

# Symposium Presentations

**S101 - SERVICES FOR CHALLENGING BEHAVIOUR - 3 SEPTEMBER - ROOM 1 - MODERATOR: JAYNE MORAN**

## **Delivering specialist challenging behaviour services in the community: setting up a community based challenging behaviour service**

*J. Moran, North East Lincolnshire Care Trust Plus, GRIMSBY, United Kingdom*

An overview of how a specialist challenging behaviour service was set up in North East Lincolnshire to meet the needs of people who can be hard to help. The team is psychology led and has different professionals including a psychologist, psychiatrist, speech and language therapist, behaviour nurse therapist, and behaviour support workers. Details of the structure of the team, referral pathways, models of care, how we operate, what we do and case examples will be discussed.

## **Delivering specialist challenging behaviour services in the community: the role of behaviour support workers in a community challenging behaviour service**

*E. Marshall, North East Lincolnshire Care Trust Plus, GRIMSBY, United Kingdom*

*J. Moran, North East Lincolnshire Care Trust Plus, GRIMSBY, United Kingdom*

*A. Carr, North East Lincolnshire Care Trust Plus, GRIMSBY, United Kingdom*

The specific role of the behaviour support workers in the specialist community challenging behaviour service in North East Lincolnshire. Details about how the behaviour support workers become involved in supporting an individual who is hard to help; the different types of support they can offer, such as 'walk-the-walk' support, 'supporting-the-supporters', modelling to individuals and supporters, 24hr availability, etc will be discussed.

## **Delivering specialist challenging behaviour services in the community: delivering a psychotherapy group for four people who live together and can be hard to help**

*A. Carr, North East Lincolnshire Care Trust Plus, GRIMSBY, United Kingdom*

*J. Moran, North East Lincolnshire Care Trust Plus, GRIMSBY, United Kingdom*

The reasons for offering a psychotherapy group to these four people (including the ethics, perceptions, choice, etc). We will discuss what we did, what happened, the outcome for the four people and our reflections on the experience.

## **Delivering specialist challenging behaviour services in the community: integrating person-centred and psychodynamic approaches in a community based challenging behaviour team**

*A. Legge, North East Lincolnshire Care Trust Plus, GRIMSBY, United Kingdom*

*J. Moran, North East Lincolnshire Care Trust Plus, GRIMSBY, United Kingdom*

Explore the therapeutic models and approaches used within the specialist challenging behaviour team in North East Lincolnshire. We will discuss how person-centred and psychodynamic approaches are integrated within the Team, from responding to a referral; interacting with people; holding multi-disciplinary meetings; providing support; and communicating to the person who is hard to help what's happening. Discussion will be invited from the audience regarding the challenges involved in working in this way.

## **Delivering specialist challenging behaviour services in the community: the use of attachment theory and mahler's theory of psychological birth to promote relational security between people and their supporters**

*A. Legge, North East Lincolnshire Care Trust Plus, GRIMSBY, United Kingdom*

*J. Moran, North East Lincolnshire Care Trust Plus, GRIMSBY, United Kingdom*

Case examples to illustrate how we have used teaching in attachment theory and Mahler's theory of psychological birth to develop and maintain relational security between people and their supporters. Attitudes of supporters towards developing attachment relationships with the people they support and the effectiveness of the use of relational security in community settings will be discussed.

## **Delivering specialist challenging behaviour services in the community: modelling intensive interaction with individuals and their supporters in community settings**

*A. Legge, North East Lincolnshire Care Trust Plus, GRIMSBY, United Kingdom*

*J. Moran, North East Lincolnshire Care Trust Plus, GRIMSBY, United Kingdom*

*T. Peck, North East Lincolnshire Care Trust Plus, GRIMSBY, United Kingdom*

Explore how members of the Intensive Support Team were able to model the effective use of Intensive Interaction with individuals living in the community who were presenting with behaviour that made it hard for their supporters to help them engage in daily life. We will discuss the challenges engaging the staff team in this approach and how we overcame them to improve the interactions between the individuals and their supporters. Video examples of our work in practice will be shown to demonstrate the effectiveness of this approach with these individuals.

**S102 - SLEEPING DISORDERS - 3 SEPTEMBER - ROOM 2 - MARTIN VAN DEN BERG****The night is for sleeping; three different points of view upon sleepdisturbances, psychomotor retardation, epilepsy and sleep***M. van den Berg, De Swaai, BEETSTERZWAAG, The Netherlands**A. de Weerd, Sleepcenter and Dept. of Clinical Neurophysiology SEIN, ZWOLLE, The Netherlands**T. Hylkema, Talant, BEETSTERZWAAG, The Netherlands*

Psychomotor retardation (PMR) is one of the consequences of encephalopathies, independent of the cause of these cerebral disorders. Epilepsy and sleep disturbances show themselves often as a part of the clinical expressions as well. Partly due to the underlying cerebral dysfunction, partly due to the difficult communication between patient and care giver, the treatment for epilepsy and aberrant sleep disturbance can be complicated. In this session, we will discuss on how to quantify the sleep disorder, diagnose its origin and its interaction with epilepsy using examples as aberrant sleep hygiene, (adverse) influence of care givers, continuous epilepsy during the night and disturbed sleep in specific disorders with PMR as Down syndrome and diseases due to an abnormal chromosome 15 as Prader Willi and Angelman syndromes.

**The night is for sleeping; three different points of view upon sleepdisturbances, measuring sleep, and resting vs activity***M. van den Berg, De Swaai, BEETSTERZWAAG, The Netherlands**T. Hylkema, Talant, BEETSTERZWAAG, The Netherlands**A. de Weerd, Sleepcenter and Dept. of Clinical Neurophysiology SEIN, ZWOLLE, The Netherlands*

Although about 15 to 50 percent of people with intellectual disabilities living in residential settings suffer from sleep problems, scant attention is paid to these problems. Most studies focus on pharmaceutical solutions. In this study the research question is: can we improve sleep in people with intellectual disabilities living in residential settings by non-pharmaceutical interventions?

The design is a multiple case study using actigraphy. Following a baseline measurement of people with ID, we recommended an intervention such as bedtime scheduling. This was followed by an effect measurement. Sleep efficiency, sleep latency and rising latency improved significantly and the hours of sleep while in bed increased significantly. For people with ID, sleep can be improved by non-pharmaceutical interventions. A multidisciplinary approach can be helpful.

**The night is for sleeping; three different points of view upon sleepdisturbances when not sleeping is abnormal***M. van den Berg, De Swaai, BEETSTERZWAAG, The Netherlands**T. Hylkema, Talant, BEETSTERZWAAG, The Netherlands**A. de Weerd, Sleepcenter and Dept. of Clinical Neurophysiology SEIN, ZWOLLE, The Netherlands*

Sleepdisturbances can be a problem within themselves or can be part of more mayor psychiatric problems such as affective disorders, anxiety disorders and psychotic disorders.

In a survey of the psychiatric-diagnostic probabilities concerning sleepdisturbances an algorithm for the interventionmethods is shown, not merely psychopharmaceutical. When looking at sleepdisturbances in an multidisciplinary approach without overlooking psychiatric symptomatology a proper diagnosis will lead to logical interventions and treatment. Mental health includes a good nights rest and the right balance between activity and relaxation during the day.

**Medical conditions and challenging behaviour: a systematic literature review***Ch. de Winter, Bartimeus, DOORN, The Netherlands**A. Jansen, Centre for Consultation and Expertise, UTRECHT, The Netherlands**H.M. Evenhuis, Erasmus Medical Center, ROTTERDAM, The Netherlands*

Challenging behaviour is a major problem among people with intellectual disabilities in which physical factors have been shown to play an important role. The aim of the present research review was to determine which medical conditions should be addressed in the evaluation of challenging behaviour. A literature search was undertaken in Pubmed and the Cochrane systematic review database for empirical studies published between 1990 and 2008.

41 studies were identified in the search. Articles were on general medical conditions, motor impairment, epilepsy, sensory impairment, gastro-intestinal disease, sleep disorders, dementia and others. There were two high quality observational studies, seven well-conducted observational studies, nineteen observational studies of low methodological quality and thirteen non-analytical studies. There were significant and independent associations for challenging behaviours (e.g. aggression, self-injurious behaviour, destructive behaviour, stereotypy and disruptive behaviour) with urinary incontinence, pain related to cerebral palsy and chronic sleep problems. No association was found with sensory impairment, bowel incontinence, mobility impairment and epilepsy. Medical conditions can play a role in challenging behaviour, and this should be evaluated in the clinical setting. Only few studies were well-conducted. Therefore longitudinal studies are needed to create firm evidence on the causal relationship.

**S103 - MULTIPROFESSIONAL APPROACH - 4 SEPTEMBER - ROOM 1 - MODERATOR: BILL LINDSAY****Dealing with aggressive and sexually abusive behaviour in mental health care settings; a 20 year follow up of referrals to a community forensic id service**

*B. Lindsay, Castlebeck, DUNDEE, United Kingdom*  
*F. Haut, NHS Tayside, DUNDEE, United Kingdom*  
*A. Smith, NHS Tayside, DUNDEE, United Kingdom*  
*L. Steptoe, NHS Tayside, DUNDEE, United Kingdom*

Previous reports on the outcome of services for offenders with developmental disabilities have found recidivism rates of between 40% and 70% with an elevated prevalence of sex offending, fire raising and aggression. Female offending rates and the intellectual disability population are broadly similar to those found in main stream populations. Most previous reports have been conducted on in-patient and prison samples. The present report is on a community forensic intellectual disability service. Two male cohorts of sex offenders (n=166) and other types of offenders (n=142) and female offenders (n=23) are studied and compared. Criminal Justice disposal trends, diagnostic information, index offences at time of referral, reoffending rates of up to 20 years after index offense, patterns of referral and the extent of harm reduction are reported.

There were no difference between the groups on IQ and although the sex offender cohort tended to be older, they were younger than a previous report at 12 years follow up. The sex offending cohort had fewer problems with anger and aggression but higher levels of daily living problems and relationship problems. Female offenders had higher rates of all diagnosed problems. All reports of incidents were counted as recidivism which remained stubbornly high although reduced from a previous report at 12 years follow up. A considerable amount of harm reduction was recorded from the service. When compared with previous studies, it appears that a Community Forensic ID Service may have an impact on reducing the numbers of offences committed over a 20 year follow up period.

**Dealing with aggressive and sexually abusive behaviour in mental health care settings; a survey of antipsychotic dose changes following admission to a learning disability hospital.**

*F. Ahmad, Castlebeck, DARLINGTON, United Kingdom*  
*T. Sikabofori, Castlebeck, DARLINGTON, United Kingdom*

In the light of the review on antipsychotic medication by Tyrer et al (2008) attesting to the lack of efficacy in the drug control of aggression, we surveyed changes in antipsychotic dose prescribed to people with ID following admission.

Method: a cross sectional survey was completed on 1st October 2007, on 31 patients. Current drug use was examined and cumulative antipsychotic dose was calculated. For each participant, drug cardex on admission was examined in comparison with the target date.

The average age of patients was 36.2 years with an average length of stay of 17 months. Most were in the mild to moderate range of ID. The number on no medication at admission was 6, increasing to 13 by the review date. One participant was on a dose of antipsychotics above the maximum recommended by BNF at admission, and this reduced to below the maximum at review. Over an average of 17 months from admission, there was a reduction of 51% on the cumulative total antipsychotic dosage. Our experiences concur with the conclusions of Tyrer et al (2008) made about the lack of efficacy of antipsychotics for the treatment of aggression in people with ID., in the absence of psychotic illness. We demonstrated that it is possible to reduce doses of antipsychotics safely and without an increase in aggression. When the causes of aggression are addressed through environmental manipulation, psychological or other specialist interventions, a significant reduction in antipsychotic usage can be achieved.

**Dealing with aggressive and sexually abusive behaviour in mental health care settings; the psychological impacts of involvement in a regeneration project for people with learning disabilities**

*A. Holmes, Castlebeck, DARLINGTON, United Kingdom*

Several writers from a range of different fields have stressed the importance of community engagement for people with challenging and offending behaviours. This paper describes the development and the outcomes of a project involving people with ID volunteering on a local regeneration site.

The Create volunteer group constitutes around 40 people; staff and residents from 7 Castlebeck services from around the Darlington area. The residents all currently reside in either hospital accommodation, rehabilitation accommodation or staffed residential accommodation. They are residing in Castlebeck services as their behaviour has posed a significant challenge to the services or families that have previously supported them. The main aim of the project has been to improve the well-being of the volunteers, via increased community integration and increased activity levels.

Evaluation of the project has involved qualitative analysis of semi-structured interviews conducted with volunteers, and has been supplemented with quantitative analysis. There was an increase in perceived social connectedness, an increased sense of belonging, increased self-esteem, and a perceived increase in physical fitness. It is possible to increase the community involvement of people with serious Challenging behaviour thereby promoting identification with society as part of ongoing treatment.

**Dealing with aggressive and sexually abusive behaviour in mental health care settings; the effect of staff training on expressed emotion in relation to clients with sexually abusive behaviour.**

*S. Mosher, Castlebeck, DARLINGTON, United Kingdom*

Previous research has demonstrated that staff training and support can positively affect the manner in which staff interact with and think about the clients they support.

The present research examined the impact staff training had on the type of expressed emotion offered about an identified client with mild Learning Disability, Autism, and sexually abusive behaviour. Eighteen direct care staff engaged in a day long training programme on sexually abusive behaviour as it related to Learning Disability. Assessments were completed qualitatively using analyses of 5 minute speech samples of all participants before and after intervention.

Data analyses demonstrated that participants offered significantly more positive expressed emotional statements regarding the client after completing the training.

Training can have a significant impact on staff views of and emotional reactions to clients. Implications of this finding for those working in this field are discussed.

**S104 - PSYCHOTHERAPY - 3 SEPTEMBER - ROOM 3 - MODERATOR: NIGEL BEAIL**

**Applications of disability psychotherapy; facilitators' experiences of a therapeutic bereavement group for people with intellectual disabilities (a qualitative study)**

*J. Grant, Pat Frankish Associates Ltd, BRIGG, United Kingdom*

*N. Dobson, Bradford District Care Trust, BRADFORD, United Kingdom*

To explore facilitators' experiences of a therapeutic group of adults with intellectual disabilities. Discussions between the group facilitators were tape-recorded following each session of an eight week bereavement group for five individuals with intellectual disabilities. The recordings were then transcribed and the transcripts were subject to Interpretative Phenomenological Analysis (IPA) to explore the facilitators' experiences of the group. The analysis highlighted two primary themes;

1. The facilitators own experiences
2. The facilitators experiences of interactions with and between group members

The first theme includes subthemes of uncertainty, searching for meaning/understanding, managing group balance, from overprotection to empowerment and emotional responses. The second theme involved subthemes relating to group connections and psychological defences including avoidance, handicapped smile and difference and disability. This study has highlighted various experiences that may be had by facilitators of groups with people with intellectual disabilities. Some of these issues are reflections of those already seen in society and other psychotherapeutic settings with people with intellectual disabilities. For example: Valerie Sinason's Pain of Difference reflected by the initial difficulties in the group (including facilitators) becoming cohesive and equal; the difficulty in balancing the responsibilities of being the facilitator and the "assumed"? responsibilities of being in a carer role, highlighted by concerns of overprotection and disempowerment; the importance of listening to and responding to nonverbal communication. Finally, the study demonstrated the importance of facilitators receiving supervision and a space to reflect on their practice and their unconscious responses relating to issues of difference and disability.

**Applications of disability psychotherapy a systemic approach to supporting a woman with severe intellectual disabilities and challenging behaviour using mahler's theory of psychological birth**

*N. Collinson, Amara Care, BRIGG, United Kingdom*

To demonstrate the effectiveness of using Mahler's theory of psychological birth in a therapeutic environment to facilitate the development of a woman with severe intellectual disabilities and challenging behaviour. Using Mahler's method of 40 minute observations in combination with a behaviours chart,( unsettled, assault staff, safe room, tactile, play) in which specific behaviour data is inputted in 10-30 minute intervals. The data is then placed into a data base for comparative analysis. The analysis highlighted the reduction in medical and certain behavioral interventions being required, as well as a reduction in assaults on staff. The observations also show a progression from Mahler's stage of practicing to rapprochement. The reduction in tactile would indicate a reduction in the need for intense physical contact which is representative of the later stages of Mahler's psychological birth, e.g. rapprochement.

The implementation of Mahler's theory of psychological birth has been shown to be effective in facilitating the development of a woman with severe intellectual disabilities and challenging behaviour. This method of working has also shown a reduction in the need for medication to manage the individuals challenging behaviour. This model suggests that individuals with severe intellectual disabilities and challenging behaviour can be supported within a community setting away from medicalised inpatient settings.

**Applications of disability psychotherapy - psychotherapy without words***T. Crossland, HULL, United Kingdom*

There is little opportunity for individuals who cannot speak to experience individual psychotherapy. The aim of the case study is to describe the process of individual therapy with a man who does not speak. Danny is a middle aged man who has moderate learning disabilities. He lives as part of a small community in rural Lincolnshire in a supported living flat with three other tenants. Danny does not speak and has only recently developed a limited number of signs to communicate with the outside world. As part of a placement during clinical psychology, supervised by Dr Pat Frankish, I worked individually with Danny using analytic psychotherapy. Through this work we both learned a lot about the, sometimes, very thin veil that divides our inside world from the outside world. Danny seemed to spend a lot of his time searching the outside world for things that would help him understand and cope with the badness he felt inside. In some instances, this searching led him to pull an aerial cable out of his ceiling and strip the plaster off his bedroom wall. At other times, when he could not tolerate the badness inside, he would expel these intolerable truths from his body by smearing and urinating on his possessions and room. It seems that in Danny's silence he is screaming to be heard and it is important that someone is able to hear and contain these truths. This hearing and containing has enabled Danny to develop a separate sense of self that he is safely able to test and control others. One to one and group psychological therapies are increasingly being made available to people with intellectual disabilities. However, there continues to be objections to the relevance of psychotherapy. One clear objection is that there is a lack of evidence for this approach. The current paper reviews the evidence base for the effectiveness of individual psychotherapy with people who have intellectual disabilities. There is some emerging support for the relevance of this approach with clients who have mild intellectual disabilities. Research regarding its effectiveness is showing that positive gains are made. However research on efficacy is very limited. The difficulties progressing scientific work in this field are discussed.

**Psychological assessment and intervention; The effectiveness of individual psychotherapy***N. Beail; University of Sheffield, SHEFFIELD, United Kingdom*

One to one and group psychological therapies are increasingly being made available to people with intellectual disabilities. However, there continues to be objections to the relevance of psychotherapy. One clear objection is that there is a lack of evidence for this approach. The current paper reviews the evidence base for the effectiveness of individual psychotherapy with people who have intellectual disabilities. There is some emerging support for the relevance of this approach with clients who have mild intellectual disabilities. Research regarding its effectiveness is showing that positive gains are made. However research on efficacy is very limited. The difficulties progressing scientific work in this field are discussed.

**S105 - MENTAL HEALTH - 4 SEPTEMBER - ROOM 2 - MODERATOR: LJILJANA IGRIC****New developments in mental health care services in The Netherlands for children with intellectual disability abstract; testing intelligence children with intellectual disability beyond the wisc iii***A. Ponsioen, VOBC LVG, UTRECHT, The Netherlands*

With respect to the range of IQ-scores of children with intellectual disabilities the clinical practice in the Netherlands is rather unique: an IQ-range between 50 and 85 is used in the special institutions and schools instead of the more commonly used 50-70 (or 75) IQ-range. These children are characterized by rather different IQ-profiles, which suggest a diversity of underlying cognitive function problems. This study is directed at the specific cognitive functions of children. Especially the cognitive profiles of various subclinical groups are investigated. The shortcomings of a conventional and commonly used IQ-test, the Wechsler Intelligence Scale for Children Third Edition (WISC-III) are discussed and an alternative test, the Cognitive Assessment System (CAS), is proposed. Explorative and confirmative factor analyses were performed on the scores of the WISC-III, drawn from a population of children with learning disabilities. Furthermore the cognitive profiles on the WISC and the CAS were investigated for different forms of psychopathology.

The factor structure of the WISC-data of children with learning disability differs from that of the normal population. The CAS-factor profiles of the different subclinical groups are suggestive of changeable components and as such valuable for treatment purposes.

The assessment of cognitive functions can make a valuable contribution to remediation and intervention programs for children with intellectual disabilities and various types of co-morbid problems by pinpointing the children's deficiencies more specific than with traditional intelligence assessment can be accomplished.

**New developments in mental health care services in the Netherlands for children with intellectual disability abstract; using the social competence model in the development of treatments for children with intellectual disability and a psychiatric disorder***N. de Koning, De Bascule, DUIVENDRECHT, The Netherlands*

To illustrate the use of the social competence based treatment modalities in children with intellectual disability (ID) and co morbid psychiatric disorders. A literature search was done on the incidence of psychiatric co morbid-ity in children with ID and on evidence based treatment modalities for this population. Additional literature research was done focussing on the use of the social competence model in treatment modalities. Furthermore

we have conducted several case studies using the social competence model in treatment modalities for children with ID and co morbid psychiatric disorders. Children with ID have a three to four fold increased risk for developing psychiatric disorders. Treatment efficacy studies in this population are sparse and many children seem not to receive adequate professional help.

First results of treatment modalities based on the social competence models are promising. We have developed several treatment programs for children with ID in cooperation with their parents, with their schools for special education and with day care centres for children with ID. Using the social competence model as a reference, we systematically collect information of the specific strengths and weaknesses of the child and of the environment (at home, at school/ day care) and integrate this information in our treatment modalities.

This presentation illustrates our work in case presentations.

The social competence model is effective in using a systematic approach in treatment planning of children with ID and co morbid psychiatric disorders.

#### **Promoting mental health in people with intellectual disability: the Italian experience in producing national guidelines**

*G. La Malfa, SIRM Italian Society for the study of Mental Retardation, FLORENCE, Italy*

*S. Lassi, SIRM Italian Society for the study of Mental Retardation, FLORENCE, Italy*

*C. Ruggerini, SIRM Italian Society for the study of Mental Retardation, FLORENCE, Italy*

*M. Bertelli, SIRM Italian Society for the study of Mental Retardation, FLORENCE, Italy*

The Italian Society for the study of Mental Retardation (SIRM) has supported a project to produce National Practice Guidelines for those working with people with intellectual disability to encourage and promote evidence-based practice. The publication is entitled "Linee Guida per la Salute Mentale delle Persone con Disabilità Intellettiva?".

In fact in the last decade the professional knowledge concerning the problems of mental health among persons with intellectual disability has significantly grown. Behavioural and psychiatric disorders in these individuals can cause serious obstacles to their social integration. On the other hand advances in a number of fields and disciplines have also shown promises for improving the treatment and lives of people with Intellectual Disability. Comments for the guidelines were received from a national panel of experts in the field of mental health and intellectual disability with the belief that their work will influence the quality of care provided to people with intellectual disability and mental health problems and will further evidence-based practice and research in Italy.

#### **People with Intellectual Disabilities in Out-of-Area Specialist Hospitals: What Do Families Think?**

*S. Bonell; Oxleas NHS Foundation Trust, LONDON, United Kingdom*

*I. Hall, A. Ali, D. Chinn, I. Patkas, East London and City NHS trust, LONDON, United Kingdom*

Current UK policy promotes the involvement of carers, including family members, in health service developments. As part of a carer consultation exercise, we undertook the current study to elicit the views of family members for people with intellectual disabilities requiring specialist inpatient psychiatric care from three London boroughs. As there is no local specialist inpatient provision, the service users requiring inpatient care who could not use mainstream services were in out-of-area hospitals, often far from their homes and families. The aim of this study was to record and analyse the views of family members on the current hospital placements, to assess whether distance to the inpatient unit was important to carers and whether cultural needs were being met in these units.

Sixteen family members were interviewed about their views on the care their relative or partner was receiving using a semi-structured interview tool. Interviews were audiotaped and transcribed. Anonymised transcripts were then analysed by the study team and themes identified.

We found that family members often felt excluded from the care the person with intellectual disabilities was receiving. Concerns were raised about a lack of culturally appropriate services and a lack of therapeutic progress during admissions. Family members described difficult relationships with the service users in out-of-area hospitals and these were made more difficult to address because of the distance to the hospitals.

This study highlights the difficulty in involving family members and developing culturally appropriate services in out of area hospitals. Both positive and negative experiences of family carers are reported that are of relevance to the care of all people with intellectual disability in specialist hospitals.

**S106 - SUBSTANCE USE DISORDER - 4 SEPTEMBER - ROOM 1 - MODERATOR: JOANNEKE VAN DER NAGEL****Sumid: research on substance use and misuse in intellectual disability; epidemiology of substance use and misuse in intellectual disability***C.A.J. de Jong, NISPA, NIJMEGEN, The Netherlands**J. van der Nagel, Tactus addiction medicine, ENSCHEDE, The Netherlands**M. Kiewik, AvelijnSDT, BORNE, The Netherlands**L. Kemna, AvelijnSDT, BORNE, The Netherlands*

Psychoactive substances such as alcohol, tobacco and other drugs are widely used and abused among most cultures and populations, including persons with borderline or mild Intellectual Disability.

While substance use and misuse may cause a variety of problems in any population, consequences of Substance use and misuse in persons with Intellectual Disability (SumID) may be even more detrimental.

The last decades substance related problems in this population seem to have increased, possible as an effect of higher participation rates and focus on community care.

Unfortunately, SumID is often only recognized when serious (medical, psychological, or social) consequences have arisen.

Professionals face serious obstacles when diagnosing and treating substance misuse in subjects with ID. This is due to a lack of data about the scope of SumID, about its prevalence, and about its demographic, social, cognitive and psychopathological determinants. Further, there is a lack of valid and appropriate instruments for screening and diagnosing SumID and effective interventions and treatment programs.

Because of this, The Nijmegen Institute of Scientific Practitioners in Addiction started research on epidemiology of and interventions for SumID. In 2009 the Netherlands organisation of Health Research and Development (ZonMW) decided to fund parts of this research program. In this symposium, three of the researchers will present their findings so far.

**Sumid: research on substance use and misuse in intellectual disability; epidemiology and scope of substance use and misuse in id***J. van der Nagel, Tactus addiction medicine, ENSCHEDE, The Netherlands*

In this presentation firstly the results of the 2008/2009 survey of substance related problems in social services for ID will be presented. This will show the scope of daily life consequences of SumID. Then, patient characteristics from ID patients within addiction medicine, and from substance (ab)users in social services will be presented. Finally, the nationwide ZonMW funded program on epidemiology by NISPA will be presented.

**Sumid: research on substance use and misuse in intellectual disability; prepared in time; e-learning prevention program for id teenagers***L.E.M. Kemna, AvelijnSDT, EIBERGEN, The Netherlands*

Prepared in time is an e-learning intervention program used in the 5th and 6th grade of primary schools to show teenagers the dangers of alcohol & tobacco. In 2009 research was done to see if this program could also work with ID teenagers. Aim of the program is to improve knowledge, change attitudes towards alcohol and tobacco and strengthen the teenagers social skills so they will be less easily influenced by their peers.

**Sumid: research on substance use and misuse in intellectual disability***M. Kiewik, AvelijnSDT, BORNE, The Netherlands*

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Unfortunately, SumID is often only recognized when serious (medical, psychological, or social) consequences have arisen. Professionals face serious obstacles when diagnosing and treating substance misuse in subjects with ID. This is due to a lack of data about the scope of SumID, about its prevalence, and about its demographic, social, cognitive and psychopathological determinants. Further, there is a lack of valid and appropriate instruments for screening and diagnosing SumID and effective interventions and treatment programs. Because of this, The Nijmegen Institute of Scientific Practitioners in Addiction started research on epidemiology of and interventions for SumID. In 2009 the Netherlands organisation of Health Research and Development (ZonMW) decided to fund parts of this research program. In this symposium, three of the researchers will present their findings so far.

Specialized Treatment programs, designed for people with intellectual disabilities, are scarce and not evidence based. Although many recommendations regarding special adaptations are mentioned in literature, not any treatment program is well described or even been published. In this presentation a lot of adaptations regarding effective treatment programs will be discussed.

**S107 - SERVICES - 4 SEPTEMBER - ROOM 2 - MODERATOR: JENNIFER CLEGG****Designing services***J. Clegg, University of Nottingham, NOTTINGHAM, United Kingdom*

This symposium argues that good public services need to be designed and not left to market forces. It is co-ordinated by Jennifer Clegg. It includes one theoretical paper [Lansdall-Welfare] and two empirical papers [by Turner; & by Charnock] to inform service design.

**Designing services; taking gender into account when designing services: data from a study of masculinity***D. Charnock, The University of Nottingham, NOTTINGHAM, United Kingdom*

To explore the ideas that teenage boys with ID develop while thinking about the men they will become. The development of a gendered identity and its performance and refinement is a process that both boys and girls navigate to construct ideas about the men and women they will become. Research into masculinity is now an established area of study, but historical research into reasons why so many more men than women are identified as having intellectual disabilities has not yet been complemented by contemporary consideration of the influence of gender for men with intellectual disabilities (ID). There has been no consequent consideration of its potential impact on service design and delivery. Initially, interview data were gathered from adults in contact with teenage boys with and without ID to establish the scope of the proposed research. Thematic analysis was carried out to inform research interviews with boys themselves. Groups of four boys who attended the same special school were asked to discuss images of men performing various activities of work, leisure and family life. Individual boys were then asked to produce art work which allowed them to express their ideas about the men they wished to become. These data were then analysed to generate themes about contemporary self-understanding. Initial analysis indicates that teenage boys with ID have clear ideas about their futures as men. However, there would appear to be few strategies in place to assist them in achieving any of these ideas. It is therefore suggested that services for teenagers with ID consider gendered practices and strategies for the development of identity in their design.

**Designing services; five years of challenging behaviour - patterns to take into account***K. Turner, University of Nottingham, NOTTINGHAM, United Kingdom**D. Clarke, University of Nottingham, NOTTINGHAM, United Kingdom**J. Clegg, University of Nottingham, NOTTINGHAM, United Kingdom*

Challenging behaviour is a problem in services for ID, occurring more often than in other comparable care services. Although there is research about prevalence and typographies of this behaviour, there is little investigation into how it is distributed over time and the influence of different settings.

Over a period of 5 years, the dates and times of violent incidents was collected for 3 units providing residential care for people with ID. Using this information various analysis was performed, including probability of time between incidents, probability of the day of occurrence and most likely time of day of occurrence.

Analysis indicated that there were different patterns of incidents occurring in each unit. This information was then used to select examples of incidents from the data set which allowed for further analysis about why these patterns may be occurring.

All of the units were more likely to have a violent incident followed by another in less than 24 hours. However, different units providing similar services seem to have different patterns of violent incidents when looking beyond a 24 hour period. These kinds of probability analysis let an individual unit analyse the pattern of violence occurring in the particular setting. This has led to implications about how violence is anticipated, managed and predicted.

**Designing services; why id services should be designed, and one way to theorise the task***R. Lansdall-Welfare, Nottinghamshire Healthcare NHS Trust, NOTTINGHAM, United Kingdom*

In the face of failure to keep both the financial sector and climate change within safe limits, late twentieth-century unanimity that public services should not be designed but evolve according to market forces is crumbling. 'More of the same' in ID is likely to perpetuate levels of staff stress, sickness and turnover which are high across the developed world; it is also likely to continue the process of fragmentation which makes carers repeatedly ask that services become more coherent.

Conceptual debate about ID services has already been initiated in Australia, the USA, Norway and England. Difficulties emerge from intense individualism and preference for linear models, when the heterogeneous nature of intellectual disability requires multidisciplinary and nuanced responses to complexity. This paper seeks to renew thinking without throwing away what is good about present services, or placing users and carers at risk from service failure. It does so by drawing on principles outlined by the architect Zaha Hadid, whose 'post-post-modern' designs offer a strong visual analogy for the design of services as well as buildings. They are dynamic and intended to exhilarate those who use them. They offer many routes in and provide sufficient information to allow users to navigate their own way through them. Nevertheless her designs reject post-modern collage in favour of coherence, created by keeping all elements contained by a single roofscape. Hadid's designs emerge from the answer she finds to the question 'what problem does this service address?'

Like a building which has to accommodate roads and rivers, services must relate to real objects already on the site: the obdurate realities of ID, exigencies of public provision, and perspectives of those who engage with them. This paper seeks to encourage debate about designs which allow people to address these issues while renewing their services.

**S108 - FUNCTIONING DISABILITY AND AUTISM - 5 SEPTEMBER - ROOM 1 - MODERATOR: MICHAEL SEIDEL****The International Classification of Functioning, Disability and Health (ICF) in autism Abstract; The International Classification of Functioning, Disability and Health (ICF) – its benefits for subtle description of individual disabilities and strengths of people with disabilities***M. Seidel, V. Bodelschwingsche Anstalten Bethel, BIELEFELD, Germany**R. Symalla, V. Bodelschwingsche Anstalten Bethel, BIELEFELD, Germany*

The International Classification of Functioning, Disability and Health (ICF) is a very important instrument for describing impairments, activity limitations and participation restrictions of individuals with different and complex disabilities (including intellectual disabilities, autism spectrum disorders, physical disabilities, sensory deficits etc.) against the people with autism spectrum disorders very often exhibit additional chronic diseases and additional disabilities (comorbidity). Therefore it is necessary to use an integrative approach for description of their impairments, activity limitations and participation restrictions. Method and results The application of ICF enables to describe the impairments, activity limitations and participation restrictions as interacting consequences of various disabilities and deficits. In addition, ICF allows to identify and to document strengths of individuals with disabilities. ICF may help to overcome diagnostic one-sidedness and neglects (diagnostic overshadowing of additional health problems by focussing the awareness to ASD). In addition, its systematic approach may enhance the detection and the systematic description of an individual's strengths, too. Positive and negative context factors can be identified and described by the universal language of ICF.

**A short term residential unit for young adults with epilepsy and intellectual disabilities: Preliminary findings of an outcome study***M. Endermann, V. Bodelschwingsche Anstalten Bethel, BIELEFELD, Germany*

The Bethel Institute in Bielefeld, Germany, provides a short time residential service for 40 young adults with epilepsy and mild intellectual disabilities from all of the country. Residents usually spend about three years in this unit with rehabilitative targets. During this time they are individually supported by social workers to gain more independence in their daily living. Additionally, specialists of the Bethel Institute are available: Residents' epilepsy and their associated disabilities are treated by medical specialists and psychologists offer counselling and psychotherapy in case of psychosocial problems or psychiatric disorders. This study examined effects of the rehabilitation program.

Fifty-six individuals were interviewed about four weeks after admission (T1) and at discharge (T2) using the PESOS scales (Performance, Socio-demographic aspects, Subjective estimation) on health-related quality of life (HRQOL), the depression scale D-S' and the Symptom Checklist 90-R on psychiatric disturbances, an item on overall quality of life (QOL) and scales on activities of daily life (ADL), life satisfaction and work related problems. The statistical analyses revealed that the frequency of epileptic seizures was reduced and HRQOL, overall QOL as well as ADL scores improved. Nevertheless, effect sizes of these improvements were usually small and changes were contradictory in some sub-domains or could not be found at all. While nearly all residents went on to be occupied in sheltered workshops, 31 of them could move to supported housing after discharge. The rest of 24 residents moved to long term residential units.

It is concluded that the short term residential unit yields some positive effects in young adults with epilepsy and mild intellectual disabilities. Effects are only small but have to be related to a group with well-known difficulties in many aspects of living before admission.

**Symposium The International Classification of Functioning, Disability and Health (ICF) in autism. An Approach to an ICF based Core Set for Autism***R. Symalla, Fachdienst Autismus, VBA Bethel, BIELEFELD, Germany**K. Albertowski, Autismusambulanz, DRESDEN, Germany**S. Bölte, Zentralinstitut für seelische Gesundheit, MANNHEIM, Germany**D. Schatz, Therapie- und Förderzentrum Die Eule, INNSBRUCK, Austria*

The ICF can serve as valuable basis for assessment, planning and evaluating treatments and environmental settings for people with autism. To make it manageable a core set of the relevant categories has to be selected.

A multidisciplinary group of professionals from different fields of work (child psychiatry, residential services, consulting services) is working on this issue with the objective to develop a computer based system of "purpose specific" core sets or modules for clients with autism. The process and the results so far will be presented and discussed.

**Psychiatric inpatients far away from home: accounts of people with intellectual disabilities in specialist hospital outside their home localities***I.S. Hall, D.C. Chinn, A.A. Ali, I.P. Patkas, H.H. Hassell, Tower Hamlets Community Learning Disability Service, LONDON, United Kingdom*

In many parts of the UK, there are limited specialist inpatient facilities for people with intellectual disabilities who cannot use generic mental health services. These people can find themselves living far from their homes, their families and their communities. The aim of this study was to give an opportunity to these individuals to inform those who manage and commission services about the positive and negative aspects of life in hospital.

We conducted semi-structured interviews with 15 people with intellectual disabilities from three East London boroughs who were living in specialist hospitals outside their localities. The study was sensitive to the ethical and practical difficulties inherent in the situation. The transcripts were examined using a thematic analysis which identified overarching and subordinate themes.

Few accounts described confinement in hospital settings far from home as a helpful therapeutic experience. Difficult relationships with families and issues relating to religious or cultural identities were often not addressed. Service users were able to give rich and detailed descriptions of their experiences in specialist hospitals. Qualitative analysis of their accounts highlighted the difficulties associated with living in such an environment. These narratives have contributed to the development of a more responsive local facility.

**S109 - AUTISM AND PSYCHOPHARMACOLOGY - 5 SEPTEMBER - ROOM 2 - MODERATOR: MARTIN VAN DEN BERG**

**Autism and psychopharmacological approach: the experience of the Fondation Autisme Luxembourg**

*S. Lassi, Fondation Autisme Luxembourg, MUNSHAUSEN, Luxembourg*

*S. Lehoucq, Fondation Autisme Luxembourg, MUNSHAUSEN, Luxembourg*

The number of people with autism being treated with antipsychotic medication is increasing significantly; however, only a limited evidence-base is available on this topic. This study reports and discusses the use of antipsychotic medication in adults with autism, and reports the experience of the Fondation of gradual withdrawal from psychopharmacological treatment (especially antipsychotics) after having conducted clinical, biological and behavioural tests and analysis. The goals and partial results of such action are reported and discussed.

**Integrated evidence-based approach to id: psychopharmacological and educational interventions**

*G. Chiodelli, Fondazione Sospino, SOSPIRO-CREMONA, Italy*

*L. Croce, Fondazione Sospino, SOSPIRO-CREMONA, Italy*

*M.L. Galli, Fondazione Sospino, SOSPIRO-CREMONA, Italy*

*S. Corti, Fondazione Sospino, SOSPIRO-CREMONA, Italy*

*F. Fioriti, Fondazione Sospino, SOSPIRO-CREMONA, Italy*

*M. Leoni, Fondazione Sospino, SOSPIRO-CREMONA, Italy*

Operationalizing the AAIDD System of Definition, X edition, is a strong premise to "modeling" psychopharmacological intervention to quality of life improvement. Contextually the evidence-based approach and the biopsychosocial-developmental-social model are introduced as reference paradigms to restructure medical-psychiatric competence: assessment, diagnosis, prescription, monitoring, outcomes detecting and quality of life modifications. On such a base, the authors try to re-engineer the same AAIDD, X edition model, in order to integrate the theoretical medical and educational approach and consequently operationalizing each step in the care process. At the end of their theoretical and empirical effort, the authors propose an graphic flow chart of the integrated model. Health and educational operators have the chance to parallel each step of the care process, integrate their specific knowledge and share the same organizational platform.

**Ketogenic diet in a patient with profound intellectual disability, autism, and refractory epilepsy**

*M.A. Arvio, Päijät-Häme Central Hospital, LAHTI, Finland*

Ketogenic diet is a treatment option for patients with drug-resistant epilepsy not applicable for surgical treatment. The target group comprises patients with gastrostoma as well as patients to whom the main joy in life is not food. The patients have to tolerate this exceptional diet with very high fat and very low carbohydrate content and the caretakers commit to serve and monitor this strict diet.

Our case: The patient is 25 years old. He was born in a Finnish-Japanese family after a normal pregnancy and delivery. At the age of six weeks he suffered serious infection necessitating intensive care for one week. He showed delayed psychomotor development during childhood. At the age of five he learned to walk with an ataxic gait and suffered his first epileptic seizures.

The clinical picture remained the same for 20 years. He lacked communication skills, did not speak or understand speech. He showed self-injurious, aggressive, autistic and anxious behaviour, and did not accept touching. He experienced several episodes of walking ability loss lasting for some months. He tended to develop urinary retention and needed regular catheterizations. He had difficult skin problems related to food allergy. He used to hyperventilate for hours resulting in a peculiar motor pattern; hyperventilation occurred also during night time. Constipation, sleeping problems, vomiting periods and drooling were also present for 20 years. Epileptic symptoms appeared as myoclonic, tonic, atonic, absence as well as complex partial seizures.

During childhood and adolescence all anti-epileptic drugs on the market (except zonisamide, lacosamide and rufinamide) were tested with poor response. Neither did he respond to several psychotropic drugs, methylphenidate, pain killers, dementia drugs or drugs used for abdominal disorders. He received cortisone and methotrexate for skin problems with good response. The etiological studies including brain MRI have so far not revealed any background disease. EEG findings have been unspecific. Because of poor co-operation an ictal video-EEG recording has not been possible to undertake.

Ketogenic diet (modified Atkins diet) began in October 2008. Since then no epileptic seizures have been recorded, he has stopped hyperventilating, is no longer aggressive, seeks contact and enjoys being in touch with other people. His drug regimen consists of clobazam 10mg daily as well as cortisone and methotrexate. Does he suffer from glucose transport deficiency syndrome? We will shortly determine the glucose level of the cerebrospinal fluid, if abnormally low we will then continue with a gene test (SLC2A1).

**S110 - EMPOWERMENT/PSYCHO EDUCATION - 4 SEPTEMBER - ROOM 3 - MODERATOR: BERT HENDERIKSE****Empowerment as a request for an every day life as a basis for support***Nyqvist Cech, Berith, Karlstad University, KARLSTAD, Sweden*

The aim with this project was to empower individuals with learning difficulties in their every-day-life by working in a research-circle. The point of departure of the project has also been to create a bridge between social care and pedagogic. The research-circles reflect a situation where people with learning disabilities look upon their own uniquely lived life-projects through interactive talks with each other and with a researcher. They have been "partners and cooperators" in the empowerment-process. Starting from these shared experiences we have worked with situation-problems of immediate importance for the groups.

The preparation of the data we have collected has been done with the help of Levin (1975) three steps towards change: knowledge, feeling and expression of will. The final step has been a collective action to achieve change, that is, empowerment. The results showed that these six people have experienced phenomena such as being outsiders and being disempowered from their society. To conclude, there is a reflection on the usability of the working method and the development of research-method in social care.

**The concept of 'value system' improves communication between care providers and ID people***E. Sanhueza-Luco, H. Coombs, Northeast Mental Health Centre, NORTH BAY, Canada*

The aim is to increase reliability in communication between care providers and ID patients using a sense-making design. Caring for people requires reliable communication. In the absence of well structured language there is too much room for ill-grounded interpretation due to the complex reality of the patient. Based on complexity theory and sense-making design we have introduced a systematic analysis that helps care providers in primary care realize the nature of patients' 'mal-adaptive' behaviour. We postulate the existence in every disable person of a 'value system' that can be apprehended insofar we put aside prescriptive interpretations of the patient's communication and correlate behavioural and emotional expressions. We agree that human behaviour cannot be explained by graspable cause-effect relationship; does not always reflect a rational decision; and that not always involves an intention. Our approach postulates that care providers operate with conflicting value systems: one related to the care provision and a second one reflecting organizational/professional standards. We help care providers to become acquainted with this duplicity.

The approach has helped care providers make more reliable guess, improve the quality of the interaction with the patient, and make better use of prn protocols. Patients have put aside confrontational styles, shown less anxiety and distress, and integrated to the social context better. Group homes have become better places to live and to work. Complex situations cannot be quantified but are better explained using narrative. We will present experiences that picture the outlined principles. Behaviour of ID people reflects patterns that can be heuristically described as values. Care providers should rely more in such values than in assumptions shared by the system.

**Self-esteem of adolescent with mild intellectual disabilities***T. Opacak, Ombudsman for Children, ZAGREB, Croatia**L. Osmančević Katkic, Secondary school - Center for Upbringing and Education, ZAGREB, Croatia*

The aim is to examine global self-esteem of adolescent with mild intellectual disabilities and to identify variables which have impact on it. Self-esteem refers to an individual's sense of his/her value or worth, or the extent to which a person values, approves of, appreciates, prizes, or likes him or herself. Rosenberg defines self-esteem as a favourable or unfavourable attitude toward the self. Global self-esteem or trait self-esteem is considered stable across time and situations. Self-esteem depends on numerous factors. It does not reflect only one's self-evaluation, but it represents other individuals' reactions (from our social surroundings) on us. Hence, adolescents with intellectual disabilities could be adversely affected by many aggravating circumstances which potentially lead to low self-esteem. Consequently, they might have psychological problems which affect their mental health.

Research involved 140 adolescents, boys and girls with mild intellectual disabilities in 1st and 3rd grade of Special High School in Zagreb.

The Coopersmith Self-Esteem Inventory has been applied. In addition, students filled out questionnaire about general personal data. The purpose of this research is to identify self assessed level of global self-esteem of adolescent with mild intellectual disabilities, and to determine possible correlation with variable such as: age, gender, primary school setting, school accomplishment and accommodation.

The use of measures of the self-esteem as they relate to disability has not previously received careful scrutiny in Croatian literature and the implications of their use as well as their disadvantages will be discussed. But, it should not be assumed that the presence of an intellectual disability by itself is an overriding factor in determining the psychological development of adolescents. Results have shown other factors which are related to level of their self-esteem.

In conclusion, further research implications will be discussed.

### **The Mental Health Awareness Group: Developing A Psycho-Educational Group for Learning Disabled Forensic In-Patients With Co-Morbid Mental Illness**

*F. Douds, The State Hospital, LANARK, United Kingdom*

*A. McKechnie, The Royal Edinburgh Hospital, EDINBURGH, United Kingdom*

*L. McCormack, The State Hospital, LANARK, United Kingdom*

In the State Hospital there was an existing 'Coping With Mental Illness' group for normal IQ patients, leading to the authors deciding to develop the 'Mental Health Awareness Group' there and in Lynebank (Fife region, Scotland). The major aims of the group are: to increase patients knowledge and understanding of illness; to explore any relationships between illness and offending; to encourage greater dialogue with staff about their symptoms.

A literature search had ascertained that there was little published about this type of psycho-educational work for people with learning disabilities. A group had been established at Ashworth Hospital in England for people with Schizophrenia who also had cognitive and/or educational difficulties. The Consultant at Ashworth kindly agreed to share their group materials; while these were initially used to provide structure the groups, they were felt to be too complex and not in an accessible enough format to meet the learning needs of PWLD.

The groups run for 7 weeks. All participants have Schizophrenia. Group rules are re-explained during each session and pro-social behaviours reinforced.

Most patients have demonstrated a reasonable understanding of their symptoms, the available treatments, awareness of what made them feel worse and what their 'warning signs' were for becoming ill. A number of patients have disclosed symptoms (in some cases relevant to their offending or challenging behaviours) which had not previously been documented or recognised.

The importance of recognising 'warning signs' and speaking to staff about symptoms is emphasised. The reinforcement of pro-social behaviours during groups builds upon a culture of promoting respect and tolerance for others within secure settings.

The authors have developed more appropriate learning materials for the groups. Patients receive individualised 'staying well' plans which they can go over with team members to promote the therapeutic outcomes of the group.

#### **S111 - FAMILY SUPPORTS - 4 SEPTEMBER - ROOM 3 - MODERATOR: KNUT HOFFMANN**

### **What about us? Promoting the mental health of siblings of persons with intellectual disability 'It's like the story of Santa Claus: 'When I was told he doesn't exist, I had to accept it too.' The process of accepting that your brother or sister has a disability**

*T. Moyson, Ghent University, GHENT, Belgium*

It's quite remarkable that research, but also family support programmes, are paying a lot of attention on how parents are coming to terms with the disability of their child, while hardly any attention already is paid on how siblings learn to deal with it. Therefore, the principal goal of this study is to describe how siblings, between 6 and 14 years old, of children with a disability, learn to accept that they have a brother or a sister with a disability. We have chosen for a qualitative research design and more specifically, in-depth, phenomenologically based interviews were used. Data were coded systematically based upon the principles of grounded theory.

The process of accepting that your brother or sister has a disability can be described as a continuous and dynamic process, with 'not accepting it' and 'accepting it' at the two ends of the continuum and 'having difficulty accepting it' in the middle of it. 'Not accepting' means that siblings are expressing that 'it's such a pity having a brother or sister with a disability', while 'having difficulty accepting it' means that siblings are feeling sad because of the disability and that they are missing a typically developing brother or sister. Accepting means that siblings first have to swallow the message that their brother or sister has a disability, in a next step they try to make the best of it and finally they resign themselves to it, which implies that they get used to the disability and that they also enjoy the benefits.

There is a large variation in how siblings deal with the fact that their brother or sister has a disability. A clear understanding of their process of acceptance is very important to improve the mental health of these unaffected siblings.

### **'I like to meet other siblings, because then, it's more normal for me to be a sibling'**

*D. Levrouw, T. Moyson, H. Roeyers, Ghent University, TORHOUT, Belgium*

Over at least the past five decades, there has been research interest into the influence of children with an intellectual disability on their siblings. Different studies on sibling adjustment yield mixed results. In summary, it can be concluded that siblings are experiencing unique chances and concerns. Based upon these conclusions, sibling support programmes have been developed and research has shown that these programmes seem to be effective. In Flanders, there are only a few sibling support programmes and some of them often threaten to extinguish, mostly for lack of interest. On the one hand, starting from the idea that siblings are deriving benefits from those programmes, and on the other hand, noticing that a few programmes are very successful, the principal goal in this research was to describe how siblings themselves are defining good 'sibling support'.

We have chosen for a qualitative research design, since we were interested in how siblings are describing their experiences with sibling support programmes. More specifically, we decided to use qualitative interviews. Data were

coded and, based upon the principles of a grounded theory, we developed our theory about good sibling support'. Good sibling support can be described as preparing a tasty cake. First you need good kitchen ware: being together with other siblings in a small and close group, and without their brothers and sisters with a disability. The ingredients are the siblings and by telling and /or listening to 'sibling stories', and by learning from each other in a playful atmosphere, you will get a tasty cake which is: feeling understood, accepted and acknowledged as a sibling. This study suggests how sibling support programmes can be successful.

#### **Siblings are living together with their sibling with a disability**

*I. Vanhoutteghem, Oikonde Brugge-Oostende, BRUGGE, Belgium*

What will happens to my child with a disability if I can't give the support he or she needs?' is a question a lot of elderly parents with a child with a disability ask themselves. International research shows that some parents with a child with a disability are nursing hopes, explicitly or not, that other children in the family will support their sibling with a disability in the future.

In Flanders, the Flemish part of Belgium, 189 siblings (with or without a partner and their children) are living together with their sibling with a disability and are receiving support from a foster care service in 2008. To our knowledge, no research exists in which experiences and perceptions of siblings, siblings-in-law and adults with a disability living together have been studied. Siblings-in-law in particular are underrepresented in existing studies on this topic.

By means of narrative research the experiences of 19 siblings living with their sibling with a disability were collected in individual in-depth interviews at their homes. The interviews were verbatim transcribed and analysed by themes.

The presentation shows the first result of this part of a PhD research (Ghent University) with specific focus on the views of the siblings and the decision to live together with their sibling with a disability. By analysing their lifestories siblings showed us a lot of elements that influenced the decision process and has an impact on their quality of life as a person and as a family. Living together with a sibling with an intellectual disability isn't a personal decision, but it is a whole decision process with different actors involved.

#### **Siblings are worried about the future**

*V. Bonny, WDSI Roeselare, ROESELARE, Belgium*

*G. van Hove, Ghent University, GHENT, Belgium*

*I. Vanhoutteghem, Oikonde Brugge-Oostende, BRUGGE, Belgium*

In Flanders, the Flemish part of Belgium, siblings (with or without a partner and their children) are living together with their family member with a disability and are receiving support from a social service. This families are telling their worries about the future to their social workers: 'what will happen to my brother or sister with a disability if I can't give the support he or her needs?'

By means of a focusgroup of siblings and siblings-in-law their experiences, worries and ideas about the future of their sibling with a disability have been explored. The presentation will show the results of this focusgroup. Some of the themes siblings and siblings-in-law living with a sibling with a disability were analysed: their experiences and ways of looking to the existing care system, the impact of the hopes their died parents still have, the consequences of their hopes for the future for the involved family members, the involvement of the sibling with a disability to the subject and the unsolved questions about the future.

### **S112 - CHALLENGING BEHAVIOUR - 4 SEPTEMBER - BLACK ROOM - MODERATOR: CARLO SCHUENDEL**

#### **Challenges in Behaviour and Attachment: Understanding Relationships in Order and Disorder**

*C. Schuengel, VU University Amsterdam, AMSTERDAM, The Netherlands*

Children and adults with intellectual disabilities (ID) rely on their caregivers for their physical and emotional security. Humans have an inborn tendency to approach their attachment figures if they perceive that emotional or physical harm is imminent. If caregivers successfully provide security, the risk for maladaptive outcomes due to stress exposure may be reduced. Over time, emotional attachments may develop between persons with ID and their providers of security. However, individual and contextual factors may limit the potential for emotional security and the development of relationships. These factors will be addressed in this symposium from three different perspectives, including the perspective of clients seeking protection with care staff against the aggression of other group members, the perspective of disorders of attachment, in which children fail to develop attachment relationships, as well as the perspective of professional caregivers, who may or may not be perceptive of their children's attachment behaviours.

#### **Is there overlap between symptoms of disordered attachment and autism among children with mild intellectual disability**

*H. Giltaij, P.S. Sterkenburg, VU University Amsterdam, EMGO & Bartimeus, AMSTERDAM, The Netherlands*

*C. Schuengel, C.G.C. Janssen, VU University Amsterdam, FPP, Clinical Child and Family Studies, EMGO, AMSTERDAM, The Netherlands*

Children referred for psychiatric assistance with a mild intellectual disability are a high risk group for symptoms of Autism Spectrum Disorder (ASD) and for Reactive Attachment Disorder (RAD). Controversy exists about possible overlap, and currently, developmental disorders are a contraindication for attachment disorder in the DSM-

IV. This study was aimed to empirically investigate the possible overlap, using two screening instruments. The participants: 86 children between 5 and 11, IQ between 50 and 85, all referred to a psychiatrist for psychiatric consultation or treatment. To screen for attachment disorders the Disturbances of Attachment Interview (DAI) (Smyke & Zeanah, 2002) was used during telephone interviews with the parents. Two independent raters (inter-rater reliability kappa >.8) rated the interviews and their scores were averaged. A screening tool for autistic symptoms, the Auti-R (Berckelaer-Onnes, e.a. 1990) was administered to the children's teachers (Cronbach alpha = .94).

The results indicated no significant overlap ( $r = -.013$ ) between total DAI scores ( $M = 3.48$ ,  $SD = 3.0$ ) and the Auti-R ( $M = 259.1$ ,  $SD = 51.3$ ,  $N = 86$ ). Also no significant associations were found among the subscales of both instruments. 44% of the children showed definite symptoms of RAD and 33% scored within the clinical or borderline range for ASD. The Chi-Square test showed no higher but also no lower risk for RAD in children with ASD, borderline-ASD ( $\chi^2 = .007$ ,  $df = 1$ ,  $p = .932$ ).

Symptoms of disordered attachment show a high prevalence among children with MID with mental health problems. Specialized diagnosis is needed to establish whether these children indeed qualify for attachment disorders. This high prevalence can not be explained by the heightened prevalence of symptoms of ASD. Children with ASD can develop attachment relationships; the current investigation suggests that they are just as likely as other children with MID and mental health problems to develop disordered attachment. Implications for diagnosis and treatment will be discussed.

### **The rights and wrongs of challenging behaviour: people with learning disabilities' experiences of people who challenge**

*M. Stevens, King's College London, LONDON, United Kingdom*

Challenging behaviour and staff responses to it have been identified as limiting factors on quality of life for people who challenge (Murphy et al., 1996; Brown and Thompson, 1997; Schwartz, 2003; Whittington and Burns, 2005) and for those living with them (Allen et al. 2009). However, little attention has been paid to the perspectives of people with learning disabilities. This paper will present the findings of research that aimed to investigate adults with learning disabilities' understanding and experiences of what is perceived by staff and services to be challenging behaviour. Interviews, group discussions and observations were carried out with twenty-six people with learning disabilities using social services' residential and day services.

Participants were able to articulate complex responses about challenging behaviour, which is characterized as 'a moral web': a complex network of antecedents, behaviours and consequences, expressed in a framework of blame attribution and retribution. Social care staff were seen by participants as needing to play a key role: protecting people and ensuring that appropriate (negative) consequences were suffered by instigators of challenging behaviour.

These findings will be interpreted within a positioning theory perspective, suggesting the importance of understanding the ways that challenging behaviour is constructed through social interaction and how this involves taking and attributing moral positions. This perspective suggests an increased focus on the importance of relationships amongst people using learning disability services and between service users and staff in line with other research (Jahoda and Wanless, 2005; Sterkenburg et al., 2008).

Implications in the following areas will be discussed: developing practice; the role of social care staff; and the study of challenging behaviour as a social phenomenon; and more broadly in connection with risk and the increasing personalisation of services.

### **Validity of caregivers' reports of children's attachment behaviour in group care**

*J.C. de Schipper, B. Ploegmakers, M. Romijn, C. Schuengel, VU University Amsterdam, AMSTERDAM, The Netherlands*

Professional caregivers may support adaptive development in a child with ID through helping him, her to regulate emotions, in particular in situations of distress. Measures of attachment behaviour in children with ID need to be further validated. We will compare an observation list developed for children with ID (Secure Base Safe Haven Observation list, SBSHO; De Schipper & Schuengel, 2009) with a well validated instrument to assess attachment relationships in normally developing toddlers and preschoolers, the Attachment Q-sort (AQS, Waters, 1987) as well as a checklist for disturbances in attachment patterns. Congruent validity will be explored as well as associations with children's challenging behaviour.

In eight groups, two professional caregivers and two children participated. Thus, a total of 16 children with moderate to severe ID were observed in two relationships. Each caregiver reported the child's attachment behaviour in two relationships (SBSHO). Trained research assistants sorted the AQS after a 3-hour observation of one child-caregiver relationship. An index of 8 signals of disturbed attachment patterns in children (based on AACAP (2005) practice guidelines) was computed. The DBC (Einfeld & Tonge, 1995) assessed challenging behaviour. The SBSHO was moderately strong associated with the AQS ( $r_s = .59^*$ , caregiver 1;  $r_s = .52^*$ , caregiver 2) and strong with disturbances of attachment ( $r_s = -.62^*$ ,  $r_s = -.80^{**}$ ). SBSHO and AQS measures of attachment reported similar associations with challenging behaviour: children showing more attachment security were less withdrawn (SBSHO:  $r_s = -.59^*$ ,  $r_s = -.73^{**}$ ) and had less problems in social relating ( $r_s = -.56^*$ ,  $r_s = -.66^{**}$ ). Support for the validity of the SBSHO in group settings for children with ID was found. The association with the AQS indicate that secure base and safe haven behaviour appeared identifiable for professional caregivers. Low scores on the SBSHO might not only indicate insecurity in children's behaviour (as in the AQS), but also even more severe disturbances in attachment patterns.

**1113 - HUMAN RIGHTS AND CHILDREN WITH ID - 4 SEPTEMBER - ROOM 8 - MODERATOR: LJILJANA IGRIC****Research into certain factors of immediate environment in development of tolerance for children with disabilities**

*L.I. Igric, N.L. Lisak, Faculty of Education and Rehabilitation, ZAGREB, Croatia  
V.R. Rakic, Ministry of Science, Education and Sport, ZAGREB, Croatia*

Educational inclusion is one of the main challenges of the 21st century, resulting from the intention to create a society for all. The shift in responsibility for dealing with disabilities from personal to societal level was the starting point into research of immediate and wider environment, including both factors and programs which influence disability (Glaubman, Issawi, 2004, Houlette et al, 2004).

The project entitled 'Intervention and certain environmental factors of educational inclusion' served as basis point for composing and altering the program 'Tolerance as a key to a school for all'. The aim was to explore the level of tolerance of pupils who attend regular schools together with their peers with learning disabilities and certain characteristics of their family environment. Research methods: The sample included sixth-grade pupils in four primary schools and their parents. Pupils were presented with a self-perception scale (Harter, 1985) and the scale measuring tolerance and contentment, designed as part of the project, while their parents filled out a battery of tests measuring perceived competence for parenting role (Bezinovic, 1988, Gustovic-Ercegovac, 1992) and participated in focus groups.

A quantitative data analysis was used to determine the relationship between tolerance, contentment and self-perception and possible differences between pupils with and without disabilities. Family data was examined using both quantitative and qualitative analyses.

Research results indicate a statistically significant difference in the level of tolerance favoring typical pupils, who also reported higher contentment and better self-image. At the same time, parents of children with disabilities see themselves as less competent parents, with different understanding of tolerance compared to parents of typical children. These results could serve as the basis of developing a program for stimulating tolerance of both groups of parents towards themselves, their children and the immediate environment.

**Correlation of teacher competence and tolerance with student behavior in regular schools**

*Z.S. Stancic, B.N. Nikolic, Faculty of Education and Rehabilitation Sciences, ZAGREB, Croatia  
S.H. Horvatic, National Center for External Education and Evaluation, ZAGREB, Croatia*

The aim of this research is to ascertain whether there is a correlation between certain dimensions of teacher competence and their tolerance for various types of student behavior and the classroom atmosphere. The comparison has been made regarding the perceived competence for the role of teacher, self respect, control locus and social anxiety in relation to teacher tolerance and the atmosphere of tolerance in the classroom.

A sample of teachers was selected from four elementary schools in the eastern and western parts of Zagreb, two of which make an experimental sample, and the other two a control sample. The teacher sample consisted of the class and subject teachers (N=18) who teach sixth grade. Classes include students with various difficulties (intellectual impediments, learning difficulties, attention disorder and hyperactivity). The following measurement devices were used: Scale for the assessment of teacher competence KU, Rosenberg's RSS scale of self respect, Scale for the measurement of control locus SE, Scale for the fear of negative evaluation X-2, Teacher tolerance TU, Atmosphere of classroom tolerance.

The initial research presented the basic statistic parameters for all quantitative variables, together with calculating the frequencies and proportions for the categories of all qualitative variables. Correlative and quasicanonical analyses were performed in order to establish correlation. Due to the small sample of examinees, a robust method for the testing of correlation of two sets of variables was used.

According to the indicators obtained the perceived competence is relatively low, the teachers have a moderate level of self respect, externalized control locus and a high level of social anxiety. The teachers usually tolerate various types of students' classroom behavior and mostly notice the acceptable or unacceptable behavior of their students. A program of thematic empirical workshops oriented at the encouragement of an atmosphere of tolerance in school was applied.

### **Relations between level of tolerance and family climate of children with learning disabilities attending regular classrooms and their typical peers**

*S.S. Sekusak-Galesev, B.N. Nikolic, Faculty of Education and Rehabilitation Sciences, ZAGREB, Croatia  
V.S. Senjug, Center for Upbringing and Education Goljak, ZAGREB, Croatia*

This paper is part of The project entitled 'Intervention and certain environmental factors of educational inclusion' served as basis point for composing and altering the program 'Tolerance as a key to a school for all' (project manager Ljiljana Igric).

1. To compare levels of tolerance of children with learning disabilities attending regular classrooms and their typical peers
2. To compare family climate of children with learning disabilities attending regular classrooms and their typical peers
3. Explore relations between tolerance and family climate of children with learning disabilities attending regular classrooms and their typical peers.

The sample consists of 86 sixth-grade pupils in four primary schools (14 of them with learning disabilities). Pupils were administered with 'Family Environment scale' (Mossand Moss, 1986) and the scale measuring tolerance designed as part of the project.

A quantitative data analysis was used to determine the relationship between tolerance and family climate and possible differences between pupils with and without disabilities.

Results:

1. Research results indicate a statistically significant difference in the level of tolerance favoring typical pupils
2. Results show no statistically significant difference in family climate between children with learning disabilities attending regular classrooms and their typical peers
3. Results of regression analysis show no statistically significant correlation between level of tolerance and family climate in our sample.

This results which indicate significant lower tolerance of pupils with disabilities can serve as basis for developing programs for strengthening their tolerance in school environment, with the aim of implementing inclusion of children with disabilities.

### **Relations between level of tolerance and contentment of children with learning disabilities attending regular classrooms and their typical peers**

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D.D. Dragojevic, PhD student on Faculty of Education and Rehabilitation Sciences, ZAGREB, Croatia*

This paper is part of the project entitled 'Intervention and certain environmental factors of educational inclusion' served as basis point for composing and altering the program 'Tolerance as a key to a school for all' (project manager Ljiljana Igric).

1. To compare level of contentment of children with learning disabilities attending regular classrooms and their typical peers
2. Explore relations between tolerance and contentment of children with learning disabilities attending regular classrooms and their typical peers

The sample consists of 93 sixth-grade pupils in four primary schools (16 of them with learning disabilities). Pupils were administered with the scale measuring tolerance and scale measuring contentment designed as part of the project.

A quantitative data analysis was used to determine the relationship between tolerance and contentment and possible differences between pupils with and without disabilities. For this purpose we use robust discriminative analysis, regression analysis and quasicanonical analysis.

1. Research results indicate a statistically significant difference in the level of contentment favoring typical pupils
2. Results of regression analysis show no statistically significant correlation between level of tolerance and contentment in our sample, but quasicanonical analysis shows one significant factor which indicate some common variability between tolerance and contentment.

These results can serve as basis for developing programs developing personal skills which could maintain to better developed tolerance and contentment of children with learning disabilities in school environment. This could lead to their better position in classroom and better relations with peers.

**S114 - CHILDREN AND DUAL DIAGNOSIS - 5 SEPTEMBER - ROOM 7 - MODERATOR: HANNEKE VEEREN****Diagnosis and treatment for children with mild ID in the Banjaard inpatient facility: A special approach for a special group of children. Follow up of the in-patient program for a five year period: Working with the parents***M.G.C.J. Clijisen, De Banjaard, DEN HAAG, The Netherlands*

The goal is to study the specific circumstances and interactions in the families that make admittance of the child in the in-patient facility necessary.

We will describe the characteristics of the children that were admitted to the in-patient facility in from march 2003 to march 2008. Socio-economic problems, questions at referral, psychiatric diagnoses, and specific findings of child parent interaction during the admittance will be discussed.

The results show the complexity in diagnosing and treating these children in terms of biological, psychological and social aspects. Parents play a significant role in the process of diagnosis and treatment of children admitted in the in-patient facility. The parent counselor is of great importance in the multiprofessional team

**Children with mild ID and psychiatric disorders: medical illness and co-morbidity of intellectual functioning***J.M.T. Veeren, De Banjaard, DEN HAAG, The Netherlands*

We aimed to determine the prevalence of psychopathology and interfering somatic conditions in the children that were admitted in de in-patient facility. We analyzed the data of all children that were admitted to the in-patient facility in from march 2003 to march 2008. We found a the close interaction between both physical and mental health aspects. We will present some case-study's to demonstrate this. Medical problems can play an important role in the development of behavioral problems and psychopathology. Therefore a full medical history and physical exam is performed in all children admitted in our facility.

**Specific individual therapy in a clinical setting: Sensory Integration and Differentiation Therapy***A.T.M. Speltje, De Banjaard, DEN HAAG, The Netherlands*

In clinical treatment of children with mild ID at the Banjaard in-patient facility, we have tried to find an appropriate array of specific individual therapies.

Out of the range of psychomotor therapy, logopaedics, physiotherapy and play therapy, two specific methods will be described.

1. The SI (sensory integration)-therapy as a component of the physiotherapy
2. The differentiation therapy as a component of play therapy

After a treatment SI-therapy the alertness of children with sensory integration dysfunction, is increased. As a result of which their concentration among other things was vastly improved. After a treatment differentiation therapy the ability to differentiate in sensory and emotional experiences of children with attachment disorder, is increased. As a result of which their initiative and quality of contact was improved.

In the treatment of children with mild ID, the use of specific individual therapy like SI- therapy and differentiation therapy has proved to be effective.

**The effectiveness of the COCP intervention programme for youngsters with severe intellectual disabilities***M.J.M. Heim, Universiteit van Amsterdam, AMSTERDAM, The Netherlands**M.V. Veen, Heliomare rehabilitation, WIJK AAN ZEE, The Netherlands**E.V. Velthausz, Esdégé-Reigersdaal, BROEK OP LANGEDIJK, The Netherlands*

This presentation will report the preliminary results of a longitudinal study of the effects of the COCP intervention programme on the communicative behaviours of young nonspeaking individuals with severe intellectual disabilities and their primary communication partners. The COCP programme involves intensive cooperation within the social network of each client. The programme includes instruction and support for the most important communication partners so that they learn to adapt their behaviour in order to encourage communicative interaction with the nonspeaking individual in daily naturally occurring situations.

The current study examines the effects of the COCP intervention programme longitudinally in a group of nine clients with intellectual disabilities between 5 and 23 years of age. These clients show mainly pre-intentional behaviours, but seem to be able to make the transition to intentional communicative behaviour.

The study employs a longitudinal within-subject design. Preceding, during and after intervention, the participants are videotaped in naturally occurring interactions, each participant with two different communication partners, during typical daily routines. Data analysis is focused on determining the effects of the intervention on the communicative behaviours of both interaction partners, i.e. the use of stimulating interaction strategies (pausing, responsiveness, creating opportunities, modelling augmented communication modes) by the speaking communication partners, the patterns of turn taking and topic initiations in each dyad, and the expressed communicative functions and the modes of communication used by the nonspeaking participants.

In general, preliminary results indicate clear positive changes in partner strategies after instruction and feedback, more balance in turn taking and topic initiation in most dyads, and increases in frequency and variation of

communicative functions and communication modes. Our preliminary conclusion is that the COCP intervention programme potentially leads to more facilitative interaction strategies of communication partners, more balanced interaction patterns, and improved communication skills of nonspeaking youngsters.

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**1115 - FORENSIC/SEX OFFENDERS - 4 SEPTEMBER - ROOM 5 - MODERATOR: NIGEL BEAIL**

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**The process by which people with intellectual disabilities engage with the criminal justice system**

*M.H. Hellenbach, University of Chester, LIVERPOOL, United Kingdom*

The study is a full time three years PhD research having commenced in September 2007. The project examines procedures by which people with intellectual disabilities engage with the criminal justice system. In this context the construction of intellectual disabilities, decision making processes and the construction of crime and punishment by professionals involved in criminal justice are being analysed. The study employs an analytical and evaluative framework encompassing an examination of issues associated with concerns of criminal justice professionals and risk assessments undertaken by them. The provision of Appropriate Adults is examined and the process of legal representation evaluated. The sample includes Forensic Medical Examiners, Probation Officers, Custody Sergeants, Prosecutors, Magistrates and Judges.

35 semi-structured qualitative interviews have been completed. Criminal justice is understood by respondents as being the core value of western civilisation, whereby justice is perceived as thorough punishment immediately following an act of behaviour that has been deemed criminal. The concept of both justice and intellectual disabilities appear to vary significantly among different criminal justice agencies. Objectivity within criminal justice appears to be constructed by respondents through the use of language that is characterised by an emphasis on quantitative targets. The qualitative approach that has been used in this study allowed generating data that complements survey findings of previous projects. The initial data raises tentative issues around concepts of justice and punishment in relation to discourses surrounding intellectual disability and criminal justice.

**Recent Research on offenders with intellectual disabilities.**

**Risk, diagnostic and childhood adversity information for offenders with ID**

*W.R. Lindsay, Castlebeck, DUNDEE, United Kingdom*

*A. Holland, University Cambridge, CAMBRIDGE, United Kingdom*

*J. Taylor, G. O'Brien, University Northumbria, NEWCASTLE, United Kingdom*

*D. Carson, University Abertay, DUNDEE, United Kingdom*

Several studies have related diagnostic information and adversity in childhood to criminal careers and risk of recidivism. Notably, ADHD and conduct disorder in childhood, schizophrenia, sexual abuse and physical abuse have been associated with offences in adulthood. The current study investigates these variables in relation to large cohorts of offenders with intellectual disabilities.

A case note review was undertaken for 477 individuals referred to forensic ID services and 197 individuals accepted for such services. Results are reported on diagnostic information, experience of adversity in childhood and risk. The highest reported diagnostic category for both those referred to and accepted into services was ADHD/conduct disorder.

Autistic spectrum disorders were not particularly over represented. There was a significant increase in recording of ADHD/conduct disorder in those accepted into services. For adversity in childhood, general socioeconomic deprivation was the most frequent category for both groups. This also increased significantly for those accepted into services.

Sexual abuse and non accidental injury were featured at around 11 to 15% for both groups. Risk was associated with level of security but effect sizes were not large. These results are broadly consistent with mainstream literature on offending with ADHD/conduct disorder and general deprivation featuring significantly in all groups and rising for those accepted into offender services. It is important to deal with these aspects during assessment and treatment of these individuals.

**Anger Treatment For People With Intellectual Disabilities: Effects on Aggressive and Violent Behaviour**

*J.L. Taylor, Northumbria University, MORPETH, United Kingdom*

Aggressive behaviour is common in intellectual disability populations and has serious consequences for individuals and services supporting them. While anger isn't necessary or sufficient for aggression to occur, it has been shown to be strongly associated with and predictive of aggression, including physical assault, in intellectual disability services. This paper describes a recent study in which the extent to which within-treatment improvements on anger assessment measures translated into reductions in the frequency of physical assaults and related incidents was investigated.

Fifty detained patients (44 men; 6 women) with intellectual disabilities and histories of aggression received an established manual guided cognitive-behavioural anger treatment. The setting was a specialist secure hospital service for offenders with intellectual disabilities in the UK. Data on aggressive behaviour, including physical violence, was collected at 4 assessment points: 7-12 months pre-treatment; 0-6 months pre-treatment; 0-6 months post treatment; and 7-12 months post-treatment.

Analyses show that observed and independently recorded rates of aggression, including physical violence, were stable during the 12-month period prior to treatment commencing.

The rates of aggression and violence reduced significantly following completion of treatment. These effects were maintained at 7-12 month follow-up. Previous research has shown that cognitive-behavioural anger treatment for people with intellectual disabilities can be successful in improving outcome as measured using self- and informant-rated anger assessments. The results of the current study indicate that these positive outcomes can translate into significant aggressive and violent behaviour and harm reduction effects.

### **Empathy in Sex Offenders who have ID**

*N. Beail, S. Ralfs, University of Sheffield, SHEFFIELD, United Kingdom*

Due to lack of research investigating empathy in sex-offenders with intellectual disabilities (ID), this study explored empathy in sex-offenders and non-offenders with ID. Specific aims were to explore differences between these groups on measures of components of empathy. The scores of twenty-one sex-offenders and twenty-one non-offenders with ID, matched by age, gender and IQ, were compared on the Test of Emotional Perception. There were no differences between offenders and non-offenders. Sex-offenders who had received treatment performed better on tasks of emotion recognition, emotion replication and response decision than the non-offenders.

Sex-offenders with ID who have received treatment performed better than non-offenders with ID on some components of empathy; however further research is needed to understand these differences and to further understand empathy in sex-offenders with ID, before any recommendations can be made to treatment programmes.

### **1116 - CHILDREN/AUTISM/ASSESSMENT - 4 SEPTEMBER - ROOM 5 - MODERATOR: RAYMOND CECCOTTO**

#### **The experience of the families who have a child with Autism Spectrum Disorder (ASD) in Iran**

*S. Samadi, R. McConkey, University of Ulster, NEWTOWNABBEY, United Kingdom*

The impacts on families of having a child with ASD are well established in Western societies. By contrast less research has been undertaken in other cultures. Also parents' psychological wellbeing needs closer attention. A sample of 43 parents (16 (37.2%) fathers and 27 (62.8%) mothers) was recruited from different services in Tehran. The children's ages ranged from 3 to 17 with a mean of 8.2 years. Structured interviews were conducted with parents at home on two occasions and lasted @90 minutes. They were asked about their knowledge of ASD, their perceptions of the child's needs and the impact it has on them and on family life.

All interviews were transcribed verbatim and a thematic content analysis undertaken. Key findings will be presented within three main domains.

1. Knowledge of ASD: Prior to receiving a diagnosis, 34 (79%) had never heard of ASD. Over half (N=25:58%) attributed it to maternal, environmental or spiritual influences with only one parent mentioning a genetic link.
2. Parental well-being. In all 34 parents (79%) reported having health problems and 37 (86%) rated themselves as highly stressed. Over half (24:55%) did not discuss their problems or plan together with their partners.
3. Parental supports and coping. Most informal support came from grandparents and siblings. Nearly half the parents felt that society's attitudes needed to change, and that having a child with ASD should not be seen as consequence of sin or immoral action.

These findings suggest that in Iran, families face similar stress and health problems to those in Western countries. However the parents seem to lack accurate information about the condition and have few opportunities to obtain advice and counselling for themselves. Further cross-cultural research could be particularly informative as would the development of cultural appropriate interventions to support families.

#### **Screening for autism in children with visual (and intellectual) impairments**

*Y.M. Dijkxhoorn, Leiden University, LEIDEN, The Netherlands*

There is an ongoing debate about the occurrence and prevalence of Autism Spectrum Disorders among people with visual (and intellectual) impairments. Overlap in symptoms and etiology makes differential diagnosis a complex task (e.g. Gense & Gense, 1994). However, Sensis a care provider for people with visual (and intellectual) disabilities in the south of the Netherlands has experienced that acknowledging both the ASD and visual impairment, is essential for optimum support, and has therefore sought collaboration with Leiden University to establish a screening protocol.

We wanted to determine which instruments could be used for screening of ASD's among children with a visual impairment. The screening results will be used to figure out which clients need further individual assessment. Parents and teachers have filled out several instruments (Vineland Screener, van Duijn et al., 2008; SCQ, Warreyn et al., 2004, AUTI II, Hoekman et al., in development) and the psychologists involved have filled out the questionnaire about health issues, comorbid diagnoses and the severity and origin of the visual impairment. Data has been collected on children with visual impairments in mainstream schools (through ambulatory services), special education, residential care and through early intervention programs (N=167). In the first phase the results of children with an official diagnosis within the autism spectrum have been compared to the scores of children without autism as stated by their psychologists.

Clear behavioural differences were found between the group children with visual impairments with and without an ASD. Both the SCQ and the Vineland Screener show very promising results in contrasting the two groups, both on specific items and on the profiles of the Vineland Screener and the cut-off score of the SCQ. These results are promising and because of ongoing collaboration in assessing of the children at risk, further data will be gathered.

#### **Adaptive behaviour in children with visual (and intellectual) impairments**

*Y.M. Dijkxhoorn, G. van Duijn, Leiden University, LEIDEN, The Netherlands*

In the Netherlands changes in the educational system and the financing of care, call for objective instruments to assess all aspects of functioning, including adaptive behaviour. Since the validation of the Vineland Screeners 0-6 yrs and 0-12 yrs (Van Duijn et al., 2008; Van Duijn et al., 2009), we have a tool to research specific developmental trajectories of specific groups of people with developmental disabilities and establish norms for different groups, when necessary. In collaboration with Sensis and Visio, both care-providers for people with visual impairments in the Netherlands we have gathered data on the adaptive behaviour of children up till the age of 12 years.

We wanted to describe the development of adaptive behaviour in children with a visual impairment and look at the factors that influence this development, e.g. comorbid intellectual disability, level and onset of visual impairment. We have also started this project to establish group norms for children with visual (and intellectual) impairments in the education system.

Parents have filled out the Vineland Screener questionnaires, teachers have filled out screening instruments for autism and the psychologists involved have filled out the questionnaire about health issues, comorbid diagnoses and the severity and origin of the visual impairment. Data has been collected on children with visual impairments in mainstream schools (through ambulatory services), special education, residential care and through early intervention programs.

The Vineland Screener has proven to be a valid and reliable instrument to establish the adaptive functioning in children with visual (and intellectual) impairments. If the children have no comorbid problems, the development of adaptive skills is comparable to that of normal developing children, whereas especially the children with comorbid intellectual disabilities and autism show marked delays, but also specific profiles of adaptive behaviour.

#### **A consensus model of anxiety management strategies for children and young people with autism and intellectual disabilities (ID)**

*S. Gobrial, R. Raghavan, J. Reynolds, University of Northumbria, NEWCASTLE UPON TYNE, United Kingdom*

Anxiety disorders are one of the most prevalent disorders in young people with ASD and ID. Furthermore, comorbidity specifically of ASD may also make the young people with ID more susceptible to anxiety. Experiencing significant level of anxiety disorders can have a devastating impact on the life of young people with autism and ID and their families. The aim of this study was to develop a consensus model of anxiety management strategies for children and young people with autism and ID and to evaluate its use with a small number of parents.

A consensus model of anxiety management strategies was developed using the Delphi technique. Group meetings were convened with a number of professionals working with children and young people with ID and mental health needs. This involved discussions of results from a previous study on day to day management strategies as reported by parents and teachers. Based on the expert opinion of the professionals a model of useful anxiety management strategies was developed. This was further tested on small group of parents (n=7) for 3 months. The children aged 5-14 years, with a mean age 8.86 (SD = 2.79). Pre and post screening was conducted using the Glasgow anxiety scale (GAS-ID). Focus groups were conducted with families to evaluate consensus model of anxiety management strategies.

A consensus model of anxiety management strategy was developed. The results from the pilot study of its use indicate reduction in the child's anxiety after its use by parents. Parent reported benefits of implementing the strategies of managing their child's anxiety.

**S117 - AUTISM/CHALLENGING BEHAVIOUR - 4 SEPTEMBER - ROOM 6 - MODERATOR: PETER KOEDOOT****Challenging behaviours and psychopathology in adults with pervasive developmental disorders***E.T. Tsakanikos, J. McCarthy, Institute of Psychiatry, Estia Centre, LONDON, United Kingdom**L.A. Underwood, N.B. Bouras, Institute of Psychiatry, King's College London, LONDON, United Kingdom*

We investigated challenging behaviour and clinical psychopathology in 124 adults with autism and intellectual disability (ID) as compared to 562 adults with ID only. The participants were assessed with the Disability Assessment Schedule (DAS-B) and were clinically interviewed on the basis of ICD-10 criteria. Overall, those with autism were younger, more likely to be male and to have severe ID, and more prone to challenging behaviour. Adults with challenging behaviour and autism were less likely to receive a schizophrenia diagnosis of schizophrenia spectrum disorder, although those with autism but without challenging behaviour were more likely to receive a schizophrenia this diagnosis. However, after controlling for the effects of gender, age, challenging behaviour and level of ID, people with autism were not less likely to receive a psychiatric diagnosis than people with ID only. Severity of ID and autism were the only independent predictors of challenging behaviour.

**Social skills and people with intellectual disabilities: Effectiveness of a Social Skills Training in health-care for a disabled resident***T.F. Rastelli, P. Panicucci, I. Trinca, F. Mattei, Fondazione Maffi, PISTOIA, Italy*

Intellectual disability (ID) is a syndrome that includes severe deficits in an individual's developmental skills in several function. In case of problem solving tasks of interpersonal subjects with intellectual disability:

- show a smaller number of approaches to solving the problems
- propose strategies less frequently advantageous

The experimental intervention is designed to encourage positive behavior and the acquisition of social skills (skills assertive) in people with intellectual disabilities. The study addresses three males of mean age of 40 years, diagnosis of intellectual disability rating to severe according to the criteria of DSM IV-TR and stay in residential facilities of about 25 years. The subjects were subjected to assessment by the administration of a complex battery of clinical and functional assessment.

Through the recording of proceedings and compilation of rating scales were observed the following:

- Respect the rules,
- Implementation of appropriate behavior, capable of arousing in the other positive or neutral but not negative
- Increase of the strategies for solutions
- Good interpersonal interaction between members of the group

This rehabilitative showed a reduction in component and anxious dysfunctional behavior, a greater understanding and sharing of roles and social skills that led the individual to have:

- A verbal and nonverbal properly directed to the pursuit of a goal
- An interactive conversation correct syntax, which respects the time and the reciprocal of specific behaviors
- The ability to recognize and manage the emotions that arise during a conversation.

This method of psycho-educational intervention is emerging as a tool to help in a systematic way individuals with mental retardation develop skills to average more efficient to interact with others, as has the active intervention on cognitive functions like attention, memory, concentration, but above all the emotions in a positive influence on the relational-affective sphere and social integration.

**Rehabilitative strategies to improve the ADL(Abilities of daily living) in adult subjects with mental and physical disability***M. Caserio, S. Lassi, S. Widmann, T.F. Rastelli, E. Dessi, S. Tosi, AIAS PISTOIA, PISTOIA, Italy*

In subjects with severe mental disabilities associated with physical disability is given the rehabilitation work on small goals that involve both the cognitive area that the motor area.

The method of rehabilitation should be focused and involve both the scope to physiotherapy education. We performed a study of individual case in an adult person with mental retardation in severe ataxia syndrome. The speech focused in increasing the autonomy, specifically being able to cut the food with the right tools. The subject was initially assessed by administering the FIM Scale, Barthel Scale and through a check-list for the specific target.

The intervention lasted 3 months (March-May 2009), structured in 2 hours of weekly physical therapy and 2 hours of daily educational intervention. In the physiotherapy is aimed at preparing the gesture and the acquisition of practices required, while in the general educational practices gained for a functional use in daily life.

At the end of 3 months was reduced the assessment with the following results: increase in FIM scores from 56 to 67, Barthel score increased from 55 to 61; items performed correctly on the check-list from 10% to 90%.

This study highlights that patients with severe mental disabilities associated with motor disabilities findings are not significant at the global level, but on specific targets. Achieving a significant improvement in overall level of ADL, we can therefore to obtain through continual and focused on skill requirements.

**Psychiatric disorders in adolescents and adults rated with the Psychopathology in Autism Checklist, PAC: A population study in one county in Norway**

*T.L.B. Bakken, Oslo University Hospital, ASKER, Norway*

*H.M. Martinsen, University of Oslo, OSLO, Norway*

*S.B.H. Helverschou, Nasjonal kompetanseenhet for Autisme, OSLO, Norway*

Individuals with autism spectrum disorders are believed to be especially vulnerable to psychiatric problems. A checklist for screening psychiatric problems in adults with autism and intellectual disability, The Psychopathology in Autism Checklist, PAC, has been developed to confront the diagnostic obstacles of overlapping symptoms and the client's impaired ability to report psychiatric symptoms.

The aims of the study were threefold:

1. to estimate the prevalence of psychiatric disorders in adolescents and adults with autism and intellectual disability, ID, in one county in Norway;
2. to compare the amount of psychiatric problems in persons with intellectual disability, with and without and autism, and 3; to test the Psychopathology in Autism Checklist, PAC, in a population of adolescents and adults with autism and ID.

The participants encompass two samples. The study group encompasses all registered persons with autism and intellectual disability from 14 years and up in Nordland county in Norway, 62 persons. The control group encompasses 132 adolescents and adults with intellectual disability, without autism. All participants were rated for possible psychiatric symptoms, and general adjustment problems, with the Psychopathology in Autism Checklist, PAC.

There were significant differences between the two groups. More than half of the participants with autism had general adjustment problems, compared to approximately twenty percent of the control group. Psychosis was approximately present three times as often in the participants with autism, depression twice as often, anxiety disorder and OCD approximately four times as often.

The prevalence of psychiatric disorders in adolescents and adults with autism and intellectual disability seem to be significantly higher compared to adolescents and adults with intellectual disability only.

**S118 - CHALLENGING BEHAVIOUR - 3 SEPTEMBER - ROOM 9 - MODERATOR: MICHAEL SEIDEL**

**Development of a manualised cbt intervention for common mental disorders in intellectual disabilities**

*A. Hassiotis, M. Serfaty, A. Strydom, M. King, LONDON, United Kingdom*

*S. Martin, C. Parkes, Camden Learning Disabilities Service, LONDON, United Kingdom*

Mental health problems in people with intellectual disabilities (ID) have a higher prevalence than in the non ID population. CBT a clinically and cost effective intervention for common mental disorders has been used for adults with ID, but, in practice behaviour therapy with little cognitive component.

In a 2 years study with three components according to the MRC framework of complex interventions, we are going to: 1. Develop a manual of cognitive behaviour therapy for treating common mental disorders in adults with intellectual disabilities 2. Pilot our intervention to determine the feasibility of delivery and whether treatment is understood and homework undertaken. 3. Undertake a pilot randomized controlled trial into the feasibility of recruitment into a trial of CBT versus treatment as usual (TAU) for people with ID in preparation for a large multicentred study. The BDI-Y and BAI-Y will be our main outcome measures. We will offer up to 16 50 minutes sessions of CBT with an accredited therapist and support by a community worker to help complete homework and attend appointments. We will measure service use at 6 month follow up. Our presentation will discuss the first stage of the protocol, the manual development.

**Reducing aggression and raising safety by screening before placement**

*M.J. Vaags, Z.M.C.P. Holtkamp, AvelijnSDT, BORNE, The Netherlands*

Since the end of 2007 AvelijnSDT has been occupied with the development of a risk scan for new clients. What induces us to develop this risk scan is our ambition to get an insight into the risky behavior patterns that a client showed in the past or is showing at present. We are particularly interested in those patterns of behavior that have to be known before placement in our institution. Only then can we offer the client the right sort of support or treatment.

In the sector of the mentally disabled such a risk scan is not available yet. The scan is being developed now and at the moment we are busy measuring the effects of such a scan. The effect of such a scan is measured on the basis of a number of aggression incidents and the degree of security felt by workers in the workplace. In our workshop we would like to present the results of our research. We will demonstrate the use of the scan by presenting a case in subgroups.

The instrument is used when a (new) client is placed in our institution and it also forms a part of an overall risk management policy in our organization. The outcome of the risk scan enables us to find the most suitable housing conditions and working environment for our clients. It also enables us to offer the right sort of care immediately after placement. In this way the security of both client and employee may increase.

AveleijnSDT is an organization in the eastern part of the Netherlands which offers support to mentally disabled people. We extend help to approximately 2300 clients. At present AveleijnSDT employs about 1500 people.

### **Positive Behaviour Support for Adults with Learning Difficulties and Mental Health Issues in Post 16 Education**

*D.T. Marsh, MIC Consultancy, LONDON, United Kingdom*

To identify whether applying positive behaviour support strategies to adults with learning difficulties and mental health issues in post 16 education would reduce incidents of disruptive and challenging behaviour, improving the learner experience. The project assessed the impact of monitoring learner behaviour using an online discussion board and the role this played when devising a functional assessment that is used to hypothesise' the purpose of behaviour displayed.

Action research was used to assess current strategies used by staff to manage behaviour, reviewing feedback from staff, parents and carers and support workers on behaviour strategies and assessing the impact of the positive behaviour support on three students displaying different behaviour types. A literacy review of current practice within other post 16 education settings was carried out, including a review of research data on positive behaviour support highlighting current theory and practice, staff responses to questionnaires, parent and carer feedback on learner behaviour and student feedback on their own experience of behaviour support strategies and a review of the change in the discussion board feedback on learner behaviour.

The learners used as part of the action research demonstrated improved positive behaviour throughout the time scale, staff gave positive feedback on the process used to develop positive behaviour support and overall the incidents of disruptive and challenging behaviour fell over the period of the project.

Positive behaviour support strategies work effectively in dealing with learner behaviour within a post 16 education setting, additionally the online discussion board used to monitor and highlight learner behaviour, both positive and negative, was a crucial tool in the process of devising and monitoring learner behaviour and providing a constructive environment for staff to feedback on learner progress.

### **Cognitive behavioral therapy for adults with intellectual disability**

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In the last 20 years the interest on psychopathology in people with intellectual disability (ID) has increased. Evidences show that mental disorders have a higher prevalence in people with ID than in normal population. In the UK and in USA literature, some psychiatrists and psychologists have begun to propose psychotherapy with people with ID, using an integrated approach changing standard techniques and introducing new ones: language has to be simple and concrete, session's duration has to be flexible, there must be more directivity using many concrete examples.

Cognitive Behaviour Therapy (CBT) is one of more used psychotherapeutical approaches in this field. The possible applications of CBT to ID people (particularly people with mild and moderate ID) are discussed. The most important modification to standard CBT approach in such population is anyway represented by the frequent use of pictures that help people with ID to overcome limits in abstract thinking.

## **S119 - QUALITY OF LIFE / DUAL DIAGNOSIS - 5 SEPTEMBER - ROOM 8 - MODERATOR: PATTY VAN BELLE**

### **Quality of life: a guide for assess accompaniment**

*M.C.H. Haelewyck, J.P.M. Mattez, Université de Mons, MONS, Belgium*

As researchers, we are interested in mentally retarded adults' quality of life. Services are regularly confronted with assessment and implementation of teaching projects Improving quality of life does not mean changing everything in a few days in order to obtain a better score on one or another rating scale. The concept of quality of life is a guideline to build a favourable environment able to improve the wellbeing of each one. It is, at the same time, a framework of action and evaluation.

Too much often, the adult with an intellectual disability is considered by the professionals as merely 'handicapped' and not as an alive individual with an intellectual deficiency, sometimes presenting mental health problems. The fact of denying the person means forgetting quality of life and all its dimensions as e.g. wellbeing, but it also means reducing the person to his/her handicap and denying the influence of many factors like medication.

Finally, we shall discuss the results of a research assessing the quality of life of 18 participants, according to the sub-groups considered. We shall emphasize the fact that as diverse specialized members of teams, we must stay aware of our qualitative aims in order to implement a coherent project which enables us to obtain a valuable quality of life for any adult with mental deficiency and except the concept of handicap to only see the individual.

### **Experience of employment for the integration work in people with intellectual disabilities in health care for a Disabled Resident**

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The intellectual disability is a complex of symptoms characterized by the presence of a cognitive disorder which, operating in the crucial stage of development, conditions in a more or less massive the overall evolution of the subject, his personality, his behavior and adaptive its social relations. The main areas relate to the compromised social skills / interpersonal skills, use of community resources, self-determination, school adaptation and social-work and thus the adaptive functioning as intended:

- effectiveness in addressing common needs of life
- degree of personal autonomy

To observe and to evaluate the effectiveness of an intervention employment carpentry skills on social integration and employment, in three individuals with cognitive disabilities (DSM IV-TR), residing at the RSD (Residence of Disability's Care) 'Santa Caterina' of the Casa Cardinale Maffi Collesalveti (Livorno).

We observed between T0 and T final a significant improvement in the following areas:

- Initiative and active participation
- Trust motivational
- Interpersonal relations and communication mode
- Compliance with the standards group (space and time)
- Increased ability to share and compare
- Reduction of 'anxiety' performance'
- Increase in abstract reasoning and procedural memory
- Maintenance and generalization sessions in the follow-up

The gradual and progressive development of a facilitant, knowable, and especially of qualifying woodworking workshop facilitated social interaction, development of specific skills, their transfer to other contexts, the motivational push and then a qualification for a job integration work.

### **The development of an outcome based person centered support methodology**

*J. van Loon, Stichting Arduin, MIDDELBURG, The Netherlands*

For Arduin, service provider in the Netherlands, it is the core task to support its clients in order to optimise their quality of life. There came a changeover from institution to community living, and from care to the supports paradigm. This necessitated a change in the support methodology.

The Supports Intensity Scale (SIS) and Personal Outcomes Scale (POS) were used to develop a model for a person centered support methodology based on a validated Quality of Life conceptual and measurement framework. A structured interview is held with the person on his/her desired life experiences and goals. Then the SIS is administered. The data from this interview and the SIS are combined into an application with an overview of the goals and needed supports, within a QOL-framework. On this base the Individual Supports Plan (ISP) is written. The personal outcomes of supports are measured with the POS. The results of this evaluation can result in an adjustment of goals and needs of supports, and subsequently in the ISP. All elements of this methodology are made electronically in webbased applications.

This resulted in a model for a Person Centered Supports Methodology, using valid and reliable instruments (SIS and POS) in which the focus is on enhancing the individual's QOL. An alignment was made between input (goals and support needs of a person), throughput (ISP) and output (a better QOL, measured as personal outcomes of supports).

This alignment between SIS, ISP and QOL-related personal outcomes, creates an excellent opportunity to support people methodically in improving their quality of life, thus promoting their mental health. This also provides a Management Information System in which the core business of the organisation, supporting people and improving the quality of life, and mental health, of the clients, is at the center.

**Health of the Nation Outcome Scale in Learning Disabilities (HoNOS-LD): using it in the Community***Ken Courtenay, Sujeet Jaydeokar, Barnet Enfield Haringey Mental Health NHS Trust, LONDON, United Kingdom*

To measure the effectiveness of HoNOS-LD outcome scale in measuring change in behaviour and mental disorders when psychotropic medication is prescribed. To ascertain the scale domains that are sensitive to psychotropic manipulation.

A prospective study measuring the outcome of psychotropic medication in managing mental disorder or challenging behaviour in a community population of adults with learning disabilities in London.

The interventions included initiation, maintenance, reduction, or increase in dosage. Data were collected on psychotropic medication use by 85 people. The total number of measurement episodes was 193. 36 commenced medication; 59 reduced dosage of medication; 74 withdrew from medication; 23 increased dosage of medication. Using medication increased scores in 60 (31%); decreased scores in 74 (39%); and had no effect in 58(30%) of people. The scale domains sensitive to medication change were behaviour, self-injury, aggression, mood, and psychotic signs.

HoNOS-LD detected changes in behaviour or mental health signs and symptoms when medication was used to manage behaviour or mental disorders in adults with learning disabilities. The domains that medication had most effect on included behaviour, self-injury, aggression, mood, and psychotic signs. HoNOS-LD is a useful and effective outcome measure in clinical practice.

**S120 - TRAUMA / CAPACITY - 3 SEPTEMBER - BLACK ROOM - MODERATOR: PAT FRANKISH****Suffered in silence: emotional and psychological abuse and neglect of people with intellectual disability in disability accommodation services***S. Robinson, Griffith University, DORROUGHBY, Australia*

Background: The high incidence of abuse in the lives of people with intellectual disability has been documented for several decades. However research studies have largely reported on sexual and physical abuse, with little attention paid to the impact of emotional and psychological abuse and neglect.

This paper presents findings from a qualitative study of the experience and impact of emotional and psychological abuse and neglect in the lives of people with intellectual disability who have lived in disability accommodation services in Queensland, Australia.

Primary material was gathered from nine people with intellectual disability, family members and advocates using an innovative methodology, narrative collage. This method privileges the participation of people with intellectual disability while also engaging others who support them. Sixteen key policy makers and systemic advocates also participated in in-depth interviews which aimed to gather their understanding of the experience and impact of this form of abuse. The resulting data was thematically analysed.

Emotional and psychological abuse and neglect was a feature of all living situations and a frequently repeated experience in the lives of all people with intellectual disability in the study. It ranged in severity from routine indignity to severe emotional trauma. The impact on all participants and on their family members and supporters was significant and long lasting. A new schema for understanding this form of abuse was developed in the research, and will be presented in the paper.

The disability services sector in Australia has an inadequate understanding of emotional and psychological abuse and neglect, which needs to be addressed at several levels. Further research is needed into the causes of this form of abuse, and into protective and preventative mechanisms to prevent further abuse.

**Making decisions on behalf of adults who lack capacity: implementing a new legal framework***T. Joyce, South London & Maudsley NHS Foundation Trust, BECKENHAM, United Kingdom*

This paper will consider different models of making decisions on behalf of adults who lack capacity. Different jurisdictions have different approaches to this issue, and this paper will consider how the model adopted in England and Wales is being implemented.

The approach in England and Wales is to use a best interests model, whilst also allowing for advance decisions and decisions to be made by others who have been legally appointed.

This paper will report on the way in which best interests decision-making has been undertaken in practice. It will consider both health and welfare decisions, using case studies to describe the way in which decisions have been made and the outcomes of the process.

The findings suggest that those making decisions face a number of difficulties. These include determining whether or not the person has capacity to make the decision, how to balance the wishes of families with what others may think is in the best interests of the person; moving away from a medical view of best interests to one where broader welfare factors are considered, and embedding decision-making into routine care.

The guidance published by the British Psychological Society will be briefly discussed. Recommendations for developing and improving practice in making decisions for others will be considered.

**Psychological assessments and treatment (Bill Lindsay); Paper title: The reliability and validity of the Lancaster and Northgate Trauma Scales (LANTS), a new measure of trauma impact for people with intellectual disabilities**

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Despite research showing that people with intellectual disabilities experience increased exposure to traumatic life situations, a satisfactory measure of trauma impact has yet to be developed for people with intellectual disabilities. This paper reports reliability and validity data for a new measure of trauma impact, the LANTS. Self-report and informant versions of the LANTS were developed and tested with 99 adults with mild/moderate intellectual disabilities and 88 informants. One month test-retest data were available for 48 self-report LANTS and 33 informant LANTS. Additional measures collected included self-report measures of demographics, life events, mental health problems and PTSD symptoms, and informant measures of life events, behaviour problems, mental health problems and anger.

Pilot testing indicated high levels of face validity for both versions of the LANTS. Both self-report and informant versions of the LANTS demonstrated good internal reliability (Cronbach's alpha 0.80-0.84) and test-retest reliability (Spearman's  $r$  0.57-0.73). The self-report and informant versions of the LANTS were not associated (Spearman's  $r$  -0.05-0.07). The self-report version of the LANTS was significantly associated with negative life events (Spearman's  $r=0.45^{**}$ ), self-reported mental health problems (Spearman's  $r=0.45^{**}$ ) and self-reported PTSD symptoms (Spearman's  $r=0.68^{*}$ ).

The three informant LANTS subscales (change from the usual, frequency and severity) were associated with informant rated negative life events (Spearman's  $r=0.50^{**}$ - $0.57^{**}$ ), behaviour problems (Spearman's  $r$   $0.46^{**}$ - $0.56^{**}$ ), mental health problems (Spearman's  $r=0.32^{**}$ - $0.38^{**}$ ) and anger (Spearman's  $r=0.49^{**}$ - $0.62$ ). There were no differences in either self-report or informant LANTS scores according to age or gender.

Both the self-report and informant versions of the LANTS show highly promising reliability and validity as complementary measures of trauma impact for people with intellectual disabilities.