

Abstract for Inter-rater Reliability of a Mental Health Recovery Assessment for Older Adults (MORS-OAV)

The concept of recovery can be operationalized from either the point of view of the consumer, or from the perspective of the agency providing services. The Milestones of Recovery Scale (MORS) was created to capture aspects of recovery from the agency perspective. The MORS has been shown to have good inter-rater and test-retest reliability, as well as construct validity when compared to the LOCUS (Fisher, Pilon, Hershberger, Reynolds, & Davis, 2009; Pilon, LaMaster, & Fisher, 2006) with a sample of the homeless mentally ill, however, the psychometric properties of the Older Adult Version of the MORS are not known.

Older adults with mental illness present a special challenge to service providers because they may exhibit not only impairment from mental illness, but disabilities related to the aging process, such as cognitive impairment, chronic diseases such as diabetes, HIV, high blood pressure and chronic obstructive pulmonary disease (COPD). In addition, even in the general population of older adults, conditions such as depression and anxiety are more prevalent.

The purpose of this proposal is to gather evidence establishing the psychometric properties of the MORS, Older Adult Version. This will be done using individuals identified through three agencies located within Los Angeles County that provide services to the homeless mentally ill that have substantial numbers of clients over the age of 60 among the individuals they serve. Because older adults exhibit great diversity of race and ethnicity, the project will also focus on establishing the psychometric properties of the MORS-OAV in samples of homeless mentally ill adults representing individuals from the African American, Latino/a and Asian American subgroups. White older adults in the sample group will act as a comparison group. The total sample for the project will be approximately 450 (150 individuals will be assessed from three agencies).

The procedures for this project will be: first, because we will be dealing with an older adult population, it will be important to assess cognitive functioning for each participant. This will be done using the Cornell Scale for Depression in Dementia (CSDD) (Alexopoulos, 2002). The CSDD was developed to assess signs and symptoms of major depression in patients with dementia through two semi-structured interviews: one with an informant and one with the client/patient. The final ratings of the CSDD represent the rater's clinical impression rather than the responses of the informant or the patient. After the CSDD has been completed, the Global Assessment of Functioning (GAF) (Hall, 1995; Moos, Nichol, & Moos, 2002), the MORS-OAV, and the Hamilton Anxiety Rating Scale (HARS) (Edelstein, et al., 2008; Riskind, Beck, Brown, & Steer, 1987) will be completed. The HARS was designed to be administered by clinicians and differentiates adults with Generalized Anxiety Disorder (GAD) from normal controls. Each agency will have the staff persons who know the client best complete the MORS plus the additional questionnaires (CSDD, GAF, HARS) for the inter-rater reliability study.

Data collection will use Optical Mark Recognition technology; the questionnaires identified above will be compiled into one booklet, which will be completed on each client assessed for the study. The booklets will be set up so that questions are

answered by staff “marking” the appropriate answers by filling in the circles next to the selected answers. Once completed, the booklets will be delivered to the Center for Behavioral Research and Services (CBRS). The staples holding the booklets together will be removed and the sheets will be fed into a high-speed scanner; data will be read by the optimal mark recognition software and an image of the data created will be cleaned and verified by a graduate assistant. This approach eliminates the need for initial data entry; data verification ensures that any stray marks that do not represent valid data points are identified and eliminated before the data are analyzed. This approach reduces the number of errors that can be introduced into the data by the data entry process, resulting in cleaner data for analysis.

A test-retest reliability study will also be completed wherein two agency staff that know the client the best will complete the MORS-OAV again one week after the original assessment of the client.

The intra-class correlation coefficient for the inter-rater reliability study will be determined, as will the test-retest reliability correlations. Using the Global Assessment of Functioning (GAF) as the validity measure will also result in validity coefficients being calculated and reported.

#### References

- Alexopoulos, G. S. (2002). *The Cornell Scale for Depression in Dementia: Administration and Scoring Guidelines*. White Plains, NY: Cornell Institute of Geriatric Psychiatry, Weill Medical College of Cornell University.
- Edelstein, B. A., Woodhead, E. L., Segal, D. L., Heisel, M. J., Bower, E. H., Lowery, A. J., et al. (2008). Older adult psychological assessment: Current instrument status and related considerations. *Clinical Gerontologist, 31*(3), 1-35.
- Fisher, D. G., Pilon, D., Hershberger, S. L., Reynolds, G. L., & Davis, M. (2009). Psychometric properties of an assessment for mental health recovery programs. *Community Mental Health Journal, 45*(4), 246-250.
- Hall, R. C. (1995). Global assessment of functioning. A modified scale. *Psychosomatics, 36*, 267-275.
- Moos, R. H., Nichol, A. C., & Moos, B. S. (2002). Global Assessment of Functioning ratings and the allocation and outcomes of mental health services. *Psychiatric Services, 53*(6), 730-737.
- Pilon, D., LaMaster, S. C., & Fisher, D. G. (2006). *Knowing it when we see it: A proposed system for measuring recovery*. Paper presented at the U.S. Psychiatric Rehabilitation Association, Phoenix, AZ.
- Riskind, J. H., Beck, A. T., Brown, G., & Steer, R. A. (1987). Taking the measure of anxiety and depression: Validity of the reconstructed Hamilton scales. *Journal of Nervous and Mental Disease, 175*, 474-479.