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Ratings of Relations Between DSM-IV Diagnostic Categories and Items of the Older Adult Self-Report (OASR) and Older Adult Behavior Checklist (OABCL)

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Abstract

This project was designed: ***(a)*** to construct DSM-oriented scales comprising OASR and OABCL items that mental health professionals rated as very consistent with DSM-IV categories; and ***(b)*** to identify items that clinicians may be particularly concerned about ("critical items"). Psychiatrists and psychologists rated the consistency of each OASR and OABCL problem item with DSM categories that are relevant to ages 60 years and older. They also identified items that are *definitely critical*. The 16 raters came from 7 cultures. Items that were rated by at least 10 (63%) of the 16 raters as being *very consistent* with a diagnostic category were assigned to that category. We constructed scales for the following categories: *Depressive Problems* (including Dysthymia and Major Depression); *Anxiety Problems* (including GAD and Specific Phobia); *Somatic Problems* (including Somatization and Undifferentiated Somatoform); *Dementia Problems*; *Psychotic Problems* (including Schizophrenia and Delusional Disorder); and *Antisocial Personality Problems*. For each instrument, a DSM-oriented scale comprises the items from that instrument which ≥63% of the raters identified as being *very consistent* with the respective diagnostic category. The scales are displayed on profiles for scoring people in relation to normative samples of peers. The profiles show raw scale scores (sum of the 0-1-2 ratings of items comprising a scale); *T* scores; percentiles; and cutpoints for normal, borderline, and clinical ranges. Windows software for scoring the profiles provides comparisons among DSM-oriented scale scores obtained from up to 8 OASR and OABCL forms per individual and lists scores for items that were identified as *definitely critical* by ≥63% of raters.

Introduction

Questions often arise about relations between formal diagnostic systems, such as the DSM, and empirically based instruments. Studies have shown significant associations between DSM diagnoses of adults and scores on empirically based syndrome scales (e.g., Achenbach & Rescorla, 2003; Hofstra, van der Ende, & Verhulst, 2001, 2002a, b). However, the specific criteria for DSM diagnoses differ from the items of the empirically based scales. Furthermore, the associations that are found between diagnoses and scale scores may vary according to the training and orientation of the diagnosticians, the diagnostic procedures, the sources of data, and other factors.

Purposes of this Project

One purpose of this project was to identify OASR and OABCL problem items that mental health professionals judged to be very consistent with particular DSM-IV diagnostic categories (American Psychiatric Association, 1994). To obtain sophisticated judgments, we asked highly experienced psychiatrists and psychologists to rate the consistency of each OASR and OABCL problem item with DSM diagnostic categories of disorders that are relevant to ages 60 and older. To encompass variations in training, experience, and cultural backgrounds, we enlisted raters from 7 cultures who worked in diverse settings. If most raters judged particular OASR and OABCL items to be very consistent with particular DSM categories, these items would be used to construct DSM-oriented scales for scoring the OASR and OABCL. The scales would then be normed on samples of older adults who had not received mental health or substance abuse services in the preceding 12 months. The DSM-oriented scales would accompany empirically based syndrome scales for scoring the OASR and OABCL.

A second purpose of the project was to identify OASR and OABCL problem items that clinicians may be particularly concerned about, designated as *critical items*. Items identified by most raters as "definitely critical" would be displayed on narrative reports of OASR and OABCL results to help clinicians quickly spot those that were reported for a client. In addition, the client's scores on the critical items would be summed to form a scale that would be normed on the samples of adults that were used to norm the DSM-oriented scales.

Method

We identified the following DSM-IV diagnostic categories that are defined largely in terms of behavioral/emotional problems that are in the OASR/OABCL item pool and that are potentially applicable to ages 60 and older: Antisocial Personality Disorder; Attention-Deficit/Hyperactivity Disorder (ADHD) Hyperactive-Impulsive and Inattentive types; Avoidant Personality Disorder; Delusional Disorder; Dementia; Dysthymia; Generalized Anxiety Disorder (GAD); Major Depressive Episode; Obsessive-Compulsive Disorder (OCD); Schizophrenia; Somatization Disorder; Specific Phobia; and Undifferentiated Somatoform Disorder. Because of similarities in criteria, we combined the following disorders into single categories: Dysthymia and Major Depressive Episode were combined into Depressive Disorders; GAD and Specific Phobia were combined into Anxiety Disorders; Schizophrenia and Delusional Disorder were combined into Psychotic Disorders; and Somatization and Undifferentiated Somatoform Disorders were combined into Somatic Disorders. We then did the following:

1. We invited participation by experienced psychiatrists and psychologists who work with elderly people in a variety of cultures.

2. Those who agreed to participate were sent the following materials:
   (a) Copies of the criteria for the DSM-IV diagnoses.
   (b) The instructions that are presented in Appendix A.
   (c) Rating forms on which the problem items of the OASR and OABCL were listed. For each of the eight DSM-IV categories, raters were asked to rate each of the problem items as *0 = not consistent, 1 = somewhat consistent*, or *2 = very*

consistent with the DSM category. Raters were also asked to rate each item as *0 = not critical*, *1 = possibly critical*, or *2 = definitely critical* according to whether the item refers to problems that clinicians may be particularly concerned about.

Appendix B lists the 13 psychiatrists and 3 psychologists from 7 cultures who submitted ratings. The raters had a mean of 20.9 years of experience since receiving their first doctorate or equivalent degree (three had both M.D. and Ph.D. degrees; one of these also had a D.Sc. degree). Raters received $100 for participating.

Results

DSM-Oriented Scales

We based our selection of items for DSM-oriented scales on a criterion of at least 10 raters out of 16 (63%) rating an item *2 (very consistent)* with a diagnostic category. We used a criterion of $\geq$10 ratings of 2 because it was high enough to require considerable agreement among raters, while still allowing for the effects of differences among the raters in culture, professional training, theoretical orientation, and the kinds of clients served.

Other than items that received more ratings of *2* for other categories, $\leq$ 4 items met the criterion of 10 ratings of *2* for ADHD and Avoidant Personality Disorder. Because the numbers of items were thus relatively small and the items were rarely endorsed in our normative samples, we did not construct scales for ADHD or Avoidant Personality Disorder.

At least six problem items received $\geq$10 ratings of *2* for the following six DSM-oriented scales (the numbers reflect the left-to-right sequence in which the scales are displayed on scoring profiles): *1. Depressive Problems; 2. Anxiety Problems; 3. Somatic Problems; 4. Dementia Problems; 5. Psychotic Problems;* and *6. Antisocial Personality Problems*.

Table 1 lists abbreviated versions of the OASR and OABCL items that comprise each scale. Three items met the criterion of $\geq$10 ratings of *2* for a second DSM-oriented scale in addition to the scale on which the items are listed in Table 1. However, the number of ratings of *2* was smaller for the second scale than for the scale on which the items are listed in Table 1, with the following exception: Item *2. Has difficulty getting things done* received 10 ratings of *2* for Depressive Disorders and for Dementia. It received 5 ratings of *1* and 1 rating of *0* for both categories. Because there were only 6 other items on the Dementia scale, compared to 18 other items on the Depressive Problems scale, the tie in ratings was decided in favor of assigning item 2 to the Dementia Problems scale.

The six DSM-oriented scales are displayed on OASR and OABCL hand-scored and computer-scored profiles analogous to the profiles for the empirically based scales (Achenbach, Newhouse, & Rescorla, 2004). Normative distributions of scores, percentiles, and *T* scores are based on a sample of older Americans who had not received mental health or substance abuse services in the preceding 12 months.

Critical Items

Table 2 lists 31 items that were identified by ≥10 raters as definitely critical. Each of these items is thus important to consider in its own right, even if it is not included in a DSM-oriented scale. To make it easy for users to quickly spot a client's score for each critical item, the computer software for the OASR and OABCL prints a list of the critical items with the client's score for each item. The software also displays the sum of 0-1-2 scores on the 31 critical items as a bar graph in relation to *T* scores and percentiles for the U.S. normative sample.

Discussion

Empirically based and DSM-oriented scales scored by the same respondents for the same people on the same pool of items can facilitate assessment that takes account of both the patterns of co-occurring problems reflected in the empirically based syndromes and groupings of problems that are consistent with DSM diagnostic categories. Both types of scales can be quantitatively scored in terms of gender- and age-specific *T* scores and also in terms of raw scores indicating the absolute level of problems. This offers many possibilities for comparing and combining the empirically based and DSM-oriented scales for purposes such as the following: Assessment of initial problems; comparison of a client's profile of problems with the profiles of people who have responded well versus poorly to particular interventions or placements; evaluation of outcomes and differential treatment efficacy; epidemiological studies; genetic research; cross-cultural comparisons; and testing of correlates of psychopathology. The *Manual for the ASEBA Older Adult Forms & Profiles* (Achenbach, Newhouse, & Rescorla, 2004) provides further details of the development and applications of the empirically based and DSM-oriented scales. Scores on the DSM-oriented scales are not intended to be equivalent to DSM diagnoses, because DSM diagnoses are based on judgments of the presence of a fixed number of symptoms plus other criteria specified by the DSM.

In addition to scales that comprise multiple items, each OASR and OABCL item taps problems that may be important in their own right. Items that may be of particular concern to clinicians are identified as *critical items*. In addition to being displayed on profiles of scale scores, clients' scores on each critical item are displayed separately with the narrative report produced by the software for the OASR and OABCL.

References

Achenbach, T.M., Newhouse, P.A., & Rescorla, L.A. (2004). *Manual for the ASEBA Older Adult Forms & Profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth, and Families.

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Table 1

OASR and OABCL Items[a] Rated by ≥ 10/16 Experts as Being Very Consistent with DSM-IV Categories

DSM-Oriented Category

1. Depressive Problems	*2 Anxiety Problems*	*3. Somatic Problems*	*4. Dementia Problems*	*5 Psychotic Problems*	*6 Antisocial Personality Problems*
13. Cries a lot	8. Can't get mind off certain thoughts	33. Feels sick	3. Difficulty getting things done	31. Feels persecuted	15. Mean to others
16. Sits around	9. Can't sit still	49a. Aches	7. Trouble concentrating	36. Hears sounds, voices	19. Damages things
17. Harms self	26. Fears	49b. Headaches	12. Confused	61. Sees things	35. Likes to have own way
23. Feels too guilty	34. Restless, fidgety	49c. Nausea	20. Forgets names	74. Strange behavior	37. Impulsive
32. Feels worthless	40. Nervous	49f. Stomach aches	54. Poor task performance	75. Strange ideas	39. Does things others don't like
47. Guilty conscience	45. Fearful, anxious	49g. Vomits	110. Trouble remembering things that he/she is told	79. Suspicious	43. Not liked
48. Tired without good reason	49h. Heart pounding	49i. Numbness	114. Forgets things not written down		67. Irresponsible behavior
53. Enjoys little	49j. Short of breath	102. Worries about health			73. Steals
69. Trouble with decisions	100. Worries				82. Trouble with the law
81. Talks about suicide					85. Loses temper
90. Trouble sleeping					87. Threatens people
92. Lacks energy					
93. Sad					
97. Can't succeed					
99. Withdrawn					
101. Wakes up too early					
109. Too concerned about death					
121. Feels burdensome					

[a]Items are designated in the table with the numbers they bear on the OASR and OABCL and summaries of their content.

Table 2

OASR and OABCL Items Identified by ≥ 10/16 Experts as "Definitely Critical"

Item[a]	*Number Who Rated Item "Definitely Critical"*
81. Talks (or thinks) about killing self	15
36. Hears sounds or voices that aren't there	15
32. Feels worthless	14
17. Deliberately harms self	14
16. Sees things that aren't there	14
12. Confused	13
93. Unhappy, sad, or depressed	13
13. Cries a lot	13
121. Feels that he/she is a burden	13
8. Can't get mind off certain thoughts	12
23. Feels too guilty	12
47. Bothered by a guilty conscience	12
53. There is very little he/she enjoys	12
110. Has trouble remembering things that he/she is told	12
114. Forgets things that aren't written down	11
31. Feels that others are out to get him/her	11
50. Physically attacks people	11
57. Repeats certain acts over and over	11
74. Strange behavior	11
87. Does things that may cause trouble with the law	11
69.Trouble making decisions	11
80. Drinks too much alcohol or gets drunk	11
26. Fears certain situations or places	10
7. Has trouble concentrating	10
45. Fearful or anxious	10
90. Trouble sleeping	10
5. Uses too much medication	10
101. Wakes up too early	10
49j. Short of breath	10
67. Irresponsible behavior	10
75. Strange ideas	10

[a]Items are designated with the numbers they bear on the OASR and OABCL and summaries of their content.

Appendix A

Rating the Consistency of Specific Problems with DSM-IV Categories

Purposes

1. To determine which problems listed on the Older Adult Self-Report (OASR) and Older Adult Behavior Checklist (OABCL) should be considered "critical" items, i.e., items that clinicians may be particularly concerned about.

2. To determine whether problems listed on the OASR and OABCL are diagnostically consistent with DSM disorders that might be found at ages 60 and above.

Accompanying this instruction sheet are:

1. DSM-IV criteria for some disorders that are found at ages 60 and above.

2. A list of the problem items with spaces for rating the degree to which each item is "critical" and the diagnostic consistency of each item with each DSM category.

Instructions

If you are willing, please follow these steps:

Critical Items

(1) For each item on the list, consider whether it refers to problems that clinicians may be particularly concerned about, even if the items are not included in diagnostic criteria.

(2) Enter ***0*** if you consider the item ***"not critical"***; enter ***1*** if you consider the item ***"possibly critical"***; or enter ***2*** if you consider the item ***"definitely critical"***.

Consistency with DSM categories

(1) For each item on the list, consider its consistency with the first category of disorders, Depressive Disorders, including Dysthymia and Major Depressive Episode. Consult the accompanying DSM-IV criteria for Dysthymia and Major Depressive Episode.

(2) Decide whether you think the first problem is diagnostically consistent with either of the Depressive Disorders.

(a) Please use the DSM-IV symptom criteria as a basis for deciding whether a problem is consistent with a category.

Appendix A (cont.)

(b) You may feel that some problem items are appropriate diagnostic indicators of particular disorders, but that they do not have precise counterparts among the DSM-IV symptom criteria. Feel free to rate these problem items as being consistent with the categories, according to the scoring rules listed in 3 below.

(3) Please rate how consistent the problem is with the Depressive Disorders category, as follows:

0 = Not consistent with the category.

1 = Somewhat consistent with the category.

2 = Very consistent with the category.

(4) After you have rated the consistency of the first problem item with the Depressive Disorders category, rate the consistency of each other problem item with each category specified on the rating form. You may prefer to rate the first item for all categories before proceeding to the second item, i.e., work from left to right. Or you may prefer to rate all items for the first category before rating any items for the second category, i.e., proceed from top to bottom.

(5) Feel free to rate an item 0, 1, or 2 for any category, regardless of the ratings you give that item for the other categories. For example, you can give an item a rating of 0 for three categories, 1 for four categories, and 2 for two categories. In other words, do not spend time choosing a single category for your highest rating of an item. Instead, just consider each category alone when rating each problem item. You may decide that some problem items should be rated 0 for all categories, whereas other problem items should be rated 2 for several categories.

(6) After you have finished your ratings, please enter the other requested information at the end of the rating forms. Then e-mail the rating form to Thomas.Achenbach@uvm.edu or fax it to 802-656-9965. We will then mail your check for $100.

Thanks very much for your help.

Appendix B

Psychiatrists and Psychologists Who Rated OASR and OABCL Items for Consistency with DSM-IV Categories

Country or Cultural Background

Australia

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Russia

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