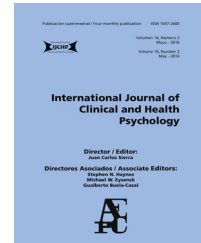




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ORIGINAL ARTICLE

Validity evidence of the Behavioral Activation for Depression Scale-Short Form among depressed smokers

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KEYWORDS

Behavioral activation;
Depression;
Smoking;
Instrumental study

Abstract

Background/Objective: A measure of Behavioral Activation (BA) is highly recommended when evaluating BA treatment effects for smokers with depression. Recently, a short version of the Behavioral Activation for Depression scale (BADS-SF) has been developed as a means of assessing changes in activation and avoidance patterns. To date there is no validated version of this questionnaire in Spanish. This study sought to adapt the BADS-SF to a Spanish population of depressed smokers. Method A sample of 169 smokers (72.2% female) with elevated depressive symptomatology completed the BADS-SF. Results A bi-factorial structure was obtained: Activation and Avoidance. Results indicated an acceptable internal consistency for both the Activation ($\omega = .85$) and the Avoidance subscales ($\omega = .70$). Overall, convergent validity was obtained with Activation and Avoidance subscales being related to other depression-related measures such as depressive symptomatology (Activation $r = -.29$; Avoidance $r = .35$), environmental reward (Activation $r = .40$; Avoidance $r = -.41$) and, nicotine dependence (Avoidance $r = .23$). This latter variable was the only one not showing a statistically significant association with the Activation factor ($r = -.12$). Conclusions The Spanish BADS-SF can be considered as a reliable and valid instrument when assessing behavioral activation among clinically depressed smokers. © 2018 Asociación Española de Psicología Conductual. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

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PALABRAS CLAVE

Activación
Conductual;
Depresión;
Fumar;
Estudio instrumental

Evidencias de validez de la escala abreviada de Activación Conductual para la depresión en fumadores deprimidos

Resumen

Antecedentes/Objetivo: Las medidas de Activación Conductual (AC) resultan necesarias en la evaluación de los tratamientos dirigidos a fumadores con depresión. Recientemente, una versión corta de la escala de AC (BADS-SF) ha sido desarrollada para evaluar los cambios en la activación y evitación. El objetivo de este trabajo fue adaptar la versión corta de la escala de AC (BADS-SF) a la población española de fumadores deprimidos. Método Una muestra de 169 fumadores (72,2% mujeres) con síntomas elevados de depresión completó el BADS-SF. Resultados Se obtuvo una estructura bifactorial: Activación y Evitación. Los resultados indicaron una consistencia interna aceptable para las subescalas Activación ($\omega = 0,85$) y Evitación ($\omega = 0,70$). Se obtuvo evidencia de validez convergente mediante correlaciones significativas entre las subescalas del BADS-SF, la depresión (Activación $r = -0,29$; Evitación $r = 0,35$), el nivel de recompensa obtenido del entorno (Activación $r = 0,40$; Evitación $r = -0,41$) y la dependencia a la nicotina (Evitación $r = 0,23$). La última variable fue la única que no mostró una relación estadísticamente significativa con el factor Activación ($r = -0,12$). Conclusiones La versión española del BADS-SF puede ser considerada como una medida fiable y un instrumento válido para evaluar AC en pacientes fumadores con depresión.

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Smoking produces a heavy economic burden worldwide, especially in Europe and North America where the tobacco epidemic accounts for 5.7% of global health expenditures (Goodchild, Nargis, & Tursan d'Espaignet, 2018). In Spain, despite there having been a slight decrease in the percentage of daily smokers over the last decade (from 32.5% in 2005 to 30.8% in 2015) (National Plan of Drugs, 2017), depression seems to have increased in this population (Becoña, López-Durán, Fernández del Río, & Martínez, 2014). This comorbidity leads not only to poor cessation outcomes (Weinberger et al., 2016), but also causes poor quality of life as evidenced by a high number of hospitalizations (Baker, 2017).

Against this background, research into smoking and depression is currently focused on the development of effective strategies to promote abstinence (López-Núñez, Martínez-Loredo, Weidberg, Pericot-Valverde, & Secades-Villa, 2016; Secades-Villa et al., 2015). In particular, behavioral activation (BA) as an adjunct to smoking cessation treatments has been recently recognized as a promising intervention in terms of mood improvement and cessation rates (MacPherson, Collado, Lejuez, Brown, & Tull, 2016; MacPherson et al., 2010; Pérez-Álvarez, 2012; Ross et al., 2016; van der Meer, Willemsen, Smit, Cuijpers, & Schippers, 2010). Treatments based on BA emphasize the importance of reengaging individuals with pleasant and adaptive activities while overcoming avoidance patterns as the main therapy component (Barraca, 2012; Chan, Sun, Tam, Tsoi, & Wong, 2017). Consequently, evaluating changes in activation and avoidance patterns is of great interest.

Accordingly, the Behavioral Activation Scale (BADS) has been developed as an instrument to assess frequency of activation, escape and avoidance behaviors throughout BA therapy (Kanter, Mulick, Busch, Berlin, & Martell, 2006).

Although this scale originally consisted of 29 items, a 9-item short version has been recently cross-culturally validated (Manos, Kanter, & Busch, 2010; Manos, Kanter, & Luo, 2011; Wagener, Van der Linden, & Blairy, 2015). The abbreviated version of BADS (BADS-SF) allows health providers to swiftly and effectively monitor BA changes in-treatment; especially when added to other smoking-related and sociodemographic measurements. Research has reported that BADS-SF possesses adequate psychometric properties across both non-clinical (Raes, Hoes, Van Gucht, Kanter, & Hermans, 2010; Wagener et al., 2015) and clinically depressed individuals (Fuhr, Hautzinger, Krisch, Berking, & Ebert, 2016). Interestingly, it has shown good construct validity through high correlations with measures of depression and predictive validity over a one-week period (Manos et al., 2011).

Notwithstanding this, the BADS-SF has not yet been validated in the context of Spanish-speaking depressed smokers. Given that Spanish is the third most widely spoken language worldwide, and because of the increasing migratory movements of this population to the US, having adequate assessment tools for BA monitoring becomes essential in order to yield evidence on treatment efficacy for this particular group. Despite the existence of a validated version of the 25-item BADS scale in Spanish (Barraca, Pérez-Álvarez, & Lozano Bleda, 2011), the adaptation of BADS to a shorter format offers health providers a more efficient tool for monitoring activation levels in each therapy session.

This study sought to adapt the BADS-SF to a sample of Spanish depressed smokers and examine whether support for its psychometric properties is achieved in this population. We examined for reliability and validity evidence based on its internal structure and relation to other variables.

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