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POST-TRAUMATIC STRESS DISORDER Factsheet

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What are outcome assessment tools?

Standardised assessment tools are vital for assessing a range of variables including symptoms, functioning, and quality of life. They are often used within a controlled research environment, but high-quality assessment tools are also useful in practice for both clinical management and outcome prediction.

What is the evidence for outcome assessment tools for PTSD?

Moderate quality evidence finds a model comprising 4-factors of intrusions, avoidance, hyperarousal, and dysphoria/numbing yielded the best fit for clustering PTSD symptoms. Assessment measures for this model included the Clinician-Administered PTSD Scale, Harvard Trauma Questionnaire, Modified PTSD Symptom Scale, PTSD Checklist, PTSD Diagnostic Scale, PTSD Symptom Scale, SCID = Structured Clinical Interview for DSM-IV Diagnosis, Screen for Posttraumatic Stress Symptoms. Intrusions symptoms included intrusive thoughts of trauma, recurrent dreams of trauma, flashbacks, emotional reactivity to trauma cues, and physiological reactivity to trauma cues. Avoidance symptoms included avoiding thoughts of trauma and avoiding reminders of trauma. Hyperarousal symptoms included hypervigilance, exaggerated startle response, sleep disturbance, irritability, and difficulty concentrating. Dysphoria/numbing symptoms included inability to recall aspects of the trauma, loss of interest, detachment, restricted affect, and sense of foreshortened future. Sleep disturbance, irritability, and difficulty concentrating may also be classed as dysphoria symptoms.

Moderate to high quality evidence finds similar scores on clinician-administered and self-report PTSD rating scales in clinical trials. Subgroup analysis found a trend for more conservative scores on clinician-administered scales in trials of children and adolescents, but not in trials of adults.

There were weak to moderate correlations between increased Centrality of Event Scale scores (having a negative event central to one's identity and life story) and increased PTSD symptoms (avoidance, arousal, re-experiencing), post-traumatic growth, grief, trauma cognitions, memory vividness, emotional intensity, shame, physical reaction, depression, anxiety, negative trauma emotions, dissociation, neuroticism, life danger and injury traumas, female sex, and openness. There were no or very weak correlations between increased Centrality of Event Scale scores and decreased satisfaction with life, social support, extraversion, conscientiousness, and agreeableness. There were small to medium-sized associations between increased PTSD symptom scores and decreased mindfulness scores on the Five Facet Mindfulness Questionnaire.

Moderate to low quality evidence is unable to recommend the use of any particular scale for assessing outcomes in youth exposed to traumatic events. Scales assessed were; the Child Behaviour Checklist-PTSD, University of Los Angeles-Post-Traumatic Stress Disorder Scale – reaction index, Child PTSD Symptom Scale, Child Dissociative Checklist, Adolescent Dissociative Experiences Scale, Solution Focused Recovery Scale, Child and Youth Resilience Measure-28, Child and Youth Resilience Measure-12, Minnesota Multiphasic Personality Inventory-Adolescent, Beck Self-Concept Inventory for Youth, Adult Attachment Interview, Global Assessment of Functioning Scale, Children's Global Assessment of Functioning Scale, Adolescent Clinical Sexual Behaviour Inventory, Child Sexual Behaviour Inventory, Vineland Adaptive Behaviour Scale-II, Trauma Symptom Checklist for Young Children, Trauma Symptom Checklist for Young Children-Short Form, Assessment Checklist for Children, Brief Assessment Checklist for Children, Trauma Assessment for Young Children, Child Paediatric Emotional Distress Scale, Trauma Play Scale, Story Stem Assessment Profile, Dominic Interactive Assessment, Assessment Checklist for Adolescents, and the Brief Assessment Checklist for Adolescents.

For further information see the technical table



NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about PTSD or its treatment with your doctor or other health care provider.

HOW YOUR SUPPORT HELPS

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