INTRODUCTION

Posttraumatic Stress Disorder (PTSD) is a mental health disorder that can develop after exposure to a life-threatening traumatic event. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), symptoms for PTSD are arranged into three main domains: Re-experiencing, Avoidance/Numbing, and Increased Arousal (American Psychiatric Association, 2000, pp. 467-468). However, research indicates that the PTSD symptoms may vary by gender, age, race or ethnicity, socioeconomic status, country, and family variables (Costello, Erkanli, Firestone, & Angold, 2002; Schnur, Friedman, & Bernardy, 2002). The DSM-IV suggests that about 8% of adults will suffer from PTSD at some point in their lives (American Psychiatric Association, 2000, p. 406) but does not address prevalence rates in children and adolescents. Research suggests that about 13.4% of youth will manifest some symptoms of PTSD but less than 0.5% of youth will meet full criteria for PTSD (Copeland, Keeler, Angold, & Costello, 2007) although others have suggested that prevalence may be as high as 15.8% (Zlotnick et al., 2008). Research from community samples of adolescents and young adults suggests that 1.3% of youth will experience traumatic events and, of those, 8% will meet criteria for PTSD (Parkinson et al., 2005), while research from the National Survey of Adolescents suggests prevalence rates between 5.2% and 8.8% (Vinvik, Elhai, Ruggiero, & Frueh, 2009). Among younger children, ages 7-10, exposed to motor vehicle accidents, between 11.8% and 13.9% will meet criteria for PTSD (Meier-Sedman, Smith, Glueckman, Yale, & Dhabliwala, 2008).

Previous factor analyses of the etiology of PTSD symptoms have indicated that a 2nd-order factor with 3 clusters of factors that match the APA definitions may be appropriate for children and adolescents suffering from PTSD (Anthony, Longman, & Hecht, 1999). However, research has suggested that PTSD symptoms as currently appear in the DSM-IV may be inappropriate for younger children (Pine, et al., 2002) and others have proposed alternative algorithms based on parental reports for assessing PTSD (Meier-Sedman et al., 2008).

The purpose of this study is to conduct an exploratory factor analysis and confirmatory factor analysis of one measure that can be used to assess symptoms of PTSD in children and adolescents using DSM-IV criteria. We hypothesize that there will be three factors representing the three domains of PTSD as promulgated by the DSM-IV.

ITEMS OF THE YSSC

The Youth Symptom Survey Checklist (YSSC) is a self-report measure designed to assess PTSD symptoms in children and adolescents. Results indicate that the YSSC may have the potential to accurately measure the severity of PTSD symptoms as based on the DSM-IV criteria. Although our initial hypothesis was that both factor analyses would indicate a three-factor solution, our results supported a single-factor solution from the EFA and a three-factor solution. This is consistent with research by Anthony et al. (1999) who found that PTSD symptoms in children were consistent with a 2nd-order PTSD factor that manifests in 3 clusters of symptoms. It is possible that the single-factor solution indicated by the EFA is representative of this higher order factor while the three-factor solution indicated by the CFA is representative of the three symptom domains specified by the DSM-IV.

The primary study provides some initial psychometric data for the YSSC, a self-report measure designed to assess PTSD symptoms in children and adolescents. Results indicated that the YSSC may have the potential to accurately measure the severity of PTSD symptoms as based on the DSM-IV criteria. Additionally, the significant difference on demographics between our samples is another limitation to our study. Nevertheless, this study is an important first step in establishing the YSSC as a psychometrically valid measure. Future research should further assess the psychometric properties of the YSSC and compare the YSSC to other currently existing measures of PTSD symptoms in children and adolescents. Additionally, future research should consider the emerging DSM-5 criteria in relation to the items on the YSSC.

DISCUSSION

Sample 1: Data for this sample came from 195 undergraduate students recruited from a human subject research pool at the University at Albany who took part in a larger study examining the role of interparental conflict on adjustment. Subjects visited our laboratory and filled out the Youth Symptom Severity Checklist (YSSC) via online survey. Subjects were awarded credit towards their research pool requirements as part of an undergraduate course.

Sample 2: Data for this sample came from 395 children and adolescents in the greater Los Angeles area who were participating in a longitudinal study examining the effect of maltreatment on childhood adjustment. Data for this report came from the first wave of the study. Detailed recruitment procedures have been explained elsewhere (Gordis, Feres, Olszewski, Rabkin, & Trickett, 2013).

The Youth Symptom Severity Checklist (YSSC) is a 17-item self-report scale (not at all, once in a while, half the time, almost always) designed to assess PTSD symptoms in children and adolescents. It consists of 17 items on a 4-point Likert-scale (not at all, once in a while, half the time, almost always). Male students reported higher PTSD symptoms than female students, with the difference being significant (p<.001, 2tailed). The mean scores for the Total YSSC were 1.16 (SD=.77) and 1.12 (SD=.97) for boys and girls, respectively. Gender differences were significant (male: M=1.16, SD=.77, n=106; female: M=1.12, SD=.97, n=109, t(213)=-2.28, p=.024).

The significant difference on demographics between our samples is another limitation to our study. Nevertheless, this study is an important first step in establishing the YSSC as a psychometrically valid measure. Future research should further assess the psychometric properties of the YSSC and compare the YSSC to other currently existing measures of PTSD symptoms in children and adolescents. Additionally, future research should consider the emerging DSM-5 criteria in relation to the items on the YSSC.

FURTHER INFORMATION

Please contact arn rabkin@albany.edu. For further information on this and other projects, please visit our website located at http://www.albany.edu/cafeproject.