

Outcome Measure	Symptom Checklist – 90 Revised
Sensitivity to Change	Unknown
Population	Adult
Domain	Psychological Status
Type of Measure	Self-report scale
ICF-Code/s	d1
Description	<p>The Symptom Checklist 90-Revised (SCL-90-R, Derogatis, 1994) is a 90-item self-report measure, assessing psychological symptoms and psychological distress. It is used in both community samples and a broad range of psychiatric conditions, including affective disorders (Prinz et al., 2013). It comprises nine primary symptom dimensions, containing six to 13 items each rated on a 5-point scale: Somatisation (SOM), Obsessive-Compulsive (OBS), Interpersonal Sensitivity (INT), Depression (DEP), Anxiety (ANX), Hostility (HOS), Phobic Anxiety (PHOB), Paranoid Ideation (PAR), and Psychoticism (PSY). These primary dimensions are then summed to provide three global measures of psychological distress, termed: Global Severity Index (GSI), the Positive Symptom Distress Index (PSDI), and the Positive Symptom Total (PST).</p> <p>Completion time is 12-15 minutes.</p> <p>The SCL-90-R is used primarily as an initial screener tool, though can be used throughout treatment in order to evaluate progress and patient outcomes post-treatment and at follow-up (Plante, 2011).</p>
Properties	<p><u>Construct validity</u>: A number of SCL-90-R subscales are highly intercorrelated, suggesting that the SCL-90-R may not represent nine independent dimensions as theorised (Prinz et al., 2013).</p> <p><u>Internal Consistency</u>: in a German sample of patients with depressive disorders, the SCL-90-R demonstrated satisfactory internal consistency ($\alpha = 0.67$ [HOS] to 0.96 [GSI]; Prinz et al., 2013).</p> <p><u>Test-retest reliability</u>: In a neurological patient sample, the SCL-90-R subscales demonstrates sound test-retest reliability, with the majority of correlations exceeding .60 (Bruce & Arnett, 2008). Higher test-retest reliabilities have been reported elsewhere (.78-.90; Payne, 1985).</p> <p><u>Convergent validity</u>: The SCL-90-R depression scale shows strong positive correlations ($r=0.80$) with other established measures of depression symptoms (e.g., Beck Depression Inventory; Prinz et al., 2013). In another study (Schmitz et al., 2000) involving psychosomatic outpatients and primary care patients, most but not all subscale scores on the SCL-90-R were moderately and positively correlated with scores obtained on the Inventory of Interpersonal Problems and the General Health Questionnaire, with relatively stronger correlations emerging between the</p>

	<p>former measure and INT, and between the latter measure and GSI.</p> <p><u>Discriminant validity:</u> A study of TBI patients in the US and New Zealand found elevated SCL-90-R scores compared to Controls on subscales reflecting TBI-related symptomatology (e.g., depression, hostility; Leathem & Babbage, 2000). Scores in this TBI group were also comparable to those reported for psychiatric outpatients. Similarly, in a German validation study (Schmitz et al., 2000) the SCR-90-R subscales and GSI were able to discriminate well between samples of outpatients with psychosomatic conditions, primary care patients and healthy controls, with the highest scores obtained in the first group and lowest scores obtained in the latter group, with the second group obtaining intermediate scores.</p> <p><u>Sensitivity and specificity:</u> Schmitz et al. (2000) found that the best balance between sensitivity and specificity occurred at a GSI score of 0.5 (coefficients .83 and .80, respectively). This cut-off yielded less than 10% false positives for the psychosomatic/control samples, though 34% false negatives.</p>
Advantages	<ul style="list-style-type: none"> • The scale is well-established with available norms for a number of different populations including: adult inpatients and outpatients, adult and adolescent non-patients. • Covers a broad range of psychological symptoms; provides a measure of symptom severity. • Scale available in several languages other than English, including: German, Greek, and Japanese. • Has been used in some TBI studies including treatment studies with some sensitivity to change in levels of distress (e.g., Bradbury et al., 2008) and Fann et al. (2014) used a short version.
Disadvantages	<ul style="list-style-type: none"> • A number of briefer scales exist assessing similar psychological symptoms and distress. • Caution is advised when using this measure to assess emotional distress in neurological groups, such as TBI, as symptoms may be motivated by impaired physical and not psychological functioning. • The product is only commercially available and costs \$286 for a starter kit.
Additional Information	
Reviewers	Jennie Ponsford

References

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