

Validation of the UCLA PTSD Reaction Index for DSM-5: A Developmentally-Informed Assessment Tool for Youth

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ABSTRACT

Objective: To describe the test construction procedure and evaluate the internal consistency, criterion-referenced validity, and diagnostic accuracy of the Child/Adolescent Self-Report Version of the UCLA PTSD Reaction Index for DSM-5 (RI-5) across two independent samples.

Method: Study 1 examined the clarity, developmental appropriateness, acceptability of individual RI-5 items, and the internal consistency and criterion-referenced validity of the full test. The Study 1 sample included 486 youth recruited from two major U.S. cities who completed both the RI-5 and a measure of depression. Study 2 evaluated the reliability and diagnostic accuracy of the RI-5 in 41 treatment-seeking youth who completed the RI-5 and a “gold standard” structured diagnostic interview, the Clinician-Administered PTSD Scale for DSM-5–Child/Adolescent Version. **Results:** RI-5 total-scale scores showed excellent internal consistency in both samples. Study 1 provided evidence of criterion-referenced validity, in that total-scale scores correlated positively with depressive symptoms. Study 2 provided evidence of diagnostic accuracy (including discriminant-groups validity). RI-5 total scores discriminated between youth with, versus without, PTSD as benchmarked against the structured diagnostic interview. Further, ROC analyses using a total score of 35 provided excellent diagnostic classification accuracy (AUC = .94). **Conclusion:** The developmental appropriateness and diagnostic accuracy of the RI-5 supports its utility for clinical assessment, case conceptualization, treatment planning, and monitoring treatment outcome in a variety of child serving systems, including schools, juvenile justice, child welfare, and community health and mental health.

A developmentally-informed child self-report measure of *DSM-5* PTSD that exhibits good internal consistency, criterion-referenced validity, and diagnostic accuracy in predicting PTSD carries important implications for a range of child-service settings. Given evidence regarding the high prevalence of trauma among U.S. students, associated rates of PTSD, and the potential interference of trauma and PTSD with learning, school districts can benefit from adopting developmentally-informed, psychometrically-sound, and efficient tools with which to evaluate PTSD. For example, the *RI-5* can be used to conduct school- and district-level *situation analysis* (estimating prevalence rates of specific trauma types), *needs assessment* (estimating prevalence rates of PTSD among students), and *strategic planning* (regarding how to meet identified needs using school-based interventions). The *RI-5* can also guide case formulation and treatment planning by using individualized test profiles to tailor intervention according to youths’ trauma history, trauma specific details, and symptom profile.