

Chinese version of the Assessment of Interpersonal Problem Solving Skills

Tony K.S. Leung, Hector W.H. Tsang*

Department of Rehabilitation Sciences, Hong Kong Polytechnic University, Hung Hom, Hong Kong

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Abstract

The study consisted of three phases. In the first phase, we translated the Assessment of Interpersonal Problem Solving Skills (AIPSS) from English to Chinese (CAIPSS), studied the Chinese version's cultural relevance and re-edited the film. A qualified translator translated the package from English to Chinese. Another independent qualified translator backward-translated the materials. An expert panel with 14 experienced clinicians was formed to assess the cultural relevancy of the package. All of them stated that the Chinese version was more culturally relevant. Given the preceding, a culturally relevant CAIPSS was finally developed for use by Hong Kong clinicians. The second phase was to evaluate the reliability of the CAIPSS. Some 30 participants (16 males, 14 females) with schizophrenia were recruited for this study. Internal consistency, test–retest reliability and inter-rater reliability were studied. Results indicated good to excellent internal consistency, excellent inter-rater reliability, and good test–retest reliability. The third phase was the study of convergent validity with another group of 30 participants (13 males, 17 females) with schizophrenia. Results show that CAIPSS had good convergent validity with scales measuring similar constructs. To conclude, this assessment package is user-friendly with good psychometric properties. Local clinicians should feel comfortable using it as an integral part of their daily practice to examine their client's social skills.

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1. Introduction

Schizophrenia is the label applied to a group of disorders characterized by severe personality disorganization, distortion of reality, and inability to function

in daily life (American Psychiatric Association, 1994). Impaired social functioning is one of the most fundamental and pernicious symptoms of schizophrenia (Strauss et al., 1977; Tandon and Jibson, 2002). There is no difference between Western regions and China in the rate of people suffering from schizophrenia (Pearson, 1998).

Deterioration of social relationships and increasing isolation are premorbid markers (Strauss et al., 1977).

* Corresponding author. Tel.: +852 2766 6750; fax: +852 2330 8656.

E-mail address: rshtsang@polyu.edu.hk (H.W.H. Tsang).

An inability to navigate effectively in the social environment is a major factor leading to the poor quality of life experienced by most clients with schizophrenia and is a significant source of stress that contributes to relapse (Falloon et al., 1984). Clients with schizophrenia have poor social functioning skills. As a result, people within the community do not socialize with those who have schizophrenia. Additionally, employers do not want to hire clients who have schizophrenia given their poor social functioning skills (Penn et al., 2000).

Although there is no cure for schizophrenia, the treatment success rate with antipsychotic medications can be as high as 60% (Kessler et al., 1996). Atypical medications are commonly used worldwide. However, these medications have been shown to be less effective in reducing social functioning deficits (Danion et al., 1999; Tollefson and Sanger, 1997).

Psychosocial treatment has proved its effectiveness in psychiatric rehabilitation (Tsang, 1995, 2001). Social skills training is one of the psychosocial treatments that improves deficits in social functioning. Social skills training, when combined with appropriate doses of antipsychotic medication, has led to improved behaviors. Social skills training helps clients learn fundamental skills so that they can build or regain their support network and better deal with life's demands (Corrigan and Basit, 1997; Liberman et al., 1984, 1989, 2001; Smith et al., 1996; Tsang, 2001). After social skills training, significant reductions in psychiatric symptoms have been noted (Dobson, 1993; Liberman et al., 1998; Heinssen et al., 2000).

Before each treatment or training, clinicians must assess the client's strengths and weaknesses. The assessment can act as both a baseline and an outcome indicator of the treatment. Donahoe et al. (1990) developed an instrument—the Assessment of Interpersonal Problem-Solving Skills (AIPSS)—to test the problem-solving model developed by Wallace et al. (1980). Wallace et al.'s (1980) three-stage model comprises receiving, processing and sending skills (RPS). Since its development, this instrument has been commonly used in schizophrenia research worldwide. For instance, a recent study (Kern et al., 2005) used the AIPSS as the baseline assessment tool to study social problem-solving deficits in schizophrenia. In Switzerland, the AIPSS was adapted for use in a French-speaking setting in Geneva (Favrod et al., 1998). In a

study of the effect of the UCLA Social and Independent Living Skills modules, the AIPSS was used as one of the outcome measures (Tauber et al., 2000). Meanwhile, the AIPSS was used as an outcome indicator in studies of neurocognitive and social functioning in schizophrenia (Addington and Addington, 1999). The AIPSS was also used as a social functioning measure in a study of social functioning in first episode and multi-episode schizophrenia (Grant et al., 2001). The instrument's good psychometric properties and theoretical rationale supported its validity (Donahoe et al., 1990). The AIPSS, consisting of the administration manual, assessment scenes transcript and associated videotape, was developed in English. The administration manual included initial instructions, scoring instructions, scene descriptions, administration tips and a scoring sheet. The AIPSS uses videotaped presentations of social interactions to assess receiving, processing and sending skills. The assessment scenes consist of 13 videotaped scenes and a demonstration scene, each showing two characters engaged in a social interaction. The primary character is faced with an obstacle presented by the other person. After viewing each scene, the participant is asked a series of questions directed at assessing his/her receiving skills (problem identification and problem description), processing skills and sending skills (content, performance, and overall). Receiving and processing skills are assessed through simple questions requiring relatively brief verbal responses. Sending skills nevertheless require the test administrator to engage in a role play by responding to the situation. Specific criteria are used to the participant's response score. Assessment is the key to the needs of remediating the deficiencies and building on the assets demonstrated by the client in "receiving", "processing" and "sending" communications.

There are few culturally relevant videotaped role-play assessment tools in Chinese for evaluating the social skills of clients with schizophrenia in Hong Kong and other cities. AIPSS, which has good psychometric properties, is theoretically supported and is widely used in the United States, should be applied in local clinical settings. Translation copies of transcripts, administration manuals and workbooks are needed. After translation and evaluation of the cultural relevancy, psychometric properties were further investigated. Test-retest and inter-rater reli-

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