



The convergence between self-reports and observer ratings of financial skills and direct assessment of financial capabilities in patients with schizophrenia: More detail is not always better[☆]

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ARTICLE INFO

Article history:

Received 24 December 2012
Received in revised form 12 February 2013
Accepted 19 February 2013
Available online 26 March 2013

Keywords:

Schizophrenia
Disability
Functional capacity
Neuropsychology

ABSTRACT

Despite multiple lines of evidence suggesting that people with schizophrenia tend to overestimate their ability to perform everyday tasks such as money management, self-report methods are still widely used to assess functioning. In today's technology driven financial world patients are faced with increasingly complex financial management tasks. To meet these challenges adequate financial skills are required. Thus, accurate assessments of these abilities are critical to decisions regarding a patient's need for support such as a financial trustee. As part of the larger VALERO study, 195 patients with schizophrenia were asked to self-report their everyday financial skills (five common financial tasks) with the Independent Living Skills Survey (ILSS). They were also assessed with performance-based measures of neuro-cognition and functional capacity with a focus on financial skills. In addition, a friend, relative, or clinician informant was interviewed with the ILSS and a best estimate rating of functioning was generated. Scores on the performance-based measures of financial skills and neuropsychological tests were uncorrelated with self-reported financial activities. Interviewer and all informant judgments of financial abilities were also minimally correlated with performance on functional skill tests. Discrete financial skills appear to be challenging for clinicians to rate with accuracy without the use of direct assessments. Direct assessment of financial skills seems prudent when making determinations about the need for guardianship or other financial supervision.

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1. Introduction

Financial management is an essential skill for everyday functional independence. The ability to perform tasks, such as paying bills, manipulating currency, depositing and accessing money in bank accounts, and budgeting, are all necessary for individuals to successfully function within the community. Financial institutions are increasingly encouraging consumers to rely on the use of technology such as Automatic Teller Machines for common financial tasks such as accessing cash, making deposits, and general accounts management. Further, in the United States, retirement and disability compensations are typically delivered directly to bank accounts. Several studies have shown that financial management

tasks, especially those that involve technology and no face-to-face customer service support, require several underlying cognitive abilities, such as working and long term memory, executive function, and reasoning (e.g., Czaja et al., 2006).

Individuals with severe mental illness, including schizophrenia, often have difficulty performing financial management tasks (Perivoliotis et al., 2004), as evidenced by the high proportion of these individuals who have a trustee to manage their funds (Marson et al., 2006). In this regard, studies of everyday functioning among people with severe mental illness have been expanded to understand the skills-based determinants of these deficits (Harvey et al., 2009). Although it is well established that cognitive impairments are predictive of deficits in everyday functioning (Green et al., 2000), in an effort to target intervention strategies recent emphasis has been on mapping abilities with real-world functional deficits on specific tasks (Bowie et al., 2006, 2008). In this regard performance-based measures of functional capacity, the ability to perform everyday functional and social skills, has consistently found to be related to in social, residential, and vocational functioning in the "real world" in patients with schizophrenia and bipolar disorder. These studies have included

[☆] This research was supported by grants MH078775 to Dr. Harvey and MH078737 to Dr. Patterson from the National Institute of Mental Health.

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outcomes such as the ability to achieve real-world milestones (e.g., the ability to pay rent or having money available; Leung et al., 2008; Harvey et al., 2012) as well as ratings of current and potential functioning generated by informants close to the patient (e.g. a close friend or relative; Sabbag et al., 2011). In this regard, several different performance-based assessments of financial management have been developed. For instance, the UCSD Performance Based Skills Assessment (UPSA; Patterson et al., 2001) has a financial management subtest, as does the Independent Living Scales (ILS; Loeb, 1996). Similar performance-based money management tests have been developed for other patient populations, including Alzheimer's disease and HIV infection (e.g., the Advanced Finances subtest of the Everyday Functioning Battery; Heaton et al., 2004). Clinical rating scales that collect reports from patients or informants are also used to generate an impression of the patient's money management skills, although they may be subject to reporter biases (Loewenstein et al., 2001).

In reality, many of the skills involved in money management are "micro-level" skills, including completing forms, paying bills correctly, and maintaining adequate reserves of money to anticipate needs until the "next check arrives." Rating the level of competence in these skills on the part of patients may be problematic for many informants, such as case managers, because they may have never observed patients directly performing these types of functional activities. Similarly, self-reports from patients with schizophrenia in general are poorly associated with objective measures of outcomes. For example, the correlation between patients' ratings cognitive performance and standard neuropsychological assessments is typically quite low (Keefe et al., 2006). Similarly, the convergence between self-reports of everyday functioning and reports from high-contact clinicians has been found to be essentially zero across several different data sets (Bowie et al., 2007; Sabbag et al., 2011), while ratings of functioning on the part of high-contact clinicians have been found to be correlated with patients' performance on measures of functional capacity and neurocognition.

In this study, we examined the convergence between performance on specific tests of financial management ability on the part of patients with schizophrenia and detailed assessments of real-world functioning in these same domains. As part of a larger project, the Validation of Everyday Real World Outcomes (VALERO; Harvey et al., 2011; Leifker et al., 2011) initiative, we performed a detailed, multi-task, and performance-based examination of financial management skills and we collected self-reports and informant reports of financial management skills, yielding an interviewer judgment of functioning (described in Harvey et al., 2011). In this study we examined the convergence between performance on the targeted financial management tests, as well as more general functional capacity measures and neurocognition and 1) self-reported performance from patients, 2) informant reports of functioning, and 3) interviewer judgments of real world financial performance.

2. Methods

2.1. Participants

These analyses are part of the larger VALERO study (Harvey et al., 2011), aimed at identification of the best methods for rating everyday functioning in people with schizophrenia. The study participants were male and female patients with schizophrenia ($n = 195$) who were receiving treatment at one of three different outpatient service delivery systems, two in Atlanta and one in San Diego. Informants interviewed concerning the everyday functioning of each of the patients, were either a high-contact clinician (case manager, psychiatrist, therapist, or residential facility manager; 20% of cases) or a friend or relative (80% of cases). All research participants provided signed, informed consent, and the study was approved by local IRBs in Atlanta and San Diego. Patients self-identified their informants, who also signed informed consent forms to participate. In Atlanta, patients were either recruited at a psychiatric rehabilitation program (Skyland Trail) or from the general

outpatient population of the Atlanta VA Medical Center. The San Diego patients were recruited from the UCSD Outpatient Psychiatric Services clinic, a large public mental health clinic, and other local community clinics and by word of mouth. Table 1 presents the demographic information.

All patients were administered a structured diagnostic interview, either the Structured Clinical Interview for the DSM (SCID; First et al., 1995 administered at the Atlanta sites) or the Mini International Neuropsychiatric Interview, 6th Edition (MINI; Sheehan et al., 1998) administered at the San Diego site by a trained interviewer. All diagnoses were subjected to a consensus procedure at each site. Patients were excluded for a history of traumatic brain injury with unconsciousness > 10 min, brain disease that includes seizure disorder or neurodegenerative condition, or the presence of another DSM-IV diagnosis that would exclude the diagnosis of schizophrenia. None of the patients were experiencing their first psychiatric admission. Comorbid substance use disorders were not an exclusion criterion, in order to capture a broad array of patients, but patients who appeared intoxicated were rescheduled. Inpatients were not recruited. Patients resided in a wide array of unsupported, supported, or supervised residential facilities. Informants were not screened for psychopathology or substance abuse.

2.2. Procedure

All patients were examined with a performance-based assessment of neurocognitive abilities and functional capacity. Patients and informants also provided reports of social, residential, and vocational functioning by completion of a series of 6 questionnaires and interview-based procedures. The examiner who conducted the interviews with the patient and informant then generated ratings, based on his or her impression of the "true" status of the patient on all six functional rating scales. Clinical ratings of symptoms were collected with the Positive and Negative Syndrome Scale and are presented in Table 1.

2.2.1. Performance-based assessment of financial management

We administered two different performance-based functional capacity measures that assessed financial management abilities. One was the brief version of the UCSD Performance-based Skills Assessment (UPSA-B; Mausbach et al., 2007). The UPSA-B is a measure of functional capacity in which patients are asked to perform everyday tasks related to communication and finances. For the Finances subtest, participants handle currency and count change, read a utility bill, and write and record a check for the bill. During the Communication subtest, participants role-play exercises using an unplugged telephone (e.g., emergency

Table 1

Demographic information, clinical symptoms, and performance based scores for the patient sample.

N		195	
% male		69	
Racial characteristics (%)			
Caucasian		55	
African-American		38	
Other		7	
Latino (%)		12	
	M	SD	
Age	44.03	11.73	
Years of education	12.97	2.52	
WRAT-III Reading Score	47.72	5.58	
Beck Depression Inventory-II Total Score	15.80	12.03	
PANSS Total Score	64.15	14.73	
Performance based scores for the patient sample			
	M	SD	Possible range
UPSA-B Finances (scaled)	40.11	7.46	0–50
Advanced Finances (raw)	8.64	3.81	0–14
UPSA-B total (scaled)	76.67	14.14	0–100
Modified MCCB (t)	37.90	6.94	20–80

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