



EMERGENCY TRIAGE TOOLKIT

INTRODUCTION

This toolkit has been created by the Douglas Hospital and McGill University to help in the triage of victims of traumatic stress in the event of a large-scale catastrophic event. It is designed to help you assess peritraumatic stress in order to prioritize referral to specialized support resources.

QUICK REMINDER OF THE DEFINITION OF A TRAUMATIC EVENT

In order for an event to be considered 'traumatic', the individual must have experienced a threat to their life, sustained a serious injury or the person's physical integrity must have been otherwise threatened. Moreover, this event must have elicited fear, helplessness, or horror.

WHAT BEHAVIOUR IS RECOMMENDED TO BE ADOPTED TOWARD ACUTELY TRAUMATIZED INDIVIDUALS?

In the hours that follow exposure to a disaster or terrorist attack individuals may be distressed, dissociated, disoriented in time and space, have a buzzing in their ears (if an explosion occurred), etc.

In order to help them transition from this abnormal situation to a more normal one, it is important to provide support and reassurance. Physical contact (such as a hand on the shoulder), a listening ear, and providing basic information about the situation, can all help the individual feel that they have not been abandoned by society and that they are being helped.

HOW TO RAPIDLY ASSESS PERITRAUMATIC RESPONSES

Peritraumatic responses are those experienced by the victim during the event and in the minutes and hours that follow. Such responses define, in part, whether or not the event is to be considered 'traumatic'. Studies suggest that the severity of these responses are a good indicator of the risk of developing post-traumatic stress disorder and therefore may be useful for triaging those individuals in need of greater assistance from mental health professionals (Brunet et al., 2001).

HOW?

We offer two short, self-report questionnaires: the Peritraumatic Distress Inventory (PDI) and the Peritraumatic Dissociative Experiences Questionnaire (PDEQ). They index some important reactions that individuals may experience in the aftermath of exposure to trauma. Scores on these well-validated tests will help you determine the intensity of the peritraumatic response experienced by the individual.

FOR WHOM ARE THESE TESTS DESIGNED?

Any adult.

WHAT DOES THE PDEQ MEASURE?

This 10-item test measures the extent of dissociation at the time of the traumatic event, and in the minutes and hours that followed. Studies suggest that dissociation increases the risk of developing Post-traumatic Stress Disorder (Birmes et al., 2003).

WHAT DOES THE PDI MEASURE?

This 13-item test measures the extent to which the individual experienced distress at the time of the traumatic event and in the minutes and hours that followed. Studies suggest that peritraumatic distress increases the risk of developing Post-traumatic Stress Disorder (Jehel et al., 2006).

TESTS DURATION

PDI : administration < 5 minutes / scoring < 5 minutes.

PDEQ : administration < 5 minutes / scoring < 5 minutes.

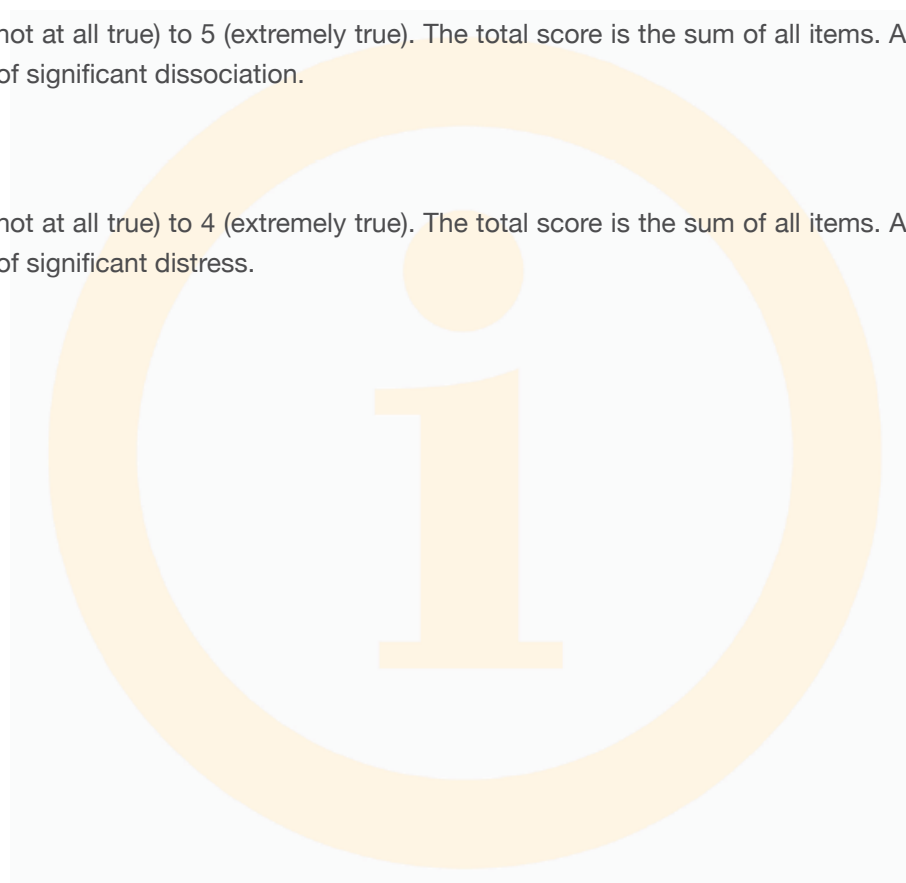
SCORING

PDEQ:

Each item is scored from 1 (not at all true) to 5 (extremely true). The total score is the sum of all items. A score above 15 is indicative of significant dissociation.

PDI :

Each item is scored from 0 (not at all true) to 4 (extremely true). The total score is the sum of all items. A score above 15 is indicative of significant distress.



VALIDATION

PDEQ

Marmar, C.R., Weiss, D.S., & Metzler, T.J. (1997). The Peritraumatic Dissociative Experiences Questionnaire. In Wilson J.P., Marmar C.R., (Eds.). *Assessing psychological trauma and posttraumatic stress disorder* (p. 412-428). New York : The Guilford Press.

Birmes, P., Brunet, A., Benoit, M., et al. (2004). Validation of the Peritraumatic Dissociative Experiences Questionnaire self-report version in two samples of French-speaking individuals exposed to trauma. *European Psychiatry*, 226, 1-7.

PDI

Brunet, A., Weiss, D.S., Metzler, T.J., et al. (2001). The Peritraumatic Distress Inventory: A proposed Measure of PTSD criterion A2. *American Journal of Psychiatry*, 158, 1480-1485.

Jehel, L., Brunet, A., Paterniti, S., et al. (2005). Validation of the French version of the Peritraumatic Distress Inventory. *Canadian Journal of Psychiatry*, 50, 67-71.



Peritraumatic Dissociative Experiences Questionnaire (PDEQ)

Please complete the items below by circling the number that best describes the experiences you had during and immediately after the critical incident. If an item does not apply to your experience, please circle "not at all true".

	Not at all true	Slightly true	Somewhat true	Very true	Extremely true
1 I had moments of losing track of what was going on. I "blanked out" or "spaced out" or in some way felt that I was not part of what was going on.	1	2	3	4	5
2 I found that I was on "automatic pilot". I ended up doing things that I later realized I hadn't actively decided to do.	1	2	3	4	5
3 My sense of time changed. Things seemed to be happening in slow motion.	1	2	3	4	5
4 What was happening seemed unreal to me, like I was in a dream, or watching a movie or play.	1	2	3	4	5
5 I felt as though I were spectator watching what was happening to me, as if I were floating above the scene or observing it as an outsider.	1	2	3	4	5
6 There were moments when my sense of my own body seemed distorted or changed. I felt disconnected from my own body, or it was unusually large or small.	1	2	3	4	5
7 I felt as though things that were actually happening to others were happening to me — like I was in danger when I really wasn't.	1	2	3	4	5
8 I was surprised to find afterwards that a lot of things happened at the time that I was not aware of, especially things I ordinarily would have noticed.	1	2	3	4	5
9 I felt confused; That is, there were moments when I had difficulty making sense of what was happening.	1	2	3	4	5
10 I felt disoriented; that is, there were moments when I felt uncertain about where I was or what time it was.	1	2	3	4	5

Peritraumatic Distress Inventory (PDI)

Please complete the items below by circling the number that best describes the experiences you had during and immediately following the critical incident. If an item does not apply to your experience, please circle "not at all true".

	Not at all true	Slightly true	Somewhat true	Very true	Extremely true
1 I felt helpless.	0	1	2	3	4
2 I felt sadness and grief.	0	1	2	3	4
3 I felt frustrated or angry.	0	1	2	3	4
4 I felt afraid for my own safety.	0	1	2	3	4
5 I felt guilty.	0	1	2	3	4
6 I felt ashamed of my emotional reactions.	0	1	2	3	4
7 I felt worried about the safety of others.	0	1	2	3	4
8 I had the feeling I was about to lose control of my emotions.	0	1	2	3	4
9 I had difficulty controlling my bowel and bladder.	0	1	2	3	4
10 I was horrified by what I saw.	0	1	2	3	4
11 I had physical reactions like sweating, shaking, and my heart pounding.	0	1	2	3	4
12 I felt I might pass out.	0	1	2	3	4
13 I thought I might die.	0	1	2	3	4

WHAT TO DO NEXT?

Once you have scored the two tests and if the individual scores are above the suggested threshold of 15 on at least one of them, it is recommended that the individual be referred to a mental health professional specializing in the assessment and treatment of victims of traumatized individuals. This referral should be done with the aim of mitigating or preventing the development of Post-traumatic Stress Disorder. In the victim's section of the Info-Trauma website, you can find a list of services available to trauma-exposed individuals (subcategorized by country).



Symptoms of Post-Traumatic Stress Disorder (DSM-IV)

According to the diagnostic criteria set by the APA in the DSM-IV, in order to determine if your patient has post-traumatic stress disorder they must satisfy various criteria:

- A (Exposure to a traumatic event),
- B (Intrusive symptoms),
- C (Avoidance and numbing symptoms),
- D (Symptoms of increased physiological arousal),
- E (Duration of the disturbance) and
- F (significant distress or impairment).

A: Exposure to a traumatic event

The person has been exposed to a traumatic event in which both of the following were present:

1. The person experienced, witnessed, or was confronted with an event or events that involved any or all of the following: actual or threatened death; serious injury; or a threat to the physical integrity of self or others.
2. The person's response involved intense fear, helplessness, or horror.

B: Intrusive symptoms

The traumatic event is persistently re-experienced in one (or more) of the following ways:

1. Recurrent and intrusive recollections of the event, including: images, thoughts, and/or perceptions.
2. Recurrent distressing dreams of the event.
3. Impressions of reliving the event (including hallucinations and flashbacks, experienced while awake or intoxicated).
4. Intense psychological distress, when exposed to internal or external cues that symbolize or resemble an aspect of the event.
5. Physiological reactivity when exposed to internal or external cues that symbolize or resemble an aspect of the event.

C: Avoidance and numbing symptoms

Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by at least three of the following:

1. Efforts to avoid thoughts, feelings, and/or conversations associated with the trauma.
2. Efforts to avoid activities, places, and/or people that arouse recollections of the trauma.
3. Inability to recall an important aspect of the trauma.
4. Markedly diminished interest or participation in significant activities.
5. Feeling of detachment or estrangement from others.
6. Restricted range of emotional expression.
7. Sense of a 'stunted' future.

D: Symptoms of increased physiological arousal

Persistent symptoms of increased arousal (not present before the trauma), as indicated by at least two of the following:

1. Difficulty falling or staying asleep.
2. Irritability or outbursts of anger.
3. Difficulty concentrating.
4. Hypervigilance.
5. Exaggerated startle response.

E: Duration of the disturbance(s) (symptoms in Criteria B, C, and D) is more than one (1) month.

F: The disturbance causes clinically significant distress and/or impairment in social, occupational, and/or other important areas of functioning.

