



## Reliability and validity of the SPAID-G checklist for detecting psychiatric disorders in adults with intellectual disability

Marco Bertelli <sup>a,b,\*</sup>, Daniela Scuticchio <sup>a,b</sup>, Angela Ferrandi <sup>c</sup>, Stefano Lassi <sup>d</sup>, Francesco Mango <sup>e</sup>, Claudio Ciavatta <sup>e</sup>, Cesare Porcelli <sup>f</sup>, Annamaria Bianco <sup>a</sup>, Sergio Monchieri <sup>c</sup>

<sup>a</sup>CREA (A.M.G. Research and Evolution Centre), Florence, Italy

<sup>b</sup>Social Co-operative WORK 2000, Arezzo, Italy

<sup>c</sup>IRCCS San Giovanni di Dio Fatebenefratelli, Brescia, Italy

<sup>d</sup>Fondazione Opera Diocesana d'Assistenza Firenze ONLUS, Diacceto, Florence, Italy

<sup>e</sup>Istituto dei Padri Trinitari, Venosa, Potenza, Italy

<sup>f</sup>Co-operative RUAH, Triggiano, Bari, Italy

### ARTICLE INFO

#### Article history:

Received 8 August 2011

Received in revised form 24 August 2011

Accepted 24 August 2011

Available online 24 November 2011

#### Keywords:

Screening tool

Psychiatric assessment

Intellectual disability

Adult

Psychiatric disorders

### ABSTRACT

SPAID (Psychiatric Instrument for the Intellectually Disabled Adult) is the first Italian tool-package for carrying out psychiatric diagnosis in adults with Intellectual Disabilities (ID). It includes the “G” form, for general diagnostic orientation, and specific checklists for all groups of syndromes stated by the available classification systems. SPAID was established to provide an easy and quick tool for daily practice of the personnel working with ID. The present study was aimed at evaluating psychometric and psychodiagnostic characteristics of the SPAID-G and at supplying new data on the prevalence rate of psychiatric disorders in a multicentric Italian sample of people with ID living in different settings. The SPAID-G was randomly applied to 304 participants with ID attending residential facilities or assessment services across Italy. A part of the sample was also consecutively assessed through the use of DASH, PDD-MRS and by the clinical application of the DSM-IV TR criteria. The correlation between SPAID-G scores and those provided by other evaluation tools was over 60%. Additionally, the internal consistency and inter-rater reliability resulted to be good. Psychopathological symptoms were detected in approximately 40% of the sample. Respectively, autistic spectrum disorders, impulse control disorders, mood disorders, and dramatic personality disorders were the diagnostic orientations providing the most prevalent over-threshold scores. SPAID-G seems to be a valid diagnostic tool, quick and easy to use in psychiatric disorders assessment within the Italian population with ID.

© 2011 Elsevier Ltd. All rights reserved.

## 1. Introduction

Even if Mental Retardation, more often defined as “Intellectual Disability” (ID), is usually included among the syndromes of psychiatric diagnostic manuals, it does not seem merely linked to a disorder or an illness, nor to a univocal condition of disability.

\* Corresponding author at: CREA (Centro di Ricerca ed Evoluzione AMG), Via Del Sansovino, 176, 50142 Florence, Italy. Tel.: +39 055 7392880; fax: +39 055 7393879.

E-mail addresses: [mbertelli@crea-amg.org](mailto:mbertelli@crea-amg.org), [info@crea-amg.org](mailto:info@crea-amg.org) (M. Bertelli).

It seems more properly defined as a meta-syndromic group that includes a wide range of evolutionary processes and existential pictures that are definitely different in etiology, physical disability, associated psychopathology and general functioning (Salvador-Carulla & Bertelli, 2008).

The criteria which define the common factors to all syndromic forms are a deficit in logical-deductive processes and a relevant limitation in adaptive functioning which arise before 18 years of age and influence the whole development process of the affected individual.

Such criteria actually respond to essential needs of results coding and of their exchange among professionals. However the codification of results often turns out to inevitably lessen and simplify the complexity of individual realities by finally losing their validity.

The variability in the worldwide prevalence rate of ID is between 1% and 4% (Durkin, 2002; Leonard, Petterson, Bower, & Sanders, 2003; Silka and Hauser, 1997; Van Schrojenstein Lantman-De Valk, Metsemakers, Haveman, & Crebolder, 2000) and reflects the diagnostic issues faced in clinical practice and in providing an univocal assessment of the various levels of cognitive and functional impairment. Even more uncertain are the prevalence estimations of psychiatric disorders in the population with ID, since they have been considered clinically and socially relevant only in the last three decades (Day & Dosen, 2002).

A recent study by Cooper, Smiley, Morrison, Williamson, and Allan (2007) highlights how psychiatric comorbidity may considerably vary depending on the applied diagnostic criteria, ranging from 52.2% in cases where the diagnosis is based only on clinical assessment, to 45.1% when the diagnosis is based on Diagnostic Criteria for Psychiatric Disorders in Adults with Learning Disabilities/Mental Retardation (DC-LD; Royal College of Psychiatrists, 2001), up to 11.4% in surveys applying the criteria of the Diagnostic and Statistical Manual of Mental Disorders 4th Edition – Text Revision (APA, 2000), or even up to 10.9% by application of the Diagnostic Criteria for Research of the International Classification of mental and behavioral disorders (DCR-ICD-10; WHO, 1993).

The establishment of criteria is only the first of various difficulties faced by the psychiatric diagnostic process in its application to individuals with ID. Many other issues are related to the methodology of assessment.

Indeed the reliability of the information source, including the same individuals with ID being assessed, is often uncertain. These patients may have poor verbal expression abilities, may be inclined to acquiescence and, for certain peculiarities in the experiential range, may show deviations from the norm according to the attribution of meaning to communicative contents (psychosocial masking; Sovner, 1986). In addition, mainly in the most severe cases, some individuals may show 'cognitive distortion' (Sovner & Des Noyers Hurley, 1986), which consists of difficulties in introspection capacity, in defining ones own life experiences and in communicating states of uneasiness or suffering (Cooper, Melville, & Einfeld, 2003).

In this specific field the sources of information other than the individual himself result to be limited, heterogeneous and contradictory. Family members are often in difficulty in finding answers aimed at detecting the presence of further mental functioning disorders. First-line support personnel, both assistants and social-health operators, do not have appropriate tools for discriminating the observed behaviors and relating them to a possible pathological meaning. Furthermore, clinical files and other records are often incomplete and not correct.

Another frequent problem is the diagnostic overshadowing (Reiss, Levitan, & Szyszko, 1982; Reiss & Szyszko, 1983) between ID and psychiatric disorders, which is the difficulty clinicians find in distinguishing between psychiatric symptoms and behavioral alterations or expressive ways that could be both typical for ID in general or for certain phenotypes in particular. In addition, the different psychic functionings of people with ID may lead to several ways of presentation of the psychiatric conditions that are substantially different from the norm. Cognitive deficits could inhibit some symptoms or symptomatologic patterns and increase others (Sovner, 1986; Sovner & Des Noyers Hurley, 1986), making psychopathological pictures confused or vague. The symptomatology could be chaotic, intermittent, fluctuating, atypical, masked, mixed, poorly defined, or even extremely rigid.

### 1.1. Tools for psychiatric diagnosis

For all of the reasons mentioned above, the application of rating scales developed for the general population to people with ID has demonstrated considerable problems in obtaining valid results. This situation has stressed the need for the creation of specific tools. In the beginning, these tools were meant not only to simplify the psycho-diagnostic procedure, but also to support reliability of epidemiological estimations and to provide more knowledge on mental health issues in ID (Day & Dosen, 2002).

The first issued tool was PIMRA (Psychopathology Instrument for Mentally Retarded Adults; Matson, Kazdin, & Senatore, 1984; Swiezy, Matson, Kirkpatrick-Sanchez, & Williams, 1995), that in some contexts is still considered a benchmark test. It is based on a structured interview, available both in a self- and hetero-administered form, related to DSM diagnostic criteria. Although showing more and more frequent difficulties of concordance between evaluators (Linaker, 1991; Minner, Savelsberg, & Hoogduin, 1994; Sturmey & Ley, 1990) PIMRA revealed itself to be very useful in research settings, in therapeutic planning and in the evaluation of the treatment outcomes (Swiezy et al., 1995).

The second issued tool, DASH (Diagnostic Assessment for the Severely Handicapped), was created and revised (DASH-II) by Matson, Gardner, Coe, and Sovner (1991) and Matson (1995). In this specific case, the assessment procedure is based mainly on the detection of several key symptoms related to different syndromic groupings, which could be defined by frequency, duration and severity.

The PAS-ADD (Psychiatric Assessment Schedule for Adults with Developmental Disabilities Checklist; Moss et al., 1993) was more recently developed as a practical tool for a rapid identification and diagnosis of psychiatric disorders in adults and

متن کامل مقاله

دریافت فوری ←

**ISI**Articles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات