

Developing The Scale For Identifying Small ‘t’ Traumatic Experiences

Safiye YILMAZ DİNÇ¹  Fatma SAPMAZ² 

¹ Ministry of Education, Ankara, Turkey, safivepdr@hotmail.com, (Corresponding Author)

² Bakırçay University, Psychology, Izmir, Turkey, fatma.sapmaz@bakircay.edu.tr

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ÖZ

Objectives: The objective of the research was to create the "Small ‘t’ Traumatic Experiences Identification Scale" for the purpose of identifying small ‘t’ traumatic experiences and to investigate the influence of psychological needs on small ‘t’ traumatic occurrences. Method: The study participants consisted of 549 individuals for the exploratory factor analysis, 307 for the confirmatory factor analysis, and 89 for the test-retest analysis, all over the age of 18. Exploratory and confirmatory factor analyses were employed to assess the construct validity of the newly developed scale. Reliability analyses of the scale were performed using test-retest and internal consistency coefficients. Following the creation of the scale, multiple linear regression analyses (MLRA) were conducted using data from 806 university students to ascertain the extent to which psychological needs, along with their sub-dimensions, predict small ‘t’ traumatic experiences. Findings: The goodness of fit indices were χ^2/sd (3102.59/942) = 3.29, $p=.001$, SRMR: .064; NNFI:96; IFI=.96; CFI=.96; RMSEA=.087. The internal consistency coefficients were .96 for ‘Small ‘t’ Trauma Related to Family Relationships’, .92 for ‘Small ‘t’ Trauma Related to Social Relationships’, and .76 for ‘Small ‘t’ Trauma Related to Physiological Needs’, and .96 for the total scale. Result: The findings of the study indicated that the developed scale exhibited a three-factor structure and demonstrated satisfactory levels of validity and reliability, supporting its suitability for application. Additionally, the study revealed that psychological needs emerged as a significant predictor of small ‘t’ traumatic experiences based on the obtained results.

Küçük t Travma Yaşantılarını Belirleme Ölçeğinin Geliştirilmesi

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ABSTRACT

Amaç: Bu araştırmanın amacı küçük ‘t’ travmatik yaşantıları ortaya koymak için “Küçük t Travmatik Yaşantıları Belirleme” ölçeğinin geliştirilmesi ve psikolojik ihtiyaçların küçük ‘t’ travmatik yaşantıların yordayıcı rolünün incelenmesidir. Yöntem: Araştırma örneklemini açıklayıcı faktör analizi on sekiz yaş üstü olan 549 kişiden, doğrulayıcı faktör analizi 307 kişiden, test-tekrar test analizi ise 89 kişiden oluşmaktadır. Ölçek geliştirilirken kapsam, yapı ve ölçüt geçerliğine bakılmış olup, güvenilirlik analizleri de yapılmıştır. Psikolojik ihtiyaçlar ve alt boyutlarının küçük ‘t’ travmatik yaşantıları yordama düzeyini ortaya koymak için ise 806 kişilik farklı bir örneklem grubu üzerinde Çoklu Doğrusal Regresyon Analizleri gerçekleştirilmiştir. Bulgular: Ölçeğin uyum iyiliği değerleri χ^2/sd (3102.59/942) = 3.29, $p=.001$, SRMR: .064; NNFI:96; IFI=.96; CFI=.96; RMSEA=.087 şeklinde olduğu gözlemlenmiştir. İç tutarlılık katsayıları ‘Aile İlişkilerinden Kaynaklı Küçük t Travmalar’ için .96, ‘Sosyal İlişkilerden Kaynaklı Küçük t Travmalar’ için .92, ‘Fizyolojik İhtiyaçlardan Kaynaklı Küçük t Travmalar’ için .76 ve ölçeğin tamamı için ise .96 olarak bulunmuştur. Sonuç: Elde edilen bulgular sonucunda geliştirilen ölçeğin üç faktörlü bir yapı sergilediği, geçerlilik ve güvenilirlik düzeylerinin kullanım için yeterli düzeyde olduğu görülmüştür. Ayrıca psikolojik ihtiyaçların küçük ‘t’ travma yaşantılarını anlamlı bir şekilde yordadığı saptanmıştır.

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INTRODUCTION

In psychology, trauma refers to a psycho-biological “wound” that occurs in relation to various psychological, biological, social and other environmental factors (Nijenhuis & Van Der Hart, 2011). From a diagnostic perspective, while only major and effective disasters (earthquake, flood, etc.) were categorized as trauma in DSM-I and DSM-II, the individual experience of trauma was emphasized for the first time in DSM-III. This emphasis continued to strengthen in DSM-IV and DSM-V. This made it easier to assess the challenges faced in daily life (for example, decrease in functionality, relational problems) as trauma (Avina & O’Donohue, 2002). Both causes and symptoms of trauma have a wide variety. As a matter of fact, life experiences that seem harmless today can also cause trauma (Levine & Frederick, 2020). In addition, although these experiences do not seem unusual enough, they can form dysfunctional coded memory networks that stand out as significant for the client. Referred as small- t trauma experiences, these life experiences can create permanent difficulties in clients' lives that may contribute to a specific diagnosis or the development of additional symptoms (Leeds, 2016; Shapiro, 2001a). In this context, it is necessary to determine and examine the small ‘t’ traumatic experiences in detail. In fact, the identification and treatment of small 't' traumatic experiences (Shapiro, 2001b), which serve as the underlying factors for numerous pathologies, are also significant from a clinical perspective (Forgash, 2007). There has been an increased focus in the literature on the adverse impact of small traumas on mental health, alongside big traumas (Shapiro, 2001a).

Even though small ‘t’ trauma, which are caused more by negative early life experiences, seem small from an adult perspective, they can be scary for a child (Morrissey, 2013; Shapiro, 2012) because small traumas that include experiences such as not being loved, not accepted, not wanted, are associated with the fear of survival, and this automatic fear can suppress the processing system of the brain. With this suppression, negative experiences in childhood can be the source of problems in adulthood (Shapiro, 2012). Although an adult tends to rationalize these early experiences to avoid their weight, the reality is different from this denial. This denial points to the extent of physical and emotional pain that even small traumas can cause, and reveals the need to determine small ‘t’ traumatic experiences. This need brings with it the questions of what small trauma experiences can be and how they can be measured.

The literature on small ‘t’ traumatic experiences draws attention to the fact that small ‘t’ trauma are based on experiences that have continuity and create a stress load. Among these experiences, there are experiences such as not being valued by one’s family, not being given the right to choose, and being constantly criticized. Psychological needs play a significant role in shaping the impact of the mentioned experiences. Hensley (Hensley, 2015) listed unmet needs among the factors that cause small ‘t’ trauma. Psychological needs are commonly defined in the literature as vital psychological nutrients that are essential for individuals' adjustment, well-being, and personal growth (Kanat et al, 2016; Vansteenkiste et al, 2020; Van Hooff & De Pater, 2019). As a matter of fact, with its positive or negative reflections, the level of satisfaction of psychological needs is an important determinant in terms of mental health. These needs being met, especially in childhood, has a reducing effect on the incidence of mental health disorders (Doğan, 2020). When the needs are not met, thoughts such as 'being unimportant' and 'not being good enough' may become a part of the unprocessed memory network (Shapiro, 2012) because when insensitive to the needs of child, this situation can become a problem that negatively affects the whole life of the child. In fact, children whose needs are ignored can often be seen as those who cause problems at school or who have problems in their relationships (Shapiro, 2012). This not only shapes individuals' self-image, but also determines the perspective of others (family members, friends, etc.) towards them (Shapiro, 2012). In addition, children who have experienced significant and recurrent traumas in childhood or who have witnessed such traumatic experiences may develop schemas related to relationships, unlike children who have never experienced trauma (Keçeli, 2015). On the other hand, the social relationships of children whose needs were met by their families during childhood and who grew up in a safe environment are also healthy (Raja et al, 1991). In fact, it is noteworthy that small ‘t’ traumatic experiences are based on unmet needs that occur in the early period, especially on close relationships that

were not satisfied (Hensley, 2015). In the light of these emphases in the literature, psychological needs were discussed within the framework of Self-Determination Theory and scale development studies were carried out based on autonomy, competence and relatedness needs. The need for autonomy is the the ability to determine one's own actions and make independent decisions. The second basic need of relationality, is the feeling of connectedness to people one interacts with. The need for competence on the other hand, expresses the individual's state of "sufficient competence" which arises as a result of being able to act in their own capacity (Baard, Deci & Ryan, 2004). However, small traumas caused by early experiences are not limited to psychological needs. For this reason, although it is suggested in the literature that not meeting the psychological needs may cause small 't' trauma, it is necessary to make an appropriate and accurate conceptual and measurement definition of the concept of small 't' traumatic experiences, considering that trauma will not occur in every person whose psychological needs were not met. Based on this need, studies and the measurement tools used were also examined.

It is noteworthy that scales such as the Post-Traumatic Stress Disorder Short Scale (PTSDSS) (Evren et al, 2016) and the Post-Traumatic Stress Diagnostic Scale (PTSDS) (Işıklı, 2022), which are examined from the perspective of psychological trauma and widely accepted measurement tools, are mainly focused on major traumas, whereas small traumas have been limited to literature highlights and examples and that there is no measurement tool related to this. Similar measurement tools that address early life experiences include the Adverse Childhood Negative Experience Scale (Gündüz et al., 2018), Childhood Traumas Questionnaire (CTQ) (Şar, 2012), Childhood Experiences Questionnaire (Manap, 2015), but these tools do not strictly focus on small 't' traumatic experience.

Taking into consideration all of these factors, the objective of this research was to develop a measurement tool that can effectively identify small 't' traumatic experiences. The study aimed to address the questions of what constitutes small 't' traumas and how they can be accurately measured. The item pool of the Small 't' Traumatic Experiences Identification Scale (StTEIS) was formed based on unmet needs. However, considering that small 't' trauma do not only consist of unmet psychological needs, it is important to learn to what extent unmet psychological needs predict small 't' traumatic experiences, so that we can see the association between them more clearly and understand the explanatory role of psychological needs on small 't' trauma. Within this framework, two hypotheses were formulated for the study:

Hypothesis 1: The StTEIS, which stands for Small 't' Traumatic Experiences Identification Scale, has been demonstrated to be a dependable and valid instrument for accurately identifying and assessing small 't' traumatic experiences.

Hypothesis 2: a) Autonomy

b) Competence

c) The sub-dimension of relatedness within psychological needs has been found to significantly predict small 't' traumatic experiences.

METHOD

The study employed quantitative research methods. Content, construct and criterion validity were examined as part of the validity works of the StTEIS. As part of the reliability works, internal consistency coefficient and test-retest were examined. Scale development steps were followed in the first stage, which was carried out with descriptive survey design, whereas predictive correlational research design was used in the second stage. Furthermore, MLRA was performed.

Study Group

To ensure the study encompassed relevant experiences, the participant group was specifically

selected to include individuals aged 18 and above. This decision was made because small 't' trauma primarily encompasses negative experiences that occur during childhood. Therefore, the study group for the StTEIS consisted of individuals who were 18 years of age or older. For psychometric evaluations of the scale, exploratory factor analysis (EFA) was applied to 549 sample groups. The manuscript was applied to 307 people for confirmatory factor analysis (CFA) and to 89 people for test-retest reliability analysis consisting of a different sample.

This research involved a sample of 806 participants who were 18 years of age or older for MLRA.

Data Collection Tools

The Personal Information Form and the CTQ and the PTSDSS measurement tools were used to determine the criterion validity. In the second stage, the predictive correlational study, the Need Satisfaction Scale (NSS) and the StEIS developed within the scope of this research were used.

Childhood traumas questionnaire (CTQ)

Developed by Bernstein et al. (2003) to determine childhood traumas, the CTQ's validity and reliability studies in the Turkish culture was carried out by Şar et al. (2012). The total scale, encompassing 28 items and five sub-dimensions, demonstrates a high level of internal consistency reliability with a coefficient of .93. Additionally, the test-retest correlation coefficient for the scale is .90. A notable association was discovered between the magnitude of the scale and the overall scores of the Dissociative Experiences Scale. Consequently, it can be concluded that the Turkish version of the scale exhibited satisfactory levels of validity and reliability. In the context of our current investigation, the internal consistency coefficient of the measurement tool was determined to be .72.

Post-traumatic stress disorder short scale (PTSDSS)

Adaptation studies of the scale developed by LeBeau, Mischel, Resnick, Kilpatrick, Friedman, and Craske (2014) to detect the symptoms of post-traumatic stress disorder were carried out by Evren et al. (2016). The findings of the study indicated that the Turkish version of the PTSDSS exhibited a Cronbach's alpha value of .87. Furthermore, the scale demonstrated a single-factor structure that accounted for 49.94% of the total variance. The goodness of fit indices after the confirmatory factor were RMSEA: 0.064, GFI: 0.969, GFI: 0.939, GFI: 0.495, NFI: 0.965, CFI: 0.977, IFI: 0.977, all within acceptable limits. In the context of our present investigation, the measurement tool yielded a notable internal consistency coefficient of .92.

Need satisfaction scale (NSS)

Cihangir-Çankaya and Bacanlı (2003) conducted the Turkish adaptation of the NSS originally developed by Deci and Ryan (1991). The total scale, comprising 21 items and three sub-dimensions, exhibited a commendable internal consistency reliability coefficient of .83. The test-retest correlation coefficient of the scale is .89, and the item-total correlation values vary between .33 and .64. Following the confirmatory factor analysis, the goodness-of-fit indices for the model were as follows: RMSEA: .07, GFI: .86, AGFI: .82, CFI: .82, and NNFI: .80. In the specific context of our current study, the reliability coefficient for this measuring instrument was established to be .87.

Data Analysis

A collection of items was generated by conducting a comprehensive review of pertinent literature. Validity and reliability analysis were conducted for the draft scale. The validation investigations carried out for the StEIS involved assessing construct validity, content validity and criterion validity. Initially, a content validity assessment was conducted to ascertain whether the items included in the scale adequately captured the variable under investigation. To evaluate construct validity, factor analyses were employed to determine the underlying dimensions of the scales and to assess whether the scales were consistent with the corresponding sub-dimensions. PCA was chosen as the preferred method for conducting the EFA. Therefore, during the EFA using PCA, the varimax rotation method was employed as a basis. The varimax approach aims to maximize the variance in order to determine the factors more effectively. To

assess construct validity, CFA was conducted to examine the appropriateness of the obtained factor structure. Furthermore, the scale underwent an analysis of item-total and item discrimination level correlations. Following that, items with statistically insignificant discrimination levels were eliminated from the scale. Regarding the reliability studies of the StEIS, Cronbach's alpha values were calculated to assess the internal consistency of the scale. Additionally, the consistency between measurements was evaluated through a test-retest analysis used to determine the stability of the scale over time. In the study, a significance level of .05 was established for conducting statistical operations, indicating that results with a p-value less than or equal to .05 were considered statistically significant.

To assess the predictive power of psychological needs on small 't' traumatic experiences, a MLRA was conducted. In accordance with the objectives of the study, MLRA was employed to examine the extent to which psychological need satisfaction, as well as the sub-dimensions of autonomy, competence, and relatedness, explain small 't' traumatic experiences. After the preliminary analyses, the relationship between small 't' trauma and psychological need satisfaction levels was examined with the data collected from the study group using Pearson product-moments correlation analysis. The study data, the margin of error was taken as $p < .05$, and the significance levels of $p < .01$ and $p < .001$ were shown. SPSS 20 statistical program was used in data analysis. In addition, before the analysis, whether there were outliers and whether the regression analysis met the assumptions of linearity and multivariate normality was examined.

FINDINGS

Findings Regarding the StEIS

The validity studies conducted for the StEIS encompassed an assessment of content, criterion and construct validity. The reliability studies focused on examining test-retest reliability and the internal consistency coefficient.

Content validity

The validity of the StEIS was initially evaluated using the content validity method. To assess content validity, expert opinions were sought in the initial stage to evaluate whether the items within the item pool adequately measured the intended variable. The experts were asked to give their opinions on scale items' appropriateness, fluency, appropriateness for study purpose, clarity, expression of the statements, language usage and intelligibility. The expert opinion form utilized for assessing the scale items categorized them into three rankings: "The item should be used" (1), "The item can be used but not mandatory" (0) and "The item should be removed" (-1). After incorporating expert feedback, the scale's ultimate iteration now consists of a grand total of 71 items.

The developed 71-item scale was also administered to a group of 20 participants (seven of them in the age group of 18-25, four in the age group of 25-35 and nine in the age group of 35-50) as a pilot application. Among the participants in this group, five individuals were Turkish Language teachers. The participant feedbacks showed that there was no unintelligible item but only a few spelling and punctuation errors, thus there was no need to remove any items.

Construct validity

Both EFA and CFA were employed to assess the construct validity of the scale. In the EFA, the 71-item measurement tool was administered to a study group comprising 549 individuals aged 18 and above. First, KMO and Bartlett statistics were used. The obtained values showed that the sample size was appropriate (KMO: .95 and Bartlett= $p < .0001$). After conducting an EFA, a total of 26 items that demonstrated factor loadings below .30 and loaded on multiple factors were eliminated from the structure. Subsequently, the EFA was repeated with the revised set of items. Considering the factor loadings obtained from the StEIS had a three-factor structure. Based on considerations of the relevant literature and item characteristics, appropriate names were assigned to the identified factors. The 'Small 't' Trauma Related to Family Relationships' (StTFR) sub-dimension had 22 items, the 'Small 't' Trauma Related to Social Relationships' (StTSR) sub-dimension had 14 items, and the 'Small 't' Trauma Related to Physiological Needs' (StTPN) sub-dimension had nine item.

The factor loadings were between .480 and .796 in the first factor, between .495 and .772 in the second factor, and between .429 and .750 in the third factor. The three factors, which contained outliers ranging from 2.52 to 16.54, collectively accounted for 50.8% of the total variance explained by the scale. Table 1 presents the eigenvalue, variance, and cumulative variance values corresponding to the factors.

Table 1. The eigenvalue, variance and cumulative variance values according to the factors

COMPONENT	EIGENVALUE	VARIANCE	CUMULATIVE VARIANCE
1	42	20.03	36.75
2	38	18.40	45.22
3	207	100.00	50.81

Based on the information provided in Table 1, the first factor explains 36.75% of the total variance, the second factor accounts for 8.47% of the total variance, and the third factor covers 5.59% of the total variance. Also, the factor eigenvalues were greater than 1. After EFA, whether the factor structures were confirmed was examined with first and second level CFA. The findings of CFA performed with data collected from 307 people from another sample showed a moderate fit with χ^2/df (3102.59/942) = 3.29, $p = .001$. The additional goodness-of-fit values obtained after conducting the CFA were as follows: SRMR = .064, NNFI = .96, IFI = .96, CFI = .96, and RMSEA = .087. These values indicate that the model achieved an acceptable level of fit. Figure 1 illustrates the model derived from the analysis.

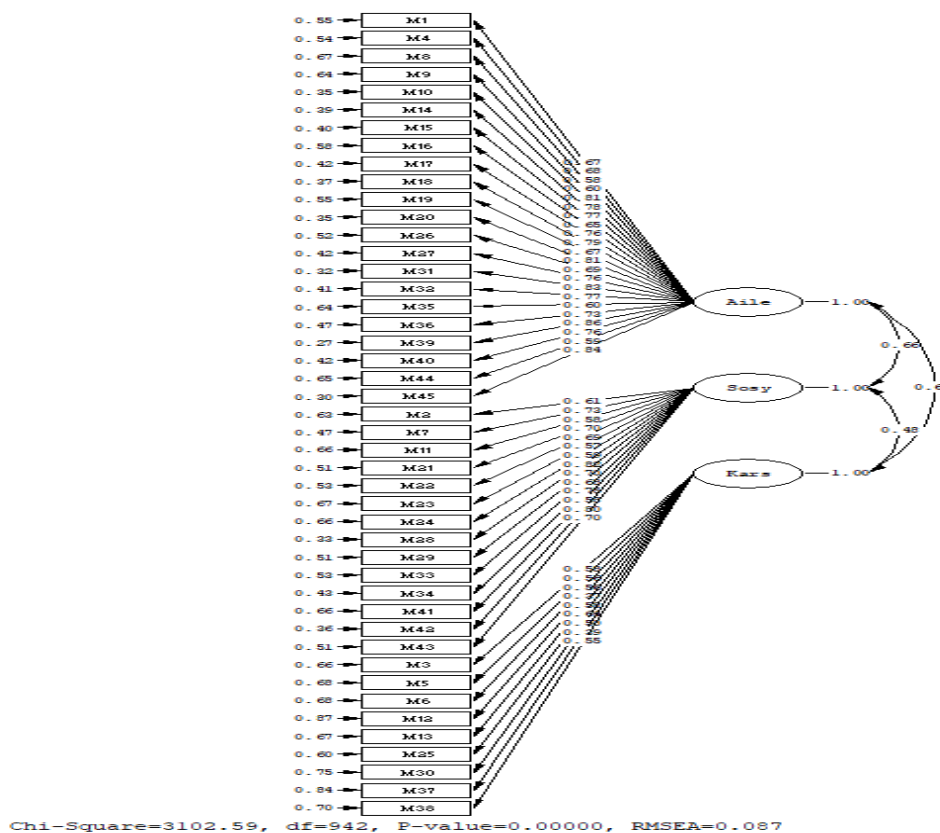


Figure 1. First level CFA standardized factor loads

The results of the StEIS first level CFA revealed that the item factor loads ranged from .37 to .86. The results of the second-level CFA conducted subsequently were found to be consistent with the findings of the first-level CFA. In both analyses, all factor loadings were determined to be significant at the .001 level, indicating a strong and consistent relationship between the latent factors and observed variables Table 2 displays the correlation values among the factors.

Table 2. *Correlation values between factors*

	1	2
1. StTFR	-	
2. StTSR	.66**	-
3. StTPN	.68**	.48**

**p<.01

Based on the correlation values provided in Table 2, the highest correlation coefficient was observed between the StTFR and StTPN sub-dimensions, with a value of $r=.68$, indicating a strong positive correlation ($p<.01$). Conversely, the StTSR and StTPN sub-dimensions exhibited the lowest correlation coefficient of $r=.48$, indicating a moderate positive correlation ($p<.01$). The findings showed that the values obtained for the study model within the scope of standard fit values confirmed the modeled factor structure.

Criterion validity

For the criterion validity of the StEIS, similar scales were used. In this context, the PTSDSS (Evren, 2016) and the CTO (Şar, 2012) were used, and the relationships between both scales and the StEIS were analyzed by Pearson correlation analysis. The results are given in Table 3.

Table 3. *Results of the Pearson correlation analysis of the relationship between StEIS, PTSDSS, and CTO*

	1	2	3	4	5	6	7	8
1. StTFR	-							
2. StTSR	.79**	-						
3. StTPN	.62**	.58**	-					
4. PTSDSS	.38**	.58**	.35**	-				
5. Emotional Abuse	.63**	.53**	.45**	.26**	-			
6. Physical Abuse	.22**	.20*	.27**	.13	.50**	-		
7. Physical Neglect	.07	.14	.13	.05	.11	.19*	-	
8. Emotional Neglect	.21**	.08	.14	-.07	.36**	.33**	.22**	-
9. Sexual Abuse	-							

According to the information in Table 3, a significant moderate positive relationship was observed between the mean scores of the StTRF sub-dimension of the StEIS and the mean scores derived from the following measures: the PTSDSS ($r=.38$, $p<.05$), the Emotional Abuse sub-dimension of the CTO ($r=.63$, $p<.05$), and the Sexual Abuse sub-dimension of the CTO ($r=.36$, $p<.05$). Furthermore, as indicated in the results provided, there was a significant moderate positive relationship between the mean scores of the StTSR sub-dimension of the StEIS and the mean scores obtained from the following measures: the PTSDSS ($r=.58$, $p<.05$), the Emotional Abuse sub-dimension of the CTSS ($r=.53$, $p<.05$), and the Sexual Abuse sub-dimension of the CTO ($r=.53$, $p<.05$). Moreover, the findings indicate a significant moderate positive relationship between the mean scores of the StTPN sub-dimension of the StEIS and the mean scores obtained from the following measures: the PTSDSS ($r=.35$, $p<.05$), the Emotional Abuse sub-dimension of the CTSS ($r=.458$, $p<.05$), and the Sexual Abuse sub-dimension of the CTO ($r=.37$, $p<.05$).

Reliability

The reliability analysis was conducted on the form derived from the StEIS, which consists of three dimensions and 45 items. To assess the reliability of the form, both Cronbach's alpha internal consistency coefficient and test-retest analysis were conducted. These analyses help evaluate the consistency and stability of the measurements over time. Item discrimination analysis was also employed as part of the reliability assessment. This analysis helps determine the extent to which individual items on the form discriminate between participants with different levels of the measured construct. The values regarding the test-retest analysis and Cronbach's alpha internal consistency are presented in Table 4.

Table 4. *Values regarding the reliability analysis*

DIMENSIONS	ITEM NUMBER	CRONBACH’S ALPHA	TEST RETEST
StTFR	22	.96	.98
StTSR	14	.92	.96
StTPN	9	.76	.97
Total	45	.96	.98

As seen in Table 4, the Cronbach's alpha reliability coefficient in the reliability studies was as .96 for the total scale, .96 for the StTFR, .92 for the StTSR, and .76 for the StTPN. Also, the test-retest correlation was .98 for the total scale, .98 for the StTFR, .98 for the StTSR, and .97 for the StTPN.

The results of the item discrimination analysis conducted for reliability revealed a significant difference ($p < .01$) between the means of the lower and upper 27% groups for all items in the scale. Based on the significant differences observed between the lower and upper 27% groups for all items in the scale, it can be concluded that the scale is indeed discriminant in measuring the intended characteristic. The anti-image correlation values of the items range between 0.860 and 0.973. Based on the analysis results, it can be inferred that the items in the scale make a significant contribution to the factor structure of the scale. The high contribution of the items to the factor structure indicates that each item is strongly related to the underlying construct being measured. Additionally, the strong relationships observed between the items in the correlation matrix suggest that they are interrelated and collectively represent the construct in a cohesive manner. These findings further support the overall validity and reliability of the scale.

Based on the findings presented, it can be concluded that the StEIS exhibits a three-dimensional structure and possesses favorable psychometric properties, including validity and reliability. The evidence gathered from content validity, construct validity (through EFA and CFA), criterion validity, Cronbach's alpha reliability, test-retest reliability, and item discrimination analysis supports the conclusion that the StEIS is a valid and reliable measurement tool for assessing small ‘t’ traumatic experiences.

Regression Analysis Findings Regarding the Prediction of Psychological Need Satisfaction and its Sub-Dimensions on Small ‘t’ Traumatic Experiences

The MLRA examining the predictive relationship between psychological needs and small ‘t’ traumatic experiences revealed a significant association. This indicates that psychological needs, as measured by the scale, play a role in predicting the occurrence or intensity of small ‘t’ traumatic experiences. Before the regression analysis, whether the normality and analysis assumptions were met was examined. For this purpose, multivariate normal distribution and linearity analyses (P-P) were made using the normal distribution curve plot, histogram, and scatter plot of residual values. In Figure 2, histogram of small ‘t’ traumatic experiences, P-P normal distribution curve graph and scatter graph are given together.

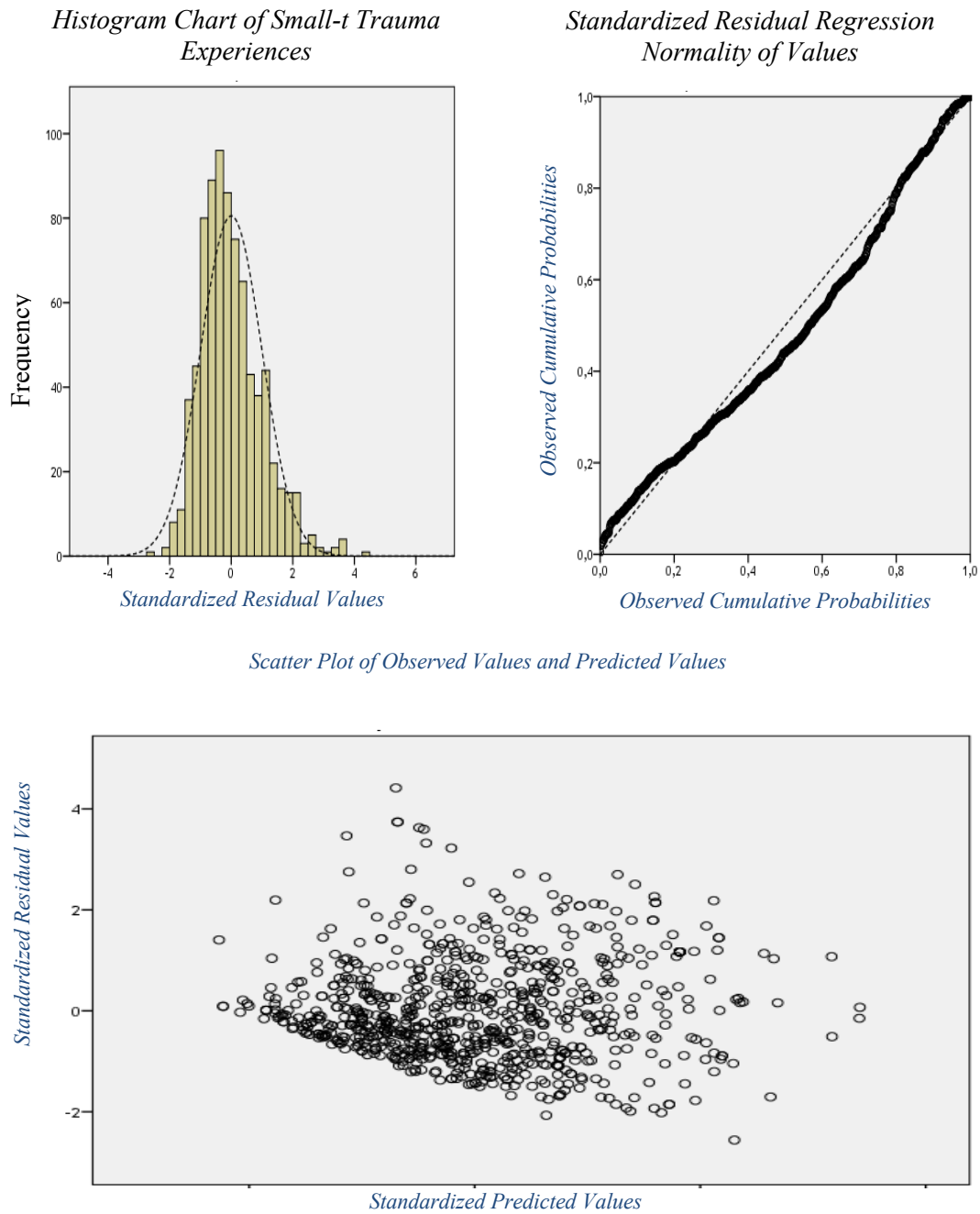


Figure 2. Histogram, P-P normal distribution curve plot, and scatter plot of small ‘t’ trauma

As seen in the related graphs of the small ‘t’ traumatic experiences in Figure 2, for regression, normality and linearity assumptions were met. After the normality tests, the variance inflation (VIF) and tolerance values were calculated for the multicollinearity tests between the predictor variables, and DurbinWatson analysis was used to test whether there was an autocorrelation problem. The results are given in Table 5.

Table 5.Results of multicollinearity analysis between predictive variables

Variables	VARIABLES			Tolerance	VALUES	
	1	2	3		VIF	Durbin-Watson
Need for Autonomy	1	.66**	.53**	.521	1.919	
Need for Competence		1	.53**	.516	1.938	1.87
Need for Relatedness			1	.660	1.515	

In Table 5, the correlation coefficients between the predictive variables revealed that there was a moderate and positive correlation between autonomy-competence ($r = .66$ $p < .01$), autonomy-relatedness need ($r = .53$ $p < .01$), and competence-relatedness need ($r = .53$ $p < .01$). The correlation coefficients between all predictor variables were less than .80. The tolerance values obtained for the variables were greater than 0.2 and the VIF values were less than 10. No evidence of multicollinearity was found among the predictor variables. VIF values less than 10 and tolerance values greater than 0.2 are generally considered acceptable to avoid multicollinearity issues in regression analysis (Field, 2005). The Durbin-Watson coefficient was employed to test autocorrelation. In the regression analysis, Durbin-Watson values are expected to be between 1.5 and 2.5 (Öztürk, 2006). The Durbin-Watson value calculated in this research was found as 1.87, thus there was no autocorrelation problem.

After meeting the regression assumptions, the predictive role of psychological need satisfaction in small ‘t’ traumatic experiences was examined by MLRA, and the results are given in Table 6.

Table 6.Multiple linear regression analysis regarding predictive role of psychological need satisfaction in small ‘t’ traumatic experiences

Small ‘t’ Traumatic Experiences	B	SHB	B	T	P
Constant	4.423	.118		37.504	.000
1– Need for Autonomy	-.231	.024	-.365	-9.467	.000
2– Need for Competence	-.033	.026	-.049	-1.275	.203
3– Need for Relatedness	-.234	.027	-.298	-8.688	.000

As seen in Table 6, the autonomy need explained 36% ($\beta = -.36$) of the observed variance regarding small ‘t’ traumatic experiences and 30% ($\beta = -.30$) of the relatedness need. The competence need, on the other hand, was not a significant explanatory of small ‘t’ traumatic experiences ($p = .20$). The level of meeting of three psychological needs together explained 38% of the observed variance regarding small ‘t’ traumatic experiences ($R = .615$, $R^2 = .379$, $F = 162.83$, $p < .01$). The findings of MLRA revealed that psychological needs, except for the competence need, significantly predicted small ‘t’ traumatic experiences. In the study, the assumptions of linearity and normality were met, and the analysis results showed that psychological needs, except for the competence need, predicted small ‘t’ traumatic experiences.

DISCUSSION

Discussion Regarding the StEIS Findings

The analysis results indicated that the StEIS possesses validity and reliability as a measurement tool for assessing small 't' traumatic experiences, and it demonstrates a three-factor structure. According to the results, the sub-dimensions of the StEIS are StTFR, StTSR, and StTPN. These sub-dimensions were named especially after close relationships. The literature review put forth that small ‘t’ trauma are especially related to unmet psychological needs (Barbash, 2001; Civilotti et al., 2019; Forgash & Knipe, 2007; Hensley, 2015). As a matter of fact, the focus on relationships in many measurement tools developed by taking into account the emphasis on the effects of childhood experiences in the future also supports this. Childhood Experiences Measurement Tool (Manap; 2015), one of these measurement tools, focused on individuals' childhood relationships and tried

to measure them in the context of family, school, and general social relationships. In fact, it is noteworthy that the two main dimensions of the scale developed in the present study are relationships. The first of these involves traumas originating from family, and the second one involves traumas originating from social relationships.

The reason behind the emphasis on family relationships in childhood can be explained by the positive and negative reflections of family life on the child because, if familial relationships are established in a healthy way, it affects the social relationships of the child, especially self-esteem, and thus a trauma infrastructure can be prevented (Raja, 2019). On the other hand, insufficient fulfillment of the relationships brings with it emotional neglect, and the child's coping skills do not develop well in the face of these experiences (Keçeli, 2015), and thus he/she may be exposed to the effects of trauma. In addition, the importance of family support, as well as the severity of the event, draws attention on the transformation of negative events that are not directly related to family relations (experiences of failure, etc.) into a traumatic process (Kaya, 2019). Small 't' trauma may occur more frequently, especially in cases where the relatedness need, such as rejection, abandonment, and being unloved, is not met (Barbash, 2017; Civilotti et al., 2019; Forgash, 2007; Hensley, 2015; Mol et al., 2005; Morrissey, 2013; Shapiro, 2001b; Shapiro, 2012; Shapiro, 2009; Turner & Lloyd, 1995; Wesselmann et al., 2012). Since family relationships are very important in determining small 't' traumatic experiences, it can be said that the StTFR sub-dimension, which has the highest number of items (22 items), is the strong side of the StEIS.

Another factor based on relationships related to small 't' traumatic experiences includes our social relationships. Named StTSR, this factor is closely related to the fact that the people with whom the individual interacts in daily life (family, teacher, friend, etc.) have an impact on his development because although relationships are important in every period of life, social relationships in addition to the family also play an important role in one's self-confidence and in the external world, and in coping with traumatic experiences (Levine & Frederick, 2020). For example, not being loved or valued by the family causes a traumatic experience but also being exposed to negative situations such as being insulted or cursed by friends can also cause a traumatic experience (Kaya, 2019). For this reason, traumatic cases need to be examined in a social context as well. Since individuals' tendencies shift from family to friends during adolescence in terms of development (Morsünbül, 2011), experiences arising from negative friendship relationships such as exclusion and bullying in this period will cause great damage to the individual. In the literature, many studies concluded that having problems in social relationships can cause small 't' trauma (Civilotti, et al., 2019; Forgash, 2007; Hensley, 2015; Mol et al., 2005; Morrissey, 2013; Shapiro, 2001b; Shapiro, 2009; Wesselmann et al., 2012).

The third and last sub-dimension, StTPN, as the name suggests, mostly covers unmet physiological needs. Although small 't' trauma is mostly based on unmet psychological needs, physiological needs also have an important place. Indeed, physiology and psychology are intertwined. For example, while the hunger need of the person is met, the messages "I see your need" and "I care" are also given. In addition to physiological needs, there are also some items related to the unmet safety need in this dimension. In his Choice Theory, Glasser (2005) listed the needs such as hunger, thirst, shelter, warmth and sleep, as well as the need for safety, while describing physiological needs because according to him, all living beings struggle to survive. This struggle includes ensuring our safety, going beyond survival (Türkdoğan, 2010). In other words, safety also refers to the ability to meet the biological and shelter needs necessary for people to be away from physical or psychological traumas and to survive (Türkdoğan, 2010; Frey, 2005). There are also studies showing that if these physiological needs are not met, small 't' trauma will present (Civilotti et al., 2019; Barbash, 2017; Hensley, 2015; Mol et al., 2005; Shapiro, 2009; Turner & Lloyd, 1995).

In the construct validity study, the scale was determined as three-dimensional in the EFA and CFA analysis, and the relevant scale was examined using criterion validity. Criterion-dependent validity studies were carried out in order to reveal the connections of the scale scores of the StEIS with a few external criteria, and in this context, the relationships between the StEIS and the CTO and the PTSDSS were examined. Although the characteristics measured by the CTO, one of the scales used in criterion validity, differ from

those of the StEIS at some points, it generally refers to similar processes related to negative early experiences such as neglect and abuse. In other words, although a positive correlation is expected between the scales, the agreement level should not be too high. According to the analysis results, the correlations between the scales in this research were consistent with expectations. The significant and anticipated correlation between the selected criteria and the StEIS (Small 't' Traumatic Experiences Identification Scale) can be considered a finding that strengthens the scale's validity. Consequently, the analyses as a whole show that the developed scale is a reliable and valid measurement tool in determining the early period small 't' traumatic experiences.

Discussion Regarding the Findings of Regression Analysis on the Prediction of Psychological Need Satisfaction in Small 't' Traumatic Experiences

The level of satisfaction of psychological needs is an important determinant of an individual's negative or positive mental health, and meeting these needs, especially in childhood, has a reducing effect on the incidence of mental health disorders (Doğan, 2020). When the needs are not met, the feelings of "being unimportant" and "not being good enough" become a part of the unprocessed memory network, and this network paves the way for trauma (Shapiro, 2012). Hensley (2015) also listed unmet needs among the factors that cause small 't' trauma because when the child's needs are ignored and not reacted to, this can become a problem that negatively affects the whole life of the child. Such children are often seen as the ones causing trouble at school or having problems in their relationships. However, the social relationships of children whose needs were met by their families during childhood and who grew up in a safe environment are healthy (Keçeli, 2015; Morsünbül & Çok, 2011). Young et al., (2003) argued that individuals who could not achieve secure attachment and do not satisfy their psychological needs will experience certain problems (Young et al. 2003). One of these problems is that unmet psychological needs can cause trauma in the individual (Hensley, 2015). Yet, small 't' trauma are not just about unmet psychological needs. For this reason, it is important to learn to what extent unmet psychological needs predict small 't' traumatic experiences so that we can see the relationship between them more clearly.

The MLRA conducted in the present study put forth that while autonomy and relatedness needs, the sub-dimensions of psychological needs, adequately predicted small 't' traumatic experiences, competence need did not adequately predict small 't' traumatic experiences. Even when there are chronically serious stressors, the need for competence develops with certain resources (Agaibi & Wilson, 2007). For this reason, it may not always cause trauma in the individual. In addition, the fact that the need for autonomy predicts small 't' trauma the most compared to other needs can be explained with collectivism. Meeting the need for relatedness comes to the fore for individuals living in protective families and in a collectivist country like Turkey, whereas meeting the need for autonomy does not come high. Those who attach importance to autonomy may not consider themselves emotionally healthy and having high adjustment in such an environment, and this can turn into trauma (Cooper et al., 1995). There are also studies showing that autonomy is more important among the other three psychological needs (Cihangir-Çankaya, 2009; KoçYıldırım, 2014). Furthermore, since relatedness is important in Turkish culture, if it is not met, it will have a negative effect on the individual. According to the literature, small 't' traumatic experiences are also based on unmet needs, especially problems arising from close relationships in the early period (Shapiro, 2001a; Hensley, 2015). As a result, when psychological needs are not met, relevant information cannot be stored in isolation and cannot be connected to the memory network. Some situations experienced today may trigger earlier memories, causing the person to re-experience a part or whole of that memory cognitively, emotionally and somatically, causing maladaptive and symptomatic behaviors and thus small 't' trauma (Kavakçı, 2013). Thus, according to these findings, which confirmed the second hypothesis of the study, psychological need satisfaction predicted small 't' traumatic experiences.

RESULTS

The scale items were mostly developed on the basis of unmet psychological needs. However, a large number and variety of events that can change according to the perceptions of people can be traumatic experiences. In the study, the most common traumatic experiences in the literature are listed. At this point, the similarity and difference of the developed scale with the other small 't' traumatic experiences scales that can

be developed differently can be revealed, and how and to what extent small 't' trauma affect mental health can be put forth.

This research investigated the association between psychological needs and small 't' traumatic experiences. Yet, small 't' trauma have a preventive, protective and therapeutic importance for mental health in general in terms of psychopathological susceptibility and well-being. For this reason, it is recommended that small 't' trauma are addressed in this context and explored together with the concepts of illness and psychological well-being, and their relationship with mental health is examined in a holistic and multifaceted manner.

According to the analysis result, the measurement tool had a three-factor structure. Of these three factors, small 't' trauma originating from family relationships had the highest variance. Therefore, in terms of practitioners, preventive studies related to family mental health can be done so that family life does not turn into trauma.

The MLRA conducted in this research showed that the need for competence, one of the subdimensions of psychological needs, did not sufficiently predict the small 't' traumatic experiences. Although the study had aimed to develop the small 't' traumatic experiences scale on the basis of unmet psychological needs in the beginning, the analyses revealed that small 't' trauma was caused mostly by unmet relationships. As a matter of fact, the unmet need for competence did not predict small 't' trauma. In this sense, whether the need for competence predicts small 't' trauma in different sample groups can be reexamined.

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GENİŞLETİLMİŞ ÖZET

Giriş: Bu çalışmada küçük 't' travma yaşantılarını belirlemeye yönelik "Küçük t Travma Yaşantılarını Belirleme" ölçeğinin (KtTYBÖ) geliştirilmesi ve psikolojik ihtiyaçların küçük 't' travma yaşantılarını yordayıcı rolünün incelenmesi amaçlanmıştır. Bu çalışmada küçük travmaların neler olabileceği ve nasıl ölçümlenebileceği sorusundan yola çıkarak, küçük 't' travma yaşantılarını belirleyebilecek bir ölçüm aracının geliştirilmesi amaçlanmaktadır. Küçük 't' travma yaşantısını belirleme ölçeğinin madde havuzu oluşturulurken karşılanmayan ihtiyaçlar temelinde hareket edilmiştir. Ancak küçük 't' travmaların sadece karşılanmayan psikolojik ihtiyaçlardan oluşmadığı da dikkate alınarak karşılanmayan psikolojik ihtiyaçların küçük 't' travma yaşantılarını ne düzeyde yordadığını öğrenmek, aralarındaki ilişkiyi daha net görebilmemiz ve psikolojik ihtiyaçların küçük t travmalarda açıklayıcı rolünü anlayabilmemiz açısından önemlidir. Tüm bunlardan hareketle bu çalışmanın temel hipotezleri geliştirilen ölçüm aracının psikometrik özelliklerinin incelenmesi ve psikolojik ihtiyaçlar ile küçük t travmalar arasındaki ilişkinin ele alınması üzerine şekillenmiştir. Bu bağlamda çalışmanın iki hipotezi oluşturulmuştur:

Hipotez 1: KtTYBÖ küçük 't' travma yaşantılarını belirlemek için geçerli ve güvenilir bir ölçme aracıdır.

Hipotez 2: Psikolojik ihtiyaç alt boyutlarından; özerklik ihtiyacı, yeterlik ihtiyacı, ilişkili olma ihtiyacı küçük 't' travma yaşantılarını anlamlı bir düzeyde yordamaktadır.

Method: Bu çalışma iki aşamada yürütülmüştür. İlk olarak, küçük 't' travma yaşantılarını belirlemek için bir ölçme aracı geliştirilmiştir. İkinci aşamada ise temel psikolojik ihtiyaçlar ve alt boyutlarının küçük t travma yaşantılarını ne düzeyde yordadığı incelenmiştir. Bu aşamalar çerçevesinde araştırma nicel araştırma yöntemleri ile yürütülmüş, betimsel tarama deseni ile yürütülen ilk aşamada ölçek geliştirme aşamaları takip edilirken, ikinci aşamada ise yordayıcı korelasyonel araştırma deseni kullanılmış ve regresyon analizinden yararlanılmıştır. Araştırma grubunun on sekiz yaş üstü bireylerden oluşmasına özen gösterilmiştir. Çünkü küçük 't' travma daha çok çocukluk döneminde olumsuz yaşantılardan oluşmaktadır. Ayrıca Birleşmiş Milletler Çocuk Hakları Sözleşmesinin birinci maddesinde on sekiz yaşın

altındaki her insan çocuk olarak sayılmaktadır. Böylece Küçük 't' Yaşantılarını Belirleme Ölçeği'nin (KtTYBÖ) çalışma grubu on sekiz yaş üstü bireylerden oluşmakta olup, ölçeğin psikometrik incelemeleri kapsamında AFA için n=549 ve DFA için n=307, test tekrar test için ise n=89 katılımcı araştırma grubunda yer almıştır.

Ölçek geliştirme işlemi tamamlandıktan sonra psikolojik ihtiyaçların ve alt boyutlarının (özerklik, yeterlik, ilişkili olma) küçük 't' travma yaşantılarını yordama düzeyini belirleyebilmek amacıyla yapılan çalışma, 806 kişilik on sekiz yaş üstü araştırma grubu üzerinde gerçekleştirilmiştir. KtTYBÖ'nin geliştirilmesi aşamasında kişisel bilgi formu ve ölçüt geçerliliğini belirlemek için Çocukluk Çağı Travmaları Ölçeği (ÇÇTÖ) ve Travma Sonrası Stres Bozukluğu Kısa Ölçeği (TSSB-KÖ) ölçme araçları kullanılmıştır. İkinci aşama olan yordayıcı korelasyonel çalışmada ise bu araştırma kapsamında geliştirilen KtTYBÖ ve İhtiyaç doyumu ölçeği (İDÖ) araştırma yapmaya başlamadan önce ölçekleri geliştiren ya da uyarlayan araştırmacıların izni alınmış ve böylece bu ölçekler bu çalışmada kullanılmıştır.

Bulgular: Geliştirilen ölçeğin psikometrik incelemeleri için ilk olarak açımlayıcı faktör analizinden yararlanılmıştır. Elde edilen bulgular faktör yükleri 2.52 ile 16.54 aralığında olan üç faktörün birinci faktör toplam varyansın % 36.75'ini, ikinci faktör toplam varyansın % 8.47'ini ve üçüncü faktör toplam varyansın % 5.59'unu, faktörlerin tümü ise %50.8'ini açıklamaktadır. Bu faktörler sırasıyla 'Aile İlişkilerinden Kaynaklı Küçük 't' Travmalar' 'Sosyal İlişkilerden Kaynaklı Küçük 't' Travmalar' ve 'Karşılanmayan Fizyolojik İhtiyaçlardan Kaynaklı Küçük 't' Travmalar'dır. AFA ile elde edilen 3 faktörlü bu yapı ayrıca doğrulayıcı faktör analizi ile de incelenmiş ve analiz sonucunda elde edilen uyum iyiliği değerlerinin χ^2/sd (3102.59/942) =3.29, p=.001, SRMR: .064; NNFI:96; IFI=.96; CFI=.96; RMSEA=.087 şeklinde olduğu gözlenmiştir. Maddelerin ayrı edicilik gücünü belirlemek üzere yapılan madde analizinde ise ölçekte yer alan tüm maddeler açısından alt-üst % 27'lik grup ortalamaları arasındaki farkın anlamlı olduğu belirlenmiştir. Ölçeğin güvenilirlik incelemeleri ise alpha güvenilirlik analizi ile incelenmiş ve analiz sonucunda iç tutarlılık katsayılarının sırasıyla AKT için .96, SKT için .92 ve FKT için ise .76 olduğu görülmüştür. KtTYBÖ'nin tamamı için hesaplanan Cronbach Alpha değeri ise .96'dır. Çoklu doğrusal regresyon analizi ile elde edilen bulgular sonucunda psikolojik ihtiyaçlar ile küçük 't' travma yaşantıları arasında anlamlı bir ilişki gözlenmiş, psikolojik ihtiyaçların küçük 't' travma yaşantılarının anlamlı bir yordayıcısı olduğu görülmüştür.

Sonuç ve Öneriler:

- Sonuç olarak araştırmanın birinci hipotezinin doğrulandığı bulgulara göre KtTYBÖ küçük 't' travma yaşantılarını belirlemek için geçerli ve güvenilir bir ölçme aracıdır. Ayrıca araştırmanın ikinci hipotezinin doğrulandığı bulgulara göre psikolojik ihtiyaç doyumunun küçük 't' travma yaşantılarını yordadığı görülmüştür.
- İleride kısalık ve güvenilirlik arasındaki en uygun denge sağlanarak geliştiren 45 maddelik KtTYBÖ'nin kısa versiyonu için analiz çalışmaları yapılabilir.
- Bu çalışma kapsamında küçük 't' travmanın psikolojik ihtiyaçlarla ilişkisi incelenmiştir. Bundan sonra yapılacak araştırmalarda diğer psikolojik değişkenlerle olan ilişkisi de incelenebilir.
- Bu çalışmada literatürdeki en çok görülen travmatik yaşantılar sıralanmıştır. Kişilerin algılarına göre değişebilen yüzlerce olay travmatik yaşantı olabilir Ölçek tek başına bir çalışmada kullanılırsa bu bir sınırlılık olarak görülebileceğinden benzer ölçeklerle desteklenebilir.
- Bu çalışmada ölçek geliştirilirken ölçek verileri sadece nicel yöntemler kullanılarak toplanmıştır. Bu sebeple ileride yapılacak olan çalışmalarda uygun örneklem üzerinde yapılan görüşmelerle elde edilecek olan nitel verilerle desteklenebilir.