A standardized psychiatric assessment scale for
rating chronic psychotic patients

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Simple 5-point scales are described together with the method used
to study their reliability, the results of which are shown. The scales
are short, easy to administer and sensitive to change, therefore
particularly applicable where there is the need for screening chroni-
c psychotic populations. Some uses for the scales are suggested.

Key words: 5-point rating scales – screening – reliability – chronic
psychotic populations.

The objective rating of mental state has always been of considerable interest
and the assessment and measurement of clinical therapeutic progress has in-
creased the need for a scale suitable for the purpose. It would be necessary for
such a scale to be short and yet to allow a reliable assessment of chronic pa-
tients in particular and to be sensitive to change in their status. So far no scale
fulfils all these criteria. Of the existing scales the Wittenborn (Wittenborn (1955)),
the Mental Schedule (Spitzer et al. (1964)), the In-Patient Multi-dimensional
Psychiatric Scale (IMPS) (Lorr et al. (1963)), Present State Examination (Wing
et al. (1967)) and The Clinical Interview Schedule (Goldberg et al. (1970)) are
lengthy. Only Overall & Graham's (1962) shortened version of IMPS is more
manageable from that point of view, but unfortunately it suffers from compara-
tive insensitivity to change.

Although the Present State Examination (Kendell et al. (1968)) yields very reli-
able ratings for diagnostic purposes it was not designed primarily for measur-
ing change and its length (140 items) makes it difficult to use in this setting.
Wing (1961) in an early paper described a simple interview using 5-point scales
allowing a reliable classification of schizophrenic patients; the main symptom
areas were: flatness and incongruity of affect, poverty of speech, incoherence of
speech and coherent delusions. The Clinical Interview Schedule of Goldberg
et al. (1970) also uses 5-point scales including most of those described by Wing
(1961) but enables the research worker to make a total of 22 ratings, thus
making it possible to make a diagnosis in community settings.

There are obvious advantages in scales which can be used for the assessment
of therapeutic change but also allow researchers to classify patients according
to Wing's Scale. The aim of the present study was to produce a short set of
rating scales which would provide a reliable clinical assessment of chronic psy-
chotic patients and which would be sensitive to changes in their conditions.
The overall agreement between the psychologist was estimated using Kendall's W.

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<th>Average concordance</th>
<th>Kendall's $W$</th>
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<tr>
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<tr>
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The Kendall's $W$ is a measure of the agreement among the judges.

The results showed a high level of agreement among the psychologists.

**METHOD**

Video recordings were made of 10 known psychological patients being interviewed.
REFERENCES

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Depression has caused extreme distress frequently in the
past week. The patient's mood is depressed, irritable, and
tense. Other symptoms include fatigue, difficulty in
concentrating, and loss of interest in usual activities.

Rating: "Moderate"

Rating: "Marked"

Rating: "Mild"

Rating: "None"

Diagnosis: Depression

Side effects:

Psychomotor retardation
Fatigue
Inability to concentrate
Powerlessness to make decisions
Inability to feel interest

Rating made by observer: John Doe

Reason for mood changes:

(name of patient)

Questions about past week:

1. How often have you felt depressed or low in energy?
2. How often have you felt irritable or quick to anger?
3. How often have you had difficulty concentrating or remembering?
4. How often have you had difficulty sleeping or eating?

Key information in the past:

(name of patient)

ADDITIONAL QUESTIONS:

(name of patient)
ANXIOUS

In addition to direct evidence of anxiety observed by the rater at interview, this rating should express the rater's view of the contribution which morbid anxiety is making to the mental state under consideration. (There may be some physiological signs of sympathetic over-activity, moist palms, mild tremor, blotchy patches on skin, etc.). Where anxiety is of such a degree that there is associated motor agitation, this will be rated on this key as not less than "3". Where there is a discrepancy between anxiety as observed at interview and anxiety expressed in the previous week the rating made should be the greater of the two ratings.

Rating "0" Absent: Normal mood at interview.
Rating "1" Mild: Such tenseness as the patient displays is thought either to be an habitual trait not amounting to pathological proportions or is thought to be a reasonable response to the interview situation.
Rating "2" Moderate: The patient is thought to display a mild degree of clinically significant anxiety or tension. or Anxiety sufficient to cause significant distress has occurred occasionally in the past week.
Rating "3" Marked: The patient is thought to display a marked degree of clinically significant anxiety or tension. He may be apprehensive about the interview and need reassurance, but there are only minor disruptions of the interview due to anxiety. There may be associated motor agitation of mild degree. or Anxiety sufficient to cause significant distress has occurred frequently in the past week, or anxiety has caused extreme distress for the individual concerned occasionally in the past week.
Rating "4" Severe: The patient is thought to display an extreme degree of clinically significant anxiety or tension. He may be unable to relax, or there may be major disruptions of the interview due to anxiety. There may be associated motor agitation of marked degree, or a fearful pre-occupation with impending events. or Anxiety has caused extreme distress for the individual concerned frequently in the past week.

FLATTENED, INCONGRUOUS AFFECT

Flatness refers to an impairment in the range of available emotional responses; the patient is unable to convey the impact of events while relating his history, and cannot convey warmth or affection while speaking about those near to him.

Rating "0" Absent: Normal mood at interview.
Rating "1" Mild: The patient may be laconic, taciturn or unresponsive in discussing emotionally charged topics, but the rater considers that this is an habitual trait rather than a sign of illness.
Rating "2" Moderate: Clinically significant impairment of emotional response of mild degree. Definite lack of emotional tone discussing important topics; or occasional but undoubted incongruous emotional responses during the interview.

Rating "3" Marked: Clinically significant impairment of emotional response of marked degree. No warmth or affection shown. Cannot convey impact of events when giving history, no concern expressed about future;
or frequent incongruous responses of mild degree or occasional gross incongruity.
Rating "4" Severe: Clinically significant impairment of emotional response of extreme degree: no emotional response whatever elicited. or gross frequent incongruity; fatuous, supercilious, giggling, etc., in such a way as to disturb interview.

PSYCHOMOTOR RETARDATION

Rating "0" Absent: Normal manner and speech during interview. Questions answered fairly promptly; air of spontaneity and changes of expression.
Rating "1" Mild: Although there may be evidence of slowness or poor spontaneity the rater considers that this is either an habitual trait or that it does not amount to clearly pathological proportions.
Rating "2" Moderate: The rater detects slowness, or lack of spontaneity at interview and attributes this to psychiatric illness: it is just clinically detectable. Delays in answering questions would merit this rating providing that the rater considers that it is part of a morbid mental state rather than an habitual trait of the patient.
Rating "3" Marked: Psychomotor retardation attributable to psychiatric illness is easily detectable at interview and is thought to make a material contribution to the abnormalities of the patient's present mental state.
Rating "4" Severe: Psychomotor retardation is present in extreme degree for the individual concerned.

COHERENTLY EXPRESSED DELUSIONS

Rating "0" Absent: No abnormality detected at interview.
Rating "1" Mild: Eccentric beliefs and trivial misinterpretations: that bad weather is caused by nuclear tests; superstitions, religious sects, etc.
Rating "2" Moderate: Over valued ideas and ideas of reference, or undoubted misinterpretations. Special meanings.
Rating "3" Marked: Undoubted delusions or delusional perception are described as having occurred in the past month, but the patient denies that he still holds the beliefs at present, or delusional ideas are expressed but they are not strongly held or incorrigible.
Rating "4" Severe: Undoubted delusions are present and are still held by the patient.
changes in schizophrenia patients with negative or disorganized symptoms. (AER) in changes in P3 amplitude in relation to EEG variables. (W. H. H. J. J. L. C. R., 1977) 55, 199-318.