

The Impact of Event Scale - Revised (IES-R)

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WHY: Like others with Post Traumatic Stress Disorder (PTSD), older adults respond to traumatic events with symptoms of re-experiencing, emotional numbing, behavioral avoidance, and increased physiological arousal. Because of age-related changes and associated disease processes, stress reaction in older adults may lead to a deterioration of function and a worsening of existing conditions. Therefore, older adults should be considered a high risk group following a disaster or specific traumatic event. Several factors in adapting to a disaster have been recognized as important in the older adult: an increased sense of insecurity and vulnerability; a loss of sense of control and predictability; a need to reaffirm familiar relationships, attachments and routines; and to remain independent. The impact of a disaster on the elderly can be magnified by chronic illness and medication, sensory limitations, mobility impairment, and literacy that place the older adult in the special needs population after a disaster. For all of these reasons it is important to evaluate an older adult's response to a disaster to detect those who are in danger of decompensating.

BEST TOOL: A short, easily administered self-report questionnaire, the Impact of Event Scale – Revised (IES-R), has 22 questions, 5 of which were added to the original Horowitz (IES) to better capture the DSM-IV criteria for PTSD (Weiss & Marmar, 1997). The tool, not diagnostic for PTSD, is an appropriate instrument to measure the subjective response to a specific traumatic event in the senior population, especially in the response sets of intrusion (intrusive thoughts, nightmares, intrusive feelings and imagery, dissociative-like re-experiencing), avoidance (numbing of responsiveness, avoidance of feelings, situations, and ideas), and hyperarousal (anger, irritability, hypervigilance, difficulty concentrating, heightened startle), as well as a total subjective stress IES-R score. There is no specific cut-off score. The IES-R revises the original IES, recognized as one of the earliest self-report tools developed to assess post traumatic stress, to add a third cluster of symptoms, hyperarousal, to intrusion and avoidance subscales. IES-R is the acronym for the test assessment purpose:

I – Impact
E – of Event
S – Scale
R – Revised

TARGET POPULATION: The IES-R can be used with both healthy and frail older adults exposed to any specific traumatic event. It can be used for repeated measurements over time to monitor progress.

VALIDITY AND RELIABILITY: The IES-R was designed and validated using a specific traumatic event as a reference in the directions to the patient while administering the tool and while using a specific time frame of the past seven days. The scale discriminates between a variety of traumatized groups from non-traumatized groups in general population studies. The subscales of avoidance and intrusion show good internal consistency. While related, the subscales measure different dimensions of stress response. African Americans have been shown to score higher than whites on the IES in general population studies, an effect that diminished with increasing relative violence, and this should be taken into account during interpretation. The hyperarousal subscale added by Weiss and Marmar has good predictive validity with regard to trauma (Briere, 1997), while the intrusion and avoidance subscales detect relevant differences in the clinical response to traumatic events of varying severity.

STRENGTHS AND LIMITATIONS: The main strengths of this revised instrument are that it is still short, easily administered and scored, correlates better with the DMS-IV criteria for PTSD, and can be used repeatedly to assess progress. It still is limited by remaining a screening tool rather than a comprehensive test and by the non-clinical focus. It is still best used for recent not remote traumatic events. The IES-R has been translated into many languages including Spanish, French, Chinese, Japanese, and German.

MORE ON THE TOPIC:

Best practice information on care of older adults: www.ConsultGeriRN.org.

Briere, J. (1977). Psychological assessment of adult posttraumatic states. Washington, DC: American Psychological Association.

Brown, L.M., & Hyer, K. (2008). How to Try This: The Impact of Event Scale-Revised: A quick measure of a patient's response to trauma. *AJN*, 108(11), 60-68.

Department of Health and Human Services (DHHS)/Centers for Disease Control (CDC). Emergency Preparedness and Response. *Coping with a traumatic event: Information for health professionals*. (Reviewed last July 26, 2005). Retrieved October 6, 2012, from http://emergency.cdc.gov/mentalhealth/info_health_prof.asp.

Horowitz, M.J., Wilner, M., & Alvarez, W. (1979). Impact of Events Scale: A measure of subjective stress. *Psychosomatic Medicine*, 41(3), 209-218.

New York City Department for the Aging. *Ready New York guide for seniors and people with disabilities* (2011 Edition). Retrieved October 6, 2012, from http://www.nyc.gov/html/oem/downloads/pdf/seniors_final.pdf.

New York City Department of Health and Mental Hygiene. Public Health and Emergency Preparedness. (March 2012). *Emergency preparedness for seniors & the disabled*. Retrieved October 6, 2012 from <http://www.nyc.gov/html/doh/html/em/emergency-special.shtml>.

Rhodes, J., Chan, C., Paxson, C., Rouse, C.E., Waters, M., & Fussell, E. (2012). The impact of Hurricane Katrina on the mental and physical health of low-income parents in New Orleans. *American Journal of Orthopsychiatry*, 80(2), 237-247.

Sundin, E.C., & Horowitz, M.J. (2002). *Impact of event scale: Psychometric properties*. *British Journal of Psychiatry*, 180, 205-209.

United States Department of Veterans Affairs, National Center for Post Traumatic Stress Disorder. Trauma and Posttraumatic Stress Disorder (PTSD). Retrieved October 6, 2012, from <http://www.ptsd.va.gov/>.

Weiss, D.S., & Marmar, C.R. (1997). The Impact of Event Scale-Revised. In J.P. Wilson, & T.M. Keane (Eds.), *Assessing Psychological Trauma and PTSD: A Practitioner's Handbook* (pp. 399-411). New York: Guilford Press.

Weiss, D.S. (2004). The Impact of Event Scale-Revised. In J.P. Wilson, & T.M. Keane (Eds.), *Assessing psychological trauma and PTSD: A practitioner's handbook* (2nd ed., pp. 168-189). New York: Guilford Press.

Weiss, D.S. (2007). The Impact of Event Scale: Revised. In J.P. Wilson, & C.S. Tang (Eds.), *Cross-cultural assessment of psychological trauma and PTSD* (pp. 219-238). New York: Springer.

Impact of Event Scale - Revised

INSTRUCTIONS: Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you **DURING THE PAST SEVEN DAYS** with respect to _____, which occurred on _____. How much were you distressed or bothered by these difficulties?

Item Response Anchors are 0 = Not at all; 1 = A little bit; 2 = Moderately; 3 = Quite a bit; 4 = Extremely.

The Intrusion subscale is the MEAN item response of items 1, 2, 3, 6, 9, 14, 16, 20. Thus, scores can range from 0 through 4.

The **Avoidance** subscale is the MEAN item response of items **5, 7, 8, 11, 12, 13, 17, 22**. Thus, scores can range from 0 through 4.

The **Hyperarousal** subscale is the MEAN item response of items **4, 10, 15, 18, 19, 21**. Thus, scores can range from 0 through 4.

1. Any reminder brought back feelings about it.
2. I had trouble staying asleep.
3. Other things kept making me think about it.
4. **I felt irritable and angry.**
5. **I avoided letting myself get upset when I thought about it or was reminded of it.**
6. I thought about it when I didn't mean to.
7. **I felt as if it hadn't happened or wasn't real..**
8. **I stayed away from reminders of it.**
9. Pictures about it popped into my mind.
10. **I was jumpy and easily startled.**
11. **I tried not to think about it.**
12. **I was aware that I still had a lot of feelings about it, but I didn't deal with them.**
13. **My feelings about it were kind of numb.**
14. I found myself acting or feeling like I was back at that time.
15. **I had trouble falling asleep.**
16. I had waves of strong feelings about it.
17. **I tried to remove it from my memory.**
18. **I had trouble concentrating.**
19. **Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.**
20. I had dreams about it.
21. **I felt watchful and on-guard.**
22. **I tried not to talk about it.**

Total IES-R score: _____

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