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Motivation and Pleasure Scale-Self-Report (MAP-SR): Validation of the German version of a self-report measure for screening negative symptoms in schizophrenia

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Abstract

Objectives: Validated self-report instruments could provide a time efficient screening method for negative symptoms in people with schizophrenia. The aim of this study was to examine the psychometric properties of a German version of the Motivation and Pleasure Scale-Self-Report (MAP-SR) which is based on the Clinical Assessment Interview for Negative Symptoms (CAINS).

Methods: In- and outpatients ($N = 50$) with schizophrenia or schizoaffective disorder were assessed with standardized interviews and questionnaires on negative and positive symptoms and general psychopathology in schizophrenia, depression, and global functioning.

Results: The German version of the MAP-SR showed high internal consistency. Convergent validity was supported by significant correlations between the MAP-SR with the experience sub-scale of the CAINS and the negative symptom sub-scale of the Positive and Negative Syndrome Scale. The MAP-SR also exhibited discriminant validity indicated by its non-significant correlations with positive symptoms and general psychopathology, which is in line with the findings for the original version of the MAP-SR. However, the MAP-SR correlated moderately with depression.

Conclusion: The German MAP-SR appears to be a valid and suitable diagnostic tool for the identification of negative symptoms in schizophrenia.
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1. Introduction

Valid assessment scales are needed to enhance the understanding and treatment of negative symptoms in schizophrenia [1]. Newer clinician-administered measures such as the Clinical Assessment Interview for Negative Symptoms (CAINS [2]; [3]) and the Brief Negative Symptom Scale (BNSS [4]; [5]) show excellent psychometric characteristics [6,7] and represent important advances in measuring negative symptoms [8]. However, their administration requires time. The ability to identify individuals with negative symptoms briefly but nevertheless reliably would be useful for both clinicians and researchers. Self-report measures have the potential to provide such a time-efficient initial assessment. They can be used as an estimate of negative symptom severity or as a prescreening in clinical populations as well as in healthy populations to identify individuals at risk.

Self-report instruments for positive symptoms such as the Peters et al. Delusions Inventory (PDI) [9] and the Community Assessment of Psychic Experiences (CAPE) [10] are widely used for both clinical and subclinical populations. Refuting initial concern that self-report questionnaires may be problematic in schizophrenia due to low patient insight [11,12], several studies have demonstrated high concordance between self- and observer-ratings, which indicates that patients can reliably self-report on these symptoms [13,14]. In regard to negative symptoms, for which insight-related problems are less likely, existing research suggests a satisfactory concordance between self- and observer-ratings of experiential domains of negative symptoms such as asociality [15–18].

Nevertheless, to our knowledge, for a long time, the only measure available to assess negative symptoms in schizophrenia via self-report was the Subjective Experience of Negative Symptoms (SENS) [19]. The SENS is a semi-structured

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self-rating measure that consists of 21 items derived from the Scale for the Assessment of Negative Symptoms (SANS) [20]. It was developed to measure the awareness of negative symptoms, their causal attribution and the distress level caused by the symptoms. However, the SANS has been criticized for conceptual reasons such as including items that measure cognitive functioning, which have now been recognized to be conceptually distinct from negative symptoms [8,21]. It was not until recently – and driven by the Collaboration to Advance Negative Symptom Assessment in Schizophrenia (CANSAS) that attempts have intensified to further develop measures for negative symptoms. One result of these attempts is the Motivation and Pleasure Scale-Self-Report (MAP-SR) [22] that assesses the experiential domain of negative symptoms and was derived from the CAINS [2]. The MAP-SR reflects the current understanding of negative symptoms and addresses the conceptual limitations of available measures by including the assessment of underlying processes that contribute to negative symptoms such as approach motivation, pleasure and social engagement. The latest version of the MAP-SR has been validated in one study based on a total of 37 patients with schizophrenia or schizoaffective disorder [22]. The findings from this study indicate excellent internal consistency and good convergent and discriminant validity for the MAP-SR. For an earlier version of the MAP-SR, Park et al. [23] demonstrated good internal consistency and good convergent and discriminant validity in a sample of 69 people with schizophrenia or schizoaffective disorder. Despite the well-known problem of overlap between negative and depressive symptoms [24,25], both studies indicate that the MAP-SR seems to capture negative symptomatology that is distinct from depression [22,23].

The aim of the present study was to examine the psychometric properties of a German version of the MAP-SR in a sample of in- and outpatients with schizophrenia or schizoaffective disorder. We hypothesized that the German MAP-SR would demonstrate good internal consistency, high correlations with clinician-rated negative symptoms, and non-significant or maximally low correlations with positive symptoms, depressive symptoms and global functioning.

2. Method

2.1. Participants and procedure

The total sample included 50 participants with acute or remitted schizophrenia or schizoaffective disorder who were recruited from in- and outpatient mental health settings in and around Hamburg/Germany. The study was part of a study investigating the psychometric properties of the German version of the CAINS [3]. Exclusion criteria were: 1) neurological disorder or head injury with loss of consciousness, 2) acute substance use disorder, and 3) inability to effectively agree and participate in the assessment due to severe psychiatric symptoms. Demographic and clinical characteristics are depicted in Table 1.

After obtaining written informed consent, the assessment began with the Structured Clinical Interview for the DSM-IV-TR Axis I Disorders (SCID-I) [26] that was used to confirm the diagnoses made by the treating psychiatrists. The assessment included several symptom measures (see Section 2.2) in randomized order. Thus, the MAP-SR was either completed before or after the clinician-rated CAINS. Interviews were performed by the first author who participated in appropriate training workshops including manual review and evaluation of videotaped assessments. The interviewer was blinded to the self-report responses provided by the participants. Study procedures were approved by the ethical committee of the Chamber of Psychotherapists Hamburg.

2.2. Measures

The Motivation and Pleasure Scale-Self Report (MAP-SR) [22] is a 15-item self-report version of the CAINS motivation and pleasure sub-scale [6]. In its preliminary version [23], it contained 30 items including an expression sub-scale. However, since the expression sub-scale did not show good internal consistency, it was removed. The MAP-SR items tap motivation, effort and interest to engage in activities or to be

Table 1
Demographic and clinical characteristics (N = 50).

	Mean (SD) or percent
Age	35.70 (10.36)
Gender	
Female	44%
Male	56%
Years of education	10.98 (1.56)
Marital status	
Married	8%
Never married/Single	80%
Divorced	12%
Job status	
Payed job	20%
Unemployed	44%
Receiving disability benefits	36%
Patient status	
inpatient	54%
outpatient	46%
Antipsychotic medication	
Yes	94%
No	6%
Diagnosis	
Schizophrenia	78%
Schizoaffective disorder	22%
PANSS	
Positive symptoms	12.34 (4.63)
Negative symptoms	14.76 (5.15)
General psychopathology[a]	25.57 (5.55)
BDI-II[b]	16.37 (7.30)
GAF	39.96 (1.30)

PANSS = Positive and Negative Syndrome Scale; BDI-II = Beck Depression Inventory, revision; GAF = Global Assessment of Functioning Scale.
[a] Due to missing data, N = 49.
[b] Due to missing data, N = 43.

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