Validity of the SDQ as a Preventive Child Health Care instrument to identify psychosocial problems in children of 13 years and older as compared to the KIVPA

Published: 13-11-2008
Last updated: 18-07-2024

This project aims at evaluating the reliability, validity, and the practical relevance of the SDQ Self Report compared to KIVPA (a Dutch questionnaire to detect psychosocial problems in adolescents). The study findings may support the Dutch policy…

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Other condition
Study type	Observational non invasive

Summary

ID

NL-OMON32589

Source
ToetsingOnline

Brief title
SDQ Adolescents

Condition

- Other condition

Synonym
emotional and behavioral problems, Internalizing and externalizing problems

Health condition

psychsociale problemen

Research involving
Human

Sponsors and support

Primary sponsor: TNO
Source(s) of monetary or material Support: ZonMw

Intervention

Keyword: adolescents, Identification of emotional and behavioral problems, KIVPA, Preventive Child Health Care, SDQ

Outcome measures

Primary outcome

The following outcomes variables are used:

* Area Under the Receiver Operating Characteristics Curve (AUC) using a ROC

Analysis;

* Sensitivity and specificity of the SDQ and the KIVPA, using the YSR/CBCL

total problem score as well as the adolescent's current treatment status as

criteria.

* Added value of the SDQ (Self Report) total score, the subscale scores, and

the impact questions for the prediction of the adolescents's problem score on

the YSR/CBCL and his or her current treatment status.

Secondary outcome

* Added value of the SDQ (Parent Format and Teacher Format) total score, the

subscale scores, and the impact questions for the prediction of the

adolescents's problem score on the YSR/CBCL and his or her current treatment

status.

* Added value of the questions added in the SPsy version of the SDQ self report.

* Added value of the KIVPA total score and the subscale scores on the prediction of the adolescent's problem score on the YSR/CBCL and his or her current treatment status.

Study description

Background summary

Psychosocial problems in adolescents are highly prevalent. A good and early detection increases the change of an effective treatment and the adolescent's healthy development. Research has shown that current identification of psychosocial problems by Dutch Preventive Child Health Care needs to be improved.

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. In this study we examine whether the SDQ is also a reliable and valid instrument in older age groups (13 years and older).

For adolescents professional Health Care workers in the Netherlands do not use any standard instruments for the detection of problems, or they used the so-called KIVPA (a Dutch questionnaire to detect psychosocial problems in adolescents). Replacing the KIVPA with the SDQ offers some advantages: using the SDQ professional Health Care workers can assess and compare the child's emotional and behavioral problems at different ages; the SDQ can broadly be used in different informants such as adolescents, parents, and teachers; and the implementation of this instrument in the Dutch Health Care will be facilitated. The SDQ is is however, not validated for this age group. Moreover, sensitivity and specificity of the KIVPA is neither optimal.

Study objective

This project aims at evaluating the reliability, validity, and the practical relevance of the SDQ Self Report compared to KIVPA (a Dutch questionnaire to detect psychosocial problems in adolescents).

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 Parent Format and the Teacher Format of the SDQ, the additional impact questions in the SDQ, and the subscales can improve the detection of psychosocial problems in adolescents.

Study design

The study design has three phases:
1) PREPARATION
In this phase we want to include Preventive Child Health Care Organisations (Jeugdgezondheid)) 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:
- Adolescent and Parent questionnaires to determine background information, as well as the SDQ, KIVPA, and the YSR/CBCL.
- Non respons 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 adolescent questionnaire to be used by those adolescents who can not read the Dutch language.

2) DATA COLLECTION
The PHC professionals send adolescents and their parents a letter asking them to cooperate in the study, together with a regular health check invitation.
When parents and adolescents are willing to participate, they fill in the SDQ, the KIVPA, and the YSR/ CBCL.
Questionnaires are put in closed enveloppes, given to the PCH professional who will send them to TNO. With parents' permission, teachers will be asked whether he or she perceives the adolescent as having problems, and if so, they answer the SDQ Teacher Form for that adolescent, for max. 5 of their pupils.

If adolescents are not able to read a Dutch questionnaire, they can answer a multilangual verson during the regular consultation.

3) ANALYIS AND REPORTING
Using Structural Equation Modeling we want to test the scale structure of the

SDQ and the KIVPA.

Area under curve, sensitivity and the specificity of the SDQ and the KIVPA will be assessed using the YSR total problem score as a criterium. Prevalence of elevated scores in the normal population will be compared to scores in a (poli) clinical sample.

Finally, using logistic regresion analyses we want to determine wheter the SDQ Parent Format and the SDQ Teacher Form the additional impact questions in the SDQ, and the subscales can improve the detection of problems in adolescents.

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 age of 13 years and older. For the purpose of this study, adolescents and their parents are asked to fill in written questionnaires. This will take about 15 - 20 minutes of their time and implies no risk.

Contacts

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Scientific
TNO

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NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adolescents (12-15 years)
Adolescents (16-17 years)

Inclusion criteria

Adolescents aged 13 years and older and their parents, who are invited to the regular health care examination in Dutch Preventive Health Care

Exclusion criteria

Children who are younger than 13 years; older than 17

Study design

Design

Study type: Observational non invasive

Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Prevention

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	01-12-2008
Enrollment:	550
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	NL23976.058.08