

Rose, J.L., & Gerson, D.F. (2009). Assessing anger in people with intellectual disability. *Journal of Intellectual and Developmental Disability*, 34(2); 116-122.

Individuals with intellectual disability (ID) often have life experiences that can trigger anger and personal distress. Anger is an emotion that they can have difficulties managing, and can be a precursor to aggressive behavior. Both self-report and staff/caregiver report have been used in the assessment of aggressive behavior and are useful in an assessment. This study examined the psychometric properties of assessment tools for anger and also compared the changes found in these measures over time in relation to interventions for anger-related difficulties in individuals with ID.

Study 1:

Measures on aberrant behavior and anger were given to 31 sets of staff and individuals with ID and were then compared. The individual completed the Anger Inventory (AI) and staff members completed the Staff AI and the Aberrant Behavior Checklist-Community (ABC).

Key Findings

- The self-reported anger score was higher than the average staff-reported anger score but this difference was not significant
- There was no relationship between the ABC and self-reported anger on the AI
- A significant relationship was found between the Staff AI total scores and ABC total scores. Of the five subscales on the ABC, the Staff AI correlated with the subscales of "irritability", "stereotypy", and "hyperactivity"

Study 2:

Data was collected from 57 sets of staff/relatives and the individual with ID before and after an anger intervention program. The same measures were used as in Study 1 except the ABC was not completed by staff/relatives.

Key Findings

- Before the intervention the average self-reported anger score was higher than the average staff-reported anger score and these differences were approaching significance
- No correlation was found between the two measures before the intervention, but after the intervention there was a significant correlation found:
 - o Carers had accompanied some individuals to their intervention on a regular basis. For these groups no correlation was found between carer and the individual before the intervention but after the intervention there was a significant correlation found on the measures.
 - o For the remaining group where they were not accompanied by a carer no correlation was found before or after the intervention between staff/carer and the individual.

Internal consistency of both the AI and Staff AI were found to be good. The lack of relationship between staff and self-report of anger prior to intervention may be due to

problems completing the questionnaires or participants interpreting their own feelings of anger which are not observed by staff. The second study demonstrated that after the intervention staff was better able to predict the responses of clients if they participated with the individual in the intervention. The staff may have had a better understanding of the client's anger after participating in the intervention and gaining better insight into the people they work with. This suggests that staff involvement in interventions may have a useful therapeutic effect and that it is possible to increase staff understanding of client emotions given the right conditions.

Hemmings, C.P., Underwood, L.A., & Bouras, N. (2009). Services in the community for adults with psychosis and intellectual disabilities: a Delphi consultation of professionals' views. *Journal of Intellectual Disability Research*, 53(7); p 677-684.

This study employed a Delphi technique to approach and examine the opinions of professionals on the effectiveness of community services for adults with psychosis and intellectual disabilities (ID) in the UK. The Delphi technique is a consensus panel method that provides a quantitative approach to issues and gains consensus of experts through structured questionnaires. Participants had experience working for community-based services that provide care for people with psychosis and ID. There were three rounds of questionnaires, with 49 participants completing all three rounds. Participants included nurses, an occupational therapist, an operational manager, psychiatrists, psychologists, and a social worker.

Key Findings

- 98% of participants were of the opinion that some adults with psychosis and ID sometimes need a more intensive community-based service
- As the rounds progressed the average level of agreement on questionnaire items increased from 56.6% to 72% between participants
- Routine components considered Essential by consensus can be considered under a need for a focused approach on the service user and their illness and the added need to work within the wider context of the service user with psychosis and ID
 - o Ex. Monitoring mental state and medication, access to activities, risk assessment and management, staff training, antipsychotic medication, specialized psychiatrist, appropriate housing and support, crisis plan
- The service user characteristics considered Essential when deciding whether someone should receive more intensive services are quite similar to those with psychosis but without ID.
 - o Ex. Risk to themselves/others, acute phase of illness, frequent relapse, difficult to engage, poor compliance, additional challenging behavior, risk of placement breakdown, high level of distress or difficulties coping, offending behavior

Through the consensus of professionals this study identified components of services that are essential in the community for adults with psychosis and ID. These components can provide guidance in the evaluation of community services that exist and are being created to maximize the benefits for this underserved population.