



Short communication

Florida Obsessive-Compulsive Inventory: Psychometric properties in a chinese psychotherapy-seeking sample



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ARTICLE INFO

Keywords:

Florida Obsessive Compulsive Inventory
China
Assessment
Treatment
Reliability

ABSTRACT

While clinician ratings are the gold standard to assess the severity of obsessive-compulsive disorder (OCD), they are time intensive and difficult to implement. Comparatively, OCD self-report measures are brief and efficient alternatives to clinician ratings and offer several advantages. The Florida Obsessive Compulsive Inventory (FOCI) serves as a brief assessment of both OCD symptom presence (Symptom Checklist) and severity (Severity Scale). This study examined the psychometric properties of the FOCI in 352 adults seeking online information about psychotherapy. The FOCI Symptom Checklist and Severity Scale exhibited fair-to-excellent internal consistency, with the Severity Scale demonstrating good short-term test-retest reliability. Convergent validity of the FOCI Symptom Checklist and Severity Scale was evidenced by strong correlations with other self-report measures of OCD, with more modest associations with the related constructs of anxiety, intolerance of uncertainty, and stress. Divergent validity was supported by fair correlations with scales assessing depressive symptoms. The FOCI Severity Scale exhibited fair convergence with self-reported impairment, whereas the Symptom Checklist did not. Taken together, findings provide initial support for the reliability and validity of the FOCI Symptom Checklist and Severity Scale when used in Chinese treatment-seeking individuals but requires evaluation in a clinical sample before clear conclusions can be drawn.

1. Introduction

Obsessive-compulsive disorder (OCD) is a neuropsychiatric condition characterized by the presence of obsessive thoughts and compulsive behaviors that cause significant distress and impairment (American Psychiatric Association, 2013). Given the internal nature of obsessions, possible embarrassment about disclosing OCD symptoms, and limited insight patients may have about OCD symptomatology, a thorough evidence-based assessment is imperative. Several articles have reviewed the empirical evidence for different OCD assessment measures in both children and adults (Benito & Storch,

2011; Iniesta-Sepúlveda, Rosa-Alcázar, Rosa-Alcázar, & Storch, 2014; Rapp, Bergman, Piacentini, & McGuire, 2016). These reports have identified several evidence-based assessments for OCD and provided recommendations that predominantly encourage the use of clinician ratings to assess the presence and severity of symptoms. Although clinician ratings are considered to be the gold standard for OCD symptom severity assessment, the training and time burden associated with these interviews can interfere with the feasibility of implementing them in regular clinical practice.

Comparatively, brief self-report rating scales offer several advantages in identifying OCD symptoms and quantifying severity in an

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efficient manner. Self-report measures are cost-effective, require minimal training to administer and interpret, and have the advantage of removing potential interviewer bias. Several self-report rating scales exist to assess OCD symptom severity in adults (see Benito & Storch, 2011; Rapp et al., 2016 for a comprehensive review). While some self-report scales primarily focus on specific OCD symptoms that may not apply to all individuals with OCD (Foa et al., 2002), others capture only the severity of broad symptom domains without symptom specific information (Abramowitz et al., 2010). Meanwhile, the Yale Brown Obsessive-Compulsive Scale Self-Report (Y-BOCS-SR; Baer, Brown-Beasley, Sorce, & Henriques, 1993) captures both the presence of individual symptoms on a 58 item symptom checklist, and evaluates severity across 10 items. Despite the strengths of the Y-BOCS-SR, there has been no formal evaluation of its treatment sensitivity. Moreover, it can take considerable time to complete due to a lengthy symptom checklist. In comparison, the Florida Obsessive Compulsive Inventory (FOCI) provides a more brief assessment of both OCD symptom presence and severity. The FOCI consists of a 20-item Symptom Checklist that is comprised of 10 common obsessions and compulsions derived from the clinician-rated Y-BOCS (Goodman, Price, Rasmussen, Mazure, & Fleischmann, 1989; Goodman, Price, Rasmussen, Mazure, Delgado et al., 1989). Respondents disclose the absence/presence of OCD symptoms within the past month. FOCI Symptom Checklist items are summed to produce a Symptom Checklist Total Score (range: 0–20). After completing the Symptom Checklist, respondents complete the five-item Severity Scale that captures OCD severity and impairment over the past month across five domains: time occupied, distress, control, avoidance, and interference. These severity items are rated on a zero (none) to four (extreme) scale and summed to produce a Severity Scale Total Score (range: 0–20), with higher scores corresponding with greater OCD symptom severity.

To date, there have been two evaluations of the psychometric properties of the FOCI (Aldea, Geffken, Jacob, Goodman, & Storch, 2009; Storch et al., 2007). Across these studies, the FOCI Symptom Checklist (Kuder-Richardson 20=.78–.83) and Severity Scale (α =.86–.89) have exhibited good internal consistency (Aldea et al., 2009; Storch et al., 2007). Additionally, the FOCI Symptom Checklist exhibited good validity with self-reported OCD symptoms, and the Severity Scale exhibited strong correlations with the Y-BOCS Total Severity Score (Aldea et al., 2009; Storch et al., 2007). While the FOCI Severity Scale exhibited fair divergence from anxiety, it had only demonstrated fair-to-minimal divergence from depressive symptoms in prior reports (Aldea et al., 2009; Storch et al., 2007). However, fair-to-minimal divergence of OCD severity from depressive symptoms appears to be common amongst both clinician-rated and self-report OCD scales (Foa et al., 2002; Storch et al., 2010; Wu, McGuire, Horng, & Storch, 2016). Finally, the FOCI Severity Scale has demonstrated treatment sensitivity to cognitive behavior therapy (Storch et al., 2007). Despite its numerous strengths, there has been no evaluation of the FOCI's test-retest reliability. Moreover, the two prior psychometric evaluations of the FOCI have been limited to samples within North America. Given that OCD has a similar prevalence rate across the world (Sasson et al., 1997), there is a need for psychometric validation among international populations.

In response, we examined the psychometric properties of the FOCI in a sample of adults of Chinese ethnicity who were seeking online information about psychotherapy from the website of a large provider group. Despite the large population of China, there exist only one other self-report measure of obsessive-compulsive symptoms with established psychometric properties in a Chinese sample, namely the Obsessive-Compulsive Inventory – Revised (Foa et al., 2002; Peng, Yang, Miao, Jing, & Chan, 2011). First, we examined the internal consistency of the FOCI Symptom Checklist and Severity Scale, and the short-term test-retest reliability of the Severity Scale. Second, we investigated the convergent validity of the FOCI Symptom Checklist and Severity Scale with other self-report measures of OCD, anxiety,

intolerance to uncertainty, and impairment. Third, we evaluated the divergent validity of the FOCI Symptom Checklist and Severity Scale with other self-report measures of depressive symptoms and impairment.

2. Methods

2.1. Participants

Respondents initially included 541 individuals who were visiting www.jiandanxinli.com website to glean information regarding online psychotherapeutic options in China. However, 189 responses were excluded due to incomplete FOCI ratings ($n=97$), repeat entries ($n=37$), and/or inadequate age information (i.e., respondents did not report age or reported age below 18 years) ($n=55$). This resulted in the final inclusion of 352 participants (81% male), who were an average of 26 years old ($M=25.95$, $SD=6.47$). Most participants (79.3%) reported that they had not yet been formally diagnosed with a psychiatric disorder by a psychiatrist/psychologist, with the remainder reporting a formal diagnosis of one or more psychiatric disorders (20.7%). These self-reported psychiatric diagnoses included: depression ($n=59$, 16.7%), OCD ($n=30$, 8.5%), generalized anxiety disorder ($n=29$, 8.2%), bipolar disorder ($n=19$, 5.4%), and social anxiety disorder ($n=15$, 4.2%). All other psychiatric diagnoses were endorsed by less than 4% of the sample (e.g., panic disorder, agoraphobia, eating disorder, posttraumatic stress disorder, drug addition, schizophrenia).

2.2. Measures

2.2.1. Florida Obsessive Compulsive Inventory (FOCI; Storch et al., 2007)

The FOCI is a self-report scale that assesses the presence and severity of common obsessions and compulsions. Psychometric properties of the FOCI have been described above.

2.2.2. Obsessive Compulsive Inventory-Revised (OCI-R; Foa et al., 2002)

The OCI-R is comprised of 18 items that are rated on a five point scale. Participants are asked to rate the degree to which they are distressed by OCD symptoms in the past month, with higher scores indicating increased levels of distress. The OCI-R has demonstrated good internal consistency, and good-to-adequate short-term test-retest reliability in North American and Chinese samples (Abramowitz & Deacon, 2006; Abramowitz, Tolin, & Diefenbach, 2005; Foa et al., 2002; Hajcak, Huppert, Simons, & Foa, 2004; Huppert et al., 2007; Peng et al., 2011). The OCI-R has good convergent validity with clinician ratings of OCD severity, with fair-to-poor divergent validity from depression, anxiety, and worry (Abramowitz & Deacon, 2006; Abramowitz et al., 2005; Foa et al., 2002; Hajcak et al., 2004; Huppert et al., 2007).

2.2.3. Generalized Anxiety Disorder-7 (GAD-7; Spitzer, Kroenke, Williams, & Löwe, 2006)

The GAD-7 is a 7-item self-report questionnaire that assesses anxiety-related symptoms according to diagnostic criteria. Items are rated on a zero (not at all sure) to three (nearly every day) scale. Items are summed to produce a total score, with higher scores indicating greater symptomatology. The GAD-7 has demonstrated strong psychometric properties in North American (Spitzer et al., 2006) and Chinese samples (Zhang, Fritzsche, Liu, & Leonhart, 2016).

2.2.4. Depression Anxiety Stress Scale-21 (DASS-21; Lovibond & Lovibond, 1995)

The DASS-21 is a 21-item self-report questionnaire that evaluates the presence and severity of anxiety, stress, and depressive symptoms. Items are rated on a zero ("does not apply to me at all") to three

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