

1. Emergence of greater aggression

Q. Has the patient had any of the following since the last review?

Score your overall impression according to a 5-point scale: 0 not present, 1 mild, 2 moderate, 3 severe, 4 very severe (9= not assessed)

(Ask directly about the following five outcomes, and if so, how often to inform your global judgement)

Temper tantrumsthrown a temper tantrum (for example: screaming, slamming doors, throwing things when frustrated to the “breaking point”)
Verbal aggressiongotten into verbal fights or arguments with other people
Indirect aggressiondeliberately struck or deliberately broken objects (for example: windows, dishes, etc.) in anger
Fightinggotten into physical fights with other people
Physical assaultdeliberately hit another person (or an animal) in anger

(Ref: *Aggression Subscale of the Life History of Aggression Questionnaire, Coccaro, 1997*)

2. Emergence of greater impulsivity

Q. Has the patient had any sudden, unmodulated, arbitrary, misdirected discharge of tension and emotions without concern about consequences since the last review?

0 Absent or Minimal (questionable pathology; may be at the upper extreme of normal limits).
1 Mild – Patient tends to be easily angered and frustrated when facing stress or denied gratification but rarely acts on impulse.
2 Moderate – Patient gets angered and verbally abusive with minimal provocation. May be occasionally threatening, destructive, or have one or two episodes involving physical confrontation or a minor brawl.
3 Severe – Patient exhibits repeated impulsive episodes involving verbal abuse destruction of property, or physical threats. There may be one or two episodes involving serious assault, for which the patient requires isolation, physical restraint or p.r.n. sedation.
4 Very Severe – Patient frequently is impulsively aggressive, threatening, demanding, and destructive, without any apparent consideration of consequences. Shows assaultive behaviour and may also be sexually offensive and possibly respond behaviourally to hallucinatory commands. Or patient exhibits homicidal attacks, sexual assaults, repeated brutality, or self-destructive behaviour. Requires constant direct supervision or external constraints because of inability to control dangerous impulses.

(Ref: *Poor impulse control subscale of the PANSS*)

3. Emergence of increasing anger

Q: Any evidence of increasing anger since last review?

Score according to a 5-point scale: 0 not present, 1 mild, 2 moderate, 3 severe, 4 very severe (9= not assessed)

Consider the following responses in relation to questioning the patient about whether he has been getting angry, prior to giving a global judgement:

I often find myself getting angry at people or situations

When I get angry, I get really mad

When I get angry, I stay angry

When I get angry at someone, I want to hit or clobber the person

My anger interferes with my ability to get my work done

My anger prevents me from getting along with people as well as I'd like to

My anger has had a bad effect on my health

(Ref: Novaco, 1975)

4. Drug misuse since the last review

Q: Has there been an increase in drug misuse since the last review?

Score according to a 5-point scale: 0 not present, 1 mild, 2 moderate, 3 severe, 4 very severe (9= not assessed)

"Not present" indicated abstinence.

"Mild" referred to occasional or minimal use that was not considered problematic by clinicians.

"Moderate" use referred to persistent use despite clearly associated problems.

"Severe" and "very severe" referred to regular excessive consumption or binges, with severity associated problems, and indicated psychoactive substance dependence.

(Ref: Bartels 1991 measure of drug misuse)

5. Alcohol misuse since the last review

Q: Has there been an increase in alcohol misuse since the last review?

Score according to a 5-point scale: 0 not present, 1 mild, 2 moderate, 3 severe, 4 very severe (9= not assessed)

“Not present” indicated abstinence. “Mild” referred to occasional or minimal use that was not considered problematic by clinicians. “Moderate” use referred to persistent use despite clearly associated problems. “Severe” and “very severe” referred to regular excessive consumption or binges, with severity associated problems, and indicated psychoactive substance dependence.

(Ref: Bartels 1991 measure)

6. Emergence of paranoid or persecutory delusions

Score according to a 5-point scale: 0 not present, 1 mild, 2 moderate, 3 severe, 4 very severe (9= not assessed)

Consider the following questions before making a global judgement about the evident severity of the emergence of paranoid or persecutory ideas:

Since the last review, have you believed people were spying on you?

Since the last review, has there been a time when you believed people were following you?

Since the last review, have you believed that you were being secretly tested or experimented on?

Since the last review, have you believed that someone was plotting against you or trying to hurt you or poison you?

Since the last review, have you believed that someone was reading your mind?

Since the last review, have you believed you could actually hear what another person was thinking, even though he was not speaking?

Since the last review, have you believed that others could hear your thoughts?

Since the last review, did you feel that you were under the control of some person, power or force, so that your actions and thoughts were not your own?

Since the last review, have you felt that strange thoughts or thoughts that were not your own were being put directly into your mind?

Since the last review, have you felt that someone or something could take or steal your thoughts out of your mind?

Since the last review, have you believed that you were being sent special messages through the television or radio, or that a program had been arranged just for you alone?

Since the last review, have you felt strange forces working on you, as if you were being hypnotized or magic was being performed on you, or you were being hit by x-rays or laser beams?

(Ref: MacArthur-Maudsley Delusion Assessment Schedule -screening questions)

7. Emergence of non-adherence with treatment

Q: Has there been a clinical notable non-adherence with treatment (medication or supervision) since last review?

Yes =1, No = 0 (Unsure = 9)

For example, has the patient missed at least 2 appointments since the last review? Or not picked up prescription/received depot on 2 occasions?

(Ref: Ellouze, 2009)

8. Becoming homeless since the last review

Q: Has the patient become homeless since the last review and remained so?

0=No, 1=Yes (Unsure = 9)

Homelessness is defined as someone with no fixed abode (owned or rented), who may be relying on temporary accommodation (such as B&B), may be living in shelters, or living rough.

(Ref: Fazel, 2008)

9. Violent victimisation since the last review

Q: Has there been evidence of violent victimisation since the last review?

0=No, 1=Yes (Unsure = 9)

Consider the following specific questions:

Has anyone thrown something at you?

Has anyone pushed, grabbed, or shoved you?

Has anyone slapped you?

Has anyone kicked, bitten, or choked you?

Has anyone hit you with a fist or object?

Have you been forced to have sex?

Has anyone ever threatened you with violence?

Has anyone used a knife or fired a gun?

Follow up question if yes: Was anyone hurt?

(Ref: MacArthur Community Violence Interview -used in CATIE)

10. Suicide attempt since the last review

0=No, 1=Yes (Unsure = 9)

Suicide attempt includes self-harm or self-injury. Self-harm is defined as intentional self-poisoning or self-injury, irrespective of motivation. Self-poisoning includes the intentional ingestion of more than the prescribed amount of any drug, whether or not there is evidence that the act was intended to result in death. This also includes poisoning with non-ingestible substances, overdoses of 'recreational drugs' and severe alcohol intoxication where clinical staff consider such cases to be an act of intentional self-harm. Self-injury is defined as any injury that has been intentionally self-inflicted.

(Ref: Hawton, 2007.)