

Title of Presentation: Implementation Of The Positive And Negative Syndrome Scale In State Psychiatric Hospital: Eight Years Of Data And Experience

Principal Presenter: Lawrence V. Annis, Ph.D.
Title: Psychological Services Director
Organization: Florida State Hospital
Address: PO Box 1000
Chattahoochee, FL 32324
E-mail: Larry_Annis@dcf.state.fl.us

Additional Presenter: Mary A. Tucker
Title: Mental health Program Analyst
Organization: Florida State Hospital
Address: PO Box 1000
Chattahoochee, FL 32324
E-mail: Mary_Tucker@dcf.state.fl.us

Additional Presenter: David Gustafson, M.S.
Title: Research Associate
Organization: Florida State Hospital
Address: PO Box 1000
Chattahoochee, FL 32324
E-mail: David_Gustafson@dcf.state.fl.us

Additional Presenter: Jim Warren
Title: Assistant Hospital Director
Organization: Florida State Hospital
Address: PO Box 1000
Chattahoochee, FL 32324
E-mail: Jim_Warren@dcf.state.fl.us

Florida State Hospital (FSH) is a thousand-bed state-operated residential treatment facility for persons committed by Florida courts as dangerous to self and others due to mental illness, not guilty by reason of insanity, and incompetent to proceed, or are voluntary. The Structured Clinical Interview for the Positive and Negative Syndrome Scale (PANSS) (Kay, Opler and Fiszben, 1992) employs 30 items from pre-existing rating scales of psychiatric symptoms and three original items addressing aggression. The PANSS was implemented at FSH and other Florida state inpatient facilities from April 1997 through June 2005 as part of a state-wide performance outcome measurement initiative. Psychology staff who completed a standard certification curriculum administered the PANSS at FSH. Adhering to published PANSS administration standards, scores on the question-and-answer structured interview were tempered with

observations of current behavior, medical record documentation, and collateral (mostly ward staff) reports.

The PANSS was administered at hospital admission, hospital discharge, and every six-months after admission until discharge occurred. The hospital standard was that each PANSS interview was conducted in a language the resident reasonably comprehended. This required at times that residents were interviewed in English, Spanish, Haitian Creole, American Sign Language for the Deaf, and Vietnamese. Considerable pains were taken to avoid hospital staff appearing to untowardly influence PANSS scores.

Florida State Hospital employs 38 psychology staff and seven predoctoral psychology interns. Over the eight years it was employed, a total of 168 FSH psychology personnel administered the PANSS. Approximately half of these evaluators were interns. A total of 19,343 PANSS were completed at FSH, rating 5,049 individual inpatient residents. Selected residents were sometimes administered the PANSS on other occasions to assist with specific treatment and disposition questions.

Performance outcome administrations as well as special administrations of the instrument were used to inform treatment and case management decisions. A substantial feedback system was developed to enhance PANSS utility in prescribers' medication decision processes. Reviewing individual residents' PANSS profiles suggested areas of potential clinical focus that might respond to a variety of intervention procedures. Inspecting resident responses to the PANSS structured clinical interview could suggest specific or general intervention strategies. Connections could be seen between a resident's ability to properly cognate the issues addressed in the interview and the resident's readiness to get on with her or his life outside the hospital.

This presentation offers a detailed statistical analysis of the completed PANSS evaluations. Variables addressed include resident gender (not very important), resident age (moderately important), commitment status (hugely important), and evaluation occasion (admission, six-month, discharge) (hugely important). These results significantly expand upon the original PANSS normative population. Item and subscale profiles are offered for different FSH resident populations.

The eight year PANSS implementation also provides guidance of potential utility to agencies embarking upon repeated measures implementations that employ the PANSS or other instruments. The FSH experience with the PANSS in this format clinical suggests the utility of the PANSS as an agency performance outcome measure (limited) and as a clinical tool to inform medical and non-medical decision-making processes (substantial).