Comprehensive Assessment of Complex Trauma in children and adolescents

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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
  - More complex posttraumatic outcomes
    • Identity disturbance
    • Affect dysregulation
    • Relational disturbance
    • Somatization
    • Substance abuse
    • Suicidality, danger to others

• Repeat follow-up intervals
Psychometric assessment

• Parent- versus child-report
  – Internalized vs. externalized symptoms
  – Triangulation in case of reporter bias

• Generic
  – Immediate clinical concerns, comorbidities, states that might interfere with treatment

• Trauma-specific
  – Treatment targets
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

• Generic
  – Child Behavior Checklist (CBCL; Achenbach, 1991)
  – Minnesota Multiphasic Personality Inventory, adolescent version (MMPI-A; Butcher, et al., 1992).
  – Psychological Assessment Inventory, adolescent version (PAI-A; Morey, 2005)
  – Behavioral Assessment System for Children (BASC-2; Reynolds & Kamphaus, 2006)
Specific tests

• Trauma-specific
  – UCLA PTSD Index for DSM-IV (UPID; Pynoos, et al., 1998)
  – Child Sexual Behavior Inventory (CSBI; Friedrich, 1998)
  – Child Dissociative Checklist (CDC; Putnam, Helmers, & Trickett, 1993)
  – TSCC and TSCYC
  – Trauma Symptom Review for Adolescents (TSRA)
  – (for ages 18-21) Trauma Symptom Inventory (Briere, 1995)
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).
Trauma Symptom Checklist for Young Children (TSCYC; Briere, 2005)

- 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)
Trauma Symptom Review for Adolescents (TSRA; Briere, 2005)

- Currently in validation studies, normative study upcoming
- Approximately 110 items at present
- Boys and girls ages 12 to 21
- Two validity scales
- Multiple trauma exposure scales
- Clinical scales as per the TSCC, but also
  - Attachment Insecurity, Sexual Issues, Tension Reduction Behavior, Social Withdrawal/Isolation, Vulnerability to Victimization
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 2-4 months (dependent on treatment model)
  - Termination
  - Follow-up (if possible)
References


