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DOES DISCUSSING EMOTIONS WITH CHILDREN AFFECT THEIR RESULTS ON SELF-REPORT MEASURES OF ANXIETY AND DEPRESSION?

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ABSTRACT

Background

Mental health clinicians frequently ask children to complete self-report measures of well-being. It is important for these clinicians to understand if the content of clinical discussions influences children's self-reports of their emotions, if this effect is specific to the type of information discussed and if the content of prior discussion could increase the severity of self-reports of anxiety or depression. No previous research which addressed these issues was identified. Theories of suggestibility and mood categorisation have been drawn upon to predict that a) the content of pre-test discussion will increase the children's post-discussion self-report of anxious or depressive symptomatology, b) that the effect of suggestibility on self report is not specific and c) discussing emotions before children complete self report questionnaires will result in an increased number of children scoring above clinical cut-offs

Method

In an independent samples design, 256 participants aged 8 to 11 years were randomised to one of four discussion groups; the four seasons (control), the emotions, anxiety or depression. They then completed either the Revised Children's Manifest Anxiety Scale (RCMAS) or the Children's Depression Inventory-Short Form (CDI-S).

Results

There was no relationship between the discussion group attended and self-reported anxiety. Anxiety discussion participants had significantly higher depression scores than emotions group participants. Children allocated to the anxiety and depression

groups were more likely to report symptoms of anxiety and depression above clinical cut-offs than children who discussed an emotionally neutral topic or general emotions.

Conclusion

The content of pre-recall discussion can influence how children complete the CDI-S but not the RCMAS. However, the findings of this research do not provide any definite indication for why this may be. The possible effect of various models of suggestibility are discussed and critiqued. The further effects of methodological variables on findings, including choice of measure, sample size and the absence of pre-intervention measures of mood are discussed. Directions for further research are considered, including replication of this study with clinical samples, and the importance of addressing present methodological concerns in future research is addressed. Clinical implications of the findings of this study include administering measures with little prior discussion, but they must be balanced against the weaknesses of the methodology and uncertainties regarding why the pattern of results occurred.