



# A study on the usefulness and reliability of the “Scheme of Appraisal of Emotional Development” (SAED) for persons with ID using direct observation in a group-based assessment procedure



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## ABSTRACT

**Introduction:** Whereas instruments for the assessment of intellectual and social abilities are widely available, instruments for the evaluation of emotional development of persons with intellectual disabilities (ID) are rare. The Scheme of Appraisal of Emotional Development (SAED), an internationally used tool developed by Dosen (2005a. *Journal of Intellectual Disability Research*, 49, 1, 2005b. *Journal of Intellectual Disability Research*, 49, 9), is one of the latter and is based on interviews with caregivers. The present study aims to investigate the internal consistency and interrater-reliability by changing the interview procedure into a direct observation and evaluation approach by a whole team instead of by one expert.

**Method:** The level of emotional development of 175 patients admitted to a psychiatric inpatient unit specialized in the treatment of adults with ID was evaluated with the SAED by the treatment team after an observation period of up to two weeks. The inter- and intrarater-reliability was assessed by direct observation of the behaviour of an additional 50 patients by two pairs of raters.

**Results:** The internal consistency of the SAED dimensions, once rated by team approach, is excellent, and the reliability measures show also good statistical results.

**Conclusion and implications:** The evaluation of the level of emotional development using the SAED by a group-led and/or direct observational procedure show to be a reliable and useful approach. The group-based procedure yields equal results compared with the usual interview guidelines and might lead to an additional training effect within the respective teams. The rater-reliability measures align with those reported in other studies.

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## 1. Introduction

Intellectual disabilities (ID) have been traditionally defined by focusing exclusively on cognitive and social-adaptive limitations. It is only recently that psychological theory and neurobiological research pointed to the interaction of cognitive, emotional and social developmental issues influenced by genetic and environmental factors and their respective

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interrelations (Bowlby, 1969; Le Doux, 1993; Lemerise & Arsenio, 2000; Malatesta & Wilson, 1988; Piaget, 1953; Rosso, Young, Femia, & Yurgelun-Todd, 2004). Hence, from the vantage point of the level of emotional development, the perception of ID as an exclusively cognitive impairment has developed into a more comprehensive view, including cognitive, emotional, and social abilities (Greenspan & Wieder, 1998; Izard et al., 2006; Sroufe, 2009; Baurain, Nader-Grosbois, & Dionne, 2013).

This multidimensional view can be regarded as a crucial aspect in the evaluation of challenging behaviour and mental health problems in persons with ID, which are quite common as prevalence figures vary from 10% to about 20% for challenging behaviour (Emerson et al., 2001; Lowe, Allen, Jones, Brophy, & Lames, 2007; Lundqvist, 2013). The risk for developing challenging behaviour is estimated to be three to five times higher for people with ID as compared to the general population (Emerson & Einfeld, 2011). Psychiatric disorders have been identified in 4% to over 50% of persons with ID, depending on whether challenging behaviour is incorporated (Whitaker & Read, 2006 cited in Allen, Lowe, Matthews, & Anness, 2012); even higher prevalence figures have been published with regard to children and adolescents (Barron, Molosankwe, Romeo, & Hassiotis, 2013). Some researchers have shown that the emotional development of clients and/or aspects relating to their ecological system may play a pivotal role in the development of problem behaviour, next to somatic or psychiatric issues. Therefore, an integrative approach, combining pedagogical, psychological, pharmaceutical, and social treatment and support methods is warranted (Dosen, 2007). From this point of view, it might be relevant in terms of an efficient therapeutic process to evaluate the level of development in different dimensions, including cognitive functions, social-adaptive behaviour, and emotional abilities (La Malfa, Lassi, Bertelli, Albertini, & Dosen, 2009; Totsika, Felce, Kerr, & Hastings, 2010; Sappok et al., 2014).

Whereas instruments for the assessment of intellectual-cognitive and social abilities are widely available (Balboni et al., 2014; Kaufman & McLean, 1986; Lemerise & Arsenio, 2000; Rabin, Barr, & Burton, 2005; Sparrow, Balla, & Cincchetti, 1984; Wechsler, 1997), instruments for the assessment of the emotional level of people with ID hardly can be found (Bax, 2002). Yet, knowledge about emotional development is as important as knowledge about other dimensions, such as intelligence, because it may help to explain the underlying meaning of a person's behavior (Vandeveldte et al., 2015). Therefore, it is important to have "objective" (or at least intersubjective) measures of emotional development, especially when self-report is not adequate or suitable. Instruments available internationally include the Scheme of Appraisal of Emotional Development (SAED) (Dosen, 2005a, 2005b; La Malfa et al., 2009); the Scale for the Assessment of the Social-Emotional Developmental Age Level (SEDAL); an English version of the Dutch ESSEON (Hoekman, Moederma, Otten, & Gielen, 2004); the Functional Emotional Assessment Scale (FEAS) (Greenspan, DeGangi, & Wieder, 2003); Frankish's tool of measuring the emotional development of persons with ID (Frankish, 2013); and the Infant-Toddler Social and Emotional Assessment (ITSEA) (Carter & Briggs-Gowan, 2000). Most of these instruments have been psychometrically evaluated with regard to internal consistency and convergent validity (investigating correlations with other scales measuring the same or a related concept). The results indicate that these instruments generally show good convergence to other scales, display good internal consistency and are convenient to administer (Carter, Briggs-Gowan, Jones, & Little, 2003; Hoekman et al., 2004; La Malfa et al., 2009).

In this study, the SAED has been used, as it emphasizes the role of emotional development in understanding behaviour and behavioural problems in children, adolescents, and adults with ID (Dosen, 2005a, 2005b). The SAED sheds light on basic emotional needs, personality traits and behaviour features; it differs from the other above-mentioned instruments as it specifically differentiates emotional development from the social and cognitive development (Vandeveldte et al., 2015). Applying the SAED helps to understand psychological developmental aspects. The emotional development is related to a scheme of developmental steps in the first 12 years of life, which are appropriate for both children and adults, as the emotional development typically stagnates in persons with ID (De Schipper & Schuengel, 2010; Sappok et al., 2014), although qualitative changes within the different domains may still be observed. Moreover, quite often a discrepancy is observed between a higher cognitive and a lower emotional development (Dosen, 2005a). The scheme divides the time span of 12 years into 5 phases of emotional development. Additionally, the SAED defines 10 dimensions ("psycho-social aspects") and lists emotional and behavioural characteristics typical for each developmental stage (Table 1). The evaluation of emotional development is typically based on interviews with caregivers or social network members, carried out by interviewers experienced in developmental psychology and psychiatry and trained in administering the SAED. This means that the original version of the SAED was developed to be used as an indirect evaluation tool. The estimated time for the interview is about 20 to 30 min (Sappok et al., 2014), not including the time of transferring the results to the members of a treatment team, which cannot be exactly specified. In the developer's view, the SAED should be regarded as a practice-based tool for evaluating the emotional development with a high potential for clinical relevance in the treatment planning of problem behaviour which is not (or partially) caused by somatic and/or psychiatric reasons (see, e.g., Dosen, 2008). When using the SAED and its underlying theoretical framework on emotional development, support workers are obliged to go beyond 'mere' symptom reduction (e.g., by using medication and/or behaviour therapy as stand-alone approaches) in treatment and support planning and implementation, as it highlights the importance of adapting the environment and context to the basic needs of clients (Vandeveldte et al., 2015).

The current study pursues another way to advance the original SAED further in two directions. (1) The first direction was to avoid a possible interviewer bias. We changed the method of data acquisition to elicit the caregivers' opinions from an expert interview to a direct observational approach towards the patient's behaviour, i.e., the person who provides the information and the person who in fact rates the behaviour are the same. (2) Second, we aimed at developing a procedure which is easy and effective to handle in the routine care of an inpatient unit for adults with ID and co-occurring psychiatric and/or behaviour disorders. Therefore, it was decided that the members of the therapeutic and nursing team of the wards

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