

Which Instruments Are Most Commonly Used to Assess Traumatic Event Exposure and Posttraumatic Effects?: A Survey of Traumatic Stress Professionals

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We report findings from a Web-based survey of the International Society for Traumatic Stress Studies' members ($n = 227$) regarding use of trauma exposure and posttraumatic assessment instruments. Across clinical and research settings, the most widely used tests included the Posttraumatic Stress Diagnostic Scale, Trauma Symptom Inventory, Life Events Checklist, Clinician-Administered Posttraumatic Stress Disorder (PTSD) Scale, PTSD Checklist, Impact of Event Scale—Revised, and Trauma Symptom Checklist for Children. Highest professional degree, time since degree award, and student status yielded no differences in extent of reported trauma assessment test use.

Recent reviews have been published of numerous instruments assessing traumatic event exposure and posttraumatic reactions (Briere, 2004; Frueh, Elhai, & Kaloupek, 2004; Wilson & Keane, 2004). These instruments typically query general traumatic event exposure, event-specific exposure (e.g., combat), posttraumatic stress (PTSD) or acute stress disorder, using self-report or interviewer-administered formats. Many of the tests demonstrate acceptable psychometric properties, but vary in administration time and the trauma populations for

which they were designed. With such a wide variety of instruments available, it is difficult to know how frequently they are used in clinical or research settings.

Knowing the most commonly used trauma exposure and PTSD instruments is important for several reasons. First, such knowledge provides information about conventions of assessment practice used in the traumatic stress field, addressing legal questions regarding the general acceptance of our scientific procedures. Second, this knowledge can stimulate researchers to use similar measures, facilitating comparison of findings across studies. Third, researchers creating new assessments may benefit from this information, in addressing the same needs being filled by the most widely used instruments. Last, this information can be helpful to clinicians and researchers who are new to the traumatic stress field.

This study's aim was to survey traumatic stress professionals about the prevalence of their trauma assessment use. We primarily surveyed members of the International Society for Traumatic Stress Studies (ISTSS), individuals with significant interest and expertise in trauma-related issues. We implemented a design similar to that of Camara, Nathan, and Puente (2000), who surveyed psychologists' general test use.

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⁵To whom correspondence should be addressed at Disaster Mental Health Institute, The University of South Dakota 414 East Clark Street, SDU 114, Vermillion, South Dakota 57069–2390; e-mail: jonelhai@fastmail.fm or jelhai@usd.edu. A list of the instruments queried, and their original references may be obtained upon request (preferably via e-mail).

Method

Participants

The majority of direct invitees (573/600) had valid e-mail addresses. Although 250 consented, only 227 completed the primary test-use survey. Of 573 invitees, 175 (30.5% response rate) reported being directly invited (not through listservs). Of consenting participants, most were women ($n = 158$; 65.6%), representing Caucasians ($n = 229$; 91.6%) and Asians ($n = 10$; 4.0%). Mean age was 44.6 years ($SD = 11.23$), with years since highest degrees averaging 11.7 ($SD = 9.3$).

The majority comprised individuals in psychology ($n = 197$; 81.7%) or psychiatry ($n = 22$; 9.1%), with doctorates ($n = 159$; 66.5%), master's ($n = 55$; 23.0%), or medical degrees ($n = 21$; 8.8%). Only 31 (13.0%) were students. Primary work settings included private practice ($n = 66$; 27.4%), universities ($n = 63$; 26.1%), VA Medical Centers ($n = 26$; 10.8%), medical schools ($n = 19$; 7.9%), and mental health centers ($n = 19$; 7.9%). Weekly clinical testing involved less than 1 hour ($n = 96$; 40.0%), 1 to 4 hours ($n = 80$; 33.3%), or 5 to 9 hours ($n = 29$; 12.1%). Weekly research testing involved less than 1 hour ($n = 155$; 64.9%), 1 to 4 hours ($n = 48$; 20.1%), or 5 to 9 hours ($n = 15$; 6.3%). Typical trauma assessment involved 84% of the participants with civilians (28% military) and 82% with adults (27% children/adolescents).

Procedure

We sampled the 565 (26%) ISTSS members opting to receive members' electronic mail (of 2,200 members in 2004). We broadened our sampling strategy by: 1) directly inviting 35 additional traumatic stress professionals known to us; and 2) arranging for the electronic listserv coordinators of ISTSS' Special Interest Groups (SIGs) and the Association for Advancement of Behavior Therapy's (AABT's) Disaster and Trauma SIG to broadcast our invitation. This resulted in 600 invited participants and an unknown number of other professionals invited via trauma listservs.

Potential participants were sent an e-mail invitation in mid-August 2004 describing the password-protected, Web-based study and lottery system (10 randomly drawn prizes of \$25 each). Participants were encouraged to forward the e-mail to other trauma professionals who might be interested. We sent a second e-mail 1 month later (excluding the listservs). Consenting subjects were presented the following instruments.

Instruments

Demographic and Profession Survey

This survey requested demographic characteristics, including age, gender, race, and ethnicity. It also queried the participant's profession, setting, years since highest degree award, theoretical orientation, professional identity, time spent assessing trauma survivors, and age group and trauma type encountered.

Trauma Test Use Survey

We presented trauma exposure and PTSD instrument lists querying number of times used in the past year for clinical or research purposes. We defined clinical as "When you administered (or arranged for someone else to administer) a test; and you scored or interpreted the test, or somehow used its findings in patient/client care." We defined research as "When you collected data using a test, for the purpose of presentation, publication, or some other dissemination of findings."

The test lists were compiled from trauma assessment reviews, test publishers' catalogs, the Published International Literature on Traumatic Stress (PILOTS) database, and expert feedback. Eliminating older, rarely cited tests yielded 81 adult and 21 child/adolescent tests. We provided the option to record additional nonlisted tests.

Contact Information Form

This survey inquired about participant contact information, for sending lottery prizes.

Results

Test Use Prevalence

Tables 1 and 2 display the most commonly used assessments with adults and children/adolescents.

Regarding adult clinical use, the most popular measures assessing trauma history were the Posttraumatic Stress Diagnostic Scale (PDS; 16% of participants), Life Events Checklist (LEC; 10%), Detailed Assessment of Posttraumatic Stress (DAPS; 9%), and Combat Exposure Scale (CES) (9%). The most popular posttraumatic symptom assessments (used by >10%) were the Clinician-Administered PTSD Scale (CAPS), Trauma Symptom Inventory (TSI), PTSD Checklist (PCL), PDS, Keane PTSD Scale, Impact of Event Scale (IES) and revised version (IES-R), and Symptom Checklist 90-R's PTSD Subscales.

Table 1. Test Use Prevalence: Adult Assessments for Clinical and Research Purposes

Test	Clinical users (% of sample)	Times administered in past year (Clinical)	Research users (% of sample)	Times administered in past year (Research)	Type of measure
Clinician-administered instruments					
Clinician-Administered PTSD Scale	73 (32%)	1377	52 (23%)	2000	P
Structured Clinical Interview for <i>DSM-IV</i> -PTSD Module	20 (9%)	210	17 (7%)	582	P
Acute Stress Disorder Interview	12 (5%)	96	20 (9%)	1340	P
Child Maltreatment Interview Schedule	12 (5%)	100	6 (3%)	167	T
Anxiety Disorders Interview Schedule Revised-PTSD Module	9 (4%)	102	6 (3%)	86	P
Diagnostic Interview Schedule-PTSD Module	6 (3%)	23	2 (1%)	6	P
Composite International Diagnostic Interview-PTSD Module	5 (2%)	103	7 (3%)	688	P
Mini International Neuropsychiatric Interview-PTSD Module	5 (2%)	114	4 (2%)	120	P
National Women's Study PTSD Module	4 (2%)	59	4 (2%)	178	P
Structured Interview for PTSD	5 (2%)	58	2 (1%)	6	P
Self-report instruments					
Trauma Symptom Inventory	53 (23%)	1319	13 (6%)	857	P
PTSD Checklist	36 (16%)	1483	37 (16%)	10785	P
Posttraumatic Stress Diagnostic Scale	36 (16%)	916	25 (11%)	1688	TP
Minnesota Multiphasic Personality Inventory-2-Keane PTSD Scale	34 (15%)	1213	6 (3%)	542	P
Impact of Event Scale-Revised	30 (13%)	963	31 (14%)	3928	P
Symptom Checklist-90 Revised-PTSD Scale (any version)	30 (13%)	970	18 (8%)	1259	P
Impact of Event Scale	26 (11%)	568	18 (8%)	740	P
Life Events Checklist	22 (10%)	626	17 (7%)	1199	T
Detailed Assessment of Posttraumatic Stress	21 (9%)	345	7 (3%)	191	TP
Mississippi Combat PTSD Scale	20 (9%)	991	4 (2%)	321	P
Combat Exposure Scale (Keane et al.)	19 (8%)	1264	10 (4%)	830	T
PTSD Symptom Scale	17 (7%)	319	13 (6%)	763	P
Conflict Tactics Scale (or 2nd version)	13 (6%)	374	16 (7%)	2879	T
Personality Assessment Inventory-PTSD Scale	13 (6%)	783	4 (2%)	141	P
Posttraumatic Cognitions Inventory	12 (5%)	115	15 (7%)	401	P
Trauma Symptom Checklist-40	12 (5%)	396	8 (4%)	1181	P
Modified PTSD Symptom Scale-Self-Report	11 (5%)	118	7 (3%)	173	P
Davidson Trauma Scale (or Self-Rating Traumatic Stress Scale)	11 (5%)	498	4 (2%)	620	P
Minnesota Multiphasic Personality Inventory-2-Schlenger PTSD Scale	11 (5%)	612	3 (1%)	140	P
Distressing Event Questionnaire	9 (4%)	192	7 (3%)	1176	P
Trauma-Related Guilt Inventory	6 (3%)	125	7 (3%)	201	P
Life Stressor Checklist	6 (3%)	63	4 (2%)	170	T
Los Angeles Symptom Checklist	6 (3%)	70	4 (2%)	1095	P
Mississippi Civilian PTSD Scale	5 (2%)	14	5 (2%)	707	P
Sexual Abuse Exposure Questionnaire	4 (2%)	43	3 (1%)	660	T
Traumatic Life Events Questionnaire	2 (1%)	16	8 (4%)	1113	T
Harvard Trauma Questionnaire	3 (1%)	62	6 (3%)	3962	TP
Trauma Assessment for Adults (interview or self-report version) ^a	3 (1%)	10	7 (3%)	361	T
Trauma History Questionnaire	3 (1%)	138	6 (3%)	326	T
Deployment Risk and Resilience Inventory	0 (0%)	0	4 (2%)	1850	T
Stanford Acute Stress Reaction Questionnaire	0 (0%)	0	4 (2%)	1892	P

Note. T= trauma exposure assessment; P= posttraumatic symptom assessment; TP= trauma exposure assessment and posttraumatic symptom assessment. Tests used by fewer than 2% of participants (for clinical and research use) were not listed in this table.

^aAvailable in interview or self-report format.

The most popular tests for adult research querying trauma history were the PDS (11%), Conflict Tactics Scale (CTS) and LEC (7% each), and Traumatic Life Events Questionnaire (TLEQ) and CES (4% each). Widely used posttraumatic assessments included the CAPS (23%), PCL (16%), IES-R (14%), and PDS (11%).

Child/adolescent test use was reported by few participants. Only the Trauma Symptom Checklist for Children

(TSCC) was used by more than 10% for clinical purposes. Few participants used child tests for research. Trauma exposure measures were not frequently used with children.

Several respondents used additional nonlisted tests. Only two such tests were reported by more than 1% of participants, including the Dissociative Experiences Scale ($n = 17$; 7%) and Structured Clinical Interview for *DSM-IV*—Dissociative Disorders ($n = 6$; 3%).

Table 2. Test Use Prevalence: Child/Adolescent Assessments for Clinical and Research Purposes

Test	Clinical users (% of sample)	Times administered in past year (Clinical)	Research users (% of sample)	Times administered in past year (Research)	Type of measure
Clinician-administered instruments					
Clinician-Administered PTSD Scale for Children and Adolescents	7 (3%)	94	4 (2%)	65	P
Self-report instruments					
Trauma Symptom Checklist for Children	24 (11%)	631	11 (5%)	438	P
Trauma Symptom Checklist for Young Children	6 (3%)	22	4 (2%)	79	P
PTSD Reaction Index (or, UCLA PTSD Index)	3 (1%)	111	5 (2%)	297	P

Note. P = posttraumatic symptom assessment.

Professional Characteristics and Test Use

Highest degree was unrelated to number of clinical test administrations (child and adult, combined), $F(2,211) = .76, p > .05$, or research administrations, $F(2,211) = 1.22, p > .05$ (effect sizes eta-squared = .01, or *small*). Students did not differ from nonstudents on clinical administrations, $F(1,216) = 2.7, p > .05$, or research administrations, $F(1,216) = .04, p > .05$ (eta-squared = .01, and .00, respectively). Time since participants' highest degrees were obtained was unrelated to number of clinical administrations, $r = -.02, p > .05$, or research test administrations, $r = -.00, p > .05$ (representing *small* effects).

Counts of self-reported test administrations may be susceptible to memory distortions, so we assessed the validity of test counts. Reported weekly clinical trauma assessment time (<1, 1 to 9, >10 hours) was related to the number of clinical administrations, $F(2,116) = 18.11, p < .001$ (eta-squared = .14, a *large* effect); weekly research assessment time was related to research administrations, $F(2,215) = 7.13, p = .001$ (eta-squared = .06, a *medium* effect; Tukey comparisons were in the expected direction, all $ps < .05$). Clinical-scientists reported the greatest number of research test administrations, followed by scientist-practitioners and then practitioner-scholars, $F(2,215) = 16.01, p < .001$ (eta-squared = .13, a *medium* effect; Tukey $ps < .05$).

Discussion

The most widely used tests were the PDS, LEC, CAPS, TSI, PCL, IES-R, and TSCC. These measures have demonstrated adequate reliability and validity (Briere, 2004; Wilson & Keane, 2004). There are several potential characteristics making these popular tests attractive to traumatic-stress professionals. First, they are easily accessible. The LEC (packaged with the CAPS) and PCL are

available from the National Center for PTSD, while the PDS and TSCC are available for purchase from Pearson Assessments and Psychological Assessment Resources, respectively. Second, these tests are unique among their competitors. For example, the CAPS is the only PTSD interview querying both symptom frequency and intensity, with behaviorally specific anchor points. The PDS is the only measure assessing all PTSD criteria, including functional impairment, and the TSCC is the only child PTSD measure with validity scales. Third, these instruments were created at institutions (e.g., National Center for PTSD) and by authors considered among the most reputable trauma assessment experts.

Interestingly, the most widely used tests represent a mix of those in the public domain and those requiring purchase. Additional issues that may impact test selection include word-of-mouth referrals, familiarity with the instrument or author, and psychometric quality, among others. For example, test administration time may profoundly impact one's choice of instrument, such that the PCL (requiring approximately 10 minutes) may be preferred over the CAPS (requiring about 60 minutes) among busy clinicians and time-sensitive researchers. Nevertheless our findings revealed that some of the lengthiest instruments were most used (e.g., CAPS, TSI).

Several limitations apply to the current study. First, we only sampled those ISTSS members opting to receive member e-mails. Although this constitutes one quarter of ISTSS members, this subgroup may represent a skewed sample based on their communication preferences. Furthermore, our estimated response rate of 30%, although common in social science research, and additional reliance on snowball sampling raise concerns about our sample's generalizability. Second, although we attempted to enhance the representativeness of our findings by sampling ISTSS and AABT trauma listserv members, we do not know how many listserv members received our study invitation, and thus we cannot calculate response rates. Third, self-reported test usage may be inaccurate, and we were

unable to verify actual test use prevalence from clinical or research files. Last, it is possible that some participants' use of computer-administered assessments may have impacted our findings.

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