

Trauma and Behavioral Health Screen (TBH) Psychometric Validation Background

The TBH is one instrument that consists of components taken from 4 existing instruments.

Items 1-10

Traumatic events screen. Taken from the Child PTSD Checklist (Scheeringa, 2010), this asks about 9 types of traumatic events, plus a 10th item to pick the most distressing event. For each endorsed event, it asks for the earliest age it happened, the latest age it happened, and approximately how many times it happened.

Items 11-25

Child PTSD Symptom Scale. The CPSS is a questionnaire that maps onto the 17 DSM-IV PTSD symptoms rated on a 4-point (0-3) Likert scale. This measure has shown excellent sensitivity to change, internal consistency, and test-retest reliability. A cut point of 11 or greater was shown to have 95% sensitivity and 96% specificity for correctly classifying high and low severity cases of PTSS. A cut point of 10 or higher was used for the TBH because we did not use 2 of the CPSS items.

Items 26-45

Pediatric Symptom Checklist-17, modified (PSC-17). The PSC-17 is a 17-item, parent-report questionnaire, with each item scored on 0,1,2 Likert scale (Borowsky et al., 2003; Gardner et al., 1999). The PSC is the most commonly recommended measure for general psychosocial screening for school-aged children.

The attention subscale maps onto ADHD and consists of 5 items. When compared to diagnoses from a structured diagnostic interview, the attention scale showed 88% sensitivity and 72% specificity for an ADHD diagnosis.

The internalizing score maps onto depression and anxiety and consists of 5 items. The internalizing scale showed 86% sensitivity and 61% specificity for a depression diagnosis, and 65% sensitivity and 62% specificity for an anxiety diagnosis.

The externalizing score maps onto ODD mainly and consists of 7 items. The externalizing scale (cutoff ≥ 5) showed 85% sensitivity and 68% specificity for a diagnosis of ODD, conduct disorder, or adjustment disorder with disturbances of conduct.

Screen for Child Anxiety Related Emotional Disorders (SCARED) Both parent and child forms have demonstrated good internal consistency, test-retest reliability, discriminative validity, and sensitivity to treatment effects (Birmaher et al., 1999). Because sensitivity for anxiety disorders was the lowest for all the syndromes (65%), and anxiety is the most common syndrome in youth, we added three items (#43-45) improve the sensitivity for anxiety disorders. Two of the items-“I worry about things working out for me” and “I worry about being as good as other kids”-tap into generalized anxiety disorder, and the third item-“I am afraid to be alone at home”-taps into separation anxiety disorder.

Because these three items were added, the cutoff score was raised from 5 or higher when the PSC-17 is used alone to 8 or higher.

Table 1. Cut-off Scores that Indicate Clinical Concern and Cause for Referral to Clinicians.

	Items	Cut-off
PTSD score (15 items)	#11-25	10 or higher
Internalizing score (8 items)*	#26-30 + #43-45	8 or higher
ADHD score (5 items)	#31-35	7 or higher
Externalizing score (7 items)	#36-42	7 or higher

Literature Cited

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(Created by Michael S. Scheeringa, 2012, mscheer@tulane.edu)