Validation and Introduction to the Twelve Theme Post-Traumatic Symptom & Fragmentation Assessment

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This report introduces the Twelve Theme Post-Traumatic Symptom & Fragmentation Assessment, an instrument designed to measure symptoms typical of posttraumatic stress disorder based on DSM-IV criteria as well as other associated symptoms not addressed by most PTSD instruments. The authors validate the instrument by correlating it with two other measures of PTSD, the Purdue Post-Traumatic Stress Scale and the Impact of Event Scale (IES). The three instruments were administered to 141 volunteer patient participants. The data were analyzed using the Pearson Product Moment Correlation yielding correlations of .67 and .77 with the Purdue scale and the IES respectively. The instrument contains 24 items based on a 12-theme scale and includes a Trauma History Review & Fragmentation Scale. Results support further use of the instrument for measuring typical and associated symptoms of PTSD.

Much attention has been given in recent years to the assessment and treatment of symptoms associated with physical and emotional trauma. Although traumatic situations and related stress reactions have been occurring for centuries (Friedman & Marsella, 1996; Lipton, 1994), the disorder was given its definable criteria by the American Psychiatric Association in 1980 and labeled posttraumatic stress disorder (PTSD) in the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-III*). The criteria for PTSD have subsequently been revised twice (APA, 1987, 1994) and an additional stress-related diagnosis has been defined: acute stress disorder (APA, 1994). Criteria for PTSD include the experiencing of intense fear, helplessness or horror during the traumatic event, reexperiencing the event in the form of intrusive recollections and dreams, continual avoidance of any reminders of the event, numbing of affect, and increased physiological arousal (APA, 1994, p. 424).

There has been such an increase of attention given PTSD recently that the "media has referred to PTSD as 'the disorder of the 1990s'" (Marsella, Friedman, Gerrity, & Scurfield, 1996, p. xvi), and researchers have termed it "an international public health problem" (Keane, 1990, p. 3). Some authors suggest that 40% of Americans have been victims of major trauma and 9% have suffered from PTSD at some time in their lives (Breslau, Davis, Andreski, & Peterson, 1991), while a conservatively estimated current prevalence of PTSD in the United States is 1-2% (Helzer, Robins & McEvoy, 1987).

Most of the early PTSD studies involved Vietnam veterans, of which there were over 3.7 million by 1975 (Brende & Parson, 1985; Foy, 1992; Lipton, 1994; Peterson, Prout, & Schwarz, 1991). More recently there has been an expansion of research into the civilian population to include victims of disasters (de Girolamo & McFarlane, 1996; Green, 1996; Parson, 1995) and criminal violence (which also includes sexual abuse) (Alien, 1996; Dutton, 1992; Peterson et al., 1991; Resnick & Newton, 1992; Riggs, Rothbaum, & Foa, 1995; Root, 1996).

A large number of Instruments have been developed to help clinicians diagnose PTSD, some of which include the Impact of Event Scale (IES) (Horowitz, Wilner, & Alvarez, 1979), the Purdue Post-traumatic Stress Disorder Scale (Figley, 1989), the Mississippi Scale for Combat-Related Posttraumatic Stress Disorder (Keane, Caddell, & Taylor, 1988), and the Minnesota Multiphasic Personality Inventory (MMPI)-PTSD subscale (Keane, Malloy, & Fairbank, 1984). All of the above instruments are self-report in structure. The Mississippi scale and the MMPI-PTSD subscale contain 35 and 49 items, respectively, while the IES and the Purdue scale each contain only 15 items. The Purdue scale and the Mississippi scale were both derived from the *DSM-III* criteria for PTSD (Figley, 1989; Keane et al., 1988). The MMPI-PTSD subscale was empirically derived from the MMPI (Hovens et al., 1993), and items on the IES "were derived from statements most frequently used to describe episodes of distress by persons who had experienced recent life changes" (Horowitz et al., 1979, p. 210).

primarily been designed to measure symptoms typical of PTSD and have not focused on other associated symptoms such as fragmentation, self-destructive behavior, concentration problems, meaninglessness, hatred, interpersonal alienation, guilt, shame, or spiritual alienation in any systematic manner (Brende, 1993). The purpose of this report is to introduce the Twelve Theme Post-Traumatic Symptom & Fragmentation Assessment, an instrument which measures PTSD and other associated symptoms, and to compare its validity with that of two other PTSD assessment instruments.

Instrument

The Twelve Theme Post-Traumatic Symptom & Fragmentation Assessment is comprised of three components and is designed to accomplish the following: (a) assess the number of traumatic events experienced by a survivor and compare the emotional severity initially experienced with the current emotional severity, (b) assess the presence, frequency, and severity of DSM-IV criteria post-traumatic symptoms as well as symptoms associated with the 12 different themes, and (c) assess the presence, frequency and severity of five fragmentation symptoms (omnipotence, ego, aggressor, victim, and child) which the authors believe to be associated with unresolved trauma.

The 12-theme component of the assessment was first developed by the primary author who initially began to treat Vietnam veterans with PTSD 20 years ago. From the treatment experiences a 12-theme psychoeducational and 12-step recovery program was developed for patients (Brende, 1991a, 1991b, 1991c, 1993, 1994, 1995). The primary author, wishing to develop a brief instrument to assess the symptoms of patients involved in the recovery program, developed an assessment to measure symptoms of PTSD as well as symptoms related to the 12 different recovery themes. The 24-item assessment currently includes two questions for each of the 12-theme scales, which are scored on a 5-point scale, as follows: (a) 0 (never), (b) 1 (occasionally), (c) 2 (some of the time), (d) 3 (most of the time), and (e) 4 (nearly all the time).

While the severity of the trauma effect was measured by a total score (possibly reaching as high as 96), individual 12-theme scores were obtained by totaling the two questions for each theme and charting all 12 scores on a norm scale from 0 - 8 indicating the severity of the trauma effect on that particular theme. The themes were found to represent significant issues for survivors and victims, not only related to war but to other traumas as well (as shown in Table 1).

Table 1

Twelve Themes of Post-Traumatic Symptom & Fragmentation Assessment

Theme	Assessment questions
1. Power vs powerlessness: Victims frequently feel powerlessness about being unable to control internal symptoms and external events.	Questions 1 & 13 1. "I can't stop the disturbing 'flashbacks' that seem to control my mind." 13. "I feel like a victim and am afraid it's going to happen again and again to me."
2. Seeking meaning vs meaninglessness & confusion: Victims frequently cannot make sense out of what's happened to them and often have difficulty with concentration.	Questions 2 & 14 2. "Why did this have to happen to me?" 14. "I often feel confused and have difficulty concentrating."
3. Trust vs. distrust, shame, & doubt: The presence of shame and the difficultly of knowing who is trustworthy are common post-traumatic sequelae resulting in revictimization experiences.	Questions 3 & 15 3. "My disturbing memories make me feel shameful and bad about myself." 15. "I naively trust the wrong persons and become victimized again."
4. Capacity for truth vs deception and denial: Trauma victims often are victims of 'dissociative' defenses meant to block out the emotional pain of the traumatic events, frequently causing lapses of consciousness and amnesia.	Questions 4 & 16 4. "I have 'blackouts' or lapses of consciousness and do things without remembering what I did." 16. "It seems like the traumatic event never happened."
5. Problems with anger: Trauma victims commonly experience anger at the perpetrator of the traumatic events. Sometimes outburst of rage is a potentially uncontrollable symptom.	Questions 5 & 17 5. "I feel anger more than any other emotion when I think about what happened." 17. "I am easily provoked and can go into rage."

These instruments have primarily been designed to measure symptoms typical of PTSD and have not focused on other associated symptoms such as fragmentation, self-destructive behavior, concentration problems, meaninglessness, hatred, interpersonal alienation, guilt, shame, or spiritual alienation in any systematic manner (Brende, 1993). The purpose of this report is to introduce the Twelve Theme Post-Traumatic Symptom & Fragmentation Assessment, an instrument which measures PTSD and other associated symptoms, and to compare its validity with that of two other PTSD assessment instruments.

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6. Cognitive & physiological manifestations of fear & panic: Trauma victims typically experience emotional and physiological terror, often suffering from residual emotional and physiological symptoms.	Questions 6 & 18 6. "I have a rapid heart rate, chest tightness, upset stomach, and symptoms that upset me." 18. "I am hypervigilant, 'on guard' most of the time, and loud noises or sudden moves startle me."
7. Unresolved guilt: Frequently, trauma victims experience survival guilt or guilt pertaining to a perceived fault or failure associated with others who may have been hurt or killed.	Questions 7 & 19 7. "I have guilty memories and dreams about what I did or should have done." 19. "I feel guilty that I survived and think, 'It should have been me instead of....'"
8. Unresolved grief: Loss of loved ones, possessions, expectations, and innocence are among the common sources of grief in victims. They may isolate themselves, grieve, remain emotionally distant or block their emotions.	Questions 8 & 20 8. "I stay numb and avoid people because I don't want to cry or have other feelings." 20. "Sometimes I feel numb and other times I can't keep from crying."
9. Depression and self-destructive symptoms: Depression, suicidal thoughts, and self-destructive behaviors are not uncommon in trauma victims.	Questions 9 & 21 9. "I have urges to hurt myself." 21. "I feel sad, fatigued, listless, depressed, and have thoughts I'd rather be dead."
10. Bitterness and revenge-seeking: Victims often feel that they were victims of injustices or that perpetrators were not adequately punished.	Questions 10 & 22 10. "I am bitter and feel like hurting or killing those who were responsible." 22. "I have thoughts and dreams about hurting whomever was responsible."
11. Purposelessness and spiritual alienation: Victims often feel they have lost their purpose and their creator or the God of their understanding.	Questions 11 & 23 11. "I have lost my purpose in life and wonder what will become of me." 23. "I feel alienated from God and detached from contact with Him because of what happened to me."
12. Problems with interpersonal relationships: Victims often feel rejected by others and emotionally detached from people they care about. In some cases they may even believe others had intent to victimize them.	Questions 12 & 24 12. "I often think that someone wanted this to happen to me." 24. "I feel distant and cut off from other people and have trouble getting close to anyone."

After gaining experience with these 12 specific recovery themes, two additional components were added: a Trauma History Review of 43 possible traumas, and a Fragmentation Scale. During the Trauma History Review, the respondent is instructed to review the list, record the date and brief description of any particular traumatic event on the list he or she may have experienced, and rate the severity of his or her emotional distress at the time of the trauma on a scale of 0 to 4 (no effect to devastating). In an adjacent column, the respondent is also asked to rate his or her emotional distress at the present time using the same scale, 0-4, thus providing some indication of whether or not the emotional distress has maintained the same degree of severity.

Scoring the Trauma History Review involves three total scores: the total number of traumas, the past severity score, and the present severity score. Both the past and present severity scores are based on adding the individual severity scores in each column for each traumatic event. The respondent is then asked to rate his or her five most severe traumas.

The Fragmentation Assessment Scale comprises six subscales: omnipotence, ego, victim, protector, aggressor, and lost child. Each subscale is scored for four questions and is rated on a scale of 0-4 (no effect to devastating). The individual fragmentation scores are placed on a drawing of a human figure depicting the six fragmentation components for a pictorial view of those areas most affected by the traumas. The six fragmentation scores are then ranked in order of severity and summed to form a total fragmentation severity score. A brief description of the six fragmentation assessment subscales are as follows:

1. Omnipotence: A high score on this subscale indicates that the survivor takes dangerous risks, believes he or she is invulnerable, and feels no emotional distress.
2. Ego: A high score on this subscale indicates that the survivor uses rationalization, denial, amnesia, and manipulation to defend against emotional pain.
3. Victim: A high score on this subscale indicates that the survivor experiences physical symptoms and disturbing emotions such as fear, guilt, and grief.

4. Protector: A high score on this subscale indicates that the survivor is overprotective toward children and manifests other controlling behaviors.
5. Aggressor: A high score on this subscale indicates that the survivor experiences rage and dehumanizing behaviors.
6. Lost Child: A high score on this subscale indicates that the survivor experiences helplessness, abandonment fears, and depression.

The items developed for the fragmentation assessment subscales were based upon clinical observations of scores for patients suffering from symptoms of dissociation and borderline personality traits.

Validation

The authors initially sought to cross validate the 12-theme component of the Twelve Theme Post-Traumatic Symptom & Fragmentation Assessment by comparing the 12-theme total score results with the IES and the Purdue scale, both of which have respected statistical data as measures of PTSD. Horowitz et al. (1979) reported a split half reliability for the IES total stress scale to be .86 and a test-retest reliability of .87. Hendrix, Jurich, and Schumm (1994) conducted a reliability study with Vietnam veterans which yielded an alpha of .93 for the total scale. The same results were found in an earlier study conducted by Schwarzwald, Solomon, Weisenberg, and Mikulincer (1987). Figley (1989) reported the Purdue scale to have good face validity and internal consistency with the MMPI-PTSD subscale (.82) and the IES (.59).

The method of cross validating the Twelve Theme Post-Traumatic Symptom & Fragmentation Assessment was as follows: The three instruments were administered to 141 volunteer patient participants from three Georgia psychiatric treatment facilities. The instruments were administered by the primary author, staff psychiatrists, and a trained interviewer. Of the volunteer patient participants, 129 completed reports which were scoreable and were utilized for analysis. These participants were comprised of 35% males and 65% females, ranging in age from 11 to 68, and with a mean age of 34.

Total scores on all three instruments were analyzed using the Pearson Product Moment Correlation. The Twelve Theme Post-Traumatic Symptom & Fragmentation Assessment correlated .77 with the IES and .64 with the Purdue scale. Correlations of .64 and .77 with the Purdue scale and the IES respectively appear to indicate that the Twelve Theme Post-Traumatic Symptom & Fragmentation Assessment does, in fact, measure symptoms of PTSD. Additional validation studies need to be conducted and comparisons made between those who are diagnosed with PTSD and non-PTSD diagnosed clients.

Summary

The authors have introduced the Twelve Theme Post- Traumatic Symptom & Fragmentation Assessment as an instrument which measures PTSD and other associated symptoms. The authors found that the Twelve Theme Post-Traumatic Symptom & Fragmentation Assessment correlated significantly with two other assessment instruments which have been validated and are widely used. Therapists and counselors can use the total theme score to measure severity of symptoms and the individual theme-related scores to help focus the recovery process on specific problem areas. The assessment also can be helpful for recovering persons to assess their progress by comparing beginning, mid-treatment, and end-treatment total and individual theme scores. An additional advantage in using this assessment is the ease of interpretation. The twelve theme scores are marked on a 12-sided matrix which can be easily reviewed for interpretation for those areas or issues specifically affected. In addition, the matrix can be used as a vehicle by which a client can further discuss his or her reactions to various theme-related symptoms.

Although there was no attempt to validate the Trauma History Review and the Post-Traumatic Fragmentation Scale, they are both useful for assessment purposes. Specific recollections of traumatic events often surface during the Trauma History Review. These recollections are useful for client and therapist during the process of assessment, treatment planning, and recovery. The Traumatic Fragmentation Scale can provide the therapist and the client with a visual portrayal of whether

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