



Measuring Exposure to Trauma, PTSD, and Subclinical PTSD in Large Scale Surveys

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Considerations in Measurement:

- Purpose of Measurement (Adults or Children)
- Length of Time Available
- Quality of Existing Measures (e.g. Sensitivity/Specificity)
- Self or Clinician or Lay Administered
- Extent of Psychopathology to be Observed (Comorbidity)
- Measures of Functioning, Impairment, Quality of Life
- Comparability to Other Surveys (Present & Past).
- Time & Costs to Train Site Investigators.
- Fidelity and Drift of Measures over Time.
- Stability of Measures Selected in Treatment Settings.
- Internal Consistency of Measures of Constructs (PTSD).

Self-Report Measures for Criterion A (Exposure)

- Traumatic Life Events Questionnaire (TLEQ; Kubany et al., 2000)
 - Assesses occurrence of 23 events (22 specific events and “other”) consistent with DSM-IV
 - For each event, rates number of times the event occurred
 - Good test-retest reliability
- Traumatic Events Questionnaire (TEQ; Vrana & Lauterbach, 1994)
 - Assesses 11 specific traumatic events consistent with DSM-IV
 - Good, quick screen for traumatic events
 - High test-retest reliability
- Trauma History Questionnaire (THQ; Green, 1996)
 - 24 items followed by probes to assess frequency and age at the time
 - DSM-IV symptoms
 - Moderate to high test-retest reliability

Exposure (cont.)

- Life Events Checklist (LEC; Gray et al., 2004)*
 - Precedes CAPS, but is used as a stand-alone measure too
 - Assesses 16 events and other.
 - Adequate psychometric properties and convergent validity
- Stressful Life Events Screening Questionnaire (SLESQ; Goodman et al., 1988)
 - 13-item report on lifetime exposure to traumatic events
 - Respondent reports age at trauma, and probes vary to provide more detail on the nature of the event
 - English and Spanish versions

Exposure (cont.)

- Traumatic Stress Schedule (TSS; Norris, 1990)
 - Screening measure for assessing exposure & response
 - Measures 10 events based on DSM-III-R, plus 12 symptoms
 - English and Spanish versions
 - High test-retest correlation between English and Spanish version
 - Symptom portion moderately reliable
 - Useful as a quick screen, but not for PTSD diagnosis
- Trauma Assessment for Adults – Self Report (TAA; Resnick et al., 1996)
 - 17-item self-report measure that assesses 14 life events
 - Asks about presence of injury, perception of danger, and ages
- The Life Stressor Checklist – Revised (LSC-R; Wolfe et al., 1996)
 - Assesses 30 events
 - For all, with special focus on events relevant to women (i.e., abortion)

Exposure (cont.)

- Trauma History Screen (THS; Carlson et al., 2011)
 - Brief, 14-item measure on 13 event types and other
 - Dichotomous, frequency, and emotional rating
 - Assess age at time of event, actual or threat of death or injury, helplessness, dissociation, duration of distress, and distress level
 - Low reading level
- Brief Trauma Questionnaire (BTQ; Schnurr et al., 1999)
 - Assesses 10 traumatic events
 - Complete assessment of criterion A1
 - Good interrater reliability

Summary of Exposure Measures

- “Best” measure depends on intended purpose
- TSS, TEQ, BTQ, TAA, and THS are brief screens
- THQ and TLEQ aim to provide comprehensive trauma histories where length is not an issue
- SLESQ is in-depth on sexual trauma and IPV
- LSC-R does confine observations to trauma, but includes other seriously stressful events

Self-Report Measures That Closely Follow Criteria B-D

- PTSD Checklist, Civilian (PCL-C; Weathers et al., 1993)*
 - 17 questions that ask how often they are bothered by each symptom in the previous month (DSM-IV)
 - May be worded generally (PCL-C) or for specific event (PCL-S)
 - In the public domain; Spanish
 - High internal consistency and test-retest reliability, validity.
- Posttraumatic Stress Diagnostic Scale (PDS; Foa et al., 1997)
 - 49-item measure of current (previous month) PTSD anchored to the single event that “bothers” them most (DSM-IV)
 - Addresses criteria A-F
 - Good agreement with SCID
 - High test-retest reliability and internal consistency

Symptom Measures (cont.)

- **Davidson Trauma Scale** (DTS; Davidson et al., 1997)
 - Assesses 17 symptoms, and each is rated for frequency and severity using a past-week time frame (DSM-IV)
 - Self-Rating
 - High internal consistency, high test-retest reliability, good sensitivity and specificity
- **Trauma Symptom Checklist** (TSC-40; Elliot & Briere, 1992)
 - 40-item measure of distress from sexual trauma occurring in child or adulthood
 - Rate frequency of symptom in the last two months
 - Intended exclusively for research purposes
 - High internal consistency

Symptom Measures (cont.)

- Modified PTSD Symptom Scale (MPSS-SR; Falsetti et al., 1993)
 - 17-item measure that assesses the DSM-III-R symptoms of PTSD
 - Modification of the PSS (Foa et al., 1993)
 - Not keyed to any specific event
 - Rates frequency and intensity on 4-point scale
 - Asks to identify what event the symptom corresponds to
 - Good internal consistency and concurrent validity
- PTSD – Interview (PTSD-I; Watson et al., 1991)
 - 17 items keyed to worst event (DSM-III-R)
 - Designed for use by lay interviewers
 - French and Spanish versions as well
 - High test-retest reliability and internal consistency

Symptom Measures (cont.)

- National Women's Study PTSD Module (Kilpatrick et al., 1989)
 - Derived from the Diagnostic Interview Schedule (DIS)
 - Designed for use by lay interviewers
 - 20 symptom items (yes/no), then dates of first and last experiences of those symptoms are recorded (DSM-IV)
 - Good concurrent validity, sensitivity, and specificity
- Purdue PTSD Scale – Revised (Lauterbach & Vrana, 1996)
 - 17-item measure keyed to single worst event (DSM-III-R)
 - Correlates well with multiple other measures
 - Internally consistent, good test-retest reliability, and support for convergent and discriminant validity

Symptoms (cont.)

- Screen for Posttraumatic Stress Symptoms (SPTSS; Carlson, 2001)
 - Made to provide a measure that does not require respondent to focus on a single event – or any event
 - May be useful for those who have experienced multiple traumas
 - 17 items match criteria of DSM-IV
 - High internal consistency, good evidence for validity
- Self-Rating Inventory for PTSD (SRIP; Hovens et al., 2002)
 - 22-item measure that assesses current symptoms without identifying specific experiences (DSM-IV)
 - Dutch and English versions available
 - Correlates with multiple scales
 - High internal consistency, and good specificity and sensitivity

Additional PTSD Scales

- Composite International Diagnostic Interview – PTSD Module (CIDI; Kessler & Ustun, 2004)
 - Includes a screening module and 40 sections that focus on diagnoses, functioning, treatment, risk factors, socio-demographic correlates, and methodological factors (DSM-IV)
 - Trained lay interviewers administer the questionnaire
 - Good internal consistency and validity
- Impact of Event Scale – Revised (IES-R; Weiss & Marmar, 1996)
 - 22-item self-report survey
 - Assesses subjective distress caused by traumatic events
 - Corresponds to 14/17 DSM-IV symptoms
 - Spanish version available
 - Use mean of scores instead of raw scores to compare to SCL-90-R
 - Not used to diagnose PTSD but gives overview of history of symptoms
 - Good internal consistency and test-retest reliability

Symptom Measures (cont.)

- PTSD Symptom Scale – Interview (PSS-I; Foa et al., 1993)
 - 17-item semi-structured interview assessing the presence and severity of PTSD symptoms related to a single traumatic event (DSM-IV)
 - Precursor of the PDS (Foa et al., 1997) discussed earlier
 - Brief and can be administered by a lay interviewer trained to recognize clinically traumatized respondent
 - Good internal consistency, test-retest reliability, and concurrent validity
- Symptom Checklist – 90 PTSD Scales (Derogatis, 1977)
 - A. SCL-Supplemented PTSD (Ursano et al., 1995)
 - 31 items selected on their relevance and assigned to B, C, and D
 - Self-report
 - DSM-IV guidelines, rather than a cutpoint, can be used to classify “probable PTSD”
 - Good sensitivity, high specificity
 - B. CR-PTSD (Saunders et al., 1990)
 - 28-item self-report scale that discriminates between crime victims with and without PTSD, derived from SCL-90 (DSM-III)
 - Can be administered without knowledge of trauma history
 - Used in many settings
 - High internal consistency

Symptom Measures (cont.)

- Penn Inventory for PTSD (Hammarberg, 1992)
 - 26-item self-report measure of severity or frequency of a feeling or thought (DSM-IV)
 - Developed for veterans but not specific to the military
 - Moderate-strong validity
- Los Angeles Symptom Checklist (King et al., 1995)
 - 43-item self report of PTSD and associated factors
 - Does not observe specific trauma
 - Observation of 17 DSM-IV symptoms
 - Can observe preliminary diagnosis, PTSD symptom severity, and global assessment of distress and adjustment issues that may be a consequence of a traumatic event
 - High internal consistency and test-retest reliability, acceptable convergent validity
- Trauma Symptom Inventory (TSI; Briere, 1995)
 - Not a measure of PTSD, but rather a global measure of trauma sequelae
 - 100-item self-report measure on a variety of symptoms
 - Corresponds to DSM-IV symptoms, but doesn't specifically assess
 - Can be self-administered by anyone with a fifth-grade reading level
 - Moderate-strong evidence of validity

Symptom Measures

- Distressing Events Questionnaire (DEQ; Kubany et al., 2000)
 - 38-item self-report measure that assesses DSM-IV criteria
 - Asks respondent to indicate an events that causes them the most distress and rate distress (past month) for PTSD symptoms
 - 8th grade reading level
 - Strong convergent validity, high internal consistency, very good discriminant validity
- Posttraumatic Symptom Scale (PTSS; Holen, 1990)
 - 10- and 12-item self-report versions
 - Does not map to DSM posttraumatic symptoms
 - High internal consistency, moderate validity

Symptom Measures (cont.)

- MMPI-PTSD PK (Keane, et al. 1985)
 - 46-item self-report measure that discriminate between veterans who did and did not have diagnoses of PTSD
 - Does not explicitly measure DSM-IV criteria, but correlates high with symptoms
 - Used with veterans but there is nothing specific to military experience in the wording; can be used with other groups
 - High specificity, sensitivity, and concurrent validity
- National Stress Events Survey (NSES; Kilpatrick et al., 2013)
 - 28-item measure observing exposure to 25 specific and 3 “other” events
 - Self-administered
 - Assessed exposure to DSM-IV and DSM-5 Criterion A events, PTSD symptoms and distress or impairment associated with symptoms
 - Strong internal consistency & concurrent validity

Culturally Specific/ Cross-Culture Scales

- Harvard Trauma Questionnaire (HTQ; Mollica et al., 1992)
 - Traumatic events and symptoms included (Refugee Trauma Focus)
 - 17-item self-report measure on a range of stressors experienced by refugees
 - Additional 30 items for symptom portion, 16 correspond to DSM-IV and 14 included for other aspects of distress in Indochinese culture
 - Core PTSD should stay same but other questions based on cultural background
 - High internal consistency and test-retest reliability
 - Good sensitivity and specificity
- Revised Civilian Mississippi Scale (Keane, et al. 1988; Norris, 1992)
 - Created from Mississippi Scale for Combat-Related PTSD due to the measures strong psychometric characteristics
 - 30-item (28 from original, 2 from TSS) self-report measure according to DSM-IV symptoms
 - Spanish and English versions
 - Performs well as a continuous measure of PTS and validation stands out for use with Spanish-speaking populations

Measures Fully Updated for DSM-5

- PTSD Checklist for DSM-5 (PCL-5; Weathers et al., 2013)
 - Most similar to the PCL-S (specific) version.
 - There are no corresponding PCL-M or PCL-C versions of PCL-5.
 - 20 items rated on how much bothered by symptoms on a scale from 0-4
 - Based on DSM-5; change in rating scale
- Life Events Checklist for DSM-5 (LEC-5; Weathers et al., 2013)
 - Very minimal changes
 - Psychometrics currently not available for DSM-5
- Primary Care PTSD Screen (PC-PTSD; in process)
 - Will be available in Spanish

Summary

- All scales show acceptable reliability and validity
- How should one choose which measure to use?
 - Depends on what is important
 - In public domain
 - Some adhere to DSM-IV/DSM-5 while others have high content validity
 - Length: brief vs. extensive
 - Current symptoms (window) vs lifetime
- One scale from A and one from B-D?