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|----------------------|--------------------------------------------------------|
| MEASURE NAME: | Child Stress Disorders Checklist-Screening Form |
| Acronym: | CSDC-SF |



Basic Description

| | | | | | | | | | | | | | |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------|----|---------------------------------------|----|--|----|--|----|--|----|--|
| Author(s): | Glenn Saxe, M.D. | | | | | | | | | | | | |
| Author Contact: | Dr. Glenn Saxe, Chairman Department of Child and Adolescent Psychiatry Boston University School of Medicine Dowling 1 North, One Boston Medical Center Place Boston, MA 02118 | | | | | | | | | | | | |
| Author Email: | glenn.saxe@bmc.org | | | | | | | | | | | | |
| Citation: | Saxe, G.N., & Bosquet, M. (2004). Child Stress Disorders Checklist-Screening Form (CSDC-SF) (v. 1.0-3/04). National Child Traumatic Stress Network and Boston University School of Medicine: http://www.nctsn.org/nctsn_assets/acp/hospital/CSDC-Screening%20Form2.pdf | | | | | | | | | | | | |
| To Obtain: | The measure is available on the website listed below and through the first author (see "Author Contact" above and email below). | | | | | | | | | | | | |
| E-mail: | glenn.saxe@bmc.org | | | | | | | | | | | | |
| Website: | http://www.nctsn.org/nctsn_assets/acp/hospital/CSDC-Screening%20Form2.pdf | | | | | | | | | | | | |
| Cost per copy (in US \$): | \$0.00 | | | | | | | | | | | | |
| Copyright: | No | | | | | | | | | | | | |
| Description: | The Child Stress Disorders Checklist-Screening Form (CSDC-SF) is a 4-item observer report measure designed for use as a screening instrument to identify children at risk for having or developing Acute Stress Disorder (ASD) and/or Posttraumatic Stress Disorder (PTSD). It is based on the Child Stress Disorders Checklist (also reviewed in this database). The measure can be completed by multiple types of observers who may have contact with a child including caregivers, nurses, teachers, and social service workers. The measure yields a single score. | | | | | | | | | | | | |
| Theoretical Orientation Summary: | DSM-IV PTSD and Acute Stress Disorder symptomatology | | | | | | | | | | | | |
| Domains Assessed: | <table border="1"> <tr><td>1.</td><td>Acute Stress Disorder (child)</td></tr> <tr><td>2.</td><td>Posttraumatic stress symptoms (child)</td></tr> <tr><td>3.</td><td></td></tr> <tr><td>4.</td><td></td></tr> <tr><td>5.</td><td></td></tr> <tr><td>6.</td><td></td></tr> </table> | 1. | Acute Stress Disorder (child) | 2. | Posttraumatic stress symptoms (child) | 3. | | 4. | | 5. | | 6. | |
| 1. | Acute Stress Disorder (child) | | | | | | | | | | | | |
| 2. | Posttraumatic stress symptoms (child) | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | |
| Languages Available: | English | | | | | | | | | | | | |

| | | | |
|-------------------------|---------------------------------------------------------------------|------------------|---------------|
| Age Range: | 2.00 - 18.0 | Measure Type: | Screening |
| # of Items: | 4 | Measure Format: | Questionnaire |
| Time to Complete (min): | 5 | Reporter: | Other |
| Time to Score (min): | 2 | Education Level: | 6.00 |
| Periodicity: | 1 month (scale instructions are now or within the past month) | | |
| Response Format: | 0=not true, 1=somewhat or sometimes true, 2=very true or often true | | |

| | | | |
|----------------------------------------------------|-----|------------------|-------------------------|
| Materials Needed: <i>(check all that apply)</i> | Yes | Paper and pencil | Testing stimuli |
| | | Computer | Physiological equipment |
| | | Video equipment | Other |

Material Notes: Age range and education needed to complete the measure were determined through consultation with the authors and by examining the characteristics of those who participated in the psychometric studies.

The authors have examined psychometrics with children aged 6-18, but they are also collecting data on children aged 2-6 to determine the psychometrics with younger children. Time to complete and score are estimates.

| Sample Items: | | |
|----------------------|-------|--------------------------------------------|
| Domains | Scale | Sample Items |
| Total | | Child gets upset if reminded of the event. |
| | | |
| | | |
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| | | |
| | | |

Notes (additional scales and domains):
The first part focuses on identifying the traumatic event. The next four symptoms screen for Reexperiencing, Avoidance, and Arousal.

| | | | |
|-----------------------------------------------------|--------------------------------|--|---------------------------------|
| Information Provided: (check all that apply) | | | |
| | Diagnostic information DSM-III | | Standard Scores |
| | Diagnostic information DSM-IV | | Percentile |
| | Strengths | | Graph (e.g., of elevated scale) |
| Yes | Areas of concerns/risks | | Dichotomous assessment |
| | Program evaluation information | | Clinical friendly output |
| Yes | Continuous assessment | | Written feedback |
| Yes | Raw Scores | | Other |



Training

| | | | |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------|
| Training to Administer: (check all that apply) | Yes | None | Must be a psychologist |
| | | Via manual/video | Training by experienced clinician (<4 hours) |
| | | Prior experience psych testing & interpretation | Training by experienced clinician (≥4 hours) |
| Training to Interpret: (check all that apply) | | None | Must be a psychologist |
| | | Via manual/video | Training by experienced clinician (<4 hours) |
| | Yes | Prior experience psych testing & interpretation | Training by experienced clinician (≥4 hours) |
| Training Notes: | The authors report that the measure is not difficult to administer. Bachelor-level assistants can be trained to administer the measure. It was designed to be completed by parents, nurses, teachers, and social service workers. | | |



Parallel or Alternate Forms

| | |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Parallel Forms? | No |
| Alternate Forms: | No |
| Forms for Different Ages: | No |
| If so, are forms comparable: | |
| Any Altered Versions of Measure: | Yes |
| Describe: | The measure is based on the Child Stress Disorders Checklist, the full 30-item version (Saxe, 2001), which is also reviewed in this database and is available at: http://www.nctsn.org/nctsn_assets/acp/hospital/CSDC.pdf |



Population Used to Develop Measure

Psychometrics were examined with three subsamples (Bosquet, Saxe, & Kassam-Adams, 2004):

1. Burn victims (n=49):
Children were aged 6-17 (M=11.1, SD=3.3); 60% male, 40% female; 70% White; 15% African American, 10% Latino.
2. Acute injury Boston Medical Center (e.g., motor vehicle assault; n=43):
Children aged 7-18 (M=12.9, SD=3.6); 70% male, 30% female; 42% African American, 33% Caucasian, and 26% Latino.
3. Acute motor vehicle injury from Children's Hospital of Philadelphia (n=166):
Children aged 8-17 (M=11.1, SD=2.5); 77% male, 23% female; 49% African American, 46% Caucasian, 2% Latino.



Psychometrics

| | |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Global Rating (scale based on Hudall Stamm, 1996): | |
| Basic properties established by author(s) | |
| Norms: | No |
| For separate age groups: | |
| For clinical populations: | |
| Separate for men and women: | |
| For other demographic groups: | |
| Notes: | |
| Clinical Cutoffs: | Yes |
| Specify Cutoffs: | It is recommended that children with a score of 1 or more be referred for a more comprehensive assessment (Bosquet et al., 2004). |
| Used in Major Studies: | No |
| Specify Studies: | |

Reliability:

| Type: | Rating | Statistics | Min | Max | Avg |
|---------------------------|------------|---------------------|------|------|------|
| Test-Retest-# days: 2 | Acceptable | Pearson correlation | 0.77 | 0.77 | 0.77 |
| Internal Consistency: | Acceptable | Cronbach's alpha | 0.84 | 0.84 | 0.84 |
| Inter-Rater: | Acceptable | Pearson correlation | 0.49 | 0.49 | 0.49 |
| Parallel/Alternate Forms: | | | | | |

Notes:

Data reported in the above table are summarized from Bosquet et al. (2004).

TEST-RETEST RELIABILITY (2 days)
 Conducted with a subsample of 45 parents (r=.77).

INTERNAL CONSISTENCY (alpha)
 Total score (.84)
 (Note: the measure was administered to parents and nurses. It appears parent and nurse reports were combined for internal consistency reliability analyses.)

In another analysis with another sample, involving only parents, internal consistency was reported as alpha=.76.

INTERRATER RELIABILITY
 Parents x Nurses: Total (.49)

Content Validity:

The authors report that the CSDC-SF was developed from the full CSDC using methods for scale development. No other information was provided regarding content validity.

Construct Validity: (check all that apply)

| Validity Type | Not known | Not found | Nonclinical Samples | Clinical Samples | Diverse Samples |
|--------------------------------------------|-----------|-----------|---------------------|------------------|-----------------|
| Convergent/Concurrent | | | | Yes | Yes |
| Discriminant | | | | Yes | Yes |
| Sensitive to Change | | | | | |
| Intervention Effects | | | | | |
| Longitudinal/Maturation Effects | | | | | |
| Sensitive to Theoretically Distinct Groups | | | | | |
| Factorial Validity | | | | | |

Notes: Bosquet et al. (2004) examined the psychometric properties of the CSDC-SF with children who experienced burns and motor vehicle accidents (see "Population Used to Develop Measure" for descriptions of the samples involved [samples 1 & 2]).

1. For parent report, significant correlations were found between the CSDC-SF and the Child Behavior Checklist PTSD Scale (CBCL-PTSD): r=.38, p<.001
 Child Dissociation Checklist (CDC): r=.38, p<.001
 Child PTSD Reaction Index (CPTSD-RI): r=.28 p<.01; r=.35, p<.05

They were not found for the Diagnostic Interview for Children and Adolescents (DICA): $r=.04$. Discriminative validity was shown by non-significant correlations with the CBCL Thought Problems and CBCL Delinquency Scales ($r=.13$ for both).

2. For nurse report, significant correlations were also found between the CSDC-SF and the CBCL-PTSD ($r=.32$, $p<.05$), CDC ($r=.35$, $p<.05$), and DICA ($r=.32$, $p<.05$). They were not found for the CPTSD-RI.

Discriminative validity was shown by non-significant correlations with the CBCL Thought Problems and CBCL Delinquency Scales ($r=.11$ and $.12$, respectively).

Criterion Validity: (check all that apply)

| | | | | | |
|-----------------------------|---------------------------------------------------------------------------------------------|-----------|---------------------|------------------|-----------------|
| Measures used as criterion: | Diagnostic Interview for Children and Adolescents (DICA), CBCL-PTSD, CDC, CAPS-CA, CPTSD-RI | | | | |
| | Not known | Not found | Nonclinical Samples | Clinical Samples | Diverse Samples |
| Predictive Validity: | | | | Yes | Yes |
| Postdictive Validity: | | | | | |

| |
|----------------------------|
| Sensitivity Rate(s): |
| Specificity Rate(s): |
| Positive Predictive Power: |
| Negative Predictive Power: |

Notes: From Bosquet et al. (2004):

- Parents' reports on the CSDC-SF were related to CPTSD-RI, CBCL-PTSD, and CDC scores 3 months later. They were also related to child and parent report on the DICA 3 months later and to Child DICA scores 6 months later.
- Nurses' reports on the CSDC-SF were related to parent and child DICA 3 months later ($r=.49$, $p<.01$ and $r=.43$, $p<.05$, respectively).
- In another sample of 166 children with motor vehicle accidents, parents' scores on the CSDC-SF were related to CAPS-CA scores assessed 3-13 months postinjury ($r=.38$, $p<.001$). Children who met full or partial PTSD at follow-up were also found to have greater CSDC-SF scores.

Limitations of Psychometrics and Other Comments Regarding Psychometrics:

Initial development data indicates adequate reliability and validity. Further validation with broader samples of children would be useful including use with other trauma populations and diverse samples. In addition, data regarding the measure's ability to detect change due to treatment are needed.

Consumer Satisfaction

No information.



Languages Other than English

| Language: | Translation Quality (check all that apply) | | | | | | |
|-----------|--------------------------------------------|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |



Use with Trauma Populations

| Populations for which measure has demonstrated evidence of reliability and validity: | | | |
|--------------------------------------------------------------------------------------|--------------------|-----|----------------------------|
| | Physical abuse | | Natural disaster |
| | Sexual abuse | Yes | Accidents |
| | Neglect | | Imprisonment |
| | Domestic Violence | | Witness death |
| | Community violence | | Assault |
| Yes | Medical trauma | | War/combat |
| | | | Terrorism |
| | | | Immigration related trauma |
| | | | Kidnapping/hostage |
| | | | Traumatic loss (death) |
| | | Yes | Other |



Use with Diverse Populations

| USE WITH DIVERSE POPULATIONS RATING SCALE | | | | | | |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---|---|---|---|---|
| 1. Measure is known (personal communication, conference presentation) to have been used with members of this group. | | | | | | |
| 2=Studies in peer-reviewed journals have included members of this group who have completed the measure. | | | | | | |
| 3=Measures have been found to be reliable with this group. | | | | | | |
| 4=Psychometric properties well established with this group. | | | | | | |
| 5=Norms are available for this group (or norms include a significant proportion of individuals from this group) | | | | | | |
| 6=Measure was developed specifically for this group. | | | | | | |
| Population Type: | Degree of Usage: (check all that apply) | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1. Developmental disability | | | | | | |
| 2. Disabilities | | | | | | |
| 3. Lower socio-economic status | | | | | | |
| 4. Rural populations | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| Notes (including other diverse populations): | | | | | | |
| | | | | | | |



Pros and Cons/Qualitative Impression

Pros:

1. The measure is unique in screening for Acute Stress Disorder and Posttraumatic Stress Disorder using only 4 items.
2. The measure is based on DSM-IV criteria for Acute Stress Disorder and Posttraumatic Stress Disorder.
3. Preliminary psychometrics appear to be promising in terms of the measure's ability to predict future dysfunction.
4. The measure is free and easily available.

Cons:

1. Psychometrics have been examined through only one study presented as a poster. As of 8/05, there were no published studies.
2. The measure has yet to be examined in terms of ability to detect change due to treatment and relationship to diagnostic classifications (Sensitivity and Specificity).
3. The authors suggest the measure is appropriate for children aged 2-18, given that this is the age range for the full CSDC. However, the measure may not be appropriate for younger children and has not been examined with children under age 6.

THIS IS NOT A CON, JUST INFORMATION: For many of the items, the wording refers to "the event," suggesting that the measure was not designed for a chronic or multiply traumatized population. It was designed to screen for ASD and PTSD symptoms following an event.



References (Representative sampling of publications, presentations, psychometric references)

Published References:
 A PsychInfo search for "Child Stress Disorders Checklist-Screening Form" or "CSDC-SF" anywhere and consultation with the author revealed that as of 8/05 the measure has not been referenced in any peer-reviewed journal articles.
 Note: The full CSDC has been referenced in 3 articles.

Unpublished References:
 A PsychInfo search for "Child Stress Disorders Checklist-Screening Form" or "CSDC-SF" anywhere revealed that as of 8/05 the measure has been referenced in 1 conference and 0 dissertations.
 1. Bosquet, M. Saxe, G.N., & Kassam-Adams, N. (2004). A 4-item screener for ASD and PTSD in children. Poster presented at the meeting of the International Society for Traumatic Stress Studies, New Orleans, Louisiana.

| | |
|--------------------------------------------------------------------------------------------------------------------------------------|---|
| Number of Published References: (based on author provided information and a PsychInfo search, not including dissertations) | 0 |
| Number of Unpublished References: (based on a PsychInfo search of unpublished doctoral dissertations) | 1 |



Author Comments:
 The author provided comments on the review, which were integrated.

| | |
|-----------------------------|----------------------------|
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