

# TRAUMATIC EXPOSURE PROTOCOL

## POTENTIALLY TRAUMATIZING EVENT (PTE) CRITERIA

- FAMILY CONTACT
- PERSONAL CONNECTION OR EMPLOYEE INVOLVEMENT
- DUTY TO ACT
- MISSION INJURY/HELPLESSNESS
- EXTREMES OF EXPOSURE
- OVERWHELMED/DEPLETION
- INCIDENTS INVOLVING CHILDREN
- COMPLEXITY OF INCIDENT
- FIRST TIME EXPOSURE

## 3-3-3 EXPOSURE PROTOCOL

### 3 DAYS POST INCIDENT

**Stress Continuum Check-in**

**Normalization/Education**

Leverage **GREEN** Choices (make a plan)

**Self & Partner Awareness**  
(Support Return to Baseline)

**Life Stressors Check-in**

### 3 WEEKS POST INCIDENT

**Complete TSQ**

**Scores > 6** = increase risk of stress injury development

**Provide Resources for Professional Help**

**Stress Continuum Check-in**

**Increase Self-Awareness of Stress Injury**

**Revisit Plan to return to Green Baseline**

### 3 MONTHS POST INCIDENT

**Stress Continuum Check-in**

**Revisit Plan to return to Green Baseline**

**Offer Resources and Connection**

**Offer Further check-ins if requested.**

# TRAUMATIC STRESS QUESTIONNAIRE

COMPLETE AT THE 3 WEEK CHECK-IN. ASKING THE QUESTION:  
**HAVE YOUR RECENTLY EXPERIENCED ANY OF THE FOLLOWING?**

(AT LEAST TWICE IN THE PAST WEEK)

**YES** **NO**

	YES	NO
1. Upsetting thoughts or memories about the event that have come into your mind against your will?		
2. Upsetting dreams about the event?		
3. Acting or feeling as though the event were happening again?		
4. Feeling upset by reminders of the event?		
5. Bodily reactions (such as fast heartbeat, stomach churning)?		
6. Difficulty falling or staying asleep?		
7. Irritability or outbursts of anger?		
8. Difficulty concentrating?		
9. Heightened awareness of potential dangers to yourself and others?		
10. Feeling jumpy or being startled by something unexpected?		