

# Precourse Presentations

## PRECOURSE 1 - ROOM 1

### **Applying the developmental perspective in the psychiatric assessment and diagnosis of persons with intellectual disability: The SAED (Scheme of Emotional Development)**

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In generic psychiatry there has been increasing interest among scientists for the developmental perspective. However, professionals active in the mental health care of people with intellectual disability (ID) have not shown the same degree of interest. Prof. Došen who has had a liberal amount of rewarding experiences with the developmental approach in the field of ID, considers the developmental perspective to be innovative and very useful in psychiatric assessment, diagnosis and treatment of this population. The aim of the course is to stimulate a wider application of the developmental perspective as well as to challenge a professional discussion on this issue. Basic assumptions of the developmental perspective are discussed and assessment tools and methods are described. Emotional development and personality development are viewed as the developmental components that play an important role in adaptive and maladaptive behaviour as well as in the onset and presentation of psychopathology. It is clear that interpretative insight into the totality of the psychosocial aspects of these individuals cannot only be obtained by measuring the level of cognitive development. A wider frame of mind is needed for unambiguous psychiatric diagnostics. Therefore, a replacement of the three dimensional paradigm (bio-psycho-social) by a four dimensional one (bio-psycho-socio-developmental) for the assessment and diagnosis of persons with ID is proposed. The SAED (Scheme of Appraisal of Emotional Development) new tool by Anton Došen is introduced and its application with case reports (videos, examples) explained through the Italian experience.

## PRECOURSE 2 - ROOM 2

### **Intellectual disability and psychiatry: integrative diagnosis and aspects of treatment**

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The recognition of psychiatric symptoms in people with ID is most of the time a hard thing to do. To establish a thorough diagnosis an integrative and multidisciplinary approach is the best way to handle these problems. Developmental-, but also system- behavioural-, genetic-, and somatic aspects should be considered. In the pre-conference course the integrative approach for diagnosis and treatment is shown along the state of the art according to diagnostic- and classification instruments as DC-LD and DM-ID. Some guidelines for the use of medication, especially in use for the treatment of problem behaviour are given as well as cognitive behavioural approaches. After the course one is able to use more tools for the recognition and diagnosis of psychiatric symptoms and syndromes as well as for the treatment of them. Proper psychiatric diagnosis must lead to adequate treatment strategies and also to preventive measures to establish a good mental health and quality of life for people with ID.

**PRECOURSE 4 - ROOM 4****Modified dialectic behavioural therapy (dbt) for persons with intellectual disabilities**

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The specific cognitive behavioral therapy for suicidal patients with borderline personality disorder (bpd) was first published by Marsha Linehan in 1993. This so called dialectic behavioral therapy (dbt) was able to reduce emotional vulnerability and improve the ability of patients with bpd in controlling impulsive behavior significantly. The combination of high emotional arousal plus a reduced capability in controlling emotions can be summed up to a trait which can cause serious problems for people with intellectual disabilities (ID) even without an additional cluster B personality disorder.

People with ID often possess a limited spectrum of social skills to express different emotional states or needs. Especially in stressful situations, an intellectual disabled person may not have access to their personal skills. Above all, the goal of dbt is to improve dealing with emotions. Of course the original dbt process requires a normal level of intelligence with high language skills. However, intellectual disabled people are additionally characterized by a lack of concentration, comprehension deficits, especially when dealing with a complex context, slow learning capabilities and usually difficulties in reading and writing. That's why psychotherapeutic methods such as dbt need to be adapted to the special needs of people with ID. The workshop will introduce an adapted version of dbt for people with intellectual disabilities, as it has been applied in the Behandlungszentrum Berlin for over 5 years. The opportunity to practice the method and to present own cases will be given.

**PRECOURSE 5 - ROOM 5****Approche psychanalytique du handicap**

*Simone Korff Sausse, L'Université Paris 7 Diderot, PARIS, France*

*En Français/French spoken: Simultaneous translated into English*

La personne handicapée représente une figure inquiétante. Une approche psychanalytique permet d'aborder la dimension inconsciente de ces représentations, aussi bien individuelles que collectives, qui provoquent une sidération de la pensée et une mise en échec des projets psychothérapeutiques. Comment faire place à la parole de la personne handicapée elle-même, en tenant compte de ses spécificités sans pour autant en faire des obstacles, au moyen d'une écoute authentiquement psychanalytique, qui implique une dynamique transférentielle / contre-transférentielle? Simone Korff Sausse, psychologue de formation, est psychanalyste, membre de la SPP, et maître de conférence à l'UFR Sciences Humaines Cliniques à l'Université Paris 7 Diderot. Elle a effectué de nombreux travaux sur l'enfant handicapé et sa famille, et de manière plus générale sur l'approche psychanalytique du handicap, ses représentations individuelles et sociales, ses sources dans les arts et la mythologie. Korff-Sausse S. (1996), *Le miroir brisé. L'enfant handicapé, sa famille et le psychanalyste*, Paris, Calmann-Lévy. Réédité en 2009 en poche. Herrou C. et Korff-Sausse S. (1999), *Intégration collective des jeunes enfants handicapés*, Semblables et différents, Toulouse, Erès. Réédité en 2006. Korff-Sausse S. (2000), *D'Edipe à Frankenstein. Figures du handicap*, Desclée de Brouwer.

Korff-Sausse S. (2007), *Handicap et contre-transfert*, in Ciccone A. Korff-Sausse S. Missonnier A. Scelles R. Cliniques du sujet handicapé Erès. Korff-Sausse S. (2008), *La responsabilité éthique du point de vue de la personne handicapée elle-même*, in Ciccone A. Korff-Sausse S. Missonnier A. Scelles R. Salbreux R. *Handicap: l'éthique dans les pratiques cliniques*, Erès, p. 77-87.

**PRECOURSE 6 - ROOM 6****Assessment of Mental Health Needs in People who have Intellectual Disabilities**

*Prof. Nigel Beail, University of SheffieldUK and Barnsley Learning Disability Service, BARNSELEY, United Kingdom*

Assessing the mental health needs of people who have intellectual disabilities poses several problems. The criteria for mental disorders as specified in standardised classification systems such as DSM IV (American Psychiatric Association, 1994) and ICD-10 (World Health Organisation, 1993) were developed in regard to general child and adult populations. However, these systems have now been modified for use with people who have Intellectual Disabilities. However, today we are not necessarily concerned with mental disorder but mental health. A wide range of mental health measures have also been developed for the general population but these cannot easily be transferred for use with people who have intellectual disabilities without significant adaptations which calls into question their reliability and validity.

In this workshop we will focus on the range of tools available to most professionals to assess mental health in people who have intellectual disabilities.

We will examine tools developed specifically for people with intellectual disabilities and also measures that have been taken from general populations and adapted and evaluated. We will look at measures that assess a range of mental health needs and those that assess specific needs. We will also consider which tools are most appropriate to evaluate outcomes in services.