



International Journal of Clinical and Health Psychology

www.elsevier.es/ijchp



ORIGINAL ARTICLE

Leiden Index of Depression Sensitivity-Revised (LEIDS-R): Spanish validation proposal

Cristina Senín-Calderón^a, Salvador Perona-Garcelán^{b,c}, Miguel Ruiz-Veguilla^c,
Juan F. Rodríguez-Testal^{b,*}

^a Universidad de Cádiz, Spain

^b Universidad de Sevilla, Spain

^c Virgen del Rocío Outpatient Mental Hospital, Hospital Universitario Virgen del Rocío, Sevilla, Spain

Received 12 October 2016; accepted 10 February 2017

KEYWORDS

Cognitive reactivity;
Depression;
LEIDS-R;
Instrumental study

Abstract To adapt and validate the Leiden Index of Depression Sensitivity-Revised for evaluating cognitive reactivity to depressive mood to Spanish and validate this Spanish version. To find the scale's factor structure and psychometric properties. The sample consisted of 600 participants (103 patients and 497 subjects from the general population). A four-factor structure was found, a general factor evaluating cognitive reactivity was proposed and ten items were eliminated. A brief version of the (LEIDS-R24) scale is proposed. The factors and the overall scale have adequate internal consistency, and the results of validation show that all the factors on the scale predict depressive symptomatology (BDI-II) adequately, and are highly correlated with the Dysfunctional Attitudes Scale and BDI-II scales. The complete scale adequately discriminated depressive symptomatology in general population subjects and patients with anxiety and depressive disorders. No significant differences were found in the LEIDS-R24 measurement between subjects with anxiety and depressive disorder. The LEIDS-R24 scale may be a useful brief measure for evaluating cognitive reactivity to depressive mood and analyzing the vulnerability which could be common to persons with anxiety and depressive disorders.

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* Corresponding author: Department of Personality, Psychological Evaluation and Treatment, Universidad de Sevilla, c/Camilo José Cela, s/n, 41018 Sevilla, Spain.

E-mail address: testal@us.es (J.F. Rodríguez-Testal).

<http://dx.doi.org/10.1016/j.ijchp.2017.02.001>

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PALABRAS CLAVE

Reactividad cognitiva;
Depresión;
LEIDS-R;
Estudio instrumental

Escala Leiden de Sensibilidad a la Depresión Revisada (LEIDS-R): propuesta de una validación española

Resumen Adaptar y validar al español la escala Leiden de Sensibilidad para la Depresión Revisada para evaluar la reactividad cognitiva al humor depresivo. Conocer la estructura factorial de la escala y hallar las propiedades psicométricas. La muestra consistió en 600 participantes (103 pacientes y 497 sujetos de población general). Se obtuvo una estructura de cuatro factores, se propuso un factor general que evalúa la reactividad cognitiva y se eliminaron 10 ítems. Se propone una versión reducida de la escala (LEIDS-R24). Los factores y la escala global presentan una adecuada consistencia interna y los resultados de la validación muestran que todos los factores de la escala predicen adecuadamente la sintomatología depresiva (BDI-II) y muestran correlaciones elevadas con la Escala de Actitudes Disfuncionales y BDI-II. La escala completa discrimina adecuadamente en sintomatología depresiva entre sujetos de la población general y sujetos con trastornos de ansiedad y depresivos. No se hallaron diferencias significativas en la medida LEIDS-R24 entre sujetos con trastornos de ansiedad y depresivos. La escala LEIDS-R24 puede ser una medida útil y breve para evaluar la reactividad cognitiva al humor depresivo y analizar la vulnerabilidad común que puede darse entre personas con trastornos de ansiedad y depresivos.

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Cognitive vulnerability to depression is considered an important factor in the etiology of depressive disorders and comprises cognitive processes such as negative cognitive styles, dysfunctional attitudes, rumination and cognitive reactivity (Ingram, Atchley, & Segal, 2011). Beck's cognitive model (Beck, 1967) argues that vulnerability to depression is marked by schemas or dysfunctional attitudes. These rigid and excessive beliefs are based on childhood experiences, configuring rules by which the person gives meaning to his/her surroundings. They remain latent until activated by negative or stressful events which lead to errors in information processing, favoring appearance of negative thoughts about oneself, the world and the future. Teasdale's (1988) differential activation hypothesis emerged from the Beck (1967) model to explain depressive relapse from reactivation of negative schemas in a light episode of sad mood in individuals who have previously suffered from depression. This facility with which dysfunctional attitudes are activated in stressful situations or light dysphoria is called "cognitive reactivity" (CR) and not only has its relationship with relapse and recurrence been demonstrated (Jarrett et al., 2012; Segal, Gemar, & Williams, 1999), but also its ability to predict start of a depressive episode (Elgersma et al., 2015; Kérqeli, Kelpi, & Tsigilis, 2013; Kruijt et al., 2013). CR has traditionally been evaluated using the change in scores on the Dysfunctional Attitudes Scale (DAS, Weissman & Beck, 1978) before and after being subjected to a negative mood induction task (Segal et al., 1999). The latent nature of dysfunctional schemas poses a difficulty for its evaluation when the person is not activated by a negative mood and the induction procedure has not had systematically consistent results (Van der Does, 2005). Some studies using the DAS scale have not found any differences in dysfunctional attitudes between subjects recovered from

depression and those not depressed after an negative mood induction task (Brosse, Craighead, & Craighead, 1999; Van der Does, 2005). Other studies could predict a depressive relapse from the high scores on dysfunctional attitudes (Jarrett et al., 2012; van Rijsbergen et al., 2013), but not all (Figueroa et al., 2015). Van der Does (2005) concluded that the problem of inconsistency in the results stemmed from the instrument itself.

Van der Does (2002) designed the Leiden Index of Depression Sensitivity (LEIDS) to measure CR without the use of negative mood induction. This scale had 26 items and four factors (Negative Self-Evaluation, Acceptance/Coping, Indifference and Harm Avoidance). After unpublished factor analysis, the number of items on the original version was extended and the current LEIDS-R now has six factors instead of four (Van der Does & Williams, 2003; see note: <http://www.dousa.nl/downloads/noteLEIDSrevision.pdf>, Van der Does, 2003). The items on the scale are constructed such that they incite the person to imagine how they think in a situation marked by sad or dysphoric mood. For example: "When I feel sad, I more often think that I can make no one happy". The LEIDS-R scale has demonstrated its relationship with biological markers of vulnerability to depression (Kruijt et al., 2013) and it seems to be a more consistent alternative than the DAS scale or the negative mood induction procedure for measuring CR (Figueroa et al., 2015). Furthermore, it has solid reliability and validity indicators, and can be a useful measure both in research and clinical settings (Solis, Antypa, Conijn, Kelderman, & Van Der Does, 2016).

The LEIDS and LEIDS-R scales differentiate currently recovered patients with a history of depressive episode from those who had never been depressed (Elgersma et al., 2015; Figueroa et al., 2015; Merens, Booij, & Van Der Does, 2008;

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