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The assessment of mood in adults who have severe or profound mental retardation

Elaine Ross, Chris Oliver*

School of Psychology, University of Birmingham, Edgbaston, Birmingham B15 2TT, UK

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Abstract

Empirical literature examining the emotional lives of adults with severe and profound mental retardation is limited. One area to have received attention is mood. It is proposed that the utility of assessment of mood extends beyond psychiatric diagnosis to issues such as the appraisal of quality of life for individuals with limited or no expressive language. Two themes related to the assessment of mood are evident in contemporary literature. First, attempts have been made to clarify presentation of affective disorders, especially depression, and to improve assessment of depressive symptomatology in adults with mental retardation. A review of current methods for assessing depression indicates significant problems with reliability and validity. There is a need to develop appropriate assessment methods for use in relation to adults with severe and profound mental retardation who are unable to self-report and behavioral methodology might be useful in this respect. Second, there is an emerging argument that presentation of depression in adults with mental retardation, particularly in individuals with severe disabilities, includes challenging behaviors, referred to as “atypical symptoms.” Methodological and conceptual issues related to this argument warrant closer examination. Finally, it is noted that research drawing on more rigorous methodology is required to interpret the emotional states of individuals with severe and profound mental retardation.

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* Corresponding author.

E-mail address: C.Oliver@Bham.ac.uk (C. Oliver).

1. Introduction

Relatively little is known about the emotional lives of people who have mental retardation (Benson & Ivins, 1992), although the knowledge base is growing slowly (Lindsay, Michie, Baty, Smith, & Miller, 1994). Examples of this emerging interest predominantly involve people with less severe mental retardation and include the areas of anger management (e.g., Benson, 1994; Benson, Rice, & Miranti, 1986) and bereavement (e.g., Cathcart, 1995). Less interest has been paid to mood and emotions among people with severe and profound mental retardation (Favell, Realon, & Sutton, 1996). Instead, applied psychological research with this group has focused on other areas. The most notable example is exploration of behavioral excesses and deficits, i.e., “challenging behavior” (especially aggressive or self-injurious behavior, see *Journal of Applied Behavior Analysis*, 1994), although a limited number of other areas have been investigated, for example, skills teaching (Clements, 1987).

This review will focus on one aspect of the emotional lives of adults with severe and profound mental retardation: the assessment of mood. It will be proposed that there are important reasons for improving the assessment of mood in people whose ability to communicate verbally about their subjective experiences is, by definition, limited or nonexistent. Initially, potential applications of mood assessment in adults with more severe mental retardation will be examined, primarily in relation to the appraisal of quality of life. A review will then be provided of the current state of research on affective disorders in adults with mental retardation. This will concentrate on identification and assessment of depression (primarily unipolar depression), since most research relating to the expression of affect has been carried out in this area. This overview will highlight both the needs for reliable and valid methods of assessing mood in adults with mental retardation, particularly people with more severe disabilities and some of the principal conceptual and methodological challenges pertaining to mood assessment in this group.

2. The assessment of mood to contribute to the appraisal and improvement of quality of life

Research into quality of life became the “pre-eminent issue of the 1990s” in the field of mental retardation (McVilly & Rawlinson, 1998). Parmenter (1992) highlights the limitation of early models of quality of life, which focused primarily on objective indicators, such as the physical environment and activities for daily living. It is suggested that a balance is needed between objective and subjective factors (Parmenter, 1992). Subjective dimensions have been incorporated in later models. These have included a psychological/psychosocial category (Goode, 1988a, as cited in Parmenter, 1992), psychological wellbeing (Brown et al., 1989, as cited in Parmenter, 1992), and personal values and aspirations (Felce & Perry, 1995).

A prerequisite of subjective evaluation is the ability to assess an individual’s feelings of happiness and satisfaction with aspects of his/her life. This becomes more problematic when appraising quality of life in people with more severe mental retardation who cannot directly self-report. There have been three main responses to this challenge. Firstly, the majority of

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