

CHILDREN AND WAR FOUNDATION

THE CHILDREN'S IMPACT OF EVENTS SCALE (8) CRIES-8

The Impact of Events Scale (IES) was originally developed by Horowitz et al (1979) to monitor the main phenomena of re-experiencing the traumatic event and of avoidance of that event and the feelings to which it gave rise. Hence, the original 15 item, four point scale, has two subscales of Intrusion and Avoidance.

It was not originally designed to be used with children, but it has been successfully used in a number of studies with children aged 8 years and older. However, two separate large scale studies (Yule's of 334 adolescent survivors of a shipping disaster, and Dyregrov's of children in Croatia) found that a number of items are misinterpreted by children. These separate studies identified identical factor structures of the IES and these were used to select eight items that best reflected the underlying factor structure and so produced a shortened version – the IES-8 for children.

The present version is designed for use with children aged 8 years and above who are able to read independently. It consists of 4 items measuring Intrusion and 4 items measuring Avoidance - hence it is called the CRIES-8.

The development of this instrument has been largely undertaken by colleagues working under the auspices of the Children and War Foundation which was established to support good quality research studies into the effects of war and disasters on children. Good studies require good, accessible measures. We are most grateful to Dr Mardi Horowitz for agreeing to allow us to make this version freely available to clinicians and researchers through this web-site.

In making this children's IES-8 freely available, all we ask is that those who use it send us copies of their results so that we can continue to improve the measure for the benefit of children.

We will make available copies of the instrument in different languages as the scale is properly translated and back-translated. Any clinician or researcher wishing to make such a translation should get in touch with us first in case a translation is already underway.

These instruments are provided free of costs thanks to the generosity of our donors. We are however, very happy to receive donations to continue to develop new methods. If you would like to [make a donation](http://www.childrenandwar.org) please go to www.childrenandwar.org.

Administration

The IES is self completed and can therefore be administered in groups.

Scoring

There are 8 items that are scored on a four point scale:

Not at all = 0
Rarely = 1
Sometimes = 3
Often = 5

There are **two** sub-scales:

Intrusion = sum of items 1+3+6+7
Avoidance = sum of items 2+4+5+8

The lay-out has been designed so that scoring can be easily done in the **two** columns on the right hand side. The total for each sub-scale can be entered at the bottom of each column. Wherever possible, we have done this in all the languages into which the scale has been translated.

Evaluation and psychometric status

Psychometric data relevant to the reliability and validity of the 8-item version were presented in Yule (1997). There, it was reported that the total score on the 8-item IES correlated highly with the total score on the 15-item version of which it was part ($r=+0.95$, $P<.001$).

In an analysis of the scores of 87 survivors of the sinking of the Jupiter, it was found that the 62 children who received a DSM diagnosis of PTSD scored 26.0 on the 8-item version while the 25 who did not reach DSM criteria for a diagnosis of PTSD only scored 7.8 ($P<0.001$). Using these data, it was found that a combined score (Intrusion + Avoidance) of 17 or more misclassified fewer than 10% of the children.

Despite the theoretical criticisms often made against using such self-completed scales in different cultures, the IES has now been applied in a variety of cultures, including studies with children. It is now clear that post traumatic stress symptoms in children are more similar across cultures than they are different. Indeed, Intrusion and Arousal are robust factors of the Impact of Event Scale in children from different cultures.

We remind people using the scales that one cannot make a clinical diagnosis from scores on the self-completed scales alone. A proper clinical diagnosis relies on much more detailed information obtained from a structured interview that assesses not only the presence and severity of stress symptoms, but also the impact on the child's overall social functioning.

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Perrin, Meiser-Stedman and Smith (2005) reviewed the use of CRIES-8 and provide validity data from two samples of children (52 attending a PTSD clinic, and 63 attending an Accident and Emergency Clinic). In both samples a cut-off score of 17 maximised sensitivity and minimised the rate of false negatives, 75-83% of children were correctly classified as having PTSD (as separately judged from the Anxiety Disorder Interview Schedule) or not on the basis of their CRIES-8 score.

CRIES-13

The Foundation has also developed a 13 item version of the IES for children, adding 5 items to evaluate Arousal. As Horowitz predicted, these items do not always load on a separate factor and as the Perrin et al (2005) paper illustrates, the CRIES-8 performs equally well as the CRIES-13. We therefore recommend using the CRIES-8 as a screening tool.

References:

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