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Handbook of Clinical Rating Scales and Assessment in Psychiatry and Mental Health

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L. B.: Dedicated to Carole Ann, Emily, David, and Bernice Baer.

M. A. B.: Dedicated to Earlene Shannon Blais "The best mom a boy like me could ever have."

Preface

Our intention in preparing this handbook was to provide the busy psychiatric clinician (psychiatrist, psychologist, social worker, psychiatric nurse or counselor) with a truly easy-to-use and practical guide to using focused assessments for improving the care of their patients. We hope we have come close to realizing this goal, and that you will find, as we have, that integrating a few select scales, like those included in this volume, into your routine clinical practice will benefit you and your patients.

To accomplish our goal of making this a clinically useful book, we have invited our chapter authors (who are primarily members of specialty clinical and clinical research programs at our hospital, Massachusetts General Hospital in Boston): (1) to identify the "gold-standard" scales they routinely use to assess patients in their own clinics, (2) to provide ready-to-copy versions of these scales (when copyrights permit), and (3) to provide practical information about the clinical use of the scales (i.e., when to administer, how to score, how to interpret results, and how to use to measure clinical change in patients). In addition, we asked each author to include the latest information available about the psychometric characteristics of the scales, such as reliability, validity, and sensitivity to change (these concepts are reviewed in Chapter 1), as well as alternative or supplementary scales that are available for assessing patients with that particular disorder.

Before describing the organization of the chapters, we first want to address a basic question: Why should psychiatric clinicians routinely use rating scales with their patients?

In our experience, most clinicians do not use rating scales routinely as part of their standard delivery of care. This appears to us to be true regardless of the psychotherapy orientation of the clinician, or whether or not they prescribe medications as part of their treatment (the only exception may be clinicians who were trained in cognitive-behavior therapy [CBT] where outcome measures are more often used, although far from universally).

Why don't more clinicians use rating scales? Some reasons we have heard include the following: time pressure, not knowing which scales to use, the cost of commercially available scales, worrying whether quantitative rating scales can capture the truly important aspects of improvement in their patients, and believing that rating scales are useful only in research settings. We hope that the following chapters will address all of these issues.

The last few years have witnessed a substantial increase in our understanding of the benefit offered by integrating measurement into routine clinical care. For example, studies such as STAR∗D [1] and STEP-BD [2] have shown that integrating measurement into clinical care helps produce real world treatment effects similar to those of efficacy studies. In psychotherapy, when measurement data are routinely evaluated to assess progress treatment failure rates are reduced [3]. What are the compelling reasons to use rating scales that we believe far outweigh these perceived negatives? Here are a few:

1. *Rating scales will help you and your patient determine if, and how well, your treatment is working*. For example, patients are often unaware of gradual improvements in their symptoms or their functioning. By having a "baseline" measure of their functioning before treatment, and repeated ratings thereafter (say, every 2 weeks), you can point out to your patient that they improved by, say 15% on the targeted rating scale so far, thus all their hard work is beginning to bear fruit, even if gradually. On the other hand if, after months of treatment, your patient's score has not budged from its baseline level, or has worsened, this should be a clear signal to both of you that the current treatment should be reviewed and changes be considered. The joint review of rating scale information helps improve treatment collaboration and maintain the patient's active involvement in their care.
2. *Rating scales will help you to better link your clinical work to the growing empirical literature, and to better use it to guide your treatments*. It would be nearly impossible for any treatment outcome paper to be published in a psychiatric journal today without at least one objective rating scale having been used to both characterize the patients eligible for the study, and to assess the degree of improvement with treatment. Imagine that you pick up your favorite psychiatric journal and read a paper reporting that a new treatment for obsessive-compulsive disorder (OCD) was effective for patients with an average baseline score of 17 on the Yale-Brown Obsessive-Compulsive Scale (YBOCS) rating scale, with response defined as a 25% improvement on this same scale. Now, when you sit across from a new patient with OCD, unless you routinely use the YBOCS scale, how can you know whether she is similar in severity to the subjects in the research report, and furthermore, how can you tell her how much improvement she can reasonably expect from your planned treatment? Of course, a clinical practice is very different from a research program, and your patients cannot sit through a battery of tests with an interviewer prior to every session with you. However, one carefully selected scale (chosen from this volume) that is accepted as a gold standard in the field, can either be completed by your patient in the waiting room before a visit, or administered by you in 5 minutes during the visit.
3. *Rating scales provide clinicians with a systematic method for asking about key symptoms on a regular schedule*: For example, a rating scale like the Hamilton or Beck depression scales will remind us to ask our patients about their eating, sleep, energy, sexual interest, and suicidal ideation at nearly every visit, some questions which might otherwise slip our minds if not volunteered by our

patients. Likewise, administering a rating scale asking about quality of life will remind us to focus on how our patients are functioning in their daily lives, which is as, or more important, as their symptom level.

4. *Using Rating Scales Can Facilitate Collaboration with Third-Party Payers*: Imagine you work for an insurance company that authorizes and pays for mental-health visits for their customers. One day, a provider calls you requesting an additional 10 visits for her patient, and gives you the following justification: "Mrs. Jones' depressive symptoms have begun to respond to treatment as shown by her 35% improvement on the Hamilton Depression Scale, and we will need an additional 10 sessions to continue to further reduce them to a remission level, which has been shown to greatly reduce her risk of future relapse." Would you deny the additional requested visits? And, if so, how would you justify your decision to your supervisor when it is appealed, and probably, reversed?
5. *Using Screening Questionnaires Can Identify "Hidden" Comorbid Problems*: The screening questionnaires included in this handbook can be used to rapidly screen your patients for common problems (such as personality disorders or alcohol abuse), information which patients typically do not volunteer unless specifically asked. As with rating scales, using such scales with your patients can help ensure that you do not miss a condition that can complicate the treatment of the patients' presenting problem, but that can be controlled with proper treatment.

The bottom line: we recommend that you choose a few rating scales from the following chapters that are most appropriate for your particular patient mix, and then use them routinely until they become part of your everyday clinical practice.

In Chapter 2, Dr. Cusin et al. consider rating scales used to assess patients with depression (specifically, unipolar, non-psychotic depression). The gold-standard scales they describe are the Hamilton Depression Inventory (administered by the clinician), and the Beck Depression Inventory (a self-report questionnaire). They also consider several other depression scales, including the MADRAS, IDS, and Zung scales.

In Chapter 3, Dr. Marques et al. consider assessment instruments used for a variety of common anxiety disorder diagnoses. For panic disorder and agoraphobia, they recommend the Panic Disorder Severity Scale as the gold standard, and also describe the Anxiety Sensitivity Index and the Agoraphobia Cognitions Questionnaire as additional, adjunctive measures. For social anxiety disorder (also known as social phobia), they recommend the Liebowitz Social Anxiety Scale as the gold standard measure, along with several alternatives. For generalized anxiety disorder (GAD), they suggest the Hamilton Anxiety Scale as the gold-standard measure, and also discuss several alternatives. For obsessive compulsive disorder (OCD), the gold-standard scale is the Yale-Brown Obsessive Compulsive Scale. For post-traumatic stress disorder (PTSD), the gold-standard scale they recommend is the Short PTSD Rating Interview.

In Chapter 4, Dr. Perlis considers rating scales for bipolar disorder. This is one of several chapters in which different scales must be considered for different aspects,

or dimensions of a particular disorder, because no single scale exists for a single overall assessment. So, when assessing the depressive symptoms of bipolar disorder, Dr. Perlis considers many of the same instruments as described in Chapter 2 (Depression). However, when considering rating scales for manic or mixed symptoms, he recommends the Young Mania Rating Scale as the gold standard. He goes on to describe instruments used to assess psychotic symptoms in bipolar disorder (the Brief Psychiatric Rating Scale, which is also considered in Chapter 10 on Schizophrenia). Finally, he describes a new, integrated symptom assessment approach developed and used at Massachusetts General Hospital, and he ends by considering diagnostic scales for bipolar disorder.

In Chapter 5, Dr. Yeterian et al. present the main assessment scales used in alcohol and nicotine dependence. They consider both screening scales and outcome rating scales used for these addictive disorders.

In Chapter 6, Dr. Siefert offers several scales used for screening patients for the presence of personality disorders and for dysfunctional interpersonal styles. Personality disorders are often underdetected in clinical practice and can have a negative impact on treatment response. To help address this clinical problem, the focus of Dr. Siefert's chapter is on screening for potential comorbid personality disorders and he outlines a brief but sophisticated screen approach.

In Chapter 7, Dr. Derenne et al. consider the complex area of eating disorders and provide an outstanding review of multiple screening and assessment strategies. In addition to offering practical information on specific screening instruments, the chapter contains links to helpful websites with additional measurement information and materials.

In Chapter 8, Dr. White et al. outline the use of rating scales in clinical work with children. The chapter presents some of the important lessons learned by their group as they implemented a large scale program-wide outcomes measurement program for child mental-health service. The chapter also provides a concise review of a number of potential child outcomes instruments and specific information on using the Brief Psychiatric Rating Scale – Child Version.

In Chapter 9, Drs. Knouse and Safren discuss the use of rating scales in attention-deficit hyperactivity disorder, and include a copy of the Adult ADHD Self-Report Scale. Identifying ADD/ADHD in adults is an increasingly important but still evolving area of practice, the information provided in their chapter will help clinicians approach this condition in a more systematic manner.

In Chapter 10, Dr. Gottlieb et al. consider rating scales used in schizophrenia treatment. Like bipolar disorder, there is an array of scales used to assess the various dimensions of this complex disorder: for assessing the general symptoms of schizophrenia, they recommend the Positive and Negative Syndrome Scale as the gold standard (although they note that specialized training is needed in the use of this scale). For assessing psychotic symptoms in schizophrenia, they recommend the Psychotic Symptom Rating Scale as the gold standard. They also consider scales to assess other important dimensions of schizophrenia, including quality of life, cognitive functioning, attitudes toward taking antipsychotic medication, medication side effects, and assessments for comorbid depression or drug abuse.

In Chapter 11, Dr. Baity considers the use of brief assessments of cognitive and neuropsychological status for patients with a primary psychiatric illness. Cognitive impairment is increasingly being recognized as a significant problem associated with many common (depression and anxiety) as well as severe (psychosis and bipolar illness) psychiatric conditions. Dr. Baity reviews a number of simple but effective instruments capable of identifying moderate cognitive impairment in psychiatric patients.

In Chapter 12, Drs. Owen and Immel discuss the efficient use of rating scales in psychotherapy practice and how to employ these scales in the treatment of individual psychotherapy patients. Through their chapter, Drs. Owen and Immel demonstrate how brief scales can be integrated into the psychotherapy process (frame) and how data from these scales can enhance treatment.

In Chapter 13, Drs. Sinclair and LoCicero discuss assessment of a new problem, worry about terrorism. Relevant to the unfortunate events of our modern age, this chapter presents an overview of a new clinical concept Terrorism Fear, an evolving anxiety related disorder. The chapter also contains a recently developed scale, Terrorism Catastrophizing Scale, designed to measure this fear along with a conceptual approach to treating the condition.

In Chapter 14, Dr. Smith et al. discuss the benefits of comprehensive psychological and neuropsychological assessment as aids to diagnosis and treatment planning. They also offer recommendations for locating assessment psychologists, and how to pose an effective referral question for psychological assessment of your patients.

Finally, in Chapter 15, Drs. Wiechers and Weiss offer an informative overview of the rapidly changing field of quality improvement with a particular emphasis on the role of outcomes measurement in documenting and monitoring treatment quality. The information presented in this chapter will help program managers and practitioners in group practices think more clearly about aggregate outcomes measurement and service evaluation.

References

1. Trivedi, M., Rush, A., Wisniewski, S., et al. Evaluation of outcomes with citalopram for depression using measurement-based care in STAR∗D: Implications for clinical practice, Am J Psychiatry, 163:1, 28–40, 2006.
2. Nierenberg, A., Ostacher, M., Borrelli, D., et al. The integration of measurement and management for the treatment of bipolar disorder: A STEP-BD model of collaborative care in psychiatry, J Clin Psychiatry, 67 (suppl 11), 3–6, 2006.
3. Lambert, M. Presidential address: What we have learned from a decade of research aimed at improving psychotherapy outcomes. Psychother Res, 17(1): 1–14, 2007.

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