Traumatic Grief Inventory-Self Report Version (TGI-SR)

Description
The TGI-SR is an 18-item self-report measure for the assessment of symptoms of Persistent Complex Bereavement Disorder (PCBD) as included in DSM-5 (APA, 2013) and Prolonged Grief Disorder (PGD) as proposed for inclusion in the ICD-11 (Prigerson et al., 2009). The TGI-SR includes all 16 symptoms of PCBD, one additional symptom of PGD that is not part of the PCBD criteria (i.e. item 12: “feeling stunned/dazed/shocked”), and one item tapping “functional impairment” (i.e. item 13), included in both criteria for PCBD and PGD. The TGI-SR can be used for a variety of purposes, including:

- Monitoring symptom change during and after treatment;
- Screening individuals for PCBD or PGD;
- Making a provisional PCBD diagnosis;
- Making a provisional PGD diagnosis.

Administration
The TGI-SR can be completed by patients prior to, or during a session or by participants as part of a research study. It takes approximately 5-10 minutes to complete. The TGI-SR can be administered in one of two formats:

- With Part I (Onderdeel 1);
- Without Part I (Onderdeel 1), which is appropriate when some other measure is used to gather information about losses experienced, including the most distressing loss.

Scoring
Participants rate the extent to which they experienced the 18 symptoms listed during the preceding month on 5-point scales: 1=“never”, 2=“rarely” 3=“sometimes”, 4= “frequently”, 5=“always”. There are at least five ways in which scores can be summed and interpreted:

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<td>1</td>
<td>A “total PCBD symptom severity score” (range 17-85) can be obtained by summing the scores for items 1-11 and 13-18.</td>
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<td>2</td>
<td>A “total PGD symptom severity score” (range 11-55) can be obtained by summing the scores for items 3-13.</td>
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<td>3</td>
<td>A “provisional PCBD diagnosis” can be made by treating each item rated as 4=“frequently” or 5=“always” as a symptom endorsed, then following the DSM-5 based diagnostic rule which requires (i) At least 1 PCBD criterion B item (items 1, 2, 3, 14), (ii) At least 6 PCBD criterion C items (items 4-11 and 15-18), and (iii) endorsement of PCBD criterion D item (item 13).</td>
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<td>4</td>
<td>A “provisional PGD diagnosis” can be made by treating each item rated as 4=“frequently” or 5=“always” as a symptom endorsed, then following Prigerson et al.’s (2009) diagnostic rule which requires (i) endorsement of PGD criterion B item (item 3), (ii) endorsement of at least 5 PGD criterion C items (items 4-12), and (iii) endorsement of PGD criterion E item (item 13).</td>
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<td>A total score of &gt;61 can be considered as a cutoff for “provisional diagnoses of PGD and PCBD” based on preliminary Receiver Operating Characteristic analysis showing that this cutoff-score optimally classified participants as meeting or not meeting the criteria for provisional PCBD and PGD diagnoses.</td>
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Interpretation
The goal of assessment should be considered when interpreting scores on the TGI-SR. The current item cutoff—where items rated as 4=“frequently” or 5=“always” are treated as symptoms endorsed—is desirable to make a provisional diagnosis of PCBD or PGD and to minimize false positives. A lower item cutoff (e.g., where items rated as 3=“sometimes” are also treated as a symptom endorsed) may be considered when it is desirable to maximize detection of possible cases. Diagnostic conclusions based upon the TGI-SR are always provisional and need to be confirmed by diagnostic interviewing.

References