



Seattle Club Conference 2011

Cambridge UK



Selwyn College, Grange Road, Cambridge

**11th Seattle Club Conference on Research in Intellectual Disabilities
Wednesday 7th and Thursday 8th December 2011**

*Hosted by the Cambridge Intellectual and Developmental Disabilities
Research Group (CIDDRG) from the
Department of Psychiatry, University of Cambridge*

*The event is being held in Cambridge, within the beautiful surroundings of
Selwyn College*

SEATTLE CLUB CONFERENCE 2011

[Selwyn College, Grange Road, Cambridge, UK]

The Cambridge Intellectual and Developmental Disabilities Research Group (CIDDRG), in the Department of Psychiatry at the University of Cambridge, have great pleasure in welcoming you to the 2011 Seattle Club Conference.

Now in its 11th year, Seattle Club provides a platform to researchers in intellectual and developmental disabilities, in the United Kingdom and the Republic of Ireland, to present their research, based on the traditions of:

- A focus on data-based presentations reporting findings gained through appropriate application of quantitative and qualitative methods.
- There are no parallel sessions - everyone listens to all oral presentations.
- Oral papers and posters are equally weighted in terms of worth, rigour, and status.
- The selection of contributions for oral and poster presentation is designed to achieve a mixture of more established and early career researchers.
- Participation is restricted to authors and co-authors of accepted oral and poster presentations together with researchers at the beginning of their research careers, who have applied for and been awarded Seattle Club Studentships.

The *ad-hoc* Organising Committee for this year's conference comprised Marcus Redley, Anthony J Holland and Isabel Clare, all based in the CIDDRG. The Committee were ably supported by Barbara Lambert and Ann Spicer, and would like to thank them for all their administrative work: thank you. It is also with great sadness that we acknowledge Barbara's untimely death.

We hope you have an enjoyable time in Cambridge.

Seattle Club Studentships 2011

Eight researchers this year are attending the Seattle Club meeting as holders of Seattle Club Studentships. They are early in their research careers and do not yet have data to present.

Please make them all welcome. We look forward to hearing about their research in future years. This year's studentship holders are:

Tiina ANNUS

CIDDRG, Department of Psychiatry, University of Cambridge

Katie BAYNHAM

Mental Health and Wellbeing, University of Glasgow

Jenny BREEN

School of Psychological Sciences, University of Manchester

Liz HALSTEAD

School of Healthcare Sciences, University of Bangor

Louise HANDLEY

School of Psychology, University of Birmingham

Lisa-Dionne MORRIS

School of Mechanical Engineering, University of Leeds

Jessica WALKER

Clinical Psychology Doctorate programme, University College London

Liam WILSON

CIDDRG, Department of Psychiatry, University of Cambridge

Wednesday 7th December 2011

9.30am Arrival/registration and COFFEE/TEA Chadwick room foyer
11.15 – 12.55 **Session 1 (Chair: Emma Madden)** Chadwick room

TIME	Session	NAME(S)	TITLE
11.15-11.40	1.1	COOPER, Sally-Ann ALLEN, Linda McCONNACHIE, Alex MELVILLE, Craig BALTZER, Marion McARTHUR, Laura GREENLAW, Nicola MORRISON, Jillian	Health inequalities experienced by people with intellectual disabilities in comparison with the general population
11.40-12.05	1.2	ROBERTS, Hazel HATTON, Chris BAINES, Susannah	Reasonable adjustments: Are NHS Trusts making inclusive or alternative arrangements?
12.05-12.30	1.3	KELLY, Claire REDLEY, Marcus THOMSON, Karen THOMPSON, Angela JONES, Sara HOLLAND, Anthony J	The care and treatment of patients with intellectual disabilities in Addenbrooke's Hospital: Health professional's perspectives
12.30-12.55	1.4	WILLNER, Paul BRIDLE, Jennifer PRICE, Vaughn DYMOND, Simon LEWIS, Genda	What do NHS staff learn from Mental Capacity Act training?

12.55 – 14.00 LUNCH Selwyn Dining Hall

14.00 – 15.00 **Keynote address** Chadwick room

Professor Anthony J HOLLAND - The design and function of specialist services for adults with LD: what are they here to do and how should they do it?

15.00 – 15.50 **Session 2 (Chair: Catrin Morrissey)** Chadwick room

TIME	Session	NAME(S)	TITLE
15.00-15.25	2.1	McGARRY, Alison KROESE, Biza COX, Rachel	How do women with a learning disability experience the support of a doula during their pregnancy, childbirth and after the birth of their child?
15.25-15.50	2.2	BALL, Sarah REDLEY, Marcus CLARE, Isabel HOLLAND, Anthony J	The social significance of the provision of mealtime support to adults with intellectual disabilities

15.50 – 16.15 TEA/COFFEE BREAK Chadwick room foyer

16.15 – 17.30 **Session 3 (Chair: Dave Dagnan)** Chadwick room

TIME	Session	NAME(S)	TITLE
16.15-16.40	3.1	STINTON, Chris	Informant and self-reports of the mental health of adults with Williams Syndrome
16.40-17.05	3.2	CIANFAGLIONE, Rina FELCE, David CLOARKE, Angus KERR, Mike HASTINGS, Richard	Behavioural phenotype and the support needs of girls and women with Rett Syndrome and their families
17.05-17.30	3.3	HEALD, Mary VILLA, Darrelle ALLEN, Debbie ADAMS, Dawn TANNER, Jessica OLIVER, Chris	The effect of discrimination training on social approach behaviours in children with Angelman Syndrome

18.00 – 19.30 Drinks Reception & Poster session New SCR
 19.30pm DINNER Selwyn Dining Hall

Thursday 8th December 2011

9.00 – 9.30am

COFFEE/TEA

Chadwick room foyer

9.30 – 11.10

Session 4 (Chair: Hazel Roberts)

Chadwick room

TIME	Session	NAME(S)	TITLE
9.30-9.55	4.1	ACKLAND, Lynn JAHODA, Andrew PERT, Carol	Coping with criticism and praise: the emotional well-being of people with intellectual disabilities
9.55-10.20	4.2	DAVIDSON, Claire JAHODA, Andrew	BEAT-IT: A pilot Behavioural Activation Intervention for people with intellectual disabilities and low-mood
10.20-10.45	4.3	KROESE, Biza McMAHON, Pamela ROSE, Nikki STIMPSON, Aimee TOWNSON, Julia FELCE, David HOOD, Kerry JAHODA, Andrew ROSE, John WILLNER, Paul	The impact of participants and services of a manualised anger management intervention delivered by support staff
10.45-11.10	4.4	REDLEY, Marcus MAINA, Edah KEELING, Amanda PATTNI, Prabhudas	The convention on the rights of persons with disabilities: the voting right of adults with intellectual disabilities in Kenya and the United Kingdom

11.10 – 11.45

COFFEE/TEA BREAK

Chadwick room foyer

11.45 – 13.00

Session 5 (Chair: Sarah Ball)

Chadwick room

TIME	Session	NAME(S)	TITLE
11.45-12.10	5.1	JACOBS, Myrthe WOOLFSON, Lisa	Causal attributions for misbehaviour in children with Learning Disabilities: Unpacking parent perceptions of child control
12.10-12.35	5.2	DAVYS, Deborah MITCHELL, Duncan HAIGH, Carol	Adult siblings of people with a learning disability – future plans and concerns
12.35-13.00	5.3	SHOLL, Catherine REID, Caroline	Preventing residential placements for young people with learning disabilities and challenging behaviours: The Ealing Intensive Therapeutic and Short Breaks Service (ITSBS)

13.00 – 14.00

LUNCH

Selwyn Dining Hall

14.00 – 15.15

Session 6 (Chair: Isabel Claire)

Chadwick room

TIME	Session	NAME(S)	TITLE
14.00-14.25	6.1	LANGDON, Peter MURPHY, Glynis CLARE, Isabel PALMER, Emma REES, Joanna	An evaluation of the EQUIP treatment programme with men who have intellectual or other developmental disabilities
14.25-14.50	6.2	HARE, Dougal J PENKETH, Victoria WALKER, Samantha FLOOD, Andrea HENDY, Steve	Development of the Manchester Attachment Scale third party observational measure [MAST] for adults with intellectual disabilities
14.50-15.15	6.3	GLOVER, Gyles EMERSON, Eric Felicity EVISON	Local variations in prevalence of learning disabilities in children

15.15 – 15.20

Closing remarks

Chadwick room

15.20pm

TEA/COFFEE prior to departure

Chadwick room foyer

Keynote speaker

Professor Anthony J HOLLAND

The Health Foundation, Chair in Learning Disabilities,
Learning Disabilities Research Group, Section of Developmental Psychiatry
Department of Psychiatry, University of Cambridge
E-mail: ajh1008@cam.ac.uk

Professor Holland has two main areas of research interest: first, investigating the relationship between particular genetic syndromes and associated psychiatric and behavioural disorders (e.g. Prader-Willi Syndrome and over-eating, and Down's Syndrome and Alzheimer's disease) and, secondly, clinico-legal studies, including studies investigating the capacity of people with learning disabilities to make particular decisions.

Grants/Prizes: Appointed to the Health Foundation, Chair in Learning Disabilities as from September 2002, following a grant of £3 million over fifteen years for learning disability research. Fellow and a Vice President of the International Association for the Scientific Study of Intellectual Disability (IASSID). Teaching: Postgraduate and undergraduate teaching to medical students and to psychiatrists in training. Editor of the Journal of Intellectual Disability Research President UK Prader-Willi Association. President Cambridge MENCAP.

Seattle Club Conference Keynote Address 2011

THE DESIGN AND FUNCTION OF SPECIALIST SERVICES FOR ADULTS WITH LEARNING DISABILITIES: WHAT ARE THEY HERE TO DO AND HOW SHOULD THEY DO IT?

Background: Following the 1971 White Paper 'Better Services for the Mentally Handicapped' long-stay hospitals began to close and community services necessarily expanded – this included the rather ad-hoc development of community teams. Many of these services are now Local Authority led. The NIHR CLAHRC for Cambridgeshire and Peterborough has allowed a more in-depth analysis of the Cambridgeshire community teams for adults with LD as an exemplar of such services.

Methods: This talk will use evidence from research that seeks to make the case for the need for specialist LD services and attempt to clarify the boundary between generic and specialist services. As part of CLAHRC three core studies have been or are being undertaken that use quantitative and qualitative methodologies to explore the structure and organization of teams; team functioning; and service user journeys and stakeholders experience. With the Engineering Design Centre, the Judge Business School and the Institute of Public Health we have drawn upon design and other conceptual frameworks to address the questions: What are community teams for? How should services be structured? How should they function?

Results: Health inequalities and different patterns of morbidity and mortality among people and groups with LD are now well recognized. The CLAHRC research projects were complex due to on-going re-organisation within local services. It was apparent that there was no clear understanding what these now integrated community teams were there to do or how they are best structured and how they should function. The cultural difference between health and social services was a significant issue. There was evidence of high levels of staff stress.

Conclusion: Much of what was observed indicated a significant lack of clarity – people with LD, often with complex needs, were trying to access services that were also complex in that they were necessarily interdisciplinary and interagency but were uncertain as to what they were there to offer. There was a lack of a design culture and a failure to understand different interfaces relating to health and social care and generic and specialist services. Core tasks for community teams will be proposed.

**SESSION
ONE**

**WEDNESDAY 7TH DECEMBER 2011
11.15am-12.55pm**

**SESSION CHAIR:
Emma Madden**

SESSION 1.1 [11.15-11.40]

HEALTH INEQUALITIES EXPERIENCED BY PEOPLE WITH INTELLECTUAL DISABILITIES IN COMPARISON WITH THE GENERAL POPULATION

Sally-Ann COOPER, Linda ALLEN, Alex McCONNACHIE, Craig MELVILLE, Marion BALTZER, Laura McARTHUR, Nicola GREENLAW and Jillian MORRISON

E-mail: Sally-Ann.Cooper@glasgow.ac.uk

Background: People with intellectual disabilities experience health inequalities, as demonstrated by previous studies on standardised mortality rate. However, less is known about the prevalence of health conditions they experience and the quality of management of long term health conditions/chronic diseases they received compared with the general population.

Methods: Approximately 700 adults with intellectual disabilities were recruited from the Greater Glasgow and Clyde area of Scotland. Data was collected to be directly comparable to general population data available from the Scottish Health Survey (n=8,148), and the U.K. General Practitioner Quality and Outcome Framework (QOF) data, which is routinely collected on everyone with certain specified long term health conditions. At face-to-face interview, data was collected on: (a) demography (b) social and health supports, (c) level of ability, (d) mental and physical health, (e) health promotion. Data was also gathered from primary care on whether each individual QOF Indicator has been met. Statistical comparisons will be presented between the general population data and the data for persons with intellectual disabilities.

Results: This study shows the different pattern of health needs in the population with intellectual disabilities, and that there are health inequalities in terms of management of long term conditions.

Conclusions: We know that persons with intellectual disabilities have health inequalities compared with the general population, and there is a perception of barriers in access to health care. This work builds upon this, by investigating statistically, the extent to which disadvantages in health care contribute to the extent of inequality.

SESSION 1.2 [11.40-12.05]

REASONABLE ADJUSTMENTS: ARE NHS TRUSTS MAKING INCLUSIVE OR ALTERNATIVE ARRANGEMENTS?

Hazel ROBERTS, Chris HATTON and Susannah BAINES

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Background: Despite legislation requiring reasonable adjustments for people with learning disabilities (Disability Discrimination Act 1995; 2005; Equality Act 2010), publications such as Death by Indifference and the Michael Inquiry have continued to highlight inadequacies in the provision of reasonable adjustments by NHS organisations. Fuller and Healey (2009) have developed a typology of reasonable adjustments for disabled students in Higher Education as individual, alternative or inclusive arrangements, which has potential applications for understanding the nature of reasonable adjustments made for people with learning disabilities by the NHS.

Methods: The Improving Health and Lives Learning Disabilities Observatory carried out a survey of the reasonable adjustments for people with learning disabilities made by NHS trusts in England in the autumn of 2010.

Results: 119 Trusts responded to the survey, 30% of trusts in England. Analysis of the survey results in relation to Fuller and Healey's typology shows that NHS Trusts are carrying out a mixture of alternative and inclusive arrangements when making reasonable adjustments. For example, 82% of Trusts reported providing Easy Read information for their services. The routine provision of Easy Read information for patients with learning disabilities is an example of an alternative arrangement,

as an alternative to mainstream provision. To become an inclusive arrangement, accessible information would need to be provided routinely to all patients.

Conclusions: Healthcare organisations may wish to consider whether the reasonable adjustments they are making for patients with learning disabilities are ‘inclusive’ or ‘alternative’ and which approach would produce the best outcome for patients.

SESSION 1.3 [12.05-12.30]

THE CARE AND TREATMENT OF PATIENTS WITH INTELLECTUAL DISABILITIES IN ADDENBROOKE’S HOSPITAL: HEALTH PROFESSIONAL’S PERSPECTIVES

Claire KELLY, Marcus REDLEY, Karen THOMSON, Angela THOMPSON, Sara JONES and Anthony J HOLLAND

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Background: There have been several pieces of high profile research, such as Death by Indifference (Mencap, 2006) and Six Lives (Health Ombudsman, 2009) which have shown that people with intellectual disabilities receive a lower standard of healthcare than the general population. To date however, little is known about the views and experiences of the healthcare professionals providing services for patients with intellectual disabilities, despite the insight this could provide into the relatively poorer care that these patients receive.

Methods: A total of thirty semi-structured interviews were conducted with Healthcare Professionals at Addenbrooke’s Hospital in Cambridge. Through this, it was possible to gain an insight into their experiences of providing care and treatment to patients with intellectual disabilities. The data was then analysed using a Grounded Theory approach.

Results: The interview data demonstrated that there were some commonalities of experience amongst all of the professional grades, particularly in regards to issues of communication. However, there were also some profound areas of disagreement over issues such as the usefulness of Patient Passports, the role of carers in providing safe healthcare and about the effectiveness of safeguarding and equality legislation in promoting a high quality service.

Conclusions: The data suggests that there is little integrated thinking in regards to how healthcare professionals conceptualise the care and treatment needs of patients with intellectual disabilities. The findings from this report should be used to embed examples of good practice and to address areas of conflict, misunderstanding and concern where they exist.

SESSION 1.4 [12.30-12.55]

WHAT DO NHS STAFF LEARN FROM MENTAL CAPACITY ACT TRAINING?

Paul WILLNER, Jennifer BRIDLE, Vaughn PRICE, Simon DYMOND and Genda LEWIS

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Background: Many studies have reported that professionals have a limited understanding of mental capacity issues. Implementation (in England and Wales) of the Mental Capacity Act (2005) (MCA) presents a challenge to services. The aim of this study was to evaluate the extent to which NHS staff benefited from attending MCA training courses.

Methods: Participants were assessed before and after MCA training using a structured interview, which included three scenarios describing mental capacity dilemmas, four vignettes addressing the role of the Independent Mental Capacity Advocate (IMCA), and 16 true-false items.

Results: Interview performance improved post-training, but this could be largely ascribed to an increased awareness of mental capacity issues, with minimal improvements in the knowledge that would be needed to undertake the assessments. Nine areas were identified where there remained significant gaps in participants’ knowledge post-training. Participants with experience of dealing with mental capacity issues performed better than those without.

Conclusions: The results suggest that methods other than formal training events may be needed to prepare health staff to implement new legislation.

SESSION TWO	WEDNESDAY 7TH DECEMBER 2011 3.00pm-3.50pm	SESSION CHAIR: Catrin Morrissey
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SESSION 2.1 [15.00-15.25]

HOW DO WOMEN WITH A LEARNING DISABILITY EXPERIENCE THE SUPPORT OF A DOULA DURING THEIR PREGNANCY, CHILDBIRTH AND AFTER THE BIRTH OF THEIR CHILD?

Alison McGARRY, Biza KROESE and Rachel COX

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Background: The need to provide services to support parents with a learning disability (LD) was highlighted in Valuing People (2001) and Valuing People Now (2007), outlining parents with a LD do not get access to necessary support. Policy documents (The Department of Health, 2007) 'Good practice guidance on working with parents with a learning disability', 'Finding the right support?' (Tarleton et al, 2006) also discussed the importance of support for parents with a LD. A doula provides continuous support throughout pregnancy, labour and the postpartum period. Doula means 'a woman who accompanies another woman' (Campero et al, 1998). Recent research highlights the positive support provided by a doula and the benefits this has.

Methods: Three mothers to be interviewed at the start of, and following the doula support period. Interviews will also be carried out with their doulas and other professionals involved to gain an insight into the experiences of professionals. Interviews will be transcribed and analysed using Interpretative Phenomenological Analysis (IPA).

Results: So far 4 mothers, 2 doula and 3 professionals have been interviewed.

Conclusions: The results suggest that mothers with LD value the doula support highly in particular themes on learning, trust and support emerged from their transcripts. Professionals' narratives contained themes concerning empowering, practical and engaging. And the emerging themes from the doula accounts include confidence, emotional and intense.

SESSION 2.2 [15.25-15.50]

THE SOCIAL SIGNIFICANCE OF THE PROVISION OF MEALTIME SUPPORT TO ADULTS WITH INTELLECTUAL DISABILITIES

Sarah BALL, Marcus REDLEY, Isabel CLARE and Anthony J HOLLAND

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Background: Mealtimes carry a significant health risk for many adults with intellectual disabilities (ID). Eating and/or drinking difficulties are common and can lead to under-nutrition and dehydration, choking, asphyxiation, respiratory illness and even death. These risks are managed through a wide variety of interventions (often implemented under the direction of speech and language therapists, dieticians and other health professionals) ranging from modification of food and fluid consistency to enteral feeding via percutaneous endoscopic gastrostomy. While such procedures may enable safe and adequate nutrition, they have the potential to transform meals into clinical procedures, excluding those receiving them from the pleasures and convivial opportunities that meal-times provide. We aim to examine how the requirement for good clinical practice and the ideals of social inclusion and choice can be safely reconciled.

Methods: A total of twenty-five semi-structured interviews were conducted with caregivers providing day-to-day mealtime support to adults with ID (including family members and paid support workers) in Cambridgeshire and North-East Essex, in order to gain an insight into their

experiences of supporting people to eat and drink safely. The data were analysed using a Grounded Theory approach.

Results: The interview data demonstrated that caregivers supporting adults with ID at mealtimes assumed responsibility both for ensuring safe and adequate nutrition and for managing the social dimensions of mealtimes (such as individual choice and social inclusion), and as a result faced the difficult and ongoing challenge of balancing the often competing imperatives associated with the two. While this experience was shared by family carers and those providing support in institutional settings alike, differences were observed in the ways in which these factors were weighted in making decisions regarding the degree and type of support to provide, in the emotional significance of these decisions and in the degree to which practice was guided by professional advice and government policy.

Conclusions: In illustrating the difficult decisions faced by caregivers providing day-to-day mealtime support to adults with ID, regarding how best to ensure both the physical health and social wellbeing of those they support, it is hoped that the data presented here will serve to promote better understanding between the family members, social care and health professionals involved in supporting this group and to encourage the extension of clinical guidelines to include how best to facilitate individual choice and participation in mealtimes.

SESSION THREE	WEDNESDAY 7TH DECEMBER 2011 4.15pm-5.30pm	SESSION CHAIR: Dave Dagnan
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SESSION 3.1 [16.15-16.40]

INFORMANT AND SELF-REPORTS OF THE MENTAL HEALTH OF ADULTS WITH WILLIAMS SYNDROME

Chris STINTON

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Background: Prior research has suggested that individuals with Williams syndrome (WS) have a disposition towards anxiety. There is often an assumption in this research that reliable information about mental health cannot be obtained from the individuals themselves and must come from parents or carers. As a result, the perspectives and experiences of individuals with WS are rarely taken into consideration. The present study examined the validity of this assumption by comparing the reports of mental health provided by parents/carers with those given by adults with WS.

Methods: Nineteen pairs of participants (comprising adults with WS and someone who knew them well) were interviewed using the Psychiatric Assessment Schedules for Adults with Developmental Disabilities.

Results: Strong positive correlations were found between the reports of symptoms of mental health problems (anxiety, depression and overall psychopathology) that were provided by the adults with WS and those of the person who knew them well. However, differences were found in the severity of problems, with the adults with WS reporting significantly more symptoms overall and somewhat more symptoms of anxiety.

Conclusions: Contrary to assertions in the literature, this study indicates that adults with WS are able to report reliably on their psychological states and that they provide important additional information about symptoms of mental health that might not be accessible to parents or carers.

SESSION 3.2 [16.40-17.05]

BEHAVIOURAL PHENOTYPE AND THE SUPPORT NEEDS OF GIRLS AND WOMEN WITH RETT SYNDROME AND THEIR FAMILIES

Rina CIANFAGLIONE, David FELCE, Angus CLOARKE, Mike KERR and Richard HASTINGS

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Background: Rett Syndrome (RTT) is a neuro-developmental disorder mainly affecting females and usually associated with a mutation of the MECP2 gene. Genetic and neurobiological understanding of RTT has advanced but there is still insufficient understanding of behavioural development and its impact on the family. Aims of the study is to assess (i) the phenotypic behavioural difficulties of girls/women with RTT and behavioural differences between age groups, mutation and age of regression, (ii) the impact that severity of behavioural and clinical presentation have on family stress and mental health.

Methods: Participants included have a clinical diagnosis of Classic RTT, Atypical RTT or MECP2 related disorder. RTT specific behavioural and clinical symptoms were assessed using the Rett Syndrome Behavioural Questionnaire (RSBQ) and a simplified Severity Score. Family stress, anxiety and depression were measured using the Questionnaire on Resources and Stress (QRS) and the Hospital Anxiety and Depression Scale (HADS).

Results: Type of mutation and age of regression were associated with the severity score. However no significant differences were found in RSBQ score were found between groups, based on age, type of mutation and age of regression. Increased parental anxiety and depression were associated with RSBQ scores, but no with clinical severity.

Conclusions: Research is required to understand why parental anxiety and depression are associated with RSBQ score rather than severity of the clinical phenotype.

SESSION 3.3 [17.05-17.30]

THE EFFECT OF DISCRIMINATION TRAINING ON SOCIAL APPROACH BEHAVIOURS IN CHILDREN WITH ANGELMAN SYNDROME

Mary HEALD, Darrelle VILLA, Debbie ALLEN, Dawn ADAMS, Jessica TANNER and Chris OLIVER

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Background: The behavioural phenotype of Angelman syndrome (AS) is characterised by high levels of sociability and a strong drive for adult interaction. This is evidenced by laughing and smiling in response to adult interaction, statistically elevated rates of social approach behaviours and the presence of socially maintained challenging behaviours. Although communication-based interventions have successfully manipulated levels of challenging behaviours in AS, these do not address the high rates of approach behaviours seen in times of adult unavailability. This proof of principal study was designed to assess the effectiveness of an intervention devised to teach children how to discriminate between times of adult availability using an environmental cue.

Methods: Four children aged 5:11 to 10:0 with AS were exposed to a multiple schedule arrangement, where conditions of social reinforcement and extinction were alternated. Conditions of extinction were cued using a novel stimulus. 25-35 discrimination training sessions were conducted with each participant. Baseline levels of approach behaviours were measured before and after the discrimination training.

Results: All four participants showed initial signs of discrimination between conditions of reinforcement and extinction, evidenced by lowered rates of social approach behaviours in the presence of the environmental cue.

Conclusions: The initial results from this study suggest that after a long training period, the use of a novel stimulus may serve as a cue for children with AS to discriminate between times of adult availability. This indicates a potentially effective intervention, but highlights the need for extended and explicit teaching procedures within this population.

**SESSION
FOUR**

**THURSDAY 8TH DECEMBER 2011
9.30am-11.10am**

**SESSION CHAIR:
Hazel Roberts**

SESSION 4.1 [9.30-9.55]

COPING WITH CRITICISM AND PRAISE: THE EMOTIONAL WELL-BEING OF PEOPLE WITH INTELLECTUAL DISABILITIES

Lynn ACKLAND, Andrew JAHODA and Carol PERT

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Background: Through their experiences of stigma and discrimination, people with intellectual disabilities may develop negative beliefs about themselves. This may make them more sensitive to criticism from others. In addition, receiving praise may be discrepant with the self-views of people with intellectual disabilities and they may be less likely to benefit from praise. Being distressed by criticism has been associated with vulnerability to mental health difficulties in the general adult population. It is not known how people with intellectual disabilities perceive and experience criticism and praise.

Methods: Two study groups were recruited; one with intellectual disabilities, one without. The praise and criticism task (PACT) was developed for the study. Participants were presented with ten scenes in which they were asked to imagine someone giving them criticism or praise. Following the presentation of each scene, participants were asked about their emotions, beliefs, thoughts and actions.

Results: People with intellectual disabilities were more likely to believe and be distressed by criticism. Contrary to predictions, this group were also more likely to believe and experience positive affect in response to praise. No differences were found in the frequency of self-supporting thoughts or actions reported in response to criticism.

Conclusions: The results may represent a difference in the way people with intellectual disabilities develop their sense of self and may suggest their self-perceptions are more dynamic and reliant on the views of others. In theory, such sensitivity could make people more vulnerable to mental health difficulties. Alternately, the possibilities for positive influence have implications for psychological and social interventions.

SESSION 4.2 [9.55-10.20]

BEAT-IT: A PILOT BEHAVIOURAL ACTIVATION INTERVENTION FOR PEOPLE WITH INTELLECTUAL DISABILITIES AND LOW-MOOD

Claire DAVIDSON and Andrew JAHODA

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Background: Important work has been carried out adapting Cognitive Behavioural Therapy (CBT) for people with ID. Unfortunately it makes excessive cognitive and communicative demands for many people. Behavioural Activation is less reliant on verbal communication and focuses on increasing activity and reducing avoidance. This pilot study examined the feasibility of an adapted version of BA for people with ID and symptoms of low mood called BEAT-IT.

Methods: Twenty one adults with ID and symptoms of low-mood referred by two specialist health services in the west coast of Scotland consented to take part in the study. All participants were supported by a carer and received 10-12 weekly sessions of BEAT-IT. Baseline, post intervention and 3 month follow-up data was gathered by an independent researcher. Outcomes examined included self-report of depressive symptoms using the Glasgow Depression Scale (Cuthill et al, 2003), and carer report of depression using the Intellectual Disabilities Depression Scale (Evans et al 1999).

Results: Twenty-one participants completed the treatment. A significant decrease in self report depression scores from pre treatment to 3 month follow up were found, $t(13) = 6.07, p < 0.01$.

Carer report of depressive symptoms were also significantly lower at 3 month follow up $t(16) = 4.08$, $p < 0.01$.

Conclusions: BEAT-IT may provide an effective treatment of low-mood, and is accessible to a range of adults with intellectual disabilities.

SESSION 4.3 [10.20-10.45]

THE IMPACT OF PARTICIPANTS AND SERVICES OF A MANUALISED ANGER MANAGEMENT INTERVENTION DELIVERED BY SUPPORT STAFF

Biza KROESE, Pamela MacMAHON, Nikki ROSE, Aimee STIMPSON, Julia TOWNSON, David FELCE, Kerry HOOD, Andrew JAHODA, John ROSE and Paul WILLNER

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Background: A significant body of evidence suggests that CBT-based interventions are effective in helping people with learning disabilities to manage anger. We are conducting the first large-scale randomized controlled trial of a 12-week manualised intervention, delivered by support staff with training and supervision from a clinical psychologist, comparing 15 intervention groups with 15 waiting-list control groups (average 6 participants/group). Quantitative outcome data from the trial are not yet available; we report here on the impact of the intervention.

Methods: We conducted semi-structured face-to-face interviews with service users ($n=11$) and 'lay therapists' ($n=9$) shortly after the end of the group (analyzed using interpretative phenomenological analysis), and structured telephone interviews with service managers ($n=$) both before and 6 months after the group (analyzed using thematic analysis).

Results: All three groups of interviewees were overwhelmingly positive about the impact of the groups. We focus here on themes that were present in at least two of the three datasets. These were in three areas: 1/ Benefits of groups (developing relationships and trust; increased service user self-awareness and self-control; team building; knock-on effects into the system; opportunities for service development); 2/ Benefits of using 'lay therapists' (able to help with 'homework'; increased confidence and job satisfaction; increased insight into service users' problems; and 3/ Comments on the manual (provision of structure and thus reassurance; benefit of specific exercises; constructive suggestions for improvement).

Conclusions: These findings (and others not reported here) provide valuable information about process issues and subjective experiences that will compliment the quantitative outcome measures and aid their interpretation.

SESSION 4.4 [10.45-11.10]

THE CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES: THE VOTING RIGHT OF ADULTS WITH INTELLECTUAL DISABILITIES IN KENYA AND THE UNITED KINGDOM

Marcus Redley, Edah Maina, Amanda Keeling and Prabhudas Pattni

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Background: With the aim of promoting and protecting the human rights of all people with disabilities the Convention on the Rights of Persons with Disabilities (CRPD) requires States, inter alia, to ensure people with disabilities enjoy full equality under the law (Article 12), including the right to vote (Article 29).

Method: A comparison of the voting opportunities accorded men and women with intellectual disabilities in Kenya and the United Kingdom, including data indicative of voter turnout in recent elections.

Results: Although the governments of Kenya and UK have removed historic legal restrictions on voting by men and woman with intellectual disabilities there is a subtle difference in how far each state interprets its obligations under the right to vote for adults with intellectual disabilities. Both allow people with disabilities to request support in order to cast a vote, as well as having initiatives

to help people with intellectual disabilities understand voting and parliamentary government. Where they differ is that in Kenya the support people receive is predicated upon the belief that all people irrespective of their level of impairment can, with assistance, vote autonomously. In contrast, the UK's compliance with the CRPD extends only as far as removing legal and procedural barriers and providing accessible information, it does not include decision-making support.

Conclusions: The CRPD is forcing a debate between social and bio-medical conceptions of disability; specifically inviting consideration of whether, with appropriate support, all people with an intellectual disability can exercise decision-making capacity in all areas of their lives.

SESSION FIVE	THURSDAY 8TH DECEMBER 2011 11.45am-1.00pm	SESSION CHAIR: Sarah Ball
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SESSION 5.1 [11.45-12.10]

***CAUSAL ATTRIBUTIONS FOR MISBEHAVIOUR IN CHILDREN WITH LEARNING DISABILITIES:
UNPACKING PARENT PERCEPTIONS OF CHILD CONTROL***

Myrthe JACOBS and Lisa WOOLFSON

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Background: Children with learning disabilities (LD) are at risk for developing behaviour problems. Research suggests that parents' causal attributions for child behaviour are an important factor related to parenting strategies and child behaviour problems. The present study investigated relationships between these three factors in parents of children with LD in comparison to parents of typically developing (TD) children. Additionally, prior research on parent perceptions of child controllability over misbehaviour suggests that both high and low levels of control have disadvantageous effects on parenting. Therefore, the study specifically focused on examining controllability further by separating attributions of control from responsibility, blame and intent.

Methods: Eighty parents of children with LD and eighty parents of TD children aged six to twelve completed questionnaires. The Written Analogue Questionnaire measured parents' attributions, the Child Behaviour Checklist assessed behaviour problems and the Parenting Scale measured parents' use of ineffective strategies.

Results: Parents of children with LD reported more behaviour problems in their child and saw these as more stable than parents of TD children. Additionally, parents of children with LD attributed less control, responsibility, blame and intent towards their child for misbehaviour than parents of TD children. While blame was positively related to over-reactive parenting, responsibility was negatively related to lax parenting.

Conclusions: Perceptions of child controllability need to be further unpacked as they differentially impact on parenting strategies. Overall, results will advance understanding of how parents perceive behaviour problems in their child with LD and how families can be supported to reduce these problems.

SESSION 5.2 [12.10-12.35]

ADULT SIBLINGS OF PEOPLE WITH A LEARNING DISABILITY – FUTURE PLANS AND CONCERNS

Deborah DAVYS, Duncan MITCHELL and Carol HAIGH

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Background: Acknowledgement exists at governmental and societal level of the important role that many family members have in the care of LD people. When parents die, a sibling is often considered next of kin with the expectation of providing support.

Methods: Following ethical approval 1:1 semi-structured interviews were conducted with 15 adult siblings of learning disabled people. Interviews were audio-taped and questions related to the impact of growing up in a LD family and expectations for future care. All interviews were transcribed and analysed using an approach aligned to Interpretive Phenomenological Analysis

Results: Overall there is a lack of formal futures planning. Some families have a verbal understanding of future expectation, others avoid open discussion but have clear expectations and in others the topic is closed. Reasons for non-discussion include fear, parental attitude, superstition, arguments and stress. Generally siblings expect to support the LD person in the future but plans lack detail although most parental and sibling future wishes are similar. Key sibling concerns for the future included service provision, demands upon their time, lack of information, bereavement, their own health and that of the LD person.

Conclusions: The results demonstrate an overall lack of formal futures plans yet diversity within family expectations. Reasons given for a lack of plans include personality traits, life stage, family assumptions and lack of knowledge. Existing plans tend to be informal and transitional in nature. Siblings expect to increase support over time and their expectations often mirror those of parents. Most siblings report future concerns

SESSION 5.3 [12.35-13.00]

PREVENTING RESIDENTIAL PLACEMENTS FOR YOUNG PEOPLE WITH LEARNING DISABILITIES AND CHALLENGING BEHAVIOURS: THE EALING INTENSIVE THERAPEUTIC AND SHORT BREAKS SERVICE (ITSBS)

Catherine SHOLL and Caroline REID

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Background: Historically residential placements have been the norm for young people with LD who display challenging behaviours when the family no longer feel able to care for them. We present data from the ITSBS, a new service that provides intensive intervention combined with short breaks for young people with LD and severe challenging behaviours whose home placements are at imminent risk of breakdown. The aim of the service is to work with the family and network in order to stabilise the home placement and prevent a move to residential care.

Methods: Clinical Psychologists provide a lead in developing an individually tailored intensive therapeutic intervention for the young person, family and network, combined with a short breaks package. Quantitative and qualitative data has been collected to evaluate the effectiveness of these interventions.

Results: In 14/15 cases that have been offered this service since 2008, residential placement has been prevented. Outcome data also indicates that challenging behaviours have significantly reduced and families have reported that their ability to cope and quality of life has increased.

Conclusions: By illustrating our work from these 15 cases we provide evidence that this is a viable and cost effective model for significantly reducing challenging behaviour and securing home placement stability for a small but significant number of young people where challenging behaviours would otherwise most likely result in a move to residential placement.

**SESSION
SIX**

**THURSDAY 8TH DECEMBER 2011
2.00pm-3.15pm**

**SESSION CHAIR:
Isabel Clare**

SESSION 6.1 [14.00-14.25]

AN EVALUATION OF THE EQUIP TREATMENT PROGRAMME WITH MEN WHO HAVE INTELLECTUAL OR OTHER DEVELOPMENTAL DISABILITIES

Peter LANGDON, Glynis MURPHY, Isabel CLARE, Emma PALMER and Joanna REES

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Background: The Equipping Youth to Help One Another Programme (EQUIP) was designed for young offenders to address a developmental delay in moral reasoning, distorted cognitions and limited social skills.

Methods: We undertook a single case series study and piloted an adapted version of the EQUIP programme with three men with intellectual disabilities (ID) and four men with a diagnosis of Asperger Syndrome, all of whom were detained in a medium-secure forensic unit for people with ID. Treatment was delivered over a 12-week period, and participants took part in four one-hour sessions per week.

Results: The results suggest that treatment was successful at increasing moral reasoning ability, reducing distorted cognitions and improving ability to choose effective solutions to problems. However, treatment did not have a significant effect upon anger.

Conclusions: The EQUIP programme is a promising treatment, but further research is needed to investigate its effectiveness with men with intellectual or other developmental disabilities.

SESSION 6.2 [14.25-14.50]

DEVELOPMENT OF THE MANCHESTER ATTACHMENT SCALE THIRD PARTY OBSERVATIONAL MEASURE [MAST] FOR ADULTS WITH INTELLECTUAL DISABILITIES

Dougal J HARE, Victoria PENKETH, Samantha WALKER, Andrea FLOOD and Steve HENDY

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Background: The MAST has been developed from previous research examining secure attachment in adults with intellectual disabilities [ID] (Penketh, Walker, Hendy & Hare et al 2010). The current study aimed to assess the validity and reliability of the MAST.

Methods: Professional carers (n=40) representing 57 adults with ID completed the following measures regarding a person with ID they supported: MAST, Learning Disability Casemix Scale Parts A [level of ID] and C [challenging behaviour], subscales of the EZ-Yale Personality Questionnaire (EZPQ) and a subjective rating scale [ERS] measuring their degree of emotional closeness towards the individual with an ID. Individuals with an ID (N=14) were also recruited and completed a self-report measure of attachment security.

Results: Analysis indicated significant positive correlations between the MAST and mean subscale scores for negative-reaction tendency, obedience and positive reaction tendency subscales of the EZPQ. There were significant positive correlations between the MAST and level of ID and challenging behaviour as measured by the LDCS and aspects of the ERS, as well as with self-reported attachment security. The test-retest reliability of the MAST was good as was its internal consistency.

Conclusions: Preliminary results indicate the MAST is reliably measuring constructs related to attachment theory, with the correlations with level of ID and challenging behaviour being in the predicted direction. Moreover, the MAST appears to be measuring long-term attachment constructs rather than the quality of relationships on any given day and preliminary investigation indicates that MAST scores are correlated with self-reported attachment security.

SESSION 6.3 [14.50-15.15]

LOCAL VARIATIONS IN PREVALENCE OF LEARNING DISABILITIES IN CHILDREN

Gyles GLOVER, Eric EMERSON and Felicity EVISON

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Background: It is well established that overall prevalence of learning difficulties (LD - English education terminology) varies with socio-demographic factors, with different influences affecting particular levels and types of disability differently. Establishing local estimates is useful for planning, resource allocation and clinical audit purposes. Censuses are taken of pupils in state-funded schools in England each term. These identify pupils' special educational needs, however detailed data direct from the census is problematic first because at small geographic levels confidentiality issues arise second because recognition thresholds may differ between local authorities.

Methods: The study undertook a modelling exercise using data, for the whole of England, from the spring 2010 people-level census. Our modelling strategy followed the approach used in NHS national resource allocation work. This focuses on observed activity at low geographic levels, modelled against similarly local need variables, but introduces dummy variables for administrative areas to allow idiosyncratic influences to be identified and subsequently removed for prediction purpose (called 'sterilisation').

Results: Simple models show individual education authorities contribute half the explicable variance for moderate LD (MLD) model, and nearly all Autistic Spectrum Disorder (ASD). After allowance for this, models suggest that rates vary more at smaller geographic levels and more for MLD, than for severe (SLD) or profound LD (PMLD); least for ASD. Deprivation impacts most on rates of MLD, but is significant also for SLD and PMLD. Pakistani ethnicity is important for SLD and PMLD.

Conclusions: Results are available in a web tool allowing calculation for areas definable by local authority ward boundaries.

POSTER SESSION – WEDNESDAY 7th December 2011 - 18.00 – 19.30pm
(listed alphabetically by first author surname)

Charlene BENNETT and Catrin MORRISSEY

TWELVE MONTH EVALUATION OF A THERAPEUTIC COMMUNITY INTERVENTION FOR MEN WITH INTELLECTUAL DISABILITIES IN A HIGH SECURE SETTING

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Background: Therapeutic Community (TC) approaches have not been applied in forensic settings for people with Intellectual Disabilities (ID). This poster presents initial evaluation of such an intervention in a high secure ID setting over a period of 12 months.

Methods: The TC intervention group (n=11) were compared on measures of seclusion hours, incident reports and a number of clinical outcome measures collected 6 months prior to and over the 12 month period of the intervention. TC group were also compared with a matched control group (n=9) receiving treatment as usual (TAU).

Results: Seclusion hours reduced significantly in the TC group, compared to the pre treatment period, and compared to the TAU group. The number of incident reports did not change significantly. Clinical measures (Emotional Problems Scale: Behaviour Staff Rating Scale (BRS) and Self Report Inventory (SRI), Prout & Strohmmer, 1991) indicated significant reduction in Somatic Concerns, Anxiety, and Positive Impression Management over time in the TC group. Similar changes over time were not evident in the comparison group. When the two groups (TC and TAU) were compared there were no significant differences on the clinical variables before the TC intervention, but after 12 months there were differences between the groups on a number of clinical scales, with the TC group showing comparatively less pathology.

Conclusions: This poster reports on early evaluation of a TC intervention. The results so far are promising. The planned evaluation period is 2 years, although attrition may affect the numbers of participants in the study after this period.

Sallyanne BROUGHTON, Cheryl SMITH, Judy ROWE, Carys BANKS, Alexander PHILLIPS and Isabel CLARE

CHIP: A COMMUNITY HEALTH IMPROVEMENT PROGRAMME ADAPTED FOR PEOPLE WITH INTELLECTUAL DISABILITIES

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Background: Adults with Ids are at increased risk of overweight and obesity and its associated problems, but are less likely to access mainstream health promotion initiatives. We adapted and piloted an established programme, the Community Health Improvement Programme (CHIP), focussing on diet and exercise, and normally accessed through primary care.

Methods: Sixteen men people with Ids and BMIs > 26 (range: 30.30 – 48.60), and eight of their support workers (SWs) took part in six joint sessions. The resources, teaching methods, and session frequency of the mainstream CHIP programme were adapted. A separate cookery skilled programme was added to encourage SWs to support the maintenance and development of cooking skills among people with IDs.

Results: At the end of the sessions, all participants had improved knowledge of healthier lifestyles, albeit from a very low baseline, and had lost weight or inches from their waistlines. Concrete aids, such as portion plates and pedometers, were both effective and acceptable. Disappointingly, SWs were found to have little knowledge of, or skills in promoting, healthier lifestyles for people with IDs.

Conclusions: With further amendments, our adaptations could easily be incorporated into the mainstream CHIP to facilitate access by people with Ids. Our pilot suggested that SWs need considerably more training to enable them to support men and women with Ids to have a better diet and take more exercise. More broadly, our findings provide another example of the tension in social care between the 'choice' agenda and the duty of care towards people with IDs.

Ceri CHRISTIAN-JONES, Richard HASTINGS, Carl HUGHES, Deborah ROBERTS and William LINDSAY
THE ASSOCIATIONS BETWEEN PHYSICAL HEALTH, MENTAL HEALTH AND CHALLENGING BEHAVIOUR IN ADULTS WITH AN INTELLECTUAL DISABILITY LIVING IN RESIDENTIAL SERVICES

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Background: Few research studies have systematically explored the associations between physical health and mental health/quality of life in adults with an intellectual disability.

Methods: Information on physical health (OK Health Check: Matthews, 1997), mental health (HoNOS-LD: Roy et al., 2002; GDS-LD: Cuthill et al., 2003), behaviour problems (BPI-S: Rojahn, 2011; Reiss Screen: Reiss, 1986), adaptive behaviour (ABAS: Harrison & Oakland, 2003) and physical activity was collected from 102 adults with ID, aged 18-81, from across specialist residential services for adults with ID and additional complex needs.

Results: The results show that the HoNOS-LD total score was significantly associated with a younger age, lower levels of adaptive behaviour and higher levels of physical activity. The total score on the GDS was significantly associated with being male, living with 7 or more people, a higher adaptive behaviour score and lower levels of psychoactive medication. Self-injurious behaviour was associated with older age, a higher adaptive behaviour score, ASD, chronic physical health conditions, and physical disability. Total scores on the Reiss Screen are associated with being male, higher levels of adaptive behaviour, ASD, chronic physical health conditions, physical disability, being obese, and not using psychoactive medication.

Conclusions: There may be important associations between physical and mental health in adults with an intellectual disability. Interventions to improve the physical health of adults with an intellectual disability may, therefore, also benefit their mental health.

Dave DAGNAN, Helen PULFORD, Rebecca CATHERS and Andrew JAHODA

USING QUESTIONS IN COGNITIVE THERAPY WITH PEOPLE WITH LEARNING DISABILITIES

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Background: There are few studies that consider therapy process in CBT with people with learning disabilities. Jahoda et al (2009) found that power in therapy with this group was well balanced but that therapists asked a large number of questions.

Methods: A taxonomy of question forms was developed based on an existing taxonomy developed from mainstream CBT. It was then applied to the transcriptions of 2 sessions (session 4 and session 9) from 14 CBT therapy dyads working either on anger, depression or anxiety. Data are available to compare number of questions and question types across early and later sessions and variation in questions across each session divided into quarters. Data are also available to relate questions to previous analysis of power in therapy, severity of distress, and other client characteristics.

Results: Therapists use more questions in earlier therapy sessions, and in the middle of therapy compared to the beginning and end of sessions. Therapists use more questions with those higher levels of ability and those with anxiety presentations. The question taxonomy has clear and expected relationships with the previous analysis of power in therapy sessions.

Conclusions: The study suggests that therapists vary their use of questions based upon client presentation and stage of therapy and session. Analysis of process within therapy will develop a better understanding of the similarities and differences in delivering CBT to people with learning disabilities and those without learning disability.

Dave DAGNAN, John MASSON, Richard THWAITES and Chris HATTON

TRAINING THERAPISTS USING CBT FOR PEOPLE WITH LEARNING DISABILITIES: SCALE DEVELOPMENT AND OUTCOMES FROM THE THREE PRIMARY CARE MENTAL HEALTH TRAINING GROUPS

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Background: We report on the development and evaluation of a curriculum for training for IAPT and primary care CBT therapists to enable them to work with people with learning disabilities.

Methods: One hundred and eighty-five mainstream therapists completed a CBT confidence scale. Eighteen primary care practitioners received two day (8 module) training, eight primary care mental health practitioners who work with people who do not meet IAPT criteria and 10 secondary care practitioners received 1 day (4 module) training, and twenty-four Primary Wellbeing Practitioners received a half-day training (2 modules). Detailed feedback on each module was collected and the confidence scale was completed pre- and post-training.

Results: The confidence scale has excellent internal reliability ($\alpha = 0.93$), and a single factor structure. All groups showed significant improvement in confidence in working with people with learning disabilities.

Conclusions: The confidence scale is a useful outcome measure for training for mainstream therapists in working with people with learning disabilities. We will describe plans for the further evaluation training on the inclusion of people with learning disabilities in mainstream IAPT and primary care therapy services.

Karen DEAKIN and Andrew JAHODA

PERCEPTIONS OF DIFFERENCE AND STIGMA IN CHILDREN WITH DOWN'S SYNDROME

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Background: Several authors have suggested that an awareness of stigma may impact upon the well-being of people with intellectual disabilities (Jahoda et al., 2000). However, little is known about how stigma is perceived by people with an ID and the mechanisms through which it may affect them. It is reasoned that studying children's perceptions of stigma and how these develop with age may help to shed light on this. This study will focus on the perceptions of children with Down's syndrome. It aims to examine whether participants show any preferences for others with or without Down's syndrome, what ideas they hold about the syndrome and whether their perceptions change with age.

Methods: In order to address the research questions two experimental tasks have been chosen and developed. These tasks utilise photographs of children with and without Down's syndrome and pictures that have been developed for the study. A cross-sectional design will be employed.

Results: Piloting is close to being completed and data will be collected in October and November 2011. The results from initial analyses will be presented.

Conclusions: There is little research in this area with children who have Down's syndrome. The research findings will have both practical and theoretical relevance, and will also address how best to approach experimental research with this participant group.

Laura FINDLAY, Amanda WILLIAMS and Katrina SCIOR

EXPERIENCE AND UNDERSTANDING OF PAIN IN ADULTS WITH INTELLECTUAL DISABILITIES

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Background: Pain is particularly relevant to people with intellectual disabilities as they have poorer health, and more injuries, falls and accidents than their non-disabled peers. To date our knowledge is limited of how people with intellectual disabilities understand pain and what their experiences of pain are like.

Methods: This study employed semi-structured interviews with fifteen adults with intellectual disabilities to explore experiences of being in pain and their understanding of pain, and also interviewed ten carers about experiences of caring for adults with intellectual disabilities in pain.

Results: Content analysis of interviews with adults with intellectual disabilities showed negative meanings and strong imagery used to describe pain. Participants varied in whether they would report pain to others, some choosing to hide pain. This may relate to past responses from others including feeling ignored/disbelieved, and thinking that others can tell when people are in pain. Interpretative phenomenological analysis of interviews with carers highlighted that they sometimes did not recognise pain in the people they cared for. Carers described actively working with the individual to try to understand the complaint, helped by a detailed knowledge of them. In general, carers believed that tolerance for pain was higher in adults with intellectual disabilities. Carers acted in a number of ways to try and reduce pain, and many described dissatisfaction with health care services.

Conclusions: The findings indicate that conversing with adults with intellectual disabilities about their pains is a real challenge; carers and health care staff need to think carefully about the questions they ask and use the limited number of tools available. Health care staff need to make full use of carers' unique knowledge and observations, and carers need to feel able to assert the value of their understanding in health settings.

Andrea GALLAGHER, Jaycee POWNALL, Andrew JAHODA and Richard HASTINGS

INVESTIGATING STAFF ATTITUDES AND WILLINGNESS TO SUPPORT MEN AND WOMEN WITH MILD INTELLECTUAL DISABILITIES ON MATTERS RELATING TO THEIR SEXUALITY

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Background: This study explored residential support staff's attitudes towards sexuality in men and women with an intellectual disability (ID), and whether their attitudes were linked to a willingness to support service users with sexual matters.

Methods: The Attitudes to Sexuality Questionnaire - Individuals with an Intellectual Disability was used to gather data on 34 support staff's attitudes. This was supplemented with additional questions on risk issues developed by the author. A semi-structured interview examined staff's experiences of supporting sexual matters.

Results: Liberal attitudes were held, no statistically significant differences were found on attitudes to men and women. Nonetheless, trends were found with more liberal views expressed about men than women on sexual rights and non-reproductive sexual behaviour. Most staff were willing to support the sexuality of service users. A positive association was found between staff's attitudes and their willingness to support sexuality. Willingness was not associated with feelings of confidence or comfort in dealing with sexual matters.

Conclusions: Sexuality is an integral aspect of quality of life. Understanding staff's values and attitudes towards the sexuality of people with ID is important, as this population of people rely on staff for support on this sensitive topic. Assisting the sexuality of people with ID is a complex and emotive subject worthy of further investigation.

Abigail GOSS

CAN TRAINING IN BASIC FINANCIAL CONCEPTS IMPROVE FINANCIAL DECISION MAKING SKILLS FOR ADULTS WITH INTELLECTUAL DISABILITIES?

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Background: Decision making is an integral part of daily living, in particular being able to make financial decisions increases the choice and control a person has over their everyday lives. Studies by Suto et al (2005a, 2005b, 2006) examined the financial decision making skills of adults with intellectual disabilities as well as the factors which could affect this ability. The current study extends this work by investigating whether training in basic financial concepts can improve the decision making skills of adults with intellectual disabilities.

Methods: 31 participants were randomly assigned to either an intervention or control group, all participants were assessed on their understanding of basic financial concepts (Suto et al, 2006, 2007) and their financial decision making skills (adapted from Suto et al, 2005a) at two time points (t1 and t2). The intervention group received training in basic financial concepts between t1 and t2. The Choice Making Scale (Conroy and Feinstein, 1986) was also completed for each participant.

Results: There were no significant differences on the financial decision making scores for the intervention group from the initial (t1) to the final (t2) assessment. There was however a strong positive relationship between the score on financial decision making and basic financial concepts.

Conclusions: The study did not find any improvement in financial decision making through training, but this does not mean that the study was not worthwhile. The participants enjoyed and benefitted from the training and learnt new skills that they may not have had the opportunity to learn otherwise. The subject needs further research as it is important that people with intellectual disability are given the best opportunity to exert choice and control over their lives and improved financial decision making skills are key to making this happen.

Dougal HARE and Carolyn GRACEY

REAL-TIME STRESS MANAGEMENT IN ADULT WITH ASPERGERS SYNDROME

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Background: For many people with Aspergers syndrome (AS), anxiety is a major problem. Cognitive Behavioural Therapy (CBT) is recommended as the psychological treatment of choice for anxiety in people without AS, but little is known about its suitability for people with AS. People with AS often show a different cognitive profile to individuals without AS and it is possible that they have qualitatively different fears (Hare, Wood and Skirrow 2008). Despite the high occurrence of anxiety in this population, there has been a paucity of research into effective and ecologically-valid interventions, with most studies relying on reports of past experiences of anxiety.

Methods: This study further explored the phenomenology of everyday anxiety in this population and the feasibility of using portable Personal Digital Assistants (PDA). A case series design was used based upon a modified experience sampling methodology to capture everyday experiences and deliver real-time stress management techniques to N=9 adults with AS.

Results: The study found that the AS group were highly anxious, with their anxiety being both idiosyncratic and associated with increased self-focus, worries about everyday events and rumination. The real-time stress management techniques were found to reduce subjective ratings of anxiety in individuals with AS during the time of the intervention.

Conclusions: Individuals with AS differed in their experience of anxiety and the use of PDAs provided a feasible mechanism for treatment. Hand-held digital technology offers the possibility of developing more idiosyncratic didactic interventions for such anxiety building on the efficacy of such approaches demonstrated in the present study.

Dougal HARE and Claire JANSCH

AN INVESTIGATION OF 'JUMPING TO CONCLUSIONS' COGNITION IN ASPERGERS SYNDROME

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Background: Clinical accounts have described symptoms of psychosis in individuals with Asperger syndrome and a number of research studies have reported elevated levels of delusional beliefs in this population. Research into psychosis has highlighted data-gathering biases that may be related to delusional beliefs. The current study aimed to investigate whether a data gathering bias, in the form of jumping to conclusions, was more evident in individuals with Asperger syndrome than a general population sample and to explore potential links with paranoia.

Methods: The study compared the performance of the Asperger syndrome group (N=30) with a control group (N=30) on two experimental tasks: a theory of mind task designed to assess mental state decoding ability, the Reading the Mind in the Eyes Test, along with the Beads Task, used to assess data-gathering style. Self-report questionnaires were also employed to measure levels of depression, general anxiety, social anxiety, self-consciousness and paranoid thoughts.

Results: The Asperger syndrome group performed less well than the control group on the Reading the Mind in the Eyes Test with regard to accuracy, but responded more quickly. Those with Asperger syndrome tended to make decisions on the basis of less evidence on the Beads Task and 50% demonstrated a 'jumping to conclusions' bias. Higher levels of depression, general anxiety, social anxiety and paranoid thoughts were reported in the AS group.

Conclusions: Although levels of depression and general anxiety were found to be associated with levels of paranoid thoughts, but data-gathering style appeared to be unrelated to paranoia.

Chris HATTON, Vicki WELCH and Michelle COLLINS

CHANGE AND CONTINUITY IN FAMILY USAGE OF SHORT BREAKS OVER TIME

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Background: Short breaks for families with a disabled child continue to be a high profile policy issue, although relatively little is known about how families experience short breaks over time or how short breaks are allocated.

Methods: We conducted a postal survey of 214 family carers with a disabled child at two time points, 10 months apart. The survey included information on family demographics and socio-economic indicators, family usage of and satisfaction with short breaks, main carer health and well-being, and child well-being.

Results: There was no change in the total number of hours of short breaks received by families from Time 1 to Time 2, but there were reductions in the range of types of short break used by families, and the number of families using leisure short breaks and getting NHS funding for short breaks. The number of families privately funding short breaks increased over time although the number of families using unpaid carers for short breaks reduced. There was considerable fluctuation in family short break usage from Time 1 to Time 2, not predicted by any characteristics of children or families at Time 1. Family usage of more total hours of short breaks at Time 2 and of centre-based short breaks were predicted by characteristics of the disabled child at Time 1, largely older children with more complex health and physical needs and severe learning disabilities.

Conclusions: Overall, families are experiencing a fluctuating, reducing and seemingly random allocation of short breaks, based at best on a narrow range of child characteristics.

Andrew JAHODA, Peter LARKIN, Ken MacMAHON and Carol PERT

PREDICTED OUTCOMES OF AGGRESSION AND SUBMISSION: A POSSIBLE LINK TO AGGRESSION IN YOUNG ADULTS WITH AND WITHOUT INTELLECTUAL DISABILITIES

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Background: Predicted outcomes of aggressive and submissive behaviour are found to be important influences on aggression in adults with and without IDs. Research suggests that this influence only emerges in typically developing individuals during adolescence. This study investigates whether predicted outcomes also have an influence on aggression in adolescents with IDs.

Methods: 45 young people with intellectual disabilities (aged 16 to 20; mean age=18, SD=1.41) and 48 typically developing peers (mean age=17=9, SD=1.42) were presented with vignettes of provocative social scenarios. They were then asked to imagine responding in either an aggressive or submissive manner and to predict the consequences of each type of response. Staff reports of participants' recent behaviour were used to enable comparisons between aggressive and non-aggressive participants with IDs (Agg=30, NAgg. N=15) and without IDs (Agg=16, NAgg=32).

Results: Aggressive and non-aggressive participants with IDs did not predict different outcomes from aggression or submission. However, the aggressive participants without IDs predicted more positive outcomes from aggression and more negative outcomes for submission. While aggressive participants with IDs were more likely to give aggressive responses, they were just as likely as the non-aggressive group to respond actively (assertively or aggressively) rather than passively.

Conclusions: Results provide clear evidence that young adults without IDs=E2?T expectations about outcomes of aggression and submissive behaviour may contribute to problems of aggression. However, results do not suggest that this is the case you young adults with IDs. Implications of these findings and limitations of the study are discussed.

Catherine JENKINS, Lisa GRAHAM, Suzanne JOHNCOCK and Larisa BUTENKO

EXTENDING FAMILIAL FEELINGS: A QUALITATIVE ANALYSIS OF PARTICIPANTS' EXPERIENCES OF BEHAVIOURAL FAMILY THERAPY IN THE EXTENDED FAMILY SYSTEM

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Background: There is a small, but developing, evidence base for the use of Behavioural Family Therapy (BFT) to reduce stress within families, where there is a client with a Learning Disability (LD). These clients' support systems often include support workers and care staff and BFT is now incorporating these workers within an extended 'family system'. A small number of quantitative studies exist reporting the positive results of BFT in this extended format, however as yet there has been no qualitative research examining the participants' experience of BFT in this format.

Methods: BFT was carried out with a client, their family (parents) and key-worker. Pre and post measures included the Core LD, the Family Functioning Questionnaire (FFQ) and the Caregiver Strain Questionnaire (CGSQ). An independent researcher (assistant psychologist) who had no prior contact with the individuals involved carried out semi-structured interviews to establish their experiences of BFT. Identified themes were pro-rated.

Results: Comparison of pre and post measures indicated that strain was reduced and family system functioning improved. Qualitative analysis indicated all involved were positive about the experience. Themes identified included: increased problem solving ability, the value of goal setting, improved communication, and client specific benefits such as increased independence.

Conclusions: BFT can be useful when the family system is extended beyond the client and immediate family to care staff. All family system members in this small study found BFT to be a positive experience with beneficial outcomes reflected in the themes which emerged.

Claire KELLY, Karen THOMSON, Marcus REDLEY, Sara JONES, Angela THOMPSON and Anthony J HOLLAND

EXAMINING HOSPITAL READMISSIONS FOR PATIENTS WITH INTELLECTUAL DISABILITIES: THE CASE OF ONE HOSPITAL IN THE EAST OF ENGLAND

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Background: Hospital readmission data has been intensively studied over the past four decades, as it is thought to provide some insight into the quality of care received by different patient groups. To date however, there has been a lack of research focusing upon the circumstances and prevalence of readmissions for patients with intellectual disabilities into secondary healthcare settings. This study aimed to gather this information from large teaching hospital in the East of England.

Methods: An audit was conducted on all available admission data concerning patients with an identified intellectual disability for a 6 month period in 2010. To qualify as a readmission, the patient must have been admitted back into the hospital within 30 days of their initial admission, in line with the criteria set by the Department of Health (2011-2012).

Results: The total readmission rate during this period for patients with intellectual disabilities was found to be higher than expected, at 35%. In addition, the majority (72%) of these readmissions were deemed to be 'potentially preventable'. A wider picture of the 'typical' readmission journey for patients with intellectual disabilities was also uncovered. These patients were likely to be readmitted on an emergency basis, have a single readmission spell, be placed under the care of a team that differed from that of their initial admission and not to have received complex discharge planning.

Conclusions: The high rate of 'Potentially Preventable Readmissions' can be attributed to poor continuity of care and the absence of discharge planning.

Peter LANGDON, Glynis MURPHY, Isabel CLARE, Tom STEVERSON and Emma PALMER
THE RELATIONSHIP BETWEEN MORAL REASONING, EMPATHY AND DISTORTED COGNITIONS AMONGST MEN WITH INTELLECTUAL DISABILITIES AND A HISTORY OF CRIMINAL OFFENDING: A COMPARISON STUDY

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Eighty men, spread equally across four groups were recruited: men with and without intellectual disabilities (IDs) who were either offenders or non-offenders. Participants completed measures of moral reasoning, empathy and distorted cognitions. The results indicated that the moral reasoning abilities of offenders with IDs were developmentally delayed, but yet were still more mature than those of non-offenders with IDs. Offenders without IDs had less mature moral reasoning abilities than non-offenders without IDs. The differences may be partially accounted for by intellectual ability. The results also indicated that the relationship between empathy and distorted cognitions is *mediated* by moral reasoning. The findings have implications for the use of psychological interventions with offenders with IDs.

Peter LARKIN, Andrew JAHODA, Ken MacMAHON, Frank POLLICK and Carol PERT
RECOGNISING EMOTION FROM HUMAN MOVEMENT: POTENTIAL LINKS TO FREQUENT AGGRESSION IN YOUNG PEOPLE WITH AND WITHOUT INTELLECTUAL DISABILITIES?

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Background: Research suggests that impairments in emotion recognition may contribute to frequent aggression in some people with intellectual disabilities (IDs). Although affect is ordinarily communicated via dynamic cues, studies to date have used static stimuli exclusively and findings have been inconclusive. The present study re-examined the possible association between impaired emotion recognition and aggression using dynamic stimuli.

Methods: 45 young adults with IDs (aged 16 to 20; mean age=18, SD=1.4) and 48 typically developing peers (mean age=17.9, SD=1.42) were shown 24 brief clips depicting a person walking in a happy, sad, angry or neutral manner. After each clip, participants were asked to indicate which of the four possible emotional states was being conveyed by the actor. Informant reports of participants' recent behaviour were used to classify individuals as either 'aggressive' or 'non-aggressive' for the purposes of group comparisons (ID Group: Agg=30, NAgg. N=15; Non-ID Group: Agg=16, NAgg=32).

Results: No significant differences were found in the accuracy or response tendencies of aggressive and non-aggressive sub-groups. Overall, typically developing participants were significantly more accurate at identifying emotions than participants with intellectual disabilities ($U=694$, $p= .003$), particularly when the emotion of sadness was being conveyed ($U=227$, $p= .017$).

Conclusions: Results do not suggest that aggressive young adults, with or without IDs, have specific deficits in emotion recognition, in comparison to their peers who do not have difficulties with aggression. However, there is support for the findings of previous studies, which used static stimuli, that young adults with IDs may have deficits in emotion recognition, in comparison to their typically-developing peers. Implications of these findings and limitations of the study are discussed.

Chris LAWES and Lesley POVER

THE VOICE OF SERVICE USERS IN LEARNING DISABILITY SERVICES: A PILOT OF CONSULTATION METHODS

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Background: The traditional methods used in consultation and service evaluation are questionnaires, semi-structured and structured interviews and focus groups. However, these traditional methods may not be the most appropriate for people with learning disabilities and other more effective methods need to be used. In order to establish which consultation methods would be most effective, four different types of consultation methods were trialled, Talking Mats, In My Shoes, a specially created questionnaire and a focus group/role play method which we called Persona.

Methods: The methods were trialled with 7 service users at a drop in centre run by MIND. Once the session had finished participants were then asked to feedback on the method used. Feedback questions were simple: 1. What is good about this method? 2. What is bad about this method? 3. What is important to you? Are these the most important questions? All sessions were filmed and the results analysed using thematic analysis.

Results: The Talking Mats and the Persona method were been found to be promising tools when used to consult with service users about the services they currently receive and would like to receive. The computer package In My Shoes was found to have potential. The questionnaire was found to be relatively unreliable if used as a stand-alone questionnaire with little support and input.

Conclusions: This project found that, with varying degrees of success, these methods could be effectively used to consult with people with learning disabilities.

William LINDSAY, Derek CARSON, John TAYLOR, Anthony J HOLLAND, Gregory O'Brien, Jessica R WHEELER and Lesley STEPTOE

RESPONSIVITY TO CRIMINOGENIC NEED IN FORENSIC INTELLECTUAL DISABILITY SERVICES

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Background: Andrews et al (1990a) discussed the principles of service responsivity to guide effective assessment and treatment of offenders: risk, need and responsivity. There is now a significant amount of information on typically referred problems and appropriate treatments for offenders with ID. The most prevalent index behaviour is violence, followed by sexual offences, vandalism and

alcohol/substance misuse (Alexander et al 2010, Lindsay et al 2010, Lunsky et al 2011). For at least the first two of these difficulties there are experimentally validated treatments.

Method: Participants comprised 168 males and 29 females accepted into community and secure forensics ID services. Participants were followed up for the subsequent two years and we will present treatment delivered in relation to the index offences.

Results: Taking the whole sample, 42% were referred for physical aggression, 26% for verbal aggression, 14% for contact sexual offences, 13% for non-contact sexual offences, 20% for property damage, 5% for cruelty or neglect to children, 5% for alcohol/substance abuse, 5% for theft and 3% for arson. Of 75 participants referred with an index problem of violence, 27 (36%) participants received anger treatment. Seven were recorded in 0 – 12 months and nine in the 13 – 24 month period. Eleven participants were recorded across both years. Sixty-two participants were referred for sexual offences and 34, received sex offender treatment. Twenty-two were in treatment across both years, six during 0 – 12 months and six during the 13 – 24 month period. For both index problems those who received treatment were largely in community forensic ID or acute inpatient services.

Conclusions: Treatment services have been less than optimum in response to the most frequently referred problems of violence and sexual offending. We will discuss possible reasons for difficulties in treatment provision.

Rachael LOFTHOUSE, Vasiliki TOTSIKA, Richard HASTINGS and William LINDSAY

THE RELATIONSHIP BETWEEN STATIC AND DYNAMIC RISK FACTORS IN THE PREDICTION OF VIOLENT BEHAVIOUR

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Background: There has been an increase in research into the use of structured risk assessment tools with offenders with an intellectual disability. This has largely focused on estimating the predictive accuracy of actuarial or dynamic risk assessments, or a comparison of the efficacy of both approaches. The aim of this study was to explore conceptually how static and dynamic risk variables ‘work together’ to predict violent reoffending in adults with an intellectual disability.

Methods: The study used the methodological approach developed by Kraemer, Stice, Kazdin, Offord and Kupfer, (2001) to investigate the interaction between static and dynamic risk. Three risk assessment tools were used: one actuarial measure (Violence Risk Appraisal Guide (VRAG; Quinsey, et al, 1998)), and two dynamic measures (Emotional Problems Scale (EPS; Prout & Strohmer, 1991) and (Short Dynamic Risk Scale (SDRS; Quinsey, 2004)). data from 212 offenders with intellectual disability are analysed.

Results: Examining the competing models proposed by Kraemer et al. (2001) the analyses suggested that dynamic risks act as proxy risk factors for static risk. In support of this, the static tool has temporal precedence there was a non-zero relationship between the static and the two dynamic scales, and the static tool was shown to dominate the two dynamic tools.

Conclusions: Coupled with data suggesting that dynamic risk tools better predict recidivism than static tools, if future research confirms our findings that dynamic risk variables are proxy risk factors for static risk variables this will have important implications for practice. These implications will be briefly discussed.

Pamela MacMAHON, Nicola ROSE, Aimee STIMPSON and Biza KROESE

‘GETTING IN CONTROL’: SERVICE USER’S EXPERIENCES OF A COGNITIVE BEHAVIOURAL ANGER MANAGEMENT INTERVENTION FOR PEOPLE WITH INTELLECTUAL DISABILITIES

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Background: Few studies have reported the experiences of service-users with intellectual disabilities (ID) following engagement in psychological therapy. The aim of this study was to explore the

experiences of individuals with ID who recently participated in group-based cognitive behavioural therapy (CBT) for anger management difficulties.

Methods: Qualitative research methods were adopted. Random sampling was used to identify eleven service-users from the wider sample of group participants, after participants considered not to have sufficient communication skills were excluded. Participants were encouraged to discuss recent experiences of engagement in group-based CBT for anger problems, and also the impact of participation. Participants' responses were recorded and transcribed. Transcripts were analysed using Interpretative Phenomenological Analysis (IPA).

Results: A number of key themes emerged from preliminary analysis, including: positive views of group participation; memorable group experiences; altered relationships with lay therapists; and experiences of using the anger-management strategies in 'real-life'. Some service users used the interview as an opportunity to demonstrate expertise. Service-users' accounts and responses may have been influenced by their perceptions of the interview situation.

Conclusions: Emergent themes and their implications will be discussed in the context of how engagement with psychological therapies for service-users with ID can be improved. Methodological strengths and weaknesses will be discussed, together with the challenges of implementing qualitative research methods with individuals with ID. Recommendations for future research in this important area will be outlined.

Emma MADDEN, Elizabeth JONES, Sarah WHITSON, Marcus REDLEY, A KOMASHIE, Alison LILLYWHITE, Mark HALL, Sallyanne BROUGHTON and Anthony J HOLLAND and Isabel CLARE
PATIENT AND PUBLIC INVOLVEMENT (PPI) IN RESEARCH RELATING TO SERVICES FOR ADULTS WITH INTELLECTUAL DISABILITIES: THE FINANCIAL COSTS

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Background: While PPI has gradually become established in health services research, it is vulnerable to the increasing impact of financial constraints. We examine the financial costs of an advisory group of service users with IDs for a study of the outcomes and experiences for adults with problematic behaviours of interventions by specialist integrated CTLDs.

Methods: The group comprises nine service users with mild-moderate IDs with experiences that include problematic behaviours that have led to exclusion from specialist ID services and/or contact with the criminal justice system; none has previous involvement in self-advocacy activities. The group is supported by nine clinical and academic researchers and comprises bi-monthly events, with home visits and phone calls to support engagement. Over 12 months, we calculated the: a) costs for the researchers; b) event costs (payment to advisers, travel); and c) miscellaneous costs (such as reminder letters).

Results: The cost of supporting a service user advisory group for 12 months was just under £30, 000. Nine-tenths (91.8%) of this comprised researcher (staff) costs.

Implications: In order to evaluate PPI, the financial and other costs must be weighed against the benefits for the research, for the advisers, and for the researchers. There is an urgent requirement, which we are currently addressing, to collect data about these benefits. Without such evidence, and notwithstanding the moral imperative to involve citizens, including those with IDs, in research that aims to influence the services they receive, it is likely that PPI will not be seen as 'adding value' and will become increasingly marginalised and tokenistic.

Katherine MANNING, Catherine McALLISTER, Howard RING, Nicholas FINER, Karl SYLVESTER and Anthony J HOLLAND

VAGUS NERVE STIMULATION AS A TREATMENT FOR HYPERPHAGIA IN PRADER-WILLI SYNDROME

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Background: Prader-Willi syndrome (PWS) is a genetic disorder involving hyperphagia arising from aberrant satiety signalling. The central involvement of the vagus nerve in satiety, alongside serendipitous weight loss observed during Vagus Nerve Stimulation Therapy® (VNS; Cyberonics, TX, USA) for other conditions (Pardo et al. 2007), suggests that enhancing vagus signalling may be beneficial in PWS. The safety, acceptability and efficacy of VNS as a novel therapeutic intervention for hyperphagia in PWS is being assessed.

Methods: Three individuals with PWS (2 female, 1 male) were recruited and screened for suitability before surgical implantation of VNS. VNS was switched on three months post-implantation, initially set at 0.25mA output current and incrementally increased to 1.5mA as appropriate to each individual. Participants attend monthly visits, with several outcome measures taken to assess safety, acceptability and efficacy. Safety: sleep apnoea incidents, ECG, side-effect consultations. Acceptability: self-report and side-effect diaries. Efficacy: weight, body composition, hormone levels, body image, carers' reports, fMRI responses to food images and measures of eating rate and quantity.

Results: No effects of VNS on sleep apnoea or heart rate have been observed. Participant reports suggest few side-effects, with voice changes at higher output currents found acceptable. Data concerning weight is currently unclear, but participant and carer reports suggest beneficial effects on flexibility of food routine.

Conclusions: Preliminary findings indicate that VNS is safe and acceptable in PWS. To date, effects on the characteristic overeating in PWS are unclear. This study is ongoing.

Keith MARSHALL, Jan FERRIS and Phil SHARPLES

USING BEHAVIOUR FAMILY THERAPY TO INCREASE SKILLS AND REDUCE STRESS WITHIN THE SYSTEM OF SUPPORT FOR PEOPLE WITH LEARNING DISABILITIES: A CASE SERIES

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Background: Behavioural Family Therapy (BFT) is an evidence based approach used within areas of mental health. The emphasis of the approach not only focuses on the person, but the whole family system aiming to reduce high levels of stress. BFT focuses on information sharing as well as developing skills in communication and problem solving. It is well recognised that family members and paid carers who support people with learning disabilities can experience high levels of stress. This paper explores whether BFT can increase skills and reduce stress within the system of support for people with learning disabilities.

Methods: All families, with or without support team members included as part of the process, were involved in a minimum of ten sessions of BFT. The approach is manualised and follows a structured format. It is delivered by two family workers who are trained in the approach. Family and support team members who took part in the intervention completed outcome measures focussing on levels of stress and family or team functioning.

Results: All family members showed a decrease in caregiver strain scores. Family and support team members demonstrated an improvement in their family/team functioning. These results would suggest that family members have experienced a decrease in levels of stress and family and team members experienced an increase in effective communication and problem solving skills.

Conclusions: It is suggested that BFT is a flexible, effective intervention for working with stressed systems of support around people with learning disabilities. Future implications for clinical practice and areas of research are discussed.

Amanda MUIR, Andrew JAHODA and Sally-Ann COOPER

A PROSPECTIVE STUDY OF THE MENTAL HEALTH OF ADULTS WITH INTELLECTUAL DISABILITIES: UNDERLYING MECHANISMS AND OUTCOMES

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Background: Point prevalence rates of mental ill-health in adults with intellectual disabilities are reported as 30-50%, but long-term outcomes and risk factors associated with persistent mental-ill health and resilience to mental ill-health are relatively unknown. Research investigating the effects of social inclusion and social support gives opposing findings, with lack of clarity as to whether social support is a protective factor for mental ill-health. There is limited research regarding whether there is a relationship between mental ill-health and having positive or negative views of ones' own life.

Methods: This research is a PhD project in progress, utilising and building upon an existing longitudinal dataset. During 2002-2004, a population-based sample of 1,023 adults with intellectual disabilities found a point prevalence of mental ill-health of 40.9%. During 2004-2006, 651 were followed-up, and two-year incidence of mental ill-health was 16.3%. The prospective design is now being extended to investigate the longer-term outcomes of mental ill-health in this cohort, and risk/resilience factors. A cross-sectional component will also investigate participant's views on various aspects of their lives.

Results: There are not yet results to disseminate, as data collection is in progress. This poster is to describe the research currently in progress, and also to discuss recruitment.

Conclusions: Mental ill-health is so commonly experienced by people with intellectual disabilities that this study should add to our future knowledge base to advance social and health care, and policy.

Niamh REILLY, Gavin LAWRENCE, Tom MOTTRAM and Michael KHAN

SEQUENTIAL AIMING MOVEMENTS WITH TWO LIMBS AND THE ONE TARGET ADVANTAGE IN ADULTS WITH AND WITHOUT DOWN SYNDROME

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Background: The one target advantage (OTA) describes the phenomenon that movement times to the first target in a 2-target sequence are typically slower than in one-target aiming tasks. This effect is robust regardless of hand preferences, hand used, practice and whether visual feedback is available. The present study investigated for the first time whether individuals with Down Syndrome (DS) experience the OTA, that is do DS integrate components of a complex action in a similar fashion to those without intellectual disabilities (ID) thus enabling us a greater insight into some of the factors that determine the limitations in teaching these individuals novel motor skills.

Methods: We tested the central and peripheral explanations of the OTA as proposed by the movement integration hypothesis by asking a total of 24 adult participants (8 DS, 8 high functioning ID but not DS (NDS), and 8 neurologically typical (TD)) to perform single target movements, 2-target movements and 2-target movements where they switched limbs at the first target.

Results: Results revealed that whilst reaction time and movement time data was slower for DS compared to NDS and TD, a OTA that was similar for both the single-limb and 2-limb sequential movements emerged for all groups.

Conclusions: These findings reveal that the processes underlying the increase in movement time to the first target in 2-target sequences are not specific to the limb, suggesting that the OTA originates from a central rather than a peripheral level. Furthermore, these findings are not limited to neurologically normal individuals revealing that persons with Down syndrome plan and execute sequential aiming movements in a similar fashion to their neurologically normal counterparts.

Claire ROBINSON, Ken MacMAHON and Andrew JAHODA

THE EFFECT OF AN EXPERIMENTAL MANIPULATION ON COGNITIVE ASSESSMENT SCORES IN ADULTS WITH MILD INTELLECTUAL DISABILITIES: IMPLICATIONS FOR CLINICAL PRACTICE

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Background: Cognitive assessment is required to help determine whether an individual has an Intellectual Disability (ID). However, motivational influences upon performance may have an impact upon individuals' scores. Past research has shown that being told that one is failing on a task affects test performance on subsequent tasks, and that personality moderates such an effect. This suggests that intrinsic motivation can be suppressed by the experience of failure. Individuals with IDs, as a group, may have fewer opportunities to experience success. It is therefore hypothesised that an accumulation of failure experiences may de-motivate such individuals in cognitive assessment situations, and that individuals' perceived competence on a task will affect subsequent task performance.

Methods: Twenty-five adults with mild IDs participated in a within-subjects experimental design. Perceived competence was manipulated by altering the difficulty of a task given to participants prior to a subsequent cognitive task. The EZ-Yale Personality Questionnaire was used as a measure of personality-motivational functioning.

Results: Participants' perceived competence on one task was found to affect their performance on a subsequent cognitive task. Significant differences were found between performance on assessment tasks that were preceded by an 'easy' task compared to a 'difficult' task. No relationship was found between personality-motivational constructs and the effect seen from the experimental manipulation.

Conclusions: Cognitive test scores in adults with IDs are affected by perceptions of success and failure on prior cognitive tasks. Clinicians undertaking cognitive assessments, with this population, should take steps to foster positive engagement in the process, in order to obtain test results that truly reflect individuals' capabilities.

John ROSE

AN INVESTIGATION INTO THE INFLUENCE OF THERAPIST EXPERIENCE ON THE OUTCOME OF INDIVIDUAL ANGER INTERVENTIONS FOR PEOPLE WITH INTELLECTUAL DISABILITIES

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Background: There is a developing literature into Anger Management interventions for people with intellectual disability, while initial reports suggest that these interventions are effective there are few evaluations examining what aspects of the therapeutic process contribute to efficacy.

Methods: Individuals with an intellectual disability and anger control difficulties who were referred to community psychology services were allocated to either experienced clinical psychologists or less experienced assistant psychologist who followed the same intervention framework.

Results: Both groups experienced significant reductions in self reported anger intensity however the group who were treated by more experienced therapists reported more change and more individuals reported clinically significant change.

Conclusions: While effective change was reported by both groups these results suggest that clinical experience and training may be an important variable in determining the magnitude of change. This has some implications for the design of intellectual disability mental health services.

Krupa SHETH and Chris OLIVER

CURRENT TRENDS IN AUTISM RESEARCH – WHERE ARE WE TODAY?

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Background: Autism is one of the most frequently studied disorders of developmental disability. Literature on autism has often focused on fundamental biology with considerably fewer publications

in other areas, such as behavioural interventions, challenging behaviours and family adjustment. This current review aims to provide an up to date picture of current research trends by evaluating published articles from 2001 to 2011.

Methods: A computerised search was conducted to examine published literature on autism research between January 2001 and May 2011 using the electronic database ScienceDirect.

Results: Our search identified 21,176 articles. Research into the genetic factors and differences in neuroanatomy dominate as common areas of investigation (69.3%). Topics such as management of problem behaviours, mental health, sleep, diet and family functioning receive considerably less attention; comprising only 10% of all the publications reviewed.

Conclusions: While research into genetics and neurological differences furthers our understanding on the aetiology of autism, there is a substantial lack of empirical research available on areas relating to everyday functioning. The results of this review highlights a particular need to address such gaps in research in order to improve the quality of life of people with autism and their families. Given its importance in the daily management of the difficulties experience by people with autism and the significant impact it has on their families, this highlights the limitations of research in the everyday application of autism literature towards clinical practice.

Vasiliki TOTSIKA, Richard HASTINGS, Eric EMERSON and Susie NASH

PARENTING PRACTICES AND CHALLENGING BEHAVIOURS IN YOUNG CHILDREN WITH AN INTELLECTUAL DISABILITY

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Background: Challenging behaviours in children with an intellectual disability emerge early and are highly persistent during childhood (Green et al., 2005; Totsika & Hastings, 2010). In the present study, we aimed to investigate the association of parenting practices with emerging challenging behaviours and their effect on the stability of these behaviours.

Methods: Five hundred and sixteen children from the Millennium Cohort Study (MCS) were identified as having an intellectual disability (ID) at the age of five.

Results: Challenging behaviour scores (SDQ total) showed small to moderate stability between the ages of 3 and 5 (path coefficient .373). Frequent use of discipline practices at the age of three was associated with significant increases in challenging behaviours at the same age but no long-term effects on behaviour. Parenting competence did not seem to have any cross-sectional or longitudinal effects on challenging behaviours. A close parent/child relationship was associated with a significant reduction in children's challenging behaviours two years later, while a calm home atmosphere was associated with significant concurrent and long-term reductions in challenging behaviours.

Conclusions: The findings will be discussed in relation to the content of early intervention programmes.

Leah VANONO, Lori DOTSON and Tami HUIZAN

POSITIVE INTERACTIONS: A PILOT STUDY ON AN OBSERVATION MEASURING TOOL AND INTERACTIVE INTERVENTION WORKSHOP FOR DAY PROGRAM STAFF WORKING WITH INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

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Background: In the present study the concept of developing an operationalised set of definitions for a 'Positive Interaction' and increasing the volume of positive communication between frontline service staff and individuals with developmental and intellectual disabilities, during activity facilitation was explored. The notion of staff approval, praise and warmth helping the development and maintaining of positive social behaviour is an area of research warranting further investigation in today's services to ensure consistent, high quality, service delivery.

Methods: A pilot study was conducted on the measurement and evaluation of a positive interactions observational tool and interactive workshop, in a day program service in the North Bay area of California. Three staff and fourteen clients participated in a multiple baseline study to investigate the concept of defining and increasing positive social interactions between staff and service users.

Results: The preliminary results indicated that the reliability of the Positive Interactions Checklist were high, although further validation of the results are required to substantiate.

Conclusions: Recommendations include proposals for systematic staff monitoring and development of a minimum standards framework around social interaction between frontline staff and individuals with intellectual and developmental disabilities.

Adam P WAGNER, Emma MADDEN, Sarah WHITSON, Elizabeth JONES, Sallyanne BROUGHTON, Alison LILLYWHITE, Conor FARRINGTON, Anthony J HOLLAND and Isabel C H CLARE

STRESS IN COMMUNITY LEARNING DISABILITY TEAMS: "NOT CLEAR ABOUT OBJECTIVES!! THIS ASSUMES WE HAVE SOME!!" - THE ROBUSTNESS OF INTEGRATED SPECIALIST TEAMS CARING FOR PEOPLE WITH INTELLECTUAL DISABILITIES

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Background: Community teams meet the specialist health care needs of adults with intellectual disabilities (IDs), and increasingly, with the development of integrated teams, also the commissioning and monitoring of their social care. Although such teams need to be robust to perform effectively, little attention has been paid to their functioning and experiences.

Methods: The experiences of 96 staff members, including health care practitioners, care managers/social workers, and team administrators, in five different integrated community teams within one service, were examined at three levels using self-report questionnaires: Personal - Maslach Burnout Inventory (MBI), Maslach and Jackson (1981); Team - Team Climate Inventory (TCI), Anderson and West (1998); Service - part of an adapted version of the Quality Implementation Improvement Survey 2 (QIIS), Shortell *et. al.* (1995).

Results: Useable data were collected from 69 (72%) questionnaires. Findings were not encouraging: Personal: 55% of the staff scored in the 'concern' zone on one or more of the three MBI sub-scales. Team: a marked impairment in Vision, a sub-scale of the TCI. Service: marked room for improvement on staff members' perception of the service. A structural equation model shows large effect relationships between these levels.

Conclusions: The service appears to be fragile at all levels, potentially compromising its ability to deliver long-term locally-based support to people with wide ranging and often complex needs. Given the strong connections between the three levels, improvement should be sought across all of them, to increase the teams' robustness and optimise the support provided to service users.

T I WILLIAMS and Meghan NORMAN

SINGLE WORD READING IN PARTICIPANTS WITH AUTISM AND SEVERE INTELLECTUAL DISABILITY: A ROUTE TO VOCABULARY ACQUISITION?

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Background: Participants with autism have a higher incidence of unusual reading skills compared with typically developing populations. In particular they often show good reading accuracy and poor reading comprehension. The processes behind this pattern of abilities are not well studied. In this study participants with autism, severe intellectual disability and reading skills better than their use of spoken language were tested (1) on non-word reading to determine whether their reading used a phonological decoding route and (2) to determine whether they could use their reading skills to learn new words.

Methods: 5 participants with autism and severe intellectual disabilities took part. They were all using written materials to aid communication.

Results: Two of the participants were able to read non-words accurately. One participant did not read words out loud. Three of the participants (including the participant who did not read aloud) were able to read novel words and associate these with novel objects. One participant was tested on a more rigorous test of learning new words.

Conclusions: Some of the participants in this study were able to demonstrate good grapheme phoneme decoding skills. In addition the ability of some of the participants to learn new words rapidly from printed materials suggests that people with both autism and intellectual disabilities could benefit from the use of written materials as a form of augmentative communication and thereby learning a wider vocabulary.

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