DITS - SID

DIAGNOSTIC INTERVIEW TRAUMA AND STRESSORS

Severe Intellectual Disability

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DITS-SID

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DITS-SID

APPENDICES:

- DITS-SID Additional events
- Timeline *(separate document)*
- Interference thermometer *(separate document)*
- Scoring form *(separate document)*

Interview date ___ / ___ / ___

Interviewer name _____

Client name _____

Sex ☐ Male ☐ Female ☐ Other

Date of birth ___ / ___ / ___

Informant ☐ Relative, namely (father, mother, brother, sister, etc.):

_____

☐ Caregiver, namely (residential caregiver, caregiver daycare, etc.):

_____

☐ Other, namely:

_____

Informant's name _____

Has known the client for (in years): _____

Lives with client: ☐ Yes ☐ No

INSTRUCTIONS FOR THE INTERVIEWER

See the manual for more information.

GENERAL

ATTITUDE

The interviewer shows understanding of any emotions expressed by the informant (e.g., “I understand that this is difficult for you”), but maintains a professional and generally neutral attitude during the interview.

ANSWER CATEGORIES

The interviewer uses the answer category ‘Other’ if the relative/caregiver answers along the lines of: “I don’t know”, “(Name) has always been like that” or gives an unclear answer. The interviewer notes what was said.

TRAUMATIC AND STRESSFUL EVENTS

COLLECTING INFORMATION

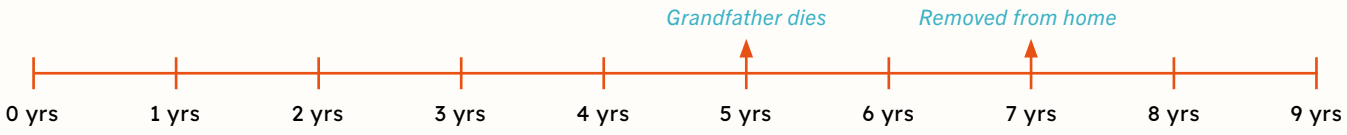
In the ‘Traumatic and stressful events’ section, the interviewer asks what has happened. The interviewer tries to obtain enough information to assess whether the event meets criterion A for trauma of PTSD (DSM-5-TR). The interviewer must keep this as brief as possible to avoid the relative/caregiver potentially becoming too upset by negative feelings that may be associated with the memories of the event.

BUILDING THE TIMELINE

The interviewer asks how old the client was when the event took place, and this age is recorded. The interviewer then shows the ‘Timeline’. The beginning of the line (far left) represents the birth of the client. The interviewer then places the client’s current age at the far right of the line and divides the line up into segments of equal length. The number of segments must correspond with the client’s age. If the client is over the age of 25, the interviewer should divide the timeline into segments of 5 years. The interviewer then marks the event in the correct place on the timeline. If the relative/caregiver does not know the client’s exact age at the time of the event, the interviewer asks them to point to the place on the line where the event should be placed. If necessary, the interviewer asks about the place of one event on the line in relation to another event, e.g., “Which happened first, …or…?” The interviewer ensures that the events appear on the timeline in the correct chronological order. If the relative/caregiver does not know the order in which the events took place, the interviewer will write down the event above the timeline without connecting it to the timeline.

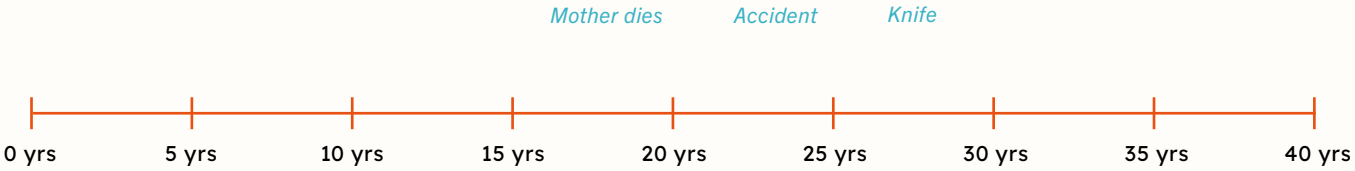
EXAMPLE 1

Jake is 9 years old. When he was 5, his grandfather died, and when he was 7, he was placed in out-of-home care.



EXAMPLE 2

Mary is 40 years old. She has been involved in a serious accident, her mother has died and she has witnessed a stabbing. The relative/caregiver does not know how old Mary was when these things happened, but does know the order in which the events took place.



ADDITIONAL EVENTS

If a question involves more than one event (e.g., the client has been involved in more than one accident, or has been confronted with the death of a loved one more than once), use the 'DITS-SID Additional events' appendix.

PREVIOUSLY MENTIONED

If the relative/caregiver has already mentioned a relevant event while answering a previous question and this has already been recorded by the interviewer, check 'Yes' and write: 'See question (x)'. For example: Sexual abuse was mentioned in question 1 (open question). Next to questions 6 and/or 7 and/or 12, check 'Yes' and note 'See question 1'. Ask whether the client has had any similar experiences. If the answer is yes, the interviewer notes this in the 'DITS-SID Additional events' appendix.

THE INTERVIEW

INTRODUCTION

The interviewer says: "I would now like to ask you a few questions. Some of the things I am going to ask about may be difficult to talk about. I am asking these questions because it will help us understand *(name's)* difficulties better, so that we can support *(name)* more effectively. These questions concern events that may have made *(name)* feel extremely frightened or powerless. I would like to know whether any of these things have ever happened to *(name)*."

TRAUMATIC AND STRESSFUL EVENTS

1. Has something very upsetting ever happened to *(name)* that caused him/her[1] significant distress?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

2. Has *(name)* ever experienced someone dying or being seriously injured?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

1. Where appropriate, 'they/them' pronouns may be used for all items.

3. Has *(name)* ever experienced a serious accident or a fire? Or has *(name)* seen or heard that this happened to a parent, a caregiver or a loved one?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

4. Has *(name)* ever experienced a flood or an earthquake, or has there been a severe storm in the area where *(name)* lived? Or has *(name)* seen or heard that this happened to a parent, a caregiver or a loved one?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

5. Has anyone ever robbed or attacked *(name)*? Or has *(name)* seen or heard that this happened to a parent, a caregiver or a loved one?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

6. Has anyone ever touched *(name)* in an inappropriate way? Or has *(name)* seen or heard that this happened to a parent, a caregiver or a loved one?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

7. Has anyone ever forced *(name)* to touch them in an inappropriate way? Or has *(name)* seen or heard that this happened to a parent, a caregiver or a loved one?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

8. Has anyone ever repeatedly beaten or badly hurt *(name)*? Or has *(name)* seen or heard that this happened to a parent, a caregiver or a loved one?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

9. Has anyone ever done anything else to *(name)*, or forced *(name)* to do something that he/she really did not want to do? For example, experiencing physical restraint? Or has *(name)* seen or heard that this happened to someone else?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

10. Has *(name)* ever witnessed someone being threatened or abused (e.g., hitting, kicking, shooting, stabbing, grabbing by the throat), for example at home, at daycare, or while in residential care? Or has *(name)* ever physically attacked someone?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

11. Has *(name)* ever been involved with or witnessed an accident or a fire?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

12. Has *(name)* ever witnessed someone else being forced to have sex?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

13. Has *(name)* ever been badly bullied or has he/she witnessed someone else being badly bullied?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

14. Has *(name)* ever been placed in out-of-home care or been in temporary crisis accommodation?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

15. Has anyone who *(name)* knows very well been in prison?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

16. Are you divorced from (name's) father/mother? Or: Are (name's) parents divorced?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

17. Has *(name)* ever been seriously ill, has he/she been in hospital or had an unpleasant medical examination or treatment from a doctor or a dentist, for example??

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

18. Has *(name)* ever experienced someone they know very well being seriously ill, in hospital, or having unpleasant medical examinations or treatment from a doctor or dentist, for example?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

19. Has *(name)* ever experienced the death or serious injury of an animal that he/she cared deeply about?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

20. Has *(name)* ever been around adults who never allowed him/her to do anything and who punished him/her very severely?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

21. Has *(name)* ever been lost?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

22. Has *(name)* often not been taken seriously or has he/she not been allowed to join in with others, for example at home, school, daycare, work or in an institution?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

23. Has *(name)* ever received far too little attention from his/her parents, or from other people responsible for raising or supporting him/her (e.g., professional caregivers, foster parents)?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

24. Has *(name)* ever experienced the permanent departure of a trusted caregiver, or experienced periods of frequent changes of trusted caregivers?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

25. Has *(name)* ever been arrested or questioned by the police, or has *(name)* ever witnessed someone else being arrested or questioned by the police?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

26. Has *(name)* ever had serious problems with a family member, friend, professional caregiver or other client?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

27. Has *(name)* ever experienced a burglary?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

28. Has *(name)* ever been excluded from school (or, if applicable, daycare or work), or been forced to change schools (or daycare or workplace)? Has *(name)* ever been excluded from their residential care facility or been forced to change facilities?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

29. Has *(name)* ever seen graphic images (e.g., on a computer, telephone or television) that later caused him/her significant distress?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

30. Has *(name)* ever had a frightening or distressing experience related to a physical or medical problem, such as an epileptic seizure or choking?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

31. Has anyone ever told *(name)* something distressing that continued to affect him/her significantly afterwards?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

32. Have there been any other distressing events that have not been mentioned so far but are important to *(name)*?

☐ Yes ☐ No ☐ Other

If 'Yes': What happened?

How old was he/she when it happened? _____ years (add to timeline)

33. If *(name)* has experienced more than one distressing event, which one do you currently consider to be the most difficult for him/her to think about?

PTSD SYMPTOMS

The interviewer says: "Next, I would like to ask you some questions to understand whether these distressing events have led to any changes for *(name)*."
Point to the timeline and lay it on the table where it is visible to the relative/caregiver for the rest of the interview.

[*If the interview is held online: share the window showing the timeline again, and keep sharing it while asking about the symptoms.*
The interviewer says: "I would now like to ask you some questions to understand whether these distressing incidents you can see on the timeline have led to any changes for *(name)*."]

REEXPERIENCING

34. If *(name)* is able to express this, does *(name)* often complain about having thoughts about one or more events that he/she does not want to have?

☐ Yes ☐ No Other _____

35. Does *(name)* often act out or imitate the events, or make drawings about it?

☐ Yes ☐ No Other _____

36. If *(name)* is able to express this, does *(name)* complain about hearing voices in his/her head related to the events?

☐ Yes ☐ No Other _____

37. Does *(name)* have nightmares or bad dreams about the events?

☐ Yes ☐ No Other _____

38. Does *(name)* have nightmares or bad dreams about other things or about topics unknown to you?

☐ Yes ☐ No Other _____

39. Do you think that *(name)* often pictures the events, and feels as though he/she is experiencing it all over again?

☐ Yes ☐ No Other _____

40. Does *(name)* become very upset when he/she is reminded of the events?

☐ Yes ☐ No Other _____

41. Does *(name)* act overly cheerful when he/she is reminded of the events?

☐ Yes ☐ No Other

42. When *(name)* is reminded of the events, does he/she experience distressing physical reactions such as palpitations, sweating or trembling?

☐ Yes ☐ No Other

43. If *(name)* is reminded of the events, does he/she get a stomachache or a headache?

☐ Yes ☐ No Other

AVOIDANCE AND NEGATIVE ALTERATIONS IN COGNITIONS AND MOOD

44. Does *(name)* try to avoid things that remind him/her of the events? For example, certain places, sounds, objects or smells?

☐ Yes ☐ No Other

45. Does *(name)* try to avoid certain people or situations?

☐ Yes ☐ No Other

46. If *(name)* can speak, does *(name)* do their best to avoid speaking about the events?

☐ Yes ☐ No Other

47. If *(name)* is able to express this, does *(name)* report being unable to remember certain important aspects about the events, as if these have disappeared from their memory?

☐ Yes ☐ No Other

48. Has *(name)* stopped doing things he/she used to enjoy since the events? Or does he/she no longer enjoy any of those things as much as before? For example, playing games, going out, or hobbies?

☐ Yes ☐ No Other

49. Have you noticed *(name)* making less contact with people who are important to them, or is he/she withdrawing from social situations?

☐ Yes ☐ No Other

50. Have you noticed *(name)* feeling lonely or isolated more often since the events?

☐ Yes ☐ No Other

51. Has it become more difficult for *(name)* to let others know how he/she is feeling since the events?

☐ Yes ☐ No Other

52. Has it become more difficult for *(name)* to trust people since the events?

☐ Yes ☐ No Other

53. If *(name)* is able to express this, have you noticed that *(name)* has negative thoughts about himself/herself more often since the events, such as believing they are a bad person and not worthwhile?

☐ Yes ☐ No Other

54. Have you noticed that *(name)* has been feeling bad more often since the events? For example, experiencing anxiety, disgust, confusion, sadness, guilt or shame?

☐ Yes ☐ No Other

55. Have you noticed that *(name)* tends to blame himself/herself or others for the events, when it is not really justified?

☐ Yes ☐ No Other

56. Have you noticed that *(name)* can no longer feel happy since the events?

☐ Yes ☐ No Other

57. Does it appear that *(name)* is no longer able to feel anything at all since the events?

☐ Yes ☐ No Other

58. Has *(name)* shown regression in previously acquired skills, such as language, continence or independence, since the events?

☐ Yes ☐ No Other

59. Have you noticed that *(name)* sometimes feels as if his/her body no longer feels like his/her body since the events?

☐ Yes ☐ No Other

60. Have you noticed that *(name)* suddenly no longer recognises familiar people or places since the events, for example at home, school or daycare?

☐ Yes ☐ No Other

CHANGES IN AROUSAL AND REACTIVITY

61. Has *(name)* had trouble sleeping since the events? For example difficulty falling asleep, staying asleep, or waking up too early?

☐ Yes ☐ No Other

62. Do you feel that *(name)* becomes angry quickly since the events?

☐ Yes ☐ No Other

63. Has *(name)* ever harmed other people since the events?

☐ Yes ☐ No Other

64. Has *(name)* been breaking things since the events?

☐ Yes ☐ No Other

65. Has *(name)* ever harmed himself/herself since the events?

☐ Yes ☐ No Other

66. Has *(name)* been having intense outbursts of anger or tantrums since the events?

☐ Yes ☐ No Other

67. Has *(name)* been struggling to stay focused on something since the events, does he/she struggle to concentrate?

☐ Yes ☐ No Other

68. Has *(name)* been constantly alert since the events, as if something bad might happen?

☐ Yes ☐ No Other

69. Does *(name)* startle easily when something unexpected or sudden happens since the events, for example a loud noise he/she did not expect, or an unexpected touch?

☐ Yes ☐ No Other

70. Has *(name)* become reckless since the events? Does he/she do very dangerous things?

☐ Yes ☐ No Other

OTHER SYMPTOMS

71. Have *(name's)* eating habits changed since the events? Does he/she eat too much or too little, for example?

☐ Yes, namelijk:

☐ No ☐ Other

72. Has *(name)* had difficulties taking care of himself/herself, for example with personal hygiene or getting dressed, since the events? Or have care routines with *(name)* become more difficult?

☐ Yes, namelijk:

☐ No ☐ Other

73. Has *(name)* become less able to cope with unexpected changes since the events, for example, when an appointment is cancelled or when he/she suddenly has to do something different from usual?

☐ Yes, namelijk:

☐ No ☐ Other

74. Has *(name)* been repeating certain things over and over again since the events, or always doing them in the same way? Or have there been stereotypical movements or an increase in these?

☐ Yes, namelijk:

☐ No Other

75. Interference

The interviewer says: "I would now like to ask how much you think *(name)* is affected by the events. By this, I mean how much it interferes with his/her social contacts, causes problems at school/ daycare/ work *[choose what applies]*, or at home, or how much it holds *(name)* back from doing the things he/she would like to do."

SHOW THE RELATIVE/CAREGIVER THE INTERFERENCE THERMOMETER.
"The highest level means that *(name)* is very much affected by it (point to 'very much' on the thermometer, level 8) and the lowest level means that *(name)* is not affected at all (point to 'not at all' on the thermometer, level 0). It can also score somewhere in between."

Write the corresponding number (0-8) indicated by the relative/caregiver in the box below.

76. Duration of symptoms

If the interference score is 4 or higher, the interviewer shows the timeline again and says: "And finally, I would like to know how long *(name)* has been affected by the events. How old was (name) when the symptoms began?"

years

•••• End of interview ••••

APPENDIX

DITS-SID ADDITIONAL EVENTS

Event associated with question number _____

What happened?

How old was (name) when it happened? _____ years (add to timeline)

Event associated with question number _____

What happened?

How old was (name) when it happened? _____ years (add to timeline)

Event associated with question number _____

What happened?

How old was (name) when it happened? _____ years (add to timeline)

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