Evaluation of the Illness Management and Recovery Scale in schizophrenia and schizoaffective disorder

Rickard Färdig a,⁎, Tommy Lewander a, Anders Fredriksson a, Lennart Melin b

a Department of Neuroscience/Psychiatry, Uppsala University Hospital, Ing. 15, SE-75185 Uppsala, Sweden
b Department of Psychology, Uppsala University, Uppsala, Sweden

Abstract

The aim of the present study was to evaluate the psychometric properties of the parallel client and clinician versions of the Illness Management and Recovery Scale (IMRS) developed to monitor the clients’ progress in the Illness Management and Recovery (IMR) program in schizophrenia. A total of 107 study participants completed assessments of the IMRS, interview-based ratings of psychiatric symptoms, self-ratings of psychiatric symptoms, perception of recovery, and quality of life. Case managers completed the clinician version of the IMRS. Both versions of the scale demonstrated satisfactory internal reliability and strong test–retest reliability. The results also indicated convergent validity with interview-based ratings of psychiatric symptoms, self-rated symptoms, perception of recovery, and quality of life for both versions of the IMRS. These findings support the utility of the IMRS as a measure of illness self-management and recovery in clients with schizophrenia.

1. Introduction

The Illness Management and Recovery (IMR) program is aimed at promoting recovery through teaching clients with severe mental illness to better manage their disorders (Gingerich and Mueser, 2005). The perspective on recovery in this program de-emphasizes the absence of psychopathology and instead views it as the process of identifying and pursuing a life and personal identity beyond the impact of mental illness (Anthony, 1993; Deegan, 1988; Bellack, 2006; Davidson et al., 2008; Davidson et al., 2009). The IMR program was developed in association with the National Implementing Evidence-Based Practices Project (Drake et al., 2001) and comprises several components with empirical support for improving the outcome in severe mental illness, including psychoeducation, social skills training, relapse prevention planning, behavioral tailoring for treatment adherence, and coping skills training for managing stress and symptoms (Mueser et al., 2002; Mueser et al., 2003; Gingerich and Mueser, 2005). The program is curriculum-based and delivered in an individual or group format over 40 sessions or more. Previous studies have demonstrated its effectiveness for clients with severe mental illness (i.e., major depression, bipolar disorder, psychotic disorders including schizophrenia and schizoaffective disorder and personality disorders), in different settings, with good fidelity to the program model (Mueser et al., 2006; Hasson-Ohayon et al., 2007; Levitt et al., 2009; Fujita et al., 2010; Färdig et al., 2011).

The Illness Management and Recovery Scale (IMRS) have been developed to monitor the clients’ progress towards recovery and better illness management (Mueser et al., 2005). The parallel client and clinician versions include 15-items to capture different aspects of the program, such as knowledge about mental illness, social support, treatment adherence, relapse prevention planning, coping efficacy, and substance abuse and dependence. Previous research has established good internal consistency, test–retest reliability and convergent validity for the IMRS among clients with severe mental illness (Salyers et al., 2007; Hasson-Ohayon et al., 2008).

The aim of the present study was to evaluate the psychometric properties of the IMRS for clients with schizophrenia and schizoaffective disorder, and to conduct an item-by-item investigation to establish their utility in monitoring the clients’ progress.

2. Methods

2.1. Setting and sample

The present evaluation was part of a larger effectiveness study of the IMR program (see Färdig et al., 2011, for a detailed description). Data from the baseline assessments of 41 participants of the effectiveness study of IMR and from an additional 66 individuals collected at a later stage were used to evaluate the psychometric properties of the IMRS. The data were collected between May 2006 and May 2007, and during 2009, at 6 psychiatric outpatient rehabilitation centers, serving individuals suffering from psychotic disorders, in the county of Uppsala, Sweden. The participants’ case-managers in each of the 6 rehabilitation centers were trained in the use
of the IMRS and completed the clinician version of the IMRS. Case-managers were mental health workers, social workers, psychiatric nurses, or occupational therapists. The procedure was repeated after 2 weeks. The study was approved by the Regional Ethical Review Board.

Inclusion criteria were a DSM-IV diagnosis of schizophrenia or schizoaffective disorder, proficiency in Swedish and willingness to provide informed consent after receiving detailed study information. No explicit exclusion criteria were employed.

For the present study the scales were translated into Swedish, and then independently back translated into English and compared with the original version to identify and correct any discrepancies.

2.2. Measures

2.2.1. Illness Management and Recovery Scale (IMRS)

The client and clinician versions of the IMRS (the acronym IMRS henceforth refers to both versions of the scale) include 15 items rated on a 7-point scale (Priebe et al., 1999). Research has shown good validity for the scale have previously been established (De Hert et al., 1998). Interrater reliability and interscale validity of the IMRS and total scores of the PECC, MCSI, RAS, and MANSA were shown reliable and valid for individuals with severe mental illness (Boothroyd and Huey, 2008). For the purpose of the present study the scores were inverted for easier interpretation of the correlation matrices.

2.4. Descriptive statistics

Means, standard deviations and percentages are presented for background characteristics of the participants. Means and standard deviations are presented for the IMRS at Time 1 and at Time 2.

2.5. Internal consistency

Internal consistency of the IMRS was examined using Cronbach’s α. Based on previous studies of the IMRS and the recommendations of Nunnally (1978) an α-value ≥ .70 would be satisfactory.

2.6. Test–retest reliability

Test–retest reliability of the IMRS was evaluated using Pearson correlations between Time 1 and Time 2 on total scores and on individual item scores. Based on previous examinations of the IMRS it was expected that the test–retest reliability of total scores would be large ($r > .70$).

2.7. Convergent validity

Convergent validity was evaluated by assessing Pearson correlations between the two versions of the IMRS, and between the IMRS and conceptually related validation measures, i.e. PECC, MANS, RAS and MCSI.

In order to investigate convergent validity between the two versions of the IMRS, correlations between the total scores and individual item scores were computed at Time 1 and Time 2. It was expected that moderate (0.40–0.69) correlations would be found between total scores of the two versions. Small (0.00–0.39) to moderate (0.40–0.69) correlations were expected for individual item scores (Cohen, 1988).

Correlations were computed between total scores of the IMRS and total scores of the PECC, MCSI, RAS, and MANSA. Correlations between total scores of the IMRS and subscale scores of the PECC were also investigated. Finally, correlations between individual item scores of the IMRS and total scores of the PECC, MANS, RAS, and MANSA were
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