Validation of the International Trauma Interview

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Introduction

Complex Post-Traumatic Stress Disorder (CPTSD) is a new diagnosis added to the 11th edition of the International Classification of Disorders (ICD) (WHO, 2018) and so far the only validated measure is the International Trauma Questionnaire (ITQ) (Cloitre et al, 2018).

National Institute for Health and Care Guidance (NICE) guidelines state that assessment for CPTSD should be comprehensive, with questionnaires being used for screening, while diagnosis should involve speaking to a clinician (NICE, 2018). An interview protocol is therefore necessary to standardise the questions asked by diagnosing clinicians to ensure accurate diagnosis of CPTSD.

The International Trauma Interview (ITI) was developed as a clinician-administered counterpart to the ITQ. While the Swedish (Bondjers et al, 2019) and Lithuanian (Gelezelyte et al, 2022) translations have been validated, the English version has not yet been shown to reliably differentiate between PTSD, CPTSD, and subclinical presentations.

The ITI asks questions about each of the 6 CPTSD symptoms and whether the participant believes each symptom is caused by the experience of a traumatic event. Symptoms are scored on a scale of 0-4 and a score of ≥2 indicates endorsement. A diagnosis of CPTSD requires endorsement of all 6 symptoms with clear trauma relatedness.

The aim of the current research is to provide an initial validation of the English version of the ITI and explore its psychometric properties and clinical utility. Results from this study will be used to validate the ITI for use in research and clinical practice as the first clinician-administered diagnostic tool for CPTSD. This will allow for accurate diagnosis and development of treatments for CPTSD.

Methods

Participants are currently being recruited through NHS Glasgow and Clyde and NHS Lothian. Participants must be able to communicate verbally in English and be able to give informed consent. Participants must also have experienced at least one traumatic event in their lifetime (as measured by the International Trauma Exposure Measure) and be able to tolerate participation.

Participants complete the ITQ, ITEM, demographics questionnaire, and then attend an ITI interview either face-to-face or via video call software (Attend Anywhere, provided by the NHS).

Results

19 participants have been recruited to date, of which 12 received the same outcome from the ITI and ITQ. Selection bias has resulted in mostly complex patients being referred to the study; 13 participants received an outcome of CPTSD. Only one participant had subclinical presentation, and 5 had PTSD symptomology.

All participants are multiply traumatised, a majority identify as female, and the most common age range is 36-45. Many participants have difficulty identifying their "main" trauma, but those who are able to identify one experienced their main trauma between 10 and 20 years ago (usually during childhood or adolescence).

Future analyses (upon completion of data collection) will include assessment of test-retest reliability, inter-rater reliability, construct validity, factor analysis, and clinical utility.

Discussion

Discrepancy between ITI and ITQ assessment outcome appears to be due to underreporting of symptoms, misreporting of Personality Disorder (PD) symptoms, or misunderstanding questions when participants fill out the ITQ. Going through the ITI often uncovers these issues and allows for PD symptoms to be parsed out from CPTSD presentation.

Results from this study supports the two-factor second order model presented in Bondjers et al, (2019) and preliminary clinical utility analysis indicates good levels of clinical utility. Participants also report benefits from undergoing the ITI, including: reframing symptoms, better understanding of the structure of CPTSD, speaking to an independent/neutral party.

References

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