

This is a **Sample** version of the
**Cohen-Mansfield Agitation
Inventory (CMAI)**

The **full version** of the CMAI comes without 'sample' watermark.

The full complete 37 page version includes –

- CMAI Overview information
- CMAI Scoring/ Administration Manual
- CMAI Complete Assessment 5 versions - Long form, Long form expanded, Short form, Community form, disruptiveness form
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RELIABILITY AND VALIDITY OF THE COHEN-MANSFIELD AGITATION INVENTORY IN INSTITUTIONALIZED ELDERLY

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SUMMARY

The reliability and validity of the Cohen-Mansfield Agitation Inventory (CMAI) were studied in residents of a long-term care facility. The CMAI demonstrated high internal consistency, but only marginally adequate interrater reliability. Correlations with the Behavioral Syndromes Scale for Dementia (BSSD) and the Behavioral Pathology in Alzheimer's Disease (Behave-AD) provide support for the contention that the CMAI is a valid measure of agitation with nursing home residents.

KEY WORDS—Agitation, psychological scales, dementia, nursing home.

Agitation is a significant management problem in the care of elderly persons in skilled nursing facilities, affecting individual service needs and care planning. The National Nursing Home Survey in 1985 reported that a majority of nursing home residents exhibited some form of behavioral disturbance (National Center for Health Care Statistics, 1986). Rovner *et al.* (1986) report that 76% of nursing home residents sampled had at least one behavioral problem and 40% had five or more. Others estimate that between 64% and 93% of nursing home residents exhibit significant levels of agitated behavior (Zimmer *et al.*, 1984; Cohen-Mansfield *et al.*, 1989).

The measurement of behavior disturbances among the elderly has evolved in recent years to include observational ratings as well as clinical ratings. One measure that has been studied in some detail is the Cohen-Mansfield Agitation Inventory (CMAI). However, as this research has been limited to a single site (Cohen-Mansfield *et al.*, 1989; Cohen-Mansfield, 1986, 1988; Marx *et al.*, 1990;

Cohen-Mansfield and Marx, 1989), the CMAI requires independent validation.

The present study investigates the psychometric properties of the CMAI, a 29-item scale developed to systematically assess agitation. Elderly persons were rated by a primary caregiver regarding the frequency with which they manifested physically aggressive, physically non-aggressive and verbally agitated behaviors. The CMAI was also compared to the Behavioral Syndromes Scale for Dementia (BSSD) (Devanand *et al.*, 1992) and the Behavioral Pathology in Alzheimer's Disease (Behave-AD) (Reisberg *et al.*, 1987) in a cohort of elderly patients living in a long-term care facility.

The BSSD provides detailed examination of symptoms of behavioral disturbance in demented persons with a focus on five syndromes: disinhibition (including agitation, aggression and wandering), catastrophic reactions, apathy-indifference, sundowning and denial.

The Behave-AD was developed specifically for patients with dementia. This instrument consists of 25 specific symptoms in seven symptomatic categories: delusional ideation, hallucinations, activity disturbances, aggressive behavior, sleep disturbances, affective symptoms, and anxieties and pho-

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**This is the end of the SAMPLE CMAI clinical validity.
Please return to page 1 to purchase complete version.**

INSTRUCTIONS FOR THE COHEN-MANSFIELD AGITATION INVENTORY (CMAI)

WHAT IS AGITATION?

Agitation is operationally defined by Cohen-Mansfield and Billig (1986) as: inappropriate verbal, vocal, or motor activity that is not judged by an outside observer to result directly from the needs or confusion of the agitated individual. Agitation is not a diagnostic term, but rather a term used by clinicians for a group of symptoms that may reflect an underlying disorder.

Agitated behavior is always socially inappropriate, and can be manifested in three ways:

- It may be abusive or aggressive toward self or other.
- It may be appropriate behavior performed with inappropriate frequency, such as constantly asking questions.
- It may be inappropriate according to social standards for the specific situation, as in taking off clothes in the activity room.

(Cohen-Mansfield, Marx, and Rosenthal, 1989)

USING THE COHEN-MANSFIELD AGITATION INVENTORY

The purpose of the Cohen-Mansfield Agitation Inventory (CMAI) is to assess the frequency of manifestations of agitated behaviors in elderly persons.

The CMAI was developed for use in the nursing home. Originally, trained research staff have administered it to nursing staff in a one-to-one interview, rating each resident separately. It has been used also by family caregivers, social workers, activity directors of senior day care centers and others. Although originally developed for research purposes, it has also been used for clinical purposes, such as deciding whether withdrawal of psychotropic medication resulted in an increase in agitation in an elderly woman. The CMAI may be self-administered by a caregiver or it may be completed by interviewing a staff of family caregiver.

The CMAI is a caregivers' rating questionnaire consisting of 29 agitated behaviors, each rated on a 7-point scale of frequency. Ratings pertain to the two weeks preceding the administration of the CMAI.

In completing the CMAI, note that each behavior is actually a group of related behaviors. Read carefully the long form with the expanded descriptions. If the person to be rated manifests an inappropriate behavior which is close to a behavior on the CMAI but not spelled out exactly, add it to that category. For example, if a person squeaks, and this behavior is not listed, use the category of "making strange noises," even though it is not included in the examples. Recognize that it is impossible to include all possible examples, but each line is intended to capture a group of closely related behaviors.

Do not try to judge if the behavior can be explained or not, just rate the frequency at which it actually occurs. The CMAI does not contain "severity" of a behavior because the nature of most

behaviors reflect their severity (e.g., “constantly requesting help or attention” is by nature less severe than “screaming or shouting”).

A disruptiveness scale was added to later versions of the CMAI. In addition to the frequency of each behavior, the rater is asked to give information as to how disruptive each behavior is. The rating scale is a 5-point scale of disruptiveness (i.e., 1 = never, 5 = extremely). This scale relies on subjective information given by the rater. Inter-rater reliability does not exist for judging disruptiveness, and we do not necessarily expect raters to agree on this aspect of the CMAI. It is however useful for assessing the impact of the behavior in clinical trials, especially when the study objective is to accommodate the behavior rather than changing it.

In some versions of the CMAI, we have in addition to the 7-point frequency scale, two other options for rating the behavior: 1) “8 - would occur if not prevented” (e.g., a person is physically restrained so he/she cannot pace), and 2) “9 - not applicable” (e.g., a non-verbal resident not being able to repeat sentences or questions, or a person who cannot walk or move a wheelchair not being able to pace, an amputated person not being able to kick). Try to use these ratings only if the behavior really has never occurred in the past two weeks. If it has occurred, then the 1-7 point frequency scale should be used.

INSTRUCTIONS FOR THE INTERVIEWER

1. Explain why this assessment is important for research or clinical purposes.
2. Try to conduct the interview in a quiet area where there is minimum interruption so as to increase attention to the rating.
3. Most frequently, the CMAI is conducted as a face-to-face interview, where a research assistant reads aloud each category to the caregiver. Providing a copy of the CMAI for the respondent helps with comprehension of each behavior as well as facilitates a better understanding of the 7-point rating scale. To further improve the interview, mail or show the respondent the instrument several days before the interview, allowing him/her to think about the questions in advance.
4. Make sure that you do not influence the respondent by anything you say or do. Notice your body language and nonverbal communication. Make sure you convey a calm atmosphere and use a respectful tone.
5. When interviewing a staff member or a family member, recognize that caregivers know more about the elderly person than you do.
6. To complete the CMAI thoroughly, allow 20 minutes for the interview. This is important to keep in mind when scheduling an interview with a busy nursing home staff member.
7. If the respondent cannot be visited in person, it may be necessary to access the nursing assistant or family member by telephone. In these cases, we recommend sending a copy of the CMAI to the respondent before calling, so they may follow along with the interviewer’s questions.
8. Make sure the respondent is giving sufficient time and attention to each category. In some cases it is advisable to read each category of behavior aloud. If the caregiver just “runs

This is the end of the SAMPLE CMAI Scoring and Administration Instructions. Please return to page 1 to purchase complete version.

THE COHEN-MANSFIELD AGITATION INVENTORY - Long Form

Please read each of the 29 agitated behaviors, and circle how often (from 1-7) each was manifested by the resident during the last 2 weeks:

| | Never 1 | Less than once a week 2 | Once or twice a week 3 | Several times a week 4 | Once or twice a day 5 | Several times a day 6 | Several times an hour 7 |
|---|------------|----------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------|----------------------------------|
| 1. Pace, aimless wandering | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Inappropriate dress or disrobing | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Spitting (include at meals) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Cursing or verbal aggression | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. Constant unwarranted request for attention or help | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. Repetitive sentences or questions | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. Hitting (including self) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. Kicking | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. Grabbing onto people | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. Pushing | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. Throwing things | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. Strange noises (weird laughter or crying) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

This is the end of the SAMPLE CMAI- Long Form. The complete CMAI contains 5 different versions. Please return to page 1 to purchase complete version.