

## **Letter to Editor**

# **New assessment of the validity of the Brief Measure to Assess Perception of Self-Influence on the Disease Course: A Version for Schizophrenia**

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## **Summary**

**Aim.** Clinical observations suggest that the Brief Measure to Assess Perception of Self-Influence on the Disease Course: A Version for Schizophrenia has the better reliability, than presented in the original publication of the scale [1]. It is used in research and their results indicate moderate relations between the perception of the self-influence on schizophrenia course and social functioning as well as adherence to the recommended treatment. These circumstances justify and new assessment of the reliability of the scale.

**Methods.** Detailed scale for competent judges, who had better opportunity for the comprehensive examination of 59 participants, 27 men and 29 women of age 22-72 lat ( $M = 40.69$ ;  $SD = 11.85$ ).

**Results.** The Spearman's correlation between the scores on the version for schizophrenia of the Brief Measure to Assess Perception of Self-Influence on the Disease Course and the assessment of the patients' perception of self-influence on the schizophrenia course by the competent judges rho was 0.56. Whereas, in the first study Pearson's r was 0.45.

**Conclusions.** Brief Measure to Assess Perception of Self-Influence on the Disease Course – Version for Schizophrenia has good enough validity, as for so brief scale. It can be used in research and clinical practice.

**Key words:** schizophrenia, perception of self-influence on the disease course, self-rating scale

**Dear Editor-in-Chief of “Psychiatria Polska”**

Clinical observations indicate that the Brief Measure to Assess Perception of Self-Influence on the Disease Course: A Version for Schizophrenia is relatively more valid than it was shown in the studies that were the basis for the publication [1]. The relatively moderate correlation between scores on the measure and the assessment made by competent judges ( $r = 0.45$ ) could have been caused by the narrow range of values on the scale that was used by these judges and the fact that psychiatrists conducted this assessment during routine visits that were held in an outpatient mental health clinic setting, which did not allow them to evaluate their patients' mental states more thoroughly.

**Importance of perception of self-influence on the course of schizophrenia**

Perception of self-influence on the course of a disease is an important characteristic of a given patient. This factor determines whether that patient will follow medical recommendations other than those to take medications. In chronic diseases, perception of self-influence on the course of a disease is a more realistic construct than perceived control over a disease course because these diseases are often progressive. Even if a patient adheres to the medical recommendations optimally, he/she is not able to fully control the course of his/her disease, although he/she usually does have a certain influence on it [2]. The Brief Measure to Assess Perception of Self-Influence on the Disease Course: A Version for Diabetes [2], was elaborated earlier than the version for schizophrenia and it has proven to be a useful diagnostic and research tool (a review of the studies [3]). The schizophrenia version has been used in several research studies and in an educational program [4]. In a research study that was carried out among 117 patients, perception of self-influence on the course of schizophrenia was moderately negatively correlated with scores on the Clinical Global Impression (CGI) scale ( $r = -0.57$ ) as well as positively correlated with social functioning that was measured by using the Global Assessment of Functioning (GAF) scale ( $r = 0.56$ ), with adhering to pharmacological recommendations ( $r = 0.40$ ), with an avoidance-oriented style of coping with stress ( $r = -0.52$ ) and with task-oriented coping style (0.34) [5]. Also, it was demonstrated that there was a moderate relationship ( $r = 0.42$ ) between perceived self-influence on the disease course and the exacerbation of symptoms as measured by using the PANSS ( $r = 0.48$ ) [6]. A subsequent study showed that there was a moderate relationship between perception of self-influence on the course of schizophrenia and scores on all of the subscales of Birchwood's Social Functioning Scale, whereas the highest correlation, i.e.  $r = 0.509$ , was with scores on the employment subscale [7]. According to the regression analysis that was carried out as a part of the above-mentioned study, the perceived self-influence on the course of schizophrenia explains as much as 25.9% of the variability of scores obtained by participants with regard to employment, 11.5% of this variability with regard to communication and interpersonal bonds, 11.4% with respect to actual self-reliance, 10.5% regarding social relations, and 7.7% concerning potential self-reliance.

### Reassessment of the validity of the measure

The study that was aimed to more precisely evaluate the validity of the Brief Measure to Assess Perception of Self-Influence: A Version for Schizophrenia was carried out among 59 individuals with schizophrenia, including 32 women and 27 men aged 22–72 ( $M = 40.69$ ;  $SD = 11.85$ ), who were evaluated by the therapists that were treating them with psychotherapy in day wards as well as in private practice. These therapists could then spend more time in direct contact with their patients than during routine visits in an outpatient mental health clinic. A five-point scale for clinical assessment of the perceived self-influence on the course of schizophrenia (the scale is included in the annex together with the instructions) was used instead of a three-point scale that was used in the previously published study evaluating the validity of the measure in question. Spearman's rank correlation coefficient (Spearman's rho) between the scores obtained by the patients on the measure and the assessment made by competent judges was moderate, i.e.  $\rho = 0.56$ ; therefore, it was much higher than in the previous study ( $r = 0.45$ ), and the distribution of scores was different from the normal distribution.

A more detailed assessment of the participants' perceived self-influence on the course of schizophrenia showed that this measure does not only have good reliability (Cronbach's alpha coefficient = 0.78 [1]), but also relatively good validity (for such a short measure). The result for validity was much higher than in the first study, although it was obtained based on assessing a smaller group of participants. The competent judges who took part in this study had more time to assess the patients' current mental states than the doctors who had carried out the assessment during routine visits as part of the first study. However, meetings during which perception of self-influence was assessed were not specifically devoted to this purpose, and it can be assumed that assessment of this measure's validity would have been even more precise if it had been made during meetings dedicated specifically to this assessment. Such research studies are planned to be carried out among an appropriately large number of participants, but it will probably take a longer period of time to complete them. Therefore, the results that have been published are of vital importance for those who are considering using the Brief Measure to Assess Perception of Self-Influence: A Version for Schizophrenia in both clinical practice and in research.

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