

Social work researchers create easier, accurate way to analyze TSCC trauma results

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The 54-question Trauma Symptoms Checklist for Children (TSCC) has been used for decades to test how trauma affects youth in hopes of developing the best treatment and support possible. But interpreting the results can be labor intensive and difficult because the work is done manually and involves a complex matrix from which to draw conclusions.

Now, a Case Western Reserve University social work research team, led by Fredrick Butcher, PhD, a research associate at the Semi J. and Ruth W. Begun Center for Violence Prevention Research and Education, has proposed and tested an alternative method to use the TSCC in assessing trauma in children—especially those in the [juvenile justice](#) system.

Psychological Assessment Resources, Inc. developed the tool and trauma-related questions in 1996. It's been used around the U.S., and in countries like Sweden and China. The new methods change neither the tool itself nor the questions involved, but rather how workers assess and, ultimately, apply the results.

"Ultimately, it is all about whether the tool is easy to interpret," Butcher said. "Some kids may have issues in several areas, but when you examine them together, you get a better sense of the severity of the issues they are having."

Butcher and his team focused on how six [mental health](#) factors associated with a child's trauma (anxiety, anger, dissociation, depression,

sexual concerns and posttraumatic stress) were linked and scored.

The Begun Center research team analyzed TSCC test results from 2006 to 2013 for 2,268 children, age 8 to 17, in an Ohio Behavioral Health Juvenile Justice program that diverts young people from incarceration to community-based agencies to work on behavioral, substance abuse and mental health problems. Each child was assessed, as part of their intake into the program so that treatment can be targeted to their behavioral health needs, Butcher said.

The researchers found that traditional TSCC scoring worked to assess their trauma.

But when looking at the total score alone, Butcher said a "muddled" picture emerged—one that didn't provide enough details for appropriately assessing youth and targeting treatment.

Instead, Butcher and his team found that grouping the factors into two areas—one for anxiety, dissociation and post-traumatic stress and the other for anger and depression—made analyzing the results easier and more accurate.

Social workers were given options on how to score the tests, from using a child's total score to tallying anger and depression responses for one score and anxiety, post-traumatic stress and dissociation responses for another.

Reducing scoring to two groups, Butcher said, can lighten the work burden on [social workers](#) and still provide enough useful information to design treatment programs.

"The alternative two-scale solution is not necessarily faster to score," he said, "but it is much easier to interpret."

The next step is to test this approach more broadly and determine how the results align with outcomes - both in terms of the accuracy of assessments, and the influence of treatment plans developed from them.

Provided by Case Western Reserve University

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