

Review of Child and Adolescent Trauma Screening Tools

Title	Acronym	Source	Year of Pub	#Items	Ages	Respondant	Cost/Accessibility	Language(s)	Interpretation Considerations	Approach	Es	CEBC Grade/Empirical Support	Reason Not Chosen
Acute Stress Checklist for Children	ASC-Kids	Kassam-Adams	2006	29	8-17	Youth	Free; Author requests to be contacted and that those who use it, "reference it appropriately."	English, Spanish	There is no manual for the ASC-Kids it is used in the same way as other self report scales and is self explanatory.	Designed to assess child acute stress reactions within the first month after exposure to a potentially traumatic event	Experiences	2 studies providing evidence for appropriate R/V of English version and 1 study supporting R/V of Spanish version.	Good option. # Items/Restricted respondent and age range
Child and Adolescent Needs and Strengths - Trauma Comprehensive Version	CANS-Trauma Version	Kisiel, Lyons, Blaustein, Fehrenbach, Griffin, Germain, Saxe, Ellis; Praed Foundation, & National Child Traumatic Stress Network	2011	110	0-18	Clinician	Free	English	Manual/Video available for administration training	A multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of service	Effects	While certain psychometric properties have been established for the CANS-MH (CEBC: B), currently there are few published articles examining the psychometrics of the CANS Trauma or NCTSN CANS. Publications are in process.	Limited psychometric support/ # of items
Child PTSD Symptom Scale	CPSS	Foa, Johnson, Feeny, Treadwell	2001	Part 1: 17 / Part 2: 7	8-18	Youth	Free	English, Korean, Russian, Spanish	Clinical training recommended Suggested Cut Off: 11	17-item PTSD symptom scale and a 7-item functional impairment scale	Experiences/ Effects	CEBC: A; Randomized trials with ethnically diverse children suggest that the measure can detect change in PTSD symptoms that are due to treatment; 2013: Good R/V with adolescent female sexual assault survivors	Good option. Limitations with respondent.
Child Reaction to Traumatic Events Scale - Revised	CRTES	Jones, Fletcher, Ribbe	2002	23	6-18	Youth	Free	English, Spanish	Prior Experience Psych Testing/Interpretation suggested	Assess psychological responses to stressful life events: arousal, avoidance, and intrusion symptoms	Experience/ Effects	Poor psychometric support for use of 15-item version and 23-item version is in development.	Limited psychometric support
Child Report of Post-traumatic Symptoms	CROPS	Greenwald & Rubin	1999	25	7-17	Youth	\$15-20 -both CROPS and PROPS with unlimited permission to copy	English, Bosnian, Dutch, Finnish, French, German, Hindi, Italian, Kinyarwanda, Marathi, Persian, Spanish	Prior Experience Psych Testing/Interpretation	Measure of a child's post-traumatic stress symptoms for the previous 7 days	Experiences/ Effects	> 2 studies: good internal consistency, test-retest reliability, criterion validity, convergent and discriminant validity, and sensitivity to change although more research is needed examining the use of the measure with clinical samples.	Cost/Training
Child Stress Disorder Checklist - Screening Form	CSDC-SF	Saxe	2004	4	2-18	Caregiver	Free	English	Does not require specialized training for administration or interpretation; It is recommended that children with a score of 1 or more be referred for a more comprehensive assessment (Bosquet et al., 2004).	Observer report measure designed for use as a screening instrument to identify children at risk for having or developing Acute Stress Disorder (ASD) and/or Posttraumatic Stress Disorder (PTSD).	Experiences/ Effects	Initial development data and further peer-review assessment indicate adequate reliability and validity among child and adolescent burn victims or with acute injuries. The measure has yet to be examined in terms of relationship to diagnostic classifications or for sensitivity/specificity. Has not been examined with youth younger than 6 years old.	Good option. Limited (though promising) psychometric support

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Child Trauma Screening Questionnaire	CTSQ	Kenardy, Spence, Macleod	2006	10	7-16	Youth	Free; Author requests to be informed of the intended use.	English, Arabic, Croatian	A score equal or above 5, indicates the child is at high risk of developing PTSD. Sensitivity Rate Score: At 1 month: 0.85 (0.65-1.04). At 6 months: 0.82 (0.59-1.05) Specificity Rate Score: At 1 month: 0.75 (0.67-0.82). At 6 months: 0.74 (0.66-0.82)	The CTSQ assesses for reexperiencing (5 items) and hyperarousal symptoms (5 items). Child version of adult version (TSQ) which has	Experiences	Some early evidence for R/V among youth with medical trauma although more evaluation needed with samples for different types of trauma. CTSQ was developed as a predictive screening and was significantly better than chance at predicting PTSD symptoms at six months. Majority of items refer to an "accident" which may limit use with non-accidental events that lead to trauma.	Limited face validity with different types of trauma. Limited psychometric support.
Children's PTSD Inventory	C-PTSD-I	Saigh	2000	Interview 18 minute administration	6-18	Youth	\$161 Introductory Kit (includes 25 administrations); \$70 each additional 25 administrations	English, French, Spanish	Training of the administrator entails <4 hours of supervised analog training with feedback. Diagnostic cutoffs for each symptom cluster and overall diagnosis based on DSM-IV criteria. Sensitivity Rate Score: 0.87 Specificity Rate Score:0.95 Positive Predictive Power: 0.72 Negative Predictive Power:0.98	1st subtest: assesses potential exposure to traumatic events (if youth does not meet the criteria, interview is terminated). 2nd-4th subtests: symptoms of reexperiencing, avoidance and numbing, and increased arousal. 5th subtest: areas of significant distress.	Events/ Experiences/ Effects	Strong psychometric results suggest good potential for this brief interview instrument, including with ethnically diverse youth. It's usefulness is enhanced by the combination of information on exposure to specific stressful or traumatic events as well as the existence of PTSD symptoms.	Cost/Training
Diagnostic Infant and Preschool Assessment - PTSD Section	DIPA-PTSD	Scheeringa	2004	63; semi-structured interview	0-6	Caregiver	Free	English	4 Hours Training by Experienced Clinician	An interview for caregivers to describe/endorse several domains associated with PTSD	Events/ Experiences/ Effects	In 2010 study with 1-5 year olds, researchers supported preliminary R/V of PTSD scale. Additional research needed with larger and more diverse sample.	Limited (but promising) psychometric support. Good potential for 0-6 age range.
Diagnostic Interview for Children and Adolescents - Acute Stress Disorder Module	DICA-ASD	Saxe	2004	58; semi-structured interview	7-18	Youth	Free	English	4 Hours Training by Experienced Clinician	Measures acute traumatic stress symptoms and provides a diagnosis of ASD in children and adolescents	Experiences/ Effects	Psychometric support ongoing, but preliminary support for R/V. Measure is important, as it yields both ASD symptomatology and diagnostic information obtained through Child Self-Report.	Training and # of items, limitations with respondent
Dimensions of Stressful Events Rating Scale	DOSE	Fletcher	1996	50	2-18	Clinician	Free; Contact author	English	26 items assessing aspects of the stressful event and 24 items specific to sexual abuse; measure is completed by a clinician who is familiar with the child/caregiver. A score of 24 or higher on the DOSE was found to maximize the sensitivity-specificity tradeoff when predicting clinically significant posttraumatic stress according to the TSCC PTS scale, with a sensitivity of .73 and a specificity of .52.	Assesses aspects of stressful experiences that are likely to increase the chance of posttraumatic stress reactions and is intended to help characterize the level of distress associated with stressful events and better delineate the specific traumatizing aspects of such events	Events/ Experiences	With 2 studies examining the measure, DOSE shows promise as a valid and reliable measure of the traumatic potential associated with diverse stressful experience	# of items, limitations with respondent
Global Appraisal of Individual Needs (short)	GAIN-SS	Dennis, Feeney, & Stevens	2005	20	13-17	Youth	\$100/year per agency for 5 years unlimited use of paper assessment; \$500/year for access to web application	English, Spanish	Online training for the GAIN Short Screener is available, but not required. There is no certification process for the GAIN-SS, and reading the GAIN-SS Administration and Scoring Manual is often sufficient instruction. The manual is free to download for licensed GAIN users and can be accessed by logging into our secure site.	Responses to items provide screening information that loads onto 4 subscales: Internalizing Disorder, Externalizing Disorder, Substance Disorder, Crime/Violence.	Experiences/ Effects	Although the measure has good support for R/V as a screening tool, few items are specifically related to trauma-screening.	Age restrictions, cost

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Life Event Checklist	LEC	Blake, Weathers, Nagy, Kaloupek, Charney, & Keane	1995	17	18-99	Adult	Free	English	Measure can only distributed by qualified mental health professionals and researchers	Respondent checks whether the event (a) happened to them personally, (b) they witnessed the event, (c) they learned about the event, (d) they are not sure if the item applies to them, and (e) the item does not apply to them.	Events	No evaluation for use of measure with children. The LEC has demonstrated adequate psychometric properties as a stand-alone assessment of traumatic exposure, particularly when evaluating consistency of events that actually happened to an adult.	Age range and respondent restrictions
Lifetime Incidence of Traumatic Events, Student/Parent Forms	LITE-S/P	Greenwald & Rubin, Sidran Institute	1999	16	8-99	Caregiver or Youth	\$15-20 - both version (S/P) with unlimited permission to copy	English	Simple and easy to administer/interpret	The LITE is a screening tool designed for clinical and normative settings (i.e., mental health, school, and medical settings). It was developed to be a brief and easy to use one-page measure to screen for stressful and/or traumatic events.	Events	Limited empirical support for use. Authors report preliminary support for R/V, but recommend using discretion with measures until further evidence of R/V is provided.	Cost, limited psychometric support
Los Angeles Symptom Checklist - Adolescent Version	LASC - Adolescent Version	Foy, Wood, King, King, & Resnick	1995	43	13-18	Youth	Free	English, Spanish	Simple language, short phrases. No event or functioning items.	Symptom checklist tool that includes 17 PTSD symptom items as well as items related to abusive drinking, girlfriend problems, and excessive eating.	Experiences/ Effects	1 study that reported appropriate levels of reliability and measure appeared to detect distress and PTSD as a function of trauma exposure among 639 adolescents.	Age range and limited psychometric support
Parent Report of Post-Traumatic Stress Symptoms	PROPS	Greenwald & Rubin	1999	32	7-17	Caregiver	\$15-20 - both CROPS and PROPS with unlimited permission to copy	English, Bosnian, Dutch, Finnish, French, German, Italian, Kinyarwanda, Persian, Spanish, Ugandan	Prior Experience Psych Testing/Interpretation; Cutoff Score of 16 indicates cause for clinical concern. Unlike many other measures of PTSD, PROPS appears to be equally sensitive to PTSD symptoms of both genders.	Measure of parent report of the child's post-traumatic stress symptoms for the previous 7 days.	Experiences/ Effects	> 2 studies: good internal consistency, test-retest reliability, criterion validity, convergent and discriminant validity, and sensitivity to change although more research is needed examining the use of the measure with clinical samples.	# of items, administration and cost
Pediatric Emotional Distress Scale	PEDS	Saylor, Swenson, Reynolds, Taylor	1999	21	2-10	Caregiver	Free	English, Spanish	The measure yields scores on the following scales: 1) Anxious/Withdrawn, 2) Fearful, and 3) Acting Out. Limited age range; Evidence for use with ethnically diverse sample; No support to differentiate trauma from MH problems	Screening tool (not diagnostic). Items assessing symptoms observed in past month (some of which are anchored in traumatic event).	Experiences/ Effects	Some promise for psychometric support, however, more research is needed. Ohan, Myers, & Collett (2002) suggest more research is needed to determine whether the PEDS can distinguish between trauma exposed children and other clinical samples.	limited psychometric support, limited differentiation for trauma
Post Traumatic Symptom Inventory for Children	PT-SIC	Eisen	1997	30	4-8	Youth	Free	English	Prior to administration or interpretation, training by experienced clinician (<4 hours) suggested.	Interview with child assessing their endorsement of common symptoms for children who have experienced trauma.	Experiences	Very limited psychometric evaluation. Poor evidence for test sensitivity; No evidence for use in ethnically diverse settings	Limited psychometric support, administration and age range limitations
PTSD Checklist (child and parent forms)	PCL-C/PR	Ford	1999	17	6-18	Caregiver	Free	English	Can be easily administered; interpretation should be completed by a clinician	Assessment of symptoms indicative of post-traumatic stress.	Experiences/ Effects	Two studies provide initial evidence for reliability and concurrent validity among medically injured youth and youth in an opt psychiatric clinic.	Good option, limited psychometric support as broadly used screening tool with children/youth

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PTSD in Preschool Aged Children	PTSD-PAC	Levendosky, huth-Bocks, Semel, & Shapiro	2002	18	2-5	Caregiver	Free	English	There is no training required to administer and only minimal training by a psychologist needed to interpret. One would need familiarity with the DSM-IV criteria for PTSD to adequately interpret the measure	The PTSD-PAC is a measure of PTSD symptoms in young children. It measures symptoms from the DSM-IV criteria B, C, and D. It also includes items from the DC: 0-3 criteria for PTSD in infants and very young children. It should be used for PTSD screening purposes only.	Experiences	The measure has been used with only one small sample of children and has limited evidence supporting psychometric characteristics.	Limited psychometric evidence
SCARED Brief Assessment of Anxiety and PTS Symptoms	SCARED brief version	Muris, Merchelbach, Korver, Meesters	2000	9	7-18	Youth	Free	English	Does not require specialized training for administration or interpretation. Suggested cutoff scores: Anxiety: 3+ = clinical PTSD: 6+ = clinical	Brief assessment of Anxiety and PTSD	Experiences/ Effects	Preliminary results based on school children in Netherlands support further examination of measure and suggest the measure may have promise (evidence for R/V).	Good option. Limited psychometric support (esp. with diverse populations), respondent limitations.
Trauma and Attachment Belief Scale	TABS	Pearlman	2003	84	9-99	Self	\$121 Intro Kit (includes 25 youth administrations; \$48 for 25 additional forms)	English	Suggested guidelines for interpretation includes manual/video and prior experience psych testing/interpretation	Based on Constructivist Self-Development Theory; assesses 5 domains: safety, trust, independence, power, intimacy, and self esteem	Experiences/ Effects	Limited empirical support for use. Differences in mean scores based on ethnic group; more widely used to assess vicarious trauma than direct trauma.	# items, cost, limited psychometric support
Trauma Symptom Checklist for Children	TSCC	Briere, PAR	1996	54	8-16	Youth	\$172 Intro Kit (includes 25 youth administrations; \$66 for 25 additional forms)	English, Spanish	Interviewers need to be thoroughly familiar with the manual. A higher score reflects greater symptomatology. T scores at or above 65 for any clinical scale are considered clinically significant. Not designed as diagnostic tool.	Assesses the effects of childhood trauma	Experiences/ Effects	Psychometrics strongly supported by research. Considered one of the "gold standard" measures for trauma assessment.	Good assessment tool (not developed for screening). Cost, # items.
Trauma Symptom Checklist for Young Children	TSCYC	Briere, PAR	2005	90	3-12	Caregiver	\$230 Intro Kid (includes 25 administrations; \$50 for 25 additional forms)	English, Spanish	Interviewers need to be thoroughly familiar with the manual. A higher score reflects greater symptomatology. T scores at or above 65 for any clinical scale are considered clinically significant.	Evaluate acute and chronic posttraumatic symptomatology in young children	Experiences/ Effects	Normative data; Psychometrics supported by multi-site sample of children exposed to multiple forms of trauma. Spanish version not evaluated for psychometric characteristics.	Good assessment tool (not developed for screening). Cost, # items.
Traumatic Events Screening Inventory - Revised	TESI-CRF-R/ TESI-PRF-R	Ippen, et al.	2002	24	6-18	Youth (parallel parent report form available)	Free	English	Prior Experience in Psych Testing/Interpretation suggested.	Interview screening tool that assesses a number of potentially traumatic events and the child's reaction to the event.	Events/ Experiences	Measure has not been evaluated for psychometric characteristics.	No psychometric support
UCLA PTSD Reaction Index	UCLA PTSD-RI	Pynoos, Steinberg	1998	48	6-18	Youth	\$1.20-1.30/instrument or other discounted fee for federal, state, county or agency-wide uses.	English, Arabic, Armenian, Chinese, Farsi/Persian, Filipino/Tagalog, French, German, Greek, Hebrew, Japanese, Norwegian, Russian, Spanish	Revised version of CPTSD-RI. Prior Experience in Psych Testing/Interpretation suggested.	Questionnaire to screen for exposure to traumatic events and assess PTSD symptoms in school-age children and adolescents. Items connected to intrusion, avoidance, and arousal criteria.	Experiences	Several studies have supported psychometric characteristics of measure, although further assessment of the measure with moderate sample sizes and in other adolescent PTSD screening samples with similar or different PTSD base rates is essential to further establish the instrument's reliability and validity.	Good assessment tool (not developed for screening). Cost, # items.

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Violence Exposure Scale for Children - Revised	VEX-R	Fox & Leavitt	1995	25	4-10	Youth (parallel parent report form available)	Free	English, Hebrew, Spanish	Training for administration includes < 4 Hours Training by Experienced Clinician	Measure of community violence exposure that includes drawings to accompany questions and thermometer-type rating scale. Questions about minor and severe violence victimization and witnessing violence in the home, school, and neighborhood.	Events	Very limited psychometric support for measure.	Limited psychometric support, administration training limitations, poor face validity for general trauma needs
When Bad Things Happen Scale	WBTH	Fletcher	1992	90	7-14	Youth (parallel parent report form available)	Free; Contact author	English		Latest version, R4, measures PTSD, anxiety, depression, dissociation, omens, survivor guilt, self-blame, fantasy, denial, self-destructive behavior or thoughts, antisocial behavior, risk taking, and changes in eating habits.	Experiences/ Effects	Limited and mixed empirical support for psychometric strength. Existing evaluations of measure include very small samples.	Limited psychometric support
Young Child PTSD Screen	YCPS	Scheeringa	2010	6	3-6	Caregiver	Free	English	Of the 17 PTSD symptoms, two of them are rarely if ever endorsed (sense of a foreshortened future and lack of memory for the event). If youth have five of the 15 remaining symptoms, the ratio of endorsed symptoms is one out of three. Thus, the minimal number of symptoms in the screen could be three symptoms but to ensure a margin of confidence it was decided to include six symptoms and require two symptoms to be endorsed for a positive screen.	Intended to screen shortly following an acute traumatic event (2-4 weeks).	Experiences	There is some evidence for content validity, however, the measure has not been used in a research study and no other psychometric information is available.	Limited psychometric support