

## The Child Psychosocial Distress Screener [CPDS]

### 1. Aims and objectives

The CPDS is a multi-source instrument that assesses non-specific child psychosocial distress and the likelihood of need for psychosocial treatment. The instrument is developed as a primary screener in complex emergencies (especially low-and middle-income settings), for children between 8 and 14 years old. We recommend the instrument for assessing indication for secondary preventive group-based psychosocial interventions. Development of the CPDS followed a culturally grounded approach. The CPDS uses broad questions, and focuses on domains of distress, resilience and school-functioning.

### 2. Adaptations and preparations

For items 1.1/2.1 and 1.3 probes need to be adapted/ identified based on Focus Groups Discussions with community stakeholders within the context within which the CPDS is to be used. The Focus Groups Discussions should be held with (a) children; (b) teachers; and (c) parents. Focus Groups Discussions should ask participants for locally salient examples of *aversive events* and *manifestation of distress and other worrisome behaviours of children*. Subsequently, results are listed and ranked. Most frequently mentioned examples are to be included as probes. The final version should be translated following thorough procedures set out for transcultural research. It is recommended to use the following procedures: (1) Translation from English into new language by team of bilingual professionals, and lexical back translation; (2) Review by a bilingual mental health professional; (3) Evaluation in focus groups with children from the study area; (4) Blind back-translation by a bilingual local psychologist who is unfamiliar with the original version and comparison of the back-translation with the original; (5) Pilot testing in a school (van Ommeren, Sharma, Thapa, Makaju, et al, 1999).

### 3. Administration

The CPDS is a multi-source instrument and the design of the instrument has consequences for the administration. First, a pre-screening briefing precedes administration for teachers, parents and pupils. Pre-screening briefing for parents, teachers and children is recommended for calibration of judgement and for consent and should include what participants can expect from and after the screening procedures, thereby providing information on the project and/or service provision (e.g. all children will receive some sort of service, but screening is to determine what service is most likely to be appropriate). Second, interviewers (who are familiar with the CPDS administration procedures) ask the child to score with the use of pictorials (flashcards with pictures of an empty, half full and full glass corresponding to the scale's response categories – see below for example). For illiterate children interviewers read the questions and for the items with probes, the interviewer reads the probes directly after reading the main instrument item. Third, the child's teacher is asked to complete the two teacher items of the CPDS. Fourth, hand scoring of all items by the interviewer (adding all items together) results in a total score. The higher the total score the higher the level of psychosocial distress.



### 4. Information on psychometrics and cut-off scores.

Validation of the CPDSS in each new setting is recommended. The following information is meant to give an idea of earlier conducted validation studies. Validation of the scores on the CPDS in several Burundi samples demonstrated an AUC ranging from 0.81 to 0.83). In these samples the optimal cut-off score for the CPDS is 8, with diagnostic sensitivity ranging between .84 and .94 and specificity between .60 and .75. When sub-questions scores are included in the total score the internal reliability increases to  $\alpha = .83$ . Test re-test analyses demonstrated a Spearman Brown Coefficient of .83; ( $p < .001$ ) and Pearson correlation of .71 ( $p < .001$ ) (Jordans, Komproe, Ventevogel, Tol & de Jong, 2008).

An evaluation of the cross-cultural construct validity of the CPDS demonstrates that a 3-factor structure reflecting the theoretical premises of the instrument (e.g. child distress, child resilience and school context) was found in samples from Burundi, Sri Lanka and Indonesia, albeit with context specific deviations. The robustness of the 3-factor structure as an indicator of construct validity was confirmed within these three samples by means

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of multi-sample confirmatory factor-analyses. This study demonstrates the comparability of the assessment by the CPDS of the construct ‘non-specific psychosocial distress’ across three countries. However, due to context-specific deviations of inter-item relationships, the CPDS scores cannot be compared cross-culturally (Jordans, Komproe, Tol & de Jong, 2009).

### 5. References

Jordans, M.J.D., Komproe, I.H., Tol, W.A. & de Jong, J.T.V.M. (2009). Screening for psychosocial distress amongst war affected children: Cross-cultural construct validity of the CPDS. *Journal of Child Psychology and Psychiatry*, 50, 514-523.

Jordans, M.J.D., Komproe, I.H., Ventevogel, P., Tol, W.A. & de Jong, J.T.V.M. (2008). Development and validation of the Child Psychosocial Distress Screener in Burundi. *American Journal of Orthopsychiatry*, 78, 290-299.

Van Ommeren, M., Sharma, B., Thapa S.B., Makaju, R., Prasain, D., Bhattarai, R. & de Jong, J.T.V.M. (1999). Preparing instruments for transcultural research: use of the translation monitoring form with Nepali-speaking Bhutanese refugees. *Transcultural Psychiatry*, 36, 285-301.

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## Child Psychosocial Distress Screener [CPDS]/ EXAMPLE VERSION

Note: probes included here are country-, and time-specific examples and are included here to provide an example

<u>CHILD ITEMS</u>			
1.1 Did you experience any aversive events(s)? [READ PROBES]			
[Burundi probes: witnessing the killing of family members, witnessing the killing between ethnic groups, attacks by rebels]			
[Sudan probes: rape; aerial bombings; witnessing the killing of parents; witnessing atrocities; attacks and abductions by <i>Murahalin</i> ; having to kill during duty; being abused]			
[Sri Lanka probes: bereavement, past aerial bombings, accidents, sexual abuse]			
[Indonesia probes: bombings, gun shooting, burning houses, witness of killings and atrocities, attacks by rebels, abductions, displacement]			
	0 (never)	1 (sometimes)	2 (often)
1.2 Have you been distressed by these events?			
	0 (not at all)	1 (a little)	2 (a lot)
1.3 Are you distressed or experiencing problems, lately (past few weeks)? [READ PROBES]			
[Burundi probes: anger or aggression; absent-minded; withdrawn or isolated; loss of interest; sadness; anxiousness; hyperactive]			
[Sudan probes: social withdrawal; aggression; hyperactivity; dominating behaviours]			
[Sri Lanka probes: sadness; withdrawal; reduced self-care; sleep disturbances; somatic complaints; violent; hyperactive behaviours]			
[Indonesia probes: withdrawal; aggression; loss of concentration]			
	0 (not at all)	1 (a little)	2 (a lot)
1.4 Are there people that you feel are supporting and helping you with your problems?			
	0 (a lot)	1 (a little)	2 (not at all)
1.5 How much do you feel able to deal with your problems yourself?			
	0 (a lot)	1 (a little)	2 (not at all)
<u>TEACHER ITEMS</u>			
2.1 Have you observed any problems or worrisome behaviours in this child [name]? [READ PROBES]			
[Burundi probes: anger or aggression; absent-minded; withdrawn or isolated; loss of interest; sadness; anxiousness; hyperactive]			
[Sudan probes: social withdrawal; aggression; hyperactivity; dominating behaviours]			
[Sri Lanka probes: sadness; withdrawal; reduced self-care; sleep disturbances; somatic complaints; violent; hyperactive behaviours]			
[Indonesia probes: withdrawal; aggression; loss of concentration]			
	0 (not at all)	1 (a little)	2 (a lot)
2.2 How regular has the child [name] attended school during the last month?			
	0 (regular)	1 (some absence)	2 (irregular)

## CHILD PSYCHOSOCIAL DISTRESS SCREENER [CPDS]

Child's name _____ Gender _____ Age _____ Date _____ Village _____ School _____ Teacher's name _____	See instructions for preparing the instrument for use within a new setting.  All rights reserved. The CPDS can be used freely, with the appropriate acknowledgements. Further information can be obtained from HealthNet TPO, Tolstraat 127, 1074 VJ Amsterdam, the Netherlands, <a href="mailto:mjordans@healthnettpo.org">mjordans@healthnettpo.org</a>
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*Instructions:* Please read the question and circle the answer that best answers the question for you. Except for question 1.1, all items refer to a time period of one month.

### CHILD ITEMS

**1.1** Did you experience any aversive events? [READ PROBES]

[ADD COUNTRY-SPECIFIC PROBES]

0 (never)                      1 (sometimes)                      2 (often)

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**1.2** Have you been distressed by these events?

0 (not at all)                      1 (a little)                      2 (a lot)

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**1.3** Are you distressed or experiencing problems? [READ PROBES]

[ADD COUNTRY-SPECIFIC PROBES]

0 (not at all)                      1 (a little)                      2 (a lot)

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**1.4** Are there people that you feel are supporting and helping you with your problems?

0 (a lot)                      1 (a little)                      2 (not at all)

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**1.5** How much do you feel able to deal with your problems yourself?

0 (a lot)                      1 (a little)                      2 (not at all)

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### TEACHER ITEMS

**2.1** Have you observed any problems or worrisome behaviours in this child [name]? [READ PROBES]

[ADD COUNTRY-SPECIFIC PROBES]

0 (not at all)                      1 (a little)                      2 (a lot)

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**2.2** How regular has the child [name] attended school during the last month?

0 (regular)                      1 (some absence)                      2 (irregular)

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To be completed by research/program staff

TOTAL SCORE: