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Multi-informant assessment of maltreated children: Convergent and discriminant validity of the TSCC and TSCYC

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ABSTRACT

Objective: This study examined the convergent and discriminant validity of two trauma symptom measures, the Trauma Symptom Checklist for Children (TSCC) [Briere, J. (1996). *Trauma Symptom Checklist for Children (TSCC)*. Odessa, FL: Psychological Assessment Resources] and the Trauma Symptom Checklist for Young Children (TSCYC) [Briere, J. (2005). *Trauma Symptom Checklist for Young Children (TSCYC)*. Odessa, FL: Psychological Assessment Resources].
Methods: Children's scores on the TSCC and their caretakers' ratings on the TSCYC were analyzed in a study of 310 children presenting to one of two child abuse treatment centers.
Results: TSCC and TSCYC scales generally converged in their assessment of symptomatology in maltreated children. Equivalent scales measuring anxiety, depression, anger, dissociation, and sexual concerns were generally most correlated with one another. Similarly, the Posttraumatic Stress-Intrusion (PTS-I) scale of the TSCYC correlated highest with the Posttraumatic Stress (PTS) and Anxiety (ANX) scales of the TSCC, the TSCYC Posttraumatic Stress-Arousal (PTS-AR) scale was correlated with the TSCC ANX scale, and the TSCC PTS scale was most correlated with the TSCYC ANX, PTS-I, and Sexual Concerns (SC) scales. The TSCYC Posttraumatic Stress-Avoidance scale was unrelated to any TSCC scale. Discriminant function analysis revealed that the TSCC PTS scale was the best single predictor of sexual abuse-related PTSD status as identified by the TSCYC.
Conclusions: The TSCC and TSCYC display moderate convergent and discriminant validity with respect to one another, despite different information sources. Nevertheless, the relatively small association between relevant TSCC and TSCYC scales indicates that different symptom informants may have different perspectives on the child's symptomatology; an outcome that may be beneficial when both measures are administered simultaneously.
Practice implications: These results reinforce the notion that both child- and parent/caretaker report measures should be used in the evaluation of traumatized children, so that multiple sources of information can be considered simultaneously. In the current context, administration of the TSCC to the child and the TSCYC to the caretaker, when appropriate (i.e., in children 8–12 years of age) may yield more clinical information on the child's symptomatology than either measure would alone—perhaps especially in cases when one of the two respondents under- or over-reports the child's distress.

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Introduction

Childhood traumatic events, such as child abuse, peer assaults, natural disasters, and medically related trauma, are associated with a variety of negative mental health outcomes. These include anxiety, depression, posttraumatic stress, dissociation, oppositional behavior, suicidal and self-injurious behavior, anger and aggression, and sexual symptoms and age-inappropriate sexual behavior (e.g., Fergusson, Horwood, & Lynskey, 1996; Flannery, Singer, & Wester, 2001; Ford, 2002; Friedrich et al., 2001; Guterman, Cameron, & Hahm, 2003; Johnson et al., 2002; Lanktree, Briere, & Zaidi, 1991; Maida, Gordon, & Strauss, 1993; Saltzman, Pynoos, Layne, Steinberg, & Aisenberg, 2001).

As awareness of the potential impacts of traumatic events has grown, both generic and trauma-specific psychological tests have been employed by clinicians and researchers to evaluate possible trauma impacts in children. Generic instruments (e.g., the Child Behavior Checklist [CBCL; Achenbach, 1991]) assist in the evaluation of a range of relatively non-trauma-specific symptoms (e.g., depression and anxiety) that may arise from traumatic events. In contrast, trauma-specific child symptom measures (e.g., the Children's Impact of Traumatic Events Scale-Revised [CITES-R; Wolfe, Gentile, Michienzi, Sas, & Wolfe, 1991] and Trauma Symptom Checklist for Children [TSCC; Briere, 1996]) assess more directly related outcomes such as posttraumatic stress, dissociation, and reactive sexual behavior.

Despite their growing importance in the field, many trauma-specific instruments for children have not been normed or standardized, and, of those that have been standardized, several have yet to develop a significant record of validity studies. Trauma-specific tests also vary according to which informant is used to assess symptomatology. For example, some trauma measures are completed by the child, whereas others are based on parent/caretaker or teacher report of the child's symptomatology. This informant variability adds considerable complexity to the assessment process, since the potential advantages, disadvantages, and, ultimately, agreement between child- versus caretaker-report of child trauma symptoms have not been sufficiently evaluated at an empirical level.

In response to the relative paucity of studies on the relationship between child- and parent-report trauma measures, the present study examined two trauma-specific psychological tests—one a child self-report measure (the Trauma Symptom Checklist for Children; TSCC), and one a measure completed by the parent/caretaker (the Trauma Symptom Checklist for Young Children; TSCYC; Briere, 2005). It was hypothesized that, despite different informant sources, the TSCC and TSCYC would have convergent and discriminant validity at the scale level, that is, that similar scales would correlate highest between the measures, whereas dissimilar scales would be less related. It was also predicted, however, that different information sources would result in only small to moderate correlations between similar TSCC and TSCYC scales.

Methods

Procedure

Following initial screening, children between the ages of 8 and 12 years who were clients at one of two child abuse treatment centers were assessed for maltreatment exposure and psychological symptoms as part of their normal intake evaluation. Child clients completed the TSCC and primary caretakers completed the TSCYC at the first or second intake appointment. Although this procedure was standard clinical practice for both centers, approval from their respective institutional review boards was also obtained for chart review. In addition, informed consent was obtained from the caretaker and, when possible, assent was received from the child.

Participants

The initial sample consisted of 335 children, of whom 310 had relatively complete data on both TSCC and TSCYC scales. The mean age of the latter subsample was 9.7 years ($SD = 1.5$), and the majority were girls ($N = 208$, 67.1%). Of those for whom race/ethnicity data were available, 92 (41.6%) were Hispanic, 61 (27.6%) were Non-Hispanic Caucasian, 36 (16.2%) were Black/African American, 25 (11.3%) were multiracial, 4 (1.8%) were Asian, 2 (.9%) were American Indian, and 1 (.5%) was "other." Within this sample, 153 (49.4%) of children or their caretakers reported that the child had been sexual abused, 64 (20.6%) reported physical abuse, and 130 (41.9%) reported that the child had witnessed domestic violence between caretakers.

Measures

Two standardized trauma impact measures, one a child self-report and one a caretaker-report, were used in this study.

TSCC

The TSCC is a 54-item self-report test of posttraumatic symptomatology in children and adolescents, separately normed for boys and girls ages 8–12 and 13–16, with normative adjustments for 17 year olds. This measure consists of two validity scales, *Underresponse* (UND) and *Hyperresponse* (HYP), as well as six clinical scales: *Anxiety* (ANX), *Depression* (DEP), *Posttraumatic Stress* (PTS), *Sexual Concerns* (SC), *Dissociation* (DIS), and *Anger* (ANG). Each symptom-item is rated according to its frequency, using a four-point scale ranging from 0 ("never") to 3 ("almost all of the time"). The TSCC has been used in a variety of studies