PTSD Checklist (PCL)

This information was excerpted from Norris, F. H., & Hamblen, J. L. (2003). Standardized self-report measures of civilian trauma and PTSD. In J. Wilson & T. Keane (Eds.), *Assessing Psychological Trauma and PTSD: A Practitioner's Handbook* (2nd Ed.), New York: Guilford.

The PTSD Checklist, Civilian Version (PCL-C) was developed by Frank Weathers and his colleagues at the National Center for PTSD (1993). The scale consists of 17 questions that now correspond to DSM-IV. Respondents are asked how often they have been bothered by each symptom is the past month on a 5-point severity scale. According to the authors, the questions may be worded generically to refer to "stressful experiences in the past" (PCL-C) or to describe reactions to a specific event (PCL-S). Initial psychometric data was derived by using a military version of the PCL (PCL-M) in a sample of Vietnam veterans, in which the prevalence of PTSD was high. Internal consistency coefficients were very high for the total scale (.97) and for each subscale (.92 - .93). Test-retest reliability over 2 – 3 days was .96. The PCL-M correlated highly with the Mississippi Scale for Combat Related PTSD (.93), the PK Scale of the MMPI (.77), and the Impact of Event Scale (.90). In this sample, the PCL-M was quite predictive of PTSD caseness as assessed with the SCID; a cutoff score of 50 had a sensitivity of .82, a specificity of .83, and a kappa of .64. (The reader should note that cutoff scores may vary depending upon the prevalence of disorder in a sample.)

Other researchers have also presented evidence supporting the reliability and validity of the PCL-C or PCL-S. In a sample of 40 motor vehicle accident and sexual assault victims (of whom 18 had PTSD on the Clinician Administered PTSD Scale (CAPS), Blanchard, Alexander, Buckley, and Forneris (1996) found an alpha of .94 and an overall correlation between total PCL-S and CAPS scores of .93. They found that a score of 44 (rather than 50) maximized diagnostic efficiency (sensitivity of .94, specificity of .86, overall efficiency of .90). In a sample of individuals in France who had experienced a variety of events, Ventureya, Yao, Cottraux, Note, and Guillard (2002) reported excellent internal consistency (.86) and test-retest reliability (.80) for the total PCL-S score. Using the cutpoint of 44 recommended by Blanchard et al. (1996), the PCL-S showed a sensitivity of .97, a specificity of .87, and an overall diagnostic efficacy of .94.

The PCL appears to have much to recommend it. Because it was developed by the National Center for PTSD, it is in the public domain. It is reliable, and the M and S versions map directly onto DSM criteria. The M and S versions have been shown to correlate highly with clinician-administered measures. Less information is available about version C, the civilian version that does not identify a specific event, and the reader should be cautious about generalizing psychometric findings from one version of the scale to another. Also, the published cutpoints should be used with caution as they were derived from samples with high prevalence rates of current PTSD and may not be appropriate for samples with lower rates.