

Overrapportage van symptomen bij jongeren (12 tot 18 jr.): validiteit en betrouwbaarheid van de Self-Report Symptom Inventory (SRSI)..

No registrations found.

| | |
|------------------------------|------------------|
| Ethical review | Positive opinion |
| Status | Pending |
| Health condition type | - |
| Study type | Interventional |

Summary

ID

NL-OMON25603

Source

NTR

Brief title

OS-VABE

Health condition

Overreporting symptoms

Sponsors and support

Primary sponsor: Zuyderland Medisch Centrum

Source(s) of monetary or material Support: None

Intervention

Outcome measures

Primary outcome

To identify whether the SRSI can sufficiently distinguish between the honest and the feigning

filler in young people between 12 and 18 years in a generally healthy population?.

Secondary outcome

To identify whether the SRSI has sufficient reliability, when the internal consistency and test-retest reliability are calculated in young people between 12 and 18 years in a generally healthy population?

Study description

Background summary

In clinical practice psychologists often use self-report measures to evaluate the psychological functioning and to assess clinical symptoms and disorders. We know that self-report measures are often inaccurate and therefore give a distorted picture of the symptoms. This can lead to potentially inappropriate classification and less appropriate treatment. Questionnaires that check for inaccurate presentation of symptoms can be used in order to continue to work efficiently and carefully. Inaccurate presentation of symptoms can be tracked down with detecting overreporting of symptoms, also known as Symptom Validity. Symptom validity can be assessed with Symptom Validity Tests (SVT), such as the Self-Report Symptom Inventory (SRSI) (Merten, Merckelbach, Giger, & Stevens, 2016). In adults, there exist several reliable and valid SVTs and their use is increasingly common in the adult population. However, little is known about symptom validity in younger people, the psychometric qualities of independent Dutch-language SVTs, their usefulness and the applicability in clinical practice. While scientific research shows that young people can also present their symptoms in an exaggerated way (Rogers, Hinds & Sewell 1996; Chafetz, 2008; Kirkwood, 2015). In the present study we will investigate the use of an adult SVT in a population of youth between 12-18 years to identify the validity and reliability of the SRSI.

The Dutch version of the Self Report Symptom Inventory (SRSI) will be used to measure symptom validity in students between the age of 12 and 18 years in secondary school or sports clubs. They will be asked to participate in this study. Participation is voluntary. The young people who wish to participate are invited online to complete the SRSI twice. Once honest (T1). Again according to a script (like a role in a movie, T2). Four scripts are used; one script asking for honesty again and three scripts with three different roles for exaggerating or feigning symptoms. These three roles involve feigning depressive symptoms, feigning pain symptom and feigning uncooperative behavior. This way we can determine whether the SRSI is also susceptible to overreporting of symptoms in young people. The questionnaires will be conducted online via a Microsoft Teams appointment with the researcher. This will take approximately 45 minutes.

Study objective

We expect that participants (young people between 12 and 18 years in a generally healthy

population) when asked to exaggerate / feign will show a significantly higher score on Self-report Symptom Inventory's (SRSI) pseudo-symptoms scale than when participants are asked to fill in honestly.

Study design

One Session.

Primary outcome: It is expected that the SRSI can sufficiently distinguish between the fair and the feigning responses, because the participants who are asked to exaggerate / feign respond with a significantly higher score on the pseudo-symptoms scale (SRSI, Time1) than when participants are asked to fill in honestly (Time 0).

Secondary outcome:

- Internal consistency: For the main scales of the SRSI, an internal consistency (Cronbach's Alpha) of above .80 is expected at time 1.
- Test-Retest Reliability: It is expected that there is a strong agreement between the scores on the pseudo-symptoms scale for the first administration (T 0) and the scores for the fair script of the second administration (T 1).

Intervention

The young people who wish to participate are invited online to complete the SRSI twice. Once honest (T1). Again according to a script (like a role in a movie, T2). Four scripts are used; one script asking for honesty again and three scripts with three different roles for exaggerating or feigning symptoms. These three roles involve feigning depressive symptoms, feigning pain symptom and feigning uncooperative behavior. This way we can determine whether the SRSI is also susceptible to overreporting of symptoms in young people. The questionnaires will be conducted online via a Microsoft Teams appointment with the researcher. This will take approximately 45 minutes.

Contacts

Public

Zuyderland Medisch Centrum
leona Blanken

0622465345

Scientific

Zuyderland Medisch Centrum
leona Blanken

0622465345

Eligibility criteria

Inclusion criteria

Young people between 12 - 18 years old, following regular secondary education (all levels of education).

Exclusion criteria

An uncorrectable visual impairment, a physical impairment that prevents the use of a computer, insufficient mastering of the Dutch language and / or when there is a physical / psychological diagnosis for which treatment is offered.

Study design

Design

| | |
|---------------------|-------------------------------|
| Study type: | Interventional |
| Intervention model: | Crossover |
| Allocation: | Randomized controlled trial |
| Masking: | Single blinded (masking used) |
| Control: | N/A , unknown |

Recruitment

| | |
|---------------------------|-------------|
| NL | |
| Recruitment status: | Pending |
| Start date (anticipated): | 21-05-2021 |
| Enrollment: | 100 |
| Type: | Anticipated |

IPD sharing statement

Plan to share IPD: Undecided

Ethics review

Positive opinion

Date: 04-05-2021

Application type: First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

| Register | ID |
|----------|--|
| NTR-new | NL9472 |
| Other | METC-Z Zuyderland-Zuyd : METCZ20210058 |

Study results

Summary results

N.A.