The Structured and Scaled Interview to Assess Maladjustment (SSIAM)

I. Description, Rationale, and Development

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The Structured and Scaled Interview to Assess Maladjustment (SSIAM) is described, together with its rationale and development. The SSIAM contains questions by which a trained interviewer gathers evidence of maladjustment, and corresponding scales on which to rate this evidence. The interview, which takes about half an hour, has 45 items to assess deviant behavior, friction with others, and subjective distress, within five fields of maladjustment: work, social, family, marriage, and sex. A further 15 items cover the degree of environmental stress, prognostic issues, and aspects of positive mental health.

The Structured and Scaled Interview to Assess Maladjustment (SSIAM) is a new instrument for measuring social maladjustment. This paper is the initial presentation of the SSIAM and is intended to serve as a reference for other papers which will cover its reliability, statistical properties, validity, and value in application.

Definition and Importance of Social Maladjustment

Social maladjustment has been defined as ineffective performance in the roles and task for which an individual has been socialized. Beyond this, it extends to failure in obtaining satisfaction from performance in these activities. The concept of maladjustment thus includes problems of both objective behavior in a given social context and of subjective reactions in that context.

The assessment of social maladjustment, and especially the assessment of its change, is important in the research and practice of psychology and psychiatry. For example, Brayfield appealed to psychologists to regard, as the target for their effort, human effectiveness in required tasks and social roles. McNair and Lorr factor analyzed the stated goals of psychotherapists and derived a factor (the "situational" goal) which refers to the therapist's attempts to improve the patient's adjustment to current life situations, including his work, his family, and his interaction with others.

Need for a Reliable Measure

In 1960, Zax and Klein extensively reviewed studies of outcome in psychotherapy and concluded that there was a serious lack of a reliable measure to cover a wide range of the patient's functioning in life. Over the past decade there have emerged several reliable measures which focus primarily on social adjustment, such as the Katz Adjustment Scales. However, none of these measures is administered as a structured interview.

The value of a structured interview for assessing patients has been demonstrated in the case of psychiatric symptoms. Structuring the interview improves its reliability without interfering with its natural flow, so that the skills of an interviewer are retained for eliciting and judging the patient's responses. Those structured interviews which are currently available are designed to evaluate psychiatric status over a wide range of symptoms, but do not provide a detailed evaluation of social adjustment. There is a need for such a structured interview and the SSIAM was developed to fill this need.

Rationale and General Description

Scope.—The SSIAM attempts to cover those aspects of social adjustment which are of interest to a clinician. Important goals of psychiatric treatment are to reduce the patient's distress, return his behavior to normal, and smooth his interaction with others. These three categories of the patient's adjustment (distress, deviant behavior, and friction with others) are included in the SSIAM.

Again, following traditional clinical practice, the feelings and behavior selected for examination are rated as they occur in a defined social context. Five major fields of life adjustment are chosen for the SSIAM: work, social, family, marriage, and sex. These five fields are widely used in clinical practice.

Since clinicians are more familiar with sickness than with health, their concern is with degrees of maladjustment rather than adjustment. Correspondingly, the SSIAM provides detailed definitions of levels of maladjustment. Nonetheless, a clinical evaluation of the patient includes his assets and the SSIAM therefore contains some measures of positive mental health.

Multidimensionality.—The SSIAM measures separately different aspects of maladjustment. This takes cognizance of the fact that patients may be maladjusted in some respects only; that, over a given interval, they may improve in one way but simultaneously deteriorate in another and that certain styles of treatment may be more effective for certain fields of maladjustment.

Each item in the SSIAM covers what appears clinically

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to be a different aspect of maladjustment. Since each item is scored separately, the actual independence of the items is open to empirical testing.

Instructions to the rater stress the importance of rating each item independently. For instance, a patient's tendency to be isolated is measured by the severity of his friendships; the rating is not influenced by whether or not he fills his solitude with hobbies, nor by whether he feels lonely. Similarly, a patient's overdependence on his spouse is measured in its own right; the assessment is not influenced by whether the overdependence cements their union or causes friction between them. In each of these examples, the qualifying information that is deliberately omitted from that particular item can be rated appropriately on a different item. To further encourage independent rating of each item, the defined levels of maladjustment include, where possible, terms that are used in that item only. For example, the most severe level of maladjustment in the item on friction in marriage is defined as "marriage breaking up: gross incompatibility," but the corresponding level for social friction is defined as "frequently has furious crashes or is studiously avoided by others." In these examples, all-purpose definitions, such as "most severe maladjustment," were avoided.

Two ways in which maladjustment may vary are in type and, independently, in context. In order to assess variation in both type and context, the SSIAM is so designed that each of three types of maladjustment (deviant behavior, friction with others, and subjective distress) is rated within each of five contexts or fields (work, social, family, marriage, and sex). Instructions to the rater make a distinction between the objectivity of the patient's behavior and the subjectivity of his feelings. On the one hand, in the items of deviant behavior and of friction, the rater listens to the patient's report and judges the behavior which is relevant to an item. On the other hand, when rating the distress items, the interviewer accepts what the patient says he feels. As Ryle puts it, "Avowals are the first and best index of mood states."

Reducing Bias.—Some clinicians differ systematically from their colleagues in assessing patients' maladjustment, consistently finding either more or less pathology than do others. This bias may arise when an interviewer dwells on certain aspects of maladjustment, and omits other aspects. Structuring the interview, as in the SSIAM, reduces this source of bias.

Another source of bias is reliance solely on a global judgment of maladjustment, because clinicians differ in the importance they give to the various aspects of maladjustment. One clinician is impressed by distress in his patients, while another views disorders of behavior more gravely. The SSIAM allows the judgment on each aspect of maladjustment to be made separately, thus avoiding the bias which may enter into a global judgment.

A third source of bias comes from the conflicting opinions clinicians hold about the place of environmental stress in assessing maladjustment. If the environment is unfavorable, some clinicians regard a patient's distress or disturbed behavior as reasonable, rather than maladjusted. Other clinicians believe that satisfactory adjustment includes the ability to tolerate an unfavorable environment without distress or disturbed behavior. In the SSIAM a separate item is provided for rating the unfavorability of the environment in each field. In all the rest of the items the ratings are not influenced by whether the patient's distress and behavior are reasonable or unreasonable, provoked or unprovoked.

Easing the Job of Rating.—In designing the SSIAM a particular concern was to make the job of rating quick and convenient for the rater, while maintaining the reliability and validity of the ratings. To this end, ratings are made on a continuous scale. This eliminates the arbitrary decisions necessary for ratings that fall between the points of a discontinuous scale. Further, the specific instructions and definitions for each item are printed as part of that item; these guides are not dispersed, as is sometimes the case, between an interview guide, an instruction manual, and an answer sheet. (A manual for training new interviewers is also provided.)

Development

The SSIAM grew out of measures of similar scope and from principles set down by Parloff et al in the rationale of their Social Ineffectiveness Scale. A list of social functions was drawn from the above measures and a panel of senior psychotherapists suggested other items they thought were needed to assess maladjustment.

At this stage the reliability of the instrument was tested and found to be unsatisfactory. Therefore, a structured interview was added. Furthermore, the levels of maladjustment for each item were redefined by the following procedure: The tentative definitions of five levels of maladjustment for each item were typed on separate cards. A continuous vertical line, 10 inches long, was provided on a separate sheet of paper for each item. A point 1 inch from the base of the line was defined as 'a state of adjustment in a patient which would not require treatment.' A point 9 inches from the base of the line was defined as 'the most severe state of maladjustment one is likely to find in patients who attend for psychotherapy in an outpatient department of psychiatry.' Four practicing psychotherapists were then asked to arrange the definitions along the vertical line. Definitions were modified and the procedure repeated until the majority of these psychotherapists agreed about the ranking of the five definitions for each item and placed the definition of least maladjustment (or reasonable adjustment) at the 1 inch point, the definition of greatest maladjustment at the 9 inch point, and the remaining three definitions fairly evenly between the 1 and 9 inch points.

Detailed Description of the Items

The SSIAM contains 60 items. Their general arrangement has already been described and is summarized in the Table.

Each item includes a probing question which the interviewer puts to the patient. The patient's answers to each question are rated by the interviewer on a scale with anchoring definitions.

We shall carry first the 45 SSIAM items which cover specific aspects of the patient's maladjustment. The other 15 items, discussed later in this paper, cover the rater's in-
1. WORK

I'd like to talk now about your work and how you get along in your job. My first question is about the number of jobs you've had recently.

### W1 Unstable

Q: Do you have difficulty in holding down a job (or maintaining a course of study)?

1) For students "terminating a job" means failing or breaking off a course of study.

2) Housewives: NA

### W2 Inefficient

Q: How well do you do your work?

1) 'Usual job': that which pt is best trained to do.

2) 'Job' includes current courses of study.

3) Inefficiency: include unproductive effort (e.g. obsessional rechecking); inadequate productivity or earnings due to time off work; failing courses.

4) Judge efficiency against standard required by job, not pt's own standards.

### W3 Unsuccessful

Q: Are you making progress in your job (or career)?

1) If currently not working, judge how progress of career is affected (e.g. will he be able to pick up where he left off?).

2) 'Career' refers to long-term pattern of progress in jobs, profession, or studies.

3) Housewives: NA

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Fig 1.—The first three items of deviant behavior in the field of work.

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ferences about environmental stress, some issues relevant to prognosis, and some aspects of positive mental health.

**Items Covering Specific Aspects of Maladjustment**—These items are grouped into the five *fields* of maladjustment: work, social, family, marriage, and sex. Within each field the different *types* of item are arranged in the following order: five dealing with the patient's deviant behavior, one dealing with friction between the patient and others, and three dealing with the patient's distress. This consistent order aids the rater in applying the different instructions for rating behavior and distress.

To illustrate the types of items considered here, Fig 1 shows the first three items of deviant behavior from the field of work. Figure 2 shows one item dealing with interpersonal friction and one dealing with subjective distress, each taken from a different field of maladjustment.

Each item has a caption indicating the disturbance covered, a question which the rater asks the patient, and a continuous scale with five anchoring definitions. The highest anchoring definition describes the maximum disturbance likely to be found in an outpatient psychoneurotic population. The lowest describes reasonable adjustment.
The remaining three definitions represent successive levels of disturbance between the extremes. Where there is possible ambiguity about the scope of an item or about the terms used in the anchoring definitions, guiding comments are provided. When the rater is in doubt about whether the patient's reply relates more closely to one anchoring definition or another, the rater paraphrases that pair of definitions and presents them to the patient as a forced choice.

The questions are quite openly but tactfully directed at unearthing evidence of maladjustment. The order in which they flow is comfortably methodical and the patient can easily follow the systematic exploration of his problems in adjustment. The interview takes about half an hour. More intimate questioning, as in the field of sexual life, is left towards the end when the patient has had time to settle into a confidential relationship with the interviewer.

Ratings are indicated by checks placed anywhere along the continuous scale. As mentioned before, further instructions for training raters in the conduct of the interview are provided in a separate manual.

Other Items.—The remaining 15 items have a similar structure to that already described. However, their content is quite different and their rating requires more judgment on the part of the rater. One item in each of the five fields of maladjustment deals with the rater's opinion about the degree of stress in the patient's environment. The remaining ten items make up an overall section near the end of the interview. In this overall section some items deal with aspects of the patient's prognosis, such as duration of his maladjustment, the contrast between his present and previous state, his willingness to change, and the pressure to change that he receives from others. Further items deal with the rater's judgment on certain aspects of the patient's positive mental health, namely his talents and charm, his resourcefulness, and his ability to apply his energies constructively.
### The Arrangement of Items in the SSIAM

<table>
<thead>
<tr>
<th>Fields of Maladjustment</th>
<th>Type of Item</th>
<th>Caption of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work</td>
<td>Behavior</td>
<td>Unstable, inefficient, unsuccessful, over-working, over-submissive</td>
</tr>
<tr>
<td></td>
<td>Friction</td>
<td>Friction</td>
</tr>
<tr>
<td></td>
<td>Distress</td>
<td>Disinterested, distressed, feeling inadequate</td>
</tr>
<tr>
<td></td>
<td>Inferential</td>
<td>Rater's assessment of environmental stress</td>
</tr>
<tr>
<td>Social</td>
<td>Behavior</td>
<td>Isolated, Constrained, unadaptable, apathetic in leisure, uncomforming</td>
</tr>
<tr>
<td></td>
<td>Friction</td>
<td>Friction</td>
</tr>
<tr>
<td></td>
<td>Distress</td>
<td>Distressed by company, lonely, bored by leisure</td>
</tr>
<tr>
<td></td>
<td>Inferential</td>
<td>Rater's assessment of environmental stress</td>
</tr>
<tr>
<td>Family</td>
<td>Behavior</td>
<td>Reticent, over-compliant, rebellious, family-bound, withdrawn</td>
</tr>
<tr>
<td></td>
<td>Friction</td>
<td>Friction</td>
</tr>
<tr>
<td></td>
<td>Distress</td>
<td>Guilt-ridden, resentful, fearful</td>
</tr>
<tr>
<td></td>
<td>Inferential</td>
<td>Rater's assessment of environmental stress</td>
</tr>
<tr>
<td>Marriage</td>
<td>Behavior</td>
<td>Constrained, submissive, domineering, neglectful, over-dependent</td>
</tr>
<tr>
<td></td>
<td>Friction</td>
<td>Friction</td>
</tr>
<tr>
<td></td>
<td>Distress</td>
<td>Distressed, feeling deprived, feeling inadequate</td>
</tr>
<tr>
<td></td>
<td>Inferential</td>
<td>Rater's assessment of environmental stress</td>
</tr>
<tr>
<td>Sex</td>
<td>Behavior</td>
<td>Undesirous, inadequate, inactive, cold, promiscuous</td>
</tr>
<tr>
<td></td>
<td>Friction</td>
<td>Rejected by partner</td>
</tr>
<tr>
<td></td>
<td>Distress</td>
<td>Tension, feeling deprived, unwanted urges</td>
</tr>
<tr>
<td></td>
<td>Inferential</td>
<td>Rater's assessment of environmental stress</td>
</tr>
<tr>
<td>Overall</td>
<td>Global</td>
<td>Extent of patient's distress, exaggerating, minimizing</td>
</tr>
<tr>
<td></td>
<td>Prognostic</td>
<td>Duration, contrast with previous state, willingness to change, pressure from others to change</td>
</tr>
<tr>
<td></td>
<td>Positive mental health</td>
<td>Strengths and assets, resourcefulness, constructive effort</td>
</tr>
</tbody>
</table>

### Scoring

Each scale has 11 points. Five are opposite each anchoring definition, four at the midpoints between them, and one at each end of the scale. Ratings are scored at the numerical value of the nearest scale point.

The design of the SSIAM was intended to allow five separate scores to represent maladjustment in the field of work, social, family, marriage, and sex; and also to allow three separate scores to represent maladjustment in terms of deviant behavior, friction between the patient and others, and the patient's distress. However, an empirical method of scoring based on a factor analysis, as well as evidence of reliability and validity, is presented in another paper.22

### Comment

The rationale and construction of the SSIAM are intended to permit reliable examination of different aspects of maladjustment, and the degree of maladjustment specific to each aspect. Features of the SSIAM which should enhance reliability in rating include structuring the interview, provision of a different item for each aspect of maladjustment, anchoring definitions phrased in terms unique to each item, guides for the rater printed at the appropriate place, and confining the consideration of environmental stress to specific items. The details of the SSIAM allow a clinician who has become familiar with them to classify data quickly.

The use of the SSIAM permits determination of the validity and usefulness of examining different aspects of social maladjustment. For instance, examination can be made of the relationship between different fields of maladjustment, such as work and marriage; and of the relationship between the different types of maladjustment, namely deviant behavior, distress, and interpersonal friction. This relationship may be looked for in patterns of maladjustment in a cross section of patients or non-patients, or else in patterns of response to treatment. If different fields of maladjustment are independent, or if different types of item are independent, the classification of social maladjustment could be improved, and the evaluation of treatment could become more precise.

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Copies of the SSIAM may be obtained from Dr. Gurland.

### References