Background: Evidence-focused ratings require systematic assessments of clinical symptoms. Many psychiatric rating scales have been developed for research purposes, but these often require extensive training and are commonly targeted at adult psychiatric disorders. The Children's Psychiatric Symptom Rating Scale (CPSRS) is designed for clinicians to use when rating the most common psychiatric symptoms experienced by children. It is designed for use without extensive training and is closely aligned with the conditions in the DSM. User-friendly features include bidirectional ratings for mood state, activity level, and sleep, as well as specific childhood problems such as enuresis and encopresis. 

Methods: A series of studies was performed in children aged 12 and under. The inter-rater reliability and test-retest reliability of the CPSRS was examined in a study of 50 children and the results were compared those obtained from ratings with the BPRS. The convergent validity of therapist ratings was examined in a study of 200 children whose parents completed a clinical rating scale. Discriminant validity was examined by looking at the overlap between intelligence test scores and therapist CPSRS ratings in 388 children. Sensitivity to global impairment was examined by comparing severity ratings for 120 inpatients in a partial hospital program to 212 consecutive admissions to an inpatient unit serving children of the same age. Finally, the factor structure of the scale was examined in a sample of 1788 children. 

Results: Inter-rater reliability of the CPSRS was similar to r<s><s>PM1<1,2>=<9.47, p<.001>. The CPSRS factor structure is consistent with its conceptual organization, with factors defining mood, anxiety, conduct, psychosis, and elimination disorders. The model fit was quite suitable in split sample analyses, RMSEA<.06, CFI>96. Implications: The CPSRS is designed to be easily used by clinicians in practice without specialized training. This user-friendly tool makes it possible to capture judgments of the quality and severity of symptoms experienced by children in mental health settings. Using this instrument, experienced clinicians with no special training in the use of this measure were able to generate ratings that were reliable, valid, and effective across different age groups.

The large samples in these studies suggest that the findings are likely to generalize to other clinical settings and other types of clinician raters.

Reliability study

Subjects were recruited from three different child inpatient units. Subjects were 6-12 years of age, currently hospitalized, with an expected length of stay of over 2 weeks, and considered suitable for participation by the treatment team.

Six clinical psychology Ph.D. candidates conducted chart reviews and completed the CPSRS and BPRS-CA following a structured clinical interview.

Pearson's r was calculated for inter-rater reliability.

Mean percentage of absolute agreement was calculated by dividing the number of exact ratings by the total number of ratings for each scale.

Convergent Validity Study

200 child inpatients whose parents had completed the PIC-2 were rated on the CPSRS at the time of admission by their primarily therapist.

Sensitivity to Global Impairments

Sensitivity to global impairment was examined by comparing severity ratings for 120 outpatients in a partial hospital program to 212 consecutive admissions to an inpatient unit serving children of the same age.

Factor Analytic Study

1747 Children whose therapists had completed the CPSRS within 48 hours of admission were the source of data.

Split-half confirmatory factor analysis was used to examine factor structure of the instrument.

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To obtain a copy of the CPSRS and related documents:
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