Comparison of assessment tool constructs

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In this paper two different of Assessment Tool Constructs be looked at, Detailed Assessment of Posttraumatic Stress (DAPS) and PTSD-Interview. The Detailed Assessment of Posttraumatic Stress (DAPS) is a 104-item self-report measure assessing exposure to trauma and posttraumatic response. The second assessment tool to be discussed is the PTSD-Interview by Watson. Both tools are self-report measures. This paper will discuss reliability and validity, interpretation of results and the analysis of effectiveness.

Reliability and Validity

The Detailed Assessment of Posttraumatic Stress (DAPS) is intended to be used by those who have experience a momentous psychological stressor. It contains 13 scales and has two validity scales constructed to identify individuals who do not disclose or fail to fully report their systems, alone with those who report with unreasonably emphasis. Three types of evidence are provided in support of the validity of scores from the DAPS: the relationship of DAPS scores with conceptually important variables, its convergence with similar measures, and its discrimination from less-related measures (Briere, 2001). In reference variables having theoretical meaning, the DAPS scales scores were allied with the total number of traumas individuals experienced, type of trauma, and versus interaction not involving individuals, and the amount of distress experienced at the time of the trauma, to determine if the scales were associated with these variables in the manner suggested by the existing literature (Briere, 2001). Clinical/community sample and a university sample are forms of reliability provided. Cronbach's alpha is the only type of

reliability information provided in reference to internal consistency. Major of the evidence goes in favor of the test utility for the purpose for which it is stated.

The PTSD-Interview produce both dichotomous and continuous scores. Reports of high test-retest reliability (. 95), internal stability (alpha = . 92), sensitivity (. 89), specificity (. 94), and kappa (. 82) recommend this instrument for use in diagnosing PTSD (Watson, Juba, Manifold, Kucala & Anderson 1991). The PTSD-Interview differs from other clinical instrument sin that individuals make their own ratings of symptom. The 17 assessment questions were written to closely resemble the PTSD symptoms, as described in DSM-lll-R PTSD Sections B, C, and D. individuals are required to answer the question in a Likert rating scale that range from 1-no/never to 7-extremely/always. The Total score test-retest reliability coefficient was . 95. Helzer's (1985) Y statistic was used to assess agreement between the original and retest PTSD-positive/negative categorizations (As cited in Watson, Juba, Manifold, Kucala & Anderson 1991). The coefficients were . 61 and 1. 00, respectively. Twenty-seven of the 31 individuals subjected to the PTSD positive/negative evaluations were showed resemblance on first and second assessments. These data indicate that the PTSD-I items, their Total scores, and diagnostic judgments based on term generally have substantial test-retest stability, although the consistencies of some individual items over time (especially flashbacks and loss of interest) were modest (Watson, Juba, Manifold, Kucala & Anderson 1991). The alpha internal consistency coefficient were high, . 92, suggesting that as a whole the items measure the

same construct. The PTSD Interview is much like the DAPS in that it has much in common with self-report questionnaires

Interpretation of Results

The posttraumatic stress scale of the DAPS asses the degree an individual is experiencing the clusters of symptoms on PTSD and acute stress disorder (ASD). It also assesses the general severity of the posttraumatic stress symptoms, and the impact the symptoms may be having on an individual's overall psychosocial functioning. The DAPS scores tells us the amount of distress experienced at the time of the trauma, number of lifetime traumas experienced, the degree to which an individual has been exposure to trauma. The result can also be used to interpret and individual's symptomatic response to a specific traumatic event including feelings and thoughts that occurred throughout the incident or soon after. It also reveals posttraumatic symptoms that occurred at a later time that deals with constantly thinking about the events, dodging, and automatic psychologicalandphysiologicaltensionsuch as exaggeration, anxiety and insomnia. The DAPS also assesses suicidality, posttraumatic and substance abuse. The interpretation will point out the likelihood of these being present.

The PTSD-Interview (PTSD-1)) was designed be a semi-structured interview that can change accordingly to allow clinicians to make an analysis of PTSD as well as get an estimate of the extent of how bad or intense the symptoms. The object of the test is to conclude whether a symptom is there and assess the current degree of that symptom. The result are based on a rating scale and goes as follows (to name a few): disturbing thoughts that are trauma-

related or images that causes distress, rate of frequency and severity of nightmares as well as bad dreams that are in connection with trauma in the past two weeks, and flashbacks to be rated by severity and frequency. etc. This information can point out, among other things, a diagnosis of acute stress disorder (ASD) or potential posttraumatic stress disorder , as well as the degree of posttraumatic symptoms (Sbordone, Saul, Purisch, & Sbordone, 2007). When the PSS-I is completed, individuals should link the syptom to a single indentified target trauma, the one causing the most current distress (Baldwin, C. L. 1994)

Analysis of Effectiveness

The DAPS assess all DSM-IV analytical criteria for PTSD, including distress exposure, the 17 PTSD symptoms, and the level of practical impairment (Foa, Keane, Friedman, 2000). The DAPS preliminary psychometric examination are promising, interior stability was excellent, with high alpha coefficients for all scales apart from and Trauma Exposure and Negative Bias. The response bias scales verified good discriminate and convergent validity with other self-report measures of response validity, and clinical scales demonstrated good convergent and discriminate validity with other self-report measure of PTSD, and other types of psychopathology (Foa, Keane, Friedman, 2000). Thorough evaluation of various associated features of PTSD, the availability of normative data and peritraumatic responses, it main advantage are the complete coverage of all PTSD diagnostic criteria, inclusion of response validity scale.

Studies have support the use of the PTSD-1 as a stress disorder measure. Watson found significant relationships between post-traumatic stress disorder-positive/negative evaluations based on the Interview and the MMPI PTSD subscale (Baldwin, C. L. 1994). The correspondence was substantial when stress disorder patients were compared to normal but predictably more modest when PTSDs were compared to other psychiatric patients. it is intriguing to note that the kappas, sensitivities, specificities, overall hit rates, and bi-serial correlations reported here on the PTSD-1 are all as large or larger than those located on any other PTSD instrument (Berg, Watson, Nugent, Gearhart, Juba & Anderson, 1994).

Conclusion

It contains 13 scales and has two validity scales constructed to identify individuals who do not disclose or fail to fully report their systems. The PTSD-Interview differs from other clinical instrument. The DAPS scores tells us the amount of distress experienced at the time of the trauma, number of lifetime traumas experienced, the degree to which an individual has been exposure to trauma. sin that individuals make their own ratings of symptom. It produces both dichotomous and continuous scores. The object of PTSD Interview test is to determine whether a symptom is present and evaluate the current severity of that symptom.

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