



Assessing the Multiple Causes of Trauma Across the Age Span

Questions & Answers

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Q: When was the PASS-12 developed and released?

A: The items on the Pandemic Anxiety Screener for Students-12: Research Edition (PASS-12) are part of a larger data collection project for a test in development at the time of publication (Feifer, 2020) and are designed to measure symptoms of trauma in children ages 4 to 18 years as reported by their caregivers.

The PASS-12 released in October 2020.

Q: What is the age range for the PASS-12?

A: Ages 4 to 18 years.

Q: Is the PASS-12 available for students?

A: No. The PASS-12 is a caregiver report; a self-report form is not yet available.

Q: Can you provide information about the normative data for the PASS-12?

A: The standardization sample for the PASS-12: Parent Form consists of 254 caregiver reports of 254 children between the ages of 4 and 18 years.

To learn more, view the [PASS-12 Technical Paper](#).

Q: Is the PASS-12 available in any other languages?

A: No. The PASS-12 is only available in English and was normed in the U.S.

Q: Is there a sample of the PASS-12 that can be viewed online prior to purchase?

A: Yes. The [PASS-12 Sample Report](#) is available on the Resources page of the [PASS-12 product page](#) on parinc.com.



Q: What is the cost of the PASS-12?

A: Administration and scoring for the PASS-12 are available exclusively on [PARiConnect](#). I-Admins (\$.50 each) provide on-screen test administration either in your office or remotely. Score reports (\$0.50 each) provide scores and profiles based on response data from an i-Admin.

Q: On the Detailed Assessment of Posttraumatic Stress (DAPS), is there any data to support reliability and validity for a military population?

A: The DAPS Professional Manual provides data from the normative sample of trauma-exposed adults from the general population as well as two validity samples: trauma-exposed adults in a clinical/community sample and a university validity sample. Research has utilized the DAPS with military populations (e.g., [Irwin, et. al \[2014\]](#)) but a normative sample is not presented in the manual.

Q: Is there a sample of results/scoring available?

A: Yes. A [DAPS Sample Report](#) is available on the [DAPS product page](#) on parinc.com.

Q: Can you summarize the difference between the DAPS and the TSI-2?

A: The [DAPS](#) assesses a specific traumatic event and yields a potential diagnosis of PTSD and/or acute stress disorder while the Trauma Symptom Inventory-2 ([TSI-2](#)) evaluates a range of psychological sequelae often comorbid with traumatic event exposure.

The DAPS provides detailed information about an individual's symptomatic responses to a specific traumatic event. This includes feelings and thoughts that occurred during or soon after the event as well as later posttraumatic symptoms involving intrusive reliving of the event, avoidance, and autonomic hyperarousal. It also evaluates for



posttraumatic dissociation, suicidality, and substance abuse. The DAPS also may identify individuals at risk for self-destructiveness and serious substance abuse.

The [TSI-2](#) is a self-report instrument designed to evaluate posttraumatic stress and other psychological sequelae of traumatic events in adults ages 18 and older. It includes three scales (Insecure Attachment, Somatic Preoccupations, and Suicidality) and several subscales, as well as four summary factors (Self-Disturbance, Posttraumatic Stress, Externalization, and Somatization). Items also assess clients' tendencies to deny symptoms that are commonly endorsed, to over-endorse unusual or bizarre symptoms, or to respond in a random manner; the instrument also addresses malingering.

Q: Do these materials incorporate assessment for the proposed Developmental Trauma Disorder as proposed by Bessel Van Der Kolk, MD?

A: To the best of our knowledge, these do not include DTD.

Q: Please speak about the caregivers for the TSCYC. Do they need an understanding of PTSD?

A: No. The Trauma Symptom Checklist for Young Children ([TSCYC](#)) is based on caregiver ratings of symptoms exhibited by children under their care who have been exposed to a traumatic event. The caregiver rates symptoms on a four-point scale according to how frequently the symptom occurred in the previous month.

Q: Can the TSCC (self-report) and the TSCYC (parent report) be used to evaluate the same client? Have there been any equivalency studies on these two instruments together?

A: Yes, both instruments would add to the comprehensiveness of an evaluation by including the child's and parent's perspectives. Clinicians who want to give both



instruments to the same client would need to follow-up with differences found and investigate potential over- or under-reporting by the child and/or caregiver. We are not aware of any equivalency studies comparing the TSCC and the TSCYC.

Q: It looks like many of Briere's tools are based on the *DSM-IV-TR*. Will they be re-normed on the *DSM-5*? Are there plans to re-norm some of the older measures?

A: Yes. Plans to renorm some of our existing trauma products are underway. Timelines are currently being finalized.

Q: If a student needs help reading the items, can the examiner read them?

A: Yes. Some children may have reading difficulties. Examiners should use their clinical judgment, and if the child is having difficulty reading the items, the examiner may read them. However, examiners should not interpret the items or persuade students to respond in a particular manner.

Q: What system requirements are there for clients to use the tests?

A: All of the presented instruments are available for online administration and scoring via PARiConnect. PARiConnect is compatible with most internet-enabled devices. It requires a Windows-based or Mac desktop or laptop computer with an Internet connection and the latest version of one of the following web browsers: Chrome, Safari, or Firefox. PARiConnect also runs on Internet Explorer version 11. In addition, PARiConnect will run on any version of the full-size Apple iPad with the latest version of Safari.

For more information, please visit parinc.com or call 1.800.331.8378