Path Analysis of the SCL-90-R: Exploring Use in Outpatient Assessment

Todd L. Grande, Ph.D.
Wilmington University

Regent University

All items centered, not bold, double-spaced, and in Times New Roman 12 pt. font

1 inch margins all the way around

Running head: PATH ANALYSIS OF THE SCL-90-R

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The Symptom Checklist 90 Revised (SCL-90-R) is a widely used assessment of mental health pathology. Its factor structure has been called into question by numerous studies. This study assessed a community mental health outpatient sample ($n = 336$) with the SCL-90-R and analyzed the factor structure. The results indicated that the SCL-90-R measures one large factor, but the test items held together reasonably well when a nine-factor extraction was executed. A shorter 67-item variant, which was a byproduct of this study, is hypothesized as having some key advantages over the original 90-item version. Implications for the assessment of the outpatient population with the SCL-90-R and its variants are discussed.

**Keywords:** factor analysis, SCL-90-R, outpatient, community mental health
The Symptom Checklist 90-Revised (SCL-90-R; Derogatis, 1994) has been a popular assessment for psychopathology in a variety of clinical settings, including psychiatric outpatient and inpatient. The 90-item self-report SCL-90-R was designed to measure nine distinct dimensions of psychopathology, which was purported to have high construct validity as well as high concurrent validity with similar instruments (Derogatis & Cleary, 1977a). The instrument’s predecessor, the SCL-90 (Derogatis, Lipman, & Covi, 1973), which like the SCL-90-R was designed to measure nine factors, has experienced similar questions, scrutiny, and evaluation to determine what mental health characteristics it actually captures (Hoffman & Overall, 1978).

The SCL-90-R is a 90-item self-report instrument designed to assess mental health symptoms across nine subscales generally associated with mental health pathology and three global scales (Derogatis, 1992). The nine subscales of the SCL-90-R include (a) Somatization, (b) Obsessive Compulsive, (c) Interpersonal Sensitivity, (d) Depression, (e) Anxiety, (f) Hostility, (g) Phobic Anxiety, (h) Paranoid Ideation, and (i) Psychoticism (Derogatis, 1992). The three global scales are the Global Severity Index (GSI), the Positive Symptom Distress Index (PSDI), and the Positive Symptom Total (PST; Derogatis, 1992). Respondents are asked to rate the severity of their symptoms on a scale of 0 to 4 (0, not at all; 1, a little bit; 2, moderate; 3, quite a bit; or 4, extreme; Derogatis, 1992).
computer-based method (Schmitz, Hartkamp, Brinschwitz, Michalek, & Tress, 2000). After assessing a sample of psychosomatic outpatients \((n = 282)\), Schmitz, Hartkamp, Brinschwitz et al. (2000) found noticeable, but small, differences between these two SCL-90-R administration delivery methods.

**Statement of the Problem**

Contemplating the number of studies challenging the factor structure and general utility of the SCL-90-R and this instrument’s widespread use and popularity in a variety of clinical settings, there appears to be a clear need to determine the true factor structure and utility of the SCL-90-R. Additionally, there is a paucity of SCL-90-R research regarding assessment with community mental health outpatient samples and with those diagnosed with co-occurring disorders.

Numerous researchers have called for further experiments and analyses of the SCL-90-R characteristics, including the evaluation of specific populations, disorders, and research targeted toward the discriminatory properties of the subscales (Buckelew, Burk, Brownlee-Duffeck, Frank, & DeGood, 1988; Eich et al., 2003; Elliott et al., 2006; Gilliss, Moore, & Martinson, 1997; Kaplan et al., 1998; Recklitis, Licht, Ford, Oeffinger, & Diller, 2007).