

The reliability and validity of the Test of Adaptive Behavior in Schizophrenia (TABS)

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Abstract

Performance-based tests of functional capacity are important to utilize in schizophrenia where global measures may underestimate community functioning in the context of impoverished environments and disincentives to return to work. The Test of Adaptive Behavior in Schizophrenia (TABS) is a performance-based measure of adaptive functioning designed to address limitations of other available measures including limited assessment of the ability to initiate and of the ability to identify problems that occur in the course of performing functional activities. The TABS and a variety of symptom, functional outcome, and cognitive measures were administered to 264 outpatients with schizophrenia/schizoaffective disorders at an initial assessment. At 3 months, 110 subjects received a follow-up assessment. Results indicated that the TABS had very good test–retest reliability (0.80) and inter-item consistency (0.84). Moreover, TABS scores were moderately to strongly correlated with other measures of functional outcome, negative symptoms and neuropsychological test scores (convergent validity). Measures of positive symptoms were not found to be related to TABS performance (discriminate validity). The data provide preliminary evidence for the reliability and validity of the TABS. Further studies of the psychometric properties of the TABS including those examining the sensitivity of the TABS to treatments with different pharmacological agents or psychosocial treatments are encouraged.

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1. Introduction

Despite the significant advances in antipsychotic medications over the past decade, schizophrenia remains one of the most disabling conditions for young adults world-wide. To improve outcomes for patients with this disorder, our treatments must target a broad range of signs and symptoms including positive

symptoms, negative symptoms, cognitive impairment and functional performance. The National Institute of Mental Health's Measurement and Treatment Research to Improve Cognition in Schizophrenia (NIMH-MATRICES) initiative was designed to stimulate the development of medications that target cognitive function in schizophrenia by creating a standard assessment battery for cognitive functioning to be used in testing the efficacy of new compounds (Green et al., 2004). Cognition is an important target of treatment because cognitive impairments are believed to underlie the functional deficits observed in schizophrenia (Green, 1996;

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Velligan et al., 1997; Green et al., 2004). Depending upon the final decision of the Food and Drug Administration (FDA), compounds that are seeking an indication for improving cognition in schizophrenia may also need to demonstrate efficacy on a co-primary measure of functional outcome (Green et al., 2004). The reliable and valid assessment of adaptive functioning in this context is essential.

The assessment of “real world” functional outcome in schizophrenia is complicated by a host of factors including; the often inadequate financial resources available to the patient, the limited opportunities in the everyday environment to engage in functional activities, the inconsistent availability of rehabilitation programs, the difficulty in locating individuals who can accurately report on the person’s daily activities and behavior, limitations in the memory and insight of patients that may make them less than ideal reporters of their own functional status, and the presence of significant disincentives to seek employment. The available measures of functional outcome all have limitations. Global measures such as the Social and Occupational Functioning Scale which assesses overall functioning on a scale from one to one hundred are not able to take into account the external circumstances of the individual (fear of losing benefit status, lack of opportunity) that may prevent those who are more able from functioning up to their potential. Self-report measures and interviewer-rated measures based upon self-report (e.g. Multhomah Community Ability Scale; Barker et al., 1994) are problematic in that they rely on abilities such as insight, memory and accurate self assessment, known to be impaired in patients with this disorder (Patterson et al., 2001; McKibbin et al., 2004). Measures that use the report of care-givers (e.g. Life Skills Profile; Rosen et al., 1989) are problematic in that different observers have different behavioral samples on which to base their responses, spend differing amounts of time with subjects, and may have different standards for appropriate performance, creating variability in measurement. Moreover, as pointed out by Patterson and colleagues (Patterson et al., 1996), as many as one-half to one-third of patients are not able to name a person who can supply this type of information.

Recently, McKibbin and colleagues (McKibbin et al., 2004) have argued for the importance of developing appropriate performance-based measures that address these problems. In performance-based assessment, a subject is asked to perform specific tasks in front of an examiner and responses are scored for accuracy or other dimensions. Examples of performance-based tests include the Independent Living Scales (ILS; Loeb, 1996) and the Direct Assessment of Functional Status (DAFS; Loewen-

stein et al., 1989) developed primarily for use with elderly or demented populations and the UCSD Performance-Based Skills Assessment (UPSA; Patterson et al., 2002; McKibbin et al., 2004). After using multiple tests of functionality for a number of years, we concluded that the development of a performance-based test specifically for patients with schizophrenia was essential. Moreover, based upon observed differences between office-based and in-home assessments of patients, we identified two significant problems with performance-based tests that we hypothesized could be better addressed by a novel instrument.

Available performance-based measures of adaptive functioning do not assess initiation nor the patient’s ability to identify problems that occur during the course of their activities. Initiation of behavior may not occur in the natural environment even when the ability to perform the task is present. For example, a person may be able to take public transportation, cook or shop but may not initiate these activities when left alone. In previous research, we have found that poor behavioral initiation was related to poor community outcomes (Lezak, 1995; Velligan et al., 2000a,b, 2003). Therefore, we reasoned that any performance-based test should assess initiation in some manner related to functioning. The issue of initiation is addressed somewhat in the UCSD Performance Skills Assessment (UPSA; Patterson et al., 2001) in a task which asks patients what they would bring with them or wear to a specific leisure activity. The subtest allows the patient to generate responses and may be a better proxy for initiation in the community than other items utilized in performance-based tests. However, the demand for generation even on this test is very minor. In addition, while asking patients to solve problems (e.g. “How much change should you get back if...”), the available functional tests, do not assess whether the subject is able to identify problems as they occur in the environment or whether the subject would simply not notice a problem and move on with the next task (e.g. subject is shortchanged for a purchase and must notice, or must notice he/she would run out of medication).

In an effort to develop an assessment of functional outcome that addressed these limitations, our research group began developing and testing a performance-based measure called the Test of Adaptive Behavior in Schizophrenia (TABS). In data from a number of studies, we found high correlations for scores on different instrumental skills (unpublished data). We concluded that it may be unnecessary to assess every domain of daily living to get at performance capacity. What appeared more important than the specific

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