Reaction Paper

[Name of the Writer]

[Name of the Institution]

Reaction Paper

**Opinion About Source of Error in Observed Score**

Once I have given an exam in a school and the marks that I got is not according to my expectations. I have in my mind that my marks should be at least 20-25 more then what I had got actually. I thought that maybe some questions were remained unchecked because such huge marks deviation is not possible due to any mistakes that I may have done unintentionally. Although I had gone through the paper 3-4 times whenever I read the paper I get a feeling that something might not be right. In the end, I have applied for the rechecking and according to my expectations, I get my marks increased to 18 additional marks.

**Introduction**

The PTSD reaction index in DSM IV, which is a revision of the original PTSD reaction index that is developed in 1985 after it had gone through the numbers of iterations. USLA along with the Calvin Fredrick developed a questionnaire of screening based on DSM-III criteria for diagnosing to assess PTSD criteria for reaction among the children and the adolescent. This assessment is used on the children after the accident of Three Mile Island, while the first major use of the assessment is used to assess the elementary school children, who were gone through the incident of the fatal sniper attack on the playground of their school(Thabet & Vostanis, 2000). Assessment at that time includes 16 items with each item rated as yes=1 and no=0. These instruments cut off were established with following scores: if score ranges in between 0-6, then no symptoms of PTSD are present, mild symptoms if 7-9, moderate symptoms if 10-12, greater than 12 shows that the symptoms are severe. After some time, the assessment tool is modified which includes 20 items in DSM-III-R version and for frequency rating of occurrence of symptoms over the previous month, the Likert scale was used as follow: no symptoms were found scores 0, symptoms found but little of the time scores 1 and as follow up to 4. During this assessment tool developmental period, the use of this research and clinical tool is mostly subjected to the children who were in the state of trauma after a disaster. After that USLA developed and revised the assessment tool in DSM-IV for the PTSD. In the DSM IV version, forms were developed for parents, adolescent, and child. After some time, the forms developed for the children and the adolescent were collapsed and revised incorporating the simple language. In most recent, symptom scale of the abbreviated version of this instrument was developed for efficient conducting assessment needs and student screening was done in New York City after the incident of September 11, 2001, occurs. The full reaction index of the PTSD is currently in use of Child and Adolescent Trauma Treatment Service Program which is looked by the Mental Health New York Office which provides health services to adolescent and children that were affected by 9/11 incident(Steinberg et al., 2004).

**Discussion**

In recent ULSA reaction index of PTSD for DSM IV is a screening instrument that is paper and pencil based assessment. The part of this assessment constitutes a lifetime brief trauma screen which allows the traumatic exposure categorization. This categorization includes violence exposure to the community, medical trauma, natural disaster, and physical and sexual abuse(Thabet & Vostanis, 2000). All of the items are scored either as present or absent. If traumatic events took place more than once, then it is asked by the youth to recall the most bothersome event summary. The brief traumatic experience review sets subsequent questions stage which helps the detail recalling of the traumatic event for the child, and contributes to satisfaction documentation of criteria A1.

In part II of the assessment, systematic evaluation of DSM criterion A1 and A2 is carried out that encompass the subjective and objective features of the exposure to a traumatic event. Part III of the assessment provides the thorough frequency occurrence evaluation of post-traumatic stress past month symptoms.

**Views**

I think that the mechanism incorporating this assessment tool is very good and its relation to the Likert scale makes it more detection difference sensitive across the groups that are exposed to a traumatic experience. Although it is a better tool but adding items assessing functional impairment is necessary to enhance its functioning as reflected by the DSM-IV criterion F. Also it is important to develop a tool which is based on internet usage that allows the entry of the data for continual information provision about intervention and checking course of recovery.

**References**

Nader, K., Pynoos, R., Fairbanks, L., & Frederick, C. (1990). Children's PTSD reactions one year after a sniper attack at their school. *The American journal of psychiatry*, *147*(11), 1526.

Steinberg, A. M., Brymer, M. J., Decker, K. B., & Pynoos, R. S. (2004). The University of California at Los Angeles post-traumatic stress disorder reaction index. *Current psychiatry reports*, *6*(2), 96-100.

Thabet, A. A., & Vostanis, P. (2000). Post traumatic stress disorder reactions in children of war: a longitudinal study. *Child abuse & neglect*, *24*(2), 291-298.