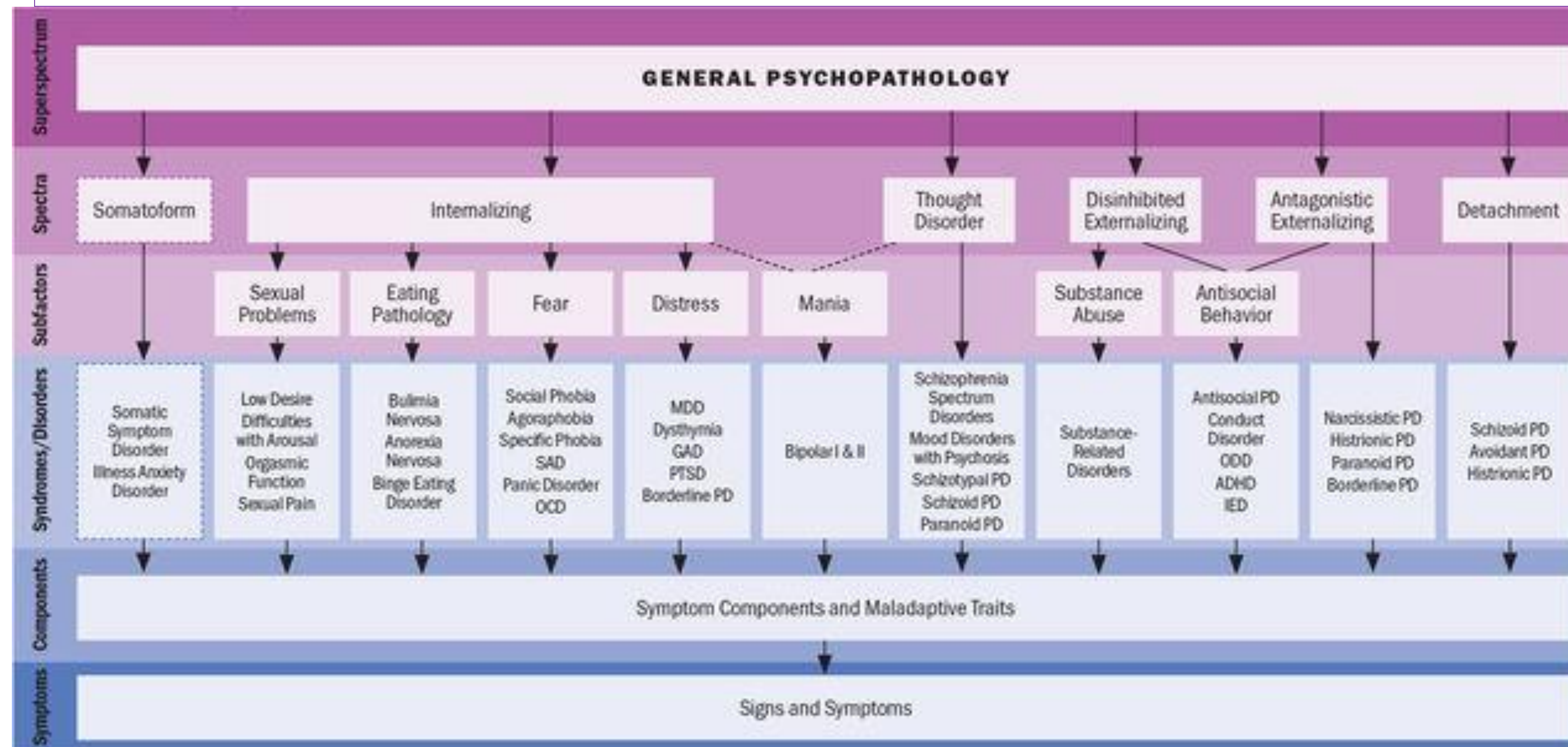


## Background

- While approximately 50-70% of the population are exposed to a potentially traumatic event, 90% of individuals are resilient to developing post-traumatic stress disorder
- Overlap of symptoms between bipolar disorder and PTSD can often lead to a misdiagnosis. For example, hyperarousal, externalizing difficulties, insomnia, and irritability could mimic hypomania in bipolar disorder, especially if a detailed client history is not conducted.
- Externalizing disorders in childhood (Gregory et al., 2007). Previous research also found that childhood externalizing factors, specifically “difficult” temperament, hyperactivity, and antisocial behavior were positively associated with subsequent risk for both trauma exposure and PTSD
- Transdiagnostic approach** to treatment, referring to the growing awareness that symptoms are not specific to a mental disorder but instead occur in highly personal clusters that differ from person to person
- Transdiagnostic interventions allow clinicians to treat the underlying vulnerabilities of the disorders rather than focusing on ameliorating one diagnosis

## Sample items

My child looks forward to engaging in activities with friends  
 My child looks forward to spending time with others  
 My child engages in different activities (e.g., sports, extracurricular activities, etc.)  
 My child is irritable  
 My child talks about death  
 My child is sleeping more than usual



## Methods

- Item development of each scale involved analyzing previously established transdiagnostic measures and constructs (e.g., MBHS, HiTOP, and the MMPI-3).
- Seven preliminary scales were developed (Trauma-Related Stress, Anhedonia, Demoralization, Sleep Disturbance, Anxiety, Executive Functioning, and Conduct) each with 9–26 potential items.
- Item retention of scales was completed by three Clinical psychologists
- UCLA PTSD Index, CDI 2, SCARED, ASWS, VADPRS.

## Purposes of the Study

The focus of the present study is to bridge the gap between research and clinical usage of transdiagnostic measures to analyze trauma-related stress and other comorbidities. Previous research demonstrated the lack of inclusion of trauma-related stress and other distinguishable aspects of trauma (e.g., sleep disturbances, dissociation, avoidance, externalizing behaviors) in transdiagnostic tools such as the HiTOP (Hawn et al., 2022). The aim of this study is to analyze if a transdiagnostic approach of traumatic stress is appropriate for child and adolescent populations and observe how symptoms cluster together using a transdiagnostic approach. This research will build upon previous transdiagnostic measures (e.g., HiTOP, MBHS) through the inclusion of new scales (e.g., Trauma-Related Stress and Sleep Disturbances).