Scale for Assessing Emotional Disturbance (SAED)

Publisher/Date:

Purpose:
- Individually-completed, norm-referenced behavior rating scale for children ages 5 through 18-11, designed to assist in the identification of children who qualify for the federal special education category of Emotional Disturbance.

Provides:
- The scale provides 7 scores aligning with IDEA ED criteria: Inability to Learn, Relationship Problems, Inappropriate Behavior, Unhappiness or Depression, Physical Symptoms or Fears, Socially Maladjusted, and Overall Competence.

Standardization Issues:
- Standardization included 3,637 students ages 5-18, with 2,266 of those students not identified as having any emotional disturbance (comprising the “non-ED” norm tables), and the remaining 1,371 students having been identified and currently receiving special education services for emotional disorders (comprising the “ED” norm tables). The non-ED sample was roughly representative of school-age population estimates for the 1990 US Census data. The ED sample included a higher ratio of males and African-Americans.

Reliability and Validity Issues:
- Internal reliability quotients were generally good, and the overall score for both groups was over .90 at all age levels. Among the “ED” sample, two subscales failed to reach minimal levels of reliability at nearly all ages: Physical Symptoms/Fears and Overall Competence. The Socially Maladjusted scale was “borderline” in terms of reliability. Among the “Non-ED group,” insufficient reliability was reported on the Unhappiness/Depression scale for ages 5 and 6, and Physical Symptoms/Fears at ages 6-8 and 15-17. Test-retest reliabilities were good-to-excellent, ranging from .84-.94 for subscales (1- to 2-week interval) and .89-.94 for Overall Problem quotients. Inter-rater reliabilities were calculated based on ratings by six pairs of special education teachers working with the same students and these were shown to be adequate for all scales except Physical Symptoms/Fears and Unhappiness/Depression which were unacceptably low (.51 and .61,
respectively). Content validity evidence is well-established, and criterion validity studies with other established measures (Achenbach Teacher Rating Form, Quay Revised Problem Behavior Checklist) yielded respectable correlations of .80 and .86. Construct-validity was established through the author’s analyses of the federal definition of ED and factor analyses.

**Additional Points:**
- The scale is designed to be completed by teachers/school personnel, though the author suggests that it may be completed by a parent or other adult who is familiar with the child’s functioning). Because the scale was normed on ratings of school personnel, examiners are encouraged to supplement their evaluation with tools normed on and designed for parents when home data is being collected.
- Separate norms are provided (“Non-ED” and “ED”). Screening and eligibility-decisions should be based using the “Non-ED” norm group, according to the authors. They state that use of “ED” norms may be more helpful in intervention planning and evaluating progress of interventions.
- Demographic characteristics of the “ED norms” is more matched to what is typically seen in EBD classrooms (i.e., proportionately more males, more African-Americans, and fewer Hispanic students).
- Among the “ED” sample, two subscales fail to reach minimal levels of reliability at nearly all ages (Physical Symptoms/Fears and Overall Competence), and the Socially Maladjusted scale was “borderline.” Among the Non-ED group, insufficient reliability was reported on the Unhappiness/Depression scale for ages 5 and 6, Physical Symptoms/Fears at ages 6-8 and 15-17.
- Many of the items require the rater to make subjective inferences about the child’s thoughts or feelings (e.g., “has feelings of worthlessness,” or “fails to consider consequences of own acts”), as opposed to assessing observable, measureable behavior.
- An error on page 27 of the manual incorrectly states that the higher scores on the Overall Competence subscale are considered deviant, where in fact low scores are reflective of problems.
- Because of the test’s subjective nature and marginal reported inter-rater reliability, the measure needs to be used with other forms of data collection. Ratings are based on subjective judgments (i.e., “not a problem, “mild problem,” “considerable problem,” or “severe problem”) as opposed to behavioral descriptions which could be more objective and address frequency of observed behavior (i.e., on a 4- or 5-point frequency scale from “seldom or never” to “more than once per hour”), as on other measures.
- Some caution about the possibility of “over-identification” of students was expressed in two independent reviews. The cautions were based on the fact that the Non-ED sample (norms) excluded any students with reported emotional-behavioral problems and that use of the cut-off threshold of 91st
percentile (thereby leaving 9% of students potentially “identifiable”) may slightly over-represent general ED-identified estimates of 5-10% of school-age population. That said, teams should consider the results in light of a comprehensive multi-method, multi-source data collection procedure.

- While psychometric studies involved separate analyses for each year from ages 5-18, the norms tables for which scores are calculated may represent excessively large age-ranges, particularly at the elementary age (covers ages 5-11). Caution should be applied to interpreting this age range as behaviors considered developmentally inappropriate to 11-year-olds may in fact be quite common to 5-year-olds.

- The SAED’s Social Maladjustment scale is not included in the norms for children below the age of 12. Further, results on the basis of that scale alone should not be over-interpreted or taken as the sole indicator of determining the student as “socially-maladjusted” in the context of an EBD exclusionary-clause.

- The measure is a deficit-oriented scale and teams may consider supplementing it with measures which assess individual “strengths,” from which to consider in treatment/intervention.