

Outcome Measure	Impact of Events Scale – Revised (IES-R)
Sensitivity to Change	Yes
Population	Adult
Domain	Psychological Status
Type of Measure	Self-report scale
ICF-Code/s	d1
Description	<p>The IES-R (Weiss & Marmar, 1996) is a 22-item self-report measure which aims to assess subjective distress caused by traumatic events. The revised version supersedes the original 15-item IES (Horowitz, Wilner, & Alvarez, 1979). In the revised version, seven items relating to hyperarousal were added. The items of the IES-R correspond to 14 of the 17 PTSD symptoms listed in the DSM-IV.</p> <p>Patients are asked to identify a specific stressful life event and then rate how much they were distressed or bothered by the difficulty during the past 7 days, e.g., "Any reminders brought back feelings about it". Items are rated on a 5-point scale ranging from 0 ("not at all") to 4 ("extremely"). Item scores are summed to give the total score (ranging from 0 to 88). Subscales can also be calculated for Intrusion, Avoidance, and Hyperarousal. Although the authors suggest using means instead of summed scores for the three subscales to allow comparison with the Symptom Checklist 90 - Revised (SCL-90-R; Derogatis, 1994).</p> <p>The maximum mean score on each of the three subscales is '4', therefore the maximum 'total mean' IES-R score is 12. Lower scores are better. A total IES-R score of 33 or over from a theoretical maximum of 88 signifies the likely presence of PTSD.</p> <p>The IES-R (and IES) is usually not used to diagnosis PTSD, however, cutoff scores for a preliminary diagnosis of PTSD have been cited in the literature.</p> <p>Completion time is 5 minutes.</p>
Properties	<u>Construct validity</u> : in a sample of motor vehicle accident survivors (Beck et al. 2008), the three subscale structure was generally supported (although minor issues with error covariances were detected).

	<p><u>Internal Consistency:</u> High levels of internal consistency have been reported (Intrusion: Cronbach's alpha = .87 – .94, Avoidance: Cronbach's alpha = .84 – .87, Hyperarousal: Cronbach's alpha = .79 – .91, Creamer et al., 2003; Weiss & Marmar, 1997). In a recent sample of motor vehicle accident survivors (Beck et al. 2008), the Cronbach's alphas were .90 for Intrusion, .86 for Avoidance, .85 for Hyperarousal, and .95 for the Total Score.</p> <p><u>Test-retest reliability:</u> Across a 6-month interval, reliabilities range from .89 to .94 (Weiss & Marmar, 1997)</p> <p><u>Convergent validity:</u> In a sample of car accident survivors (Beck et al. 2008), all subscales have moderate to high correlations with the Clinician Administered PTSD Scale ($r = .39$ to $.66$) and high correlations with the PTSD Symptom Scale ($r = .60$ to $.86$). Moderate to high correlations in the same sample are also reported for the STAI (State and Trait) ($r = .45$ to $.70$) and Beck Anxiety Inventory ($r = .58$ to $.70$).</p> <p><u>Divergent validity.</u> In the sample of car accident survivors (Beck et al. 2008), negligible correlations were found with the Marlowe-Crowne Social Desirability Scale ($r = -.01$ to $.05$).</p> <p><u>Concurrent/Predictive validity:</u> In a sample of car accident survivors, the subscales were able to discriminate between those with PTSD and those without PTSD (Beck et al. 2008).</p> <p><u>Sensitivity and specificity:</u> A recent study in a sample of war survivors found good specificity and sensitivity in two samples in the detection of PTSD (Morina, Ehring, & Priebe, 2013). Using a cut-off score of 34, a Balkan and refugee sample, produced sensitivity values of 0.86 and 0.89, respectively. Specificity values were .80 and .74, respectively.</p>
Advantages	<ul style="list-style-type: none"> • The main strengths of this revised instrument are that it is still short, easily administered and scored. • Correlates with the DMS-IV criteria for PTSD. • Can be used repeatedly to assess progress. • The IES-R has been translated into many languages including Spanish, French, Chinese, Japanese, and German. • Has been used in PTSD intervention study involving mild TBI cases (Bryant et al.,2003)

Disadvantages	<ul style="list-style-type: none"> • It is limited as being a screening tool rather than a comprehensive test and by the non-clinical focus. • It is still best used for recent not remote traumatic events.
Additional Information	
Reviewers	Jennie Ponsford

References

- Beck JG, Grant DM, Read JP, et al (2008). The Impact of Event Scale – Revised: psychometric properties in a sample of motor vehicle accident survivors. *J Anxiety Disord.* 22, 187–198.
- Bryant, R.A., Moulds, M., Guthrie, R., Nixon, R.D.V. (2003). Treating acute stress disorder following mild traumatic brain injury. *American Journal of Psychiatry*, 160, 585 -587
- Creamer, M., Bell, R., & Failla, S. (2003). Psychometric properties of the impact of event scale—revised. *Behaviour research and therapy*, 41(12), 1489-1496.
- Horowitz, M., Wilner, N., & Alvarez, W. (1979). Impact of Event Scale: a measure of subjective stress. *Psychosomatic medicine*, 41(3), 209-218.
- Weiss, D. S., & Marmar, C. R. (1996). The Impact of Event Scale - Revised. In J. Wilson & T. M. Keane (Eds.), *Assessing psychological trauma and PTSD* (pp. 399-411). New York: Guilford.
- Morina, N., Ehring, T., & Priebe, S. (2013). Diagnostic Utility of the Impact of Event Scale–Revised in Two Samples of Survivors of War. *PLoS ONE*, 8(12), e83916.