

**LOS ANGELES COUNTY  
DEPARTMENT OF  
MENTAL HEALTH**

First 5 LA Parent-Child  
Interaction Therapy (PCIT)

## Purpose

The TSCYC™:

- Is a **90-item** questionnaire designed to assess behaviors, feelings, and experiences of children exposed to trauma.
- The developers of the TSCYC recognize children respond to trauma in different ways and have included separate norms based on gender, and separate norms based on age.
- For First 5 LA PCIT, the TSCYC is administered to parents/caregivers of children **ages 3-6** at any point in treatment as the experience of trauma is disclosed or known to the clinician.

## Administration

- Is to be administered by a trained professional with a **minimum** of a bachelor's degree in psychology or a related field.
- Interpretation of TSCYC scores and profiles requires graduate training in psychology or related field.
- Parent/caregiver identifies how often each symptom was observed during the past month [i.e. Never (1) to Very Often (4)].
- Parent/caregiver should answer every question as accurately as possible.



Revised: January 3, 2014

# TSCYC Quick Guide

Trauma Symptom Checklist for Young Children™

The First 5 LA Parent-Child Interaction Therapy (PCIT) is unique from other Evidenced Based Practices (EBP's) in Los Angeles County. The source of funding for PCIT is First 5 LA, which is different from the Prevention and Early Intervention (PEI) EBP's funded by the Mental Health Services Act (MHSA). First 5 LA, UC Davis, and DMH entered a five year strategic partnership in order to enhance the capacity and access of PCIT service delivery countywide. Therefore, it is significant to capture all the data of each client using the required outcome measures: TSCYC, Eyberg Child Behavior Inventory (ECBI), Sutter-Eyberg Student Behavior Inventory (SESBI), Parent Stress Index-4-Short Form (PSI-4-SF).

The TSCYC should be completed by the Parent/Caregiver for children ages 3-6. The measure is required when there is known trauma at any point in treatment after the first session. An update data shell should be used to enter into the OMA. Reports are required for input into the OMA during the First, Midpoint, and Last EBP Treatment Sessions.

## Scoring Information

- Review the questionnaire to ensure all items have been answered.
- 3 or more missed items on a scale renders the scale invalid/unscorable.
- If less than 3 items on a scale were left blank, and the parent is unavailable to clarify the answer, the clinician may record a score of "1" for the missed items.
- The TSCYC Answer Sheet is hand scored by the practitioner using the Scoring Worksheet and Professional Manual.
- Raw scores are converted into T-scores (see manual for details)
- High scores (T-scores  $\geq 70$ ) are clinically significant.

Please see page 2 for Clinical Utility and Scales

### Clinical Utility

- The TSCYC provides valuable clinical information regarding a child's mental health functioning following a traumatic event.

### Validity Scales

Response Level (RL)	Indicates potential under-reporting of child symptoms, which may be due to a lack of awareness, lack of insight, defensiveness, etc.
Atypical Response (ATR)	Reflects the rater's tendency to over-report child's symptoms and/or symptoms not typically observed among trauma-exposed clients. May also reveal an unusually high number of trauma symptoms.

### Clinical Scales

Anxiety (ANX)	Reflects the amount of worry and fear a child displays
Depression (DEP)	Identifies the frequency with which the child displays sadness, crying, and symptoms of depression
Anger/Aggression (ANG)	Anger and aggressive behaviors observed in the child
Posttraumatic Stress-Intrusion (PTS-I)	Reflects the amount of intrusive memories, flashbacks, etc. the child is experiencing
Posttraumatic Stress-Avoidance (PTS-AV)	Indicates the level of avoidances strategies child is using to avoid distress and anxiety, and potential hypo-arousal
Posttraumatic Stress-Arousal (PTS-AR)	Indicates the level of hyper-arousal child displays and may reflect attention and concentration problems
Posttraumatic Stress-Total (PTS-TOT)	Reveals the total amount of PTSD symptoms the child is reportedly experiencing
Dissociation (DIS)	Indicates detachment, withdrawal, and disengagement from the external environment
Sexual Concerns (SC)	Evaluates the level of sexual distress and/or sexual preoccupation observed in the child