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Schandorph Løkkegaard, Sille; Elklit, Ask

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Validation of the Diagnostic Infant and Preschool Assessment in a Danish high-risk trauma sample of young children
Sille Schandorph Løkkegaard & Ask Elklit

Background
Infants, toddlers and preschoolers are at high risk of being exposed to potentially traumatic events. Traumatic events place young children at great risk of emotional and social difficulties as young children experience rapid, ongoing physiological and emotional development, have limited coping abilities, and strongly depend on their caregiver for protection and support. Therefore, it is of most importance to be able to identify symptomatology following trauma exposure among young children.

Few developmentally-sensitive assessment instruments for identifying posttraumatic stress disorder (PTSD) and other symptomatology among young children exist. One of the few existing instruments is the Diagnostic Infant and Preschool Assessment (DIPA: Scheeringa & Haslett, 2010).

The present study
This study aimed to examine the validity of the Danish version of the DIPA using a clinical high-risk trauma sample of children aged 1-6 years.

Methods
A validation study of the DIPA; a semi-structured caregiver interview. Fifty-one caregivers of children aged 1-6 years were interviewed about their children using the DIPA and the Strengths and Difficulties Questionnaire (SDQ). Children were recruited through a regional centre assisting authorities with psychological assessments of children in cases of suspected violence or sexual abuse against a child; through mental health clinics for children across the country; and through a network for parents victimized by intimate partner stalking.

Results
As shown in Table 1, the analysis of concurrent validity revealed positive significant correlations between the DIPA scales and the relevant SDQ scales. Results reveal good concurrent validity between the DIPA and the SDQ scales.

Table I: Spearman’s rho correlations between the DIPA scales and the SDQ scales

<table>
<thead>
<tr>
<th></th>
<th>SDQ total</th>
<th>SDQ emotional symptoms</th>
<th>SDQ hyperactivity</th>
<th>SDQ conduct problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTSD total</td>
<td>.41**</td>
<td>.53**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Re-experience</td>
<td>.21</td>
<td>.42**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoidance</td>
<td>.15</td>
<td>.26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyperarousal</td>
<td>.41**</td>
<td>.43**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major depression</td>
<td>.57**</td>
<td>.59**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separation anxiety</td>
<td>.42**</td>
<td>.54**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADHD total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyperactive</td>
<td></td>
<td>.69**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inattentive</td>
<td></td>
<td>.68**</td>
<td></td>
<td></td>
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<tr>
<td>Oppositional defiant disorder</td>
<td></td>
<td></td>
<td>.60**</td>
<td></td>
</tr>
<tr>
<td>Conduct disorder</td>
<td></td>
<td></td>
<td></td>
<td>.48**</td>
</tr>
</tbody>
</table>

Note **p < .01

Conclusion
The results provide support for the Danish version of the DIPA as a valid measure of symptoms of young children exposed to traumas. The DIPA can increase confidence in the assessment of young children exposed to traumas and aid in ensuring early detection and appropriate treatment of young traumatized children.

Further information: