

A Validation of the PCL-5 Questionnaire for PTSD in Primary and Secondary Care



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Introduction

- Post-traumatic stress disorder (PTSD) is an anxiety disorder that can occur following exposure to a traumatic event. The DSM-5 characterises PTSD with 4 criteria: Intrusive Symptoms, Persistent Avoidance of Stimuli, Negative alterations in mood and cognition, and Hyperarousal.
- The Post-traumatic stress disorder Checklist (PCL-5; Weathers et al., 2013a) has consistently been found to have excellent internal consistency.
- However much of this research has been conducted in military or first responder samples and therefore the generalisability to other populations is unclear.
- There is only one study known to the researcher that has investigated the reliability and validity of the PCL-5 in a civilian sample (Roberts et al., 2021)
- There has been considerable debate around the factor structure of the PCL-5 with 15 possible factor structures being identified (Schmitt et al., 2018)
- Many of the studies that have investigated the factor structure of the PCL-5 are statistically inappropriate (Schmitt et al., 2018) and this may contribute to the wide number of models suggested.
- To correct the statistical errors observed, Schmitt and colleagues (Schmitt et al., 2018) investigated the factor structure of the PCL-5 using a large military sample and found evidence for a one-factor model.

OBJECTIVE

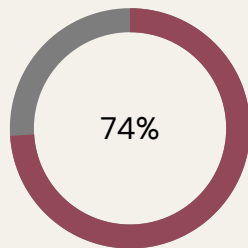
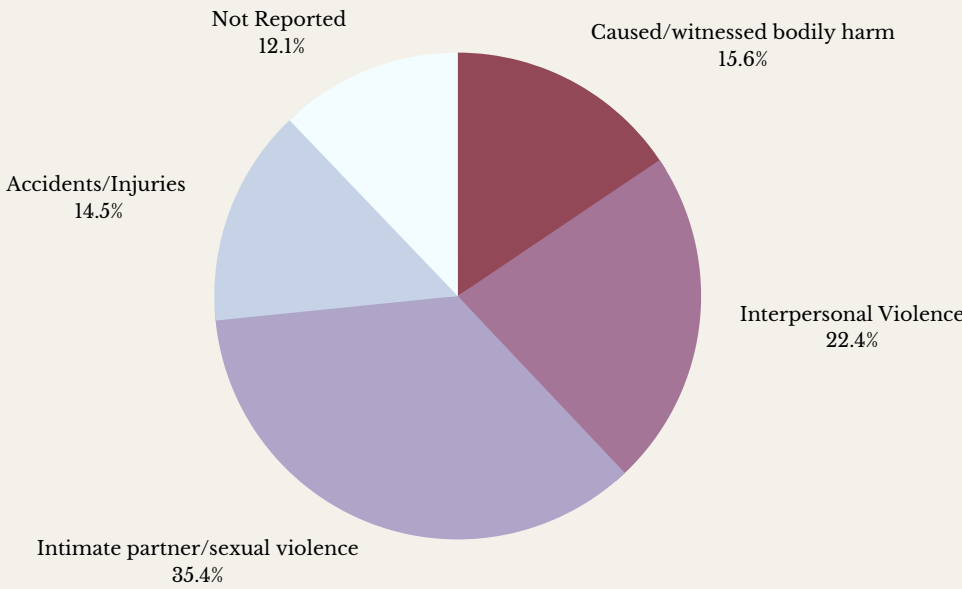
The current study aimed to investigate the validity and reliability of the PCL-5 within a UK sample of mental health service users.

It also investigated the factor structure of the PCL-5 using factor analysis combining both a primary care sample and a secondary care sample.

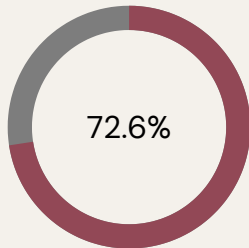
METHODOLOGY

An exploratory factor analysis using maximum-likelihood method with direct oblimin rotation, specifying three factors was used.

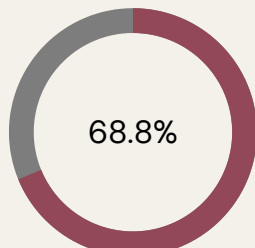
RESULTS



Primary Care



White British



Multiple Traumas

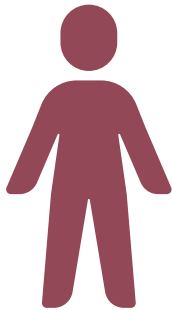
CRONBACH'S ALPHA
.901

Analysis

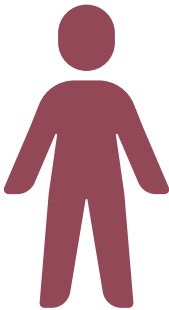
- The results of this study suggest a 3-factor model for the PCL-5
- **Anhedonia** =the inability to experience pleasure from normal pleasurable activities
- **Intrusions** =the individual experiences intrusive memories and bodily experiences related to the stressful experience
- **Negative Alterations in Mood and Cognition** = the individual suffers from strong negative thoughts and emotions about themselves and the world

Removed items

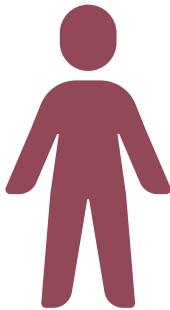
- 6- Avoiding memories, thoughts, or feelings related to the stressful experience?
- 7 - Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects or situations)?
- 8 - Trouble remembering important parts of the stressful experience?
- 15 - Irritable behaviour, angry outbursts, or acting aggressively?
- 16 - Taking too many risks or doing things that could cause you harm?
- 17 - Being "super alert" or watchful or on guard?
- 18 - Feeling jumpy or easily startled?
- 20 -Trouble falling or staying asleep?



Anhedonia



Intrusions



Negative alterations in mood and cognition

Conclusion



- The PCL-5 is a valid and reliable tool for use within a primary and secondary care mental health population
- A three-factor model is suggested for the PCL-5 within this population.
- This challenges the previous literature which has suggested 4, 6 and 7 factor models.
- Limitations of this study: not enough participants to complete a Confirmatory Factor Analysis and no information on diagnosis so unable to complete ROC curve.
- Further research with a larger sample size is needed to complete a confirmatory factor analysis to support the findings of this study.
- This model suggests an overlap with depression and therefore more research is needed to explore the relationship between individuals who have experienced traumatic events, depression and PTSD.