

## LDPS Version 2.0 Manual

In the Lifetime Dimensions of Psychosis Scale (LDPS) (Levinson and Mowry), various dimensions of psychotic illness, such as schizophrenia-like features and mood symptoms, are rated separately. It should be completed by trained clinicians based on research diagnostic interview, review of treatment records, and reports from informants if possible.

Items require ratings of **Duration** and **Severity** unless otherwise noted. For depression and mania, summary ratings are made. Space is provided to track the number of individual symptom criteria present in separate episodes as a basis for summary ratings. These criteria checklists are **not** part of the scale.

Below some items, there is a checklist of specific features (a, b, etc.). Make **checkmarks** to indicate presence of any specific features listed here (check **all** that apply). For each such item, it is stated whether or not these specific features are required.

Anchor points are defined as follows, except as noted. Note that severity is rated in the context of a particular domain of normal functioning. For example, "Any delusions" would be rated as severe if the subject is clearly and frequently preoccupied with delusional ideas, apparently contributing to difficulties in pursuing normal relationships or activities. "Restricted affect" would be rated as severe if there is a significant reduction of emotional expression so that family members and clinicians find it difficult to relate to the subject.

### SEVERITY:

- 0) **Absent.**
- 1) **Minimal** Very mild symptoms causing no or minimal interference with functioning, or only suspected.
- 2) **Moderate** Definitely present to a clinically significant degree, but does not preoccupy the subject or cause severe disability.
- 3) **Severe** Clearly interferes with functioning or preoccupies the subject frequently and substantially.
- 4) **Very severe** Grossly interferes with functioning and/or almost constantly preoccupies the subject.

### DURATION:

This is an **estimate of total lifetime duration** (summing all periods when a symptom or feature was present).

- 0) **Absent**
- 1) **< 2 weeks (but more than a few hours)**
- 2) **2 or more weeks**
- 3) **2+ months total duration, or  
2+ episodes of 2+ weeks**
- 4) **2+ years**

Give a best estimate of duration and severity based on all available information. Rate the highest severity that was present for a substantial proportion of the time that symptom was present: when severity was moderate for 5 years and severe for a week, rate moderate. When severity was moderate for 2 years and severe for 1 year, rate severe. Only consider symptoms that are apparently not culturally based or attributable to known organic factors (neurological disease, drugs).

### Definitions:

#### P-1. **Any delusions: irrational beliefs held with certainty.**

Include all types of delusions, **not** limited to those listed below. Check any of the following that apply:

- a. Paranoid (persecutory).
- b. Non-paranoid. Check this if **any** non-persecutory delusions have been present, including the types that follow (this is for RDC).
- c. Grandiose. Belief that one is important, special, powerful.
- d. Somatic. Any delusions about one's body.
- e. Religious. Related to God, Devil, other religious figures/roles.
- f. Nihilistic. Themes of personal or social catastrophe, destruction, end of the world, etc.
- g. Delusions accompanied by hallucinations for at least one week. This is for RDC.

#### P-2. **Paranoia.** Paranoid ideas have been **dominant themes**, whether held with certainty or not.

#### P-3. **Any hallucinations.** When fully awake, there are **clear abnormal sensory perceptions** (sound heard aloud through the ears, visions seen with the eyes, etc.) Consider all hallucinations, not limited to following sub-item, which is included for RDC:

- a. Non-affective verbal hallucinations spoken to the subject.

#### S-1. **Control delusions.** One or more of the listed items have been believed with **certainty**, with a clear **experience of passivity**:

- a. Thought insertion. Thoughts, not one's own, are inserted by a person/force -- not voices.
- b. Thought withdrawal. Thoughts are removed by a person/force, so that there are fewer thoughts left
- c. Control of thoughts/actions by an external person/force.

#### S-2. **Other bizarre delusions.** Irrational belief(s) other than control delusions, held with certainty, with content that is **implausible, impossible** (could not occur in reality).

#### S-3. **Conversing/commenting/continuous hallucinations.** **Clear sensory experiences** of any of the following:

- a. Voices conversing with each other.
- b. Voices commenting on subject's thoughts/behaviors in the third person. (Does not include voices speaking directly to subject.)
- c. Continuous hallucinations (throughout the day for several days).

#### S-4. **Abnormal perception of thought.** Includes one or more of the listed items:

- a. Thought broadcasting. The belief that one's thoughts emanate, and are heard **aloud** by others.
- b. Audible thoughts. One's thoughts are heard **aloud**.
- c. Thought echo. One's thoughts repeat like an echo.

**NAP. Psychosis (2+ weeks) without prominent mood symptoms:** Reflects sum of all periods (of 2+ wk each) with psychotic symptoms, but no prominent manic or depressive symptoms (ignore minimal sub-syndromal mood symptoms), **whether or not** there has ever been a mood syndrome. Checkmarks indicate whether psychosis occurred after mania and/or depression.

N-1. **Blunted (restricted) affect.** Reduced range and intensity of emotion (facial expressions, gestures, vocal inflection), not apparently due to a depressive episode.

N-2. **Poverty of speech (negative thought disorder).** Produces little spontaneous speech, conveys little information, not apparently due to a depressive episode.

D-1. **Formal thought disorder: Impaired understandability** due to abnormal thought process, and/or **abnormal use of words** (wrong context or system, neologism, word salad), **not apparently secondary** to mental retardation, neurological disorder, cultural difference, education.

D-2. **Bizarre behavior.** Grossly unusual and inappropriate dress or social, sexual, agitated, or ritualistic behavior, that is judged to be due to psychosis rather than to factors such as substance abuse or criminality. Definite evidence of delusions or hallucinations is **not** required to make this judgement.

DE-1. **Depression.** Rate overall severity and lifetime duration of clinically significant dysphoric mood and associated symptoms, whether or not a full major depressive syndrome has been present. Severity rating of 3 or 4 requires presence of a full major depressive syndrome for a substantial proportion of the period being rated.

DE-2. **Maximum number of the 9 DSM-IV depressive features** (checklist a-i) ever present for 2+ weeks.

M-1. **Mania.** Overall severity and duration of clinically significant manic mood (euphoria, elation, or excited irritability) accompanied by at least one definite associated symptom (such as pressured speech) regardless of whether a full syndrome was ever present. Severity rating of 3 or 4 requires presence of a full manic syndrome (elation plus 3 criteria or irritability plus 4) for a substantial proportion of the period being rated.

M-2. **Maximum # of 7 DSM-IV manic features other than mood** (a-g on checklist) **concurrent for 1+ weeks ever.** Enter #. **Subtract 1 if mood was only irritable.**

MP-1. **Concurrent depressed mood and mood-congruent psychotic symptoms.** Periods with a clinically significant depressed mood (full syndrome not required) concurrent with **non-bizarre delusions** or **hallucinations** referring to (check all that apply):

- a. Guilt (bad, shameful deeds, deserving punishment).
- b. Catastrophe or nihilism (destruction of the world, city, family by cataclysmic events).
- c. Suicide (other than being forced to suicide by evil people/forces with no sense of blame).
- d. Disease (cancer, infection, other serious disease, body deteriorating, but not impossible/bizarre somatic delusions).

MP-2. **Concurrent grandiose/manic mood and mood-congruent psychotic symptoms.** Periods with a manic mood (elevated, euphoric -- full syndrome not required) and **non-bizarre delusions** or **hallucinations** referring to (check all that apply):

- a. Self-importance/ power.
- b. Special relationship with God or a religious role/mission.

C. **Deterioration:** Rate severity of long-term deterioration in overall functioning due to psychotic illness, between acute exacerbations, including effect on social relationships, work and family life:

**0 - Full remission** occurs, or very minimal symptoms persist which do not interfere with functioning (occasional voice or slightly eccentric ideas but otherwise functions normally)..

**1 - Mild** residual symptoms persist but minimal effect on overall functioning, e.g., there are definite delusions, but work and social relationships are minimally unaffected.

**2 - Significant** residual symptoms and effect on overall functioning, e.g., mild-moderate delusions, blunted affect and unusual behavior impair social and family relationships, but the subject participates adequately in some family and social activities.

**3 - Severe** residual symptoms and effect on overall functioning, e.g., relationships and work are grossly impaired due to persistent symptoms.

**4 - Very severe.** Severe deterioration has persisted for > 5 years.

A. **Complicating factors.** These are ratings of whether there is reduced certainty that the case represents a primary psychotic disorder because of another factor that could explain the presence of psychotic symptoms. Each item is rated as follows:

**0** - The factor or factors are absent.

**1** - Present, but not likely to explain the psychotic disorder.

**2** - Present, and a causative role in psychotic disorder is likely or strongly suspected.

**Quality of available information (documentation).** Rate the adequacy of available clinical information and confidence in ratings. Reduced quality may be due to missing or inadequate clinical records, ambiguity of patient's or informant's reports, etc.

**4** - Excellent.

**3** - Minor inadequacies, no significant reduction in confidence.

**2** - Major inadequacies, significant reduction in confidence.

**1** - Very limited information, minimal confidence.