

---

# Davidson Trauma Scale

---

Depressive Disorders: Mechanisms, Measurement and Management

What's in a Name?

Measuring Trauma

Posttraumatic Stress Disorder

Practitioner's Guide to Empirically Based Measures of Anxiety

Handbook of Clinical Rating Scales and Assessment in Psychiatry and Mental Health

Post-traumatic Stress Disorder

Davidson Trauma Scale (DTS)

A Clinician's Guide

Diagnosis and Assessment

Measurement of Stress, Trauma, and Adaptation

Effective Treatments for PTSD, Third Edition

Posttraumatic Stress Disorder

Cross-Cultural Assessment of Psychological Trauma and PTSD

Treatment of Stress Response Syndromes

Davidson Trauma Scale (DTS)

The Impact of Neurofeedback on Women Diagnosed with PTSD

Dimensionality and Internal Consistency of the Short Version of the Davidson Trauma Scale in Students of Santa Marta, Colombia

Structured Clinical Interview for DSM-IV Axis I Disorders SCID-I

Posttraumatic Growth

A Study of the Relationships Among Secondary Traumatic Stress, Coping, and Years of Service in Firefighter/emergency Medical Service Personnel

Treatment of Posttraumatic Stress Disorder

The Body Keeps the Score

Guide to Psychological Assessment with African Americans

Principles of Trauma Therapy

Practice Guidelines from the International Society for Traumatic Stress Studies  
PTSD in the NICU  
A Multiple Case Study  
Treatment of Psychological Distress in Parents of Premature Infants  
Structured Clinical Interview for DSM-III-R  
A Guide to Symptoms, Evaluation, and Treatment  
Presentation and Prevalence of PTSD in a Bipolar Disorder Population  
DSM-IV and Beyond  
Trauma And The Vietnam War Generation  
Workshop Summary  
Report Of Findings From The National Vietnam Veterans Readjustment Study  
Clinician Version, Scoresheet  
Assessment Scales in Depression and Anxiety - CORPORATE  
Tolme Tales

*Davidson Trauma Scale* **Downloaded from** [archive.imba.com](http://archive.imba.com) **by guest**

---

## **TIMOTHY STEWART**

---

*Depressive Disorders: Mechanisms, Measurement and Management* American Psychiatric Pub

This work is a vital set of insights and guidelines that will contribute to more aware and meaningful practice for mental health professionals. Focusing equally on theoretical concepts, culturally valid assessment methods, and cultural adaptation in trauma and resilience, an

array of experts present the cutting edge of research and strategies. Extended case studies illustrate an informative range of symptom profiles, comorbid conditions, and coping skills, as well as secondary traumas that can occur in asylum seekers. *What's in a Name?* American Psychiatric Pub

There are a number of books recently published on assessment scales for depression and anxiety. However, these books are generally more detailed than clinicians require, are specific to one or other condition, or involve specialty

populations such as children or geriatrics. To meet the needs of clinicians treating patients with depressive and anxiety disorders, this volume aims to bring together empirically validated assessment scales. In a concise and user-friendly format, *Assessment Scales in Depression and Anxiety* illustrates the assessment scales used in clinical trials and research studies; shows how to select an assessment scale and to decide which scale to use for a particular clinical situation; and provides sample assessment scales for clinicians to use in

their practice.

National Academies Press

Objective To know the dimensionality and internal consistency of the BDTS in high school students of Santa Marta, Colombia. Background The brief version of the Davidson Trauma Scale (BDTS) quantifies symptoms after exposure to traumatic events. However, the dimensionality and internal consistency in the Colombian population is unknown. Materials and methods A total of 1,462 tenth and eleventh grade students from official and private schools completed the BDTS. We included students between 13 and 17 years old ( $M=16.0$ ,  $SD=0.8$ ), 60.3% female. In the exploratory factor analysis (EFA) were calculated the KMO coefficients, Bartlett's chi-square, communalities, coefficients, eigenvalue and explained variance. In the confirmatory factor analysis (CFA) were estimated the chi-square, RMSEA, CFI TLI and SRMR. The internal consistency of the BDTS was calculated with the Cronbach alpha and McDonald's omega coefficients. Results and Conclusions In the EFA, the BDTS showed  $KMO=0.714$ , Bartlett's chi-square= $783.3$  ( $df=6$ ,

$p=0.001$ ), communalities were between 0.191 and 0.488, coefficients in the matrix were between 0.438 and 0.699. The factor showed Eigen value of 1.99 that explained 49.7% of the variance. In the CFA, the coefficients were chi squared= $5.921$ ,  $df=2$ ,  $p=0.052$ ,  $RMSEA=0.037$  (CI90% 0.000-0.072),  $CFI=0.995$ ,  $TLI=0.985$  and  $SRMR=0.011$ . Table 1. Communalities, loadings, corrected correlation and Cronbach alpha if item was deleted. Item Commonality Loading Corrected correlation with total score Cronbach alpha if item was deleted

Item	Commonality	Loading	Corrected correlation with total score	Cronbach alpha if item was deleted
Startle	0.191	0.438	0.36	0.65
Physiological arousal	0.345	0.588	0.46	0.59
Anger	0.488	0.699	0.52	0.54
Numbness	0.321	0.567	0.45	0.59

Cronbach's alpha coefficient was 0.661 and McDonald's omega, 0.691. More results are presented in the table 1. As conclusions, the BDTS shows clearly one-dimensional structural and acceptable internal consistency. It is necessary to observe the performance of this scale in other Colombian populations.

### Measuring Trauma Springer

Trauma, stress, and manmade and natural disasters are increasingly impacting

individuals and communities. The clinical and scientific advances presented here strive to address the rapidly expanding individual and community burden of disease resulting from the experience of traumatic or stressful events. The authors describe the suffering which trauma- and stressor-related disorders (TSRDs) cause, and explain in 30 concise chapters the state of the science for the DSM-5 trauma- and stressor-related disorders with regard to pathogenesis, diagnostic assessment and approach to treatment. This volume presents the genetic, neurochemical, developmental, and psychological foundations and epidemiology of the trauma- and stressor-related disorders, in addition to specific guidance on screening and evaluation, diagnosis, prevention, and biological, psychological and social treatments. The chapters in this book cover a variety of TSRDs: posttraumatic stress disorder, acute stress disorder, adjustment disorders, persistent complex bereavement disorder, and reactive attachment and disinhibited social engagement disorders. Graphics, including neuroimaging are integrated for easy reference and to aid grasping of key

concepts. The book draws on the current literature and provides brief case scenarios from individuals and families exposed to psychological or physical traumas, including mass trauma events. Factors contributing to susceptibility to these disorders and to resilience are also addressed. *Trauma- and Stressor-Related Disorders* provides an in-depth yet succinct introduction to current clinical and research knowledge for trainees and for professionals including psychotherapeutic, psychopharmacological, public health, and policy interventions. It addresses the level of evidence for different best practices to target the disabling cognitive, emotional or behavioral symptoms for a specific patient or population.

Posttraumatic Stress Disorder Davidson  
Trauma Scale (DTS)Davidson Trauma  
Scale (DTS)Assessing Psychological  
Trauma and PTSD

This comprehensive, authoritative volume meets a key need for anyone providing treatment services or conducting research in the area of trauma and PTSD, including psychiatrists, clinical psychologists, clinical social workers, and students in these

fields. It is an invaluable text for courses in stress and trauma, abuse and victimization, or abnormal psychology, as well as clinical psychology practica.

*Practitioner's Guide to Empirically Based Measures of Anxiety* CRC Press

Of all psychiatric disorders, posttraumatic stress disorder (PTSD) poses one of the greatest challenges to clinicians. Drs. Davidson and Foa, pioneers in the study of PTSD, have teamed up to edit this landmark volume. In *Posttraumatic Stress Disorder: DSM-IV(R) and Beyond*, members of the DSM-IV Subcommittee on PTSD present a comprehensive and fascinating review of the currently established knowledge about the etiology, epidemiology, neurobiology, course, and clinical presentations of posttraumatic stress syndromes and future directions for study.

*Handbook of Clinical Rating Scales and Assessment in Psychiatry and Mental Health* Springer Science & Business Media

This evidence-based clinical guideline commissioned by NICE (National Institute for Clinical Excellence) presents guidance on the management of post-traumatic stress disorder (PTSD) in primary and

secondary care.

Post-traumatic Stress Disorder Guilford Publications

Living with HIV can be stressful, which can affect both your emotional and physical well-being. You may feel a loss of control over your life, socially isolated, or anxious and depressed. Studies have shown that prolonged stress can negatively impact the immune system, making it less effective in fighting illness. If you are concerned about the impact stress has on your life and on your health, this book can help you learn to relax and manage stress more effectively. This book presents a group treatment program that has been scientifically proven to reduce stress in individuals living with HIV. Written by the developers of this groundbreaking program, this workbook is based on the principles of Cognitive-Behavioral Stress Management (CBSM). You will learn a variety of relaxation techniques, all designed to help you reduce tension and stress. As you become more aware of stress and its effects, stress management skills will increase your ability to cope. This workbook comes complete with user-friendly monitoring forms and homework

exercises designed to help reinforce the skills learned in group. It also includes instructions for relaxation practice that will remain useful long after you've completed the program. Used in conjunction with the group program described in the corresponding facilitator guide, this workbook will help you successfully manage stress and lead a more healthy life. TreatmentsThatWork™ represents the gold standard of behavioral healthcare interventions! · All programs have been rigorously tested in clinical trials and are backed by years of research · A prestigious scientific advisory board, led by series Editor-In-Chief David H. Barlow, reviews and evaluates each intervention to ensure that it meets the highest standard of evidence so you can be confident that you are using the most effective treatment available to date · Our books are reliable and effective and make it easy for you to provide your clients with the best care available · Our corresponding workbooks contain psychoeducational information, forms and worksheets, and homework assignments to keep clients engaged and motivated · A companion website ([www.oup.com/us/ttw](http://www.oup.com/us/ttw))

offers downloadable clinical tools and helpful resources · Continuing Education (CE) Credits are now available on select titles in collaboration with PsychoEducational Resources, Inc. (PER) **Davidson Trauma Scale (DTS)** Royal College of Psychiatrists Davidson Trauma Scale (DTS) Davidson Trauma Scale (DTS) Assessing Psychological Trauma and PTSD Guilford Press

**A Clinician's Guide** Springer Science & Business Media

The movements toward cultural sensitivity and evidence-based practice are watershed developments in clinical psychology. As a population with a long history of substandard treatment from mental health systems, African Americans have especially benefitted from these improvements. But as with other racial and ethnic minorities, finding relevant test measures in most psychological domains presents clinicians with an ongoing challenge. The Guide to Psychological Assessment with African Americans aims to close the evaluation/therapy gap by giving practitioners the tools to choose appropriate instruments while respecting

client individuality. Expert contributors analyze scarce and far-flung data, identify strengths and limitations of measures and norms in their use with African-American clients, and advise on avoiding biases in interpreting results. The editors advocate for a theory-based hypothesis-testing approach to assessment when empirical evidence is lacking, and offer guidelines for decision-making that is effective as well as ethnically aware. The Guide's findings, insights, and practical information cover the gamut of test and diagnostic areas, including: IQ and personality. Generalized anxiety disorder, panic, and phobias. Neuropsychological assessment, cognitive decline, and dementia. Mood disorders and suicidality. Forensic assessment, risk, and recidivism. Measures specific to children and adolescents. Plus PTSD, substance disorders, eating pathology, and more. Expertly complementing cross-cultural treatment texts, the Guide to Psychological Assessment with African Americans stands out as a trustworthy resource for treatment planning useful to clinical psychologists, neuropsychologists, and clinical social workers.

## Diagnosis and Assessment Springer Nature

Mental disorders, including posttraumatic stress disorder (PTSD), constitute an important health care need of veterans, especially those recently separated from service. *Treatment of Posttraumatic Stress Disorder: An Assessment of the Evidence* takes a systematic look the efficacy of pharmacologic and psychological treatment modalities for PTSD on behalf of the Department of Veterans Affairs. By reviewing existing studies in order to draw conclusions about the strength of evidence on several types of treatment, the Committee on the Treatment of Posttraumatic Stress Disorder found that many of these studies were faulty in design and performance, and that relatively few of these studies have been conducted in populations of veterans, despite suggestions that civilian and veteran populations respond differently to various types of treatment. The committee also notes that the evidence is scarce on the acceptability, efficacy, or generalizability of treatment in ethnic and cultural minorities, as few studies stratified results by ethnic background.

Despite challenges in the consistency, quality, and depth of research, the committee found the evidence sufficient to conclude the efficacy of exposure therapies in treating PTSD. The committee found the evidence inadequate to determine efficacy of different types of pharmacotherapies, of three different psychotherapy modalities, and of psychotherapy delivered in group formats. The committee also made eight critical recommendations, some in response to the VA's questions related to recovery and the length and timing of PTSD treatment, and others addressing research methodology, gaps in evidence and funding issues.

## Measurement of Stress, Trauma, and Adaptation National Academies Press

In 1996, representatives from 27 different countries met in Jerusalem to share ideas about traumatic stress and its impact. For many, this represented the first dialogue that they had ever had with a mental health professional from another country. Many of the attendees had themselves been exposed to either personal trauma or traumatizing stories involving their patients, and represented countries that

were embroiled in conflicts with each other. Listening to one another became possible because of the humbling humanity of each participant, and the accuracy and objectivity of the data presented. Understanding human traumatization had thus become a common denominator, binding together all attendees. This book tries to capture the spirit of the Jerusalem World Conference on Traumatic Stress, bringing forward the diversities and commonalities of its constructive discourse. In trying to structure the various themes that arose, it was all too obvious that paradigms of different ways of conceiving of traumatic stress should be addressed first. In fact, the very idea that psychological trauma can result in mental health symptoms that should be treated has not yet gained universal acceptability. Even within medicine and mental health, competing approaches about the impact of trauma and the origins of symptoms abound. Part I discusses how the current paradigm of traumatic stress disorder developed within the historical, social, and process contexts. It also grapples with some of the difficulties that are presented by this

paradigm from anthropologic, ethical, and scientific perspectives.

Effective Treatments for PTSD, Third Edition Psychological Assessment Resources Incorporated

In response to growing national concern about the number of veterans who might be at risk for posttraumatic stress disorder (PTSD) as a result of their military service, the Department of Veterans Affairs (VA) asked the Institute of Medicine (IOM) to conduct a study on the diagnosis and assessment of, and treatment and compensation for PTSD. An existing IOM committee, the Committee on Gulf War and Health: Physiologic, Psychologic and Psychosocial Effects of Deployment-Related Stress, was asked to conduct the diagnosis, assessment, and treatment aspects of the study because its expertise was well-suited to the task. The committee was specifically tasked to review the scientific and medical literature related to the diagnosis and assessment of PTSD, and to review PTSD treatments (including psychotherapy and pharmacotherapy) and their efficacy. In addition, the committee was given a series of specific questions from VA regarding diagnosis, assessment,

treatment, and compensation.

Posttraumatic Stress Disorder is a brief elaboration of the committee's responses to VA's questions, not a detailed discussion of the procedures and tools that might be used in the diagnosis and assessment of PTSD. The committee decided to approach its task by separating diagnosis and assessment from treatment and preparing two reports. This first report focuses on diagnosis and assessment of PTSD. Given VA's request for the report to be completed within 6 months, the committee elected to rely primarily on reviews and other well-documented sources. A second report of this committee will focus on treatment for PTSD; it will be issued in December 2006. A separate committee, the Committee on Veterans' Compensation for Post Traumatic Stress Disorder, has been established to conduct the compensation study; its report is expected to be issued in December 2006.

**Posttraumatic Stress Disorder** Penguin Principles of Trauma Therapy provides a creative synthesis of cognitive-behavioral, relational/psychodynamic, and psychopharmacologic approaches to the "real world" treatment of acute and

chronic posttraumatic states. Grounded in empirically-supported trauma treatment techniques, and adapted to the complexities of actual clinical practice, it is a hands-on resource for both front-line clinicians in public mental health and those in private practice.

*Cross-Cultural Assessment of Psychological Trauma and PTSD* Guilford Press

A handy, easy-to-read reference for the diagnosis and treatment of posttraumatic and acute stress disorders, this important 6th edition has been revised and updated extensively, offering a wealth of new information in a concise format of 6 sections. The new DSM-5 diagnostic criteria for PTSD and Acute Stress Disorder (ASD) are discussed, in depth, in Chapters 2 and 6, respectively. In addition, updated tables listing instruments for assessing diagnosis and symptom severity are cited and annotated in seven appendices, as in previous editions. Chapters 3-5 have been revised to keep pace with the ever-expanding literature on treatment of PTSD. This is especially true in Chapter 4 where, in addition to a focus on evidence-based cognitive-behavioral therapy, CBT

and other individual psychosocial treatments (e.g. eye movement desensitization and reprocessing, EMDR), the growing literature is presented on couples, family, group and school-based treatments for adults, children and adolescents. Chapter 5 reviews the pathophysiology of PTSD and evidence-based pharmacotherapy for the disorder. Chapter 6 addresses both normal acute stress reactions and clinically significant ASD, as well as effective interventions for each. A comprehensive, sophisticated, practical reference for all clinicians, *Posttraumatic and Acute Stress Disorders*, 6th Edition is an invaluable resource designed to guide the best clinical attention for individuals suffering from posttraumatic and acute stress disorders. *Treatment of Stress Response Syndromes* Springer

Developed under the auspices of the PTSD Treatment Guidelines Task Force of the International Society for Traumatic Stress Studies, this tightly edited work is the definitive best-practice reference for practitioners caring for any trauma population. Leading clinical scientists thoroughly review the literature on widely

used therapeutic approaches for both adults and children. Succinct treatment guidelines are presented that feature standardized ratings of the evidence for each approach. The book also offers insightful guidance to help clinicians select the most suitable therapy for particular patients and overcome frequently encountered obstacles.

Davidson Trauma Scale (DTS) Amer Psychiatric Pub Incorporated

This is a comprehensive clinical guide to treating patients with disorders related to loss, trauma, and terror. Author Mardi J. Horowitz, M.D., is the clinical researcher who is largely responsible for modern concepts of posttraumatic stress disorder (PTSD). He reveals the latest strategies for treating PTSD.

The Impact of Neurofeedback on Women Diagnosed with PTSD Elsevier España

This volume provides a single resource that contains information on almost all of the measures that have demonstrated usefulness in measuring the presence and severity of anxiety and related disorders. It includes reviews of more than 200 instruments for measuring anxiety-related constructs in adults. These measures are

summarized in 'quick view grids' which clinicians will find invaluable. Seventy-five of the most popular instruments are reprinted and a glossary of frequently used terms is provided.

*Dimensionality and Internal Consistency of the Short Version of the Davidson Trauma Scale in Students of Santa Marta, Colombia* Springer Science & Business Media

The purpose of this study is to examine relationships among stress, coping, and years of service in rescue personnel. One hundred sixteen voluntary subjects employed in Fire/EMS service in a small southern city participated in the study. Subjects completed a demographic questionnaire, The Davidson Trauma Scale (DTS), and The Coping Inventory for Stressful Situations (CISS). The incidence of symptomatic stress for the sample was 19.8 percent, higher than the general population but comparable to rates found in other studies of rescue workers. Calls involving children were rated as most disturbing by the subjects. There was no relationship found between years of service and stress or coping in the total sample or those with symptomatic stress.



Age was found to correlate positively with trauma scores and negatively with social diversion coping in those identified as having symptomatic stress. Stress scores (total DTS) and emotion-based coping had a significant positive correlation in all subjects. This study supports previous research pointing to the stress encountered by those in emergency

service professions. The link between emotion-based coping and symptomatic stress is similar to other studies finding a relationship between neuroticism and stress symptoms in rescue personnel. The findings also suggest that the risk of developing stress symptoms may increase with age. Further work could help separate the effect of years of service and age in

relation to stress. The amount of exposure to traumatic situations and its relationship to stress also needs further study.

Structured Clinical Interview for DSM-IV Axis I Disorders SCID-I Oxford University Press

First published in 1990. Routledge is an imprint of Taylor & Francis, an informa company.

Related with Davidson Trauma Scale:

- January 2023 Regents Answer Key : [click here](#)