6

Standardised Measurement Instruments in Psychiatry

1 Aims and Methods 114
2 Scale Construction, Scoring Methods and Quality Criteria 115
3 Standardised Instruments for the Description of Psychopathology 117
4 Standardised Procedures for Personality Assessment 122
5 Systematic Observation of Behaviour 123
6 Objective Tests 124
7 References 127
1 Aims and Methods

Standardised methods of examination are used in psychiatry to assess objectively, and, in some cases, quantify psychopathological phenomena and other clinically relevant domains, making it easier to communicate these, to verify their status and to analyse them statistically (Stieglitz and Baumann 1994; Möller et al. 1996). They are essential to develop models of psychopathology.

Major areas in which standardised procedures are applied in psychiatry include the following:

- Cross-sectional quantitative description of psychopathological abnormalities
- Assignment by a standardised method of individual cases to diagnostic categories
- Quantitative assessment of change over time in psychopathological abnormalities (with or without therapeutic interventions)

Those who favour intuitive phenomenological methods have expressed the concern that applying standardised methods cannot take sufficient account of each patient’s individuality (Huber 1976). However, this criticism seems largely unfounded. There are individual characteristics which such standardised methods will not fully capture; this is necessarily the case, as standardised measurement instruments tend to be constructed on the principle that a symptom only qualifies for inclusion if it is present in at least a specified minimum proportion of the populations for which the instrument is intended. However, when required, this deficit can be remedied by using additional methods of investigation aimed at capturing distinctive characteristics of individuals. Indeed, reports of positive experiences with measurement methods aimed specifically at the investigation of individual cases may be advanced as a counter-argument (Frey et al. 1979). Such methods have a long history (see Shapiro 1966) and continue to be applied, e.g. to delusional beliefs (e.g. Brett-Jones et al. 1987).

Standardised measurement procedures can be categorised on the basis of their methodologies into standardised assessment instruments, systematic behavioural analysis and objective tests in the narrower sense of the word (based on von Zerssen and Möller 1980). The terms standardised assessment instrument or rating scale are applied to structured methods of assessing current and/or past behaviour and/or experience, based on lists of characteristics and, in some cases, descriptions of these characteristics. The extent of standardisation varies from a simple list of symptoms filled in on the basis of a freely structured exploratory interview to semi- or fully structured interview schedules. These standardised assessment procedures are especially suitable to examine the full spectrum of psychiatric symptomatology; in addition, as they are less restrictive than other procedures, they are particularly practicable. A variety of interview schedules are available and in general use.

Systematic behavioural analysis involves using a fixed set of categories to classify the quantity and type of various forms of behaviour (including speech and actions) occurring during a fixed observation frame (methods involving sampling fixed periods of time or particular events). This usually focuses on manifest behaviour, and systems of categorisation are often developed specifically to fit the particular question being asked. This method has found particular favour in the areas of behaviour therapy and research about individual communication and interactions.

Objective tests measure reactions to standardised and fixed “stimulus material”. They allow analysis of specific particular psychological functions such as perception, concentration, attention and intelligence, usually from the point of view of performance. This category includes tests of attention and concentration, intelligence tests and a variety of psychophysiological indices. These tests are said to be objective as they cannot really be falsified by the examiner or the subject and there are fixed assessment criteria with corresponding methods of data analysis and fixed norms.

Because they are very practicable, rating scales are often preferred to the other methods we have discussed if the results of patient examinations are to be documented in the context of routine professional care (see Vol. 1, Part 2, Chap. 5). They are also frequently applied in clinical psychiatric research, such as clinical trials of drugs, studies of longitudinal course, in routine clinical documentation or in epidemiological studies (Cronholm and Daly 1982; Möller et al. 1983; see Vol. 1, Part 1, Chap. 2), even though, in terms of their level of precision, standardised assessment measures are methodologically inferior to objective tests and systematic behavioural analysis. Despite the methodological superiority of these latter methods, they tend to be included in clinical psychiatric research only as supplementary measures for the sake of completeness. An exception to this can be found in the investigation of specific aspects of cognitive functioning, e.g. the debate over the potential of clozapine to reduce schizophrenics’ cognitive impairment (e.g. Lee et al. 1999) and of certain questions of differential diagnosis. This limited use results not only from the amount of time and effort involved in applying these tests, but also, particularly in the case of objective tests, from the fact that the constructs which they measure are rather more remote from the psychiatric approach than the more complex phenom-