Post-traumatic stress disorder (PTSD) becomes a concern for researchers, seeking its causes, risk factors and symptoms (Cook-Cottone, 2004; Eth, 2001). Among adolescents, adverse situations and critical incidents can occur, frequently related to family problems, violence, drug abuse, bullying. Sometimes risk factors for trauma happened simultaneously, eliciting more severe consequences (Poletto et al., 2009). The study of this pathology in adolescence is scarce, with few instruments for its diagnosis and mental health evaluation specifically developed for adolescents (Hawkins & Radcliffe, 2006). The Los Angeles Symptom Checklist (LASC, Foy et al., 1997) was developed to assess PTSD among adolescents during community violence or war, being easily to use.

2. Objectives

To present an exploratory study focused on the adaptation of the Los Angeles Symptom Checklist (LASC, Foy et al., 1997) among adolescents.

3. Material and Methods

A sociodemographic questionnaire, the Los Angeles Symptom Checklist (LASC, Foy et al., 1997) and the EADS (Lovibond & Lovibond, 1995; Pais-Ribeiro et al., 2004) were used to assess respectively trauma, anxiety/depression/stress.

They were applied on printed form to 695 students of Porto, who anonymously participated, after formal authorization from a school situated on an area considered as dangerous due to drug traffic, juvenile delinquency and family violence. Age varies between 10-16 years (Mean= 12.9 years and SD=1.933) and 54% were female. 15 to 20% were from 5 to 8th grade, 13% were from 9th grade and 13% were from 10-12th grade. 63% didn’t failed during school progress years, and 5% lived with nuclear, family (parents, sisters/brothers and grandparents). Only 5% lived with other parents such sisters, uncles, grandparents due the fact that their parents are in prison from drug crimes.

4. Results and Discussion / Results

Low presence of severe PTSD (15%), partial PTSD (18%) and stress/anxiety/depression was found (Figure 1), with older students presenting more depression, stress and PTSD, and females presenting more anxiety, stress, depression and PTSD (Table 1 and 2). A positive correlation between anxiety and depression among individuals revealing PTSD was found (Table 2). LASC presents good alphas (Table 3) but exploratory factorial analysis shows, like the original version, a concentration on the first factor, not well discriminating the symptoms of intrusion, avoidance and hyperarousal (Table 4).

5. Conclusion

Despite adequate psychometric properties of LASC, more data are needed to adapt this scale to Portuguese reality, since it can be useful to identify early symptoms of PTSD, that tend to increase due society tragic incidents such as violence scenarios, bullying, road accidents, drug crimes, etc. Online LASC format will allow to better identify PTSD and regular evaluation using new health technologies. As soon as trauma symptoms are identified, a better intervention can be prepared, allowing victims to recover from trauma and it negative impact.

6. References


Figure 1. Presence of trauma, anxiety, depression and stress