

# Validity of the SDQ as Preventive Child Health Care instrument to identify psychosocial problems in 4,5 and 6 year old children as compared to the LSPPK

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This project aims at evaluating the reliability, validity, and the added value of the SDQ (Parent Format ) compared to LSPPK (a Dutch questionnaire to detect psychosocial problems in toddlers and children). The study findings may support the Dutch...

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Other condition
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON31851

### Source

ToetsingOnline

### Brief title

SDQ preschool Children

### Condition

- Other condition

### Synonym

emotional and behavioral problems, Internalizing and externalizing problems

### Health condition

psychosociale problemen

### Research involving

Human

## Sponsors and support

**Primary sponsor:** TNO

**Source(s) of monetary or material Support:** ZonMw

## Intervention

**Keyword:** Identification of emotional and behavioral problems, LSPPK, preschool children, Preventive Child Health Care, SDQ

## Outcome measures

### Primary outcome

The following outcomes variables are used:

- \* Area Under the Receiver Operating Characteristics Curve (AUC), sensitivity and specificity of the SDQ and the LSPPK, using the CBCL total problem score as well as the child's current treatment status as criteria.

- \* Added value of the SDQ total score, the subscale scores, and the impact questions for the prediction of the child's problem score on the CBCL and his or her current treatment status. Both the parent format and the teacher format of the SDQ will be included.

- \* Added value of the LSPPK total score and the subscale scores on the prediction of the child's problem score on the CBCL and his or her current treatment status.

### Secondary outcome

Added value of SDQ TF for the prediction of a clinical CBCL score

# Study description

## Background summary

Psychosocial problems in young children are highly prevalent. A good and early detection increases the change of an effective treatment and the child's healthy development. Research has shown that current identification of psychosocial problems is not adequately done in the Dutch Preventive Health Care system. Professional health care workers in the Netherlands do not use any standard instruments for the detection of problems, or they use the so-called LSPPK (a Dutch questionnaire to detect psychosocial problems in toddlers and children). The current version of this questionnaire is however, not validated. Moreover, the sensitivity and specificity of the first version of LSPPK is far from perfect.

Recently, the SDQ was chosen as standard instrument for children in the age between 7 to 12 years. The SDQ was found to be reliable, valid, and practically usefull for these age groups. Replacing the LSPPK with the SDQ offers some advantages: using the SDQ professional Health Care workers can assess and compare the child's development of emotional and behavioral problems at different ages; the SDQ can broadly be used in different informants such as parents and teachers, and the implementation of this instrument in the Dutch Preventive Health Care will be facilitated. However, the SDQ has not yet been validated for this age group. In this study we examine whether the SDQ is a reliable and valid instrument in 4, 5 and 6 year old children in comparison to the current LSPPK version.

## Study objective

This project aims at evaluating the reliability, validity, and the added value of the SDQ (Parent Format ) compared to LSPPK (a Dutch questionnaire to detect psychosocial problems in toddlers and children).

The study findings may support the Dutch policy for the use of standard instruments for the identification of psychosocial problems at early age. Furthermore, in this study we examine whether the Teacher Format of the SDQ, the additional impact questions in the SDQ, and the subscales can improve the detection of psychosocial problems in 4, 5, and 6 year old children.

## Study design

The study design has three phases:

### 1) PREPARATION

In this phase we want to include professional Health Care Organisations (GGD) in the Netherlands in the study. In addition, the questionnaires can be

developed in this phase and will be sent to all participating organisations. Finally, each organisation will participate in a training session about the study procedures.

The following questionnaires will be developed:

- Parent questionnaires to determine background information, as well as the SDQ, LSPPK, and the CBCL.
- Non response questionnaire for the professional.
- Questionnaire for the professional to assess his or her personal evaluation of the psychosocial problems in a individual child, as well as some background information on the child's family.
- Teacher version of the SDQ
- a multilingual version of the parent questionnaire (either the SDQ or LSPPK) to be used orally by those parents who can not read the Dutch language.

## 2) DATA COLLECTION

The PCH professionals send parents a letter asking them to cooperate in the study, together with a regular health check invitation. When parents are willing to participate, they fill in the SDQ Parent Form and the LSPPK questionnaire. The parents take their completed questionnaire to the regular consultation. Teachers will be asked whether he or she perceives the child as having problems, and if so, they answer the SDQ Teacher Form for that child. This will only be done when parents agree.

## 3) ANALYSIS AND REPORTING

Using Structural Equation Modeling we want to test the scale structure of the SDQ and the LSPPK.

Area under curve, sensitivity and the specificity of the SDQ and the LSPPK will be assessed using the CBCL total problem score as a criterium. Prevalence of elevated scores in the normal population will be compared to scores in a (poli) clinical sample. We will assess whether the subscales and the impact questions enhance the prediction of a clinical CBCL score.

Finally, using logistic regresion analyses we want to determine wheter the Teacher Format of the SDQ, the additional impact questions in the SDQ, and the subscales can improve the detection of problems in 4 -, 5 and 6 year old children.

The study findings will be presented in a symposium for Preventive Child Health Care professionals. Additionally, the study findings will be described in a report, as well as a peer reviewed scientific publication.

## **Study burden and risks**

The study takes place in the context of the regular health examination at the ages of 4, 5 and 6 years. For the purpose of this study, parents are asked to

fill in a written questionnaire. This will take about up to 30 minutes of their time and implies no risk.

## Contacts

### Public

TNO

Postbus 2215  
2301 CE Leiden  
NL

### Scientific

TNO

Postbus 2215  
2301 CE Leiden  
NL

## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)  
Elderly (65 years and older)

### Inclusion criteria

Parents of children aged 4 to 6 years, who are invited to the regular health care examination in Dutch Preventive Child Health Care

### Exclusion criteria

Parents of children who are younger than 4 years or older than 6.

## Study design

### Design

**Study type:** Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Diagnostic

### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 01-12-2008

Enrollment: 1130

Type: Actual

## Ethics review

Approved WMO

Date: 13-11-2008

Application type: First submission

Review commission: METC Leids Universitair Medisch Centrum (Leiden)

## 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
CCMO	NL23598.058.08