Trauma Symptom Checklist for Children
Briere, J.
1996

Description of Measure

Purpose
To assess the effects of childhood trauma through the child’s self-report of trauma symptoms. Although designed for use with children ages 8-16, the author reports it may also be utilized with 17 year-olds, with the caution that the wording may be overly simple for this age (Briere, 1996).

Conceptual Organization
The 54-item Trauma Symptom Checklist for Children (TSCC) consists of two validity scales (Under-response and Hyper-response), six clinical scales (Anxiety, Depression, Post-traumatic Stress, Dissociation, Anger, and Sexual Concerns) and eight critical items which examine situations that may require follow-up, such as suicidality (Briere, 1996; Hunter et al, 2003).

Item Origin/Selection Process
Items were selected based on factor analyses and consultation with experts in the field of psychopathology.

Materials
Forms and manual are available from the publisher.

Time Required
10 minutes

Administration Method
May be self- or interviewer-administered in an individual or group setting. Privacy for respondents is required.

Training
Interviewers need to be thoroughly familiar with the manual.

Scoring

Score Types (taken primarily from Briere, 1996, and Hunter et al., 2003)
For each item, the child records the frequency with which the statement pertains to her/him on a 4-point scale ranging from 0 (never) to 3 (almost all the time). Raw scale scores are derived by summing the response values for all items comprising the scale, and then dividing by the number of items in the scale. Please see Briere, 1996, for additional information.

Score Interpretation
A higher score reflects greater symptomatology. T scores at or above 65 for any clinical scale are considered clinically significant.

Norms and/or Comparative Data
The TSCC was normed on 3008 children. See (Briere, 1996).
Psychometric Support

Reliability
The TSCC clinical scales generally demonstrate good internal consistency reliability. See Briere, 1996, for additional information.

Validity
Results of the TSCC are congruent with those derived from similar measures, including the CBCL and YSR (Achenbach, 1991) (see Table 3 below), suggesting good concurrent validity. Also, among populations in which trauma symptomatology is expected to be substantial, including children with histories of abuse, scores have been high. Among children receiving treatment for traumatic experiences, scores on the TSCC tend to decrease over time (Lanktree & Briere, 1990; 1995).

LONGSCAN Use

Data Points
Ages 8 (TSCC-Alternate Version), 12, 16

Respondent
Youth

Mnemonic and Version
Item-level dataset: TSA (Age 8), TSCB (Ages 12 & 16)
Scored dataset: TSSS (Ages 8, 12, & 16)

Rationale
LONGSCAN chose to use the TSCC and TSCC-A because they are standardized and valid child self-report measures of internalized distress, and include symptoms associated with Post-Traumatic Stress Disorder.
Results

Descriptive Statistics
For descriptive statistics of the Ages 8 and 12 Trauma Symptom Checklist, please refer to the 2nd and 3rd volumes of the measures manuals (Hunter et al., 2003; Knight et al., 2008). Table 1 provides descriptive statistics for the Age 16 Trauma Symptom Checklist T scores. Similar to Age 12, the percentage of LONGSCAN children scoring in the clinical range at Age 16 on clinical scales is low (2-4% range across the T scores presented).

Table 1. Descriptive Statistics for the Age 16 Trauma Symptom Checklist T scores

<table>
<thead>
<tr>
<th></th>
<th>Anger</th>
<th>Anxiety</th>
<th>Depression</th>
<th>PTSD</th>
<th>Dissociation</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>%*</td>
<td>M (SD)</td>
<td>%</td>
<td>M (SD)</td>
<td>%</td>
</tr>
<tr>
<td>Overall</td>
<td>667</td>
<td>1.9</td>
<td>43.7 (7.6)</td>
<td>2.1</td>
<td>43.7 (7.2)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>313</td>
<td>1.2</td>
<td>43.5 (7.7)</td>
<td>0.9</td>
<td>44.0 (7.2)</td>
</tr>
<tr>
<td>Female</td>
<td>354</td>
<td>0.7</td>
<td>43.9 (7.6)</td>
<td>1.2</td>
<td>43.5 (7.3)</td>
</tr>
<tr>
<td>Study Site</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EA</td>
<td>140</td>
<td>0.3</td>
<td>41.8 (6.8)</td>
<td>0.4</td>
<td>41.8 (6.3)</td>
</tr>
<tr>
<td>MW</td>
<td>107</td>
<td>0.1</td>
<td>44.4 (8.1)</td>
<td>0.1</td>
<td>43.2 (5.3)</td>
</tr>
<tr>
<td>SO</td>
<td>87</td>
<td>0.6</td>
<td>44.6 (9.0)</td>
<td>0.4</td>
<td>44.1 (9.1)</td>
</tr>
<tr>
<td>SW</td>
<td>155</td>
<td>0.6</td>
<td>44.7 (7.9)</td>
<td>0.9</td>
<td>45.6 (8.5)</td>
</tr>
<tr>
<td>NW</td>
<td>178</td>
<td>0.3</td>
<td>43.6 (6.7)</td>
<td>0.1</td>
<td>43.7 (6.3)</td>
</tr>
</tbody>
</table>

Source. Based on data received at the Coordinating Center through July ’09.
*% represents youth who had a T score that is borderline/clinical (<= 65) at age 16.

Reliability
As can be seen in Table 2, internal consistency for the TSCC scales using the LONGSCAN sample was good (ranging from .81 to .88) and comparable to alpha reliabilities reported by the author (Briere, 1996).

Table 2. Cronbach Alphas for the Age 16 Trauma Symptom Checklist T scores

<table>
<thead>
<tr>
<th>N</th>
<th>Anger</th>
<th>Anxiety</th>
<th>Depression</th>
<th>PTSD</th>
<th>Dissociation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>724</td>
<td>.84</td>
<td>.88</td>
<td>.81</td>
<td>.85</td>
</tr>
</tbody>
</table>

Source. Based on data received at the Coordinating Center through July ’09.
Validity

Table 3 provides correlations between the Age 16 Trauma Symptom Checklist T Scores and Age 16 Child Behavior Checklist (Achenbach, 1991) T Scores. There are significant correlations (ranging from .20 to .33) between Trauma Symptom Checklist T Scores and CBCL Scores.

Table 3. Correlations between Age 16 Trauma Symptom T Scores and Age 16 CBCL T Scores

<table>
<thead>
<tr>
<th>Child Behavior Checklist T Scores</th>
<th>N</th>
<th>Anger</th>
<th>Anxiety</th>
<th>Depression</th>
<th>PTSD</th>
<th>Dissociation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internalizing Problems</td>
<td>650</td>
<td>.27***</td>
<td>.25***</td>
<td>.29***</td>
<td>.23***</td>
<td>.25***</td>
</tr>
<tr>
<td>Externalizing Problems</td>
<td>650</td>
<td>.33***</td>
<td>.22***</td>
<td>.26***</td>
<td>.23***</td>
<td>.20***</td>
</tr>
<tr>
<td>Total Problems</td>
<td>650</td>
<td>.31***</td>
<td>.25***</td>
<td>.29***</td>
<td>.25***</td>
<td>.24***</td>
</tr>
</tbody>
</table>

Source. Based on data received at the Coordinating Center through July ’09.
* <.05, ** <.01, *** <.001

Publisher Information

Psychological Assessment Resources, Inc.
P.O. Box 998
Odessa, FL 33556
(800) 331-TEST
Website: http://www.parinc.com/product.cfm?ProductID=150

References and Bibliography


Paper presented at the annual meeting of the American Psychological Association, Boston, MA.