Available online at www.sciencedirect.com
ScienceDirect
Psychiatry Research 145 (2006) 233 – 240
PSYCHIATRY RESEARCH
www.elsevier.com/locate/psychres

Cognition Checklist for Mania—Revised

Aaron T. Beck [a], Michael J. Colis [b], Robert A. Steer [b,*], Leslie Madrak [b], Joseph F. Goldberg [c]

[a] *Department of Psychiatry, University of Pennsylvania School of Medicine, Philadelphia, PA 19104, USA*
[b] *Department of Psychiatry, University of Medicine and Dentistry of New Jersey, School of Osteopathic Medicine, 42 East Laurel Road, UDP 3204, Stratford, NJ 08084-1391, USA*
[c] *Affective Disorders Program, Silver Hill Hospital, New Canaan, CT 06840, USA*

Received 16 August 2005; received in revised form 3 January 2006; accepted 12 January 2006

Abstract

The Cognitive Checklist for Mania—Revised (CCL-M-R), which measures the severity of maladaptive beliefs and cognitions associated with mania, was administered to 35 inpatients with a major depressive disorder, 20 inpatients with a schizoaffective disorder, and 45 inpatients with a bipolar I disorder to determine whether cognitions associated with mania differentiate patients who have most recently experienced either manic, mixed, or depressive episodes. The CCL-M-R is composed of four subscales assessing (a) exaggerated beliefs about self-worth (Myself), (b) grandiose beliefs about interpersonal relationships (Relationships), (c) erroneous beliefs about needing excitement from engaging in high risk situations (Pleasure/Excitement), and (d) unrealistic beliefs about having high energy levels for undertaking goal-driven activities (Activity). As hypothesized, the mean CCL-M-R total, Myself, Relationships, and Activity scores of the 26 patients with manic episodes were higher than those for either the 17 patients with mixed episodes or the 57 with depressive episodes. The CCL-M-R was discussed as a reliable and valid instrument for measuring the severity of maladaptive cognitions associated with mania in psychiatric patients.

Keywords: Measurement; Cognitions; Schizoaffective disorder; Mood disorder; Bipolar disorder

1. Introduction

One of the major assumptions underlying Beck's (1976) cognitive model of psychopathology is that different types of cognitions (automatic thoughts) and dysfunctional beliefs discriminate among patients with various psychiatric disorders. Patients with distinct psychiatric syndromes are postulated to have specific biases in their information-processing systems that focus their attentions on different types of dysfunctional cognitions. This postulate, known as the cognitive content-specificity hypothesis, has been supported by numerous studies, especially with respect to anxiety and mood disorders [see Clark and Steer (1996) for a review of studies testing the cognitive content-specificity hypothesis]. These studies have generally found that the themes of loss and failure are specific to depression, whereas themes about personal threat and danger are specific to anxiety (Beck et al., 1987).

With the development of cognitive therapeutic approaches for the treatment of patients with bipolar

* Corresponding author. Tel.: +1 856 566 6290; fax: +1 856 566 6030.
E-mail addresses: abeck@mail.med.upenn.edu (A.T. Beck), steer@umdnj.edu (R.A. Steer).

0165-1781/$ - see front matter © 2006 Elsevier Ireland Ltd. All rights reserved.
doi:10.1016/j.psychres.2006.01.016

disorders (Newman et al., 2002), tests of the cognitive content-specificity hypothesis have now been extended to patients with bipolar disorders, especially to those patients who have manic episodes. For example, Goldberg et al. (2005) compared the maladaptive beliefs and cognitions of 23 outpatients diagnosed with a bipolar disorder with either a manic or a hypomanic episode, 28 outpatients with a major depressive disorder, and 24 normal adults using the Cognitive Checklist for Mania (CCL-M) and found that the mean CCL-M total score of the outpatients with a manic bipolar disorder was higher than the mean total scores of the outpatients with a major depressive disorder or normal adults. The CCL-M is a 61-item self-report instrument developed by Beck and his associates to assess the degree to which adolescents and adults endorse beliefs and cognitions representative of mania.

Although the psychometric characteristics of the CCL-M were judged by Goldberg et al. (2005) to be adequate, Beck decided to construct a revised and abbreviated scale to measure cognitions and beliefs associated with mania. Item analyses of the CCL-M data collected by Goldberg et al. (2005) revealed that many items were either infrequently endorsed or had poor discriminant validity. Based on these analyses, 33 items and the Spending or Investing, Frustrations, and Past and Future subscales were eliminated, and a new item (Good things are in store for me.) was added to yield a 7-item Myself subscale. The Cognition Checklist for Mania—Revised (CCL-M-R) is a 29-item self-report instrument for measuring beliefs and cognitions assumed to be indicative of mania (see Appendix).[1] Its format, 4-point rating scale, and time frame for the ratings (the past 2 days) are the same as those employed in the CCL-M. The four subscales consist of Myself (7 items), Relationships (7 items) Pleasure/Excitement (9 items), and Activity (6 items). The CCL-M-R total score is calculated by summing its 29 ratings with a possible range from 0 to 87. The four subscales are scored by summing the respective ratings for the items representing each subscale.

The present study was designed to determine whether cognitions associated with mania differentiate patients who have most recently experienced either manic, mixed, or depressive episodes. It was hypothesized (a) that the mean CCL-M-R total and subscale scores of the patients with manic episodes would be higher than the mean CCL-M-R total and subscale scores of the patients with either mixed or depressive episodes and (b) that the mean total CCL-M-R and subscale scores of the patients with either mixed or depressive episodes would be comparable. It was also hypothesized with respect to the CCL-M-R's discriminant validity that the CCL-M-R total scores would be negatively correlated with the Cognitive Checklist-Depression subscale (CCL-D; Beck et al., 1987) and the Beck Depression Inventory-II (BDI-II; Beck et al., 1996) scores which measure, respectively, severities of cognitions and symptoms of depression and would not be related to the Cognitive Checklist-Anxiety subscale (CCL-A; Beck et al., 1987) and the Beck Anxiety Inventory (BAI; Beck and Steer, 1993) scores which measure, respectively, the severities of cognitions and symptoms of anxiety. Finally with respect to the CCL-M-R's convergent validity, it was hypothesized that the overall severity of the manic signs and symptoms as rated on the YMRS would be positively correlated with the CCL-M-R total scores.

2. Methods

2.1. Sample

The sample was composed of 100 adult (18 years old and above) inpatients who were consecutively admitted to a public psychiatric facility that provides intermediate care for residents living in Camden county, NJ. All of the patients were transferred into this facility from acute mental-health services located across the county, such as crisis centers and the psychiatric inpatient units of general hospitals. These patients have chronic mental health problems, and only 17% of the patients had not been previously treated for a mental health problem. The average length of stay for patients treated at this facility exceeds 140 days. Every patient receives an initial psychiatric evaluation within 24 h after his or her transfer to the facility. Only patients who were diagnosed with a schizoaffective, a bipolar I, or a major depressive disorder were asked to volunteer for the present study. Patients with schizoaffective and bipolar I disorders were recruited because patients with these two disorders were most likely to have recently experienced manic episodes, whereas patients with a major depressive disorder were included to represent unipolar depressions.

The sample was composed of 39 women and 61 men. (Because there were 100 patients, percentages are not reported.) There were 69 Caucasians, 19 African-Americans, 6 Hispanic-Americans, and 6 persons who described themselves with other ethnic backgrounds. The mean age was 34.38 (S.D. = 11.08) years old.

All of the diagnoses were made according to the *Diagnostic and Statistical Manual of Mental Disorders*

[1] Copies of the CCL-M-R, which is included in the Appendix, may also be obtained from Aaron T. Beck, M.D., Department of Psychiatry, 3535 Market St., Room 2032, Philadelphia, PA 19104-3309, USA.