

Immediate Stress Reaction Checklist (ISRC)

Background Information

Original purpose of the ISRC: Assessing acute traumatic stress responses soon after trauma exposure

The Immediate Stress Reaction Checklist was created in 1999 as a means to capture immediate post-trauma responses in youth and young adults (for example in the Emergency Department within hours of a traumatic event). In this time period, it is not appropriate to think of these responses as acute stress **disorder**, as that diagnosis is made only when acute stress symptoms last for a minimum of 3 days and begin to impair the individual's functioning. In a study of youth followed after Emergency Department treatment for violent injury, acute stress reactions assessed by the ISRC were also predictive of longer-term traumatic stress symptoms (Fein et al 2002).

Fein, J., Kassam-Adams, N., Vu, T. & Datner, E. (2001). Emergency Department evaluation of Acute Stress Disorder symptoms in violently injured youths. *Annals of Emergency Medicine*, 38:391-396.

Fein, J., Kassam-Adams, N., Gavin, M., Huang, R., Blanchard, D., & Datner, E. (2002) Persistence of post-traumatic stress in violently injured youth seen in the Emergency Department. *Archives of Pediatrics and Adolescent Medicine*, 156: 836–840.

The ISRC has also been used in studies of acute traumatic stress reactions in adult patients seen in the Emergency Department.

Price, M., Kearns, M., Houry, D., & Rothbaum, B. O. (2014). Emergency department predictors of posttraumatic stress reduction for trauma-exposed individuals with and without an early intervention. *Journal of Consulting and Clinical Psychology*, 82(2), 336.

Use of the ISRC in prediction algorithms

ISRC data from Emergency Department studies with adult patients has been incorporated in later work by Schultebrucks et al (2020, 2023) using machine learning approaches to create predictive algorithms that were then validated in independent samples.

Schultebrucks, K., Shalev, A. Y., Michopoulos, V., Grudzen, C. R., Shin, S. M., Stevens, J. S., ... & Marmar, C. R. (2020). A validated predictive algorithm of post-traumatic stress course following emergency department admission after a traumatic stressor. *Nature Medicine*, 26(7), 1084-1088. DOI: 10.1038/s41591-020-0951-z

Schultebrucks, K., Stevens, J. S., Michopoulos, V., Maples-Keller, J., Lyu, J., Smith, R. N., ... & Powers, A. (2023). Development and validation of a brief screener for posttraumatic stress disorder risk in emergency medical settings. *General Hospital Psychiatry*. DOI: 10.1016/j.genhosppsy.2023.01.012

Assessing acute stress disorder (ASD)

The ISRC is not a measure of ASD or of posttraumatic stress disorder (PTSD). You can find more information about the following acute stress measures here: <https://healthcaretoolbox.org/find-screening-and-assessment-tools>

Children and youth Since 2001, our team has done extensive further work to develop and improve a measure of ASD for children. The resulting measure, the [Acute Stress Checklist for Children \(or ASC-Kids\)](#) has very good evidence for its reliability and validity, [in English and in Spanish](#). Brief [screening versions](#) are also available.

Kassam-Adams, N. (2006). The Acute Stress Checklist for Children (ASC-Kids): Development of a child self-report measure. Journal of Traumatic Stress, 19: 129-139.

Kassam-Adams, N, Gold, J, Montañó, Z, Kohser, K, Cuadra, A, Muñoz, C, Armstrong, FD. (2013). Development and psychometric evaluation of child acute stress measures in Spanish and English. Journal of Traumatic Stress, 26(1):19-27.

Kassam-Adams, N & Marsac, ML. (2016). Brief practical screeners in English and Spanish for acute posttraumatic stress symptoms in children. Journal of Traumatic Stress, 29 (6):483-490. doi: 10.1002/jts.22141 PMID: 27923266

Adults For assessment of ASD in adults (or older adolescents), the [Acute Stress Disorder Scale \(ASDS\)](#). This 19-item self-report questionnaire developed specifically to assess ASD in adults after a traumatic event. It has demonstrated excellent internal consistency, test-retest reliability, as well as convergent validity with other relevant measures.

Bryant, R., Moulds, M., & Guthrie, R. (2000). Acute Stress Disorder Scale: A self-report measure of Acute Stress Disorder. Psychological Assessment, 12 (1), 61-68.

In early 2020, our team created a slightly adapted version of the ASDS to assess acute stress reactions in health care providers during the unfolding COVID19 pandemic.

Do others need permission to use the ISRC?

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This means that you are free to use the ISRC, and to adapt and build upon the work non-commercially, as long as you acknowledge the ISRC and its original authors, ie citing the Fein et al 2001 reference above.

Please **register** to use the Immediate Stress Reaction Checklist to help our team keep track of its use by others: https://redcap.link/ISRC_Registration_Form

Information on ISRC items and scales (Measure appears on subsequent pages)

WHAT ITEMS ARE INTENDED TO MEASURE:

DSM-IV CRITERION A2 FOR PTSD

3 items assess fear / helplessness / horror (13, 14, 15)

PERI-TRAUMATIC DISSOCIATION (DURING THE TRAUMATIC EVENT)

3 items each for Numbing / Detachment (1, 8, 12)

Reduced awareness of surroundings (3, 4, 11)

Derealization (5, 7, 10)

Depersonalization (2, 6, 9)

ACUTE STRESS RESPONSES IN THE IMMEDIATE AFTERMATH

Re-experiencing symptoms (17, 21, 25)

Avoidance symptoms (18, 22, 26)

Hyperarousal symptoms (19, 23, 27)

Dissociative symptoms (16, 20, 24)

ISRC

When something bad or scary happens, people can have different thoughts or feelings.

You've told us a little about what happened to you today/tonight. The first set of items is about what you were thinking and feeling while this was happening. Tell me how true each one is for you.

<u>WHILE IT WAS HAPPENING:</u>	NOT TRUE	SOMEWHAT or SOMETIMES TRUE	VERY or OFTEN TRUE
1. My mind went blank.	0	1	2
2. I did things that I didn't even know I was doing.	0	1	2
3. Things seemed to happen really slowly.	0	1	2
4. Things seemed to happen really fast	0	1	2
5. What was happening seemed unreal to me – like I was in a dream or watching a movie.	0	1	2
6. I felt like I was not there – like I was not part of what was going on.	0	1	2
7. I felt confused.	0	1	2
8. I felt numb -- like I didn't have any feelings.	0	1	2
9. People like my family or friends seemed like strangers.	0	1	2
10. Everything seemed weird, not normal	0	1	2
11. At times I was not sure where I was or what time it was.	0	1	2
12. There were times when I didn't feel any pain even where I was hurt.	0	1	2
13. I felt really scared.	0	1	2
14. I wanted to make it stop happening, but I couldn't.	0	1	2

15. I felt sick because what was happening seemed so horrible.	0	1	2
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These next items are about how you are doing right now. Tell me how true each one is for you.

<u>NOW</u>	NOT TRUE	SOMEWHAT or SOMETIMES TRUE	VERY or OFTEN TRUE
16. I can't remember some parts of what happened.	0	1	2
17. I can't stop thinking about what happened.	0	1	2
18. I don't want to think about what happened.	0	1	2
19. I feel jumpy.	0	1	2
20. My feelings are numb -- I feel "cut off" from my emotions.	0	1	2
21. When I think about what happened, I feel really upset.	0	1	2
22. I am trying not to remember or think about what happened to me.	0	1	2
23. I am having a hard time concentrating or paying attention.	0	1	2
24. I feel spacey or out of touch with the world around me.	0	1	2
25. Pictures or sounds from what happened keep popping into my mind.	0	1	2
26. I get upset when something reminds me of what happened.	0	1	2
27. I feel "hyper" or like I can't stay still.	0	1	2