Psychological Profiles as Predictor of Individual and Generic Outcome Measures in Patients with Severe Somatoform Disorder

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Abstract

Introduction: Research shows that being respectful of the patient's needs, values and preferences during treatment, is associated with positive treatment outcomes. The use of individual outcome measures and the use of patient's psychological profile at the start of treatment, are expected to promote the effect of this patient-centered care. The aim of this study was to investigate the differential outcomes on both generic and individual measures among five psychological profiles of patients with severe somatoform disorder (SFD). Methods: Participants were 249 patients receiving multidisciplinary treatment for severe SFD. Pre- and posttreatment psychopathology (BSI), somatic symptoms (LKV), and mental and physical functioning (RAND-36) scores were used as generic outcome measures. Posttreatment evaluation files of 115 participants were rated to get individual outcome measures. Results: In accordance with former research, maladaptive, adaptive, active, limiting, and inflexible profiles were identified. All profiles showed different outcomes on the generic and individual outcome measures. The maladaptive and adaptive profile showed less improvement on the individual and the generic measures than the inflexible, limiting, and active profiles. The maladaptive profile also predicted worse social, physical, and psychological outcomes on the individual measures. **Discussion**: These findings indicate that psychological profiles can be useful in predicting treatment outcomes and show the value of individual outcome measures in addition to generic outcome measures in people with severe SFD. These insights might give clinically meaningful direction in delivering patient-centered care.

Introduction

People with severe somatoform disorders (SFD) represent a highly heterogeneous patient group (Noyes, Stuart & Watson, 2008). They are characterized by chronic and persistent symptoms and have high comorbidity with anxiety-, mood- and personality disorders (Van der Boom & Houtveen, 2014). Their medical utilisation and costs are high (Barsky, Orav & Bates, 2005) and physicians often find them difficult to treat (Hahn, 2001). The study of Özçulha (2015) revealing five distinct psychological profiles in patients with severe SFD supports the view that these people should not be considered as a homogenous group.

A theoretical model that might be able to explain this heterogeneity within a patient group is the *Differential Susceptibility model* (Belsky & Pluess, 2009). The model states that people differ in the extent to which they are susceptible to environmental influences, because of endogenous characteristics. Not only does it assume that some people are more vulnerable than others to the negative consequences of adversity, it also assumes that some people are more susceptible than others to the positive impact of supportive experiences. This variation in the tendency to benefit from positive features of the environment is called *vantage sensitivity* (Pluess & Belsky, 2013). Psychological profiles of people with severe SFD are comprised of endogenous characteristics of vulnerability, resilience, and avoidance (Özçulha, 2015), as displayed in Figure 1. According to the differential susceptibility model, people with different psychological profiles might differ in their vantage sensitivity and might therefore vary in their ability to benefit from treatment.

Multidisciplinary treatment is the type of intervention that is currently recommended for people with severe SFD (Landelijke Stuurgroep MDR, 2011). A recent study by Houtveen, van Broeckhuysen-Kloth, Lintmeijer, Bühring and Geenen (2015) indicated that intensive multidisciplinary treatment has positive effects for this patient group. However, they also found large individual differences in treatment effect. These individual differences make sense from a differential susceptibility perspective. It may suggest that some treatments are not suitable for some people with severe SFD and that perhaps better treatment effects are possible when treatment is more tailored to the characteristics of the patient and in that way more personalized.



Figure 1. The five psychological profiles composed of three psychological factors (Özçulha, 2015).

Personalized treatments fit within the framework of patient-centered care (PCC). The Institute of Medicine (2001) defined PCC as care that is *"respectful of and responsive to individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions*". Research shows that PCC contributes to improvement in disease-related outcomes, quality of life and patient well-being (for an overview, see Epstein, Fiscella, Lesser & Stange, 2010).

Current treatment outcome measures, such as Routine Outcome Monitoring (ROM), usually do not take into account that patient preferences and values about treatment outcomes can differ from one person to another. ROM is a method increasingly used in the Netherlands to systematically collect data on the effectiveness of treatments (De Beurs et al., 2011). It generally comprises generic measurements of psychopathology, physical health and mental well-being before treatment and after treatment. Although these measurements consist of self-report questionnaires, they do not necessarily reflect the treatment outcome that is preferred or pursued by the patient, because the subjects of evaluation are already determined.

Another aspect of PCC hat might be important for patients with SFD and is lacking in the current ROM, is the concept of self-management. Some patients with SFD

visit their GP to seek support with self-management (Peters et al., 2009) and some authors consider self-management as an important aspect of PCC (Bergeson & Dean, 2006; Epstein et al., 2010; Holman & Lorig, 2004). Self-management is a central concept in the new definition of health as introduced by Huber et al. (2011): *"the ability to adapt and self-manage in the face of social, physical and emotional challenges"*. These limitations in ROM suggest that, in order to provide PCC, additional outcome measures might be needed that take both the individual patient preferences and values into account as well as the aspect of self-management.

Besides this, insight into patient needs is important when delivering PCC. Psychological profiles of patients with severe SFD might provide useful information about the needs of the patients that do not respond well to treatment. They could be one of the variables that explain the large individual differences in treatment response in this patients group. Additionally, psychological profiles could give insight on how to tailor the treatment to the patient's needs, which is expected to enhance treatment outcomes (Epstein et al., 2010).

The present study

The aim of the present study therefore was to examine the potential value of individual outcome measures compared to generic outcome measures, in the assessment of treatment outcome of people with severe SFD. The relationship between individual outcome measures and generic outcome measures was also examined. Finally, the present study investigated whether different psychological profiles of patients with severe SFD (Özçulha, 2015) are associated with generic or individual treatment outcome measures.

In this study, generic ROM data of patients with severe SFD were compared with individual ratings of change during treatment based on treatment evaluation files. These two measures were expected to correlate, as they assessed treatment outcome in the same individuals. Because patients with severe SFD mentioned in Klemm, van Broeckhuysen, van Vliet, Oosterhuis and Geenen (2017) that their multidisciplinary treatment brought about changes in the variables that were rated in the evaluation files, it was also expected that the evaluation files would show a greater and more positive change during treatment than the generic ROM data.

In order to formulate hypotheses about how psychological profiles correlate with treatment outcome, a literature review was performed on the three factors resilience, vulnerability, and avoidance (Özçulha, 2015) that underlie the maladaptive, adaptive, inflexible, limiting, and active profile. The characteristics of these factors are displayed in Table 1, and Appendix A shows the search method used in the literature review. Findings regarding physical or mental states (e.g. level of pain, functioning or distress) were not taken into account, as these could also function as outcome measures. Most of the found literature investigated treatments for people with medically unexplained pain. The results must be interpreted with caution, since there was great variety in types of treatment and treated disorders.

Table 1

Characteristics of the Psychological Factors Resilience, Vulnerability and Avoidance that
Underlie the Five Psychological Profiles

Factor	Characteristics
Resilience	Adequate cognitions
	Adequate coping strategies
	Positive body image
	Social support
Vulnerability	Psychological inflexibility
	 Inadequate cognitions (e.g. low perceived control, low
	acceptance and high worrying)
Avoidance	Low vitality
	 Inadequate avoidant coping strategies (e.g. resting and
	withdrawal)

Note. Three factors described by Özçulha (2015)

The literature search comprised three types of studies: studies investigating pretreatment psychological characteristics (1), studies investigating changes in psychological characteristics during treatment (2) and studies investigating both (3). The first type (9 studies) showed mixed results: resilience, vulnerability, and avoidance characteristics at pre-treatment are all correlated with both positive and negative treatment outcomes. The second type (7 studies) showed that reduction of vulnerability and avoidance and increase of resilience characteristics during treatment are associated with positive treatment outcomes. The third type (6 studies) showed that pre-treatment high resilience, low vulnerability and low avoidance characteristics are associated with positive outcomes, as well as reduction of vulnerability and avoidance and increase of resilience characteristics during treatment.

Based on these results, better outcomes are expected for the adaptive profile (high resilience, low vulnerability and avoidance) than for the maladaptive profile (low resilience, high vulnerability and avoidance). Additionally, the studies indicated the importance of being able to reduce unfavorable and increase favorable characteristics during treatment, as this is associated with positive outcomes and indicates 'vantage sensitivity'. It is therefore expected that the inflexible, limiting, and active profile improve more than the maladaptive profile, because they have both favorable pretreatment characteristics and room for improvement.

Methods

Participants

Participants were 250 patients referred to a highly specialized care centre for severe somatoform disorders in the Netherlands (Altrecht Psychosomatiek Eikenboom, Zeist), between 2012 and 2016. The patients were all diagnosed with at least one somatoform disorder, according to DSM-IV criteria (American Psychiatric Association, 2000). Exclusion criteria were diagnosis of hypochondriasis, body dysmorphic disorder, factitious disorder, addiction, bipolar disorder or psychosis, and crisis situations requiring immediate attention. Patients in treatment at the time of the data collection, and patients that had received a psycho-education program without a solid treatment, were excluded as well. Table 2 shows the patient characteristics for each profile group.

Procedure

Individual outcome measures were derived from final treatment evaluation files, files in which patients discussed with their therapists the changes they noticed by their treatment. A scoring template was compiled by a research group consisting of a researcher, two clinicians, and two master students. Evaluation files collected from the electronic patient records of Altrecht were rated with this scoring template by the two

master students. ROM-data for the psychological profiles and the generic outcome measures were delivered in a secured SPSS file by the data manager of Altrecht.

Treatment

Patients received an intensive multidisciplinary treatment lasting for 6 months, either outpatient or inpatient, focusing on body-related mentalization, acceptance and commitment, cognitive behavioral modulation, and systemic therapy (Houtveen et al., 2015).

Materials

Generic Outcome Measures. ROM-data at the start and end of treatment measuring psychopathology, somatic symptoms, mental functioning and physical functioning, were used as generic outcome measures.

Psychopathology was measured with the *Brief Symptom Inventory (BSI)* (Derogatis & Melisaratos, 1983). It consists of 53 items about somatic (7 items) (e.g. 'dizziness'), cognitive (6 items) (e.g. 'difficulty remembering things'), interpersonal (4 items) (e.g. 'easily hurt or upset'), depressive (6 items) (e.g. 'feeling down'), anxiety (6 items) (e.g. 'nervousness or shakiness'), hostility (5 items) (e.g. 'easily annoyed'), agoraphobic (5 items) (e.g. 'uncomfortable in crowds'), paranoid (5 items) (e.g. 'distrust of others') and psychotic (5 items) (e.g. 'feeling like others can control your thoughts') symptoms. The BSI somatic symptom items were excluded, as another questionnaire was used to assess this. Higher scores indicated more psychopathology. The BSI showed very good internal consistency in the study of de Beurs and Zitman (2005), as shown by a Conbach's alpha of .96 for the total BSI.

Somatic symptoms were measured with the *Lichamelijke Klachten Vragenlijst* (*LKV*), developed by Van Hemert (2003, cited in de Beurs & Zitman, 2005). It consists of 51 items about somatic symptoms (e.g. 'stomach ache'). The total score reflects the amount of somatic symptoms of the respondent. De Waal et al. (2009) found a good internal consistency on this questionnaire, with a Cronbach's alpha of .88.

Table 2

Characteristics of patients in Five Profile groups: Means (M), Standard Deviations (SD) and Percentages of the Demographic Characteristics Age, Gender and Education Level

Inflexible	Active	Limiting	Adaptive	Maladaptive
(<i>n</i> = 43)	(<i>n</i> = 51)	(<i>n</i> = 53)	(<i>n</i> =22)	(<i>n</i> = 30)
47 (10)	43 (12)	42 (11)	43 (11)	41 (11)
19 (44%)	15 (29%)	17 (32%)	9 (41%)	11 (37%)
24 (56%)	36 (71%)	36 (68%)	13 (59%)	18 (60%)
-	-	-	-	1 (3%)
1 (2%)	2 (4%)	1 (2%)	4 (18%)	3 (10%)
7 (16%)	11 (22%)	12 (23%)	2 (9%)	5 (17%)
6 (14%)	6 (12%)	6 (11%)	6 (27%)	6 (20%)
29 (67%)	32 (63%)	34 (64%)	16 (73%)	16 (53%)
	Inflexible (n = 43) 47 (10) 19 (44%) 24 (56%) - 1 (2%) 7 (16%) 6 (14%) 29 (67%)	InflexibleActive $(n = 43)$ $(n = 51)$ 47 (10)43 (12)19 (44%)15 (29%)24 (56%)36 (71%)1 (2%)2 (4%)7 (16%)11 (22%)6 (14%)6 (12%)29 (67%)32 (63%)	InflexibleActiveLimiting $(n = 43)$ $(n = 51)$ $(n = 53)$ 47 (10)43 (12)42 (11)19 (44%)15 (29%)17 (32%)24 (56%)36 (71%)36 (68%)1 (2%)2 (4%)1 (2%)7 (16%)11 (22%)12 (23%)6 (14%)6 (12%)6 (11%)29 (67%)32 (63%)34 (64%)	InflexibleActiveLimitingAdaptive $(n = 43)$ $(n = 51)$ $(n = 53)$ $(n = 22)$ $47 (10)$ $43 (12)$ $42 (11)$ $43 (11)$ $19 (44\%)$ $15 (29\%)$ $17 (32\%)$ $9 (41\%)$ $24 (56\%)$ $36 (71\%)$ $36 (68\%)$ $13 (59\%)$ $ 1 (2\%)$ $2 (4\%)$ $1 (2\%)$ $4 (18\%)$ $7 (16\%)$ $11 (22\%)$ $12 (23\%)$ $2 (9\%)$ $6 (14\%)$ $6 (12\%)$ $6 (11\%)$ $6 (27\%)$ $29 (67\%)$ $32 (63\%)$ $34 (64\%)$ $16 (73\%)$

Mental functioning and physical functioning were measured with the RAND-36 (VanderZee, Sanderman, Heyink & de Haes, 1996). The scoring method of Hays was used to derive weighted mental and physical subscale scores based on Item Response Theory and composite scores based on oblique factor analysis allowing the composite scores to be correlated, which gives a realistic representation of health factors (Hays & Morales, 2001). In a sample of 558 fibromyalgia patients, the internal consistency was .86 for the mental-component summary score and .87 for the physical-component summary score (Van Middendorp et al., 2016). Higher scores on these scales indicated better mental and physical functioning.

Individual Outcome Measures. The individual outcome measures were based on variables from the study of Klemm, Van Broeckhuysen, Van Vliet, Oosterhuis and Geenen (2017). Using a concept-mapping method (Trochim, 1989), they derived seven clusters of treatment outcomes on which important changes had occurred during treatment, according to patients treated for somatoform disorder. The seven clusters

are displayed in Table 3, which gives an overview of the generic and individual measures. Appendix B provides the scoring template of the individual measures.

Table 3

Overview of the Individual and Generic Outcome Measures

Individual Outcom	Generic Outcome	Measures	
SSSO total s	core		
Klemm et al. (2017)	ROM comparison	ROM measure	Instrument
1. Social support	Psychopathology	Psychopathology	BSI
2. Health care use,	Somatic symptoms Somatic symptoms		LKV
3. Self-confidence	Mental functioning	Mental functioning	RAND-36
assertiveness	Physical functioning	Physical functioning	RAND-36
• self-esteem			
 social comparison 			

4. Physical balance

- energy
- relaxation
- limitations
- setting boundaries
- 5. Psychological adjustment
 - mindfulness
 - psychological distress
- 6. Symptom acceptance
- 7. Resilience

Note. The individual measures are based on ratings by two judges of final evaluation files and the generic measures are based on self-report questionnaires. *Note.* BSI = Brief Symptom Inventory; LKV = Questionnaire for Somatic symptoms; RAND-36 = generic health questionnaire with a physical and a mental component scale; SSSO = Somatic-Symptom Syndrome Specific Outcomes.

Two judges rated evaluation files on each outcome measure of Klemm et al., and the concepts psychopathology, somatic symptoms, physical functioning, and mental functioning (2017) with 1 ('worsened'), 2 ('somewhat worsened'), 3 ('no change'), 4 ('somewhat improved'), 5 ('improved') or with the missing value 999 ('no information provided'). The individual measures were compiled from the means of two judges. The total score was summarized as Somatic-Symptom Syndrome Specific Outcome (SSSO), reflecting the average score on the seven clusters.

Psychological Profiles. The five psychological profiles were defined by means of factor and cluster analyses of self-report questionnaires from pre-treatment ROM-data. A detailed description of the questionnaires and method used to define the profiles can be found in Özçulha (2015).

Design and data analyses

This study used a descriptive correlational design. All the final evaluations were rated by the same two judges, to increase reliability (Hallgren, 2012). The psychological profiles were the independent variables. The dependent variables were the generic and individual outcome measures. All statistical analyses were performed in IBM SPSS Statistics, version 22 for Mac. A *p*-value < .05 was interpreted as statistical significant. Cohen's *d* effect sizes of the generic measures were calculated for each individual with equation 1. Standard deviations were derived from the dataset of Özçulha (2015), as this is a large sample size that is most characteristic for the population of current study. Values of .20, .50, and .80 were interpreted as small, medium, and large effects respectively (Cohen, 1988, cited in Field, 2013).

$$d = \frac{(M\text{post} - M\text{pre})}{SD} \tag{1}$$

d = effect size, M = mean score, SD = standard deviation from Özçulha (2015)

Standardized change scores of the individual measures were calculated for each individual with equation 2. A value of 3 was subtracted from the mean scores of the two judges, representing 'no change at all'.

$$z = \frac{(x-3)}{SD}$$
(2)

z = effect size, x = mean score of two judges, SD = mean SSSO total score standard deviation.

For the generic outcome measures improvement is reflected by negative effect sizes of psychopathology and somatic symptoms and positive effect sizes of physical and

mental functioning. For the individual outcome measures, improvement is reflected by positive change scores.

Inspection of the histograms and boxplots of the effect sizes of the different outcome measures showed no need to remove univariate outliers. As skewness values and histograms of the psychological profile scales indicated that the scores were generally normally distributed, no additional tests for bivariate outliers were performed. The five-cluster solution based on Özçulha (2015) was used to divide the patients into five profile groups. Shapiro-Wilk tests of the effect sizes for the five profile groups showed that the normality assumption was violated in some of the outcome measures. However, as the score distributions were only slightly skewed, the data were not transformed. To take account of possible influence of outliers, the variables with skewness exceeding 1 were bootstrapped in the analyses. Although Levene's test was significant for generic measures of psychopathology, F(1, 193) = 4.54, p = .034 and somatic symptoms, F(1,173) = 8.84, p = .003, the scatterplots of the standardized residuals and the predicted values of the outcome measures showed no strong indications for violation of the homoscedasticity assumption. Average VIF values were not substantially greater than 1, therefore the multicollinearity assumption was considered to be met.

The level of agreement between the two judges was computed in contingency tables for each individual outcome measure, using rounded sum scores to enable a meaningful table interpretation. Row percentages were interpreted to determine the level of agreement, calculated by dividing the cell count by the sum of the cell counts in the corresponding row. Based on Koo and Li (2016), Intraclass Correlation Coefficients (*ICC*) based on a mean-rating (k = 2), absolute agreement, two-way mixed-effects model were used as an additional indication for the inter-rater reliability. *ICCs* were calculated with the unrounded scores and interpreted as *ICCs* for average measurements, as all the individual measures were average ratings of the two judges, and were interpreted according to Koo and Li (2016), see Table 4.

Table 4 Interpretation of the ICC values, according to Koo and Li (2016)

ICC value	Interpretation of reliability
<.50	Poor
.5074	Moderate
.7590	Good
>.90	Excellent

Note. ICC = Intraclass Correlation Coefficient

In order to answer the research questions, the following analyses were conducted. Partial correlation analyses between the generic and the corresponding individual outcome measures were conducted while controlling for gender, age and education level. Pearson's *r* was obtained and values of .10, .30 and .50 were interpreted as a small, medium and large effects respectively (Field, 2013). Differences in the magnitude and direction of change between the generic and individual outcome measures were inspected by calculating the descriptive statistics of the outcome measures for each profile group. The means, standard deviations and bootstrapped 95% confidence intervals were interpreted. Multiple regression analyses were conducted with the psychological profile groups as predictor of the various outcome measures. Age, gender and education level were entered together in the second block of the model.

Results

One participant was eliminated from the dataset because there were no posttreatment assessments included. There were no cases with outlier scores deleted, but the influence of possible unreliable cases was examined in post-hoc analysis. The final dataset consisted of 249 participants. For 115 of these participants, the individual outcome measures could be rated and computed.

Reliability of the Individual Outcome Measures

Table 5 shows the frequency of ratings by the two judges for the SSSO total score. The agreement percentage corresponding to the first row and column can be

interpreted as follows: in 16,7% of the cases both Judge 1 and Judge 2 rated the SSSO with 2. Agreement tends to be higher for ratings of improvement than for ratings of deterioration. Tables with the rating frequencies for the other items of the SSSO are included in Appendix C. The average measures reliability of the SSSO total score was moderate to good, ICC(3,2) = .77, 95% CI (.62, .85). The ICC differed significantly from zero, F(114, 114) = 4.91, p < .001. The average measures ICCs for the individual outcome measures ranged from .40 to .85 (poor to good) and are shown in Tables 1 and 2 in Appendix C.

Table 5

Level of Agreement of the Two Judges on the Somatic-Symptom Syndrome Specific Outcome (SSSO) total score: Frequencies and Row Percentages

Scores	Scores Judge 2					
Judge 1	2	3	4	5	Total	
2	1	4	1	0	6	
	(16.7%)	(66.7%)	(16.7%)	(0.0%)		
3	0	10	9	2	21	
	(0.0%)	(47.6%)	(42.9%)	(9.5%)		
4	0	1	41	9	51	
	(0.0%)	(2.0%)	(80.4%)	(17.6%)		
5	0	0	12	25	37	
	(0.0%)	(0.0%)	(32.4%)	(67.6%)		
Total	1	15	63	36	115	

Note. Percentage values display how much per cent of all the cases that Judge 1 rated with the given row score, was rated by Judge 2 with the given score. Interpretation of the rating values: 2 = somewhat worsened, 3 = no change, 4 = somewhat improved, 5 = improved. There were no values of 1.

Relationships between Generic and Individual Outcome Measures

There were a moderate relationship between improvements on the generic measure and individual measure of psychopathology, r = -.41, 95% BCa CI (-.62, -.14), p = .004; somatic symptoms, r = -.34, 95% BCa CI (-.55, -.09), p = .006; physical functioning, r

= .44, 95% BCa CI (.22, .61), p = .001; and mental functioning, r = .38, p = .007. All partial correlations controlled for gender, age and education level.

Differences between Outcome Measures: Direction and Magnitude of Change

The descriptive statistics of the outcome measures for the five psychological profiles are summarized in Table 6. Since all the outcome measures are effect sizes, bootstrapped 95% confidence intervals that do not contain zero refer to a significant change on that outcome measure. Figure 2 gives a simplified overview of Table 6, with an interpretation of the observed effect sizes.

Outcome		Profile group						
measure	Inflexible	Active	Limiting	Adaptive	Maladaptive			
Generic								
Psychopathology	-0.53	-0.27						
Somatic symptoms	-0.66	-0.27	-0.26					
Physical functioning	-0.24	0.46	0.17					
Mental functioning								
Individual								
Psychopathology	0.53		0.96					
Somatic symptoms	0.51							
Physical functioning	0.81		0.67					
Mental functioning	0.92		0.80	1.32				
SSSO total score	1.91	1.89	1.85	1.28	1.01			
50 < d < .80, p < .05 $.20 < d < .50, p < .05 $ $.10 < d < .20, p < .05 $ $d or z value with p < .05 $ $'small effect' p > .05 $ 'very small effect' $p > .05$ 'no change'								
0.50 < z < 1.00, p < .05 (somewhat improved' 1.00 < z < 1.50, p < .05 'somewhat 1.50 < z < 2.00, p < .05 'improved' -'improved' p < .05 'improved'								

Figure 2. Overview of effect sizes of the generic (Cohen's *d*) and in individual (standardized change scores) outcome measures for the five profile groups. SSSO = Somatic-Symptom Syndrome Specific Outcomes. None of the profile mean scores reflected deterioration

Table 6					
Means with 95% Confidence Intervals and SD of Effect Sizes of the Gener	ic (Cohen's d) and Individ	lual (Z-Scores) Outcome Measures	for Five Prof	files

	Inflexible		Active		Limiting	S	Adaptive		Maladapti	ve
Outcome Measure	M (95% CI)	SD	M (95% CI)	SD	M (95% CI)	SD	M (95% CI)	SD	M (95% CI)	SD
Generic Measure										
Psychopathology (BSI)	-0.53 (-0.75 <i>,</i> -0.29)	0.75	-0.27 (-0.48 <i>,</i> -0.06)	0.72	-0.12 (-0.37, 0.16)	0.96	0.12 (-0.07, 0.33)	0.50	-0.33 (-0.80, 0.10)	1.21
Somatic symptoms (LKV)	-0.66 (-0.89 <i>,</i> -0.42)	0.71	-0.27 (-0.47 <i>,</i> -0.06)	0.66	-0.26 (-0.49, -0.02)	0.81	-0.04 (-0.28, 0.20)	0.56	-0.40 (-0.85, 0.01)	1.26
Physical Functioning (RAND-36)	0.24 (0.04 <i>,</i> 0.48)	0.74	0.46 (0.19, 0.74)	0.89	0.17 (0.02, 0.32)	0.55	0.15 (-0.19, 0.50)	0.76	0.28 (-0.06, 0.66)	1.00
Mental Functioning (RAND-36)	0.15 (-0.01, 0.33)	0.55	0.17 (-0.02, 0.38)	0.66	0.06 (-0.10, 0.20)	0.54	-0.10 (-0.39, 0.20)	0.65	0.18 (-0.03, 0.39)	0.55
Individual measure										
Psychopathology (SSSO)	0.53 (0.07, 0.99)	0.88	0.63 (0.00, 1.21)	0.92	0.96 (0.46, 1.42)	0.76	0.92 (-0.23, 1.84)	1.30	-0.15 (-0.87, 0.56)	1.22
Somatic symptoms (SSSO)	0.51 (0.19, 0.86)	0.70	-0.06 (-0.76, 0.70)	1.44	0.30 (-0.13, 0.70)	0.89	-0.07 (-0.78, 0.57)	0.99	-0.21 (-0.86, 0.51)	1.16
Physical Functioning (SSSO)	0.81 (0.40, 1.21)	0.81	-0.14 (-0.83, 0.62)	1.41	0.67 (0.32, 1.04)	0.77	0.58 (-0.87, 1.74)	1.33	0.25 (-0.33, 0.76)	1.07
Mental Functioning (SSSO)	0.92 (0.43, 1.38)	0.97	0.39 (-0.14, 0.89)	1.01	0.80 (0.23, 1.34)	1.10	1.32 (0.99, 1.99)	0.57	0.33 (-0.50, 1.16)	1.16
SSSO total score	1.91 (1.62, 2.19)	0.73	1.89 (1.53, 2.31)	0.85	1.85 (1.43, 2.21)	1.00	1.28 (0.60, 1.87)	0.97	1.01 (0.25, 1.68)	1.33

Note. BSI = Brief Symptom Inventory; LKV = Questionnaire for Somatic symptoms; RAND-36 = generic health questionnaire with a physical and a mental component scale; SSSO = Somatic-Symptom Syndrome Specific Outcomes. Negative effect sizes on generic outcome measures of psychopathology and somatic symptoms represent improvement, positive effect sizes on generic outcome measures of physical and mental functioning and all the individual outcome measures represent improvement. The generic measures are Cohen's d effect sizes and the individual measures are z-scores.

Psychological Profiles as Predictors of Treatment Outcome

Multiple regression analyses showed that the generic and individual outcome measures were not predicted by profile group membership. Also not when age, gender and education level were added to the model. The maladaptive profile predicted lower scores on the SSSO total score, also shown in Table 7, b = -0.84, 95% *Cl* (-1.48, -0.21), t = -2.63, p = .010, and the individual measures of social competence, b = -0.77, 95% *Cl* (-1.50, -0.05), t = -2.12, p = .037, physical balance, b = -0.67, 95% *Cl* (-1.33, 0.00), t = -2.00, p = .049 psychological distress, b = -0.76, 95% *Cl* (-1.71, 0.11), t = -2.32, p = .022 and acceptance, b = -1.00, 95% *Cl* (-1.67, 0.32), t = -2.95, p = .004. It also predicted lower scores on the individual measure of self-esteem, b = -0.87, 95% *Cl* (-1.71, -0.04), t = -2.09, p = .041, but this became insignificant when age, gender and education level were added to the model. This was the same for the active profile and lower scores on the individual measure of physical functioning, b = -0.76, 95% *Cl* (-1.41, -0.12), t = -2.38, p = .020. All the regression analyses are displayed in Table 3 of Appendix C.

Post-hoc analyses

Lastly, all analyses were repeated, controlling for large scoring differences between the two judges, differences in reliability of the evaluation files or to unacceptable large time differences between the final evaluation date, the end of treatment and the date of the post-treatment ROM measurement. The relationship between the two outcome measures became moderate for psychopathology, r = -.47, p = .005 and large for somatic symptoms, r =-.61, p < .001, physical functioning, r = .67, p < .001 and mental functioning, r = .50, p = .001, when controlling for these covariates. The results of the repeated regression analyses are displayed in Table 4 of Appendix C.

Table 7

	Test statistic				
Outcome Measure	b	SE	В	t	р
Model 1					
Constant	1.89	0.15		12.43	<.001***
Active profile	-0.03	0.26	-0.01	-0.10	.923
Limiting profile	-0.05	0.25	-0.02	-0.18	.857
Maladaptive profile	-0.83	0.31	-0.27	-2.70	.008**
Adaptive profile	-0.56	0.35	-0.16	-1.61	.111
Model 2					
Constant	1.93	0.47		4.08	<.001***
Active profile	-0.05	0.27	-0.02	-0.20	.845
Limiting profile	-0.08	0.27	-0.03	-0.28	.779
Maladaptive profile	-0.84	0.32	-0.27	-2.63	.010*
Adaptive profile	-0.59	0.37	-0.17	-1.59	.116
Age	0.00	0.01	0.01	0.13	.898
Gender	0.02	0.21	0.01	0.12	.908
Low education	-0.09	0.35	-0.03	-0.24	.808
High education	-0.17	0.25	-0.08	-0.67	.507
Unknown education	-0.09	0.25	-0.04	-0.34	.737

Regression Analyses Output with Effect Sizes of the Total Score on Individual Measures (SSSO) as Outcome Variable and Four of the Five Psychological Profiles as Predictor

Note. $R^2 = .09$ for Model 1. $R^2 = .09$ for Model 2, $\Delta R^2 = .00$ (ps > .05).

Note. SSSO = Somatic-Symptom Syndrome Specific Outcomes. Positive b-values represent improvement. Membership of the maladaptive profile group predicts significant lower scores, independent from age, gender and education level.

Discussion

This study investigated the potential value of individual outcome measures compared to generic outcome measures, in assessing the treatment outcome of people with severe SFD with different psychological profiles. As expected, the generic and the individual measures were correlated, but also showed different outcomes for each profile. Contrary to expectations, profile analyses revealed that the maladaptive and adaptive profile showed no change on the generic measures, whereas the inflexible, active and limiting group did. The maladaptive and the adaptive group also showed the least improvement on the individual measures, compared to the other groups. The inflexible seemed to benefit the most from the treatment. Membership of the maladaptive profile at pre-treatment predicted less improvement on the individual measures and specifically on the measures of social comparison, physical balance, psychological distress, and acceptance. These effects remained intact when controlling for gender, age and education level.

This study indicates the value of individual outcome measures in addition to generic outcome measures, as the two types of measures showed different outcomes. This is in line with other studies that compared generic outcome measures to individual outcome measures, using either *Goal Attainment Scaling* (GAS) (Kiresuk & Sherman, 1968) or *Goal Based Outcomes* (GBO) (Law 2011, cited in Edbrooke-Childs, Jacob, Law, Deighton & Wolpert, 2015) as individual measures (Edbrooke-Childs, et al., 2015; Steenbeek, Gorter, Ketelaar, Galama & Lindeman 2011; Turner-Stokes, Williams & Johnson, 2009). These studies also showed moderate relationships between the two measures, indicating that the measures are complementary in their ability to measure individual change and that patients value other goals besides those measured with the generic measures.

In the current study, larger improvement on the individual measure than on the corresponding generic measure (e.g. some measures of the inflexible, adaptive or limiting profile) suggests more positive change in the evaluation file than in the ROM. This can imply that the evaluation files give a more valid description of the changes of the patient and are more tailored to the individual patient than the generic outcome measures. This is supported by Turner-Stokes et al. (2009), who indicate that GAS was more responsive to personal change than generic outcome measures. It is also possible that higher scores on the individual measure result from patients that improved during treatment, but had a relapse at the time of the post-ROM measurement.

A larger improvement on the generic measure than on the corresponding individual measure (e.g. the active profile) suggests that the ROM measurement reflected more positive change on this construct than was described in the evaluation file. Firstly, this could mean that the patient or the therapists attach less value to changes in the constructs psychopathology, somatic symptoms or physical and mental functioning, which are measured with the ROM. Instead, they might discuss improvements that are important to the individual patient but are not reflected in the ROM, such as changes in self-management or coping differently with

their symptoms, which are reflected by the total score of the individual measures. Secondly, to make sure the patient continues the process of change, the evaluation file might describe aspects that can still be improved, resulting in lower scores on the individual measure. Thirdly, perhaps the outcomes in ROM are less susceptible to response shift bias. When patients experience changes in their health states, they may alter their internal standards, values, or conceptualization of quality of life, which perhaps are captured in the final evaluation, but not in the ROM. Some research indeed indicates that pretest/posttest comparisons as are used in ROM, are confounded because they do not take account of these alterations (Bitzer et al., 2011; Osborne, Hawkins & Sprangers, 2006; Sprangers & Schwartz, 1999).

As expected, this study showed that a maladaptive profile at pre-treatment is predictive of lower treatment outcome. This might suggest that people with a maladaptive profile lack resources to benefit from the positive impact of the treatment, indicating vantage resistance (Pluess & Belsky, 2012). The positive findings of the inflexible group suggest that high avoidance in the maladaptive group could be a factor that impedes improvement, as the inflexible profile most resembles the maladaptive profile, but with low instead of high avoidance. People with an inflexible profile might be differential susceptible (Pluess & Belsky, 2012): they have a high vulnerability to the negative consequences of adversity, as shown by their poor condition at pre-treatment (Özçulha, 2015), but seem more susceptible to the positive impact of supportive experiences than the other profile groups.

The finding that the inflexible profile showed the largest improvements on both the generic and individual measures, may tentatively be explained by *Acceptance and Commitment Therapy* (ACT) (Hayes, Strosahl & Wilson, 1999) being a core ingredient of the treatment. ACT intends to foster psychological flexibility and has shown positive results in patients with chronic pain (Hann & McCracken, 2014; Veehof, Oskam, Schreurs & Bohlmeijer, 2011). Research of Trompetter, Bohlmeijer, Fox and Scheurs (2015) suggests that psychological flexibility functions as a mechanism in reducing pain interference and psychological distress.

As opposed to the maladaptive profile, the limiting profile improved on the generic and individual measures, despite high avoidance characteristics. The different results for these profiles might be explained by differences in catastrophic

thinking that seems to be reflected in the vulnerability factor (Özçulha, 2015), which is high in people with a maladaptive profile, but low in people with a limiting profile. In accordance with Pincus, Smeets, Simmonds and Sullivan (2010), people with a maladaptive profile might be *affective avoiders*, who are fearful and engage in catastrophic thinking. The limiting group might be *misinformed avoiders* who hold beliefs that movement leads to further pain or *learned avoiders* who associated movements with experiencing pain. High vulnerability (fearfulness and negative thinking) and low resilience (lack of social support and adequate cognitions or coping) possibly provides the maladaptive profile with too little resources to reduce their avoidance. Eurelings-Bontekoe and Snellen (2012) suggest that perhaps treatment for certain highly vulnerable patients should focus on giving psychoeducation about vulnerability, and creating a stable environment with positive social support.

The active group showed improvements on the generic measures of psychopathology, somatic symptoms and physical functioning, but not on the corresponding individual measures. However, the large improvements on the total score of the individual measures suggest that evaluation file described improvements that are not reflected in the ROM, indicating that patients value other outcomes besides those measured with the generic measures. Although Özçulha (2015) showed that the active group has the best physical functioning at pretreatment, they even improved more on this generic measure than the other groups. A surprising finding was that the active profile predicted less improvement on the individual measure of physical functioning, when only the most reliable evaluation files were used in the analyses. This might indicate that deterioration is described in more detail.

The lack of change of the adaptive profile on the generic measures can be understood from their relatively good condition at pre-treatment, which might indicate a 'ceiling effect' (cf. Turk et al., 1998). As the treatment focuses on increasing adaptive coping, cognitions and social support, the adaptive profile is not able to improve further. Interestingly, all profile groups lacked improvement on the generic measure of mental functioning. Perhaps mental functioning can only improve when all other areas of functioning have reached a certain level. The finding

that the adaptive group, which had the best pre-treatment scores, improved more on the individual measures of mental functioning than the other groups, supports this suggestion. Houtveen et al. (2015) also suggested that it might be more feasible for relatively less impaired patients to gain improvement in health related quality of life.

Limitations and Future Research

For several reasons, the findings of this study should be interpreted with caution. Firstly, the individual and the generic measures are not directly comparable, as they were established in different ways. The individual measures in this study were composed of retrospective evaluations of change and were expressed standardized change scores, whereas the generic measures reflected the difference between two time points and were expressed in Cohen's *d* effect sizes, using the standard deviation of the larger population. Furthermore, the individual measures are based on specific constructs that receive special attention within this multidisciplinary treatment for people with severe SFD, whereas the generic measures are based on more general constructs which are also used to assess treatment outcome in other psychological disorders than SFD. Secondly, the current study used a descriptive correlational design, which makes it impossible to draw causal conclusions. Finally, the regression analyses were not Bonferroni-corrected for multiple testing. Replication in a larger group is needed to confirm the indications found in this study.

In order to draw firmer conclusions on the different treatment outcomes of people with various psychological profiles in severe SFD, more research is needed. Firstly, the individual measures should be investigated in a prospective design in order to enhance their reliability and for that aim, first, a valid and reliable tool to measure individual outcome measures should be developed. Secondly, future studies could use more individualized outcome measures than used in the current study. For example, patients could define their goals on intake and then subsequently rate their improvement on these goals at interim evaluations and at termination of treatment, possibly using goal attainment scales (Kiresuk & Sherman, 1968). This approach has shown to be a valuable individual outcome measure in

addition to standardized (generic) outcome measures in children with cerebral palsy (Steenbeek et al., 2011) and patients with complex disability (Turner-Stokes et al., 2009). Thirdly, future research might focus on identifying change mechanisms that are relevant for people with different psychological profiles in severe SFD, such as psychological flexibility or fear-avoidance cognitions.

Conclusions

Despite these limitations, this study is the first to show that psychological profiles can be used to predict treatment outcome in people with severe SFD. Specifically, it indicated that people with a maladaptive profile show fewer changes on various domains. Furthermore, this study calls for routine monitoring of individual outcomes in addition to generic measures in ROM. In this way, patient values, preferences and needs can repeatedly be taken into account in the assessment of treatment outcome, which fosters research and clinical application of patient-centered care.

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Appendix A Results of the Literature Review

Search Method

Searches were performed on Google Scholar and PsycInfo, and focused mainly on studies investigating pain patients. The following combination of terms were used: 'resilience', 'vulnerability', 'avoidance', 'factors', 'treatment' 'outcome', 'predictors', 'predicting', 'pain', 'somatisation', 'somatoform' 'responder', 'protective', 'subgroups', 'profiles'. Studies investigating the association between treatment outcome and resilience, vulnerability and avoidance factors were selected. For some articles, the 'cited by...' function in Google Scholar was used and reference lists of relevant articles were also examined.

Tables

Table A.1 shows studies investigating pre-treatment psychological characteristics and the relationship with treatment outcome. Table A.2 shows studies investigating changes in psychological characteristics during treatment and the relationship with treatment outcome. Table A.3 studies investigating both pre-treatment psychological characteristics and changes in psychological characteristics during treatment and the relationship with treatment outcome. Only factor characteristics were taken into account, no broader physical or mental states such as pain, functioning or distress, that could function as outcome measures.

Table A.1

Studies investigating Pre-treatment Psychological Characteristics and the Relationship with Treatment Outcome

Study	Disorder or symptom	Outcome Measures	Treatment type	Characteristics [+] or [-] correlated with positive treatment outcome measures	Factor [+] or [-] correlated with positive treatment outcome
Van Der Hulst, Vollenbroek-Hutten, Groothuis-Oudshoorn & Hermens (2008)	Chronic LBP	Disability, physical and mental functioning	Multi-disciplinary rehabilitation program	Pre-treatment high fear- avoidance beliefs [+]	vulnerability [+] avoidance [+]
Van Der Hulst, Vollenbroek-Hutten & IJzerman (2005)	Chronic LBP	Outcome measures were different for every study	Multi-disciplinary rehabilitation	High pre-treatment active coping [-]	avoidance [+] resilience [-]
Rudy, Turk, Kubinski, Zaki (1995)	Temporoman dibular disorder (TMD)	Pain intensity, impact of TMD symptoms on life, depression,	Intra-oral appliance with biofeedback and stress	Low pre-treatment activity and low feelings of life control ('dysfunctional') [+]	vulnerability [+] avoidance [+]
		negative thoughts	management	Interpersonal difficulties ('interpersonal distressed') High pre-treatment activity despite pain and feelings of life control ('adaptive copers') [-]	resilience [-]

Thieme, Turk, Flor (2007)	fibromyalgia	Physical impairment	СВТ	Pre-treatment low coping, low pain behaviour and less solicitous spouse behaviours [+]	avoidance [+] resilience [-]
		Physical impairment	Operant Behavioral Therapy (OBT)	High pre-treatment pain behaviours, physician visits, solicitous spouse behaviours and catastrophizing [+]	resilience [+] vulnerability [+]
Vollenbroek-Hutten, Hermens, Wever, Gorter, Rinket & IJzerman (2004).	chronic LBP	Health related quality of life, disability	Multi-disciplinary, physically oriented group vs. TAU	Low pre-treatment activity and low feelings of life control ('dysfunctional'), interpersonal difficulties, low perceived support ('interpersonally distressed') and average patients [+]	vulnerability [+] avoidance [+] resilience [-]
				High pre-treatment activity despite pain and high feelings of life control ('adaptive copers') [-]	resilience [-]
Sil, Arnold, Lynch- Jordan, Ting, Peugh,	fibromyalgia (juvenile,	Functional disability	CBT for fibromyalgia	High pre-treatment coping efficacy [+]	vulnerability [-] resilience [+]

Cunningham, ... & JFM) Schikler (2014)

Turk, Okifuji, Sinclair, Starz (1998)	fibromyalgia	Pain	Inter-disciplinary treatment	High pre-treatment activity despite pain and feelings of life control ('adaptive copers') [+]	resilience [+]
		Affective distress, perceived disability and interference of pain		Low pre-treatment activity and low feelings of life control ('dysfunctional') [+]	vulnerability [+] avoidance [+]
				Interpersonal difficulties and low perceived support [-]	resilience [+]
Härkäpää, Järvikoski, Mellin, Hurri & Luoma (1991)	LBP	Disability, frequency of exercises	Muscle and relaxation exercises, psycho- education	High pre-treatment health locus of control beliefs [+]	vulnerability [-]
Haldorsen, Kronholm, Skouen, & Ursin (1998)	Low back pain	Return to work	Multi-modal cognitive behavioural treatment program (MMCBT)	High pre-treatment psychological strength [+] Pre-treatment hopelessness about the future, low physical activity, feeling unfit [-]	resilience [+] vulnerability [-] avoidance [-]
Note. [+] = positively related to treatment outcome, [-] = negatively related to treatment outcome.

Table A.2

Studies investigating Changes in Psychological Characteristics during Treatment and the Relationship with Treatment Outcome

Study	Disorder or	Disorder or Treatment		Features [+] or [-]	Factor [+] or [-]
	complaint	type	Measures	correlated with positive	correlated with positive
				treatment outcome	treatment outcome
Woby, Watson, Roach	chronic LBP	CBT group therapy	Disability	Reductions in fear	vulnerability
& Urmston (2004)				avoidance beliefs about	[-]
				work and physical activity,	avoidance [-]
				increased perceptions of	
				control over pain [+]	
Smeets, Vlaeyen,	chronic LBP	Active physical	Pain	Reduction in	vulnerability
Kester & Knottnerus, (2006)		treatment, CBT, and a combination of both, vs. waiting list	catastrophizing, disability, complaint and pain intensity.	catastrophizing [+]	[-]
Woby, Roach, Urmston	chronic LBP	CBT based	Cognitive	Reductions in	vulnerability
& Watson (2008)		physiotherapy	processes, pain,	catastrophizing and fear of	[-]
		(Interactive	disability,	movement, increases in	
		Behavioral	depression	self-efficacy [+]	
		Modification			
		Therapy, IBMT)			

McCracken & Gross (1998)	chronic LBP	Multi-disciplinary treatment	Pain, pain- related interference with activity, affective distress and general daily activity	Reductions in pain-related anxiety [+]	vulnerability [-] avoidance [-]
Burns, Kubilus, Bruehl, Harden & Lofland (2003)	chronic pain	Multi-disciplinary pain programs	Depression, pain, interference	Early reductions in catastrophizing and pain helplessness [+]	vulnerability [-]
			Activity level	Early reductions in depression [+]	
Jensen, Turner & Romano (2001)	chronic pain	Multi-disciplinary pain treatment	Disability, pain intensity, depression	Reductions in guarding and resting, the belief that pain signals damage and catastrophizing [+]	vulnerability [-] avoidance [-]
				Increases in perceived control over pain [+]	resilience [+]
Nielson & Jensen	fibromyalgia	Multi-disciplinary	Pain severity,	Reductions in beliefs that	resilience [+]

(2004)	treatment program	activity level,	pain is not a sign of	vulnerability [-]
		emotional	damage	avoidance [-]
		distress and life	('catastrophizing'),	
		interference	increased sense of control,	
			seeking support from	
			others and activity pacing	

Note. [+] = positively related to treatment outcome, [-] = negatively related to treatment outcome.

Table A.3

Studies Investigating both Pre-treatment Psychological Characteristics and Changes in Psychological Characteristics during Treatment and the Relationship with Treatment Outcome

Study	Disorder or complaint	Treatment type	Outcome Measures	Features [+] or [-] correlated with positive treatment outcome	Factor [+] or [-] correlated with positive treatment outcome
McCracken & Turk (2002)	chronic pain	BT + CBT	Pain, distress, pain behaviour and daily	Pre-treatment view of pain as uncontrollable [-]	vulnerability [-]
			functioning Decreased negative emotional responses to pain and perceptions of disability, increased self- management during treatment [+]		resilience [+]
Tota-Faucette, Gil,	chronic pain	Multi-	Pain, emotional	Pre-treatment	resilience [+]

Williams, Keefe & Goli, (1993)	disciplinary pain management		distress, activity discomfort	controlling, disorganized families (low social support), high pre- treatment negative thinking [-]	vulnerability [-] resilience [+]	
				Reductions in negative social cognitions [+] Increased pain control and rational thinking [+]		
Spinhoven & Linssen (1991)	chronic LBP	Group program psycho- education about	Pain intensity, depression, psychopathology	High pre-treatment self- efficacy [+]	vulnerability [-] resilience [+]	
		pain, relaxation training, imaginative pain coping strategies		Changes to more active coping, low pre- treatment helplessness [+]	avoidance [-] vulnerability [-]	
Wertli, M. M., Rasmussen-Barr, E., Held, U., Weiser, S.,	(chronic) LBP	Non-operative treatment	Pain, disability	High pre-treatment fear- avoidance beliefs [-]	vulnerability [-] avoidance [-]	
Bachmann, L. M., & Brunner, F. (2014).				Reductions in fear- avoidance beliefs [+]	vulnerability [-] avoidance [-]	

Results less consistent

				for chronic LBP patients	
Buckelew, Huyser, Hewett, Parker, Johnson, Conway & Kay	fibromyalgia	Biofeedback/rel axation training vs. Exercise vs.	Physical activity	High pre-treatment self- efficacy [+]	vulnerability [-] resilience [+]
(1996)		combination biofeedback/ex ercise vs. educational attention control group.	Tender point index, disease severity, pain, physical activity	Improvements in self- efficacy [+]	vulnerability [-]
Miles, Pincus, Carnes, Homer, Taylor, Bremner, & Underwood (2011)	Musculo- skeletal pain	Treatment programmes aimed at	Physical functioning	High pre-treatment self- efficacy [+]	vulnerability [-]
		promoting self- management	Physical functioning	Reductions in pain catastrophizing [+]	
			Complaints,		
			disability, pain		

Appendix B

Scoring Template for Somatic-Symptom Syndrome Specific Outcomes and Questions from the Generic Outcome Measures

***Mental functioning** includes items from SF-36 (see below) on role limitations due to emotional health problems (item 5a, 5b & 5c); Energy/fatigue (item 9a, e, g & i); Emotional well-being (item 9b, c, d, f, h); and, Social functioning (Item 6 & 10).

****Physical functioning** includes items from SF-36 (see below) on role limitations due to physical health problems (item 4a-d); physical functioning (item 3a-j); bodily pain (item 7 & 8); and, general health perceptions (item 1 & 11a-d).

R	AND-36:		
Ye	our Health	1	
Th yo	is survey includes a wide variety of questions about ur health and your life. We are interested in how you a about each of these issues.	7.	How much bodily pain have you had during the past 4 weeks?
1.	In general, would you say your health is: [Mark an 🛛		None Very mild Mild Moderate Severe Very severe
	in the one box that best describes your answer.]		
			During the past 4 weeks, how much did pain interfere with
_		0.	your normal work (including both work outside the home and housework)?
2.	<u>Compared to one year ago, now would you rate your</u> health in general now?		Not at all A little bit Moderately Quite a bit Extremely
	Much better Somewhat About the Somewhat Much		
	now than better now same as worse now worse now one year than one one year than one than one		
	ago yearago ago yearago yearago	9.	These questions are about how you feel and how things have been with you during the past 4 weeks. For each
			question, please give the one answer that comes closest
3	The following items are about activities you might do		How much of the time during the past 4 weeks
•	during a typical day. Does your healt now limit you in		All Most A good Some A little None
	a box on each line.] Yes Yes No. not		of the of the bit of the of the of the time time the time time time time
	limited limited limited		
а	Vigorous activities, such as	•	Did you feel full of pep? 1 2 3 4 5 6
	running, lifting heavy objects, participating in strenuous sports , 2 3	ľ	Have you been a very 1 2 3 4 5 6
ь	Moderate activities, such as moving	•	Have you felt so down in
	bowling, or playing golf		could cheer you up?
с	Lifting or carrying groceries 1 2 3		
đ	Climbing several flights of stairs 1 2 3	1	and peaceful?
0	Climbing one flight of stairs		Did you have a lot
f	Bending, kneeling, or stooping		
9	Walking more than a mile	1	Have you felt downhearted and blue? 1 2 3 4 5 6
h	Walking several blocks	Ι.	
1	Bathing or dressing yourself	1.	
	During the past 4 weeks, have you had any of the	"	happy person?
4.	following problems with your work or other regular	۱.	Did you feel tired?
	physical health? Yes No	10.	During the past 4 weeks, how much of the time has your
а	Cut down the amount of time you		physical health or emotional problems interfered with your
	spent on work or other activities		All of Most of Some of A little None of
D	Accomplished less than you would like *		the time the time the time of the time the time
G	other activities		
đ	Had <u>difficulty</u> performing the work or other activities (for example, it took	11.	Please choose the answer that best describes how true or
	During the past 4 weeks, have you had any of the		Taise each of the following statemets is for you.
э.	following problems with your work or other regular daily activities as a result of your		I seem to get sick
	physical health?		a little easier than 1 2 3 4 5
a	Cut down the amount of time you spent on work or other activities	ь	I am as healthy as
b	Accomplished less than you would like		
c	carefully as usual	ſ	to get worse 1 2 3 4 5
6.	During the <u>past 4 weeks</u> , to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?	đ	My health is excellent 1 2 3 4 5
	Not at all Slightly Moderately Quite a bit Extremely		Thank you for completing these questions!

Item	1 Algemene vermoeidheid of lusteloosheid
Item	2 Snelle vermoeidheid bij weinig inspanning
Item	3 Kortademigheid zonder inspanning
Item	4 Hartkloppingen
Item	5 Pijn of druk op de borst
Item	6 Duizeligheid of licht in het hoofd
Item	7 Flauwvallen
Item	8 Slapeloosheid
Item	9 Veel slapen
Item	10 Vergeetachtigheid
Item	11 Tintelingen, bijvoorbeeld van de handen
Item	12 Trillen
Item	13 Spierzwakte of verlamming
Item	14 Gespannen spieren
Item	15 Spierpijn of spierstijfheid
Item	16 Moeite met lopen
Item	17 Verlies van de stem
Item	18 Doofheid
Item	19 Dubbel zien of wazig zien
Item	20 Blindheid
Item	21 Toevallen of epileptische aanvallen
Item	22 Misselijkheid
Item	23 Braken
Item	24 Droge mond
Item	25 Moeite met slikken
Item	26 Veel verslikken
Item	27 Slecht verdragen van bepaald eten
Item	28 Verminderde eetlust
Item	29 Gewichtsverlies (afgelopen maand)
Item	30 Zuurbranden
Item	31 Buikpijn
Item	32 Opgeblazen gevoel in de buik
Item	33 Diarree
Item	34 Verstopping
Item	35 Winderigheid
Item	36 Overmatig transpireren
Item	37 Aanvallen van warmte met transpireren
Item	38 Slecht verdragen van warmte
Item	39 Koude rillingen
Item	40 Slecht verdragen van koude
Item	41 Hoofdpijn
Item	42 Pijn aan de gewrichten
Item	43 Pijn in de armen of benen
Item	44 Pijn in de rug
Item	45 Andere pijnklachten
Item	46 Vaak plassen

Item	47 Moeite met plassen
Item	48 Pijn bij het plassen
Item	49 Branderigheid van geslachtsdelen of anus
Item	50 Pijn bij geslachtsgemeenschap
Item	51 Seksuele onverschilligheid

	Worsened	Somewhat worsened	No change	Somewhat improved	Improved	No info		
	1	2	3	4	5	999		
Psychopathology								
This involves: Cognitive p Hostility, Phobic fears, Par	roblems, Internoid thoug	erpersonal se hts, Psychoti	ensitivity, De cism	pressive feel	ings, Anxiet	у,		
Mental functioning								
This involves: emotional wellbeing, role limitations due to emotional health problems, social functioning, and energy/vitality.								
Physical functioning								
This Involves: physical fu time, achievements), pain,	inctioning, r and general	ole limitation health.	ns due to ph	ysical functi	oning (rega	ding work,		
Somatic symptoms								
Somatic-symptom syndrome specific outcomes (SSSO)								
Social support								
Health care use								
Self-confidence (Assertiveness, Self-esteem, Social comparison)								
Physical balance (Energy, Relaxation, Limitations, Setting Boundaries)								
Psychological adjustment (Mindfulness, Psychological distress)								
Symptom acceptance		44						

Resilience			
Other (open)			

Patient's ID: | Therapy history (open): ... Rated by: (1=SC, 2=ML) Author evaluation (therapist, patient, mixed) ? ... Reviewer's judgement strength: ...% <u>Definitions</u>

Psychopathology: This category is based on the BSI and includes eight subcategories. *Note.* Somatization is not taken into account under the category because of overlap with somatic symptoms.

Thus, psychopathology involves:

- (a) *cognitive problems* (difficulties with memorizing things, concentrating and making decisions, feeling 'blocked' in finishing tasks or lost in thoughts, often checking whether you did something correctly);
- (b) *interpersonal sensitivity* (easily hurt/upset, feeling less than others, shy in company or feeling that others are unfriendly and do not like you);
- (c) *depressive feelings* (feeling: lonely, down, not interested in things, hopeless about the future, worthless or have suicidal thoughts);
- (d) *anxiety problems* (nervousness or shakiness, feeling scared, tense or restless, having anxiety/panic attacks);
- (e) *hostility* (easily being annoyed or getting in a fight, having aggression problems, the urge to hit/hurt another or vandalize things);
- (f) *phobic fears* (fear for big spaces and open squares or riding public transport, avoiding activities or places because of anxious feelings, not feeling comfortable in crowds, feelings nervous when alone or left);
- (g) *paranoid thoughts* (having the feeling that: your problems are due to things other than yourself; you cannot trust others, you are being watched, people talk behind your back, others do not recognize your achievements or that others want to take advantage of you if you are not careful);
- (h) *psychoticism* (feeling lonely, even in company of others; having the idea that: others can control your thoughts, you are sinful, you need to be punished, there is something psychologically wrong with you or you are not closely connected to anyone).

Mental well-being*, based on four scales of questionnaire SF-36, this score reflects role limitations due to emotional health problems, emotional well-being (nervousness, sadness, down, not happy), energy/fatigue and social functioning.

Physical functioning**, based on four scales of SF-36, this score reflects role limitations due to physical functioning (regarding work, time, achievements), physical well-being (think of

being impaired in doing sports, lifting things, doing daily chores, washing/dressing oneself), general health perceptions and bodily pains).

Somatic symptoms *,** based on the questionnaire LKV, reflects on somatic complaints/symptoms.

Somatic-symptom syndrome specific outcomes (SSSO)****: This category is based on a hierarchical structure of treatment outcomes according to patients that had been treated for somatoform disorder researched by Klemm, van Broeckhuysen, van Vliet, Oosterhuis & Geenen (2016) and includes two higher-order factors and accompanied seven lower-order subcategories. "SSSO" involves:

- **1. Social Support:** refers to the following aspects: the extent to which the patient experiences the quality of the relationships with others. Also consider how well patient's environment experiences differences in, and shows understanding and acknowledgment of patient's problems/symptoms.
- 2. Health Care Use: refers to the amount of doctor visits, medication use and approximate health care use in the region of patient. Health care use is improved upon when one is more adaptively using health care which depends on the situation: for one patient it is adaptive to cut back on health care use, for the other to increase health care use.
- **3. Self-confidence:** refers to the following three subcategories: assertiveness, self-esteem and social comparison.

3a. Assertiveness: refers to the extent to which the patient is able to show his/her true self to others, has difficulty elaborating about his/herself, talks about his/her feelings, is able to say 'no' to things and is able to ask for help.

3b. Self-esteem: refers to the extent to which the patient is satisfied with oneself, sympathizes with oneself, judges oneself and sets high standards of oneself.

3c. Social comparison: is improved upon when there is a decrease in the extent to which one compares oneself with others, and an increase in the extent to which one attends to his/her own needs instead of the needs of others and shows social skillful behavior.

4. Physical Balance: refers to the following three subcategories: energy, relaxation, limitations and setting boundaries. **4a. Energy:** refers to the extent to which the patient is able to dispense energy effectively and plan activities. The overall energy-level is also taken into account. **4b. Relaxation:** refers to the extent to which the patient is able to relax, experiences calmth, takes time for oneself and processes tension/stress adaptively. The frequency of going outside to relax is also taken into account. **4c.** Limitations: refers to the patient's physical functioning, physical complaints and the extent to which the patient finds that their physical limitations affects oneself. **4d. Setting Boundaries:** refers to the extent to which the patient is able to be <u>aware</u> of one's boundaries, limitations, bodily signals and emotions. The overall pace of the

patient's doings and the extent to which the patient is able to listen to his/her body (i.e. resting when tired) is also taken into account here.

5. Psychological Adjustment: refers to the following two subcategories: mindfulness and psychological distress.

5a. Mindfulness: refers to being aware of the relation between thoughts and feelings, understanding the association between body and mind, experiencing the here and now rather than the past and future.

5b. Psychological distress: is improved upon when the extent to which one's sensitivity to triggers/stimuli and distress about psychological deterioration decreases; the extent to which one's mental well-being (i.e. more positive affect or decreasing in negative affect), self-insight and grip on own life increases; and, when one's mind is feeling clearer and one's past is adaptively processed.

- **6. Symptom Acceptance:** refers to acknowledging, understanding the origin, handling, accepting and not fighting against one's complaints.
- **7. Resilience:** refers to one's ability to be: humorous about things, adaptively perseverant, hopeful, happy with the little things in life and put things in perspective.

*,**,***,****: in the appendix please find the original items on which the definition is based on.

Author evaluation: refers to the person(s) who contributed to the analyzed evaluation.

Reviewer's judgement strength: refers to the reviewer's confidence that the scoring adequately reflects the evaluation report. A score from 1-5 can be given ((1) scoring presents a weak reflection of patient's change (information was lacking, unclear of difficult to interpret) – (5) scoring presents a strong reflection of patient's change (enough information was present, clear and easy to interpret)).

****The SSSO is referring tot the concepts described in the following literature: Klemm, S., van Broeckhuysen, S., van Vliet, S., Oosterhuis, L. & Geenen, R., 2016: in preperation.

Cluster 1 - Social Support

- ... hoe mijn omgeving veranderingen ervaart (19)
- ... de mate van begrip vanuit mijn omgeving (59)
- ... de relatie met de mensen in mijn omgeving (50)
- ... het gevoel erkend te worden met mijn klachten (11)

<u>Cluster 2 – Health Care Use</u>

- ... de hoeveelheid bezoeken aan een dokter (07)
- ... het gebruik van medicatie (46)
- ... de toegankelijkheid voor hulpverlening in eigen regio (21)

<u>Cluster 3 – Self-confidence</u>

Assertiveness

- ... dat ik echt mezelf laat zien (06)
- ... de moeite om over mijzelf te vertellen (30)
- ... het praten over mijn gevoel (47)
- ... het 'nee' kunnen zeggen (48)
- ... het om hulp kunnen vragen (58)
- ... het uitspreken van een conflict (54)
- ... het zeggen wanneer klachten opspelen (04)

Self esteem

- ... de mate van tevredenheid over mezelf (29)
- ... de mate van begrip voor mezelf (52)
- ... het oordelen over mezelf (22)
- ... de eisen die ik aan mezelf stel (28)

Social comparison

- ... de mate waarin ik mezelf met anderen vergelijk (14)
- ... het opletten hoe het met mij is i.p.v. met de ander (17)
- ... de mate waarin ik sociaal vaardig ben (41)

<u> Cluster 4 – Physical balance</u>

Energy

- ... het doseren van energie (13)
- ... het plannen van activiteiten (38)
- ... mijn energieniveau (32)

Relaxation

... het kunnen ontspannen (01)

- ... de mate van rust die ik ervaar (10)
- ... de tijd die ik neem voor mezelf (12)
- ... de verwerking van spanning (31)
- ... hoe vaak ik buiten kom (39)

Limitations

- ... mijn fysieke functioneren (09)
- ... mijn lichamelijke klachten (42)
- ... de mate waarin mijn beperkingen mij beïnvloeden (43)

Setting Boundaries

- ... het besef hebben van mijn grenzen (2)
- ... het weten wat mijn beperkingen zijn (49)
- ... het leren luisteren naar mijn lichaam (15)
- ... het tempo van mijn doen en laten (23)
- ... het kunnen toegeven aan een slechte dag (33)
- ... het waarnemen van lichaamssignalen (20)
- ... het kunnen voelen van emoties (60)

<u>Cluster 5 – Psychological adjustment</u>

Mindfulness

- ... de verbinding tussen denken en voelen (16)
- ... het begrip voor de samenhang tussen lichaam en geest
- (34)
- ... de beleving van het hier en nu (24)

Psychological distress

- ... mijn gevoeligheid voor allerlei prikkelingen (26)
- ... mijn psychische gesteldheid (36)
- ... het helder in mijn hoofd zijn (55)
- ... de mate waarin ik inzicht in mezelf heb (37)
- ... de verwerking van mijn verleden (40)
- ... mijn zorg dat het steeds slechter wordt (03)
- ... het grip krijgen op mijn problemen (57)

Cluster 6 – Symptom Acceptance

- ... het erkennen dat ik klachten heb (27)
- ... het begrijpen waaróm ik klachten heb (44)
- ... het omgaan met mijn klachten (53)
- ... het kunnen accepteren van mijn klachten (56)
- ... het vechten tegen mijn klachten (05)

<u>Cluster 7 – Resilience</u>

... mijn gevoel voor humor (18)

- ... mijn doorzettingsvermogen (35)
- ... het hebben van hoop (25)
- ... gelukkig te zijn met kleine dingen (45)
- ... het kunnen relativeren (51)
- ... de manier waarop ik in het leven sta (08)

Appendix C Results

Table C1

Single Measures and Average Measures of Intra-class Correlation Coefficients for the items of the Individual Outcome Measures (SSSO)

2		3			,,	,				1 /	
	<u></u>	Psycho-	Mental	Physical	Somatic	Social	Health	Social	Assertive-	Self-	Social
100 3350	3330	pathology	functioning	functioning	symptoms	support	Care Use	Comparison	ness	esteem	Competence
ICC											
average	0.77	0.77	0.75	0.85	0.85	0.82	0.40	0.79	0.61	0.82	0.61
measures											

SSSO = Somatic-Symptom Syndrome Specific Outcomes.

Table C1 (continued)

Single Measures and Average Measures of Intra-class Correlation Coefficients for the items of the Individual Outcome Measures (SSSO)

ICC	Physical Balance	Energy	Relaxation	Limitations	Boundaries	Psychological Adjustment	Mindfulness	Psychological distress	Symptom Acceptance	Resilience
ICC average measures	0.81	0.73	0.74	0.76	0.59	0.58	0.77	0.52	0.84	0.81

SSSO = Somatic-Symptom Syndrome Specific Outcomes.

Wicusuics 55.		acheres ana no	wiciccituges					
Scores	Scores Judge 2							
Judge I	2	3	4	5	Total			
2	1	4	1	0	6			
	(16.7%)	(66.7%)	(16.7%)	(0.0%)				
3	0	10	9	2	21			
	(0.0%)	(47.6%)	(42.9%)	(9.5%)				
4	0	1	41	9	51			
	(0.0%)	(2.0%)	(80.4%)	(17.6%)				
5	0	0	12	25	37			
	(0.0%)	(0.0%)	(32.4%)	(67.6%)				
Total	1	15	63	36	115			

 Table C2.1

 Level of Agreement of the Two Judges on the Total Score of the Individual Outcome

 Measures SSSO in Rating Frequencies and Row Percentages

Note. Percentage values display which percentage of all the cases that Judge 1 rated with the given row score, was rated by Judge 2 with the given column score. *Note.* Interpretation of the rating values: 2 = somewhat worsened, 3 = no change, 4 = somewhat improved, 5 = improved. There were no values of 1. SSSO = Somatic-Symptom Syndrome Specific Outcomes.

Table C2.2

Level of Agreement of the Two Judges on the Individual Outcome Measure of Psychopathology in Rating Frequencies and Row Percentages

Scores	Scores Judge 2							
Judge 1	1	2	3	4	5	Total		
1	1	1	3	1	0	6		
	(16.7%)	(16.7%)	(50.0%)	(16.7%)	(0.0%)			
2	1	1	0	2	0	4		
	(25.0%)	(25.0%)	(0.0%)	(50.0%)	(0.0%)			
3	1	2	10	3	1	17		
	(5.9%)	(11.8%)	(58.8%)	(17.6%)	(5.9%)			
4	0	1	4	6	1	12		
	(0.0%)	(8.3%)	(33.3%)	(50.0%)	(8.3%)			
5	0	0	1	7	13	21		
	(0.0%)	(0.0%)	(4.8%)	(33.3%)	(61.9%)			
Total	3	5	18	19	15	60		

Table C2.3

Scores	Scores Judge 2							
Judge I	2	3	4	5	Total			
1	2	2	2	0	6			
	(33.3%)	(33.3%)	(33.3%)	(0.0%)				
2	2	4	0	0	6			
	(33.3%)	(66.7%)	(0.0%)	(0.0%)				
3	2	7	2	0	11			
	(18.2%)	(63.6%)	(18.2%)	(0.0%)				
4	2	8	11	2	23			
	(8.7%)	(34.8%)	(47.8%)	(8.7%)				
5	1	0	7	14	22			
	(4.5%)	(0.0%)	(31.8%)	(63.6%)				
Total	9	21	22	16	68			

Level of Agreement of the Two Judges on the Individual Outcome Measure of Mental Functioning in Rating Frequencies and Row Percentages

Note. Percentage values display which percentage of all the cases that Judge 1 rated with the given row score, was rated by Judge 2 with the given column score. *Note.* Interpretation of the rating values: 1 = worsened, 2 = somewhat worsened, 3 = no change, 4 = somewhat improved, 5 = improved. There were no values of 1. SSSO = Somatic-Symptom Syndrome Specific Outcomes.

Table C2.4

Level of Agreement of the Two Judges on the Individual Outcome Measure of Physical Functioning in Rating Frequencies and Row Percentages

Scores	Scores Judge 2								
Judge 1	1	2	3	4	5	Total			
1	2	3	4	0	0	9			
	(22.2%)	(33.3%)	(44.4%)	(0.0%)	(0.0%)				
2	0	6	2	2	0	10			
	(0.0%)	(60.0%)	(20.0%)	(20.0%)	(0.0%)				
3	0	0	11	4	0	15			
	(0.0%)	(0.0%)	(73.3%)	(26.7%)	(0.0%)				
4	0	0	7	7	2	16			
	(0.0%)	(0.0%)	(43.8%)	(43.8%)	(12.5%)				
5	0	0	2	8	15	25			
	(0.0%)	(0.0%)	(0.0%)	(32.0%)	(60.0%)				
Total	2	9	26	21	17	75			

Table C2.5

Scores	Scores Judge 2								
Judge T	1	2	3	4	5	Total			
1	3	7	2	1	0	13			
	(23.1%)	(53.8%)	(15.4%)	(7.7%)	(0.0%)				
2	2	3	6	0	0	11			
	(18.2%)	(27.3%)	(54.5%)	(0.0%)	(0.0%)				
3	0	4	20	2	1	27			
	(0.0%)	(14.8%)	(74.1%)	(7.4%)	(3.7%)				
4	0	1	4	5	2	12			
	(0.0%)	(8.3%)	(33.3%)	(41.7%)	(16.7%)				
5	0	0	2	6	12	20			
	(0.0%)	(0.0%)	(10.0%)	(30.0%)	(60.0%)				
Total	5	15	34	14	15	83			

Level of Agreement of the Two Judges on the Individual Outcome Measure of Somatic symptoms in Rating Frequencies and Row Percentages

Note. Percentage values display which percentage of all the cases that Judge 1 rated with the given row score, was rated by Judge 2 with the given column score. *Note.* Interpretation of the rating values: 1 = worsened, 2 = somewhat worsened, 3 = no change, 4 = somewhat improved, 5 = improved. There were no values of 1. SSSO = Somatic-Symptom Syndrome Specific Outcomes.

Table C2.6

Level of Agreement of the Two Judges on the Individual Outcome Measure of Social Support in Ratio	ng
Frequencies and Row Percentages	

Scores	Scores Judge 2							
Judge I	2	3	4	5	Total			
1	1	0	0	0	1			
	(100.0%)	(0.0%)	(0.0%)	(0.0%)				
2	1	5	1	0	7			
	(14.3%)	(66.7%)	(0.0%)	(0.0%)				
3	0	7	2	0	9			
	(0.0%)	(63.6%)	(18.2%)	(0.0%)				
4	0	5	10	8	23			
	(0.0%)	(34.8%)	(47.8%)	(8.7%)				
5	0	2	5	17	24			
	(0.0%)	(0.0%)	(31.8%)	(63.6%)				
Total	2	19	18	25	64			

Table C2.7

<u> </u>		5						
Scores	Scores Judge 2							
Judge T	2	3	4	5	Total			
1	0	0	0	1	1			
	(0.0%)	(0.0%)	(0.0%)	(100.0%)				
2	2	2	2	4	10			
	(20.0%)	(20.0%)	(20.0%)	(40.0%)				
3	0	2	3	2	7			
	(0.0%)	(28.6%)	(42.9%)	(28.6%)				
4	0	0	16	9	25			
	(0.0%)	(0.0%)	(64.0%)	(36.0%)				
5	0	0	4	8	12			
	(0.0%)	(0.0%)	(33.3%)	(66.7%)				
Total	2	4	25	24	55			

Level of Agreement of the Two Judges on the Individual Outcome Measure of Health Care Use in Rating Frequencies and Row Percentages

Note. Percentage values display which percentage of all the cases that Judge 1 rated with the given row score, was rated by Judge 2 with the given column score. *Note.* Interpretation of the rating values: 1 = worsened, 2 = somewhat worsened, 3 = no change, 4 = somewhat improved, 5 = improved. There were no values of 1. SSSO = Somatic-Symptom Syndrome Specific Outcomes.

Table C2.8

Level of Agreement of the Two Judges on the Individual Outcome Measure of Social Confidence i
Rating Frequencies and Row Percentages

Scores	Scores Judge 2						
Judge I	3	4	5	Total			
2	1	0	0	1			
	(100.0%)	(0.0%)	(0.0%)				
3	6	6	2	14			
	(42.9%)	(42.9%)	(14.3%)				
4	3	20	15	38			
	(7.9%)	(52.6%)	(39.5%)				
5	0	9	29	38			
	(0.0%)	(23.7%)	(76.3%)				
Total	10	35	46	91			

Table C2.9

Scores	Scores Judge 2						
Judge 1 -	3	4	5	Total			
3	4	2	1	7			
	(57.1%)	(28.6%)	(14.3%)				
4	1	13	19	33			
	(3.0%)	(39.4%)	(57.6%)				
5	0	9	26	35			
	(0.0%)	(25.7%)	(74.3%)				
Total	5	24	46	75			

Level of Agreement of the Two Judges on the Individual Outcome Measure of Assertiveness in Rating Frequencies and Row Percentages

Note. Percentage values display which percentage of all the cases that Judge 1 rated with the given row score, was rated by Judge 2 with the given column score. *Note.* Interpretation of the rating values: 1 = worsened, 2 = somewhat worsened, 3 = no change, 4 = somewhat improved, 5 = improved. There were no values of 1. SSSO = Somatic-Symptom Syndrome Specific Outcomes.

Table C2.10

Level of Agreement of the Two Judges on the Individual Outcome Measure of Self-esteem in Rating Frequencies and Row Percentages

Scores	Scores Judge 2				
Judge I	3	4	5	Total	
1	1	0	0	1	
	(100.0%)	(0.0%)	(0.0%)		
3	9	9	1	19	
	(47.4%)	(47.4%)	(5.3%)		
4	0	8	5	13	
	(0.0%)	(61.5%)	(38.5%)		
5	0	8	25	33	
	(0.0%)	(24.2%)	(75.8%)		
Total	10	25	31	66	

Table C2.11

Scores	Scores Judge 2					
Judge T	2	5	4	5	Total	
3	1	7	3	2	11	
	(9.1%)	(45.5%)	(27.3%)	(18.2%)		
4	0	4	10	9	23	
	(0.0%)	(17.4%)	(43.5%)	(39.1%)		
5	0	2	5	14	21	
	(0.0%)	(9.5%)	(23.8%)	(66.7%)		
Total	1	11	18	25	55	

Level of Agreement of the Two Judges on the Individual Outcome Measure of Social Comparison in Rating Frequencies and Row Percentages

Note. Percentage values display which percentage of all the cases that Judge 1 rated with the given row score, was rated by Judge 2 with the given column score. *Note.* Interpretation of the rating values: 1 = worsened, 2 = somewhat worsened, 3 = no change, 4 = somewhat improved, 5 = improved. There were no values of 1. SSSO = Somatic-Symptom Syndrome Specific Outcomes.

Table C2.12

Level of Agreement of the Two Judges on the Individual Outcome Measure of Physical Balance in Rating Frequencies and Row Percentages

Scores	Scores Judge 2					
Judge I	2	3	4	5	Total	
2	1	2	3	0	6	
	(16.7%)	(33.3%)	(50.0%)	(0.0%)		
3	1	6	11	1	19	
	(5.3%)	(31.6%)	(57.9%)	(5.3%)		
4	0	5	31	8	44	
	(0.0%)	(11.4%)	(70.5%)	(18.2%)		
5	0	0	10	31	41	
	(0.0%)	(0.0%)	(24.4%)	(75.6%)		
Total	2	13	55	40	110	

Table C2.13

Scores	Scores Judge 2						
Judge I	2	3	4	5	Total		
1	1	0	0	0	1		
	(100.0%)	(0.0%)	(0.0%)	(0.0%)			
2	1	1	2	0	4		
	(25.0%)	(25.0%)	(50.0%)	(0.0%)			
3	1	10	0	1	12		
	(8.3%)	(83.3%)	(0.0%)	(8.3%)			
4	0	3	15	9	27		
	(0.0%)	(11.1%)	(55.6%)	(33.3%)			
5	2	1	7	19	29		
	(6.9%)	(3.4%)	(24.1%)	(65.5%)			
Total	5	15	24	29	73		

Level of Agreement of the Two Judges on the Individual Outcome Measure of Energy in Ro	ating
Frequencies and Row Percentages	

Note. Percentage values display which percentage of all the cases that Judge 1 rated with the given row score, was rated by Judge 2 with the given column score. *Note.* Interpretation of the rating values: 1 = worsened, 2 = somewhat worsened, 3 = no change, 4 = somewhat improved, 5 = improved. There were no values of 1. SSSO = Somatic-Symptom Syndrome Specific Outcomes.

Table C2.14

Level of Agreement of the Two Judges on the Individual Outcome Measure of Relaxation in Rating Frequencies and Row Percentages

1		5					
Scores	Scores Judge 2						
Judge T	1	2	3	4	5	Total	
2	1	0	0	0	0	1	
	(100.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)		
3	0	1	4	3	1	9	
	(0.0%)	(11.1%)	(44.4%)	(33.3%)	(11.1%)		
4	0	0	1	19	5	25	
	(0.0%)	(0.0%)	(4.0%)	(76.0%)	(20.0%)		
5	0	0	1	16	21	38	
	(0.0%)	(0.0%)	(2.6%)	(42.1%)	(55.3%)		
Total	1	1	6	38	27	73	

Table C2.15

Scores		Ū		Scores Judge 2		
Judge T	1	2	3	4	5	Total
1	1	2	5	1	0	9
	(11.1%)	(22.2%)	(55.6%)	(11.1%)	(0.0%)	
2	0	3	2	0	1	6
	(0.0%)	(50.0%)	(33.3%)	(0.0%)	(16.7%)	
3	0	0	10	12	2	24
	(0.0%)	(0.0%)	(41.7%)	(50.0%)	(8.3%)	
4	0	0	7	14	3	24
	(0.0%)	(0.0%)	(29.2%)	(58.3%)	(12.5%)	
5	0	0	2	7	19	28
	(0.0%)	(0.0%)	(7.1%)	(25.0%)	(67.9%)	
Total	1	5	26	34	25	91

Level of Agreement of the Two Judges on the Individual Outcome Measure of Limitations in Rating Frequencies and Row Percentages

Note. Percentage values display which percentage of all the cases that Judge 1 rated with the given row score, was rated by Judge 2 with the given column score. *Note.* Interpretation of the rating values: 1 = worsened, 2 = somewhat worsened, 3 = no change, 4 = somewhat improved, 5 = improved. There were no values of 1. SSSO = Somatic-Symptom Syndrome Specific Outcomes.

Table C2.16

Level of Agreement of the Two Judges on the Individual Outcome Measure of Boundaries in Rat	ing
Freauencies and Row Percentages	

Scores		Scores Judge 2				
Judge 1	2	3	4	5	Total	
3	1	3	5	2	11	
	(9.1%)	(27.3%)	(45.5%)	(18.2%)		
4	0	1	19	16	36	
	(0.0%)	(2.8%)	(52.8%)	(44.4%)		
5	1	0	11	32	44	
	(2.3%)	(0.0%)	(25.0%)	(72.7%)		
Total	2	4	35	50	91	

Table C2.17

Scores	Scores Judge 2						
Judge T	2	3	4	5	Total		
2	2	2	1	3	8		
	(25.0%)	(25.0%)	(12.5%)	(37.5%)			
3	1	0	4	5	10		
	(10.0%)	(0.0%)	(40.0%)	(50.0%)			
4	0	1	18	24	43		
	(0.0%)	(2.3%)	(41.9%)	(55.8%)			
5	0	0	12	38	50		
	(0.0%)	(0.0%)	(24.0%)	(76.0%)			
Total	3	3	35	70	111		

Level of Agreement of the Two Judges on the Individual Outcome Measure of Psychological
Adjustment in Ratina Frequencies and Row Percentages

Note. Percentage values display which percentage of all the cases that Judge 1 rated with the given row score, was rated by Judge 2 with the given column score. *Note.* Interpretation of the rating values: 1 = worsened, 2 = somewhat worsened, 3 = no change, 4 = somewhat improved, 5 = improved. There were no values of 1. SSSO = Somatic-Symptom Syndrome Specific Outcomes.

Table C2.18

Level of Agreement of the Two Judges on the Individual Outcome Measure of Mindfulness in Rating Frequencies and Row Percentages

Scores	Scores Judge 2					
Judge 1	2	3	4	5	Total	
3	1	5	2	1	9	
	(11.1%)	(55.6%)	(22.2%)	(11.1%)		
4	0	0	19	5	24	
	(0.0%)	(0.0%)	(79.2%)	(20.8%)		
5	0	0	7	12	19	
	(0.0%)	(0.0%)	(36.8%)	(63.2%)		
Total	1	5	28	18	52	

Table C2.19

Scores	Scores Judge 2								
Judge 1	2	3	4	5	Total				
1	1	0	1	1	3				
	(33.3%)	(0.0%)	(33.3%)	(33.3%)					
2	2	2	2	4	10				
	(20.0%)	(20.0%)	(20.0%)	(40.0%)					
3	0	0	5	5	10				
	(0.0%)	(0.0%)	(50.0%)	(50.0%)					
4	0	2	17	23	42				
	(0.0%)	(4.8%)	(40.5%)	(54.8%)					
5	0	0	9	37	46				
	(0.0%)	(0.0%)	(19.6%)	(80.4%)					
Total	3	4	34	70	111				

Level of Agreement of the Two Judges on the Individual Outcome Measure of Psychological Distress in Rating Frequencies and Row Percentages

Note. Percentage values display which percentage of all the cases that Judge 1 rated with the given row score, was rated by Judge 2 with the given column score. *Note.* Interpretation of the rating values: 1 = worsened, 2 = somewhat worsened, 3 = no change, 4 = somewhat improved, 5 = improved. There were no values of 1. SSSO = Somatic-Symptom Syndrome Specific Outcomes.

Table C2.20

Level of Agreement of the Two Judges on the Individual Outcome Measure of Acceptance in Rat	ing
Freauencies and Row Percentages	

Scores	Scores Judge 2							
Judge 1	2	3	4	5	Total			
1	1	0	0	0	1			
	(100.0%)	(0.0%)	(0.0%)	(0.0%)				
2	0	1	0	0	1			
	(0.0%)	(100.0%)	(0.0%)	(0.0%)				
3	0	11	7	0	18			
	(0.0%)	(61.1%)	(38.9%)	(0.0%)				
4	0	1	26	16	43			
	(0.0%)	(2.3%)	(60.5%)	(37.2%)				
5	0	0	7	26	33			
	(0.0%)	(0.0%)	(21.2%)	(78.8%)				
Total	1	13	40	42	96			

requencies and now recentages									
Scores	Scores Judge 2								
Judge 1 -	2	3	4	5	Total				
2	1	1	0	0	2				
	(50.0%)	(50.0%)	(0.0%)	(0.0%)					
3	0	4	2	0	6				
	(0.0%)	(66.7%)	(33.3%)	(0.0%)					
4	0	2	13	7	22				
	(0.0%)	(9.1%)	(59.1%)	(31.8%)					
5	0	0	11	21	32				
	(0.0%)	(0.0%)	(34.4%)	(65.6%)					
Total	1	7	26	28	62				

Table C2.21 Level of Agreement of the Two Judges on the Individual Outcome Measure of Resilience in Rating Frequencies and Row Percentages

Regression Analyses

Table C3.1

	Test statistic					
Outcome Measure						
	b	SE	В	t	р	
Model 1						
Constant	-0.16	0.12		-1.31	.192	
Active profile	-0.11	0.21	-0.05	-0.52	.606	
Limiting profile	0.04	0.21	0.02	0.21	.832	
Maladaptive profile	-0.18	0.25	-0.06	-0.70	.483	
Adaptive profile	0.29	0.28	0.09	1.03	.306	
Model 2						
Constant	-0.05	0.38		-0.12	.905	
Active profile	-0.14	0.22	-0.06	-0.64	.524	
Limiting profile	0.01	0.22	0.00	0.03	.979	
Maladaptive profile	-0.19	0.26	-0.07	-0.74	.460	
Adaptive profile	0.24	0.30	0.08	0.81	.422	
Age	-0.00	0.01	-0.04	-0.42	.672	
Gender	0.03	0.17	0.01	0.15	.879	
Low education	-0.23	0.29	-0.08	-0.80	.426	
High education	0.07	0.20	0.03	0.33	.745	
Unknown education	0.08	0.20	0.04	0.39	.701	

Regression Analyses Output with Effect Sizes of the Generic Measure of Psychopathology (BSI) as Outcome Variable and the Five Psychological Profiles as Predictor

Note. $R^2 = .02$ for Model 1. $R^2 = .03$ for Model 2, $\Delta R^2 = .01$ (ps > .05).

Note. BSI = Brief Symptom Inventory. Positive b-values represent improvement.

Table C3.2

	Test statistic					
Outcome Measure						
	b	SE	В	t	p	
Model 1						
Constant	-0.27	0.12		-2.20	.030*	
Active profile	0.01	0.21	0.00	0.03	.979	
Limiting profile	0.02	0.21	0.01	0.08	.937	
Maladaptive profile	-0.14	0.25	-0.05	-0.55	.582	
Adaptive profile	0.25	0.28	0.08	0.88	.380	
Model 2						
Constant	-0.36	0.38		-0.96	.340	
Active profile	-0.04	0.22	-0.02	-0.17	.867	
Limiting profile	-0.04	0.22	-0.02	-0.18	.861	
Maladaptive profile	-0.13	0.26	-0.05	-0.50	.618	
Adaptive profile	0.18	0.30	0.06	0.61	.542	
Age	0.00	0.01	0.06	0.63	.533	
Gender	0.02	0.17	0.01	0.10	.924	
Low education	-0.53	0.28	-0.19	-1.87	.065	
High education	-0.05	0.20	-0.03	-0.25	.801	
Unknown education	-0.06	0.20	-0.03	-0.28	.781	

Regression Analyses Output with Effect Sizes of the Generic Measure of Somatic symptoms (LKV) as Outcome Variable and the Five Psychological Profiles as Predictor

Note. $R^2 = .01$ for Model 1. $R^2 = .05$ for Model 2, $\Delta R^2 = .03$ (ps > .05).

Note. LKV = Questionnaire for somatic symptoms. Positive b-values represent improvement. The mean effect size (*b* value) of the inflexible group differs from zero, but profile membership does not predict the outcome.

			Test sta	itistic	
Outcome Measure					
	b	SE	В	t	р
Model 1					
Constant	0.15	0.12		1.30	.197
Active profile	0.30	0.19	0.16	1.57	.120
Limiting profile	0.01	0.19	0.01	0.06	.957
Maladaptive profile	0.13	0.23	0.06	0.55	.581
Adaptive profile	0.00	0.26	0.00	0.02	.987
Model 2					
Constant	0.39	0.36		1.09	.279
Active profile	0.26	0.21	0.13	1.24	.219
Limiting profile	-0.05	0.21	-0.03	-0.23	.821
Maladaptive profile	0.11	0.24	0.05	0.45	.654
Adaptive profile	-0.04	0.28	-0.01	-0.13	.894
Age	-0.00	0.01	-0.05	-0.49	.622
Gender	0.07	0.16	0.04	0.44	.658
Low education	-0.22	0.27	-0.09	-0.82	.413
High education	-0.17	0.19	-0.11	-0.93	.354
Unknown education	-0.13	0.19	-0.08	-0.69	.491

Regression Analyses Output with Effect Sizes of the Generic Measure of Physical Functioning (RAND-36) as Outcome Variable and the Five Psychological Profiles as Predictor

Note. $R^2 = .02$ for Model 1. $R^2 = .04$ for Model 2, $\Delta R^2 = .01$ (ps > .05).

Note. RAND-36 = physical component scale of generic health questionnaire. Positive b-values represent improvement.

			Test sta	itistic	
Outcome Measure					
	b	SE	В	t	р
Model 1					
Constant	0.05	0.09		0.54	.592
Active profile	0.13	0.15	0.09	0.87	.387
Limiting profile	0.01	0.14	0.01	0.06	.953
Maladaptive profile	0.14	0.17	0.08	0.78	.437
Adaptive profile	-0.15	0.20	-0.07	-0.75	.456
Model 2					
Constant	0.06	0.26		0.22	.826
Active profile	0.10	0.15	0.07	0.65	.519
Limiting profile	-0.02	0.15	-0.01	-0.12	.907
Maladaptive profile	0.13	0.18	0.07	0.70	.487
Adaptive profile	-0.20	0.21	-0.10	-0.98	.331
Age	0.00	0.01	0.02	0.19	.850
Gender	-0.08	0.12	-0.07	-0.68	.499
Low education	-0.12	0.20	-0.07	-0.61	.542
High education	0.01	0.14	0.00	0.03	.973
Unknown education	0.10	0.14	0.08	0.73	.466

Regression Analyses Output with Effect Sizes of the Generic Measure of Mental Functioning (RAND-36) as Outcome Variable and the Five Psychological Profiles as Predictor

Note. $R^2 = .02$ for Model 1. $R^2 = .04$ for Model 2, $\Delta R^2 = .02$ (ps > .05).

Note. RAND-36 = mental component scale of generic health questionnaire. Positive b-values represent improvement.

Table C3.5

	Test statistic				
Outcome Measure					
	b	SE	В	t	p
Model 1					
Constant	1.89	0.15		12.43	<.001***
Active profile	-0.03	0.26	-0.01	-0.10	.923
Limiting profile	-0.05	0.25	-0.02	-0.18	.857
Maladaptive profile	-0.83	0.31	-0.27	-2.70	.008
Adaptive profile	-0.56	0.35	-0.16	-1.61	.111
Model 2					
Constant	1.93	0.47		4.08	<.001***
Active profile	-0.05	0.27	-0.02	-0.20	.845
Limiting profile	-0.08	0.27	-0.03	-0.28	.779
Maladaptive profile	-0.84	0.32	-0.27	-2.63	.010*
Adaptive profile	-0.59	0.37	-0.17	-1.59	.116
Age	0.00	0.01	0.01	0.13	.898
Gender	0.02	0.21	0.01	0.12	.908
Low education	-0.09	0.35	-0.03	-0.24	.808
High education	-0.17	0.25	-0.08	-0.67	.507
Unknown education	-0.09	0.25	-0.04	-0.34	.737

Regression Analyses Output with Effect Sizes of the Total Score on Individual Measures (SSSO) as Outcome Variable and the Five Psychological Profiles as Predictor

Note. $R^2 = .09$ for Model 1. $R^2 = .09$ for Model 2, $\Delta R^2 = .00$ (ps > .05).

Note. SSSO = Somatic-Symptom Syndrome Specific Outcomes. Positive b-values represent improvement. Membership of the maladaptive profile group predicts significant lower scores, independent from age, gender and education level.

Table C3.6

			Test sta	itistic	
Outcome Measure					
	В	SE	В	t	p
Model 1					
Constant	0.57	0.21		2.68	.010*
Active profile	0.05	0.36	0.02	0.13	.897
Limiting profile	0.34	0.36	0.14	0.95	.346
Maladaptive profile	-0.83	0.44	-0.27	-1.91	.062
Adaptive profile	0.30	0.49	0.09	0.61	.546
Model 2					
Constant	1.54	0.66		2.34	.024*
Active profile	-0.03	0.38	-0.01	-0.07	.949
Limiting profile	0.24	0.38	0.10	0.63	.530
Maladaptive profile	-0.90	0.45	-0.29	-2.01	.050
Adaptive profile	0.25	0.52	0.07	0.48	.632
Age	-0.01	0.01	-0.14	-1.00	.322
Gender	-0.10	0.29	-0.05	-0.36	.719
Low education	-0.26	0.49	-0.08	-0.52	.608
High education	-0.51	0.35	-0.24	-1.48	.145
Unknown education	-0.48	0.35	-0.22	-1.38	.176

Regression Analyses Output with Effect Sizes of the Individual Measures of Psychopathology (SSSO) as Outcome Variable and the Five Psychological Profiles as Predictor

Note. $R^2 = .12$ for Model 1. $R^2 = .19$ for Model 2, $\Delta R^2 = .07$ (*ps* > .05). *Note.* SSSO = Somatic-Symptom Syndrome Specific Outcomes. Positive b-values represent improvement.

			Test sta	tistic	
Outcome Measure					
	b	SE	В	t	р
Model 1					
Constant	0.40	0.18		2.16	.034*
Active profile	-0.43	0.31	-0.18	-1.40	.166
Limiting profile	-0.10	0.31	-0.04	-0.32	.747
Maladaptive profile	-0.61	0.37	-0.20	-1.64	.105
Adaptive profile	-0.45	0.42	-0.13	-1.06	.295
Model 2					
Constant	0.13	0.57		0.23	.817
Active profile	-0.30	0.33	-0.12	-0.90	.371
Limiting profile	0.04	0.33	0.02	0.11	.914
Maladaptive profile	-0.55	0.39	-0.18	-1.43	.157
Adaptive profile	-0.28	0.45	-0.08	-0.63	.533
Age	0.01	0.01	0.08	0.65	.519
Gender	-0.18	0.25	-0.09	-0.72	.474
Low education	0.41	0.43	0.13	0.97	.338
High education	0.08	0.30	0.04	0.26	.799
Unknown education	-0.22	0.30	-0.10	-0.72	.473

Regression Analyses Output with Effect Sizes of the Individual Measures of Somatic symptoms (SSSO) as Outcome Variable and the Five Psychological Profiles as Predictor

Note. $R^2 = .05$ for Model 1. $R^2 = .09$ for Model 2, $\Delta R^2 = .04$ (ps > .05).

Note. SSSO = Somatic-Symptom Syndrome Specific Outcomes. Positive b-values represent improvement.

			Test sta	tistic	
Outcome Measure					
	b	SE	В	t	p
Model 1					
Constant	0.70	0.19		3.68	<.001***
Active profile	-0.76	0.32	-0.31	-2.38	.020*
Limiting profile	-0.04	0.32	-0.02	-0.14	.893
Maladaptive profile	-0.49	0.39	-0.16	-1.26	.213
Adaptive profile	-0.16	0.44	-0.05	-0.37	.712
Model 2					
Constant	0.42	0.59		0.71	.482
Active profile	-0.67	0.34	-0.27	-1.95	.056
Limiting profile	0.04	0.34	0.02	0.12	.904
Maladaptive profile	-0.42	0.40	-0.14	-1.06	.296
Adaptive profile	-0.06	0.46	-0.02	-0.13	.895
Age	0.01	0.01	0.13	1.06	.293
Gender	-0.24	0.26	-0.12	-0.95	.347
Low education	0.01	0.44	0.00	0.03	.976
High education	-0.09	0.31	-0.04	-0.28	.784
Unknown education	-0.33	0.31	-0.14	-1.03	.306

Regression Analyses Output with Effect Sizes of the Individual Measures of Physical Functioning (SSSO) as Outcome Variable and the Five Psychological Profiles as Predictor

Note. $R^2 = .09$ for Model 1. $R^2 = .14$ for Model 2, $\Delta R^2 = .04$ (ps > .05).

Note. SSSO = Somatic-Symptom Syndrome Specific Outcomes. Positive b-values represent improvement. Membership of the active profile group predicts significant lower scores, but this becomes insignificant when age, gender and education level are entered in the model.

	Test statistic						
Outcome Measure							
	b	SE	В	t	р		
Model 1							
Constant	0.78	0.21		3.81	<.001***		
Active profile	-0.39	0.35	-0.16	-1.14	.259		
Limiting profile	0.02	0.34	0.01	0.04	.966		
Maladaptive profile	-0.39	0.42	-0.13	-0.95	.347		
Adaptive profile	0.35	0.47	0.10	0.74	.461		
Model 2							
Constant	0.58	0.63		0.91	.365		
Active profile	-0.32	0.37	-0.13	-0.87	.387		
Limiting profile	0.10	0.37	0.04	0.28	.784		
Maladaptive profile	-0.38	0.43	-0.12	-0.88	.385		
Adaptive profile	0.45	0.50	0.13	0.90	.373		
Age	0.01	0.01	0.05	0.41	.685		
Gender	-0.11	0.28	-0.05	-0.39	.698		
Low education	0.61	0.48	0.19	1.28	.206		
High education	-0.09	0.33	-0.04	-0.27	.786		
Unknown education	-0.06	0.34	-0.03	-0.18	.855		

Regression Analyses Output with Effect Sizes of the Individual Measures of Mental Functioning (SSSO) as Outcome Variable and the Five Psychological Profiles as Predictor

Note. $R^2 = .05$ for Model 1. $R^2 = .10$ for Model 2, $\Delta R^2 = .04$ (ps > .05).

Note. SSSO = Somatic-Symptom Syndrome Specific Outcomes. Positive b-values represent improvement.

Table C3.10

	Test statistic						
Outcome Measure							
	b	SE	В	t	р		
Model 1							
Constant	1.22	0.21		5.87	<.001***		
Active profile	0.05	0.35	0.02	0.15	.883		
Limiting profile	0.02	0.34	0.01	0.05	.957		
Maladaptive profile	-0.84	0.42	-0.27	-1.99	.052		
Adaptive profile	-0.27	0.47	-0.08	-0.57	.571		
Model 2							
Constant	0.40	0.65		0.65	- 1 6		
Constant	0.42	0.65		0.65	.516		
Active profile	0.08	0.38	0.03	0.20	.841		
Limiting profile	0.06	0.37	0.02	0.16	.874		
Maladaptive profile	-0.78	0.44	-0.25	-1.79	.080		
Adaptive profile	-0.24	0.51	-0.07	-0.48	.632		
Age	0.02	0.01	0.18	1.36	.179		
Gender	0.09	0.28	0.04	0.33	.745		
Low education	0.07	0.48	0.02	0.14	.890		
High education	-0.05	0.34	-0.02	-0.13	.894		
Unknown education	0.04	0.35	0.02	0.12	.909		

Regression Analyses Output with Effect Sizes of the Individual Measures of Social Support (SSSO) as Outcome Variable and the Five Psychological Profiles as Predictor

Note. $R^2 = .08$ for Model 1. $R^2 = .12$ for Model 2, $\Delta R^2 = .04$ (ps > .05).

Note. SSSO = Somatic-Symptom Syndrome Specific Outcomes. Positive b-values represent improvement.
	Test statistic				
Outcome Measure					
	b	SE	В	t	р
Model 1					
Constant	1.57	0.22		7.11	<.001***
Active profile	-0.57	0.37	-0.23	-1.53	.133
Limiting profile	-0.04	0.37	-0.02	-0.11	.917
Maladaptive profile	-0.64	0.45	-0.21	-1.42	.163
Adaptive profile	-0.74	0.51	-0.21	-1.46	.150
Model 2					
Constant	1 76	0 70		2 5 3	015*
Active profile	-0.62	0.70	-0.25	-1 52	135
Limiting profile	-0.08	0.40	-0.03	-0.19	.849
Maladaptive profile	-0.68	0.47	-0.22	-1.45	.154
Adaptive profile	-0.85	0.55	-0.24	-1.57	.125
Age	0.00	0.01	-0.01	-0.08	.939
Gender	-0.30	0.30	-0.14	-0.99	.330
Low education	0.03	0.52	0.01	0.07	.948
High education	0.01	0.37	0.00	0.02	.984
Unknown education	0.30	0.37	0.13	0.80	.431

Regression Analyses Output with Effect Sizes of the Individual Measures of Health Care Use (SSSO) as Outcome Variable and the Five Psychological Profiles as Predictor

Note. $R^2 = .09$ for Model 1. $R^2 = .13$ for Model 2, $\Delta R^2 = .04$ (ps > .05).

	Test statistic				
Outcome Measure					
	b	SE	В	t	р
Model 1					
Constant	2.22	0.17		12.67	<.001***
Active profile	0.06	0.29	0.02	0.20	.841
Limiting profile	-0.20	0.29	-0.08	-0.70	.487
Maladaptive profile	-0.82	0.35	-0.27	-2.34	.022*
Adaptive profile	-0.18	0.40	-0.05	-0.45	.654
Model 2					
Constant	1.95	0.54		3.61	.001**
Active profile	0.14	0.31	0.06	0.45	.651
Limiting profile	-0.12	0.31	-0.05	-0.39	.701
Maladaptive profile	-0.77	0.37	-0.25	-2.12	.037*
Adaptive profile	-0.07	0.42	-0.02	-0.17	.863
Age	0.00	0.01	0.04	0.36	.721
Gender	0.00	0.24	0.00	0.00	.999
Low education	0.13	0.41	0.04	0.31	.756
High education	0.17	0.28	0.08	0.60	.550
Unknown education	-0.09	0.29	-0.04	-0.32	.753

Regression Analyses Output with Effect Sizes of the Individual Measures of Social Competence (SSSO) as Outcome Variable and the Five Psychological Profiles as Predictor

Note. $R^2 = .07$ for Model 1. $R^2 = .08$ for Model 2, $\Delta R^2 = .01$ (ps > .05).

Table C3.13

	Test statistic				
Outcome Measure					
	b	SE	В	t	р
Model 1					
Constant	2.80	0.20		14.41	<.001***
Active profile	0.14	0.33	0.06	0.44	.661
Limiting profile	-0.37	0.32	-0.15	-1.15	.256
Maladaptive profile	-0.43	0.40	-0.14	-1.08	.283
Adaptive profile	-0.19	0.45	-0.06	-0.44	.665
Model 2					
Constant	2.79	0.60		4.67	<.001***
Active profile	0.22	0.35	0.09	0.63	.533
Limiting profile	-0.29	0.34	-0.12	-0.84	.406
Maladaptive profile	-0.41	0.41	-0.13	-1.02	.313
Adaptive profile	-0.06	0.47	-0.02	-0.12	.906
Age	-0.01	0.01	-0.08	-0.65	.520
Gender	0.23	0.26	0.11	0.87	.388
Low education	0.48	0.45	0.15	1.07	.288
High education	0.24	0.32	0.11	0.76	.452
Unknown education	0.00	0.32	0.00	0.00	1.00

Regression Analyses Output with Effect Sizes of the Individual Measures of Assertiveness (SSSO) as Outcome Variable and the Five Psychological Profiles as Predictor

Note. $R^2 = .05$ for Model 1. $R^2 = .09$ for Model 2, $\Delta R^2 = .05$ (ps > .05).

Table C3.14

	Test statistic				
Outcome Measure					
	b	SE	В	t	p
Model 1					
Constant	1.67	0.21		8.11	<.001***
Active profile	0.15	0.35	0.06	0.44	.664
Limiting profile	0.02	0.34	0.01	0.07	.948
Maladaptive profile	-0.87	0.42	-0.29	-2.09	.041*
Adaptive profile	-0.07	0.47	-0.02	-0.15	.882
Model 2					
Constant	1.60	0.64		2 5 2	015*
	1.62	0.64		2.52	.015*
Active profile	0.17	0.37	0.07	0.45	.652
Limiting profile	0.02	0.37	0.01	0.06	.951
Maladaptive profile	-0.83	0.44	-0.27	-1.92	.061
Adaptive profile	-0.01	0.51	0.00	-0.03	.980
Age	0.00	0.01	0.02	0.17	.868
Gender	0.17	0.28	0.08	0.59	.555
Low education	-0.34	0.48	-0.11	-0.71	.483
High education	-0.09	0.34	-0.04	-0.27	.787
Unknown education	-0.37	0.34	-0.16	-1.06	.292

Regression Analyses Output with Effect Sizes of the Individual Measures of Self Esteem (SSSO) as Outcome Variable and the Five Psychological Profiles as Predictor

Note. $R^2 = .09$ for Model 1. $R^2 = .12$ for Model 2, $\Delta R^2 = .03$ (ps > .05).

	Test statistic				
Outcome Measure					
	b	SE	В	t	p
Model 1					
Constant	1.71	0.23		7.46	<.001***
Active profile	0.07	0.39	0.03	0.18	.856
Limiting profile	0.15	0.38	0.06	0.40	.694
Maladaptive profile	-0.14	0.46	-0.05	-0.31	.757
Adaptive profile	0.61	0.52	0.17	1.16	.252
Model 2					
Constant	0.05	0.74		4.25	405
Constant	0.95	0.71		1.35	.185
Active profile	0.28	0.41	0.11	0.67	.505
Limiting profile	0.36	0.41	0.15	0.90	.375
Maladaptive profile	-0.03	0.48	-0.01	-0.07	.946
Adaptive profile	0.84	0.55	0.24	1.51	.138
Age	0.02	0.01	0.16	1.13	.267
Gender	-0.21	0.31	-0.10	-0.68	.502
Low education	0.59	0.53	0.18	1.10	.275
High education	0.30	0.37	0.14	0.82	.419
Unknown education	-0.10	0.38	-0.04	-0.26	.798

Regression Analyses Output with Effect Sizes of the Individual Measures of Social Comparison (SSSO) as Outcome Variable and the Five Psychological Profiles as Predictor

Note. $R^2 = .03$ for Model 1. $R^2 = .10$ for Model 2, $\Delta R^2 = .07$ (ps > .05).

Table C3.16

	Test statistic				
Outcome Measure					
	b	SE	В	t	р
Model 1					
Constant	1.64	0.16		10.31	<.001***
Active profile	-0.10	0.27	-0.04	-0.39	.701
Limiting profile	-0.01	0.26	0.00	-0.02	.986
Maladaptive profile	-0.69	0.32	-0.23	-2.16	.033*
Adaptive profile	-0.39	0.36	-0.11	-1.09	.280
Model 2					
Constant	4.46	0.40		2.00	22
Constant	1.46	0.49		2.96	.004**
Active profile	-0.05	0.29	-0.02	-0.16	.872
Limiting profile	0.05	0.28	0.02	0.19	.849
Maladaptive profile	-0.67	0.33	-0.22	-2.00	.049*
Adaptive profile	-0.32	0.39	-0.09	-0.83	.407
Age	0.00	0.01	0.03	0.29	.769
Gender	-0.01	0.22	0.00	-0.04	.966
Low education	0.18	0.37	0.06	0.49	.625
High education	0.09	0.26	0.04	0.33	.743
Unknown education	-0.05	0.26	-0.02	-0.17	.863

Regression Analyses Output with Effect Sizes of the Individual Measures of Physical Balance (SSSO) as Outcome Variable and the Five Psychological Profiles as Predictor

Note. $R^2 = .05$ for Model 1. $R^2 = .6$ for Model 2, $\Delta R^2 = .01$ (ps > .05).

	Test statistic				
Outcome Measure	b	SE	В	t	p
Model 1					•
Constant	1.40	0.20		6.93	<.001***
Active profile	-0.03	0.34	-0.01	-0.08	.935
Limiting profile	-0.32	0.34	-0.13	-0.96	.343
Maladaptive profile	-0.34	0.41	-0.11	-0.84	.403
Adaptive profile	-0.07	0.46	-0.02	-0.15	.881
Model 2					
Constant	1.16	0.63		1.86	.069
Active profile	0.12	0.36	0.05	0.32	.752
Limiting profile	-0.18	0.36	-0.07	-0.49	.623
Maladaptive profile	-0.28	0.42	-0.09	-0.67	.508
Adaptive profile	0.10	0.49	0.03	0.20	.840
Age	0.00	0.01	0.01	0.10	.923
Gender	-0.08	0.27	-0.04	-0.28	.780
Low education	0.36	0.47	0.11	0.76	.448
High education	0.39	0.33	0.18	1.17	.246
Unknown education	-0.02	0.34	-0.01	-0.07	.947

Regression Analyses Output with Effect Sizes of the Individual Measures of Energy (SSSO) as Outcome Variable and the Five Psychological Profiles as Predictor

Note. $R^2 = .02$ for Model 1. $R^2 = .05$ for Model 2, $\Delta R^2 = .03$ (ps > .05).

Table C3.18

	Test statistic				
Outcome Measure					
	b	SE	В	t	р
Model 1					
Constant	2.01	0.19		10.40	<.001***
Active profile	0.25	0.33	0.10	0.77	.447
Limiting profile	-0.34	0.32	-0.14	-1.07	.290
Maladaptive profile	-0.68	0.39	-0.22	-1.73	.088
Adaptive profile	-0.11	0.44	-0.03	-0.24	.811
Model 2					
Constant	0.95	0.59		1.61	.114
Active profile	0.39	0.34	0.16	1.15	.255
Limiting profile	-0.18	0.34	-0.07	-0.53	.595
Maladaptive profile	-0.57	0.40	-0.19	-1.43	.159
Adaptive profile	0.06	0.46	0.02	0.12	.904
Age	0.02	0.01	0.23	1.88	.066
Gender	-0.03	0.26	-0.02	-0.12	.904
Low education	0.39	0.44	0.12	0.88	.381
High education	0.20	0.31	0.09	0.65	.521
Unknown education	0.00	0.32	0.00	-0.01	.990

Regression Analyses Output with Effect Sizes of the Individual Measures of Relaxation (SSSO) as Outcome Variable and the Five Psychological Profiles as Predictor

Note. $R^2 = .08$ for Model 1. $R^2 = .15$ for Model 2, $\Delta R^2 = .06$ (ps > .05).

Table C3.19

	Test statistic				
Outcome Measure					
	b	SE	В	t	p
Model 1					
Constant	0.84	0.17		4.86	<.001***
Active profile	-0.31	0.29	-0.13	-1.06	.291
Limiting profile	0.29	0.29	0.12	1.02	.310
Maladaptive profile	-0.61	0.35	-0.20	-1.76	.083
Adaptive profile	-0.38	0.40	-0.11	-0.95	.345
Model 2					
Constant	0.57	0.52		1.09	.281
Active profile	-0.25	0.30	-0.10	-0.84	.406
Limiting profile	0.34	0.30	0.14	1.14	.256
Maladaptive profile	-0.57	0.35	-0.19	-1.60	.113
Adaptive profile	-0.28	0.41	-0.08	-0.68	.502
Age	0.01	0.01	0.11	1.02	.311
Gender	-0.02	0.23	-0.01	-0.08	.934
Low education	0.18	0.39	0.05	0.45	.656
High education	-0.31	0.28	-0.15	-1.14	.258
Unknown education	-0.40	0.28	-0.18	-1.42	.161

Regression Analyses Output with Effect Sizes of the Individual Measures of Limitations (SSSO) as Outcome Variable and the Five Psychological Profiles as Predictor

Note. $R^2 = .08$ for Model 1. $R^2 = .14$ for Model 2, $\Delta R^2 = .05$ (ps > .05).

Table C3.20

	Test statistic				
Outcome Measure					
	b	SE	В	t	р
Model 1					
Constant	2.50	0.18		14.08	<.001***
Active profile	0.18	0.30	0.07	0.59	.554
Limiting profile	-0.14	0.30	-0.06	-0.47	.643
Maladaptive profile	-0.36	0.36	-0.12	-0.99	.325
Adaptive profile	-0.30	0.41	-0.09	-0.74	.460
Model 2					
Constant	1.79	0.54		3.33	.001**
Active profile	0.29	0.31	0.12	0.94	.350
Limiting profile	0.00	0.31	0.00	-0.01	.989
Maladaptive profile	-0.28	0.36	-0.09	-0.76	.449
Adaptive profile	-0.13	0.42	-0.04	-0.31	.755
Age	0.01	0.01	0.06	0.55	.587
Gender	0.29	0.24	0.14	1.25	.215
Low education	0.35	0.40	0.11	0.87	.385
High education	0.44	0.28	0.20	1.55	.126
Unknown education	0.10	0.29	0.05	0.35	.726

Regression Analyses Output with Effect Sizes of the Individual Measures of Boundaries (SSSO) as Outcome Variable and the Five Psychological Profiles as Predictor

Note. $R^2 = .03$ for Model 1. $R^2 = .09$ for Model 2, $\Delta R^2 = .06$ (ps > .05).

	Test statistic				
Outcome Measure					
	b	SE	В	t	р
Model 1					
Constant	1.98	0.16		12.33	<.001***
Active profile	-0.18	0.27	-0.07	-0.67	.503
Limiting profile	-0.14	0.27	-0.06	-0.53	.597
Maladaptive profile	-0.48	0.33	-0.16	-1.47	.146
Adaptive profile	0.02	0.37	0.01	0.06	.952
Model 2					
Constant	4.04	0 50		2.04	
Constant	1.94	0.50		3.91	<.001***
Active profile	-0.19	0.29	-0.08	-0.64	.521
Limiting profile	-0.14	0.29	-0.06	-0.50	.615
Maladaptive profile	-0.47	0.34	-0.15	-1.41	.162
Adaptive profile	0.05	0.39	0.01	0.12	.902
Age	0.00	0.01	-0.02	-0.20	.840
Gender	0.20	0.22	0.09	0.91	.363
Low education	0.01	0.37	0.00	0.04	.970
High education	0.00	0.26	0.00	-0.01	.990
Unknown education	-0.05	0.27	-0.02	-0.20	.842

Regression Analyses Output with Effect Sizes of the Individual Measures of Psychological Adjustment (SSSO) as Outcome Variable and the Five Psychological Profiles as Predictor

Note. $R^2 = .02$ for Model 1. $R^2 = .03$ for Model 2, $\Delta R^2 = .01$ (ps > .05).

	Test statistic				
Outcome Measure					
	b	SE	В	t	р
Model 1					
Constant	1.81	0.22		8.35	<.001***
Active profile	-0.08	0.39	-0.03	-0.20	.843
Limiting profile	0.16	0.39	0.06	0.40	.688
Maladaptive profile	0.49	0.48	0.16	1.03	.309
Adaptive profile	-	-	-	-	-
Model 2					
a					
Constant	2.50	0.72		3.48	.001**
Active profile	-0.12	0.41	-0.05	-0.30	.766
Limiting profile	0.09	0.40	0.04	0.23	.822
Maladaptive profile	0.46	0.49	0.15	0.94	.352
Adaptive profile	-	-	-	-	-
Age	-0.02	0.01	-0.21	-1.37	.180
Gender	0.40	0.32	0.19	1.24	.221
Low education	-0.31	0.55	-0.10	-0.57	.570
High education	0.01	0.38	0.00	0.02	.984
Unknown education	-0.30	0.39	-0.13	-0.77	.447

Regression Analyses Output with Effect Sizes of the Individual Measures of Mindfulness (SSSO) as Outcome Variable and the Five Psychological Profiles as Predictor

Note. $R^2 = .03$ for Model 1. $R^2 = .13$ for Model 2, $\Delta R^2 = .10$ (ps > .05).

	Test statistic						
Outcome Measure							
	b	SE	В	t	p		
Model 1							
Constant	1.97	0.16		12.52	<.001***		
Active profile	-0.31	0.26	-0.12	-1.16	.251		
Limiting profile	-0.28	0.26	-0.12	-1.08	.284		
Maladaptive profile	-0.81	0.32	-0.26	-2.54	.013*		
Adaptive profile	-0.09	0.36	-0.02	-0.24	.812		
Model 2							
Constant	1.53	0.48		3.15	.002**		
Active profile	-0.28	0.28	-0.11	-0.98	.329		
Limiting profile	-0.25	0.28	-0.10	-0.90	.373		
Maladaptive profile	-0.76	0.33	-0.25	-2.32	.022*		
Adaptive profile	-0.03	0.38	-0.01	-0.09	.932		
Age	0.01	0.01	0.10	1.05	.297		
Gender	0.12	0.21	0.06	0.54	.589		
Low education	-0.02	0.36	-0.01	-0.06	.951		
High education	-0.08	0.26	-0.04	-0.31	.755		
Unknown education	-0.15	0.26	-0.07	-0.59	.559		

Regression Analyses Output with Effect Sizes of the Individual Measures of Psychological Distress (SSSO) as Outcome Variable and the Five Psychological Profiles as Predictor

Note. $R^2 = .06$ for Model 1. $R^2 = .08$ for Model 2, $\Delta R^2 = .02$ (ps > .05).

Table C3.24

	Test statistic					
Outcome Measure						
	b	SE	В	t	р	
Model 1						
Constant	1.89	0.17		11.35	<.001***	
Active profile	-0.20	0.28	-0.08	-0.71	.482	
Limiting profile	-0.12	0.28	-0.05	-0.45	.656	
Maladaptive profile	-0.93	0.34	-0.30	-2.76	.007**	
Adaptive profile	-0.65	0.38	-0.19	-1.71	.091	
Model 2						
Constant	2.76	0.50		5.52	<.001***	
Active profile	-0.32	0.29	-0.13	-1.09	.279	
Limiting profile	-0.27	0.29	-0.11	-0.95	.346	
Maladaptive profile	-1.00	0.34	-0.33	-2.95	.004**	
Adaptive profile	-0.75	0.39	-0.21	-1.91	.059	
Age	-0.01	0.01	-0.13	-1.29	.201	
Gender	0.08	0.22	0.04	0.38	.705	
Low education	-0.57	0.38	-0.18	-1.51	.134	
High education	-0.50	0.26	-0.23	-1.90	.062	
Unknown education	-0.44	0.27	-0.20	-1.65	.103	

Regression Analyses Output with Effect Sizes of the Individual Measures of Acceptance (SSSO) as Outcome Variable and the Five Psychological Profiles as Predictor

Note. $R^2 = .10$ for Model 1. $R^2 = .17$ for Model 2, $\Delta R^2 = .07$ (ps > .05).

Table C3.25

	Test statistic					
Outcome Measure						
	b	SE	В	t	p	
Model 1						
Constant	1.92	0.22		8.79	<.001***	
Active profile	0.11	0.37	0.05	0.31	.758	
Limiting profile	0.02	0.36	0.01	0.06	.954	
Maladaptive profile	-0.48	0.44	-0.16	-1.08	.287	
Adaptive profile	0.12	0.50	0.04	0.25	.805	
Model 2						
Constant	1.92	0.68		2.82	.007**	
Active profile	0.15	0.40	0.06	0.39	.700	
Limiting profile	0.04	0.39	0.02	0.11	.914	
Maladaptive profile	-0.44	0.46	-0.14	-0.95	.345	
Adaptive profile	0.18	0.54	0.05	0.34	.738	
Age	0.01	0.01	0.07	0.52	.604	
Gender	-0.15	0.30	-0.07	-0.49	.629	
Low education	-0.14	0.51	-0.04	-0.27	.785	
High education	-0.28	0.36	-0.13	-0.77	.445	
Unknown education	-0.44	0.36	-0.19	-1.20	.237	

Regression Analyses Output with Effect Sizes of the Individual Measures of Resilience (SSSO) as Outcome Variable and the Five Psychological Profiles as Predictor

Note. $R^2 = .03$ for Model 1. $R^2 = .07$ for Model 2, $\Delta R^2 = .04$ (ps > .05).

Post-hoc analyses

Regression Analyses

Table C4.1

Regression Analyses Output with Effect Sizes of the Generic Measure of Psychopathology as Outcome Variable and the Five Psychological Profiles as Predictor, Controlling for Covariates

	Test statistic				
Outcome Measure	b	SE	В	t	Ø
Model 1	-			-	F
Constant	-0.16	0.18		-0.89	.378
Active profile	-0.11	0.31	-0.05	-0.35	.728
Limiting profile	0.04	0.30	0.02	0.14	.886
Maladaptive profile	-0.18	0.37	-0.06	-0.48	.636
Adaptive profile	0.29	0.42	0.09	0.69	.490
Model 2					
Constant	-0.05	0.57		-0.08	.937
Active profile	-0.14	0.33	-0.06	-0.42	.675
Limiting profile	0.01	0.33	0.00	0.02	.986
Maladaptive profile	-0.19	0.39	-0.07	-0.49	.626
Adaptive profile	0.24	0.45	0.08	0.53	.596
Age	0.00	0.01	-0.04	-0.28	.780
Gender	0.03	0.25	0.01	0.10	.920
Low education	-0.23	0.43	-0.08	-0.53	.599
High education	0.07	0.30	0.03	0.22	.830
Unknown education	0.08	0.31	0.04	0.26	.800
Model 3					
Constant	1.41	0.89		1.58	.119
Active profile	-0.11	0.33	-0.05	-0.33	.743
Limiting profile	0.04	0.33	0.02	0.11	.911
Maladaptive profile	0.03	0.43	0.01	0.07	.947
Adaptive profile	0.16	0.45	0.05	0.37	.717
Age	0.00	0.01	0.02	0.15	.881
Gender	0.08	0.25	0.04	0.33	.746
Low education	-0.13	0.47	-0.04	-0.27	.785
High education	-0.09	0.31	-0.05	-0.28	.782
Unknown education	0.12	0.31	0.06	0.37	.713
DBC – ROM	0.00	0.01	0.15	0.71	.479
DBC – file	-0.01	0.01	-0.29	-1.41	.166
ROM – file	0.00	0.01	-0.09	-0.40	.692
Judgement strength 1	-0.42	0.20	-0.29	-2.10	.041*
Judgement strength 2	0.00	0.00	0.13	0.91	.368

Note: $R^{2 \text{ Model 1}} = .02$. $R^{2 \text{ Model 2}} = .03$, $\Delta R^2 = .01$ (ps > .05). $R^{2 \text{ Model 3}} = .16$, $\Delta R^2 = .13$, (p > .05). *Note*. SSSO = Somatic-Symptom Syndrome Specific Outcomes. Positive b-values represent improvement. Membership of the maladaptive profile group predicts significant lower scores, independent from age, gender and education level. * p < .05.

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Regression Analyses Output with Effect Sizes of the Generic Measure of Somatic symptoms as Outcome Variable and the Five Psychological Profiles as Predictor, Controlling for Covariates

Outcomo Moscuro					
Outcome weasure	b	SE	В	t	р
Model 1					
Constant	-0.27	0.17		-1.59	.117
Active profile	0.01	0.29	0.00	0.02	.985
Limiting profile	0.02	0.29	0.01	0.06	.955
Maladaptive profile	-0.14	0.35	-0.05	-0.40	.692
Adaptive profile	0.25	0.39	0.08	0.64	.528
Model 2					
Constant	-0.36	0.54		-0.68	.501
Active profile	-0.04	0.31	-0.02	-0.12	.906
Limiting profile	-0.04	0.31	-0.02	-0.12	.902
Maladaptive profile	-0.13	0.36	-0.05	-0.35	.725
Adaptive profile	0.18	0.42	0.06	0.43	.667
Age	0.00	0.01	0.06	0.44	.660
Gender	0.02	0.23	0.01	0.07	.946
Low education	-0.53	0.40	-0.19	-1.32	.192
High education	-0.05	0.28	-0.03	-0.18	.859
Unknown education	-0.06	0.29	-0.03	-0.20	.845
Model 3					
Constant	1.58	0.77		2.04	.046*
Active profile	0.01	0.28	0.00	0.02	.983
Limiting profile	-0.09	0.29	-0.04	-0.32	.749
Maladaptive profile	0.03	0.37	0.01	0.08	.934
Adaptive profile	0.01	0.39	0.01	0.04	.972
Age	0.01	0.01	0.13	1.07	.290
Gender	0.04	0.22	0.03	0.20	.840
Low education	-0.48	0.41	-0.17	-1.17	.246
High education	-0.24	0.27	-0.13	-0.88	.382
Unknown education	-0.12	0.27	-0.07	-0.46	.649
DBC – ROM	0.01	0.00	0.25	1.31	.197
DBC – file	-0.01	0.01	-0.22	-1.17	.246
ROM – file	0.00	0.01	-0.13	-0.62	.541
Judgement strength 1	-0.57	0.18	-0.42	-3.27	.002**
Judgement strength 2	0.00	0.00	0.29	2.22	.031*

Note. $R^{2 \text{ Model 1}} = .01$. $R^{2 \text{ Model 2}} = .05$, $\Delta R^2 = .03$ (ps > .05). $R^{2 \text{ Model 3}} = .28$, $\Delta R^2 = .24$, $p = .008^{**}$. Note. SSSO = Somatic-Symptom Syndrome Specific Outcomes. Positive b-values represent improvement. Membership of the maladaptive profile group predicts significant lower scores, independent from age, gender and education level. * p < .05, ** p < .01.

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Regression Analyses Output with Effect Sizes of the Generic Measure of Physical Functioning as Outcome Variable and the Five Psychological Profiles as Predictor, Controlling for Covariates

Outcomo Moscuro					
Outcome measure	b	SE	В	t	р
Model 1					
Constant	0.15	0.16		0.96	.339
Active profile	0.30	0.26	0.16	1.16	.249
Limiting profile	0.01	0.26	0.01	0.04	968
Maladaptive profile	0.13	0.32	0.06	0.41	.682
Adaptive profile	0.00	0.36	0.00	0.01	.990
Model 2					
Constant	0.39	0.49		0.79	.430
Active profile	0.26	0.28	0.13	0.90	372
Limiting profile	-0.05	0.28	-0.03	-0.17	.869
Maladaptive profile	0.11	0.33	0.05	0.33	.744
Adaptive profile	-0.04	0.38	-0.01	-0.10	.923
Age	0.00	0.01	-0.05	-0.36	.720
Gender	0.07	0.21	0.04	0.32	.748
Low education	-0.22	0.37	-0.09	-0.60	.552
High education	-0.17	0.26	-0.11	-0.68	.500
Unknown education	-0.13	0.26	-0.08	-0.50	.616
Model 3					
Constant	-0.61	0.76		-0.81	.424
Active profile	0.25	0.28	0.13	0.89	.376
Limiting profile	0.04	0.28	0.02	0.13	.897
Maladaptive profile	0.03	0.36	0.01	0.09	.928
Adaptive profile	0.14	0.38	0.05	0.37	.716
Age	-0.01	0.01	-0.08	-0.65	.521
Gender	0.05	0.21	0.03	0.26	.800
Low education	-0.27	0.40	-0.11	-0.69	.494
High education	-0.10	0.27	-0.06	-0.37	.717
Unknown education	-0.05	0.26	-0.03	-0.17	.863
DBC – ROM	-0.01	0.00	-0.24	-1.20	.235
DBC – file	0.00	0.01	0.10	0.51	.611
ROM – file	0.00	0.01	0.02	0.07	.944
Judgement strength 1	0.30	0.17	0.25	1.77	.082
Judgement strength 2	0.00	0.00	-0.29	-2.09	.041*

Note. $R^{2 \text{ Model 1}} = .02$. $R^{2 \text{ Model 2}} = .04$, $\Delta R^2 = .01$ (ps > .05). $R^{2 \text{ Model 3}} = .17$, $\Delta R^2 = .13$, (p > .05). *Note.* SSSO = Somatic-Symptom Syndrome Specific Outcomes. Positive b-values represent improvement. Membership of the maladaptive profile group predicts significant lower scores, independent from age, gender and education level. * p < .05.

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Regression Analyses Output with Effect Sizes of the Generic Measure of Mental Functioning as Outcome Variable and the Five Psychological Profiles as Predictor, Controlling for Covariates

Outcomo Moscuro		ISUC			
Outcome measure	b	SE	В	t	p
Model 1					
Constant	0.05	0.12		0.40	.691
Active profile	0.13	0.20	0.09	0.65	.521
Limiting profile	0.01	0.19	0.01	0.04	.965
Maladaptive profile	0.14	0.24	0.08	0.58	.564
Adaptive profile	-0.15	0.27	-0.07	-0.56	.580
Model 2	0.05	0.12		0.40	691
Constant	0.06	0.36		0.16	.873
Active profile	0.10	0.21	0.07	0.47	.639
Limiting profile	-0.02	0.21	-0.01	-0.09	.932
Maladaptive profile	0.13	0.25	0.07	0.51	.613
Adaptive profile	-0.20	0.28	-0.10	-0.71	.479
Age	0.00	0.01	0.02	0.14	.891
Gender	-0.08	0.16	-0.07	-0.49	.623
Low education	-0.12	0.27	-0.07	-0.45	.658
High education	0.01	0.19	0.00	0.03	.981
Unknown education	0.10	0.19	0.08	0.53	.596
Model 3					
Constant	-0.59	0.59		-0.99	.325
Active profile	0.07	0.22	0.05	0.32	.752
Limiting profile	-0.02	0.22	-0.01	-0.07	.941
Maladaptive profile	0.07	0.28	0.04	0.26	.794
Adaptive profile	-0.20	0.30	-0.10	-0.66	.510
Age	0.00	0.01	-0.01	-0.08	933
Gender	-0.08	0.17	-0.07	-0.49	.624
Low education	-0.14	0.31	-0.07	-0.44	.662
High education	0.07	0.21	0.05	0.32	.754
Unknown education	0.12	0.21	0.09	0.57	.571
DBC – ROM	0.00	0.00	-0.11	-0.50	.617
DBC – file	0.00	0.00	0.10	0.45	.652
ROM – file	0.00	0.00	0.05	0.20	.840
Judgement strength 1	0.19	0.13	0.20	1.40	.168
Judgement strength 2	0.00	0.00	-0.03	-0.19	.850

Note. $R^{2 \text{ Model 1}} = .02$. $R^{2 \text{ Model 2}} = .04$, $\Delta R^2 = .02$ (ps > .05). $R^{2 \text{ Model 3}} = .08$, $\Delta R^2 = .05$, (p > .05). *Note.* SSSO = Somatic-Symptom Syndrome Specific Outcomes. Positive b-values represent improvement. Membership of the maladaptive profile group predicts significant lower scores, independent from age, gender and education level.

Regression Analyses Output with Effect Sizes of the Total Score on Individual Measures (SSSO) as Outcome Variable and the Five Psychological Profiles as Predictor, Controlling for Covariates Test statistic

Outcomo Moscuro					
Outcome Measure	b	SE	В	t	p
Model 1					•
Constant	1.89	0.15		12.43	<.001***
Active profile	-0.03	0.26	-0.01	-0.10	.923
Limiting profile	-0.05	0.25	-0.02	-0.18	.857
Maladaptive profile	-0.83	0.31	-0.27	-2.70	.008**
Adaptive profile	-0.56	0.35	-0.16	-1.61	.111
Model 2					
Constant	1.93	0.47		4.08	<.001***
Active profile	-0.05	0.27	-0.02	-0.20	.845
Limiting profile	-0.08	0.27	-0.03	-0.28	.779
Maladaptive profile	-0.84	0.32	-0.27	-2.63	.010*
Adaptive profile	-0.59	0.37	-0.17	-1.59	.116
Age	0.00	0.01	0.01	0.13	.898
Gender	0.02	0.21	0.01	0.12	.908
Low education	-0.09	0.35	-0.03	-0.24	.808
High education	-0.17	0.25	-0.08	-0.67	.507
Unknown education	-0.09	0.25	-0.04	-0.34	.737
Model 3					
Constant	0.93	0.84		1.11	.272
Active profile	-0.21	0.31	-0.08	-0.68	.502
Limiting profile	-0.19	0.31	-0.08	-0.60	.549
Maladaptive profile	-0.65	0.40	-0.21	-1.61	.113
Adaptive profile	-1.01	0.42	-0.29	-2.40	.020*
Age	0.00	0.01	-0.01	-0.09	.932
Gender	0.12	0.24	0.06	0.51	.610
Low education	0.23	0.44	0.07	0.52	.603
High education	0.03	0.29	0.01	0.11	.916
Unknown education	-0.11	0.29	-0.05	-0.38	.704
DBC – ROM	0.01	0.00	0.28	1.59	.118
DBC – file	-0.01	0.01	-0.18	-1.00	.320
ROM – file	0.01	0.01	0.32	1.60	.116
Judgement strength 1	0.25	0.19	0.16	1.32	.193
Judgement strength 2	0.00	0.00	0.43	3.59	.001**

Note. $R^{2 \text{ Model } 1} = .09$. $R^{2 \text{ Model } 2} = .09$, $\Delta R^{2} = .00$ (ps > .05). $R^{2 \text{ Model } 3} = .39$, $\Delta R^{2} = .30$, $p < .001^{***}$. *Note.* SSSO = Somatic-Symptom Syndrome Specific Outcomes. Positive b-values represent improvement. * p < .05, ** p < .01, *** p < .001.

Table C4.6

Outcome Measure	В	SE	В	t	р		
Model 1							
Constant	0.57	0.21		2.68	.010*		
Active profile	0.05	0.36	0.02	0.13	.897		
Limiting profile	0.34	0.36	0.14	0.95	.346		
Maladaptive profile	-0.83	0.44	-0.27	-1.91	.062		
Adaptive profile	0.30	0.49	0.09	0.61	.546		
Model 2							
Constant	1.54	0.66		2.34	.024*		
Active profile	-0.03	0.38	-0.01	-0.07	.949		
Limiting profile	0.24	0.38	0.10	0.63	.530		
Maladaptive profile	-0.90	0.45	-0.29	-2.01	.050		
Adaptive profile	0.25	0.52	0.07	0.48	.632		
Age	-0.01	0.01	-0.14	-1.00	.322		
Gender	-0.10	0.29	-0.05	-0.36	.719		
Low education	-0.26	0.49	-0.08	-0.52	.608		
High education	-0.51	0.35	-0.24	-1.48	.145		
Unknown education	-0.48	0.35	-0.22	-1.38	.176		
Model 3							
Constant	0.17	1.22		0.14	.893		
Active profile	-0.15	0.45	-0.06	-0.33	.747		
Limiting profile	0.12	0.45	0.05	0.27	.788		
Maladaptive profile	-1.13	0.59	-0.37	-1.93	.064		
Adaptive profile	0.07	0.62	0.02	0.11	.917		
Age	-0.01	0.02	-0.16	-0.98	.336		
Gender	-0.12	0.35	-0.06	-0.35	.733		
Low education	-0.41	0.64	-0.13	-0.63	.533		
High education	-0.45	0.43	-0.21	-1.05	.302		
Unknown education	-0.53	0.43	-0.24	-1.25	.223		
DBC – ROM	0.00	0.01	-0.13	-0.51	.614		
DBC – file	0.01	0.01	0.21	0.83	.413		
ROM – file	0.00	0.01	-0.09	-0.31	.756		
Judgement strength 1	0.39	0.28	0.24	1.39	.176		
Judgement strength 2	0.00	0.00	0.25	1.40	.172		

Regression Analyses Output with Effect Sizes of the Individual Measures of Psychopathology (SSSO) as Outcome Variable and the Five Psychological Profiles as Predictor, Controlling for Covariates

Note. $R^{2 \text{ Model 1}} = .12$. $R^{2 \text{ Model 2}} = .19$, $\Delta R^{2} = .07$, $R^{2 \text{ Model 3}} = .33$, $\Delta R^{2} = .14$ (ps > .05).

Ta	ble	C4.	7

Outcomo Moscuro						
	b	SE	В	t	p	
Model 1						
Constant	0.40	0.18		2.16	.034*	
Active profile	-0.43	0.31	-0.18	-1.40	.166	
Limiting profile	-0.10	0.31	-0.04	-0.32	.747	
Maladaptive profile	-0.61	0.37	-0.20	-1.64	.105	
Adaptive profile	-0.45	0.42	-0.13	-1.06	.295	
Model 2						
Constant	0.40	0.57		0.22	017	
Constant	0.13	0.57	0.40	0.23	.817	
Active profile	-0.30	0.33	-0.12	-0.90	.3/1	
	0.04	0.33	0.02	0.11	.914	
Maladaptive profile	-0.55	0.39	-0.18	-1.43	.157	
Adaptive profile	-0.28	0.45	-0.08	-0.63	.533	
Age	0.01	0.01	0.08	0.65	.519	
Gender	-0.18	0.25	-0.09	-0.72	.474	
Low education	0.41	0.43	0.13	0.97	.338	
High education	0.08	0.30	0.04	0.26	.799	
Unknown education	-0.22	0.30	-0.10	-0.72	.473	
Model 3						
Constant	-0.13	0.92		-0.14	.888	
Active profile	-0.44	0.34	-0.18	-1.31	.198	
Limiting profile	-0.19	0.34	-0.08	-0.56	.578	
Maladaptive profile	-0.84	0.44	-0.27	-1.90	.065	
Adaptive profile	-0.69	0.46	-0.20	-1.50	.142	
Age	0.01	0.01	0.10	0.79	.437	
Gender	-0.23	0.26	-0.11	-0.88	.382	
Low education	0.19	0.48	0.06	0.39	.696	
High education	0.05	0.32	0.03	0.16	.871	
Unknown education	-0.42	0.32	-0.19	-1.29	.204	
DBC – ROM	0.00	0.01	-0.11	-0.57	.574	
DBC – file	0.01	0.01	0.26	1.38	.176	
ROM – file	-0.01	0.01	-0.22	-1.01	.317	
Judgement strength 1	0.05	0.21	0.03	0.22	.825	
Judgement strength 2	0.00	0.00	0.61	4.62	<.001***	

Regression Analyses Output with Effect Sizes of the Individual Measures of Somatic Symptoms (SSSO) as Outcome Variable and the Five Psychological Profiles as Predictor, Controlling for Covariates Test statistic

Note. $R^{2 \text{ Model 1}} = .05$. $R^{2 \text{ Model 2}} = .09$, $\Delta R^2 = .04$ (ps > .05). $R^{2 \text{ Model 3}} = .43$, $\Delta R^2 = .34$, p = .001.** Note. SSSO = Somatic-Symptom Syndrome Specific Outcomes. Positive b-values represent improvement. * p < .05, ** p < .01, *** p < .001.

Regression Analyses Output with Effect Sizes of the Individual Measures of Physical Functioning (SSSO) as Outcome Variable and the Five Psychological Profiles as Predictor, Controlling for Covariates

	Test statistic				
Outcome Measure	h	\$F	P	+	n
Model 1	D	JE	D	l	ρ
Constant	0.70	0 10		3 68	< 001***
	-0.76	0.15	-0.31	-7.38	<.001 020*
	-0.04	0.32	-0.02	-0.1/	893
Maladantive profile	-0./9	0.32	-0.16	-1 26	213
	-0.45 -0.16	0.35	-0.10	-1.20	.213
Model 2	-0.10	0.44	-0.05	-0.37	.712
Widdel 2					
Constant	0.42	0.59		0.71	.482
Active profile	-0.67	0.34	-0.27	-1.95	.056
Limiting profile	0.04	0.34	0.02	0.12	.904
Maladaptive profile	-0.42	0.40	-0.14	-1.06	.296
Adaptive profile	-0.06	0.46	-0.02	-0.13	.895
Age	0.01	0.01	0.13	1.06	.293
Gender	-0.24	0.26	-0.12	-0.95	.347
Low education	0.01	0.44	0.00	0.03	.976
High education	-0.09	0.31	-0.04	-0.28	.784
Unknown education	-0.33	0.31	-0.14	-1.03	.306
Model 3					
Constant	0.17	1.02		0.17	.869
Active profile	-0.77	0.38	-0.31	-2.06	.046*
Limiting profile	-0.14	0.38	-0.06	-0.36	.721
Maladaptive profile	-0.59	0.49	-0.19	-1.20	.238
Adaptive profile	-0.39	0.51	-0.11	-0.76	.451
Age	0.01	0.01	0.13	1.00	.321
Gender	-0.27	0.29	-0.13	-0.95	.349
Low education	-0.08	0.53	-0.02	-0.14	.887
High education	-0.06	0.36	-0.03	-0.17	.868
Unknown education	-0.48	0.36	-0.21	-1.35	.183
DBC – ROM	0.00	0.01	0.00	0.01	.994
DBC – file	0.01	0.01	0.17	0.79	.437
ROM – file	0.00	0.01	-0.07	-0.27	.792
Judgement strength 1	0.05	0.23	0.03	0.20	.845
Judgement strength 2	0.00	0.00	0.45	3.08	.004**

Note. $R^{2 \text{ Model } 1} = .09$. $R^{2 \text{ Model } 2} = .14$, $\Delta R^{2} = .04$, $R^{2 \text{ Model } 3} = .33$, $\Delta R^{2} = .20$, (ps > .05).

Note. SSSO = Somatic-Symptom Syndrome Specific Outcomes. Positive b-values represent improvement. * p < .05, ** p < .01, *** p < .001.

Table C4.9

Outcome Measure					
	b	SE	В	t	р
Model 1					
Constant	0.78	0.21		3.81	<.001***
Active profile	-0.39	0.35	-0.16	-1.14	.259
Limiting profile	0.02	0.34	0.01	0.04	.966
Maladaptive profile	-0.39	0.42	-0.13	-0.95	.347
Adaptive profile	0.35	0.47	0.10	0.74	.461
Model 2					
Constant	0.58	0.63		0.91	.365
Active profile	-0.32	0.37	-0.13	-0.87	.387
Limiting profile	0.10	0.37	0.04	0.28	.784
Maladaptive profile	-0.38	0.43	-0.12	-0.88	.385
Adaptive profile	0.45	0.50	0.13	0.90	.373
Age	0.01	0.01	0.05	0.41	.685
Gender	-0.11	0.28	-0.05	-0.39	.698
Low education	0.61	0.48	0.19	1.28	.206
High education	-0.09	0.33	-0.04	-0.27	.786
Unknown education	-0.06	0.34	-0.03	-0.18	.855
Model 3					
Constant	-0.35	1.00		-0.35	.729
Active profile	-0.43	0.37	-0.17	-1.16	.253
Limiting profile	0.12	0.37	0.05	0.32	.753
Maladaptive profile	0.32	0.48	0.11	0.68	.502
Adaptive profile	0.07	0.50	0.02	0.14	.893
Age	0.00	0.01	0.01	0.04	.969
Gender	0.11	0.28	0.05	0.40	.689
Low education	1.46	0.52	0.45	2.79	.009**
High education	0.28	0.35	0.13	0.79	.437
Unknown education	0.05	0.35	0.02	0.13	.898
DBC – ROM	0.02	0.01	0.70	3.36	.002**
DBC – file	-0.02	0.01	-0.62	-3.01	.005**
ROM – file	0.02	0.01	0.85	3.56	.001**
Judgement strength 1	0.23	0.23	0.14	1.00	.326
Judgement strength 2	0.00	0.00	0.20	1.38	.176

Regression Analyses Output with Effect Sizes of the Individual Measures of Mental Functioning (SSSO) as Outcome Variable and the Five Psychological Profiles as Predictor, Controlling for Covariates Test statistic

Note. $R^{2 \text{ Model 1}} = .05$. $R^{2 \text{ Model 2}} = .10$, $\Delta R^{2} = .04$ (ps > .05), $R^{2 \text{ Model 3}} = .46$, $\Delta R^{2} = .36$, $p = .003^{**}$. *Note.* SSSO = Somatic-Symptom Syndrome Specific Outcomes. Positive b-values represent improvement. * p < .05, ** p < .01, *** p < .001.