The development of measures for assessing adjustment and characterizing patterns of disturbed behavior is described. The major characteristics are the translation of psychopathology into everyday language, and the use of the relative to measure social behavior. The scales are applied to the long-term evaluation of psychiatric treatments.

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"In the late 1950s, psychotropic drugs for the treatment of schizophrenia were already in extensive use in the Western world, despite the fact that hard evidence on effectiveness was very sparse. Hospital trials of their efficacy with its chronic forms left little doubt that the drugs were having a favorable impact on this disorder.

"Questions remained, however, as to specificity and effectiveness with the acute forms of schizophrenia. The National Institute of Mental Health was commissioned by Congress to initiate trials to evaluate their effectiveness. As a young psychologist with limited experience in research on treatment and on the effects of chemicals on behavior, I was a recruit to this small interdisciplinary group. The study of drug efficacy was to be national in scope; involve nine hospitals, private and public; and eventually become a landmark effort in psychiatric research. There were a number of technical problems, however, to be solved before such an effort could be launched. One major gap was a technique which measured the durability of effects on certain critical symptoms, and the nature of the impact on the patient's capacity to function in the community. Our director asked me to develop a method to assess the patient's social and personal adjustment in the community following discharge. Strangely enough, no method suitable for standardization across the range of mental disorders actually existed at that time.

"Although partial to the challenge of developing psychological methods, this was not an area that interested me greatly. On the other hand, I was interested in developing procedures for cross-cultural research, which would make it possible to determine whether symptoms which represent psycho-pathological behaviors in one culture appear in the same form (or are part of the same basic disorder) in another very different culture. This interest would appear to be very different in quality than that required to assess the social adjustment of formerly hospitalized mental patients. One major requirement of each of these tasks was, however, the same. The behavioral descriptions must, in both cases, be done by a 'lay' person, an observer who would not be influenced by or have biases based on formal theories of psychopathology. The cross-cultural method required translating complex 'symptoms' into everyday language and reporting behaviors in the most concrete of terms. The social adjustment method required using a reporter who could closely observe the patient's behavior over weeks, in the community itself. Thus, (1) a close relative or friend from within that community, or cultural context, would have to be the source of the information; and (2) the inventory of behaviors would have to be free of jargon—precise and concrete in its content.

"As one might expect, with the increase in the type and number of drugs and psycho-therapies over the past 20 years, a method which utilizes lay people to assess adjustment has great practical value. Thus, this application of the method has become very popular. Recently, however, the reasons responsible for my early enthusiasm for the task have taken hold. Its format gave it a special advantage in the study of ethno-cultural variations in deviant and normal behavior in Hawaii, which has led to some important insights. Currently, the scales are in a World Health Organization cross-national study of the psychosocial determinants, including the role of family perception, in the development of severe mental disorders.
