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

Gepubliceerd: 04-05-2021 Laatst bijgewerkt: 18-08-2022

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...

Ethische beoordeling	Positief advies
Status	Werving nog niet gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON25603

Bron
NTR

Verkorte titel
OS-VABE

Aandoening

Overreporting symptoms

Ondersteuning

Primaire sponsor: Zuyderland Medisch Centrum
Overige ondersteuning: None

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

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?.

Toelichting onderzoek

Achtergrond van het onderzoek

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 Sympton 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.

Doel van het onderzoek

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.

Onderzoeksopzet

One Session.

Primary outcome: It is expected that the SRSI can sufficiently distinguish between the fair and the feigning respons, 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 psuedo-symptoms scale for the first administration (T 0) and the scores for the fair script of the second administration (T 1).

Onderzoeksproduct en/of interventie

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.

Contactpersonen

Publiek

Zuyderland Medisch Centrum
leona Blanken

0622465345

Wetenschappelijk

Zuyderland Medisch Centrum
leona Blanken

0622465345

Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

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

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

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.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Cross-over
Toewijzing:	Gerandomiseerd
Blindering:	Enkelblind
Controle:	N.v.t. / onbekend

Deelname

Nederland

Status:	Werving nog niet gestart
(Verwachte) startdatum:	21-05-2021
Aantal proefpersonen:	100
Type:	Verwachte startdatum

Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

Wordt de data na het onderzoek gedeeld: Nog niet bepaald

Ethische beoordeling

Positief advies

Datum:	04-05-2021
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL9472
Ander register	METC-Z Zuyderland-Zuyd : METCZ20210058

Resultaten

Samenvatting resultaten
N.A.