

Instrument Title: Young Child PTSD Screen  
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## YOUNG CHILD PTSD SCREEN (YCPS)

Name \_\_\_\_\_ ID \_\_\_\_\_ Date \_\_\_\_\_

Write down the life-threatening traumatic event(s):

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Parent:

Below is a list of symptoms that children can have after life-threatening events. Circle the number (0-1) that best describes how often the symptom has bothered your child in the LAST 2 WEEKS.

	0 No	1 A little	2 A lot
1. Does your child have intrusive memories of the trauma(s)? Does s/he bring it up on his/her own?		0	1 2
2. Is your child having more nightmares since the trauma(s) occurred?		0	1 2
3. Does s/he get upset when exposed to reminders of the event(s)?  For example, a child who was in a car crash might be nervous while riding in a car now. Or, a child who was in a hurricane might be nervous when it is raining. Or, a child who saw domestic violence might be nervous when other people argue. Or, a girl who was sexually abused might be nervous when someone touches her.		0	1 2
4. Has s/he had a hard time falling asleep or staying asleep since the trauma(s)?		0	1 2
5. Has your child become more irritable, or had outbursts of anger, or developed extreme temper tantrums since the trauma(s)?		0	1 2
6. Does your child startle more easily than before the trauma(s)? For example, if there's a loud noise or someone sneaks up behind him/her, does s/he jump or seem startled?		0	1 2

## **SCORING (CUTOFF INDICATING THE NEED FOR CLINICAL ATTENTION)**

Two symptoms endorsed (either 1 or 2) is considered a positive screen and should be referred for treatment. A child with one only symptom endorsed is marginally positive and should be referred for further testing at a minimum.

## **PURPOSE**

The YCPS is intended to quickly screen for PTSD in the acute aftermath of traumatic events (2-4 weeks after an event) and/or in settings where there would not be time for longer assessments or more in-depth mental health assessment is not available. The screen is not intended for a general assessment of PTSD or to make a diagnosis.

## **YCPS BACKGROUND**

The structure of six items was based upon the desire to identify youth who have at least five PTSD symptoms. When young children are diagnosed with a developmentally sensitive algorithm (Scheeringa et al., 2003; Scheeringa, Zeanah, and Cohen, 2010), the average number of symptoms ranges from seven to 10, and clinical intervention trials typically require at least five symptoms for inclusion (Cohen et al., 2004; Scheeringa et al., in press).

Of the 17 PTSD symptoms, two of them are rarely if ever endorsed – sense of a foreshortened future and lack of memory for the event. If youth have five of the 15 remaining symptoms, the ratio of endorsed symptoms is one out of three. Thus, the minimal number of symptoms in the screen could be three symptoms but to ensure a margin of confidence it was decided to include six symptoms and require two symptoms to be endorsed for a positive screen.

The items were chosen empirically from data on 284 3-6 year old trauma-exposed children in a National Institute of Mental Health-funded study (R01 MH65884-01A1). Only items that occurred in at least 20% of the subjects were used in the process. Avoidance of external reminders was not used for two reasons: (1) distress at reminders was also being tested and if a person has avoidance of reminders they almost always also have distress at reminders. The only differences are in the chronology (avoidance is anticipatory) and severity (avoidance tends to signal greater severity). Having avoidance would be redundant with distress of reminders. (2) Avoidance of reminders is often a difficult item for caregivers to understand and rate accurately (Cohen and Scheeringa, 2009; Scheeringa, in press). This left eight items to consider, which were combined into 15 possible six-item combinations that included distress at reminders as one of the items. Next, the number of children who had at least five PTSD symptoms was calculated (n=165). Then the performance measures of sensitivity, specificity, positive predictive value (PPV) and negative predictive value (NPV) were calculated for all 15 six-item combinations with at least 5 symptoms as the gold standard (Table 1). Table 1 shows that when any combination of two out of six items counted as a “hit”, all of the combinations showed good sensitivity and NPV. However, of the four combinations that showed 100% sensitivity, only one was balanced with three items from criterion B (re-experiencing cluster) and three items from criterion D (increased arousal cluster) (b4b1b2d1d2d5). This would be the favored combination unless another combination had nearly equal sensitivity but superior specificity and PPV. The combination with the highest specificity was the b4b1b2d4d5d3 combination. But it was considered that hypervigilance (d4) would not be well-understood as a checklist item. Furthermore, sensitivity is usually considered relatively more important than specificity for screens because one is trying to identify those who need treatment (as opposed to avoid giving a treatment that can do harm to someone who doesn't need it). Therefore, the b4b1b2d1d2d5 was considered the best choice because of the highest sensitivity, the best balance among re-experiencing and increased arousal symptoms, and the easiest to understand items for a checklist measure.

The YCPS has not been used in a study yet. These wordings are derived from years of experience of conducting interviews and designing diagnostic interviews for PTSD with caregivers of young children in multiple research studies.

## **SCORING EXPLANATION**

Each item is scored on a 3-point Likert scale. However, the Likert scale was created only for administration purposes to give respondents a range of scores. For scoring, either “yes” answer (any 1 or 2) counts as a “yes”. Two “yes” answers is a positive screen. It was considered that if respondents were given only dichotomous choices to score they may not endorse mild to moderate symptoms. The total sum of scores is irrelevant.

**Table 1. Performance measures (n=284).**

6-item sets	Sensitivity	Specificity	PPV	NPV
b4b1b2d1d2d3	98.8%	42.0%	70.3%	96.2%
b4b1b2d1d2d4	98.2%	41.2%	69.8%	94.2%
b4b1b2d1d4d3	97.0%	51.3%	73.4%	92.4%
b4b1b2d4d2d3	98.8%	46.2%	71.8%	96.5%
b4b1d4d1d2d3	98.8%	40.3%	69.7%	96.0%
b4d4b2d1d2d3	98.8%	45.4%	71.5%	96.4%
b4b1b2d1d2d5*	100%	42.9%	70.8%	100%
b4b1b2d1d5d3	98.2%	52.1%	74.0%	95.4%
b4b1b2d5d2d3	99.4%	47.9%	72.6%	98.3%
b4b1d5d1d2d3	100%	41.2%	70.2%	100%
b4d5b2d1d2d3	100%	45.4%	71.7%	100%
b4b1b2d1d4d5	98.2%	54.6%	75.0%	95.6%
b4b1b2d4d5d3	96.4%	63.9%	78.7%	92.7%
b4b1d4d5d2d3	99.4%	51.3%	73.9%	98.4%
b4d4d5d1d2d3	100%	43.7%	71.1%	100%

Sensitivity=TP/TP+FN

Specificity=TN/TN+FP

PPV=Positive Predictive Value =TP/TP+FP

NPV=Negative Predictive Value =TN/TN+FN

TP=true positive; FP=false positive; TN=true negative; FN=false negative.

\*YCPS items

#### LITERATURE CITED

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