Behavioral Assessment Review

A Clinician Rating Scale for Assessing Current and Lifetime PTSD: The CAPS-1

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This report describes the development and preliminary evaluation of the psychometric properties of the Clinician Administered PTSD Scale—Form 1 (CAPS-1)[1]. Currently, there are several structured clinical interviews available for assessing Post-Traumatic Stress Disorder (PTSD). These include the Anxiety Disorders Interview Schedule Revised (ADIS-R; DiNardo & Barlow, 1988), the Diagnostic Interview Schedule (DIS; Robins, Helzer, Croughan, Williams, & Spitzer, 1981), the PTSD Interview (PTSD-I; Watson, Yuba, Manifold, Kucala, & Anderson, in press), the Structured Clinical Interview for DSM-III-R (SCID; Spitzer, Williams, Gibbons, & First, 1989), and the Structured Interview for PTSD (SI-PTSD; Davidson, et al., 1990). Although each of these interviews has notable strengths, all have one or more limitations that the CAPS-1 was specifically designed to alleviate.

Features of the CAPS-1

The CAPS-1 is a 30-item scale with a number of unique features that represent improvements over existing scales. First, wherever possible, the CAPS-1 uses explicit behavioral referents or anchors as the basis for clinician ratings. Second, it includes items that assess each of the 17 core symptoms that constitute the DSM-III-R-defined construct of PTSD (American Psychiatric Association, 1987), as well as eight items that assess symptoms identified by research and clinical work as associated features of adult PTSD.

Third, the CAPS-1 contains separate frequency and intensity rating scales for each symptom. This feature makes the CAPS-1 different from other instruments, which require the interviewer to rate PTSD symptoms along a single dimension of severity and/or to determine only symptom presence or absence. Frequency and intensity ratings are made on a 5-point continuum (of 0 to 4, from the lowest frequency or intensity to the highest). As a result of this format, the CAPS-1 can be used either as a dichotomous measure for making a DSM-III-R diagnosis or as a continuous measure for evaluating lifetime or baseline (e.g., time of admission) severity. Fourth, five items are included to rate: (a) the impact of PTSD symptoms on social and occupational functioning; (b) global PTSD symptom severity; (c) global changes in symptoms; and (d) the validity of the interviewee's responses. Fifth, the CAPS-1 is structured to explicitly establish that all endorsed symptoms occurred within the same one-month time frame. Finally, questions about current and lifetime symptoms are presented separately to ensure that the relevant one-month time frames are clearly distinguished from each other.

Use of the Instrument

The CAPS-1 is intended for use by mental health professionals who have experience conducting diagnostic interviews and who have a working knowledge of psychopathology and DSM-III-R. It is administered in a one-to-one interview format. The interviewer presents each CAPS-1 item to the interviewee by using a standardized prompt question. For example, to assess the frequency of stressful reactions to reminders of the trauma(s), the interviewer asks, "Have you ever gotten upset when you were exposed to events that symbolize or resemble an aspect of the [traumatic] event(s)? How often in the past month?" Similarly, to assess the intensity of this symptom, the interviewer asks, "At its worst, how much distress or discomfort do these reminders cause you? Were you able to remain in the situation? For how long?" When necessary, the interviewer is encouraged to use comparable alternatives (e.g., stated in more colloquial terms) to standardized prompt questions.

The presence of a symptom is established by considering the ratings on both the frequency and intensity dimensions. As a working rule, a symptom is considered endorsed when the frequency dimension is rated as a 1 or greater (indicating that it occurred at least once during the one-month period) and the intensity dimension is rated as a 2 or greater (indicating that the symptom was at least moderately intense or distressing).

The process of delineating current from lifetime symptom status is accomplished by first assessing the presence or absence of the 17 core symptoms during the past month. If the interviewee does not meet the DSM-III-R criteria for current PTSD, he or she is asked, "Has there been a period since the trauma in which the problems I've just asked you about were more of a problem to you than they were in the past month?" Follow-up questions are then used to determine whether the symptoms lasted at least one month, and if so, when this one-month period occurred. In the event of multiple time periods of symptomatology, the month when symptoms were at their worst is determined. Finally, questions 1–17 about the core symptoms are repeated regarding this newly-established one-month period, so that lifetime PTSD status can be ascertained.

To the right of each CAPS-1 item is a double-column vertical block for recording ratings and indicating an evaluation of response validity. The left column of the coding block is for Current Symptom Status and the right column is for Lifetime Status[4]. Under each heading are spaces for recording frequency and intensity ratings. There is also an optional space where the interviewer can indicate any doubts concerning the accuracy or veracity of the interviewee's response. This information is used later in estimating the overall validity of the interviewee's responding during the CAPS-1 interview. Finally, under each column is a blank box which is marked if the minimum criteria for that symptom have been met. This step expedites CAPS-1 summarization for diagnostic purposes.

The CAPS-1 includes a detailed, single-page summary sheet for coding all symptom ratings and item responses. Summarizing the data serves as a mechanism for determining whether all CAPS-1 items were addressed, whether the responses were coded appropriately, and whether the various diagnostic criteria were met. The CAPS-1 is also accompanied by a brief instruction manual that details the use of prompt questions and includes general suggestions for eliciting necessary information.

Preliminary Studies of Reliability and Validity

The CAPS-1 is currently being administered to combat veterans referred to the National Center for PTSD—Boston for assessment of PTSD. Several preliminary analyses to evaluate reliability and validity have been conducted, based on a sample of 25 combat veterans. First, interrater reliability was examined for the CAPS-1 subscales corresponding to DSM-III-R criteria B, C, and D (re-experiencing; numbing and avoidance; hyperarousal) by having two independent clinicians simultaneously rate seven veterans during an interview. Excellent interrater reliability was obtained on frequency and intensity for all three subscales (r's = .92 to .99 for frequency; r's > .98 for intensity). Diagnostic agreement between clinicians was perfect for all seven veterans, five of whom received a diagnosis of PTSD. These results suggest that the CAPS-1 is reliable across raters.

Second, internal consistency estimates were calculated for the three PTSD symptom criterion subgroups, using the intensity ratings for each symptom for a sample of 25 veterans (19 diagnosed with PTSD, 6 without). For re-experiencing, Cronbach's alpha was .77; for numbing and avoidance, alpha was .85; and for hyperarousal, alpha was .73. These results indicate that there is substantial homogeneity among the CAPS-1 items constituting each of the three criteria subgroupings (Interestingly, alpha was .81 for the eight auxiliary items).

Finally, concurrent validity of the CAPS-1 was estimated by calculating correlations between the mean intensity rating across the 17 diagnostic items of the CAPS-1 and three empirically validated measures of PTSD, the Mississippi Scale for Combat-Related PTSD (Keane, Caddell, & Taylor, 1988), the PTSD subscale of the MMPI (Keane, Malloy, & Fairbank, 1984), and the Combat Exposure Scale (Keane et al., 1989). Mean intensity on the CAPS-1 was significantly associated with the Mississippi Scale (r = .70), the MMPI PTSD subscale (r = .84), and the CES (r = .42). These findings suggest that the CAPS-1 has at least moderate concurrence with established measures of PTSD.

These preliminary results indicate that the CAPS-1 has excellent interrater reliability, good internal consistency on each of the three subscales, and adequate concurrent validity. A full-scale reliability study on the CAPS-1 is currently underway, which will determine the reliability of the CAPS-1 over interviewers, occasions, and raters. Additional studies are planned to assess: (a) the comparability of the CAPS-1 and other diagnostic measures of PTSD in terms of specificity and sensitivity; and (b) the utility of the CAPS-1 in PTSD populations other than combat veterans.

Summary

The CAPS-1 is a structured clinical interview designed to assess the 17 symptoms for PTSD as outlined in the DSM-III-R, along with eight associated features. This scale allows for careful analysis of PTSD by assessing both frequency and intensity dimensions of each symptom, by explicitly delineating current and lifetime symptom status, and by providing both continuous symptom scores and dichotomous diagnostic values. The CAPS-1 has the potential to enhance understanding of PTSD by increasing the capability to assess and quantify this multifaceted disorder.

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[1]*Available from the first author upon request.*

A second version, called the CAPS-2, has also been developed for assessing PTSD symptoms during the previous week. This version can be used for assessing outcome in short-term treatments (e.g., behavioral and psychopharmacological interventions) and in tracking symptoms across closely spaced intervals.