YOUNG CHILD PTSD CHECKLIST (YCPC)

1-6 years

Name _____ ID _____ Date _____

TRAUMATIC EVENTS

AN EVENT MUST HAVE LED TO SERIOUS INJURY OR BE PERCEIVED AS IF IT COULD HAVE LED TO SERIOUS INJURY TO THE CHILD, OR TO ANOTHER PERSON (USUALLY A LOVED ONE) AND THE CHILD WITNESSED IT, AND IS USUALLY SUDDEN AND/OR UNEXPECTED.

0 = Absent 1 = Present

Frequency is the number of events the child can remember. Generally, children start remembering events around 3 years of age.

			First Onset	Frequency	Latest Onset
P1. Accident or crash with automobile, plane or boat.	0	1	___/_____/___	_____	___/_____/___
P2. Attacked by an animal.	0	1	___/_____/___	_____	___/_____/___
P3. Man-made disasters (fires, war, etc)	0	1	___/_____/___	_____	___/_____/___
P4. Natural disasters (hurricane, tornado, flood)	0	1	___/_____/___	_____	___/_____/___
P5. Hospitalization or invasive medical procedures	0	1	___/_____/___	_____	___/_____/___
P6. Physical abuse	0	1	___/_____/___	_____	___/_____/___
P7. Sexual abuse, sexual assault, or rape	0	1	___/_____/___	_____	___/_____/___
P8. Accidental burning	0	1	___/_____/___	_____	___/_____/___
P9. Near drowning	0	1	___/_____/___	_____	___/_____/___
P10. Witnessed another person being beaten, raped, threatened with serious harm, shot at seriously wounded, or killed.	0	1	___/_____/___	_____	___/_____/___
P11. Kidnapped	0	1	___/_____/___	_____	___/_____/___
P12. Other: _____	0	1	___/_____/___	_____	___/_____/___

YCPC

ID _____ Date _____

Write down ALL the life-threatening traumatic events (if Traumatic Events page not used, Rater writes in the events from interview):

_____

_____

Parent:
Below is a list of symptoms that children can have after life-threatening events. Circle the number (0-4) that best describes how often the symptom has bothered your child in the LAST 2 WEEKS.

0	1	2	3	4
Not at all	Once a week or less/ once in a while	2 to 4 times a week/ half the time	5 or more times a week/ almost always	Everyday

1. Does your child have intrusive memories of the trauma? Does s/he bring it up on his/her own?	0	1	2	3	4
2. Does your child re-enact the trauma in play with dolls or toys? This would be scenes that look just like the trauma. Or does s/he act it out by him/herself or with other kids?	0	1	2	3	4
3. Is your child having more nightmares since the trauma(s) occurred?	0	1	2	3	4
4. Does your child act like the traumatic event is happening to him/her again, even when it isn't? This is where a child is acting like they are back in the traumatic event and aren't in touch with reality. This is a pretty obvious thing when it happens.	0	1	2	3	4
5. Since the trauma(s) has s/he had episodes when s/he seems to freeze? You may have tried to snap him/her out of it but s/he was unresponsive.	0	1	2	3	4
6. Does s/he get upset when exposed to reminders of the event(s)?	0	1	2	3	4

For example, a child who was in a car wreck 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.

7. Does your child get physically distressed when exposed to reminders? Like heart racing, shaking hands, sweaty, short of breath, or sick to his/her stomach?"	0	1	2	3	4

Think of the same type of examples as in #6.

0	1	2	3	4
Not at all	Once a week or less/ once in a while	2 to 4 times a week/ half the time	5 or more times a week/ almost always	Everyday

8. Does your child try to avoid conversations that might remind him/her of the trauma(s)? For example, if other people talk about what happened, does s/he walk away or change the topic?	0	1	2	3	4
9. Does your child try to avoid things or places that remind him/her of the trauma(s)? For example, a child who was in a car wreck might try to avoid getting into a car. Or, a child who was in a flood might tell you not to drive over a bridge. Or, a child who saw domestic violence might be nervous to go in the house where it occurred. Or, a girl who was sexually abused might be nervous about going to bed because that's where she was abused before.	0	1	2	3	4
10. Does your child have difficulty remembering the whole incident? Has s/he blocked out the entire event?	0	1	2	3	4
11. Has s/he lost interest in doing things that s/he used to like to do since the trauma(s)?	0	1	2	3	4
12. Since the trauma(s), does your child show a restricted range of emotions on his/her face compared to before?	0	1	2	3	4
13. Has your child lost hope for the future? For example, s/he believes will not have fun tomorrow, or will never be good at anything.	0	1	2	3	4
14. Since the trauma(s) has your child become more distant and detached from family members, relatives, or friends?	0	1	2	3	4
15. Has s/he had a hard time falling asleep or staying asleep since the trauma(s)?	0	1	2	3	4
16. Has your child become more irritable, or had outbursts of anger, or developed extreme temper tantrums since the trauma(s)?	0	1	2	3	4
17. Has your child had more trouble concentrating since the trauma(s)?	0	1	2	3	4
18. Has s/he been more "on the alert" for bad things to happen? For example, does s/he look around for danger?	0	1	2	3	4
19. 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	3	4
20. Has your child become more physically aggressive since the trauma(s)? Like hitting, kicking, biting, or breaking things.	0	1	2	3	4
21. Has s/he become more clingy to you since the trauma(s)?	0	1	2	3	4

0	1	2	3	4
Not at all	Once a week or less/ once in a while	2 to 4 times a week/ half the time	5 or more times a week/ almost always	Everyday

22. Did night terrors start or get worse after the trauma(s)? Night terrors are different from nightmares: in night terrors a child usually screams in their sleep, they don't wake up, and they don't remember it the next day.	0	1	2	3	4
23. Since the trauma(s), has your child lost previously acquired skills? For example, lost toilet training? Or, lost language skills? Or, lost motor skills working snaps, buttons, or zippers?	0	1	2	3	4
24. Since the trauma(s), has your child developed any new fears about things that <u>don't seem related</u> to the trauma(s)? What about going to the bathroom alone? Or, being afraid of the dark?	0	1	2	3	4

FUNCTIONAL IMPAIRMENT

Do the symptoms that you endorsed above get in the way of your child's ability to function in the following areas?

0	1	2	3	4
Hardly ever/ none	Some of the time	About half the days	More than half the days	Everyday

25. Do (symptoms) substantially "get in the way" of how s/he gets along with you, interfere in your relationship, or make you feel upset or annoyed?	0	1	2	3	4
26. Do these (symptoms) "get in the way" of how s/he gets along with brothers or sisters, and make them feel upset or annoyed?	0	1	2	3	4
27. Do these (symptoms) "get in the way" with the teacher or the class more than average?	0	1	2	3	4
28. Do (symptoms) "get in the way" of how s/he gets along with friends at all – at daycare, school, or in your neighborhood?	0	1	2	3	4
29. Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child?" Is it harder to go out with your child to places like the grocery store? Or to a restaurant?	0	1	2	3	4
30. Do you think that these behaviors cause your child to feel upset?	0	1	2	3	4

A CAUTION

PTSD is one of the more difficult disorders for which to assess and a checklist (as opposed to an interview with the assistance of an interviewer) is guaranteed to lead to some inaccurate responses. These challenges have been written about elsewhere (Cohen and Scheeringa, 2009; Scheeringa, 2011). This checklist is not recommended when a structured interview with a well-trained interviewer is available and feasible. This is not meant to make diagnoses of PTSD. This checklist is intended for specific research purposes, quick repeated assessments during treatment, or for large-scale efficient means of measurement.

YCPC BACKGROUND

The Traumatic Events page is important to include before administering the symptom portion because it is important to know all of the traumatic events one has experienced that may be linked to symptoms. There is a natural tendency to avoid remembering painful events. Events in the more distant past may be more difficult to recall. This page provides a systematic menu to facilitate recall of all events.

Symptoms are scored for totality of events in contrast to many other checklists that rate for only one event.

The item descriptors are longer than those in other PTSD checklists because of multiple concerns that respondents misunderstand these symptoms (Cohen and Scheeringa, 2009; Scheeringa, 2011). Relative to other disorders, many PTSD symptoms tend to be more complicated because they are abstract, require two- or three-step connections to past events. Furthermore, many caregivers do not have PTSD, so they do not have a frame of reference to understand these symptoms in their children. Everyone understands straightforward symptoms like depression or hyperactivity, but not everyone understands, for example, transient anticipatory avoidance of a triggered reminder in the present that somewhat resembles a life-threatening event from the past. For distress at reminders and avoidance of reminders in particular, the triggers are unique to each person's event. Therefore, lists of potential triggers are written out for different types of traumatic events to try to jog caregivers' memories for these transitory symptoms.

SCORING

Sum the scores from items 1-24. Suggested cutoffs are based on two tiers. The highest tier is a "probable diagnosis" level. Young children with a diagnosis by developmentally-sensitive alternative criteria for PTSD in a clinic sample tend to have about 10 symptoms (Scheeringa et al., 1995). However there are five extra items (items 20-24) beyond the DSM-IV symptoms in this checklist, so this would translate into approximately 13 symptoms. If the symptoms averaged a score of 2, this would translate into a Total score of 26. The lower tier is a "clinical attention" level. Even when youth do not have enough symptoms for a diagnosis, they can still have symptoms and functional impairment (Scheeringa et al., 2005), and would benefit from treatment. This is conceptualized at the 6-symptom level (approximately four DSM-IV symptoms plus two extra from items 20-24), or a Total score of 12.

	Items	Clinical Attention Cutoff	Probable Diagnosis Cutoff
Re-experiencing	1-7	4	8
Avoidance and numbing	8-14	2	4
Increased arousal	15-19	4	10
Total	1-24	12	26
Functional impairment	25-30	2	4

REFERENCES

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