Connor-davidson resilience scale questionnaire pdf

A means of verifying a person's resilience This article is an orphan, like other articles link to it. Please include links to this page from relevant articles; Try to find a link tool for suggestions. (May 2017) The Connor-Davidson Sustainability Scale (CD-RISC) was developed by Katherine M. Connor and Jonathan R.T. Davidson as a means of assessing sustainability. CD-RISC is based on the operational definition of Connor and Davidson's resilience, which is the ability to prosper in the face of adversity. Since its development in 2003, CD-RISC has been tested in several contexts with different populations (see Generalization) and has been modified into different versions (see Forms). The CD-RISC development factor structure was created to improve existing sustainability indicators (e.g. endurance or perceived stress). Existing sustainability scales were deemed insufficient because they were not of the capacity to be. With this in mind, CD-RISC has been tested using different populations to increase the normality of the measure. These groups included community sampling, outpatient primary care, a general psychiatric outpatient clinic, a clinical trial of generalized anxiety disorder and two clinical trials of PTSD. The authors drew inspiration for the content of the scale from the work of previous hardness researchers, most notably S.K. Kobasa and M. Rutter. CD-RISC consists of 25 points that are rated on a five-to-five Likert scale, ranging from 0-4: untrue at all (0), rarely true (1), sometimes true (2), often true (3), and true almost all the time (4) - these ratings lead to a number between 0-100, and higher scores indicate higher resilience. The analysis of the factor of the original scale produced five factors: 1 Personal competence, high standards, and persistence Trust in one instincts, tolerance of negative influence, and strengthening force Effect Positive acceptance of change and safe relations The Office Of Spiritually Affects Individual Details as follows (table adapted from Connor and Davidson 2003): Item No. That Comes 5 Past Success Gives Confidence in the New Challenge 6 See the humorous side of Things 7 Coping With Stress strengthens 8 Tendency to Bounce After Illness or Difficulty 9 Things Happen Because of 10 Best Efforts No. , focus and clearly think 15 I prefer to take the lead in problem solving 16 Not easily discouraged by the rejection of 17 Think of yourself as a strong man 18 Make unpopular or difficult decisions 19 can handle Feelings 20 Must Act on Foreboding 21 Strong Sense of Purpose 22 In Managing Your Life 23 I Like Challenges 24 Work Work achieve your goals 25 Pride in Your Achievement Reality Building Reality there are no studies that support the design reality of CD-RISC. In order for the measure to demonstrate the good validity of the design, it must be based on a complex, detailed theoretical design (i.e. nomological network). If the measure has a good construct of reality, then it should behave as a measure of this complex concept should behave. CD-RISC has been associated, as expected (i.e., positively or negatively) with various structures such as family functioning and depressive symptoms. However, it needs to be tested in relation to a more complex theory to better establish the validity of the design. The convergenceal confidence estimates on CD-RISC were compared with several scales designed to measure the same or similar design. CD-RISC estimates were significantly positively correlated with the hardness measure. In addition, CD-RISC is significantly negatively correlated with both the perceived stress scale and the stress vulnerability scale of Sheehan. This indicates that the resilience assessments obtained at CD-RISC correspond to lower levels of perceived stress and perceived stress vulnerability, respectively. All these findings show a good converged reliability of CD-RISC. Prognostic validation Bezjian and his colleagues (2017) used CD-RISC to examine the relationship between resistance and 6-month unsuitability exhaustion (i.e. separation from the military due to mental health or behavioral adjustments) and between mental health resistance and diagnosis 6 months after basic training began. The results showed that soldiers who were separated from the air force because of unfitness reported lower levels of resistance to basic training compared to those who were not separated. Soldiers diagnosed with a mental disorder in six months of service also reported lower levels of resilience at basic training compared to those who were not diagnosed with a mental disorder. The size of the effect of both associations was average, indicating a moderate predictive duration of CD-RISC. Gender differences Although Connor and Davidson (2003) found no gender differences in their sample when developing CD-RISC, subsequent findings concerning gender differences in CD-RISC supported two other findings: higher resistance in men in Campbell-Sills, Ford, and Stein (2009) found that in a large-scale community sample, men reported higher levels of resilience than women when assessed with CD-RISC. One explanation for this trend is that women report higher levels of mental disorders, which stress-related component (e.g. PTSD). In addition, this difference may be due to bias reporting - in other words, men more than women may be more concerned with being seen as capable to cope with stress and adversity, so they report higher CD-RISC scores. Higher resilience among women In a sample of more than 50,000 Air Force personnel, female participants scored on average more than their male counterparts on CD-RISC. On all but three counts, women independently reported higher average levels of resilience. One reason for this difference (compared to previous civilian studies) is that women in this study volunteer to enlist in the military, and those who do so may be more likely to have higher initial levels of resistance. However, studies that examine the average levels of resilience of the military population do not specifically address gender differences. The CD-RISC2 edition of the abbreviated, two-volume CD-RISC version, CD-RISC2, was created in 2005 to reduce administration time. He assessed resilience in the general population, as well as patients with post-traumatic stress disorder, depression and anxiety. The two items used for this scale are paragraph 1 (the ability to adapt to change) and paragraph 8 (The tendency to rebound after illness or difficulty). These subjects were chosen because Connor and Davidson believed they were able to etymologically capture the essence of sustainability. After analysing the reliability of testing, convergent reliability and divergence, CD-RISC2 showed a significant correlation with both CD-RISC as a whole and with individual CD-RISC elements. The authors argue that because CD-RISC2 is sufficiently original, the 2-element CD-RISC2 can be used instead of a 25-point CD-RISC. The 10-element CD-RISC Campbell-Sills and Stein (2007) perfected the original 25-element CD-RISC and confirmed a 10-element version of the measure called CD-RISC-10. The authors recognized an acceptable demonstration of the reliability and reliability of the 25-point version, but were concerned about the five-factor structure of the measure. They were confused by the conceptual relationship between the paragraphs, which appeared to be part of the same factors (e.g. positive recognition and safe relationships), and questioned the statistical analysis used to reach conclusions. In the light of these concerns, the authors worked to establish a factor structure for CR-RISK using a more systematic approach. In addition, they hoped to analyse the validity of the design of the measure for further verification. Using factor analysis and three independent samples, the authors concluded that changing the original scale, which included only 10 elements, would increase the validity of the scale. They have excluded items that would theoretically make sense to include a measure of resilience, but which do not have enough statistical weight to still be (e.g. social support measures). They used research analysis of factors and evidence-based analysis to justify these removals. 10 names on this abbreviated scale, assess your ability to endure difficult experiences, including changes, personal problems, illnesses, pressures, setbacks, and painful feelings. The authors found that 10-element CD-RISC scores correlate strongly with the score on the original 25-element CD-RISC. This analysis was limited. For example, the samples used in this study to assess the psychometric properties of the 10-cell CD-RISC do not include a clinical sample or a sample of individuals who have experienced high levels of injury. Because of this, the conclusions that have been drawn cannot be applied to these populations. The authors recognize that this can be seen as a problem, as the concept of sustainability is often considered relevant only if it is related to the experience of trauma. However, the authors explain that resistance can be applied to more moderate levels of stress. Thus, the concept of sustainability and the 10-point CD-RISC measure can be applied to the general population, not just those who have experienced trauma. The authors also refer to the problems associated with the use of retrospective self-reporting for data collection (which was inevitable in this case) and propose the creation of a measure of sustainability that does not rely on self-reporting. Cd-RISC's generalization has achieved marked reliability and reliability in different populations, and each CD-RISC study adds support to the habitability of the measure (see below). The culture of ensuring that the measure can be applied in different languages and cultures is often proving to be a difficult task because of differences in social norms and translation problems. For example, behaviors that are considered normal in one culture may be perceived as completely abnormal in another, simply because of differences in how this behavior is perceived. Both the 25-element CD-RISC and CD-RISC-10 were shown as reliable and valid in the context of several different, diverse cultures, including Korean, Chinese, German and Spanish. The trauma of severe trauma/CD-RISC surgery has been used to study resistance in patients suffering from end-stage liver disease and pending liver transplantation. Researchers conducted various statistical analyses (including factor research analysis) to determine the best way to use CD-RISC in their sample, and concluded that a 20-point single-factor version fits best into the data. The results showed that cd-RISC scores are negatively correlated with depression and anxiety. The results are positively correlated with social support and health-related quality of life. Resistance was not related to the severity of liver disease in patients. Another study used the original 25-element CD-RISC to look at the link between resistance and the emotional response of women diagnosed with cancer glands and breast cancer surgery. They found, found the overall level of resistance was similar between the cancer group and the control group (i.e. women without a cancer diagnosis). In addition, resistance acted as a protective factor against the development of depression and anxiety symptoms in patients. Compared to the control group, cancer patients who reported higher levels of resistance also reported comparable levels of emotional well-being, although on average cancer patients reported greater depression, anxiety, negative effects on the condition and less happiness. Military Because sustainability is most often associated with the experience of trauma, the study of the concept in the military population has become a popular topic of interest. This particular population often experiences unique injuries and stressors compared to the general population, such as combat effects. Combat exposure involves participating in enemy fire, witnessing the injury or death of another person, or being in danger of himself. CD-RISC was used to investigate the relationship between the resilience and psychological functioning of a group of U.S. military veterans who fought under Operation Enduring Freedom (OEF) or Operation Iraqi Freedom (OIF). In particular, the relationship between trauma exposure, resilience and diagnosis of PTSD is of interest. It has been suggested that resistance will act as a moderator between injury exposure and diagnosis of PTSD and that higher levels of resistance will be associated with more positive psychological outcomes. The findings support both of these hypotheses. The results showed that resistance was a protective factor against the development of PTSD and that it was strongly linked to other aspects of psychological functioning (e.g. suicidal). In a similar study, CD-RISC was used to examine the relationship between resilience, unit support, post-study social support, PTSD and depressive symptoms of severity, and psychosocial functioning in a sample of U.S. military veterans who served during the OEF or OIF. The authors hypothesized that sustainability would mediate between unit support and PTSD and depressive symptoms. In addition, they hypothesized that post-deplified social support would mediate the relationship between PTSD and depressive symptoms and psychosocial functioning. The results supported both hypotheses. The CD-RISC results were negatively related to PTSD and depressive symptoms. Lower levels of unit support and post-depressive social support were associated with higher levels of PTSD and depressive symptoms and lower levels of resilience and psychosocial functioning. Sustainability is fully mediated by the link between the support unit and PTSD and symptoms, which confirms the first hypothesis. Finally, post-digital social support partly mediated the relationship between PTSD and symptoms and psychosocial difficulties, which confirms the second hypothesis. Connor and Davidson's limitations and criticisms (2003) recognized the limitations of CD-RISC, citing the lack of verification of objective indicators of sustainability, the difficulty of determining sustainability in relation to this measure (i.e., whether a person would be considered resilient if he worked well in one area when faced with difficulties, but not in another?), and the lack of assessment of the factors directed. Numerous studies have questioned the five-factor model presented by Connor and Davidson. However, these studies have not been able to agree on what the correct model of the factor should be. Some studies have managed to get five structure factors like Connor and Davidson, but the content of the models is not always the same. Other studies have shown that the four-factor solution is the best. The other was unable to determine one number, instead reporting a structure with two or three factors, for example. Cultural differences in interpretation of elements, differences in test settings and differences in analytical strategy were cited as possible causes of these discrepancies. Another potential reason for the discrepancy in these findings is that the number of elements on the original scale is insufficient. Typically, three or more heavily loaded items (i.e. items that have a large statistical weight or value) are needed to ensure the reliability of these factors. The 25-item CD-RISC does not always adhere to these principles. For example, Factor 5 (spiritual influence) has only two items that support it. Due to discrepancies in these findings related to the structure of factors, the sub-scale of the original CD-RISC is not recommended to be used alone. Notes : b c d e f h Connor, K.M., y Davidson, J.R.T. (2003). Develop a new sustainability scale: Connor-Davidson Sustainability Scale (CD-RISC). Depression and anxiety, 18 (2), 76-82. doi:10.1002/da.10113 - Kobasa, S.C. (1979). Stressful life events, personality and health: hardness research. Journal of Personality and Social Psychology, 37(1), 1-11. PMID 458548 - Rutter, M. (1985). Resilience in the face of adversity: protective factors and resistance to mental disorders. British Journal of Psychiatry, 147, 598-611. PMID 3830321 - a b Ni, M.Y., Li, T.K., Yu, N.X., Pang, H., Chan, B.H.Y., Leung, G.M., s.M. (2016). 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