

Trauma Assessment

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Goals of assessment

- Initial status (need for treatment)
 - Trauma exposure
 - Generic psychological symptoms
 - Anxiety, depression, anger, general externalization
 - Posttraumatic stress
 - Symptoms of PTSD
 - Dissociation
 - Sexual behaviors
 - Suicidality, danger to others
- Effectiveness of ongoing treatment
- Accountability

Types of assessment

- Interview
 - Clinical
 - Structured
 - e.g., Clinician Assisted PTSD Scale – Child and Adolescent
- Psychometric
 - Parent- versus child-report
 - Internalized vs. externalized symptoms
 - Triangulation in case of reporter bias
 - Generic vs. trauma-specific
 - Need for both content domains

The issue of avoidance

- Child underreport of symptoms
 - Trauma effect
 - Fear of disclosure
- Parent underreport of child symptoms
 - Guilt
 - Denial
- Usefulness of validity scales
- Treatment effects and avoidance
 - Potential for apparent symptom increase after initial assessment

Specific tests

- Child Behavior Checklist (CBCL; Achenbach, 1991)
- Child Depression Inventory (CDI; Kovacs, 1992)
- UCLA PTSD Index for DSM-IV (UPID; Pynoos, Rodriguez, Sternberg, Stuber, & Frederick, 1998)
- Child Sexual Behavior Inventory (CSBI; Friedrich, 1998)
- Child Dissociative Checklist (CDC; Putnam, Helmers, & Trickett, 1993)
- TSCC and TSCYC

Trauma Symptom Checklist for Children (TSCC; Briere, 1996)

- 54-item self-report
- Boys and girls, ages 8-12 and 13-16, with normative adjustments for 17 year olds).
- Two validity scales
 - Underresponse (UND) and Hyperresponse (HYP)
- Six clinical scales
 - Anxiety (ANX), Depression (DEP), Posttraumatic Stress (PTS), Sexual Concerns (SC), Dissociation (DIS), and Anger (ANG).
- Rated on a 0 (“never”) to 3 (“almost all of the time”) scale.

Trauma Symptom Checklist for Children (TSCC; Briere, 1996)

- 90-item caretaker-report
- Boys and girls ages 3-4, 5-9, and 10-12
- Two caretaker report validity scales
 - Response Level (RL) and Atypical Response (ATR)
- Hours per week caretaker spends with the child
- Nine clinical scales
 - Posttraumatic Stress–Intrusion (PTS–I), Posttraumatic Stress–Avoidance (PTS–AV), Posttraumatic Stress–Arousal (PTS–AR), Posttraumatic Stress–Total (PTS–TOT), Sexual Concerns (SC), Anxiety (ANX), Depression (DEP), Dissociation (DIS), and Anger/Aggression (ANG)
- Rated on a 1 ("not at all) to 4 ("very often") scale

Assessment-based treatment

- Assessment results:
 - Determine initial treatment focus
 - Change treatment focus at assessment intervals
 - e.g., Anxiety improves, Sexual Concerns doesn't
 - e.g., Posttraumatic stress improves, Anger increases
- Treatment intervals
 - Intake
 - Every 3-4 months
 - Termination
 - Follow-up (if possible)

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