

Poster presentations

Friday 4 September
12:00 - 14:00 hrs.
12:00 PM - 2:00 PM

POSTER 1

People with intellectual disabilities and mental health problems: the impact of ethnicity on their experiences of services

Muthu Kannabiran, South London & Maudsley NHS Foundation Trust, LONDON, United Kingdom
Jane McCarthy, Institute of Psychiatry, LONDON, United Kingdom
Ghazala Mir, University of Leeds, LEEDS, United Kingdom
Nick Bouras, Institute of Psychiatry, King's College London, LONDON, United Kingdom

There is very little work on the needs of people with intellectual disabilities from different ethnic communities who have mental health problems. The key aim of the study is to provide a better understanding of the experiences of people with intellectual disabilities and mental health problems who come from two ethnic communities in South London, England.

The study is a consultation with British White and Black or Black British service users to find out what they think about care they have received and what areas they would want to be better. A group facilitation technique known as the Delphi consultation method was used. A questionnaire was developed to obtain a consensus on the service users' experience of services. Descriptive analysis of data included median score on each question for two ethnic groups and consensus on a question was taken to be 80% agreement within each ethnic group.

The experiences of 15- 20 service users in contact with specialist mental health services for adults with intellectual disabilities varied across the themes of the questionnaire. Consensus within the two ethnic communities was not the same for the following areas: staff behaviour, staff from own community being available and satisfaction with help received. There was consensus across the two ethnic communities on gender of staff available. The results highlight the need for services to consult local ethnic groups in developing culturally appropriate services. It would also be informative to obtain the experiences of the carers across the two ethnic communities.

POSTER 2

Availability and use of assessment instruments for measuring psychopathology in Dutch people with intellectual disabilities

Jannelien Wieland, Rivierduinen, LEIDEN, The Netherlands
Sara Kapitein-de Haan, Ronald Baas, Rivierduinen, Kristal, Centrum Psychiatrie en Verstandelijke beperking, LEIDEN, The Netherlands
Frans Zitman, LUMC, LEIDEN, The Netherlands

Psychiatric disorders are far more common among adults with intellectual disabilities than in the general population, but diagnoses are often missed. According to the literature this is at least in part due to the lack of appropriate assessment instruments.

We did a systematic search of the literature for assessment instruments used in the assessment of psychopathology in people with intellectual disabilities and checked for availability in the Dutch language. Also we conducted a survey among Dutch mental health care institutions with an organised care for people with intellectual disabilities. We asked them which instruments they use in their assessment of psychopathology in people with intellectual disabilities.

In the literature we found 34 instruments for assessing psychopathology in people with intellectual disabilities. Of these instruments only 7 were available in the Dutch language. There were 3 instruments originally developed in the Dutch language and 4 instruments were translated into Dutch. The survey revealed that less than one third of the responding Dutch mental health care institutions with an organised care for people with intellectual disabilities use assessment instruments. More than one in three psychiatrists working with people with intellectual disabilities report that the reason for this limited use is a lack of available assessment instruments in the Netherlands.

POSTER 3

Assessment of sleep. How well do you sleep? This is a naturalistic study looking at perception of quality of sleep with Melatonin

Julia Sanders SPT, BRIGHTON, United Kingdom

This study will interview patients, carers and their families about their experience of sleep whilst taking melatonin. It will document the number of hours spent asleep and the number of hours in bed. The study will also look at the day time activities of the individuals. It will compare the patients' experience with that of the carers.

POSTER 4**Measuring care staff behavior in dealing with challenging behavior**

Arno Willems, Koraal Group, HEEL, The Netherlands

Interpersonal staff behaviour is one of the instigating factors associated with challenging behaviour in clients with ID. There are several studies focusing on the influence of intrapersonal staff characteristics - such as beliefs, attributions and emotional reactions - on staff behaviour. Little is known, however, about interpersonal staff behaviour itself.

This poster describes a new Dutch instrument, the Staff-Client Interactive Behaviour Inventory (SCIBI; SIG-B in Dutch), measuring both intrapersonal and interpersonal staff behaviour in response to challenging behaviour in clients with ID.

A total of 292 staff members, employed in residential and community services, completed the SCIBI. By means of a confirmatory factor analysis seven valid and reliable factors were found: four interpersonal staff behaviors: assertive control, hostile, friendly and support-seeking interpersonal behaviour; three intrapersonal staff behaviors: proactive thinking, self-reflection and critical expressed emotion.

The SCIBI consists of 30 items and takes about 5-10 minutes to administer.

Multilevel regression analyses showed higher age of the client to be negatively associated with assertive control. Job experience, level of education, type and sex of staff predicted interpersonal behaviour. Also, intrapersonal staff behaviour, including critical expressed emotion, proactive thinking and self-reflection, predicted interpersonal behaviour.

For practical purposes, the SCIBI can be used to identify staff behaviors that work best with individual clients, to define a ideal staff profile, and to identify which staff behavior is related to the occurrence of challenging behavior. Results obtained with the SCIBI can provide new directions for individual client treatment plans and staff training programs.

POSTER 5**Comparison of family burden experienced by caregivers to people with id, people with mental health disorders and people with dual diagnosis**

Almudena Martorell, Pedro Gutiérrez-Recacha, Amada Pereda, Fundación Carmen Pardo-Valcarce, MADRID, Spain

Mercedes García Rodríguez, Sant Joan de Déu- Serveis de Salut Mental, BARCELONA, Spain

Marcia Irazabal, Ferran Marsa, Sant Joan de Déu- Serveis de Salut Mental, SANT BOI DE LLOBREGAT, Spain

To compare the burden experienced by a group of caregivers to patients diagnosed with schizophrenia, a group of caregivers to people with ID and a group of caregivers to people with dual diagnosis (ID and mental disorder). 65 adults with ID clients of the Carmen Pardo-Valcarce Foundation in Madrid (Spain), 205 adults diagnosed with schizophrenia users of the Gav Mental Health Centre in Barcelona (Spain) and 94 adults with dual diagnosis (ID and mental health disorders) users of the Mental Health Specialised Service for People with ID of the Sant Joan de Du-SSM Hospital (SESM-DI) in Barcelona (Spain) were asked to participate in the present study along with their main caregivers. Burden experienced by caregivers was assessed with the ECFOS-II / SOFBI-II scale. The tool has an introductory section plus 8 modules which assess different domains of family burden.

Significant differences (in an one-way ANOVA analysis) were found between the three groups when considering two particular modules (Containment of behavioural problems and Impact on the caregiver's life) and total burden, being the dual diagnosis condition associated to the highest level and the ID condition to the least. However, two other modules (Assistance in everyday activities and Motives for concern) did not show any significant differences between the ID and the mental disorder condition, while the dual diagnosis group showed a significantly higher level of burden than them ($p < 0.05$). DISCUSSION: Results indicate that dual diagnosis implies a greater burden for caregivers than the other conditions. The only module that exclusively assessed subjective burden did not show any significant differences between ID and mental disorder, whereas the only module that exclusively assessed objective burden did. As hypothesis, a similar stigma associated to both conditions could account for the similar level of subjective burden found for both groups of caregivers.

POSTER 6**The psychotic spectrum in intellectual disability**

Ferran Marsa, Sant Joan de Déu- Serveis de Salut Mental, SANT BOI DE LLOBREGAT, Spain

Given the limited knowledge concerning psychosis in intellectual disability (ID), little is known of similarities and differences that exist regarding other diagnostic groups in ID.

The aim of this study was to analyze the clinical factors and the functioning of non-hospitalized patients with other patients in the same conditions with dual pathology in ID belonging to other diagnostic groups.

A cross-sectional study was conducted on 274 patients. The patients were selected consecutively in two specialized services attending to intellectual disability and mental disorders, in the SJD-MHS and the FCPV. They were evaluated by means of a sociodemographic questionnaire, the PAS-ADD Checklist, the WAIS-III and the WHO-DAS. A logistic regression was conducted on the data.

Of the total number of patients selected in our sample, the average age was 30 years with mild ID. Of these, 47.6% did not present dual pathology, as opposed to the other 52.4%. Among these, 16.6% manifested psychotic disorders. The logistical regression analysis showed that increased difficulty in relations with other people (WHO-DAS-II) (OR=1.103; Sig=.004) and the presence of greater psychotic symptoms (PAS-ADD Checklist) as evaluated by the care-givers (OR=1.603; Sig=.001) explained, in 81.4%, the presence of psychosis, bearing in mind the diagnosis.

The study of the psychotic spectrum in ID, by means of information provided both by patients and by their care-providers, allows for an understanding of the spectrum in intellectual disability in a more concise manner-this in a field that has been little studied. The fact of knowing the factors that predict greater risk of psychosis, such as difficulties in personal relations and psychotic symptomatology, can help in the planning for appropriate care services geared to this population.

POSTER 7

Predictors of family burden in people with dual diagnosis (intellectual disability) and mental/behavioral disorders

Marcia Irazabal, Sant Joan de Déu- Serveis de Salut Mental, SANT BOI DE LLOBREGAT, Spain

In recent years there has been growing interest in the study of support services for people with mental/behavioral disorders and intellectual disability, and their families. The objective of this study was to analyze the family burden associated with adults with ID who present mental/behavioral disorders (MD/BD).

A cross-sectional study was conducted on 274 care providers of patients, recruited in two centers that attend to people diagnosed with ID and MD.

They were evaluated with the following scales: ICAP (Inventory for the classification of services and individual programming), WAIS-III, the family burden interview (ECFOS-II) and a sociodemographic questionnaire.

The results were analyzed by means of Anova and logistical regression. Statistically significant differences were observed in behavioral containment (ECFOS-II) regarding personality disorders, psychotic disorders (F=1.93, p val<0.001), affective disorders (F=2.38, p val<0.001), anxiety disorders (F=2.14 p val<0.001), and people presenting no diagnosis (F=3.75, p val<0.001). Logistical regression analysis showed that the ECFOS-II behavioral containment module (OR=3.367, p val<0.001) explained the presence of mental disorders in ID in 41.5%.

There are differences between the various aspects of family burden and the associated mental disorders in people with ID.

We also obtained significant results regarding the presence of dual pathology in ID and regarding the perception of family burden when there are alterations in behavior.

POSTER 8

Relation between life events and psychiatric disorders/behavioral disorders in adults with intellectual disability

Isidoro Lupiáñez, Sant Joan de Déu- Serveis de Salut Mental, SANT BOI DE LLOBREGAT, Spain

In mental healthcare there is an important tradition of studying the psychopathological consequences of traumatic occurrences and other life events (LE). Nevertheless, few studies have been carried out regarding LE among people with intellectual disability (ID) who also present mental and behavioral disorders.

The aim of the present study was to analyze a sample of non-hospitalized adults with dual pathology in ID, and the associations between LE and the presence of mental/behavioral disorders (MD/BD).

A cross-sectional study was conducted on 86 adults with intellectual disability, who were users of the community services in the province of Barcelona.

They were evaluated during the year 2007, with the following scales administered: ICAP (Inventory for the Classification of Services and Individual Programming), PAS-ADD Checklist (including the life events of the prior 24 months) and psychiatric diagnosis based on the CIE-10 classification.

In the 24 months prior to the study, the three life events occurring with the greatest frequency were death of an immediate family member (34.5%), serious illness or injury (18.4%) and serious illness of a close family member, care-provider, or friend (13.8%).

In general, 58.5% of the subjects experienced one or more significant life events.

Logistical regression analysis showed that behavioral disorders (OR=1.036; Sig=.038) explained the experiencing of one or more life events in 76.4% of cases.

Significant relationships were found between life events exposure and behavioral problems in adults with ID.

In future studies it will be necessary to examine more closely the relation between LE and psychiatric disorders.

POSTER 9**An instrument to assess the clients perspective on the therapeutic process***Maartje Boon, Kristal, GGZ Rivierduinen, LEIDEN, The Netherlands*

Mental health services in the Netherlands are increasingly aware of their clients perspective on the therapeutic process. A positive evaluation of the therapeutic relationship means in general a better outcome. Feedback will improve this process. That's why questionnaires were developed and implemented to assess the clients perspective.

These questionnaires are, for many reasons, not suitable for clients with an intellectual disability. Scott Miller (2007) developed an instrument which might overcome these problems.

We slightly adjusted it to fit the cognitive level of our clients. We will share with you our first experiences with this instrument.

POSTER 10**Psychological well-being and family burden in careers of people with dual pathology in intellectual disability***Silvia Àngel, Sant Joan de Déu- Serveis de Salut Mental, SANT BOI DE LLOBREGAT, Spain*

In recent years there has been growing interest in the role of informal care-providers within the biopsychosocial framework. This study is an attempt to analyze the psychological well-being associated with the family burden of informal caregivers of people with dual pathology in ID.

A cross-sectional study was conducted on 274 family members of non-hospitalized patients. This sample was selected consecutively in two services specialized in intellectual disability and mental disorders, belonging to the SJD-MHS and the FCPV. The participants were assessed by means of a sociodemographic questionnaire, the ECFO-II Family Burden Interview, and the Ryff Psychological Well-being Scale.

The results were analyzed by means of ANOVA and Pearson correlations.

The profile of the care-giver is a mother (78.5%) aged 58.35 years, not employed (50%) and presenting fewer than 7 years of education (54.8 %). Associations were found between the Ryff autonomy subscale and several ECFO-II modules: M.A 'Daily aid' ($r=-.152$, $p=.031$); M.B 'Altered behavior' ($r=-.222$, $p=.002$); M.C 'The future' ($r=-.245$, $p<0.001$) and M.G 'General family burden' ($r=-.194$, $p=.006$). Additionally, differences were observed between people with psychotic disorders and those without mental disorders on the Ryff Positive Relations Scale ($F=4.42$, $p=.032$).

In relation to the variables associated with psychological well-being and family burden, there was observed to be a tendency of greater family burden on the various modules of the ECFO-II with lessened capacity of autonomy in the informal care-provider. At the same time there were differences between the people with psychotic disorders without diagnosis, in respect to positive relations with the care-giver.

POSTER 11**Predictors of moderate behavioural problems in people with intellectual disabilities in ambulatory treatment***Natalia Kazah, Sant Joan de Déu- Serveis de Salut Mental, SANT BOI DE LLOBREGAT, Spain*

Intellectual disability is usually associated with mental health disorders and/or behavioural problems. Does any variable allow us to predict the presence of moderate behavioural problems? A study was conducted on a sample of people with ID and MH disorders to answer this question.

Method: The sample was composed of 87 patients recruited from 3 specialized MH in ID services of Saint John of God-Mental Health Services. The selection criteria were: being older than 18 years, residents in the family home, ID mild or moderate, and MH disorders according to CIE-10 criteria. A number of tests were administered (WAIS-III - Wechsler Adult Intelligence Scale-, ICAP -Inventory for planning services and individual programming- and PAS-ADD Checklist -Psychiatric Assessment Schedule for Adults with Developmental Disabilities-) to assess intelligence, adaptive difficulties, behavioural problems, and MH disorders. Demographic data (age and gender) were also included in the analysis.

The logistic regression analysis shows that a higher presence of life events potentially stressing (PAS-ADD Checklist) ($OR=2,706$; $Sig=.029$) and a higher presence of affective symptoms indicated by the carer (PAS-ADD Checklist) ($OR=1,196$; $Sig=.015$) explain 81.4% of moderate behavioural problems. The presence of psychotic symptoms or organic symptoms does not predict significantly moderate behavioural problems.

The assessment of the presence of life events potentially stressing and affective symptoms in our patients would be useful to predict moderate behavioural problems. The results of this study need to be confirmed in a bigger sample.

This study does not confirm our clinical intuition that the presence of psychotic symptoms or organic symptoms predicts moderate behavioural problems.

POSTER 12**Relation among epilepsy, mental health and intellectual disability***Nilda Venegas, Sant Joan de Déu- Serveis de Salut Mental, SANT BOI DE LLOBREGAT, Spain*

The aim of the study was to consider the possible relations between the presence of epilepsy and the development of psychiatric disorders, and the clinical seriousness of these disorders, among patients with a diagnosis of ID. A cross-sectional study was conducted on a sample of ambulatory patients (n=273) with a diagnosis of ID, consisting of two groups: one with (n=169) and the other without (n=104) dual pathology. By means of their medical histories, tests, and scales applied to family members and care-givers, the following were studied: possible relations between the presence of epilepsy in the patients and age, sex, ID level, presence (or not) and type of psychiatric diagnosis, and seriousness of behavioral disorders.

We carried out a proportion test with continuity correction that showed (X-squared=1.5577, df=1, p-value=0.212) that the fact of having epilepsy did not mean that patients with ID suffered dual pathology-that is, psychiatric disorders. Nor did we observe significant differences in the group with dual pathology between those patients presenting epilepsy and those that not doing so, in relation to age, sex, symptoms (PAS-ADD CHECKLIST), or behavioral disorders (ICAP).

We found a greater presence of symptoms (PAS-ADD CHECKLIST and ICAP) in the dual pathology group in comparison to the ID-only group, which is consistent with the existing clinical diagnosis.

In this study we were unable to demonstrate that epilepsy is a condition conducive to the appearance of psychiatric disorders in patients with ID, nor that it aggravates their clinical expression in the event that they do present such disorders. These findings were made in an ambulatory population with ID with a record of few psychiatric hospitalizations. It would be interesting to carry out a study among patients interned in psychiatric residences or institutions.

POSTER 13**Specific differences in estimations of children's adaptive behaviour from perspectives of children, parents and teachers***Anamarija Zic Ralic, Faculty of Education and Rehabilitation Sciences, ZAGREB, Croatia**Daniela Cvitkovic, Faculty of Education and Rehabilitation Sciences, ZAGREB, Croatia*

Former researches showed that children with special needs integrated in regular schools have lower level of adaptive behaviour than typical peers (ic, 2000). That is not only caused by child disability, but it is a case of complex inadequate interaction between child and his surrounding. Adaptive behaviour can influence child acceptance from their peers, teachers and other important persons (ic 2000).

The aim of this research was to investigate whether there are differences in estimations of children's adaptive behaviour from perspectives of children, parents and teachers. The sample consisted of pupils aged 12 years attending 6 th grades of primary school, both sex, their parents and teachers. The sample of pupils consisted of children with special needs (N=81) and typical peers (N=231).

Adaptive behaviour was measured by Behaviour rating profile (BRP-2, Brown, Hammill, 1990; Croatian adaptation ic, 1997).

It was found that children with special needs estimated their motivation for school work, and acceptance from others, higher than teachers did, but there was no difference between typical peers and teachers. Children with special needs estimated their ability to seat calm higher than teachers did. Contrary, typical children estimated that ability lower than teachers did.

Teachers estimated that children with special needs do daydreaming more often than parents did, but there was no difference in estimations of typical children's parents and teachers. Children with special needs and their parents show more interest for family activities, and they noted more psychosomatic symptoms, then typical children and their parents.

It can be concluded that children with special needs overrate in their estimation of adaptive behaviour, but perception of their teachers and parents are saturated with real behaviour of children and their unfulfilled expectation of behaviour. Differences in estimations are partly caused by insufficient support to children with special needs.

POSTER 14**Social ecological approach in supporting the well-being of an autistic child - a case study***Zlatomira Kostova, Ognyan Koychev University of Plovdiv, PLOVDIV, Bulgaria*

The paper presents the stages in the process of supporting the well-being of an eight years old boy with an Autistic Spectrum Disorder. The individual case is studied in a 30 months period. The boy is integrated into a mainstream school and is cared by a resource tutor.

The case is managed on the basis of the social ecological approach. It is lead by a clinical psychologist and the support is designed in the following spheres:

- individual psychotherapy;
- individual speech therapy;
- individual coaching by a resource tutor;
- individual support/mentoring by a social assistant;
- group therapy with the parents of the child;
- counselling the mainstream school teachers;
- group training of the classmates in the mainstream school.

The development of the boy indicates an optimistic tendency due to the managed social ecology.

POSTER 15

Process model of qualifying social workers taking care for adult men with intellectual disabilities in Bulgaria - a team training a team

Plamen Radev, Alben Aleksandrova, Galin Tsokov, Zlatomira Kostova, Ognyan Koychev University of Plovdiv, PLOVDIV, Bulgaria

The concept of the process model is defined as a specific substantiated pattern of selected topics in qualifying particular target group of social workers supporting the well-being of adult intellectually disabled men in Bulgaria. The target group consists of nonqualified personnel without basic level education in social care working in an Institution and an Individual Secured House in a small town of Batak . In its completed form the process model is aimed to answer the questions: why, what, where, when, who and how is going to be qualified. The process model is presented as a complex (integrity) of interrelated components - the underlying principles, the goals, the training procedure, the qualification technology, the contents and the subjects of the qualifying process together with the evaluation of the results.

POSTER 16

Neopterin and dementia in Down syndrome

Tonnie Coppus, Erasmus Medical Centre, ROTTERDAM, The Netherlands

Willem Verhoeven, Siegfried Tuinier, Vincent van Gogh Institute, VENRAY, The Netherlands

Durk Fekkes, Erasmus MC, Dept. Psychiatry and Neuroscience, ROTTERDAM, The Netherlands

Cornelia van Duijn, Erasmus Medical Centre, Dept. Epidemiology and Biostatistics, ROTTERDAM, The Netherlands

Objectives: Down syndrome (DS) is associated with both Alzheimer's dementia (AD) and altered immune responses and increased susceptibility to infectious diseases. Inflammation and immune system activation are considered to be involved in the pathogenesis of dementia. Plasma levels of C-reactive protein may reflect an acute phase reaction; plasma neopterin levels are considered to indicate cell mediated immune activation and inflammation. It is uncertain whether plasma neopterin levels are associated with the onset and progression of dementia.

In the present study plasma neopterin levels were measured in a large group of DS patients with and without AD. A total of 506 patients with DS were included. Each patient had a complete physical and neurological assessment supplemented with interviews with care givers. All medical records were reviewed for relevant data. Examinations were repeated each year. The diagnosis AD was made according to the guidelines of the IASSID and a dementia questionnaire. Neopterin was measured blind to the dementia status. The median value was used to delineate high versus low concentrations.

The mean plasma concentration of neopterin was 25.18 nmol/l (range: 4.58-90.10 nmol/l) resulting in a median value of 22.61 nmol/l (cut off point). Patients aged 60 years or more had a significantly higher neopterin concentration. In the AD subgroup neopterin was significantly increased as compared to the non-AD subgroup. After correction for autoimmune disorders, these differences were more pronounced.

AD in DS is associated with higher neopterin levels and neopterin is an independent predictor of the development of dementia.

POSTER 17

The process of functional assessment for challenging behaviors of children with developmental disabilities

Jasmina Frey Skrinjar, Jasmina Stosic, University of Zagreb, Faculty of Education and Rehabilitation Sciences, ZAGREB, Croatia

Young children with limited communication skills and poor social development are particularly at risk for the development of challenging behaviors. Challenging behaviors such as physical aggression, self - injury, destruction, stereotypy, defiance and tantrums are major barriers to effective education and social development. Children that engage in challenging behaviors are at risk for exclusion from educational settings, social relationships, typical home environments and activities in the community.

Challenging behaviors are maintained by their functional effect, so they are affected by a) the setting events (medication, sleep cycles, eating routines and diet etc.), b) the immediate antecedent events (predictors) for occurrence of the behavior and c) the consequences or outcomes maintaining them.

Functional assessment is a set of processes for defining the events in an environment that reliably predict and maintain challenging behavior. It can include interviews, rating scales, direct observations and systematic, experimental analysis of problem situations. Information derived from functional assessment and analysis are used to design appropriate behavior support strategies. The research has shown that interventions built from functional assessment are more likely to produce reduction in challenging behaviors.

The purpose of this paper is to describe a process of functional assessment using the Functional Assessment Interview and direct observation with environment manipulation.

The process will be presented through 15 case studies of children (5-8 years old) with developmental disabilities (autism spectrum disorders and intellectual disabilities) that will be analyzed via following variables: setting events, predictor/antecedent, challenging behaviors and maintaining consequences and in the discussion the key intervention strategies will be emphasized.

POSTER 18

Epilepsy in Down syndrome

Karen Schonberg, Kathrine Haggag, Alma Sikiric, University Hospital, OSLO, Norway

Down syndrome (DS) is associated with increased health problems including neurological disorders. The aim of this study was a survey with focus on epilepsy. We examined and/or reviewed the medical records of patients with DS visiting our out-patient clinic for the 5 year period 2004-2008.

A total of 58 patients (27 males and 31 females) with a mean age of 39,69 years (range: 18-60y) was found. The main reason for referral was episodes of impaired consciousness, behaviour problems and suspected dementia. Among 19 patients with epilepsy, 7 had partial seizures, 8 myoclonic, 12 GTK, and 3 progressive myoclonic epilepsy. One patient had a history of West syndrome. Three were diagnosed with syncope and one with PNES (psychogenic non-epileptic seizures). The mean age of onset was 37 years (range: 8-60y). EEG was available in 25 and showed epileptiform discharges and /or slowing in 21. Brain imaging (CT /MRI) was performed in 29/6 patients showing pathology in 21 including diffuse or frontal atrophy, subdural hematoma, basal ganglia calcifications and ischemic lesions. In addition 17 pas were diagnosed with Alzheimers disease (AD) and 10 with both AD and epilepsy. All, but three patients with progressive myoclonic epilepsy obtained seizure control using antiepileptic drugs (AED), including karbamazepin n=4, lamotrigin n=11, valproic acid n=9, fenobarbital n=1 or levetiracetam n=1.

15 had komorbid psychiatric symptoms (psychosis, anxiety/depression, obsessive/compulsive), autism (n=1) and challenging behaviour (n=14), using psychiatric comedication n=15. Other findings were hypothyreosis n=28, diabetes mellitus n=3 hearing impairment n=8, kataract=5, osteoarthritis n=3, cardiac disease n= 11 and hypertension n=3.

This study shows that adults with DS are at higher risk of developing neurological problems such as epilepsy and dementia as well as psychiatric comorbidity. An association between late-onset epilepsy and AD was confirmed. We suggest that persons with DS require a health program including neuropsychiatric expertise.

POSTER 19

Knowledge Management in the Dutch Healthcare for Disabled Citizens; the Facilitating Role of the VGN in Bridging the Gap from Research to Practice

Marion Kersten, Han van Esch, Alice Dallinga, VGN, UTRECHT, The Netherlands

The Dutch Healthcare for disabled citizens increasingly experiences the need for knowledge and a knowledge policy to support professionals in their work, such that it contributes to the improvement of the quality of life of their clients.

In 2005 the Dutch umbrella organization VGN started of a Knowledge Programme. This programme provides a structure for distributing and using knowledge, which makes it possible for member organizations to develop a knowledge policy within their own organization.

The role of the umbrella organization consist of: 1) facilitating the member organizations; 2) coordination in relation to other stakeholders as far as programming scientific research and the development of new knowledge products is concerned.

So far a new nation wide research programme has started in which, apart from different universities and knowledge institutes, 14 care providers participate. Besides, an agreement has been signed between the financing organization ZonMw, Knowledge institute Vilans and VGN to further improve the development and spreading of knowledge. In order to facilitate knowledge development by care providers different instruments have been introduced: a virtual structure, a programme for professionalizing, a scientific research award and the publication of a magazine.

This poster aims to offer you information about the instruments used by the Dutch umbrella organization VGN in order to facilitate knowledge development by care providers.

POSTER 20**Eteva HOTHAT® services providing special care and support for clients with learning disabilities and challenging behaviour***Oili Sauna-Aho, Terhi Koskentausta, Päivi Karvonen, Eteva Joint Municipal Authority, LAMMI, Finland*

Deinstitutionalization of individuals with intellectual disability in Finland has been initiated in larger scale in the 1980s, but 2300 individuals were still living in institutions in Finland in 2006 (Niemi & Brandt 2007). The Eteva Joint Municipal Authority provides services for individuals with learning disabilities in southern Finland, with the population base of 1,3 million people. Eteva provides institutional care for about 150 residents in the institutional setting in Lammi, but the current deinstitutionalization project aims at closing the institution by the year 2012.

The special challenge with deinstitutionalization is the client's seriously challenging interaction and continuous threatening and/or violent behaviour. About 30-50% of persons with severe learning disabilities have psychiatric disorders, behaviour problems of autistic spectrum, or other neuropsychiatric disorders (e.g. ADHD, Gilles de la Tourette syndrome) (Bregman 1991, Borthwick-Duffy 1994). This requires high individual and communal professional skills in the community and near-by persons in order to carry out the rehabilitation process expedient to the client and the society.

In the HOTHAT project (2006-2008) we planned and started the special public service system consisting of 3 (2 of which in operation by far) small group-based units of intensive support and care (HOTHAT centres), mobile expert advice/guidance, 10 HOTHAT accommodation units (in 2009) and continuous professional qualification of the personnel supporting the system in order to promote the deinstitutionalization process. Our ideology is based on the Person Centred Planning, community care, the safety of the client and personnel, multiprofessionality, the flexible action within the HOTHAT network, continuous qualification of the personnel and supporting the communal service network.

Our poster introduces the ideology and the services in practice.

POSTER 21**A case of pituitary coma masked by long term persisting psychopathology in a woman with severe intellectual disability***Knut Hoffmann, Asklepios Fachklinikum Göttingen, GÖTTINGEN, Germany
Pavel Kermer, University, Dept. Neurology, GÖTTINGEN, Germany*

A case of a 38-year old woman with severe intellectual disability with a life-threatening physical disorder will be presented. A major complication in diagnosing this pituitary coma was a long term persistence of challenging behaviour, which mainly is presented in aggressive behaviour alternating with severe withdrawal. The criteria for bipolar affective disorder due to DM-ID or ICD-10 are not matched. According to a longer lasting phase of withdrawal organic investigations where proceeded an atypical findings for dysfunction of the pituitary gland occurred. MRI scan displayed pituitary tumor which was post op classified as a craniopharyngeoma. After convalescence she presents her well-known psychopathology with now again shorter periods withdrawal.

POSTER 22**People with autistic spectrum diagnosis who have undergone psychiatric forensic examination***Jim Aage Nøttestad, St. Olavs Hospital, TRONDHEIM, Norway
Kari Steindal, Nasjonal kompetanseenhet for Autisme, OSLO, Norway
Erik Søndena, Forensic department, St. Olavs hospital, Research centre, Brøset, TRONDHEIM, Norway
Sissel Berge Helvershou, Nasjonal kompetanseenhet for Autisme, Rikshospitalet, Oslo Universitetssykehus, OSLO, Norway*

The total number of persons with an autistic spectrum diagnosis who have undergone psychiatric forensic examination were studied. The type of offences, offending history, psychiatric comorbidity, substance use, social, educational and occupational background will be emphasised in the presentation.

POSTER 23**People with intellectual disability and serious mental disorders who need psychiatric hospitalization in specialized units***M. Margalef Estivil, Sanatori Villablanca, Ana Ródenas Rolló, Sanatori Villablanca, REUS, Spain*

In view of the specific needs of attention in Mental Health for people with Intellectual Disability, in June 2003 began its activity the Specialized Hospital Unit for intellectually disabled as a resource of the healthcare circuit. It's a specialized psychiatric hospital service, medium-stay, addressed to people over 18 years old with different levels of intellectual disability and severe psychiatric disorders and/or behavioral problems requiring a high level of support.

Aims:

1. Description of the type of service and analysis of the unit's evolution since its introduction.
2. Description of the clinical characteristics of the study population.

3. To analyze the working methodology and strategies for diagnostic, therapeutic and rehabilitative intervention used by an integral biopsychosocial individual plan based on multidisciplinary teamwork.
4. To assess the clinical course during hospitalization and the discharge process.

Method:

1. Retrospective evaluation of hospitalised patients from June 2003 to June 2009.
2. Study population: 56 patients.
3. Evaluation of clinical and healthcare variables through the application of a protocol developed for this purpose and following DSM-IV and DC-LD criteria for clinical assessment.

We provide results on the analysis of different clinical and healthcare variables: patient flow, resource of origin, time of hospitalization, derivation when discharged, the patient's clinical profile, diagnosis, clinical evolution, therapeutic interventions.

The profile of the patient being treated at this service has great complexity, clinical and social gravity, and needs a high level of support with a comprehensive plan of attention.

There are significant differences in the intervention strategies and in the therapeutic results obtained according to the psychopathological pattern.

Difficulties are identified at discharge, conditioned by the clinical evolution itself, the availability of resources that allow the continuity of projects, and socio-familial factors (family burnout and containment difficulties).

POSTER 24

Effects of Vagal nerv stimulation in Lennox-Gastaut-Syndrome

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The treatment of Lennox-Gastaut-Syndrome (LGS) remains difficult, freedom of seizures is rarely achieved, polypharmacotherapy and side effects are frequent, callosotomy is a palliative surgical treatment of last choice. Therefore our study aimed to evaluate vagal nerv stimulation (VNS) as non-pharmacological and non-resective treatment-option in this group of patients.

We investigated prospectively 21 adult patients with LGS and mental retardation before and after implantation of VNS with respect to seizures (drop attacks, status epilepticus), psychiatric comorbidity (depression, interictal dysphoric disorder, psychosis) and quality of life.

Patients were monitored at least 6 months before implantation, follow up lasted at least 12 months (in- and outpatient based). Results were determined during the last 3 months of follow up.

12 patients (57%) responded with a reduction of total seizure frequency of more than 50% (4 patients / 19%: >75%). 6 of 12 patients (50%) had a reduction of severe drop attacks of more than 50%. 6 of 8 patients (75%) had significant benefit with respect to depression /IDD. In patients with non-affective disorders (psychosis) no effects were seen. Significant side effects did not occur.

VNS was valued as very good in self-rating, by families and caregivers in 19 of 21 cases (90%). The magnet could be used successfully for interrupting auras / series in 8 patients (38%).

Our results support the indication of VNS particularly in this group of patients. Effects are long lasting and worthwhile not only on seizures, but as well on affective psychiatric comorbidity. Tolerability was good, side effects were easy to handle. VNS can considerably improve the quality of life of persons with LGS.

POSTER 25

Caregiver's everyday work for persons with learning disability in a Swedish nursing home: an ethnographic study

Leena Berlin Hallrup, Kristiina Heikkilä, Anita Bengtsson Tops, Växjö University, VÄXJÖ, Sweden

According to Swedish law, persons with learning disabilities (LD), involving long-term disability are to be given support in their own homes or in home-like settings. In addition there are institution-like nursing homes that offer comprehensive support for this group in Sweden. It has been noted that caregivers working with persons in long-term care with LD are sometimes exposed to threats, violence and bearing witness to self-destructive behaviour. The aim of this study was to describe caregivers' everyday work with persons with learning disabilities in a nursing home. An ethnographic approach including participant observation, studies of various documents and in-depth interviews with 18 caregivers was used. Data were collected over a period of 16-months in a nursing home in Sweden. Data were analysed according to van Manens phenomenological hermeneutical tradition.

Themes were formulated which described caregivers' everyday work: Creating a family-like atmosphere, making the everyday function and exposure. It was found that the creation of a family-like atmosphere for persons with LD was an important aspect of the caregivers work and involved the taking on of different roles. Making the everyday function included using routines as a means of stabilisation and to create predictability. In their daily work, caregivers were also exposed to physical violence and verbal assault from persons with LD. In addition, psychological pressure was caused by the demands of effective implementation, giving rise to symptoms of stress in the workplace. This study provides a way to understand caregivers' everyday work with persons with LD in a nursing home. The study also shows that further research regarding the caregivers' presumptions and attitudes which direct them in their everyday work with persons with LD is required.

POSTER 26**Personality characteristics, attachment and maladaptive behaviour in residential youth with ID***Clasien de Schipper, Janna Verbruggen, Carlo Schuengel, VU University Amsterdam, AMSTERDAM, The Netherlands*

In representative samples, personality characteristics have been associated with increased risk of psychopathology. Little is known however, about the risk personality characteristics may carry for youngsters with intellectual disabilities (ID). Certain personality characteristics might elicit challenging behaviour in children whereas other personality characteristics might elicit more positive, adaptive behaviours such as attachment behaviour. We investigated the associations between individual differences in personality, on the one hand, and challenging behaviour and attachment behaviour, on the other hand, in a sample of residential youth with moderate to severe intellectual disabilities.

Professional caregivers of 31 children (24 boys) (age $M = 15.4$, $SD = 3.7$; developmental age $M = 5.1$, $SD = 3.7$) rated children's disruptive/anti-social behaviour using the Developmental Behavior Checklist (DBC, Einfeld & Tonge, 1995; Cronbach's $\alpha = .92$) and children's attachment behaviour (Secure Base Safe Haven Observation list, SBSHO; De Schipper & Schuengel, 2009; $\alpha = .93$). Research assistants observed children for 3-4 hours and sorted each child's personality characteristics using the Child California Q-sort (CCQ, Block & Block, 1980; interobserver-agreement $.77$). The scales ego-resilience ($\alpha = .76$) and ego-undercontrol ($\alpha = .76$) were derived from the sort. In correlational analyses, we controlled for developmental age.

Children higher in ego-undercontrol were more disruptive ($r = .47^{**}$) in their behaviour. A trend was found that more ego-resilient children expressed more disruptive/anti-social behaviour ($r = .36$). Ego-resilience and ego-undercontrol were not associated with attachment behaviour towards group staff.

The reliability of personality descriptors was supported by good internal consistencies and inter-observer agreement. Independently observed personality characteristics were associated with challenging behaviour in residential youth with ID. The validity of the concept resilience needs to be further explored. Identifying personality traits may help professionals to accomplish person-centred care that fosters behavioural adjustment.

POSTER 27**What works for parents with intellectual disabilities? Listening to children and getting children to listen***Marja Hodes, Vrije Universiteit Amsterdam, AMSTERDAM, The Netherlands*

Aim: Becoming a parent is one of the most intense transitions in a person's life. A small but increasing number of persons with intellectual disabilities (ID) also experiences this transition. Research shows that children of parents with ID are at significant risk for maladaptive parenting, including abuse and neglect. Although there is a clear need for parenting support for people with ID, a large proportion of parents with ID is not reached with parenting support or deems the support offered as unhelpful. Little is known on how to make support more effective for parents with these difficulties.

The general objective of this study is to get more insight in determinants of effective parenting support to parents with intellectual disabilities. A more specific goal is to show the extent to which central parenting skills are malleable in parents with ID, using state of the art parenting skill interventions adapted for parents with ID. Method: A randomized controlled trial will be undertaken of the VIPP-SD (Video-feedback Intervention to promote Positive Parenting-Sensitive Discipline (Juffer, Bakermans-Kranenburg & van IJzendoorn, 2008) to improve parenting skills in parents with ID. The sample will consist of parents with a child between age 1 and 7. Only parents experiencing high levels of child-related parenting stress are selected ($N=120$). The VIPP-SD is a protocol for a brief and focused home-based parenting intervention program, utilizing videotaped interactions of the parent and child. VIPP-SD focuses on sensitive responsiveness and gentle discipline. The effects of the VIPP-SD intervention on sensitive responsiveness, positive discipline, parent-child interaction and parenting stress will be investigated.

Results: more insight into which characteristics of parents, their situation and their alliance to the services provided, predict whether parents with ID can be successfully supported in learning parenting skills. These results will become included in future intervention programs for these parents.

POSTER 28**What works for parents with intellectual disabilities? Connecting needs and resources in parenting support***Marieke Meppelder, Vrije Universiteit Amsterdam, AMSTERDAM, The Netherlands*

Becoming a parent is one of the most intense transitions in a person's life. A small but increasing number of persons with intellectual disabilities (ID) also experiences this transition. Research shows that children of parents with ID are at significant risk for maladaptive parenting, including abuse and neglect. Although there is a clear need for parenting support for people with ID, a large proportion of parents with ID is not reached with parenting support or deems the support offered as unhelpful. Little is known on how to make support more effective for parents with these difficulties.

The general objective of this study is to get more insight in determinants of effective parenting support to parents with intellectual disabilities. A more specific goal is to elucidate why some parents with ID more readily ask for and accept support, which is an important variable strongly related to good-enough parenting. A cross sectional study will be done among 200 parents with Intellectual Disabilities or Borderline Intellectual Functioning with at least one child between age 1 and 7. This study will investigate the factors influencing asking and accepting support by parents (N=200) with ID. Relations are investigated between the inclination to ask and accept professional parenting support as a dependent variable and working alliance with the professional caretaker, level of adaptive functioning and reading skills, former experience with service providers, perceived need for support and more objective indicators of need for support as explanatory variables. By studying associated factors in the parents, the situation (including the natural support system), and the ways in which services are delivered, recommendations may be made to improve the working alliance between professionals and parents.

POSTER 29

Daily Routine Activities in Providing Optimal Enhancement of Social Development of Child with Down Syndrome

*Daniela Bratkovic, Rea Fulgosi-Masnjak, Ljiljana Pintaric Mlinar, University of Zagreb, ZAGREB, Croatia
Katarina Crnoja, Center for Autism, ZAGREB, Croatia*

The daily routine activities as generators of social interactions between parents and child with Down syndrome (during four months period from age 16th to 20th month) were observed.

Some aspects of social development and related communication patterns were analyzed applying AEPS test (Bricker, D.,1999) such as initiating an affectionate response toward familiar adult; initiating and maintaining interaction with familiar adult as well as maintaining communicative exchange with parents, interaction with environment and interaction with peers.

A well known fact on delayed social communication skills in pre-linguistic communicative interactions and in stage of transition to words were confirmed after data compared with typical child (both in initial and final time spot). During four month period the family with Down syndrome child has been involved in small support group for parents and the child was provided with opportunities for peer - play interaction.

The results of child with Down syndrome showed restricted repertoire of vocalization and gesture exchanges - only 8 per cent of total score possible in initial time spot and 26 per cent in second time spot. As far as the social skills are concerned data show still pretty low achievement - 31 percent of total score in second time spot comparing to 17 per cent initially.

These findings however initiated further work on exploring the nature of relationship with primary caregivers establishing cause-consequence implications among social and emotional development reflecting cognitive - communication basic prerequisites.

POSTER 30

Mental Health Outcomes and Service Use of Adults with Intellectual Disability and Autism

*Lisa Underwood, Nick Bouras, Pat Howlin, Tom Craig, Elias Tsakanikos, Institute of Psychiatry, King's College London, LONDON, United Kingdom
Jane McCarthy, Institute of Psychiatry, LONDON, United Kingdom*

Aim: To investigate the needs, outcomes, care pathways and service use of adults with intellectual disability and autism. The study will explore how these compare to adults who have intellectual disability without autism and what factors are associated with improved outcome.

This is a cross-sectional study of a clinical sample in London, UK. Participants are being recruited from a specialist Mental Health in Learning Disabilities (MHiLD) service. Clinical diagnosis of autism will be confirmed using ADOS and ADI-R. Participants with and without autism will be matched on age, gender, psychiatric diagnosis and level of intellectual disability. Measures include the SCQ, Vineland-II Scales, DBC-A, CANDID, CSRI, Mini PAS-ADD, DAS-B and HoNOS-LD. Economic analyses will estimate the cost of intellectual disability and autism to the service and to the UK in general.

The study is at the stage of identifying and recruiting participants with autism. Of the 402 service users on the current caseload of the MHiLD service, 127 (32%) have a clinical diagnosis of autism, autistic traits or suspected autistic spectrum disorder. Previous analyses of data collected from people referred to the service between 1983 and 2006 provide some baseline comparisons. Analysis of change over time in HoNOS-LD, DAS-B, CANDID and Mini PAS-ADD scores will be possible for a sub-group of the sample.

This study will provide much needed evidence on the needs and outcomes of adults with autism and intellectual disability. The results will reveal whether there are associations between presence of autism, level of service use and outcome.

POSTER 31**Organizational Commitment and the mental health***Peyman Yarmohammadzadeh, University of Isfahan, ISFAHAN, Iran*

This normative commitment is a much more difficult conceptualization. It is measured through assessing normative states of loyalty, moral obligation, ethical matching between subject and organization, values, longevity, and sensibility.

The aim of this research is to conduct a comparative study of the relation between the organizational commitment and its components, (i. e. Commitment to the organization, management work, occupation and team) and mental health of governmental and non- governmental school principals in Isfahan.

This is a descriptive study. Statistical population comprises 330 governmental and non- governmental school principals in Isfahan in school year 2002- 2003. Sample size was 170 subjects that were selected through randomized stratified sampling.

The data collection tool consists of an inventory for organizational commitment adapted to the 'cevat celep' which upon being conformed to the national culture and computation of reliability (87%) using Cronbach's Alpha coefficient, the SCL-90-R test was employed to study the mental health of principals, a most common diagnostic tool available to psychiatrists. In order to analyze the data, descriptive statistical indicators as frequency, percentile, mean, graph and standard deviation and inferential tools such as Pearson's correlation ration, t-test for two independent groups, and multiple - variable regression test, multiple- variable analysis of variance and Ben ferni test were used.

Findings indicated that there is a relationship between the organizational commitment and mental health of secondary school principals. Further, there is a relation between the organizational commitment and mental health of governmental and non- governmental school principals. There is a relationship between the organizational commitment components including, management work, occupation and teamwork with mental health and that there is no significant relation between the Organizational commitment and principal's work.

POSTER 32**A Qualitative study of the experiences, concepts, and attitudes towards mental health and mental illness held by adults with learning disabilities***Mark Hughes, NHS/University of Edinburgh, EDINBURGH, United Kingdom*

People with learning disabilities (pwld) are at increased risk of a range of mental illness. Studies that delineate similarities and differences between mental illness in pwld and the general population are frequently based on second-hand accounts from researchers or carers, rather than those of pwld themselves. When direct accounts are used, they are often constrained to fit rating scales or questionnaires. Thus little is known about the experiences of pwld regarding mental health, about their conceptual understanding of mental illness, or the ways they model mental illness.

This PhD project uses qualitative research methods to investigate the experiences and attitudes of pwld towards mental health and mental illness. To capture as broad a range of experiences as possible a mixture of methodologies, including focus groups, individual interviews, and video and photo diaries are planned. Focus groups will be used to investigate the understanding of some basic concepts, such as what is known about different types of mental illness, and some more complicated concepts, such as the attitudes that pwld hold towards people with mental illness. The groups will also be used to help identify cases' (pwld with and without mental illness, who appear to hold either typical' views or extreme' views) for more in-depth study with individual interviews and multimedia diaries. This group will facilitate detailed data to be recorded about how concepts of mental health and mental illness are formed, including the beliefs about the promotion of mental health, the causes of mental illness, the ways people cope with symptoms, and what constitutes recovery. Data from cases with mental illness will inform how models of mental illness are formed by pwld. The data will then be used to develop a new mental health assessment tool for pwld that takes account of their experiences of it.

POSTER 33**Insomnia in adults with intellectual disabilities***Oddbjørn Hove, Helse Fonna HF, HAUGESUND, Norway*

Studies of sleep difficulties in adults with intellectual disabilities (ID) have reported prevalence figures ranging from 0.6% to 17%. Due to variability in the methods used in the few existing studies, the prevalence of insomnia may be regarded as unknown. The objective of this study was to investigate the prevalence of insomnia in a community sample of adults with ID.

There were 901 adults with administratively defined ID eligible for the study. Of these, 593 (65.8 %) participated in the study. Staff members in group homes served as informants. A diagnosis of insomnia was indicated if the person on most days for the last two weeks were reported to fall asleep at least one hour later than usual, had shown disrupted sleep and staying awake for more than one hour during the night, or had woken up at least one hour earlier than usual. For a diagnosis of insomnia, the person should also has been more tired than usual during day time on most days in the same two-week period.

The overall prevalence of insomnia was 3% (95% CI: 1.63-4.37). Among these, 1.7% had difficulties falling asleep, 2.5% had difficulties maintaining sleep and 0.8% had difficulties with early morning waking. Missing data were reported in 9.8% of the cases, indicating that sleep related problems were difficult to assess. The present finding may be an underestimate of the actual prevalence of insomnia in adults with ID. The symptom duration criteria was restricted to two weeks rather than a one month duration more typically used, and the informants were instructed to report only cases in which changes in sleep pattern within the last two weeks were present. Thus, most persons with chronic insomnia were probably excluded. More studies of insomnia in adults with ID are clearly needed.

POSTER 34

Relationship between information & communication technology and quality of work-life in faculty members of Zahedan Universities

A. Azizollah, Sayyed Ali Seiadat, Allameh Sayeed Mohsen, Hamid Rahimi, University of Isfahan, School of Educational Sciences, ISFAHAN, Iran

Information and Communication Technology (ICT) is now common place in the university environment. ICT is an indispensable part of the contemporary world. The field of education has certainly been affected by the penetrating influence of ICT worldwide and in particular developed countries; ICT has made an impact on the quality and quantity of teaching, learning, and research in the traditional and/or distance education institutions using it. ICT enhances teaching and learning through its dynamic, interactive, flexible, and engaging content. It provides real opportunities for individualized instruction. Furthermore, ICT has the potential to accelerate, enrich, and deepen skills; to motivate and engage students in learning; to help relate school experiences to work practices; to help create economic viability for tomorrow's workers; contributes to radical changes in school; to strengthen teaching, and to provide opportunities for connection between the school and the world.

But little research has addressed the impacts of ICT on the Quality of Work-Life (QWL) particularly on the work-life experiences in the university. Some researchers confirmed that ICT have negative impacts on QWL: Work becomes more intense, workers are displaced, surveillance increases, workers bargaining power declines, and workers skills become devalued. This paper will report on these issues from an initial analysis of baseline data gathered from a survey of faculty members in Zahedan universities. Findings showed that there is not a significant relationship between ICT using and QWL of faculty members.

POSTER 35

Signaling signs of disturbed attachment. A best practice guide for the assessment of attachment disorders: Children with visual and/or learning difficulties

Francien Dekker, Bartiméus, DOORN, The Netherlands

In clinical practice there is a great need for systematic ways of examining disturbed attachment. However, until now there is no evidence-based procedure for the assessment of children with disturbed attachment and a visual and/or learning difficulties. The aim of our study was to develop a best practice guide for the assessment of reactive attachment disorders.

The diagnostic assessment of six clients (10 to 15 years) with visual and/or learning difficulties and a history of pathogenic care was evaluated and reported in a best practice guide. The List of Behavioral Signs of Disturbed Attachment, as mentioned in the American Academy for Child and Adolescent Psychiatry (AACAP), was used throughout the assessment and scored during the case file analysis, Disturbances of Attachment Interview, psychiatric evaluation, Attachment Story Completion Task, and during clinical observation of attachment behavior. Furthermore, the level of mentalization during psychotherapy sessions was examined.

A three step diagnostic procedure was developed. The first step screening, second step: assessing the behavioral signs and third step: assessing the internal working model and level of mentalization

The best practice guide for the assessment of disturbed attachment provides more possibilities for clinicians to thoroughly examine attachment disorder among persons with visual and/or learning difficulties. However, more research is needed to validate and examine the reliability of the instruments used in clinical practice.

POSTER 36

Problem Behaviour with people with ID: a multidisciplinary approach

Martin van den Berg, De Swaai, BEETSTERZWAAG, The Netherlands
Xavier H. Moonen, E. Krommenhoek, The Netherlands

Behavioural problems as aggression and self harm in individuals with intellectual disabilities are frequent topics of discussion among professionals and care-takers because these difficulties often represent serious obstacles to the provision of care for this population.

These problems may have negative influence on the person's emotional and social development and mental health and may sometimes lead to mental illness. In this poster the 'Practice Guidelines and Principles' are presented.

The assessment, diagnosis and treatment part of the guidelines are presented and commented from a psychiatric and psychological point of view for treatment and a care-takers point of view for the daily care. The different approaches of a person's bodily and mental health and of his /her social circumstances must help to overcome the problems from which people with Intellectual disabilities might suffer. The guidelines may broaden the ways of helping people and respect human rights and recent efforts to bring social inclusion and social participation.

POSTER 37
Relationship between knowledge conversion process and creativity among faculty members University of Isfahan

Hamid Rahimi, Azizallah Arbabisarjou, Allamneh Sayeed Mohsen, University of Isfahan, School of Educational Sciences, ISFAHAN, Iran

The purpose of this research was to study the relationship among knowledge conversion process and creativity of faculty members of university of Isfahan.

The research method was descriptive - correlation type. The information gathering tools were researcher-made knowledge conversion process Questionnaire and Randspit creativity Questionnaire. By using of Cronbach alpha coefficient, reliability coefficients were obtained equal to 0.92 for researcher made knowledge conversion Questionnaire and 0.95 for creativity Questionnaire. Questionnaires validity confirmed by of 10 faculty members and experts the university of Isfahan.

The search findings revealed that there is a positive and significant relationship between knowledge conversion process dimensions and creativity. There wasn't significant difference between faculty members' knowledge conversion process considering the variables of age, gender and field of study nor significant difference among faculty members creativity considering age, field of study and employment status.

POSTER 38
'Consultation, a vital link in the inter-sectoral care circuit for/of people with intellectual disabilities?'

Lien Claes, Ghent University, Faculty of Psychology and Educational Sciences, GHENT, Belgium
Geert Van Hove, Ghent University, Faculty of Psychology and Educational Sciences, GHENT, Belgium
Evy Blackman, Consulentenwerking Antwerpen, MERKSPLAS, Belgium
Leen Blontrock, Consulentenwerking Oost-Vlaanderen 'La Movida', SINT-NIKLAAS, Belgium
Isabel Piot, Consulentenwerking Vlaams-Brabant, BIERBEEK, Belgium
Trees Vangansbeke, Consulentenwerking West-Vlaanderen 'Ampel', BEERNEM, Belgium

In the support system, people with intellectual disabilities and additional mental health problems frequently fall between two stools. In explanation, on the one hand their complex questions for support may be stated, and on the other hand the historical organisation of the care system that developed into a categorical project. Furthermore, research reveals that quality support occurs in an ambulant way, but answers are primarily given in residential care. Moreover, the care system mainly focuses on the individual rather than giving priority to the environment as well. An urgent need is recorded to develop a inter-sectoral circuit of care. Nevertheless since the end of the nineties an important role in Flanders (Dutch speaking part of Belgium) is granted to an ambulant module of consultation. This association seeks to offer support in stuck situations, combining insights originating from people connected to natural networks and to professional networks of mental health care and from the care system for people with disabilities.

In this context, we explore and assess the workings and the potential surplus value of this ambulant module. We set up a research evaluation by means of focus groups and explore individual and subjective user experiences of people connected to natural/professional networks who rely on the consultation method.

In-depth analysis of this research material generates some fields of tension but reveals that the consultation module offers a surplus value in establishing a broad image of the situation, in making a transfer to other support processes and in increasing Quality of Life.

A structurally embedded and recognized answer needs to be provided in a broader circuit of care. An independent module of consultation an sich is not satisfactory for the current problems in the support system, but the advice and support offered provide a notable surplus value.

POSTER 39
I am as normal as everybody else so I like living and earning my living like everybody else

Rieme Wouters, organization anthropologist, independent consultant, DELFT, The Netherlands

Subject of my research was a group of youngsters with a slight intellectual limitation and multi-causal problems. The aim was to get a better understanding of the way in which the transition from specialized institutions of treatment (LVG) to institutions of longtime living (VG) took place; did this transition lead to the desired life in the (local) community' of the clients?

It is a descriptive and qualitative one. I spoke with twenty clients, tenants of locations and interviewed their supervisors as well. It was about the daily practice of the clients in their housings and the daily supervision. The

development of ideas for the solution of the bottlenecks within daily behavior is at stake. The clients have cooperated freely with the interviews. The interviews were half open/ semi-structured. The clients disposed of the list of subjects. The interviews with the supervisors focused on their daily experiences with the clients. The differentiated sorts of practice and experience form the input for the analysis of the results of the enquiry. Youngsters would profit from an approach that connects their world of experience of the limitation of their capacities with their wish to work and to dwell and to learn on their own in society. They need an integral offer of treatment and support, and not an offer that is one-sided like housing only. Cooperation with education should be established with trajectories and stages that imply a job in the future. The given fact of the prolonged puberty of these people has consequences for the duration and process of transition.

POSTER 40

Concerto : Apports d'un travail en réseau pour adultes avec double diagnostic

Véronique Houchard, Centre Psychiatrique St. Bernard, MANAGE, Belgium

Le dispositif Concerto est un outil de concertation ayant démarré en Belgique francophone en avril 2007. Il est destiné à améliorer la santé mentale d'adultes présentant un retard mental associé des troubles psychiques chroniques et complexes (toutes pathologies), de favoriser leur intégration tout en limitant les durées d'hospitalisation. Il s'adresse en priorité aux personnes en situation d'exclusion.

Ce dispositif base son action sur l'organisation de la concertation entre professionnels d'origines différentes autour de la situation d'une personne. Il veille particulièrement à soutenir la meilleure continuité des soins possible. En effet, une des caractéristiques des usagers est de souffrir d'un morcellement important des services offerts.

Cette pratique s'appuie sur le développement d'un travail de réseau faisant appel des professionnels du secteur de la santé, du handicap ou d'autres, actifs au cas par cas en fonction des besoins de l'usager.

Ce dispositif est le fruit d'une collaboration pluraliste entre 7 services différents, relis au secteur de la santé générale, de la santé mentale ou du handicap. Il se situe dans le cadre des intentions politiques belges en santé mentale, visant à définir une offre et un circuit de soins spécifiques pour chaque groupe cible identifié, et constitue un des projets pilotes ayant pour fonction d'expérimenter la concertation.

Le dispositif Concerto est organisé par une coordinatrice, qui met en place pour chacun des bénéficiaires au minimum 4 à 5 concertations par an. Chaque concertation réunit au moins trois partenaires, déterminés en fonction de leur utilité au projet de la personne concernée, laquelle peut être présente également. Les besoins des personnes et leur parcours sont analysés, les obstacles identifiés, des réponses proposées de manière conjointe entre les participants.

POSTER 41

Seneca project: challenging behaviour in elderly people with intellectual disabilities

Natalia Díaz, Marta Vilà, S. Esteba, N. Ribas, M. Baró, M. Nadal, Ramon Novell, Institut d'Assistència Sanitària,

**SENECA Collaborative Group, GIRONA, Spain*

- The follow-up study of the behaviour in elderly people with mild and moderate DI and the general description and monitoring of three cohorts of individuals stratified by age groups, given different centers in the network of care for DI persons for a period of five years.
- SENECA PROJECT is a 5 years longitudinal, cohort study. The total number of people was 311, of whom 64.3% are male and 35.7% are women. Periodic assessments during the study period are made at intervals of 12 months. The study population consists of 27 members of representative institutions in the sector of services for people with DI in Catalonia

For the behaviour study we used several scales: ABS-RC: 2 (Nihira et al, 1993), as adapted and validated in the Spanish population by Isabel Garcia Alonso, University of Burgos, CAN-ID (Camberwell Assessment of Needs Intellectual Disabilities, Xenitidis 1999) to assess the coverage of the needs of the person, and SIS (Supports Intensity Scale) to assess what support people need, adapted by Giner and Font (2007).

- The average score of the second part of the scale ABS-RC: 2, which measures the severity of behavioral problems, shows that the score is 43.3 in people placed in services with high levels of support (Occupational Therapy); 39.9 for the people in less levels of supports and 28.7 points for minor support services (Protected Employment). We see how the average increases in subsequent checks for the people and the OT and decreases in the case of those who are PE. Taking into account that, for people classified as ID in the sample, in 36.4% and 9.4% of the OT and PE, respectively, the trend indicates that:

Beyond the level of DI, one of the main reasons for the placement of people with a PE to OT is the presence of behavioral problems which high conflict and / or low productivity, also the elderly process.

We observe a low incidence of behavior problems, reflected in the low average score (37.65 ± 29.94) on the scale of a total score of 472.

No differences were observed regarding the age, although there is a slight tendency to increment behavioral alterations over the years. Most challenging behaviors decreased with age. Challenging behaviors increase as

the ID is more impaired. The most common behaviors that reflect the results are:

The aggressive behavior, threats and manipulation of others, with an average score of 10.5 out of a total of 90 points. Followed in importance, self-behaviors, such as inadequate response to criticism, excessive demands for attention, the complaints hypochondriac and emotional instability with a mean score of 8.2 points on a total score of 70. Third, the behaviors associated with hyperactivity and stereotyped behaviors with a mean score of 3.7 on a total of 40 points. Although, as we stated, disorders of behavior increases with age in people with ID over the age of 40, analyzed separately, we observed that this increase is due to an increase in challenging behaviors involving violent behaviors and excessive demand for attention and self-aggression. The remaining behavior decreases as the person get older.

POSTER 42

Seneca project: cognitive decline in elderly people with intellectual disabilities

*Marta Vilà, S. Esteba, N. Ribas, Natalia Díaz, M. Baró, M. Nadal, Ramon Novell, Institut d'Assistència Sanitària, *SEN-ECA Collaborative Group, GIRONA, Spain*

- The follow-up study of cognitive decline in elderly people with mild and moderate DI and the general description and monitoring of three cohorts of individuals stratified by age groups, given different centers in the network of care for DI persons for a period of five years. The study population consists of 27 members of representative institutions in the sector of services for people with DI in Catalonia.
- SENECA PROJECT is a 5 years logitudinal, cohort study. The total number of people was 311, of whom 64.3% are male and 35.7% are women. Periodic assessments during the study period are made at intervals of 12 months. We used the DMR scale to assess cognitive status of persons with DI for 40 years and over and observe their changes with aging and etiologic differences.
- The main results observed in the SENECA Project are:
 - The average total score of the scale from DMR for the entire sample is 14.6 points out of a total maximum of 104 points. Increased control of the first scoring (14 points) to the fifth control (15.1 points) shows a discrete tendency to deterioration as people get older.
 - The average total cognitive score obtained for the entire sample in the DMR scale is 4.8 points for a total maximum of 44 points of damage. A greater cognitive involvement by the group of older people, although no differences were observed for each age group in the successive controls.
 - The average social total score obtained for the entire sample in the DMR scale is 9.6 points for a total maximum of 60 points. Again, there is a greater social involvement for the group of older people. While there are significant differences in each control between age groups, these are minimum requirements for each age group in the successive controls.
 - The social and cognitive impairment is significantly more evident in the group with Down syndrome on the other etiologies.
 - 14.4% of people with Down syndrome between 40 and 49 years old shows symptoms and behaviors related to cognitive impairment, while only 4.3% of those with other etiologies of ID. This percentage increases significantly when a person with Down syndrome get older, 33% of people between 50 and 59 years. No results were obtained in the age group 60 years and over, as people in the study have not survived long enough. When evaluated in detail neurocognitive affected areas, there are important differences between etiologies.
 - The immediate memory (working memory) the cognitive area most affected in people with Down syndrome, increasing the average score 1.8 points from first to fifth control ($p < 0.000$). The disruption of the ability to recall past events (remote memory) ($p < 0.011$) is lower.
 - The orientation in space and time is affected by the deterioration in people with Down syndrome, increasing 1.6 points from the average of the first to fifth control ($p < 0.011$).
 - There was a decline in the use of speech for people with Down Syndrome.
- Aging is associated with biological and social changes. On a social level, for example, the informal support network of people with DI changed as the parents were also making large and become more vulnerable. This change is especially relevant to people who have Down syndrome because problems related to age are given early. In relation to biological changes, aging is associated with an increased risk for mild cognitive impairment and mental health problems as more severe dementia. In the general population mild cognitive deficits associated with age are quite common, while more complex brain disorders such as dementia, are less prevalent, although the percentage tends to increase clearly from 70 years. However, the fact that from a level of intelligence prior to the bottom of the general population is often achieved by a barrier if it is really not a loss or cognitive, and therefore, if the defects are observed before, are due to it or a process of deterioration.

POSTER 43**Seneca project: mental health in elderly people with intellectual disabilities**

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- The follow-up study of mental health in elderly people with mild and moderate DI and the general description and monitoring of three cohorts of individuals stratified by age groups, given different centers in the network of care for DI persons for a period of five years. The study population consists of 27 members of representative institutions in the sector of services for people with DI in Catalonia.
- SENECA PROJECT is a 5 years longitudinal, cohort study. The total number of people was 311, of whom 64.3% are male and 35.7% are women. Periodic assessments during the study period are made at intervals of 12 months. To carry out the assessment of mental state in people with major DI, we used a shortened version of the scale PIMRA (Psychiatric Inventory Adult Mental retardation, Senatore, 1992) included in the computerized system Airp (Assessment and Information Rating Profile) of BOURAS, 1993. This scale was validated in Spain by the group of Luis Salvador (M. Rodríguez, L. Salvador, 1994). We present the main results and proposals for preventing the high prevalence of mental disorders in PWID in Catalonia.
- The 27.7% (23.5% -32%) of people with DI over the age of 40 have some mental illness. Mental disorders in people with DI decreases with age: in 29.3% (24.8% -33%) of those between 40 and 49 years, 27% (21.3% -30.1%) between 50 and 59 years and 25.8% (16.1% -35%) of people aged 60 and over. The prevalence of mental disorder is higher in people with borderline ID (39.1%, 36.4% -45%), mild ID (35.6%, 25.8% -41.7%) than those with a greater degree of intellectual involvement (20.7%, 17.9% -25%). This difference is, as we have already pointed to the difficulties of diagnosis in the population most affected.
- While among adults, 21% of the general population suffers from some mental health problem in people with DI prevalences were published in the order of 34.2% (Cooper S, 2006). Compared with the general population, the percentage of adults who have a mental illness is significantly higher in those with DI. While in the general population increases with age, lower in those with DI.

POSTER 44**School Integration Of Children With Intellectual Disabilities In Bulgaria**

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The reform in the Bulgarian educational system is marked with the introduction of integrated education for intellectually disabled children and their social inclusion. This reform is a kind of a social transformation both for the education of the disabled children and for the specialists working with them and their families. The poster presents a survey on the various aspects of the attitudes of the specialists supporting the intellectually disabled children in the public schools – the opinions, the expectations and the fears of the educational and the social workers are considered in this report. The comparative models of various types of social and educational integration of intellectually disabled children in Bulgaria are presented.