Department of Psychology

CHILD PSYCHOLOGICAL DISTRESS SCREENER (CPDS)

Development and validation of two mental health screening tools in Cambodia

Cover picture and design by Ralf Simon

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The Child Psychosocial Distress Screener and the Child Functional Impairment Scale

DEVELOPMENT AND VALIDATION OF TWO CAMBODIAN MENTAL HEALTH SCREENING MEASURES

November 2016

Sponsored by

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VU university medical center Amsterdam

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Maryknoll Cambodia

Abstract

Poverty and parental mental illness in Cambodia, in addition to other factors, can negatively affect the mental health adjustment of children. Despite the complex interactions between protective factors and risks for children living in lower- and middle-income countries, the mental health status of Cambodian children remains vastly understudied. In fact, no nation-wide, random stratified sampling investigation of Cambodian child mental health prevalence or incidence has ever been published. This may be due in part to the paucity of validated measures and the appropriate cut-scores for measures assessing particular disorders in Cambodian children. Additionally, assessing psychiatric disorders in children presents several nosological challenges in addition to other cultural considerations. One way of circumventing some of these difficulties is to assess the constructs of psychosocial distress and functional impairment.

The primary goal of the current study was to develop two brief screening measures of psychosocial distress and functional impairment following the methods by Jordans, Komproe, Ventevogel, Tol and de Jong (2008) and Tol et al. (2011). Qualitative methods including focus group discussions, child daily diaries, and in-depth interviews were employed to develop culturally-specific item content. Appropriate samples of parents, students, and teachers were recruited from urban and rural areas of Phnom Penh and the provinces of Takeo and Kampong Chhnang.

After the measures were developed and pilot tested, the newly developed Khmer versions of the Child Psychosocial Distress Screener (K-CPDS) and Child Functional Impairment Scale (K-CFIS) were deployed to a larger

validation sample of 1,643 students attending primary and secondary schools in Phnom Penh and both rural and urban areas of Battambang province. Non-probabilistic, purposive sampling was employed to recruit the child participants given that the purpose of the study was to develop and validate the measures, rather than create nation-wide normative data. Care was taken, however, to recruit students from both rural and urban areas to ensure appropriate demographic representation of the sample. In addition to the newly developed screeners and a demographic questionnaire, the following measures were administered to assess content validity: the Childhood Trauma Questionnaire, the Strength and Difficulties Questionnaire, the Cambodian Symptom and Syndrome Addendum, the Indochina Version of the Hopkins Symptom Checklist-25, and an experimental checklist to assess exposure to various adverse events.

The psychometric properties of the K-CPDS and K-CFIS were assessed using item, correlation, and hierarchical regression analyses, in addition to exploratory and confirmatory factor analyses. The results indicated that the K-CPDS demonstrated a three-factor structure similar to Jordans, Komproe, Tol, and De Jong's (2009) multi-national samples, and the K-CFIS was found to have a unidimensional structure. Other reliability and validity analyses of the measures indicated that the K-CFIS demonstrated sufficient psychometric properties across all indicators. Conversely, K-CPDS demonstrated poor construct validity, as well as poor internal consistency and test-test reliability. Several possible reasons for the psychometric weaknesses found in the K-CPDS include the reversal of two items on the administration form, the susceptibility of these two items to social desirability or adherence to social norms, and the inherent brevity of the measure, which assesses the relatively broad construct of psychosocial distress.

In sum, the K-CFIS was considered fully validated by the current analyses, but the K-CPDS requires further modification and validation to address the weaknesses of the measure. These adjustments may include: 1) Keeping the order of the endorsement the same for every item on the administration form; 2) Providing teachers with a scoring rubric for items 6 and 7, as well as instructions that they refer their attendance records to inform their responses more accurately; and 3) As a last resort, increasing the two-item subscales to three items—such as adding an item that queries teachers about the students' actual levels of academic performance, and adding a resilience item, which queries the ability to persevere after facing adversity.

Lastly, the findings from both hierarchical regression analyses supported the general findings in the literature that familial support, or neglect and abuse, were major contributors of psychosocial distress and functional impairment in Cambodian children. This highlighted the need to provide social services and develop interventions that focus on improving parenting practices in Cambodia. Other notable findings of the study include: 17.9% of the sample (19.4% of males, 16.4% of females) endorsed being physically abused, 5.5% (6.0% of males, 4.6% of females) endorsed being sexually abused, and 12.7% (12.9% of males, 12.6% of females) reported being emotionally abused. Of more clinical utility, using the highest 25% or 75th percentile of the sample distribution to determine caseness and at-risk youth: 1) A score of 8 or above on the K-CFIS indicated significant functional impairment; 2) A score of 48 or above on the CTQ total score indicated significant child abuse and neglect; and 3) A score of 22 and above of the C-SSA indicated significant distress using only the first 14 items of the scale.

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This document was produced over a period of time by several academics and students including the Primary Investigator of the study, Lieke van Domburgh, Ph.D., as well as Kao Sovandara, M.A., Pichkessey Tim, M.S., Anna Christophersen, M.A., Sorita Ann, M.S., and the main author of this report, Edward A. Palmer, Ph.D.