

Outcome Measure	Patient Competency Rating Scale (PCRS)
Sensitivity to Change	Yes
Population	Adult
Domain	Measures of Self
Type of Measure	Self-report, relative-report, & clinician-rated scales
ICF-Code/s	b1, d1-d9
Description	<p>The primary purpose of the PCRS (developed in the 1980s by George Prigatano et al) is to evaluate self-awareness (the ability to appraise one's current strengths and weaknesses) following TBI.</p> <p>The PCRS is a 30-item self-report instrument which asks the subject to use a 5-point Likert scale to rate his or her degree of difficulty in a variety of tasks and functions. The subject's responses are compared to those of a significant other (a relative or therapist) who rates the subject on the identical items. Impaired self-awareness may be inferred from discrepancies between the two ratings, such that the subject overestimates his/her abilities compared to the other informant. Awareness of deficit may also be examined separately for the various domains sampled by PCRS items. These include activities of daily living, behavioral and emotional function, cognitive abilities, and physical function.</p> <p>The Patient form plus at least one of the other forms must be used concurrently in order to produce a discrepancy score.</p>
Properties	<p>Formal normative studies of the PCRS have not been conducted. A study using a control group of 131 New Zealanders (Leathem et al., 1998) grouped some of the PCRS items into 4 categories (ADL, emotional behavior, interpersonal behavior, and cognition) and reported mean control scores across items in each group. Means were between 4 ("fairly easy to do") and 5 ("can do with ease") with the exception of items relating to emotional control (mean = 3.81). Interestingly, informants rated control subjects higher on these items than the subjects rated themselves.</p> <p>Test-retest reliability of the PCRS has been reported as $r = .97$ for patients and $r = .92$ for relatives (Prigatano, Altman & O'Brien, 1990). One-week test-retest reliability for a group of uninjured college students was .82 (Heilbronner et al., 1993). Fleming et al. (1998) reported acceptable one-week test-retest reliability for patients with TBI using intraclass correlations (ICC $r = .85$). In the same study, internal consistency was strong for both patient ratings (Cronbach's alpha = .91, $n = 55$) and relatives' ratings of patients (Cronbach's alpha = .93, $n = 50$).</p> <p>PCRS discrepancy scores correlate significantly with indices of injury severity in some studies (Prigatano et al., 1998) but not others (Prigatano</p>

	<p>& Altman, 1990). Attempts to correlate the PCRS with specific neuropsychological findings have generally produced negative or equivocal results (Prigatano & Altman, 1990; Ranseen et al., 1990). In several studies PCRS discrepancy scores have correlated negatively with measures of depression or emotional distress (Ranseen et al., 1990; Fleming et al., 1998), lending support to the idea that emotional reactions to disability follow the onset of deficit awareness.</p> <p>Responsiveness: used to measure changes in awareness for different domains over time (Fleming & Strong, 1999) and response to intervention (Ownsworth et al., 2008). In the latter study, self and relative reports on the PCRS changes (indicating better functioning), whilst the discrepancy score did not significantly change.</p>
Advantages	<p>Brevity, available to the public (COMBI site), self, relative and clinician versions.</p> <p>Captures perceived current behavioural functioning across different domains – which is helpful separate to measuring awareness per se. Comparison with premorbid functioning is not required.</p>
Disadvantages	<p>Usual concerns with discrepancy-based methods for awareness (does this reflect awareness deficits or relative's emotional state?) and the issue of interpreting change over time, which can arise from change in relative's score, not the shifting self-perceptions of the person with TBI.</p>
Additional Information	<p>A briefer version of the PCRS was developed for administration in an acute inpatient neurorehabilitation unit, the PCRS for neurorehabilitation (PCRS-NR) (Borgaro & Prigatano, 2003). This 13 item scale assesses awareness in acute neurological inpatients and allows the early identification of a discrepancy between patient and relative ratings using a 5-point Likert scale. Impaired self-awareness may be inferred from discrepancies between the two ratings, such that the subject overestimates his/her abilities compared to the other informant.</p> <p>A principal components factor analysis yielded a three factor solution with acceptable internal consistency (Cronbach alfa = 0.82, n = 108). The factors reflect emotional, interpersonal and cognitive functioning.</p> <p>The brevity of the scale allows for easy administration to acute inpatients and facilitates early detection of self-awareness deficits that may hinder the rehabilitation process.</p>
Reviewers	Tamara Ownsworth

References

See COMBI site

<http://www.tbims.org/combi/pcrs/pcrsref.html>

Prigatano, G. P. & Altman, I. M. (1990). Impaired awareness of behavioral limitations after traumatic brain injury. *Archives of Physical Medicine and Rehabilitation*, 71, 1058-1064.

Borgaro, S.R., & Prigatano, G.P. (2003). Modification of the Patient Competency Rating Scale for use on an acute neurorehabilitation unit: the PCRS-NR. *Brain Injury*, 17 (10), 847-853.