

MEASURE NAME:	Trauma Symptom Inventory
Acronym:	TSI



Basic Description

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Citation:	Briere, J. (1995). Trauma Symptom Inventory (TSI): Professional Manual. Lutz, FL: Psychological Assessment Resources, Inc.												
To Obtain:	Psychological Assessment Resources, Inc. (PAR) 16204 N. Florida Avenue Lutz, FL 33549 1-800-331-8378												
E-mail:	custsup@parinc.com												
Website:	www.parinc.com												
Cost per copy (in US \$):	\$1.69												
Copyright:	Yes												
Description:	The TSI was developed to assess acute and chronic traumatic symptomatology in adults 18 years and older. The test consists of 100 items and is divided into 10 clinical scales and 3 validity scales.												
Theoretical Orientation Summary:	Briere's self-trauma model												
Domains Assessed:	<table border="1"> <tr><td>1.</td><td>PTSD (cgiver)</td></tr> <tr><td>2.</td><td>PTSD Related Symptomatology (cgiver)</td></tr> <tr><td>3.</td><td>Validity (cgiver)</td></tr> <tr><td>4.</td><td>Mood and Anxiety Symptoms (cgiver)</td></tr> <tr><td>5.</td><td>Dissociation (cgiver)</td></tr> <tr><td>6.</td><td>Sexual concerns (cgiver)</td></tr> </table>	1.	PTSD (cgiver)	2.	PTSD Related Symptomatology (cgiver)	3.	Validity (cgiver)	4.	Mood and Anxiety Symptoms (cgiver)	5.	Dissociation (cgiver)	6.	Sexual concerns (cgiver)
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6.	Sexual concerns (cgiver)												
Languages Available:	Chinese, English, French, Spanish, Swedish												

Age Range:	18.0 - 99.0	Measure Type:	In-depth assessment
# of Items:	100	Measure Format:	Questionnaire
Time to Complete (min):	20	Reporter:	Self
Time to Score (min):	15	Education Level:	6.00
Periodicity:	Unknown		
Response Format:	4-point Likert-type rating scale: 0 (Never) to 3 (Often)		

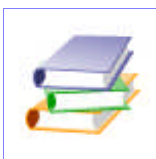
Materials Needed: <i>(check all that apply)</i>	Yes	Paper and pencil	Testing stimuli
	Optional	Computer	Physiological equipment
		Video equipment	Other
Material Notes:	<p>Available on www.parinc.com as of 6/05:</p> <p>TSI item booklet and answer sheets are required.</p> <p>Introductory Kit: \$182 (Includes manual, 10 Reusable Item Booklets, 25 Hand-Scorable Answer Sheets, 25 each of Male and Female Profile Forms.)</p> <p>Hand-scorable Answer Sheets (pkg/100): \$169.00. (Pricing is based using this form, given that item booklets are reusable.)</p> <p>There is a computer scoring program available from the publisher.</p>		

Sample Items:		
Domains	Scale	Sample Items
Trauma Symptoms	Anxious Arousal	Not available
Trauma Symptoms	Depression	Not available
Trauma Symptoms	Anger/Irritability	Not available
Trauma Symptoms	Intrusive Experiences	Not available
Trauma Symptoms	Defensive Avoidance	Not available
Trauma Symptoms	Dissociation	Not available
Trauma Symptoms	Sexual Concerns	Not available

Notes (additional scales and domains):
 Trauma Symptoms: Dysfunctional Sexual Behaviors, Impaired Self-Reference, Tension Reduction Behavior

Validity: Atypical Response, Response Level, Inconsistent Response

Information Provided: (check all that apply)			
No	Diagnostic information DSM-III	Yes	Standard Scores
No	Diagnostic information DSM-IV	Yes	Percentile
No	Strengths	Yes	Graph (e.g., of elevated scale)
Yes	Areas of concerns/risks	No	Dichotomous assessment
No	Program evaluation information	Yes	Clinical friendly output
Yes	Continuous assessment	Yes	Written feedback
Yes	Raw Scores		Other



Training

Training to Administer: <i>(check all that apply)</i>		None	Must be a psychologist
	Yes	Via manual/video	Training by experienced clinician (<4 hours)
		Prior experience psych testing & interpretation	Training by experienced clinician (≥4 hours)

Training to Interpret:		None		Must be a psychologist
(check all that apply)	Yes	Via manual/video		Training by experienced clinician (<4 hours)
	Yes	Prior experience psych testing & interpretation		Training by experienced clinician (≥4 hours)
Training Notes:	The TSI manual states that "the TSI can be administered and scored by individuals who do not have formal training in clinical psychology" . . . "the interpretation of TSI scores and profiles requires graduate training in psychology."			



Parallel or Alternate Forms

Parallel Forms?	No
Alternate Forms:	No
Forms for Different Ages:	No
If so, are forms comparable:	
Any Altered Versions of Measure:	Yes
Describe:	The TSI-A (alternate) is the TSI minus any sexual (sexual concerns or dysfunctional sexual behaviors) items. See PAR's website for further description.



Population Used to Develop Measure

The norming sample consisted of 77.5% Caucasian, 10.3% African Americans, 6.1% Hispanics, 2.9% Asians, and 2.3% Native Americans. Although the sample is generally comparable to the 1990 U.S. Census, the author noted that it slightly overrepresented Caucasian, married, and more educated individuals.

There are special norms for ethnic minorities (African American and Hispanics) for the three validity scales.

No special norms for ethnic minority groups for the clinical scales were warranted because only three of the 10 clinical scales showed any race differences, and overall, only 2% of the variance can be accounted for by race.



Psychometrics

Global Rating (scale based on Hudall Stamm, 1996):	
Psychometrically matured, used in multiple peer reviewed articles by different people	
Norms:	
For separate age groups:	Yes
For clinical populations:	No
Separate for men and women:	Yes
For other demographic groups:	No
Notes:	The sample used to develop the TSI is the same sample that was used to norm the measure.
Clinical Cutoffs:	Yes
Specify Cutoffs:	T-scores at or above 65 are considered clinically significant.
Used in Major Studies:	Yes
Specify Studies:	There are many major studies utilizing TSI normative data. For a comprehensive list, refer to

<http://www.johnbriere.com/tsi.htm>

Reliability:

Type:	Rating	Statistics	Min	Max	Avg
Test-Retest-# days:					
Internal Consistency:	Acceptable	Cronbach's alpha	0.74	0.91	0.86
Inter-Rater:					
Parallel/Alternate Forms:					
Notes:					

Content Validity:

Items were selected according to the existing trauma literature, clinical experience, and consultation with trauma experts.

Construct Validity: (check all that apply)

Validity Type	Not known	Not found	Nonclinical Samples	Clinical Samples	Diverse Samples
Convergent/Concurrent			Yes		Yes
Discriminant			Yes	Yes	Yes
Sensitive to Change				Yes	
Intervention Effects				Yes	
Longitudinal/Maturation Effects	Yes				
Sensitive to Theoretically Distinct Groups			Yes	Yes	Yes
Factorial Validity			Yes	Yes	Yes

Notes:

1. Wallis (2002) established sensitivity to change in an experimental study. After receiving group therapy, traumatized participants in the experimental group scored lower on 7 of the 10 clinical scales on the TSI and on the three composite scales. The researcher reported no similar reduction in symptoms in the control group.

Other studies showing tx sensitivity of TSI:

1. Bradley, R.G. & Follingstad, D.R. (2003). Group therapy for incarcerated women who experienced interpersonal violence: a pilot study. *Journal of Traumatic Stress, 16*, 337-340.

2. Resick, P.A., Nishith, P., & Griffin, M.G. (2003). How well does cognitive-behavioral therapy treat symptoms of complex PTSD?: An examination of child sexual abuse survivors within a clinical trial. *CNS Spectrums, 8*, 340-342, 351-355.

Criterion Validity: (check all that apply)

Measures used as criterion:	Not known	Not found	Nonclinical Samples	Clinical Samples	Diverse Samples
Predictive Validity:				Yes	Yes
Postdictive Validity:				Yes	Yes

Sensitivity Rate(s):	0.92
Specificity Rate(s):	0.91
Positive Predictive Power:	
Negative Predictive Power:	

Notes: In a study with 449 participants from the general population, discriminant function analysis revealed that the TSI scales correctly predicted 24 of 26 PTSD positive cases (92% true positive) and 385 of 423 PTSD negative cases (91% true negative) (Briere, 1995).

Limitations of Psychometrics and Other Comments Regarding Psychometrics:

1. No clinical population was used in the norming procedures.
2. There is no test-retest reliability reported for the measure.
3. Overall, the TSI is based on extensive research and shows good psychometric properties.

Consumer Satisfaction

The TSI is a widely used instrument to assess various trauma symptoms. The clinical and validity scales provide in-depth information for clinicians and researchers alike. While the measure shows good psychometric properties, it has been reported that some individuals may feel overwhelmed by the number of items required to complete the questionnaire. It has also been reported that some individuals have difficulties going back and forth between the questionnaire and the scoring sheet.



Languages Other than English

Language:		Translation Quality (check all that apply)						
		1	2	3	4	5	6	7
		1= Has been translated 2= Has been translated and back translated - translation appears good and valid. 3= Measure has been found to be reliable with this language group. 4= Psychometric properties overall appear to be good for this language group. 5= Factor structure is similar for this language group as it is for the development group. 6 = Norms are available for this language group. 7= Measure was developed for this language group.						
1.	French (Canadian)	Yes	Yes					
2.	Chinese	Yes						
3.	Spanish	Yes	Yes					
4.	Swedish	Yes						
5.								
6.								
7.								
8.								
9.								
10.								



Use with Trauma Populations

Populations for which measure has demonstrated evidence of reliability and validity:					
Yes	Physical abuse	Yes	Natural disaster	Yes	Terrorism
Yes	Sexual abuse	Yes	Accidents		Immigration related trauma
	Neglect		Imprisonment		Kidnapping/hostage
Yes	Domestic Violence	Yes	Witness death	Yes	Traumatic loss (death)
Yes	Community violence	Yes	Assault		Other
	Medical trauma	Yes	War/combat		



Use with Diverse Populations

USE WITH DIVERSE POPULATIONS RATING SCALE							
1. Measure is known (personal communication, conference presentation) to have been used with members of this group.							
2=Studies in peer-reviewed journals have included members of this group who have completed the measure.							
3=Measures have been found to be reliable with this group.							
4=Psychometric properties well established with this group.							
5=Norms are available for this group (or norms include a significant proportion of individuals from this group)							
6=Measure was developed specifically for this group.							
Population Type:		Degree of Usage: (check all that apply)					
		1	2	3	4	5	6
1. Developmental disability							
2. Disabilities				Yes			
3. Lower socio-economic status							
4. Rural populations							
5. African Americans			Yes	Yes			
6. Latino			Yes	Yes			
Notes (including other diverse populations):							
7. Asians: 2, 3							
8. Deaf and Hard of Hearing: 3							
9. Victims of Neglect, Abuse: 1, 2							
10. Victims of Domestic Violence: 1							
11. Female Canadian University Students: 2, 3							
12. Male, Female Navy Recruits: 1, 2, 3, 5							



Pros and Cons/Qualitative Impression

Pros:
1. The TSI is an easy-to-administer assessment tool for acute and chronic trauma.
2. It is based on extensive research and shows good internal consistency, and convergent, predictive, and incremental validity.
3. As a clinical assessment tool, the three validity scales provide additional information for clinicians.
4. There are special norms for racial minorities for the validity scales. African Americans, for example, score generally 3 to 5 T-scores higher on the validity scales than do Caucasians. Thus, higher scores are required for African Americans to invalidate the test. Similar adjustments are also made for Latinos.
5. The TSI is valid cross-culturally, with only three of 10 clinical scales showing any race differences, and only 2% of the variance overall being accounted for by racial differences.

Cons:

1. The measure requires a 6th-grade reading level, and thus is not suitable for individuals with lower reading abilities.
2. There are 100 items in the questionnaire, which may be overwhelming to some individuals.



References (Representative sampling of publications, presentations, psychometric references)

Published References:

The reference for the manual is:

Briere, J. (1995). *Trauma Symptom Inventory (TSI): Professional Manual*. Lutz, FL: Psychological Assessment Resources, Inc.

A PsychInfo search (5/05) for "Trauma Symptom Inventory" or "TSI" anywhere revealed that the TSI has been referenced in 182 peer-reviewed journal articles. Below is a sampling of the articles:

1. Berah, E. (1997). Test Review: The Trauma Symptom Inventory. *Psychiatry, Psychology, and the Law*, 4, 93-94.
2. Boccaccini, M.T., & Brodsky, S.L. (1999). Diagnostic test usage by forensic psychologists in emotional injury cases. *Professional Psychology: Research and Practice*, 30, 253-259.
3. Bradley, R.G. & Follingstad, D.R. (2003). Group therapy for incarcerated women who experienced interpersonal violence: A pilot study. *Journal of Traumatic Stress*, 16, 337-340.
4. Briere, J., Elliot, D.M., Harris, K., & Cotman, A. (1995). Trauma Symptom Inventory: Psychometrics and association with childhood and adult trauma in clinical samples. *Journal of Interpersonal Violence*, 10, 387-401.
5. Ebert, L., & Fairbank, J.A. (1996). The Trauma Symptom Inventory: Assessing the spectrum of symptoms associated with traumatic stress. *American Psychology – Law Society News (Division 41 of the American Psychological Association)*, Fall, 21-23.
6. Edens, J.F., Otto, R.K. & Dwyer, T.J. (1998). Susceptibility of the trauma symptom inventory to malingering. *Journal of Personality Assessment*, 71 (3), 379-392.
7. Larson, G.E., Booth-Kewley, S., Merrill, L.L., & Stander, V.A. (2001). Physical symptoms as indicators of depression and anxiety. *Military Medicine*, 166, 796-799.
8. Merrill, L.L. (2001). Trauma symptomatology among female U.S. Navy recruits. *Military Medicine*, 166, 621-624.
9. Resick, P.A., Nishith, P., & Griffin, M.G. (2003). How well does cognitive-behavioral therapy treat symptoms of complex PTSD?: An examination of child sexual abuse survivors within a clinical trial. *CNS Spectrums*, 8, 340-342, 351-355.
10. Rosenthal, B.S. (2000). Exposure to community violence in adolescence: Trauma symptoms. *Adolescence*, 35, 271-284.
11. Rosenthal, B.S., & Wilson, W.C. (2003). Impact of and exposure to community violence and psychological symptoms on college performance among students of color. *Adolescence*, 38, 239-249.
12. Runtz, M.G., & Roche, D.N. (1999). Validation of the Trauma Symptom Inventory in a Canadian sample of university women. *Journal of the American Professional Society on the Abuse of Children*, 4, 69-80.
13. Sigman, M.R., & Wilson, J.P. (1998). Traumatic bereavement: Post traumatic stress

disorder and prolonged grief in motherless daughters. *Journal of Psychological Practice*, 4, 34-50.

14. Wallis, D.N. (2002). Reduction of trauma symptoms following group therapy. *Australian and New Zealand Journal of Psychiatry*, 36, 67-74.

15. Wilson, C.W., & Rosenthal, B.S. (2004). Psychological effects of attacks on the World Trade Center: Analysis before and after. *Psychological Reports*, 94, 587-606.

Unpublished References:

A PsychInfo search (5/05) for "Trauma Symptom Inventory" or "TSI" anywhere revealed that the TSI has been referenced in 14 conference presentations and 90 dissertations.

1. Barnes, R.D. (1998). A study of the Trauma Symptom Inventory for select Vietnam veterans. Unpublished doctoral dissertation, Tennessee State University, Nashville, TN.

2. Dobush, P.K. (1999). The use of the Trauma Symptom Inventory with deaf individuals who have experienced sexual abuse and assault. Unpublished doctoral dissertation, Gallaudet University, Washington, D.C.

Number of Published References: (based on author provided information and a PsychInfo search, not including dissertations)	180
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Number of Unpublished References: (based on a PsychInfo search of unpublished doctoral dissertations)	104
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Author Comments:

The author reviewed and provided feedback, which was integrated, but did not provide comments.

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