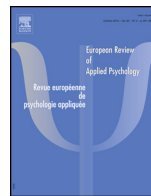Disponible en ligne sur

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Original article

Validation studies of the Paranoia Checklist (Portuguese version) in mixed sample of patients and healthy controls

Études de validation de la Paranoia Checklist (version portugaise) dans un échantillon mixte de patients et de sujets sains

C. Barreto Carvalho [a,b,*], J. Cabral [a], M. Sousa [a], C. da Motta [a,b], J. Benevides [a], E. Peixoto [a]

[a] Faculty of Social and Human Sciences, University of Azores, Azores, Portugal
[b] CINEICC, Faculty of Psychology and Educational Sciences, University of Coimbra, Coimbra, Portugal

A B S T R A C T

Introduction. – Paranoid ideation has been consistently found as a phenomenon presented across the population continuum, and a theme that most people find in their everyday thoughts.
Objective. – To validate and study the psychometric properties of the Paranoia Checklist in a mixed (clinical and non-clinical) sample, in an extension of the study by Freeman et al. (2005).
Method. – Self-report questionnaire were completed by 392 individuals, with the aid of a psychologist when necessary.
Results. – The PC has shown to be a measure capable of distinguishing between clinical and non-clinical group of participants regarding the two dimensions of paranoid thoughts: frequency and conviction. Scores fitted an exponential curve, similar to the initial studies with the original version of the checklist.
Conclusion. – The assessment of paranoia has shown to be a continuum process common to clinical and non-clinical groups. The PC is a psychometrically sound measure to assess different paranoid thoughts on a multidimensional perspective and with sensitivity to distinguish groups of patients and healthy individuals, being suitable for use both in clinical and research settings.

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R É S U M É

Introduction. – L'idéation paranoïaque a été systématiquement présentée comme un phénomène dans le continuum de la population et un thème que les personnes ont dans leurs pensées de tous les jours.
Objectif. – Valider et étudier les propriétés psychométriques de la Paranoïa Checklist (PC) dans un échantillon mixte (clinique et non clinique) dans le prolongement de l'étude de Freeman et al. (2005).
Méthode. – Le questionnaire d'auto-évaluation a été rempli par 392 personnes avec l'aide d'un psychologue lorsqu'il était nécessaire.
Résultats. – Le PC a montré être une mesure capable de distinguer entre les deux groupes (clinique et non clinique) de participants deux dimensions des pensées paranoïaques : la fréquence et les convictions. Les scores correspondent à une courbe exponentielle, similaire à des études initiales de la version originale de la PC.
Conclusion. – L'évaluation de la paranoïa correspond bien à un processus de continuum commun aux groupes clinique et non clinique. La PC est une mesure psychométrique forte pour évaluer différentes pensées paranoïaques dans une perspective multidimensionnelle avec une capacité à distinguer des groupes de patients et d'individus en bonne santé, ce qui la rend adéquate pour une utilisation à la fois en milieu clinique et dans le domaine de la recherche.

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* Corresponding author at: Departamento de Ciências da Educação, Universidade dos Açores, Rua Mãe Deus, 9500-321 Ponta Delgada, Apartado 1422, 9501-801 Ponta Delgada, Açores, Portugal.
E-mail address: ccarvalho@uac.pt (C. Barreto Carvalho).

Paranoid ideation has been consistently found as a common thought process present across the population continuum, and a theme that most people find in their everyday thoughts (Barreto Carvalho, Pinto-Gouveia, Peixoto, & Da Motta, 2014; Combs et al., 2007; Ellett et al., 2003; Freeman et al., 2005; Freeman, Pugh, & Garety, 2008). On one hand, in some cultures or social contexts, thoughts and a certain degree of suspicion of other people's intents can be adaptive to a certain extent, as the extensive debate in the field of evolutionary models (e.g. Dixon, 1998; Gilbert, 1998). In the other hand, the frequency and distress caused by these thoughts may become a problem of clinical relevance and even take the form of delusions. Freeman et al. (2005) have developed the Paranoia Checklist (PC) and studied the frequency, conviction and distress caused by such thoughts in a non-clinical sample. However, the Paranoia Checklist was devised to assess paranoia in clinical populations and to overcome the scarcity of multidimensional measures of this specific thought process (Freeman et al., 2005).

The PC has shown to be a widely used and robust measure in the multidimensional assessment of paranoia and, for this reason, it becomes relevant to study the psychometric properties of the PC for Portuguese-speaking populations. It is important to emphasize that, as the fourth most spoken language in the world (Lewis, Simons, & Fennig, 2016), the dissemination of validated measures is relevant for a vast range of professionals worldwide working in clinical and research settings. Thus, the aim of the current study is to carry out a psychometric study of the Portuguese version of the Paranoia Checklist and, in an extension of the study by Freeman et al. (2005), to study its structure and other processes related to paranoia in a population continuum in a mixed sample of non-clinical participants and clinical patients.

1. Method

1.1. Participants and procedures

A convenience sample of 392 participants from the São Miguel Island (Azores, Portugal) participated in this study: 301 participants were drawn from the general population and 91 were patients diagnosed with paranoid schizophrenia. In addition, a comprehensive diagnostic interview (described in the measures section), inclusion criteria for the clinical subsample encompassed the confirmation of the diagnosis of the patient's doctor, having received the diagnosis for a period longer than 6 months and the consultation of clinical processes when necessary.

All participants have signed an informed consent form stating the study goals, the voluntary character of participation and warranting all ethical and deontological aspects of scientific research prior to research protocol administration. For the participants in the clinical group, a senior psychologist was present to aid the administration of the research protocol in interview format when participants had reading or comprehension difficulties, and to assure participants were able to respond adequally to the self-report measures.

1.2. Measures

1.2.1. Diagnostic Interview for Genetic Studies – DIGS (Nurnberger, 1994)

This clinical interview was conducted with participants in the clinical sample in order to assure all inclusion criteria were met for the participants diagnosed with paranoid schizophrenia. The DIGS provides a reliable and exhaustive assessment of major mood and psychotic disorders (schizophrenia, depressive, bipolar disorder, schizoaffective disorders), including the examination of symptoms, differential diagnosis and comorbidity. Additional details on the course of the disorders and chronology of syndromes are also features of this interview (Nurnberger, 1994).

1.2.2. Paranoia Checklist – PC (Freeman et al., 2005; Lopes, 2010)

This checklist comprises 18 items depicting more severe, or clinical, types of paranoid thoughts (e.g. "I need to be on my guard against others."; "There is a possibility of a conspiracy against me"; "I can detect coded messages on press/TV/radio" and "My actions and thoughts can be controlled by others"). All items are rated in 3 dimensions: frequency, degree of conviction and resulting distress of paranoid thoughts. This multidimensional instrument presented good internal consistency, with Cronbach's alpha values of .90 (for each of the three dimensions) in the original studies by Freeman et al. (2005) and .96 (for each of the three dimensions) in the current study.

1.2.3. General Paranoia Scale – GPS (Barreto Carvalho et al., 2014a; Fenigstein & Vanable, 1992)

The GPS is a 20-item scale developed to assess paranoia in the general population. Items are rated in a 5-point Likert-like frequency scale, ranging from 1 (never) to 5 (always). Scores can vary between 20 and 100 points, in which higher scores indicate increased frequencies of paranoid thoughts. In the original study (Fenigstein & Vanable, 1992), the GPS presented a one-dimensional structure. However, two studies of the latent structure of the GPS in the Portuguese population, one including adult and other including adolescent samples, has consistently shown a three-factorial structure, separating particular types of paranoid ideation: mistrust thoughts, persecutory ideas and self-deprecation (Barreto Carvalho et al., 2014a, 2017). Internal consistency in the Portuguese validation studies was good (α = 79, .84 and .72 for mistrust thoughts, persecutory ideas and self-deprecation in adolescent validation study; α = .82, .86 and .71 for mistrust thoughts, persecutory ideas and self-deprecation in adult validation study) and in the current study were of α = .84, .90 and .71 for mistrust thoughts, persecutory ideas and self-depreciation, respectively.

1.2.4. Submissive Behavior Scale – SBS (Castilho, 2011; Gilbert & Allan, 1997)

This scale is composed of 16 items, rated on a Likert-like frequency scale that ranges from 1 (never) to 5 (always) and was devised to measure the frequency of submissive behaviors. Scores can range between 0 and 60, and higher values indicate increased frequencies of submissive behavior. The SBS has a Cronbach's alpha of .73 in the original study (Man, Gilbert, & Allan, 1997), and a Cronbach's alpha of .80 in the current study.

1.2.5. Other As Shamer – OAS (Goss, Gilbert, & Allan, 1994; Lopes, Pinto-Gouveia, & Castilho, 2005)

The OAS is an 18-item scale developed to measure external shame, in which items are rated on a 5-point Likert-type frequency scale. Scores can range between 0 and 72, in which higher scores indicate increased levels of external shame. In the original validation studies, the OAS presented a good internal consistency (α = .82), and the Portuguese validation studies in three different samples also revealed a good internal consistency: students, α = .81, general population α = .84 and clinical samples α = .90 (Matos, Pinto-Gouveia, & Duarte, 2011). In the present study, internal consistency was of α = .96.