Expert Clinicians’ Survey: Psychosis Symptoms in Deaf Patients

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EXPERIENCE AND SPECIFIC SYMPTOM RANKINGS

<table>
<thead>
<tr>
<th>Experience Factor</th>
<th>Low Prevalence</th>
<th>Medium Prevalence</th>
<th>High Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>hallucinations</td>
<td>1: hearing voices (clear meaning), olfactory</td>
<td>2: hearing voices (unusual location, unclear meaning)</td>
<td>3: oculatory (clear meaning)</td>
</tr>
<tr>
<td>delusions</td>
<td>1: somatic</td>
<td>2: paranoid</td>
<td>3: reference, religious</td>
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<td></td>
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</tbody>
</table>

EXCLUSIVITY RATINGS VS. COMMONNESS RATINGS

<table>
<thead>
<tr>
<th>Exclusivity Ratings</th>
<th>Low Prevalence</th>
<th>Medium Prevalence</th>
<th>High Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>auditory hallucinations</td>
<td>1: hearing voices (clear meaning)</td>
<td>2: hearing voices (unusual location, unclear meaning)</td>
<td>3: oculatory (clear meaning)</td>
</tr>
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LARGER PURPOSE OF THIS STUDY

This survey was part of a larger project, the goal of which is to develop a tool that will allow clinicians to accurately diagnose and treat psychosis in deaf individuals. A step toward development of the Psychosis Symptom Rating Scale, this survey focused on the experience and opinions of clinicians in the deafness field. The data obtained from these clinician surveys will be used in the development of this scale. However, the specific aim of this study was to divide clinicians into experience-level groups and analyze the rankings of symptom commonness and exclusivity. This division was based on previous studies that have shown a relationship between clinician experience and symptom ratings.

EXPERIENCE FACTOR

There also appears to be a relationship between clinician experience and symptom rankings. As a step toward developing the Psychosis Symptom Rating Scale, this study sought to divide clinicians into experience-level groups and analyze the rankings of symptom commonness and exclusivity. Clinicians in the high experience group were least likely to show this logical bias. In comparison to the high experience group, the low experience group was equally likely to over- or under-rate symptom exclusivity, while the medium-low and medium-high experience groups showed an increasing bias toward over-estimating symptom exclusivity. In comparison to the high experience group, the low experience group was more likely to over-estimate symptom exclusivity. The medium-low and medium-high experience groups, respectively, were more likely to over-estimate symptom exclusivity. The medium-experienced group was the most likely to show this logical bias.

COMMONNESS RANKINGS

There is a strong correlation between clinician experience and symptom rankings. As a step toward developing the Psychosis Symptom Rating Scale, this study sought to divide clinicians into experience-level groups and analyze the rankings of symptom commonness and exclusivity. Clinicians in the high experience group were most likely to show this logical bias. In comparison to the high experience group, the low experience group was equally likely to over- or under-rate symptom exclusivity, while the medium-low and medium-high experience groups showed an increasing bias toward over-estimating symptom exclusivity. In comparison to the high experience group, the low experience group was more likely to over-estimate symptom exclusivity. The medium-low and medium-high experience groups, respectively, were more likely to over-estimate symptom exclusivity. The medium-experienced group was the most likely to show this logical bias.

CONCLUSIONS REGARDING EXPERIENCE

• Most exclusive (least disagreement): hearing voices, words clear (e.g., the rarity of auditory hallucinations)
• Most exclusive (some disagreement): hearing voices, words unclear, being controlled, being broadcasted, psychosis symptoms in deaf people
• High experience clinicians are significantly more likely to over-estimate symptom exclusivity than lower experience clinicians.

CONCLUSIONS REGARDING PSYCHOSIS SYMPTOMS

• Hearing voices, words clear (e.g., the rarity of auditory hallucinations)
• Hearing voices, words unclear
• Being controlled
• Being broadcasted
• Hearing music
• Echolalia/echopraxia
• Perseveration
• Neologisms
• Other visual hallucinations
• Food or alcohol hallucinations
• Tactile (touch) hallucinations
• Blunted, restricted or flat affect
• Loss/deterioration of prior language ability
• Unusual mannerisms, movements
• Unusual personal habits
• Psychomotor retardation
• Somatic delusions
• Religious delusions
• Grandiose delusions
• Unusual personal habits
• Hypermobility

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