

Digital Supplemental Material

The Protective Roles of Coping Self-Efficacy and Social Support for Posttraumatic Stress During the COVID-19 Pandemic

Structured Clinical Interviews

Structured clinical interviews were conducted for a subset of participants who completed the 6-month follow-up survey and agreed to be re-contacted. The structured clinical interviews served the purpose of validating the IES-R against an interview measure of PTSD. They were conducted between October 2020 and April 2021. The targeted sample size for the clinical interviews was 100 participants. Like the 6-month follow-up assessment, potential participants for the structured clinical interviews were randomly selected, stratified by race and gender. Potential participants were once again emailed, informing them of the opportunity to participate in a structured clinical interview. Participants scheduled the clinical interview with graduate students pursuing a Ph.D. in Clinical Psychology. A licensed clinical psychologist supervised the structured clinical interviews, which were video recorded to determine inter-rater reliability on a subset of interviews. The clinical interviews were conducted via telehealth. They included a structured diagnostic interview to assess/diagnose anxiety and depressive disorders and PTSD. Verbal informed consent was obtained at the onset of the telehealth interview prior to any inquiries. Participants were compensated \$50 for completing the clinical interview. Both the baseline assessment and 6-month follow-up with structured clinical interviews assessment were approved by the Kent State University Institutional Review Board.

Measures

PTSD Symptom Scale – Interview for DSM-5 (PSS-I-5)

The PSS-I-5 is a semi-structured interview that assesses PTSD symptom severity in the past month and determines if diagnostic criteria for PTSD is met based on the *DSM-5* criteria (Foa et al., 2016). The interview includes 24 items in total. The initial portion of the interview contains a trauma screen to assess for the presence of a trauma history, specifically the occurrence of a traumatic event that satisfies Criterion A specifications (American Psychiatric Association, 2013). If multiple traumatic events are reported, the event that is currently most distressing is selected as the index trauma and the subsequent items are evaluated in reference to that specific event. The first 20 items of the interview inquire about symptoms that map onto the four *DSM-5* criteria of intrusion (re-experiencing) symptoms, avoidance, negative alterations in cognition and mood, and increased arousal and reactivity. The frequency and intensity for each question/symptom is determined, using a 5-point Likert scale ranging from “Not at all” to “6 or more times a week/severe”. The total score is obtained by summing the items and can range from 0 to 80, with higher scores indicating greater PTSD symptom severity. A cutoff score of 23 and higher indicates a probable diagnosis of PTSD. The final four items evaluate the overall distress, interference, delayed onset, and duration of the symptoms. To meet criteria for a diagnosis of PTSD, at least one intrusion/re-experiencing, one avoidance, two cognition and mood, and two arousal/reactivity symptoms must be endorsed, for a duration of 1 month or longer. Additionally, there must be a clinically significant level (score ≥ 2) of distress or interference. The interrater reliability for the diagnosis of PTSD on a subset of the interviews was Cohen’s kappa (κ) = .78, indicating substantial agreement.

Descriptive statistics were conducted to characterize this subset of the study sample. A Pearson correlation was conducted between the IES-R and PSS-I-5 on the participants who completed the interview to examine the convergent validity between a self-report measure of PTS symptoms and a semi-structured interview assessing PTSD symptoms.

Results

As shown in Table 1, most participants were aged 20-24 years, and identified as White and female. Using the PSS-I-5, 13.7% of individuals met the cutoff suggestive of a probable diagnosis of PTSD. The IES-R demonstrated good convergent validity with PTSD symptom severity (measured by the PSS-I-5) ($r = .62, p < .001$).

Discussion

Although using a semi-structured clinical interview indicated that fewer participants met the cutoff for a probable diagnosis of PTSD, only a small subset of the sample completed the clinical interview. This discrepancy may be partially explained by differences in willingness to self-disclose traumatic stress symptoms on a self-report measure versus during a face-to-face interview. Additionally, a clinical interview may be more stringent with the diagnostic threshold than a dimensional measure of PTSD symptoms. Furthermore, while the IES-R was completed by all participants between September and October 2020, the clinical interviews were conducted over a longer period of time (October 2020 to April 2021). Given the wider range of time and the rapidly evolving nature of the COVID-19 pandemic, there could be greater variation and/or a decrease in the distress levels of participants as more time passed since the start of the pandemic that accounts for the smaller proportion of participants who met the clinical cutoff for a probable diagnosis of PTSD on the PSS-I-5.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Foa, E. B., McLean, C. P., Zang, Y., Zhong, J., Rauch, S., Porter, K., Knowles, K., Powers, M. B., & Kauffman, B. Y. (2016). Psychometric properties of the Posttraumatic Stress Disorder Symptom Scale Interview for DSM-5 (PSSI-5). *Psychological Assessment*, 28(10), 1159-1165. <https://doi.org/10.1037/pas0000259>

Supplemental Table 1. Participant and Study Measures Characteristics (N = 95)

	<i>M (SD), Range or %</i>	<i>n</i>
<i>Demographics</i>		
Age		
18-19	16.8%	16
20-24	54.7%	52
25-29	13.7%	13
30-34	2.1%	2
35-39	5.3%	5
40-44	3.1%	3
45-49	1.1%	1
50-54	2.1%	2
55-59	1.1%	1
60-64	0%	0
Race		
American Indian or Alaska Native	1.1%	1
Asian	12.6%	12
Black or African American	8.4%	8
White	74.7%	71
Other	3.2%	3
Prefer not to answer	0%	0
Gender		
Male	36.8%	35
Female	47.4%	45
Non-binary	13.7%	13
Other	2.1%	2
<i>Outcomes</i>		
Kessler Psychological Distress Scale (K6)		
Baseline	8.69 (5.83), 0-24	95
6-Month Follow-up	9.45 (6.36), 0-24	95
Interpersonal Support Evaluation List-12 (ISEL-12)	36.43 (8.12), 14-48	95
Coping Self-Efficacy (CSE) Scale	154.43 (49.85), 46-260	95
Impact of Event Scale-Revised (IES-R)	28.85 (18.33), 0-76	95
PTSD Symptom Scale – Interview for DSM-5 (PSS-I-5)	11.28 (11.32), 0-63	95

Note. Age ranges were categorized based on the United States census categories.

Supplemental Table 2. Associations Between Study Measures (N = 610)

	1	2	3	4	5
1. Baseline K6	-				
2. 6-Month K6	.60***	-			
3. ISEL-12	-.23***	-.35***	-		
4. CSE Scale	-.46***	-.67***	.50***	-	
5. IES-R	.50***	.64***	-.27***	-.49***	-

Note. K6 = Kessler Psychological Distress Scale; ISEL-12 = Interpersonal Support Evaluation

List-12; CSE = Coping Self-Efficacy; IES-R = Impact of Event Scale-Revised

*** $p < .001$