Cross-Cultural Validation of the SCL-90-R with Asian Americans and Pacific Islanders
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Introduction

The Symptom Checklist-90 Revised (SCL-90-R) is a self-report screening instrument designed to give a comprehensive evaluation of a client’s current psychological status in a relatively short period of time (Derogatis, 1994). The SCL-90-R was developed from the Symptom Checklist-90 (SCL-90) and factors from other research on the psychological symptomatology of college students (Derogatis & Melisaratos, 1979). The SCL-90-R was used to provide a measure of psychological distress to assess the impact of different factors on mental health. The SCL-90-R is widely used as a research instrument, studies exploring the reliability and validity of this measure with Asian and Pacific Islanders are scarce. Research on symptom reporting across cultures consistently show that ethnic minorities report higher levels of distress than Caucasians (e.g., Okazaki, 2000). A cross-cultural validation of the SCL-90-R with a New Zealand nonpatient population was described by Barker-Collo et al. (2000). Included in the study was a diverse sample of 137 college students representing three cultural backgrounds (i.e., Pacific/Islander, Asian, and European). This ethnically diverse college student sample produced scores that were significantly higher than the U.S. nonpatient norms on all nine clinical scales as well as the Global Severity Index (GSI). However, it is difficult to draw conclusions from the study because a comparison group was not included. Further, there is evidence that SCL-90-R profiles for nonclinical university students are not significantly different from nonpatient adolescents (Oo, 2000). The goal of the present study was two-fold: (1) to compare SCL-90-R scores across cultural and comparable age groups, and (2) to examine SCL-90-R scores among a larger sample of Asian and Pacific Islander college students in Guam to develop normative data for these populations.

Hypotheses

• Drawing from the results of Barker-Collo et al. (2000) it was predicted that the ethnically diverse college-aged Guam sample in this study would produce scores that were significantly higher than the U.S. nonpatient adult and adolescent norms, and other Caucasian college samples.

• Based on previous research on symptom reporting among ethnic minorities (e.g., Oo, 2000), it was predicted that Asian Americans and Pacific Islanders on the Guam sample would have significantly elevated SCL-90-R profiles compared to Caucasian students.

Method

Participators:
Participants were 589 undergraduate students (86% female) attending the University of Guam and represented a diverse ethnic mixture. 474 (27.9%) Asian, 332 (20.9%) Pacific Islanders, 70 (12.3%) Mixed Ethnic/Other, and 29 (5.1%) Caucasian. The average age was 20.8 years (SD = 4.477).

Measures:
The SCL-90-R (Derogatis, 1994) is a 90-item self-report inventory designed to measure psychological distress occurring within the past seven days. Each item is scored on a Likert scale ranging from 0 (absent) to 4 (extreme). The SCL-90-R measures psychological symptoms across nine dimensions: Somatization, Obsessive-Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism. In addition, the SCL-90-R measures three global indices of distress, of which the Global Severity Index (GSI) has been reported to be the most reliable and valid measure for assessing overall distress. The Global Severity Index has been validated for use across multiple cultures and is recommended for use in the sample in this study ranging from 80-90 indicating good internal consistency.

Results

Comparison of SCL-90-R Scores across Different Samples

The Guam sample exhibited a significantly higher SCL-90-R profile compared to those derived from the U.S. nonpatient norms, but comparable to another Asian and Pacific Island culture. The Symptom Checklist-90-Revised (SCL-90-R) is a self-report screening instrument that is widely used in research and clinical settings. Studies exploring the reliability and validity of this measure with Asian and Pacific Islanders are scarce. Research on symptom reporting across cultures consistently show that ethnic minorities tend to report higher levels of distress than Caucasians (e.g., Okazaki, 2000). A cross-cultural validation of the SCL-90-R with a New Zealand nonpatient population was described by Barker-Collo et al. (2000). Included in the study was a diverse sample of 137 college students representing three cultural backgrounds (i.e., Pacific/Islander, Asian, and European). This ethnically diverse college student sample produced scores that were significantly higher than the U.S. nonpatient norms on all nine clinical scales as well as the Global Severity Index (GSI). However, it is difficult to draw conclusions from the study because a comparison group was not included. Further, there is evidence that SCL-90-R profiles for nonclinical university students are not significantly different from nonpatient adolescents (Oo, 2000). The goal of the present study was two-fold: (1) to compare SCL-90-R scores across cultural and comparable age groups, and (2) to examine SCL-90-R scores among a larger sample of Asian and Pacific Islander college students in Guam to develop normative data for these populations.

Comparison of GSI Scores between Guam and Other College Samples

The Guam sample exhibited a significantly higher SCL-90-R profile compared to those derived from the U.S. nonpatient norms, but comparable to another Asian and Pacific Island culture.

Discussion

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References


• Todd et al., (1997)