A Comparison of Two Self-rating Depression Scales: Implications for Client Screening and Outcome Measurement in Recreational Therapy

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Abstract. Depression is one of the most diagnosed mental health conditions worldwide (World Health Organization, 2018). The multifaceted nature of the disorder is determined by the various symptoms, which are grouped by the Diagnostic and Statistical Manual of Mental Disorders (DSM), as Major Depressive Disorder. For clinicians to select and administer effective treatment addressing the disorder, proper diagnostic assessment is essential. A preferred manner of achieving this is through the use of standardized, psychometrically sound instruments. In this retrospective study, a dataset of 59 individuals randomly assigned into intervention (n=29) or control (n=29) groups were assessed using the Patient Health Questionnaire 9 (PHQ-9) and the Quick Inventory of Depressive Symptomatology (QIDS), both screening tools for depression based on the DSM-IV. After a one-month intervention, both groups were reassessed using the same instruments. A psychometric analysis and comparison of the two instruments at baseline and post-intervention will be conducted for both groups to determine similarities and differences between the two instruments. Implications for client screening and its impact on treatment in reference to the two instruments will be discussed.

Background. The World Health Organization (2018) reports that depression affects more than 300 million people and is the leading cause of disability worldwide. Additionally, depression is linked to an estimated 800,000 deaths annually due to suicide. It is further estimated that only half of the 300,000 people with depression will receive treatment for the condition and in disadvantaged environments, less than 10% receive treatment (World Health Organization, 2018). In the United States alone, 17.3 million people experienced depression in the last year, 11 million of them were adults over 18 (National Institute of Mental Health, 2019). Of the American adults with major depression, 64% of them reported severe impairment during the depressive episode (National Institute of Mental Health, 2019). Proper assessment of depression is an essential component of the treatment process, allowing clinicians to make sound decisions regarding treatment options. Due to the prevalence of depression and its associated costs, increasing the utilization of psychometrically sound assessments for intake screening and treatment evaluation with improve both the services provided to clients as well as client outcomes.

Purpose of the Study. Due to the prevalence of depression, recreational Therapists will need to have an understanding of assessment techniques and tools in order to create individualized treatment plans, as mandated by the professional Standards of Practice (American Therapeutic Recreation Association, 2015). Essential to the incorporation of assessment data is the utilization of accurate assessment procedures. In order to facilitate this, the PHQ-9 will be compared to a previously analyzed depression intake and outcome data measured by the PHQ-9, which utilized the same sample, timeframe, and intervention prescription.

Methods. This analysis utilizes data from a previous reported randomized controlled study Russoniello, Fish, and O’Brien (2015). Groups were randomly assigned into control (n=29) and experimental groups (n=30). All participants were screened using the PHQ-9 and the QIDS prior to engaging in any research activity. Participants in the control group were instructed to play their game of choice for 30 minutes. Participants in the experimental group were given the option of selecting which casual video and play it for at least 30 minutes, three times per week for a month. After one month, participants in both groups were reassessed using the PHQ-9 and QIDS.

Results. The archived data from the aforementioned study will be analyzed using an “Exempt” status from the East Carolina University Institutional Review Board. Descriptive statistics will be analyzed to compare the level of similarity between the experimental treatment versus control groups. A comparison of total scores on each instrument will be compared by correlating the two instruments to each other at baseline and post-intervention, as well as comparing the baseline and post-intervention scores using the same instrument. A factor analysis will be conducted on both instruments by analyzing each question(s) which measuring the corresponding DSM-IV symptoms. Researchers will analyze and discuss the similarities and differences between the two instruments in terms of the measured symptoms at both baseline and post-intervention. By using this method, the researchers will be able to determine if factors are comparably assessed by both instruments at the same point in time. This analysis will also be used to determine which symptoms had significant changes on each instrument and if the two instruments measured comparable changes.

DSM Criteria for Depression.

1. Depressed mood most of the day.
2. Diminished interest or pleasure in all or most activities.
3. Significant unexplained weight loss or gain.
4. Insomnia or sleeping too much.
5. Agitation or psychomotor retardation noticed by others.
6. Fatigue or loss of energy.
7. Feelings of worthlessness or excessive guilt.
8. Diminished ability to think or concentrate, or indecisiveness.

To meet diagnostic criteria for MDD, at least five of the nine symptoms listed must be present and have a clinically significant impact on functioning. Additionally, loss of pleasure or interest in life activity must be present (American Psychiatric Association, 2000).

Instruments. Both the PHQ-9 and the QIDS are based on the DSM criteria above, however, the PHQ-9 only has nine questions, whereas the QIDS has 16. A review of literature shows that both instruments have appropriate reliability and validity when studied separately.

References.


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Figure 1: https://gwep.usc.edu/patientquestionnaire/phq9/