Child PTSD Symptom Scale: Scoring

Summary
The CPSS is used to measure post traumatic stress disorder severity in children aged 8-18. It is made up of 17 items in part 1 and 7 items in part 2. It takes approximately 20 minutes to administer as an interview measure (by a clinician or a therapist) and 10 minutes to complete as a self-report. Versions are available in English and Spanish.

Author/publisher details
CPSS: Foa et al., (2001)

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Description
The CPSS maps on DSM-IV criteria, and yields a PTSD total score as well as scores on the re-experiencing, avoidance and hyperarousal subscales. The CPSS has 24 items, 17 of which correspond to the DSM-IV symptoms. In the first part of the questionnaire, respondents are asked to "fill in the number that best describes how often that problem has bothered [him/her] IN THE LAST TWO WEEKS." Answers are on a Likert-type scale. 0 is not at all, 1 is once a week or less/once in a while, 2 is 2 to 4 times a week/half the time, and 3 is 5 or more times a week/almost always. In the second part of the questionnaire, respondents are asked about functional impairment, or how much the problems indicated in section one have interfered with specific areas of life. These 7 questions are scored dichotomously as absent (0) or present (1). Scores range from 0 -- 7, with higher scores indicating greater functional impairment.

The CPSS can stand alone as a diagnostic tool for childhood and adolescent PTSD, but can also be given as part of a battery of other measures, such as the BDI or the Children's
Global Assessment Scale (CGAS), that indicate other factions of psychopathology.

Languages

Versions are available in English and Spanish.

Please contact the author for Spanish version and information on this translation.

Scoring and Psychometrics

Scoring Each of the 17 items corresponding to the DSM-IV criteria is rated on a scale from 0 to 3; thus, the total score ranges from 0 to 51. This measure is appropriate for children ages 8-18 years, and provides a total score as well as a score for each of three symptom subscales.

Psychometrics In the original article, (Foa et al., 2001) a clinical cutoff score of greater or equal to 11 was established by inspecting the distribution of total scale scores for children with high and low PTSD symptoms. This yielded 95% sensitivity and 96% specificity. However, clinical experiences suggest that a cutoff of 15 is more appropriate for determining PTSD.

Internal consistency ranged from .70 - .89 for the total and subscales symptom scores. Test-retest reliability was good to excellent (.84 for the total score, .85 for reexperiencing, .63 for avoidance and .76 for hyperarousal). Convergent validity was high: the CPSS correlated .80 with the Child Posttraumatic Stress Reaction Index (Pynoos et al., 1987). A discriminant functional analysis indicated that a linear combination of the three subscales significantly discriminated between diagnostic groups (Wilks lambda = .33, X2 (3) = 79.1, p<.0001). The CPSS subscales correctly classified 94.7% of the cases.

Key/Core References


Further Information

See paper or contact author: Edna Foa foa@mail.med.upenn.edu
View manual
This is a self explanatory self report tool or can be administered as an interview. There are no specific administration instructions. For details on interpretation see above information or consult the references.

View tool
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