6TH INTERNATIONAL TRAUMA INFORMED CARE CONFERENCE

"OVERCOMING DILEMMAS & CHALLENGES TO MAXIMISE OUTCOMES IN COMPLEX TRAUMA"

RESOURCE PACK

Centre for Developmental and Complex Trauma
Part of St Andrew's Healthcare

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ABOUT THIS PACK

Dear colleagues,

As a part of this conference we have collated a limited number of resources, to facilitate learnings and practice. For the most part, we have identified a number of peer reviewed journal papers that may be of interest, including those that offer practice based guidance.

We have also included links to a number of psychometric measures that are freely available. These resources are already available on the internet, and can be accessed by members of the general public, as well as by clinicians. Although we are sharing links to them, this is not an indication or endorsement of them over other tools, especially those that need to be purchased.

Practitioners are reminded of their responsibility to ensure that appropriate psychometric measures, as a part of wider information gathering activities, are used responsibly, including ensuring user competence.

We hope the resources are useful and support to develop understanding and practice.

Dr Deborah Morris,
Guest Editor, Advances in Autism
Director, Centre for Developmental and Complex Trauma
Director of Postgraduate Programmes in Trauma, MSc
Practitioner in Psychological Trauma, Faculty of Medicine and Health Sciences, University of Buckingham

ARTICLES OF INTEREST

Enhanced Skills Training in Affective and Interpersonal Regulation versus Treatment as Usual for ICD-11 Complex PTSD: A Pilot Randomised Controlled Trial (The RESTORE Trial)

Thanos Karatzias, Mark Shevlin, Marylène Cloitre, Walter Busuttil, Katherine Graham, Laura Hendrikx, Philip Hyland, Natasha Biscoe, Dominic Murphy

Introduction: Complex PTSD (CPTSD) is a relatively new condition in ICD-11. This pilot randomised controlled trial aimed to compare a four-module intervention developed to target all symptoms of ICD-11 CPTSD, namely Enhanced Skills in Affective and Interpersonal Regulation (ESTAIR) with treatment as usual (TAU). The purpose of the study was to assess feasibility, safety, acceptability, and preliminary outcomes at the end of treatment and 3-month follow-up.

Methods: A total of N = 56 eligible veterans with CPTSD were randomised to either ESTAIR (n = 28) or TAU (n = 28). Linear mixed models were conducted to assess CPTSD severity, the primary outcome, as measured by the International Trauma Questionnaire (ITQ).

Results: Treatment dropout in ESTAIR and TAU was low and equivalent (18% vs. 11%; $\chi 2$ (1) = 1.19, p = 0.275), and study retention was high, supporting the feasibility of the study. No serious adverse effects and very few adverse effects occurred, none of which were deemed related to the study. ESTAIR provided significantly greater reduction in CPTSD severity across time for ITQ PTSD (p < 0.001) and DSO (p < 0.001) symptoms. CPTSD pre-to-post effect sizes for ESTAIR were large (PTSD d = 1.78; DSO d = 2.00). Remission of probable CPTSD diagnosis at post-treatment was substantially greater in ESTAIR compared to TAU with only 13.6% versus 84% (p < 0.001) retaining the diagnosis.

Conclusion: A trial of ESTAIR versus TAU for the treatment of ICD-11 CPTSD indicates the potential efficacy of ESTAIR as well as its feasibility, safety, and acceptability.

ARTICLES OF INTEREST

Treatment for PTSD related to childhood abuse: a randomized controlled trial

Marylene Cloitre, K Chase Stovall-McClough, Kate Nooner, Patty Zorbas, Stephanie Cherry, Christie L Jackson, Weijin Gan, Eva Petkova

Objective: Posttraumatic stress disorder (PTSD) related to childhood abuse is associated with features of affect regulation and interpersonal disturbances that substantially contribute to impairment. Existing treatments do not address these problems or the difficulties they may pose in the exploration of trauma memories, an efficacious and frequently recommended approach to resolving PTSD. The authors evaluated the benefits and risks of a treatment combining an initial preparatory phase of skills training in affect and interpersonal regulation (STAIR) followed by exposure by comparing it against two control conditions: Supportive Counseling followed by Exposure (Support/Exposure) and skills training followed by Supportive Counseling (STAIR/Support).

Method: Participants were women with PTSD related to childhood abuse (N=104) who were randomly assigned to the STAIR/Exposure condition, Support/Exposure condition (exposure comparator), or STAIR/Support condition (skills comparator) and assessed at posttreatment, 3 months, and 6 months.

Results: The STAIR/Exposure group was more likely to achieve sustained and full PTSD remission relative to the exposure comparator, while the skills comparator condition fell in the middle (27% versus 13% versus 0%). STAIR/Exposure produced greater improvements in emotion regulation than the exposure comparator and greater improvements in interpersonal problems than both conditions. The STAIR/Exposure dropout rate was lower than the rate for the exposure comparator and similar to the rate for the skills comparator. There were significantly lower session-to-session PTSD symptoms during the exposure phase in the STAIR/Exposure condition than in the Support/Exposure condition. STAIR/Exposure was associated with fewer cases of PTSD worsening relative to both of the other two conditions.

Conclusions: For a PTSD population with chronic and early-life trauma, a phase-based skills-to-exposure treatment was associated with greater benefits and fewer adverse effects than treatments that excluded either skills training or exposure.

ARTICLES OF INTEREST

The role of shame and guilt in traumatic events: A clinical model of shame-based and guilt-based PTSD

Deborah A. Lee

Post-traumatic stress disorder is currently classified as an anxiety disorder with fear as the predominant emotion. This has led to the development of treatment techniques such as exposure aimed at alleviating fear. This article highlights the need to address other emotional responses, in particular shame and guilt, when assessing and treating PTSD. Hence, it presents two clinical models of shame-based PTSD and guilt-based PTSD. These models are offered as aids to clinicians in assessing and formulating cases of PTSD where shame and guilt are salient issues. The models highlight the importance of assessing meaning in the context of pre-existing schemas and address two pathways to the development of shame and/or guilt: schema congruence and schema incongruence. Several treatment implications are drawn from the models.

ARTICLES OF INTEREST

The memory and identity theory of ICD-11 complex posttraumatic stress disorder

Philip Hyland, Mark Shevlin , Chris R Brewin

The 11th version of the International Classification of Diseases (ICD-11) includes complex posttraumatic stress disorder (CPTSD) as a separate diagnostic entity alongside posttraumatic stress disorder (PTSD). ICD-11 CPTSD is defined by six sets of symptoms, three that are shared with PTSD (reexperiencing in the here and now, avoidance, and sense of current threat) and three (affective dysregulation, negative self-concept, and disturbances in relationships) representing pervasive "disturbances in self-organization" (DSO). There is considerable evidence supporting the construct validity of ICD-11 CPTSD, but no theoretical account of its development has thus far been presented. A theory is needed to explain several phenomena that are especially relevant to ICD-11 CPTSD such as the role played by prolonged and repeated trauma exposure, the functional independence between PTSD and DSO symptoms, and diagnostic heterogeneity following trauma exposure. The memory and identity theory of ICD-11 CPTSD states that single and multiple trauma exposure occur in a context of individual vulnerability which interact to give rise to intrusive, sensation-based traumatic memories and negative identities which, together, produce the PTSD and DSO symptoms that define ICD-11 CPTSD. The model emphasizes that the two major and related causal processes of intrusive memories and negative identities exist on a continuum from prereflective experience to full self-awareness. Theoretically derived implications for the assessment and treatment of ICD-11 CPTSD are discussed, as well as areas for future research and model testing.

ARTICLES OF INTEREST

Enhanced Skills Training in Affective and Interpersonal Regulation (ESTAIR): A New Modular Treatment for ICD-11 Complex Posttraumatic Stress Disorder (CPTSD)

Thanos Karatzias, Edel Mc Glanaghy and Marylene Cloitre

ICD-11 Complex Posttraumatic Stress Disorder (CPTSD) is a relatively new condition; therefore, there is limited available evidence for its treatment. Prior to the recognition of CPTSD as a separate trauma condition, people who met criteria were often diagnosed with multiple co-morbid conditions such as PTSD, anxiety, depression, and emotional dysregulation difficulties. In the absence of a coherent evidence base, treatment tended to involve multiple treatments for these multiple conditions or lengthy phase-based interventions, often delivered in an integrative fashion, which was not standardized. In this paper, we present Enhanced Skills Training in Affective and Interpersonal Regulation (ESTAIR), a new flexible multi-modular approach for the treatment of CPTSD and its transdiagnostic symptoms. ESTAIR is consistent with trauma-informed and patient-centered care, which highlights the importance of patient choice in identification and sequencing in targeting CPTSD symptoms. Directions for future research are discussed.

ARTICLES OF INTEREST

Attachment, emotion regulation, and their roles in refugee post-traumatic stress and post-migration living difficulties

Jennifer Kurath, Richard A Bryant, Angela Nickerson, Ulrich Schnyder, Matthis Schick, Naser Morina

Objective: This study investigated (1) whether attachment insecurity (i.e. anxiety and avoidance) mediate the association between PMLD and PTS, and (2) whether this mediation model can be extended to emotion dysregulation.

Method: 134 treatment-seeking RAS living in Switzerland completed questionnaires assessing PMLD, attachment insecurity, emotion dysregulation, and PTS. Two models were tested: (1) a parallel mediation analysis with attachment anxiety and avoidance as mediators, and (2) a serial mediation analysis with attachment anxiety as the first and emotion dysregulation as the second mediator.

Results: First, PMLD was indirectly associated with PTS through attachment anxiety but not avoidance. Second, the association between PMLD and PTS was further explained by a pathway through attachment anxiety and emotion dysregulation.

Conclusions: Although this study is limited by its cross-sectional design, we identified attachment anxiety and emotion dysregulation as potential mechanisms explaining how PMLD affects symptoms of PTS in RAS. Systematically assessing attachment style and addressing emotion regulation may therefore help improve treatment of refugee and asylum-seeking patients.

ARTICLES OF INTEREST

The International Trauma Interview (ITI): development of a semi-structured diagnostic interview and evaluation in a UK sample

Neil P Roberts, Philip Hyland, Robert Fox, Alice Roberts, Catrin Lewis, Marylene Cloitre, Chris R Brewin, Thanos Karatzias, Mark Shevlin, Odeta Gelezelyte, Kristina Bondjers, Andrés Fresno, Alistair Souch, Jonathan I Bisson

Objective: The International Trauma Interview (ITI) is a structured clinician-administered measure developed to assess posttraumatic stress disorder (PTSD) and complex PTSD (CPTSD) as defined in the 11th version of the International Classification of Diseases (ICD-11). This study aimed to investigate a psychometric evaluation of the ITI and to finalise the English language version

Method: The latent structure, internal consistency, interrater agreement, and convergent and discriminant validity were evaluated with data from a convenience sample, drawn from an existing research cohort, of 131 trauma exposed participants from the United Kingdom reporting past diagnosis for PTSD or who had screened positively for traumatic stress symptoms. A range of self-report measures evaluating depression, panic, insomnia, dissociation, emotion dysregulation, negative cognitions about self, interpersonal functioning and general wellbeing were completed.

Results: Confirmatory factor analysis supported an adjusted second-order two-factor model of PTSD and disturbances in self-organisation (DSO) symptoms, allowing affect dysregulation to also load onto the PTSD factor, over alternative models. The ITI scores showed acceptable internal consistency, and interrater reliability was strong. Findings for convergent and discriminant validity were mostly as predicted for PTSD and DSO domains. Correlations with the ITQ were good but coefficients for the level of agreement of PTSD diagnosis and CPTSD diagnosis between the ITI and the ITQ were weaker, and item level agreement was variable

Conclusions: Results provide support for the reliability and validity of the ITI as a measure of ICD-11 PTSD and CPTSD. Final revisions of the ITI are described.

INTERNATIONAL TRAUMA EXPOSURE MEASURE

“The International Trauma Exposure Measure (ITEM) is a checklist developed to measure exposure to several traumatic life events in a manner consistent with the definition of trauma exposure in the 11th version of the International Classification of Diseases.

The ITEM measures exposure to 21 different traumatic life events across different developmental periods: childhood, adolescence, and adulthood”

The full version of the ITEM can be freely accessed at:

https://www.traumameasuresglobal.com/item

International Trauma Exposure Measure

Instructions: We are interested in knowing if you experienced any of the following traumatic life events during different periods of your life. Please read each description and indicate if it occurred during childhood, adolescence, and/or adulthood.

	Did this event happen…		
	before or during your time in primary school (up to age 12)	**during your time in secondary school** (between ages 13-18)	**after your time in secondary school** (after the age of 18)
1. You were diagnosed with a life-threatening illness.			
2. Someone close to you died in an awful manner.			
3. Someone close to you was diagnosed with a life-threatening illness or experienced a life-threatening accident.			
4. Someone threatened your life with a weapon (knife, gun, bomb etc.)			
5. You were physically assaulted (punched, kicked, slapped, mugged, robbed etc.) **by a parent or guardian**.			
6. You were physically assaulted (punched, kicked, slapped, mugged, robbed etc.) **by someone other than a parent or guardian**.			
7. You were sexually assaulted (rape, attempted rape, or forced sex acts) **by a parent or guardian**.			
8. You were sexually assaulted (rape, attempted rape, or forced sex acts) **by someone other than a parent or guardian**.			
9. You were sexually harassed (received other types of unwanted sexualized comments or behaviours).			
10. You were exposed to war or combat (as a soldier or as a civilian).			
11. You were held captive and/or tortured.			

Trauma Assessment Measures

INTERNATIONAL TRAUMA QUESTIONNAIRE

‘”The **International Trauma Questionnaire** (ITQ) is a brief, simply worded measure, focusing only on the core features of PTSD and CPTSD, and employs straightforward diagnostic rules. The ITQ was developed to be consistent with the organizing principles of the ICD-11, as set forth by the World Health Organization, which are to maximize clinical utility and ensure international applicability through a focus on the core symptoms of a given disorder.”

The full version of the ITQ can be freely accessed at:

https://www.traumameasuresglobal.com/itq

International Trauma Questionnaire

Instructions: Please identify the experience that troubles you most and answer the questions in relation to this experience.

Brief description of the experience _____

When did the experience occur? (circle one)

a. less than 6 months ago
b. 6 to 12 months ago
c. 1 to 5 years ago
d. 5 to 10 years ago
e. 10 to 20 years ago
f. more than 20 years ago

Below are a number of problems that people sometimes report in response to traumatic or stressful life events. Please read each item carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

	Not at all	*A little bit*	*Moderately*	*Quite a bit*	*Extremely*
P1. Having upsetting dreams that replay part of the experience or are clearly related to the experience?	0	1	2	3	4
P2. Having powerful images or memories that sometimes come into your mind in which you feel the experience is happening again in the here and now?	0	1	2	3	4
P3. Avoiding internal reminders of the experience (for example, thoughts, feelings, or physical sensations)?	0	1	2	3	4
P4. Avoiding external reminders of the experience (for example, people, places, conversations, objects, activities, or situations)?	0	1	2	3	4
P5. Being “super-alert”, watchful, or on guard?	0	1	2	3	4
P6. Feeling jumpy or easily startled?	0	1	2	3	4

In the past month have the above problems:

P7. Affected your relationships or social life?	0	1	2	3	4
P8. Affected your work or ability to work?	0	1	2	3	4
P9. Affected any other important part of your life such as parenting, or school or college work, or other important activities?	0	1	2	3	4

INTERNATIONAL TRAUMA QUESTIONNAIRE - CHILD AND ADOLESCENT VERSION

"The **International Trauma Questionnaire Child and Adolescent Version** (ITQ-CA) is a brief, simply-worded measure of PTSD and CPTSD symptoms for use with people aged 7 to 17 years. As with the International Trauma Questionnaire, the ITQ-CA was developed to be consistent with the organizing principles of the ICD-11, as set forth by the WHO, which are to maximize clinical utility and ensure international applicability through a focus on the core symptoms of a given disorder"

The full version of the ITQ-CA can be freely accessed at:

https://www.traumameasuresglobal.com/itqca

International Trauma Questionnaire – Child and Adolescent Version (ITQ-CA)

Ages 7 - 17 years

After filling out the events form, which event is bothering you the most now?

_____

Below are problems people can have after an upsetting or a stressful event. Thinking about that event,
Circle 0, 1, 2, 3 or 4 for how much the following things have bothered you in the past month

0 = Never / 1 = A little bit / 2 = Sometimes / 3 = A lot / 4 = Almost Always

	Never	A little Bit	Some times	A lot	Almost always
1. Bad dreams reminding me of what happened.	0	1	2	3	4
2. Pictures in my head of what happened. Feels like it is happening right now.	0	1	2	3	4
3. Trying not to think about what happened. Or to not have feelings about it.	0	1	2	3	4
4. Staying away from anything that reminds me of what happened (people, places, things, situations, talks).	0	1	2	3	4
5. Being overly careful (checking to see who is around me).	0	1	2	3	4
6. Being jumpy.	0	1	2	3	4

Please mark yes or no whether the above problems interfered with:

	YES	NO
Getting along with friends		
Getting along with family		
Your school work		
Anything else that is important to you (hobbies, other relationships)		
Your general happiness		

	Never	A little Bit	Some times	A lot	Almost always
7. Having trouble calming down when I am upset (angry, scared or sad).	0	1	2	3	4
8. Not being able to have any feelings or feeling empty inside.	0	1	2	3	4

INTERNATIONAL ADJUSTMENT DISORDER QUESTIONNAIRE

““The International Adjustment Disorder Questionnaire (IADQ) is a brief, simply-worded measure, focusing only on the core features of Adjustment Disorder, and employs straightforward diagnostic rules. The IADQ was developed to be consistent with the organizing principles of the ICD-11, as set forth by the World Health Organization, which are to maximize clinical utility and ensure international applicability through a focus on the core symptoms of a given disorder.”

The full version of the IADQ can be freely accessed at:

https://www.traumameasuresglobal.com/iadq

THE INTERNATIONAL ADJUSTMENT DISORDER QUESTIONNAIRE (IADQ)

Below is a list of stressful life events that you may have experienced. Please indicate any of the following events that are currently applicable to you:

I am currently experiencing…	**Yes**
1. Financial problems (e.g., difficulty paying bills, being in debt).	
2. Work problems (e.g., unemployment, redundancy, retirement, problems/conflicts with colleagues, change of job role).	
3. Educational problems (e.g., difficulty with course work, deadline pressure).	
4. Housing problems (e.g., stressful home move, difficulty finding a secure residence, lack of secure residence).	
5. Relationship problems (e.g., break-up, sparation or divorce, conflict with family or friends, intimacy problems).	
6. My own health problems (e.g., illness onset or deterioration, medication issues, injury or disability).	
7. A loved one’s health problems (e.g., illness onset or deterioration, medication issues, injury or disability).	
8. Caregiving problems (e.g., emotional stress, time demands).	
9. Some other problem not mentioned above.	

This section should be completed only if you have answered ‘Yes’ to at least one of the events above. The following statements reflect problem that people sometimes experience in relation to a stressful life event(s). Thinking about the stressful life event(s) you identified above, please indicate **how much you have been bothered by each of the following problems in the past month**:

	Not at all	***A little bit***	***Moderately***	***Quite a bit***	***Extremely***
10. I worry a lot more since the stressful event(s).	0	1	2	3	4

INTERNATIONAL PROLONGED GRIEF DISORDER SCALE

“The WHO ICD-11 Working Group on Disorders specifically associated with stress developed clinical guidelines for the prolonged grief disorder (PGD) (Maercker et al. 2013). These guidelines are structured following the remit of the new ICD-11 to provide: a narrative definition, to include cultural features, to provide core symptoms and be easy to use in the clinical setting (Reed 2010).

The IPGDS seeks to operationalize the ICD-11 definition of PGD in a self-report questionnaire format. The threshold for clinical diagnosis of PGD is currently under investigation.”

The full version of the IPGDS can be freely accessed at:

https://www.traumameasuresglobal.com/ipdgs

Universität Zürich[UZH]

International Prolonged Grief Disorder Scale (IPGDS)

Killikelly, Stelzer, Zhou and Maercker (2019 in preparation)

Instruction: Using the scale below, please choose the answer that best describes how you have been feeling over the **past week.**

Standard Scale

	Not at all (1)	**Rarely** (2)	**Sometimes** (3)	**Often** (4)	**Always** (5)
1. I am longing or yearning for the deceased.	*1*	*2*	*3*	*4*	*5*
2. I am preoccupied with thoughts about the deceased or circumstances of the death.	*1*	*2*	*3*	*4*	*5*
3. I have intense feelings of sorrow, related to the deceased.	*1*	*2*	*3*	*4*	*5*
4. I feel guilty about the death or circumstances surrounding the death.	*1*	*2*	*3*	*4*	*5*
5. I am angry over the loss.	*1*	*2*	*3*	*4*	*5*
6. I try to avoid reminders of the deceased or the death as much as possible (e.g., pictures, memories).	*1*	*2*	*3*	*4*	*5*
7. I blame others or the circumstances for the death (e.g., a higher power).	*1*	*2*	*3*	*4*	*5*
8. I have trouble or just don’t want to accept the loss.	*1*	*2*	*3*	*4*	*5*
9. I feel that I lost a part of myself.	*1*	*2*	*3*	*4*	*5*
10. I have trouble or have no desire to experience joy or satisfaction.	*1*	*2*	*3*	*4*	*5*
11. I feel emotionally numb.	*1*	*2*	*3*	*4*	*5*
12. I have difficulties engaging in activities I enjoyed prior to the death.	*1*	*2*	*3*	*4*	*5*
13. Grief significantly interferes with my ability to work, socialize or function in everyday life.	*1*	*2*	*3*	*4*	*5*
14. My grief would be considered worse (e.g., more intense, severe and/or of longer duration) than for others from my community or culture	*1*	*2*	*3*	*4*	*5*

15. When did the loss occur? (circle one)
a. less than 6 months ago
b. 6 to 12 months ago
c. 1 to 5 years ago
d. 5 to 10 years ago
e. 10 to 20 years ago
f. more than 20 years ago

Trauma Assessment Measures - Intellectual Disabilities

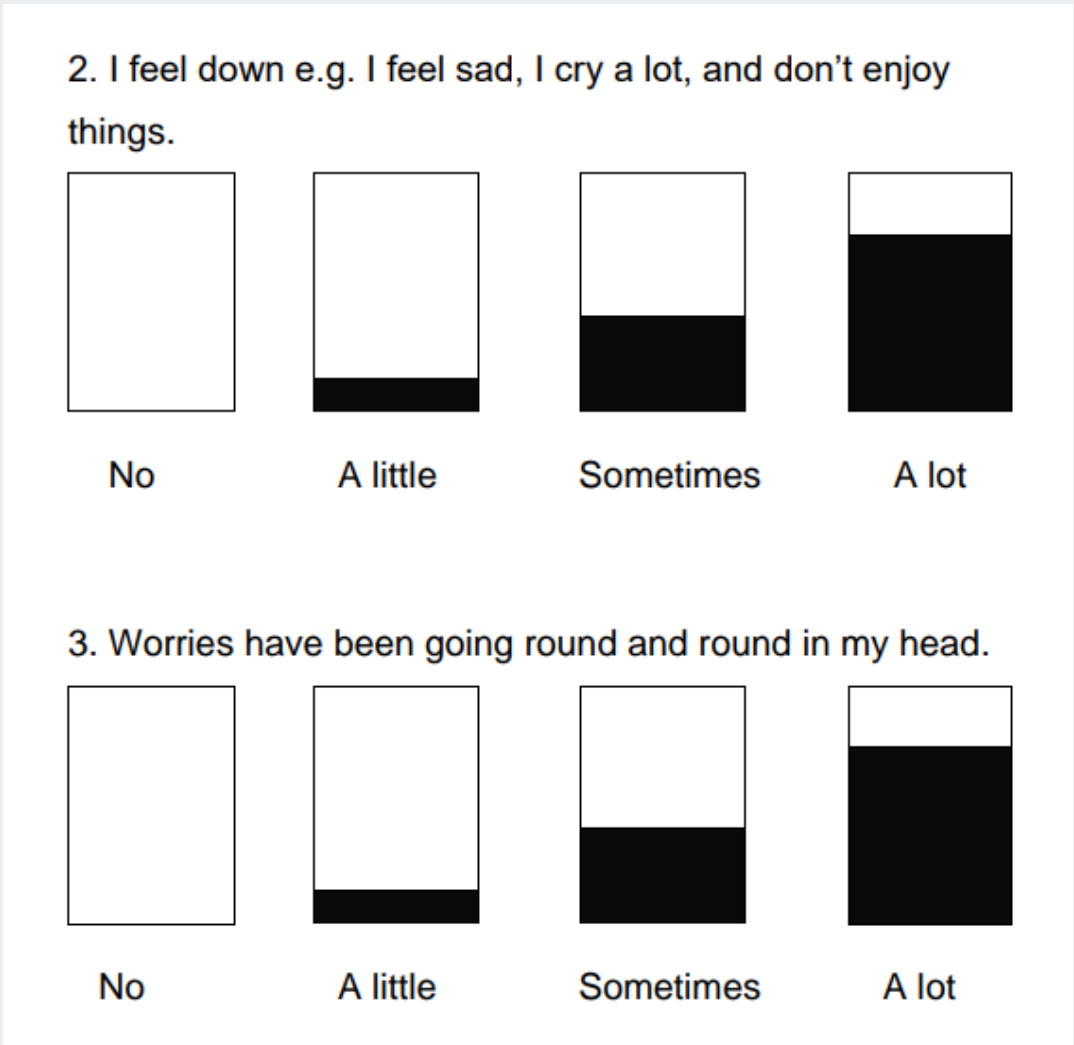
Note: Several tools have been developed for the assessment of trauma symptoms in people with intellectual disabilities, as a comorbidity that may present with autism.

LANCASTER AND NORTHGATE TRAUMA SCALES

The Lancaster and Northgate Trauma Scales (LANTS) is ‘a self-report and an informant measure of the effects of traumatic life events on people with intellectual disabilities’. The measure utilises visual scales to increase accessibility. Three initial screening questions are included in the measure to check validity and comprehension prior to completion of the full measure.

Information about the LANTS and its development can be accessed at:

https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fnrl.northumbria.ac.uk%2Fid%2Feprint%2F10667%2F1%2FLANTS-ReliabilityandValidityPaper-SUBMITTED(March2011).doc&wdOrigin=BROWSELINK



INTERNATIONAL TRAUMA QUESTIONNAIRE - INTELLECTUAL DISABILITIES

‘An initial and preliminary 23-item version of the International Trauma Questionnaire (ITQ: Cloitre, Roberts, Bisson, & Brewin, 2015) operationalized the narrative descriptions of Posttraumatic Stress Disorder (PTSD) and Complex PTSD (CPTSD), as defined in the 11th version of the International Classification of Diseases (ICD-11). This is an adapted version for people with intellectual and other developmental disabilities. It was developed with an advisory group of people with intellectual disabilities and autism. This version should be administered as a semi-structured interview’.

The Trauma Information Form (Hall, Jobson and Langdon, 2014). should first be completed to ensure that the respondent understands what is meant by the word “trauma”, and the traumatic event that you are asking them about. The TIF can be downloaded from the following link:
http://wrap.warwick.ac.uk/132892/

The full version of the ITQ-ID can be freely accessed at:

https://www.traumameasuresglobal.com/itq

International Trauma Questionnaire – Intellectual Disabilities

Instructions: Please identify the experience that troubles the person most by using the Trauma Information Form, administered as a semi-structured interview. Refer to the pictorial prompt sheet as required.

Record the trauma here: _____

When did the experience occur? (circle one)

a. less than 6 months ago
b. 6 to 12 months ago
c. 1 to 5 years ago
d. 5 to 10 years ago
e. 10 to 20 years ago
f. more than 20 years ago

“I’m going to read some problems that people who have had trauma struggle with; can you tell me whether you have had any of these problems in the last month by saying yes, sometimes, or no when I ask the question?”	**No**	**Sometimes**	**Yes**
1. Are you having nightmares about the bad things that happened to you?	0	1	2
2. Are you having memories about the bad things which pop into your head and scare you?	0	1	2
3. Have you tried not to think about the bad things?	0	1	2
4. Have you tried not to go to places that remind you of the bad things that happened?	0	1	2
5. Have you felt really scared a lot of the time?	0	1	2
6. Have you felt really jumpy?	0	1	2
“In the last month, have the things we just talked about:”			
7. Meant that you fell out with your friends?	0	1	2

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