)			
	Nonclinical	Mixed Psychiatric	DDNOS	DID
N	63	67	19	55
Age	49.0 (14.4)	44.3 (12.3)	39.5 (5.6)	41.1 (9.5)
Education	16.3 (3.1)	14.0 (3.1)	16.4 (4.7)	13.9 (2.7)
Gender (%)				
Male	26	31	11	15
Female	74	69	89	85
Race (%)				
Caucasian	97	98	95	98
African-American	3	2	5	2

Characteristic	Groups (Study 2)	
	Nondissociative	Dissociative
N	149	464
Age	40.4 (13.6)	36.3 (9.9)
Education	15.1 (13.6)	14.6 (3.0)
Gender (%)		
Male	30	23
Female	70	77
Race (%)		
Caucasian	86	92
African-American	9	4
Hispanic	3	3
Asian	1	0.2
Pacific Islander	1	2
Mixed	0	0.5
Setting (%)		
Outpatient	69	71
Inpatient	31	29

Notes. MID = Multidimensional Inventory of Dissociation; Nonclinical = nonclinical adults; Mixed Psychiatric = mixed psychiatric patients; DDNOS = dissociative disorder, not otherwise specified; DID = dissociative identity disorder; Nondissociative = patients with a MID score < 15; Dissociative = patients with a MID score >15.

MID sample items

Client ID #:	MID Initial Assessment Date:	MID Reassess Date:

Instructions: How often do you have the following experiences *when you are not under the influence of alcohol or drugs*? Please write the number that best describes you. Write a "0" if the experience never happens to you; write a "10" if it is always happening to you. If it happens sometimes, but not all the time, choose a number between 1 and 9 that best describes how often it happens to you.

Question Number	Answer	REMEMBER: Never 0 1 2 3 4 5 6 7 8 9 Always 10
1		While watching TV, you find that you are thinking about something else.
2		Forgetting what you did earlier in the day.
3		Feeling as if your body (or certain parts of it) are unreal.
4		Having an emotion (for example, fear, sadness, anger, happiness) that doesn't feel like it is 'yours.'
5		Things around you suddenly seeming strange.

206		Having flashbacks of poor episodes of your favorite TV show.
207		Hearing a voice in your head that calls you no good, worthless, or a failure.
208		Having a very angry part that 'comes out' and says and does things that you would never do or say.
209		Feeling like some of your thoughts are removed from your mind---by some force or by some other part of you.
210		Feeling a struggle inside you about what to think, how to feel, what you should do.

Race-Based Traumatic Stress Symptom Scale (RBTSSS)

- Conceptualized on the idea of **race-based traumatic stress injuries**
- Individuals are asked to describe up to t**hree memorable racist events** they have experienced, and then choose which one was most memorable
  - Then, was the event **unexpected, out of their control** , and **emotionally painful**
  - Those who responded "Yes" to these three questions had higher symptom reports

Carter & Sant-Barket, 2015

Race-Based Traumatic Stress Symptom Scale (RBTSSS)

- 52 items on a 5-point Likert scale assessing trauma symptoms
  - **Reaction immediately** after event?
  - More **recent reactions** when thinking about event?
  - Did t**hey notice change in their behavior** related to that reaction?
- 7 Scales:
  - Depression
  - Intrusion
  - Anger
  - Hypervigilance
  - Physical
  - Self-Esteem
  - Avoidance

Carter & Sant-Barket, 2015

Race-Based Traumatic Stress Symptom Scale (RBTSSS)

- Initial validation study included:
  - 330 (initially 381, reduced due to missing data) racially heterogeneous individuals, including Black, White, Asian/Pacific Islander, Hispanic, and Biracial individuals
  - Ages 14 to 61 (Mean of 26.4, SD = 9.49)
  - SES included: 9 lower class, 87 working class, 195 middle class, 71 upper-middle class, 11 upper class
  - Years of education ranged from 7 to 21 years (M = 15.4, SD = 3.04)
- Other validity studies have identified:
  - Consistency with other predictors of trauma symptoms and perceived discrimination
  - Mixed results related to applicability to Asian American adults

Carter et al., 2013; Pieterse et al., 2023; Ng & Chu, 2024

Race-Based Traumatic Stress Symptom Scale (RBTSSS)

Item examples:
"As a consequence of the memorable encounter I had with racism, I...."

- "I experience mental images of the event."
  - Intrusions
- "I feel worried a lot (for example, walking down the street.)"
  - Hypervigilance
- "I experience trembling"
  - Physical
- "I am inclined to feel I am a failure."
  - Low self-esteem
- "I often find myself denying that the event occurred."
  - Avoidance

Carter et al., 2013

Broadband Emotional Functioning Assessments

Broadband Emotional Functioning Assessments

- **Minnesota Multiphasic Personality Inventory (MMPI-3)**
- **Personality Assessment Inventory (PAI)**
- Behavior Assessment System for Children - Third Edition (BASC-3)
- Achenbach System of Empirically Based Assessment (ASEBA)
- Symptom Checklist-90-Revised (SCL-90-R)

Minnesota Multiphasic Personality Inventory

- ARX - "Anxiety-Related Experiences"
  - Within the Internalizing Specific Problems Scales (Internalizing SP Scales)
  - 65-85 - Many anxiety-related experiences, including generalized anxiety, re-experiencing, and/or panic
  - = 88 - Intrusive ideation and startle response
  - Correlated with posttraumatic stress, sleep difficulties
  - Found to have good screening ability for broad trauma symptoms, and the strongest and most consistent indicator

Ben-Porath & Tellegen, 2020; Keen et al., 2024; Kremyar et al., 2024

Minnesota Multiphasic Personality Inventory

Other Common Trauma-Related Elevations

- EID - Emotional/Internalizing Dysfunction
- RCd - Demoralization
- RC7 - Dysfunctional Negative Emotions
- NEGE - Negative Emotionality/Neuroticism
- RC1 - Somatic Complaints
- RC8 - Aberrant Experiences

Ben-Porath & Tellegen, 2020; Keen et al., 2024; Kremyar et al., 2024

Minnesota Multiphasic Personality Inventory

Other Common Trauma-Related Elevations

- COG, DSF, ANP, NEGE, MLS
  - Identified in veterans who had experienced combat trauma and sexual trauma within the military context
- RC1 and Fs
  - Identified in groups with reported childhood trauma
- RC4, EAT, HLP, SFD, STR, WRY, CMP, BRF, FML, JCP, DOM, AGGR
  - Identified in an African-American community center population who had experienced cultural racism with mild elevations

Yalch & Gallagher, 2026; Sutton, 2025; Clayton, 2024

Minnesota Multiphasic Personality Inventory

The norms:

- Effort to match ethnicity, age, and educational status to the 2020 Projected Census
- Gender norms for the 3 are 50% male, 50% female

Age bands	MMPI-3 *N*	MMPI-3 %	2020 projected %	MMPI-2-RF %
18–29	350	21.6	20.8	26.1
30–59	902	55.7	49.4	52.4
60–79	334	20.6	24.7	19.1
80+	34	2.1	5.1	2.2
Total	1,620	100.0	100.0	100.2

Race/ethnicity	MMPI-3 *N*	MMPI-3 %	2020 projected %	MMPI-2-RF %
Asian	82	5.1	6.0	0.6
Black	201	12.4	12.2	11.6
Hispanic	227	14.0	16.8	2.9
White	977	60.3	62.5	81.8
Other	60	3.7	0.9	3.1
Mixed race	73	4.5	1.6	0.0
Total	1,620	100.0	100.0	100.1

Education groups	MMPI-3 *N*	MMPI-3 %	2020 projected %	MMPI-2-RF %
No high school or GED	139	8.6	11.1	5.0
High school or GED	469	29.0	29.0	24.3
Some college	449	27.7	28.6	25.0
Bachelor's degree or higher	563	34.8	31.4	45.8
Total	1,620	100.1	100.1	100.1

Ben-Porath & Tellegen, 2020

Personality Assessment Inventory

Majority of clinical sample

- Ages: 30-49
- White Males

Table 4.4
Composition of the Clinical Sample With Respect to Demographic and Clinical Variables

Variable	% of sample	Variable	% of sample
Age group (years)		**Occupation**	
18-29	28.3	Administrator/Executive	1.7
30-49	58.6	Scientist/Professional	8.8
50-64	11.2	Business Manager	2.8
≥ 65	1.9	Supervisor	1.8
Gender		Office Worker	6.4
Male	61.4	Technical Specialist	3.1
Female	38.6	Sales Representative	2.8
Race/Ethnicity		Retail Worker	1.5
Caucasian	78.8	Skilled Labor	11.7
African American	12.6	Unskilled Labor	10.5
Other	8.6	Student	9.7
Education		Not employed	28.5
Less than high school	19.2	Other	10.7
Completed high school	31.5	**Evaluation setting**	
Some college	28.9	Outpatient Mental Health	54.6
Completed college	11.3	Inpatient Mental Health	24.8
Graduate work	9.2	Outpatient Medicine/Surgery	1.3
Marital status		Inpatient Medicine/Surgery	0.6
Never married	31.0	Alcohol Abuse Program	13.6
Married	26.4	Drug Abuse Program	1.8
Remarried	6.1	Correctional Facility	10.2
Separated	8.7	Pain Clinic	0.8
Divorced	24.5	Other	12.2
Widowed	1.9	**Treatment status**	
Other	1.4	Voluntary	94.8
		Involuntary	5.2

Note. Percentages may not sum to 100% due to rounding methods.

Personality Assessment Inventory

- 344 item self report measure
- 4 validity measures
- 11 clinical Scales
- 5 treatment scales
- 2 interpersonal scales

Anxiety-Related Disorders (*ARD*)

Obsessive-Compulsive (*ARD-O*/8)	Focuses on intrusive thoughts or behaviors, rigidity, indecision, perfectionism, and affective constriction.
Phobias (*ARD-P*/8)	Focuses on common phobic fears, such as social situations, public transportation, heights, enclosed spaces, or other specific objects.
Traumatic Stress (*ARD-T*/8)	Focuses on the experience of traumatic events that cause continuing distress and that are experienced as having left the client changed or damaged in some fundamental way.

Morey, 2007

Personality Assessment Inventory

Pros:

- Specific Traumatic Stress scale (ARD-T)
- Likert scale of reporting
- Separates each scale into 3 subscales which then give a real rich understanding of clinical picture
- assesses all those trauma domains (relationships, cognitive, self identity..etc)

Cons:

- Outdated norms - 2007

Morey, 2007

Personality Assessment Inventory

Other Common Trauma-Related Elevations

- DEP-P
- BOR, including BOR-A and BOR-N
- ARD, including ARD-P and ARD-O
- PAR, including PAR-P and PAR-H
- ANX, NIM, PAR, SOM, SCZ, NON*, RXR*
  - *PTSD groups were *more* likely to receive help and to report a need for help
- Follows a pattern of "Cluster 2" profiles

McDevitt-Murphy et al., 2005; Cherepon et al., 1994

Personality Measures

Personality Assessments

- **Millon Clinical Multiaxial Inventory (MCMI-IV)**
- **Rorschach Inkblot Test**
- Thematic Apperception Test (TAT) and Other Projective Measures
- MMPI-3 and PAI
- Thorough clinical interview

Millon Clinical Multiaxial Inventory (MCMI-IV)

- Analyzes personality and symptom dynamics, and includes suggestions for therapeutic management
- Ages 18 and older at a 5th grade reading level

Clinical Syndromes
A Generalized Anxiety (GENanx)
H Somatic Symptom (SOMsym)
N Bipolar Spectrum (BIPspe)
D Persistent Depression (PERdep)
B Alcohol Use (ALCuse)
T Drug Use (DRGuse)
R Post-Traumatic Stress (P-Tstr)

Severe Clinical Syndromes
SS Schizophrenic Spectrum (SCHspe)
CC Major Depression (MAJdep)
PP Delusional (DELdis)

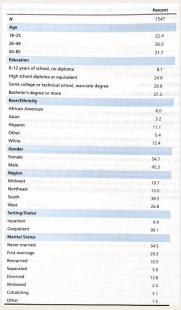
Clinical Personality Patterns
1 Schizoid (AASchd)
2A Avoidant (SRAvoid)
2B Melancholic (DFMelan)
3 Dependent (DADepn)
4A Histrionic (SPHistr)
4B Turbulent (EETurbu)
5 Narcissistic (CENarc)
6A Antisocial (ADAntis)
6B Sadistic (ADSadis)
7 Compulsive (RCComp)
8A Negativistic (DRNegat)
8B Masochistic (AAMasoc)

Severe Personality Pathology
S Schizotypal (ESSchizoph)
C Borderline (UBCycloph)
P Paranoid (MPParaph)

Millon et al., 2015

Millon Clinical Multiaxial Inventory (MCMI-IV)

- The norms:
  - 1,547 individuals in outpatient or inpatient treatment
  - Aimed to reflect "the population of people seeking therapeutic treatment"
  - Most are 25-49 years old, college educated, and white



	Percent
N	1547
Age	
18–25	22.4
26–49	56.0
50–85	21.7
Education	
8–12 years of school, no diploma	8.1
High school diploma or equivalent	24.6
Some college or technical school, associate degree	29.8
Bachelor's degree or more	37.3
Race/Ethnicity	
African American	8.0
Asian	2.2
Hispanic	11.1
Other	1.4
White	72.4
Gender	
Female	54.7
Male	45.3
Region	
Midwest	19.7
Northeast	19.0
South	39.5
West	26.8
Setting/Status	
Inpatient	9.9
Outpatient	90.1
Marital Status	
Never married	34.5
First marriage	29.3
Remarried	10.5
Separated	5.0
Divorced	13.8
Widowed	2.4
Cohabiting	3.1
Other	1.5

Millon et al., 2015

Millon Clinical Multiaxial Inventory (MCMI-IV)

- Very little outside research related to the presentation of trauma on the MCMI-IV
- Includes **Post-Traumatic Stress** (Scale R) among Clinical Syndrome Scales
  - Items especially focused on intrusive symptoms related to a traumatic event

Millon et al., 2015

Millon Clinical Multiaxial Inventory (MCMI-IV)

- Other scales to notice in trauma assessments:
  - Borderline Severe Personality Pathology scale
  - Somatic Symptom Clinical Syndrome Scale
- Notice other elevations among the personality patterns and psychopathology scales to understand what role their personality may be playing in their experiences and symptoms

Millon et al., 2015

Rorschach Inkblot Test

The Biphasic Response to Trauma

Avoidant phase of PTSD:
Constricted records

- Mostly form-based, brief protocols
- High Lambda, low R, low Affective Ratio and few Blends, low EB, focus on Populars, and form-based

Re-experiencing and hyper-aroused phase of PTSD:
Flooded with trauma images and distorted reality markers

- Content of danger and injury, and appear psychotic
- Responsivity to color, painful affect (Y and V), poor reality testing, inanimate movement and a high HVI, negative D, and Adjusted D

Kaser-Boyd, 2021

Rorschach Inkblot Test

The Biphasic Response to Trauma

An initial research study has been conducted to establish a new Rorschach Index called the Trauma Experience Index (TEI) that especially captures the signs of trauma re-experiencing symptoms

Does not include those who present with the avoidant phase of PTSD

Mihura et al., 2025

Rorschach Inkblot Test

Other patterns to look out for:

- Cognitive constriction
  - Few responses, more F responses, animal content, perseverations, card rejections, low scores on prompts (R-PAS specific), fewer Blends, low Complexity score (R-PAS specific)
- Trauma-related imagery
  - Trauma Content Index in Exner and the Critical Content Score on the R-PAS
- Trauma-related cognitive disturbances
  - Form quality and cognitive codes
- Stress response
  - High inanimate movement (m) and diffuse shading (Y)
- Dissociation
  - FD and a lower Afr

Viglione et al., 2012

Neurodevelopmental Functioning Measures

Neurodevelopmental Assessments

- **Cognitive Testing (WAIS-IV, WAIS-5)**
- **Behavior Rating Inventory of Executive Function - Adult Version (BRIEF-A)**
- **Brown Executive Function/Attention Scales (Brown EF/A Scales)**
- Conner's 4
- **Social Responsiveness Scale-2 (SRS-2)**
- Social Communication Questionnaire (SCQ)
- Autism Diagnostic Interview - Revised (ADI-R)
- **Autism Diagnostic Observation Schedule (ADOS-2)**
- Monteiro Interview Guidelines for Diagnosing the Autism Spectrum (MIGDAS-2)

Cognitive Testing

- Mixed findings of trauma's impact on cognitive functioning tested on IQ tests
  - "*Consistent Inconsistencies*" (Parson, et. al., 2024).
- Most studies show lower cognitive scores (especially in Working Memory, Processing Speed, Perceptual Reasoning, and executive functioning)
  - Mediated by age and type of trauma

Barrera-Valencia, et al., 2017

ADHD: Behavior Rating Inventory of Executive Function

- Adult Version: BRIEF-A, for 19-90 years old
  - Self report and informant reports
- Child Version: BRIEF-2, for 5-18 years old
  - Informant reports and Self reports for ages 11-18
- Includes subscales for:
  - Inhibit, Shift, Emotional Control*, Self-Monitor, Initiate, Working Memory, Plan/Organize, Task Monitor, Organization of Materials
- The Emotional Control subscale is a measure of modulating emotional responses appropriately and can be an indicator of trauma symptoms

Gioia et al., 2015; Roth et al., 2005

ADHD: Brown Executive Function/Attention Scales (Brown EF/A Scales)

- Forms for ages 3 through adult
- Self-report, parent, and teacher forms available
- Includes measures for Activation, Focus, Effort, Emotion*, Memory, and Action
- The Emotion scale is a measure of managing frustration and modulating emotions

Brown, 2018

ASD

- Autistic people have a higher risk of traumatic experiences, including negative interpersonal events and adverse childhood experiences
- They are also at a significantly higher risk of developing PTSD after experiencing trauma due to several factors that intertwine their neurobiology with their social experiences

Kildahl et al., 2024; Rumball, Happe, and Grey, 2020

ASD:
Social Responsiveness Scale-2 (SRS-2)

- A 65 item, Likert-scale measure of symptoms of ASD
- Three versions of the form including Preschool Form, School-Age Form, and Adult Form
- Includes a Total Score and subscales for Social Awareness, Social Cognition, Social Communication, Social Motivation*, and Restricted Interests and Repetitive Behaviors
- The Social Motivation scale measures motivation to engage in social behavior including elements of social anxiety, inhibition, and empathic orientation

Constantino & Gruber, 2012

ASD:
Autism Diagnostic Observation Schedule (ADOS-2)

- Applicable for individuals ranging from 12 months to adulthood
- Criterion-referenced: compares the individual to a set of criteria rather than normed
  - Mixed findings for gender and race bias: may underestimate ASD in people of color, females, and adults with no ID
- Note: PTSD symptoms were found with a higher prevalence in false positive ASD diagnosis with ADOS

Lord et al., 2012; Williams, 2022; Kalb et. al, 2022, Greene, et al., 2021

Auxiliary Measures

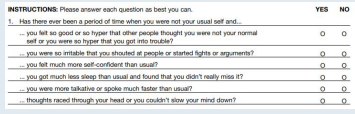
Measures that focus on one specific diagnosis or criteria

Auxiliary Measures

- **Mood Disorder Questionnaire (MDQ)**
- Pediatric Behavior Rating Scale
- **Prodromal Questionnaire - Brief (PQ-B)**
- Multidimensional Anxiety Scale for Children - 2 (MASC-2)
- Yale-Brown Obsessive Compulsive Scale (Y-BOCS)
- CAT-Q
- Test of Memory and Malingering (TOMM)

Mood Disorder Questionnaire

- Pros:
  - Best for screening for Bipolar 1
  - Adult and Adolescent Version (self and parent)



INSTRUCTIONS: Please answer each question as best you can.

	YES	NO
1. Has there ever been a period of time when you were not your usual self and...		
... you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	O	O
... you were so irritable that you shouted at people or started fights or arguments?	O	O
... you felt much more self-confident than usual?	O	O
... you got much less sleep than usual and found that you didn't really miss it?	O	O
... you were more talkative or spoke much faster than usual?	O	O
... thoughts raced through your head or you couldn't slow your mind down?	O	O

- Cons:
  - Normed on 198 patients
  - Not sensitive to Bipolar II or NOS

Hirschfield, et al., 2002

Prodromal Questionnaire - Brief

- 21-item screening tool for common prodromal symptoms and experiences, with a focus on positive symptoms
  - Intended to be paired with a follow-up diagnostic interview
- Response of Yes or No to each symptom, followed by a 5-point Likert scale of distress or impairment for all items that the person endorses
  - Results in a Total Score of 0 to 21 and a Distress Score calculated from the sum of all distress ratings
  - Specific cutoff scores can be used depending on the population, but a Distress Score of 6 or above appears to have the greatest sensitivity and specificity

Loewy & Cannon, 2010; Loewy et al., 2011

Prodromal Questionnaire - Brief

Displayed concurrent validity with the Structured Interview for Prodromal Syndromes (SIPS), but has the risk of false-positives when not properly interviewed after

14. Have you been confused at times whether something you experienced was real or imaginary?
☐ YES ☐ NO *If YES:* When this happens, I feel frightened, concerned, or it causes problems for me:
☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

15. Do you hold beliefs that other people would find unusual or bizarre?
☐ YES ☐ NO *If YES:* When this happens, I feel frightened, concerned, or it causes problems for me:
☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

16. Do you feel that parts of your body have changed in some way, or that parts of your body are working differently?
☐ YES ☐ NO *If YES:* When this happens, I feel frightened, concerned, or it causes problems for me:
☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

17. Are your thoughts sometimes so strong that you can almost hear them?
☐ YES ☐ NO *If YES:* When this happens, I feel frightened, concerned, or it causes problems for me:
☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

18. Do you find yourself feeling mistrustful or suspicious of other people?
☐ YES ☐ NO *If YES:* When this happens, I feel frightened, concerned, or it causes problems for me:
☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

Loewy & Cannon, 2010; Loewy et al., 2011

Diagnosing

Diagnosing: A Spectrum of Certainty

- If symptoms are very clear: PTSD
- Other Specified or Unspecified Trauma- and Stressor-Related Disorder
  - Other options of Adjustment Disorder or using ICD-10 diagnostic codes
- Provisional Diagnoses
  - "Used when there is currently insufficient information to indicate that diagnostic criteria are met, but there is a strong presumption that the information will become available to allow that determination" (DSM-5-TR, pg 25)
- No diagnoses provided, but suggestion to get more testing later
  - Clarify what the goal of such later testing would be
- No diagnosis provided, and an explanation given of why there is no need for more consideration

DSM-5-TR

Diagnosing: When Comorbidities Exist

- A comorbidity exists when the criteria for more than one disorder is INDEPENDENTLY met
- Those with PTSD are more likely to have symptoms that meet criteria for at least one other mental disorder, including:
  - Depression
  - Bipolar disorder
  - Anxiety
  - ADHD
  - Substance use
  - Personality Disorders
  - In children, ODD and Separation anxiety

PTSD Comorbidity, DSM-V-TR

Handout

Trauma Syndromes: Common Differential Diagnoses to Consider

Differential Diagnoses and Comorbidities

Trauma can look like many other diagnoses, and many other diagnoses can look like trauma

Adjustment disorders

Acute stress disorders

Anxiety disorders

Obsessive-compulsive disorders

AD/HD, ASD

Personality disorders

Functional neurological symptom disorder (Conversion disorder)

Psychotic disorders

TBIs

PTSD Differential Diagnosis, DSM-V-TR

Feedback: How do we talk about these kinds of results?

As in all feedback sessions, highlight areas of strength and difficulty

Emphasize the benefits of having their concerns fully assessed and identified, and instill hope for the future

Prioritize CHOICE, VOICE, TRANSPARENCY and COLLABORATION

Feedback

- If a trauma syndrome diagnosis is provided, utilizing a resiliency perspective in the feedback session can validate and emphasize strengths
  - Validate that their traumatic experience was one they were resilient in the face of, even if they have healing to continue to work on.
- If a trauma syndrome diagnosis is *not* provided, explain other possible causes for their concerns

Handout

Resources and Recommendations Guide

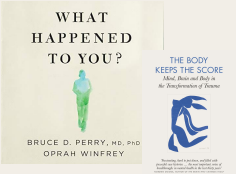
Recommendations for Trauma-Related Diagnoses

- Recommendations are best when they are specific to the client
- Individual therapy:
  - If they have a therapist, communicate the results of the testing
  - If they do not, suggest connecting with a therapist
    - Cognitive processing therapy
    - Trauma-focused CBT
    - Internal family systems (IFS)
    - Exposure therapy
    - Somatic therapy
    - Rapid/accelerated resolution therapy
    - EMDR

Pappas, 2025

Recommendations for Trauma-Related Diagnoses

- Learning about trauma and trauma responses
- Medication management can be helpful for those experiencing depression or anxiety due to their trauma
  - Important to emphasize that medication can help manage symptoms, but rarely solves trauma-related responses
- Health-related coping:
  - Consistent sleep, well-balanced nutrition, and regular movement



Perry & Winfrey, 2021; van der Kolk, 2014

Questions?

Contact Information

Rebecca Fisher → rfisherpsyd@gmail.com (717-575-7734)

Sam Straughn → sstraughn@growthopportunitycenter.org
(267-294-1155)

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