

Welcome

Welcome to the third “Seattle Club” Conference on Research in Intellectual Disabilities. As with last year’s conference, the emphasis is on data from behavioural and social sciences research that focuses on issues relating to intellectual and developmental disabilities. We have maintained a number of features of the first two conferences which were generally agreed to be successful and which characterise these particular meetings: all participants are active researchers, with encouragement particularly to junior colleagues to attend; research being reported is pre-publication and reflects the cutting edge; there are no parallel sessions (so that everyone can access everything); organisation is electronic to save on cost and to keep fees as low as possible.

There have also been some significant changes since 2002. Specifically, this year there is the introduction of a poster session. This is designed to have equal status to work being presented in paper sessions and plenty of time has been allocated to view/discuss the posters with their authors. Also new to the conference are the discursive sessions, with a major part of the second day being given over to these.

The existence of the conference is passed on essentially by word of mouth, and there are likely to be many more UK and Irish researchers in intellectual disabilities out there. Please do what you can to distribute information to interested colleagues and contacts. If possible, please join the ID-Research-UK email list at <http://www.jiscmail.ac.uk> so that you do not miss information about future conferences.

Our thanks go to the team at Edinburgh who have done a great job in organising the practical aspects of this conference, especially Debra Bowyer, Judith Scott, Diane Willis and Katie Williams.

We hope that you enjoy the conference.

Ad-hoc organising committee for 2003:

<i>Richard Hastings</i>	School of Psychology, University of Wales Bangor
<i>Chris Hatton</i>	Institute for Health Research, Lancaster University
<i>Jennifer Wishart</i>	Moray House School of Education, University of Edinburgh

Peer Reviewers:

<i>Andrew Jahoda</i>	Division of Psychological Medicine, University of Glasgow
<i>Dave Dagnan</i>	Community Learning Disability Service, North Cumbria NHS Trust
<i>John Taylor</i>	Department of Psychological Therapies and Research, University of Northumbria

**3rd Seattle Club Conference on Research in Intellectual Disabilities
University of Edinburgh December 11 - 12 2003**

FINAL PROGRAMME

<u><i>Day 1</i></u>	<u><i>THURSDAY 11TH DECEMBER</i></u>		<u><i>LOCATION</i></u>
10.00 – 11.00	Arrival, registration and refreshments		Godfrey Thomson Hall Thomson's Land
11.00 – 12.35	Opening remarks	Professor Jennifer Wishart University of Edinburgh	Lecture Theatre LG34 Paterson's Land
	Paper Session 1: Individual papers (4)	Chair: Dr Andrew Jahoda University of Glasgow	
12.40 – 13.40	Lunch (Posters to be set up in Godfrey Thomson Hall over this period)		Chapter's (back room) Paterson's Land
13.40 – 15.00	Paper session 2: Individual papers (4)	Chair: Dr Biza Kroese University of Birmingham	Lecture Theatre LG34 Paterson's Land
15.00 – 15.30	Refreshments		Chapter's (back room) Paterson's Land
15.30 – 16.50	Paper session 3: Individual papers (4)	Chair: Dr Dave Dagnan North Cumbria NHS Trust	Lecture Theatre LG34 Paterson's Land
17.00 – 19.00	Poster session and refreshments	Host: Professor Chris Hatton Lancaster University	Godfrey Thomson Hall
20.30	Meal at Saigon Saigon (optional)		14 South St David Street (off Princes Street)

<u>Day 2</u>	<u>FRIDAY 12TH DECEMBER</u>	<u>LOCATION</u>
09.15 – 10.15	Paper session 4: Individual papers (3)	Chair: Dr John Taylor University of Northumbria
		Lecture Theatre LG34 Paterson's Land
10.15 – 11.15	KEYNOTE ADDRESS	Professor Tony Holland University of Cambridge
	TITLE: Investigating links between genetic syndromes and behavioural and psychiatric disorders.	Lecture Theatre LG34 Paterson's Land
		Chair: Professor Eric Emerson Lancaster University
11.15 – 11.45	Refreshments	Chapter's (back room) Paterson's Land
11.45 – 12.45	Discursive sessions (choice of four)	4 breakout rooms GTH, TL 2.1, G9, G10 Thomson's Land
12.45 – 13.45	Lunch	Chapter's (back room) Paterson's Land
13.45 – 14.45	Discursive sessions (continued)	4 breakout rooms GTH, TL 2.1, G9, G10 Thomson's Land
14.45 – 15.00	Closing remarks	Professor Nigel Beail University of Sheffield Barnsley Primary Care Trust
15.00	Meeting of the organising committee to discuss future location, dates, and format for Seattle Club 2004	

Scheduling of paper presentations

Day 1: Thursday 11th December

Session 1
11.15-12.35

Chair: Dr Andrew Jahoda

An Evaluation of Positive Behavioural Support People with Very Severe Challenging Behaviours in Community-Based Settings	Brian McClean Brothers of Charity, Roscommon
Outcomes of Person Focused Training: A Control Group Study	Ian Grey Trinity College, Dublin
Differential Diagnosis of Seizures and Stereotyped Behaviours	Audrey Espie Old Johnstone Clinic
Raven's Matrices Performance in Down Syndrome: Evidence of Unusual Errors	Debbie Gunn University of Stirling

Session 2
13.40-15.00

Chair: Dr Biza Kroese

Attention to Causal Events in Infants with and without Down Syndrome: a Longitudinal Study	Derek Moore University of East London
Parental Support for Counting in Children with Down Syndrome	Jo Nye Down Syndrome Educational Trust, Portsmouth
Specific and Non-specific Effects of Discrete Trial Instruction in a Young Child with Autism	Elin Walker Jones Royal Alexandra Hospital, Rhyl
Social Skills in Adolescents with Autism: Testing the Specificity of the Deficit, and Development of a DVD Training Intervention	Katie Haddock/Robert Jones University of Wales Bangor

Session 3
15.30-16.50

Chair: Dr Dave Dagnan

Positive Perceptions Held by Support Staff in Community Learning Disability Services	Sharon Horne Merchiston Hospital, Brookfield
People with Intellectual Disabilities (ID) and Health Care: What is Important to Service Users?	Dawn Lawson University of Huddersfield
Eye-tracking and Video Analysis: Evidence of Authorship of Users of Facilitated Communication	Andy Grayson Open University
Obtaining Informed Consent from Adults with Learning Disabilities Referred for Psychological Therapies by Means of an Information Video	Biza Kroese University of Birmingham

Day 2: Friday 12th December

Session 4
9.15-10.15

Chair: Dr John Taylor

A Comparative Study of Sleep/Wake Processes in People with Learning Disabilities with and without Autistic Spectrum Disorders	Dougal Hare University of Manchester
Sleep Disturbance in Children with Rett Syndrome: A Qualitative Investigation of the Parental Experience	Alyson McDougall University of Glasgow
Emotion Recognition in Children with Down's Syndrome: Specific Impairments and Error Patterns.	Katie Williams University of Edinburgh

Session 1

Title An Evaluation of Positive Behavioural Support for people with Very Severe Challenging Behaviours in Community-Based Settings

Authors Brian McClean Margaret McCracken Ian Grey

Affiliation Brothers of Charity, Roscommon (bmclean@indigo.ie)

Abstract

Objectives

- This study evaluates the implementation of Positive Behavioural Supports to five individuals with the most severe challenging behaviours resident within the county in a community based service.
- Identifies systems of support required for people with exceptional behavioural challenges

Design

- Multiple baseline across individuals

Methods

- Direct observation of target behaviour
- Analysis of medication
- Mini PAS (schedule of psychiatric symptoms)
- Quality of life Questionnaire

Results

- Evidence of efficacy of positive behavioral support
- Medication rates reduced by 66%
- Psychiatric symptoms reduced for 4 people
- Significant lifestyle improvements for 3 people
- Staffing ratios decreased by 12.7% and 25%

Conclusions

People with challenging behaviour can be supported without recourse to special treatment units if there is

- Individualised Costing
- Positive Behavioural Support
- Proactive Mental Health Review
- Crisis response system

Session 1**Title** Outcomes of Person Focused Training: A Control Group Study**Authors** Ian Grey Brian McClean**Affiliation** Trinity College, Dublin (igrey@tcd.ie)**Abstract****Objectives**

To evaluate the efficacy of Person Focused Training as a model of service delivery in providing supports to individuals with challenging behaviour.

Design

A non-randomised control group design was used. Two groups of clients with challenging behaviours were identified (Target N=30 and Control N=30). The target group consisted of service users for whom staff would complete a training course in multi-element behaviour support over a six month period. No staff training or other psychological interventions were implemented for the control group.

Methods

The Checklist of Challenging Behaviour was administered to both groups prior to the onset of training and on completion of training six months later. Unit equivalences of psychotropic medication were calculated at pre and post training for both groups. Direct behaviour recording was implemented for the target group across the six month period.

Results

Significant reductions in the frequency, severity and management difficulty of challenging behaviour were reported for the target group but not for the control group. No significant reductions in prescription of psychotropic medication occurred for either group across the six month period.

Conclusions

Person focused training is an effective model of service delivery for individuals with challenging behaviours.

Session 1**Title** Differential diagnosis of seizures and stereotyped behaviours**Authors** Audrey Espie Colin A. Espie Marc C. Obonsawin**Affiliation** Old Johnstone Clinic, Johnstone (audrey.espie@renver-pct.scot.nhs.uk)**Abstract****Objectives**

Both seizures and stereotyped behaviours (stereotypies) frequently co-present in people with learning disabilities. Partial seizures, in particular, closely resemble stereotypies. This study explored the hypothesis that there may be a neurological relationship between the phenomena.

Design

A considerable proportion of this study was descriptive. The study design incorporated three groups i.e. a between groups comparison of three independent samples (stereotypy, stereotypy and epilepsy and epilepsy). The independent variables were the presence or absence of stereotypy and the presence or absence of epilepsy. The dependent variables were neurophysiological indices.

Methods

31 adults with a learning disability and either stereotypy (n=9), epilepsy (n=11) or both (n=11) received electroencephalogram (EEG) recordings using Electro-Cap equipment. EEG is the most common diagnostic aid in epilepsy and uses scalp electrodes to detect wave formations in four categories – alpha, beta, theta or delta. Periods of stereotypies, epileptiform activity and normal background were compared both within and across subjects as they occurred in a 20 minute recording.

Results

Both multivariate and univariate analyses were conducted and there was no evidence to support the hypothesis that stereotypies are associated with similar EEG changes to epileptiform activity.

Conclusions

There is no neurophysiological evidence from this study to support the view that stereotypies are seizures originating outwith the frontal lobes. However, frontal lobe seizures are extremely difficult to detect using surface electrodes therefore, this merits further investigation in a larger sample.

Session 1

Title Raven's matrices performance in Down syndrome: Evidence of unusual errors

Authors Deborah Gunn Chris Jarrold

Affiliation University of Stirling (d.m.riby@stir.ac.uk)

Abstract Objectives

Compare the errors made by Down syndrome, typically developing and moderately learning disabled participants on the Raven's Matrices task. When the groups make the same *number* of errors do they make the same *type* of errors?

Design

The study matched three groups (Down syndrome n=39, Moderate Learning Disability n=62, Typically Developing n=50) on Raven's Matrices task performance and compared each groups contribution to four error categories.

Methods

Erroneous responses were classified according to pre-defined error categories, namely; 'difference', 'repetition of a figure', 'incomplete correlates' and 'inadequate individuation'. Groups were matched on overall task performance and the proportion of each error type for each group was assessed. Additionally, an age-related correlation analysis investigated whether error patterns changed with age for each group.

Results

Analyses revealed that Down syndrome participants produced a significantly different error pattern to comparison groups. The Down syndrome group produced significantly fewer 'repetition of a figure' errors and more 'inadequate individuation' and 'difference' errors than the comparison groups. Error patterns revealed that with increasing age, typically developing participants produced fewer 'difference' and 'inadequate individuation' errors and more 'repetition of a figure' and 'incomplete correlates' errors. However, with age the pattern of errors produced by Down syndrome participants did not change.

Conclusions

Down syndrome participants were not producing error types appropriate for their chronological age, or their level of task performance. Possible explanations in terms of problems of integration of perceptual information, reduced visual acuity, and lax task completion criteria in Down syndrome were considered.

Session 2

Title Attention to causal events in infants with and without Down Syndrome: a longitudinal study

Authors Derek Moore John Oates Julia Goodwin Peter Hobson

Affiliation University of East London (d.g.moore@uel.ac.uk)

Abstract Objectives

The ability to detect the causal structure of events has important implications for social and cognitive development. It has been argued that the emergence of this capacity is dependent on an innate attentional bias towards events that have the particular timing and proximity (spatio-temporal properties) that specify them as causal – typified by one ball colliding with another and launching it into motion. Furthermore, it has been proposed by some that early in development the detection of causal structure in events may involve innately specified, encapsulated, modular cognitive architecture. However, other accounts have highlighted the role that the efficient harnessing of general attentional capacities plays in the continued development of causal perception. To date causal perception has not been studied in infants with Down syndrome (DS). On the one hand infants with DS are thought to have some relatively spared social-perceptual capacities, but on the other, these infants have known attentional constraints. Thus, we might predict spared initial biases towards causal events, but also differences in the continued development of causal sensitivity in infants with DS.

Design

To investigate this issue we used an infant-control habituation procedure to explore longitudinally the developing sensitivity of two MA-matched groups of infants with and without DS to the spatio-temporal aspects of a series of computer-animated causal and non-causal, ‘launching’ events involving collisions and distant ‘interactions’ between two coloured circles. 17 Infants with DS were tested at 6-, 12- and 18-months of age and 41 MA-equivalent TD infants when 4-, 7- and 10-months-old.

Results

We found evidence that infants with DS were able to discriminate causal from non-causal events at six months of age but that they differed from TD infants in their developing discrimination of the spatio-temporal properties of the non-causal events. Infants with DS also differed markedly in their attentional profiles from both CA- and MA-comparable TD infants during the tasks; showing reduced initial attention to the dynamic displays, longer latencies to respond, higher drop-out rates and a reduced tendency to attend during the critical moment of the event when the collision or interaction occurred - ‘the launching window’.

Conclusions

The data provide new evidence for differences in the attentional profiles of infants with DS when examining dynamic displays, alongside evidence for some sparing in early sensitivity to causal events. Implications will be drawn from this data for theories of the development of modularized functions in infants with and without Down syndrome.

Session 2**Title** Parental support for counting in children with Down syndrome**Authors** Joanna Nye Michael Fluck Sue Buckley**Affiliation** The Down Syndrome Educational Trust, Portsmouth
(jo.nye@downsed.org)**Abstract****Objectives**

To present results of a longitudinal study which has investigated the development of counting skills in a group of children with Down syndrome (DS) and the role of parental support in this.

Design

The children took part in experimental tasks, which were repeated three times over two years in order to follow development. Tasks were conducted in two conditions: without support and with parental support.

Methods

Participants in the study were 22 children with DS (CA: 3.5 – 7 years at start of study) and 21 children without disabilities (CA: 2 – 4 years), and their parents. The two groups were matched for non-verbal mental age; at the start of the study these ranged from 2 to 4 years. Tasks included count word sequence production, object counting and giving requested set sizes. Parental support provided during count tasks and in free-play was coded.

Results

Analysis of variance revealed that the typically developing children had significantly longer count word sequences, than the DS group. However, when counting or giving sets there were no differences between the groups. Counting performance improved equally in the two groups when provided with parental support, and the support provided by the two groups of parents was similar. Cross-lagged regression analysis indicated that parental support did not effect counting skills longitudinally.

Conclusions

Counting skills in the children with DS developed in line with non-verbal mental age. In addition, while parental support improves counting performance in the short-term, it does not seem to have influenced longer term development.

Session 2

Title Specific and Non-specific effects of Discrete Trial Instruction in a Young Child with Autism

Authors Elin Walker Jones Charles Mace

Affiliation Royal Alexandra Hospital, Rhyl
(Elin.walker-jones@cd-tr.wales.nhs.co.uk)

Abstract**Objectives**

This study systematically evaluated the effects of Discrete Trial Instruction (DTI) on skills targeted for intervention, e.g. preverbal communicative and cognitive skills. The effects of DTI on social skills not targeted for instruction were also evaluated, and also evaluated the effects of DTI on inappropriate behaviours.

Design

Multiple baseline designs across targeted skill sets were utilised within a single case design. The non-targeted skills were evaluated utilising a correlational design.

Methods

The participant was a 2 year old girl with Autism. The author and six undergraduates carried out DTI intensively for eight three – hour sessions per week, across ten weeks, with the participant. Eight preverbal programmes were taught, five cognitive programmes and one self-help programme. Pro-social skills monitored included Orientation, Spontaneous Communication, and Spontaneous Play. Inappropriate behaviours monitored included Aggression, Disruption, Stereotypy and Inappropriate Vocalisation.

Results

Targeted skills improved across all programmes. There were increases in some Pro-social skills within some programmes, e.g. Orientation in Imitation programmes. There were decreases in some Pro-social skills within some programmes, e.g. Spontaneous Communication and Spontaneous Play in Self Help. There were decreases in most Inappropriate behaviours across a range of programmes.

Conclusions

DTI was an effective method for teaching this child new skills. Orientation could be viewed as part of a behavioural chain that led to imitation. Some Pro-social skills are incompatible with skill development on some programmes. Inappropriate behaviours decreased when this child learnt new, adaptive skills.

Session 2

Title Social skills in adolescents with autism: testing the specificity of the deficit, and development of a DVD training intervention.

Authors Katie Haddock Robert Jones Steve Noone

Affiliation University of Wales Bangor (r.s.jones@bangor.ac.uk)

Abstract **Objectives**

The main objective of this study was to design and pilot a DVD for testing social skills deficits in adolescents with autism and teaching awareness of these deficits in typical social interactions.

Design

The study compared 14 individuals with autism, 10 individuals with no disabilities (ND) and eight individuals with intellectual disabilities (ID) on ability to judge the social appropriate/inappropriateness of 12 scenarios on DVD. The 14 individuals with autism were then trained with six of the previous scenarios and eight new scenarios using a delayed comparison design (n=8 and n=6). Both autism groups were then re-tested using the original 12 scenarios.

Results

Individuals with autism were significantly worse than individuals with ID or ND at identifying appropriate/inappropriate social scenarios. The severity of autistic symptoms negatively impacted on performance. The trained autism groups significantly improved their scores on both trained and untrained scenarios.

Conclusions

There seems to be considerable potential in using DVD/computer-based intervention with adolescents with autism.

Session 3

Title Positive Perceptions Held by Support Staff in Community Learning Disability Services.

Authors Sharon Horne Richard Hastings

Affiliation Merchiston Hospital, Johnstone (sharon.horne@renver-pct.scot.nhs.uk)

Abstract Objectives

Existing research has focused on variables associated with support staff stress. However, there has been little attention to the possibility that staff may also experience a number of positive outcomes or perceptions. The aim of the present study was to provide some: 1. Descriptive data pertaining to the existence of perceptions of positive contributions amongst support staff, and; 2. Preliminary data about the properties of a measure that might be used in future research.

Design

This was an exploratory study.

Methods

101 support staff working with adults with a learning disability completed measures of burnout, mental health, and a new measure: the Staff Positive Contributions Questionnaire (SPCQ). Staff were included in the study if they met the criterion of spending the majority of their working day in “activities that involve the daily care and supervision of residents”.

Results

A range of positive perceptions were endorsed by participants, including positive outcomes for their own personality (e.g., increased sensitivity), general positive affect (e.g., fun, and uplifting), positive effects for the staff team (e.g., bringing the group closer together), and positive effects on staff social lives (e.g., an increased social network). The SPCQ also had promising internal consistency (Cronbach’s alpha = .92), test-retest reliability ($r(14) = .81$), and construct validity.

Conclusions

The present study confirms that staff report a range of positive perceptions of their work and its impact. Thus, further research with the SPCQ is warranted.

Session 3

Title People with intellectual disabilities (ID) and health care: what is important to service users?

Authors Dawn Lawson

Affiliation University of Huddersfield (d.lawson@hud.ac.uk)

Abstract**Objectives**

A specialist health centre has been developed in the North of England which provides treatment and screening services exclusively for people with ID. The aim of this research was to gain an understanding of what is important to people with ID regarding their health care appointments.

Design

This research is of a qualitative nature as it is concerned with the individual experiences of service users.

Methods

The researcher observed 15 appointments at the health centre, followed by 15 semi-structured interviews with service users. The interviews were transcribed verbatim and analysed using QSR NVivo and template analysis.

Results

One of the main themes emerging from the analysis was how far the service user felt they could trust the clinician, both in terms of the quality of treatment they received, and being accurately informed of what to expect. Another theme was that of familiarity, this was an important part of the service user/clinician relationship. The more familiar a service user was with a clinician the more treatment could be undertaken. Similarly, how familiar a service user was with the treatment was an important factor in affecting how much treatment they would allow.

Conclusions

The findings indicate that how treatment is delivered is crucial in improving the health care experiences of people with ID. Consistent staffing and gentle introductions to treatment are crucial for service users to develop trust in a clinician and allow treatment to be undertaken.

Observing the appointment prior to interviewing the service user was extremely invaluable in the interview process, as this allowed direct questioning on very specific interactions between service users and clinicians.

Session 3

Title Eye-tracking and video analysis: evidence of authorship of users of facilitated communication.

Authors Andy Grayson Lynne Barton

Affiliation The Open University (a.grayson@open.ac.uk)

Abstract **Objectives**
To investigate authorship in facilitated communication (FC) by means of structured, quantifiable, non-experimental methods.

Design

The eye-tracking investigation involves six case studies. The video analysis (incomplete) uses a correlation design involving the same six participants.

Methods

Six adult FC users with autism and severe communication disabilities participate. A remote eye-tracking device recorded moment-by-moment eye movements of one participant while he typed. Head movements prevented equipment calibration for the other participants. The video analysis (frame-by-frame microanalysis) involves structured coding that produces precise measurements of hand movement speeds (accurate to at least 0.1 secs) for the FC users working with different facilitators. Movement 'profiles' for each FC user are compared across facilitators. Movement profiles for each facilitator are compared across FC users. To date over 20,000 coding judgements have been made on some 60 FC sessions.

Results

The participant on whom the eye-tracking device was calibrated gave clear evidence of looking at the letters that were typed (in well formed sentences) in advance of touching them. The video analysis shows that consistencies in speed of hand movement during typing reside within the FC users rather than within the facilitators (two from six analyses undertaken to date).

Conclusions

The eye-tracking findings give strong evidence of surprising levels of literacy in an adult thought to have severe learning difficulties. The data from the video analyses are suggestive of FC user authorship, and 'problematise' the assumption of facilitator influence.

Session 3

Title Obtaining informed consent from adults with learning disabilities referred for psychological therapies by means of an information video.

Authors Biza Stenfert Kroese Andy Dunn Pip Drew

Affiliation University of Birmingham (b.stenfert-kroese@bham.ac.uk)

Abstract Objectives

To evaluate the effectiveness of presenting a video (containing ten points relevant to the therapeutic process) in improving the knowledge of adults with mild and moderate learning disabilities.

Design

A with-in group, before/after (the presentation of the video) comparison of the number of correct answers to a knowledge questionnaire was conducted in order to establish whether participants' performance increased and whether this varied for the ten questions.

Method

Twenty (sofar) participants were individually presented with the video. A comprehension test was administered at three separate occasions: before (1st), during (2nd) and after (3rd) the video presentation. The 2nd administration was presented in three separate parts at appropriate intervals during the presentation of the video.

Results

Related T-tests indicated that the participants' knowledge scores were significantly higher for the 2nd and 3rd comprehension test. Performance decreased from the 2nd to the 3rd comprehension test but this difference was not statistically significant. Topics for which scores improved most related to therapists' and clients' roles in therapy and the right to end treatment. Issues which were least understood included confidentiality and its limits, psychologists not prescribing drugs, and how decisions are made in therapy.

Conclusions

Obtaining truly informed consent requires carefully planned presentation of information and assessment of comprehension. Information on psychological interventions is best presented in 'chunks', with comprehension tested before the next piece of information is shown. The results will be discussed in the context of clinical and ethical implications.

Session 4

Title A comparative study of sleep/wake processes in people with learning disabilities with and without autistic spectrum disorders.

Authors Dougal Hare Kate Evershed Steven Jones

Affiliation University of Manchester (dougal.hare@man.ac.uk)

Abstract**Objectives**

- To investigate sleep/wake patterns and circadian functioning in people with learning disabilities using non-intrusive objective measures in non-clinical settings
- To investigate any differences, if any, in the sleep/wake patterns of people with autistic spectrum disorders, with and without learning disabilities as compared to people with learning disabilities and no autistic spectrum disorders
- To investigate any differences, if any, in the circadian cycles of people with autistic spectrum disorders, with and without learning disabilities as compared to people with learning disabilities and no autistic spectrum disorders
- To investigate possible associations between sleep/wake patterns and circadian functioning and daytime activity in people with learning disabilities with and without autistic spectrum disorders

Design

A cross-sectional community-based study was carried out, with three groups of participants being recruited from local statutory and charitable services:

- People with learning disabilities (n= 17)
- People with learning disabilities and autistic spectrum disorders (n= 14)
- People with autistic spectrum disorder and no learning disability (n= 10)

Participation in the study was for up to 10 days for each participant.

Methods

1. Sleep/wake patterns and circadian functioning were recorded using a Cambridge Neurotechnology 'Actiwatch' worn by the participant for up to 10 days
2. Demographic information and measures of daytime activity, autistic symptomatology and degree of challenging behaviour were collected from the principal carer / keyworker
3. A measure of receptive communication was obtained from each participant where possible

Results

The results indicated that there were statistically significant differences between the three groups on three measures of sleep quantity (mean actual sleep, standard deviation sleep efficiency & standard deviation actual sleep) and a measure of sleep quality (fragmentation). No significant differences were found with regard to other measures of sleep quantity (mean latency, mean sleep efficiency and mean actual sleep). Statistically significant differences were also found between groups on one measure of circadian functioning (relative amplitude), but not on others (intradaily stability, intradaily variability & periodicity). These findings held when the data was collapsed into ASD / non-ASD groups.

With regard to daytime activity, initial correlational analysis indicated a number of significant associations between measures of sleep quality (standard deviation fragmentation x stereotyped behaviour; mean actual sleep x hyperactivity; mean actual sleep x challenging behaviour) and circadian functioning (intradaily stability x social withdrawal), these results holding when group membership is controlled.

Conclusions

The preliminary results from the current study represent the first attempt to investigate these processes in adults with learning disabilities and/or autism. As such, they provide initial data to use in determining which sleep and circadian parameters may be clinically and/or theoretically relevant with regard to these groups of service users.

Session 4

Title Sleep Disturbance in Children with Rett Syndrome: A Qualitative Investigation of the Parental Experience

Authors Allyson McDougall Colin Espie Alison Kerr

Affiliation University of Glasgow (0003921g@student.gla.ac.uk)

Abstract **Objectives**

To explore the experience of parents of children with Rett syndrome and sleep disturbance using a qualitative methodology.

To provide a framework for understanding parents' perspective within the context of existing models.

Design

Empirical research on parental beliefs about sleep disturbance in children with intellectual disability is lacking. Given the potential maintaining role of parental behaviours, along with the difficulties for parents in complying with otherwise effective interventions, research on the parents' perspective is needed. A qualitative methodology was implemented to investigate this previously unexplored area because this allows a 'bottom-up' approach rather than imposing predetermined concepts.

Methods

Nine families were recruited through their positive response to the item regarding sleep disturbance in the UK Rett Survey questionnaire, which is routinely distributed to all carers of individuals with Rett syndrome. Audio-taped interviews were conducted and transcripts were analysed by theoretical coding to develop categories and themes, facilitated by the computer package QSR NUD*IST.

Results

Themes and sub-themes were identified in the areas of 1) parents' beliefs about sleep problems, 2) coping with sleep problems and 3) emotions, and an interactional model of the 3 systems was proposed.

Conclusions

An interactional model of parental beliefs, coping and emotions in relation to sleep disturbance in children with Rett syndrome is consistent with existing theoretical models. Further research is required to test out the applicability of this conceptual framework to parents of children with other aetiologies of intellectual disability.

Session 4

Title Emotion recognition in children with Down's syndrome: specific impairments and error patterns.

Authors Katie Williams Tom Pitcairn Jennifer Wishart Diane Willis

Affiliation University of Edinburgh (Katie.Williams@ed.ac.uk)

Abstract**Objectives**

Relatively superior social skills are often thought to be an integral feature of the Down's syndrome (DS) behavioural phenotype. However children may experience problems with some specific aspects of social interaction. This study sought to expand on previous research suggesting that recognition of facial expressions of emotion may be one such area of difficulty.

Design

A simple, non-verbal matching task with photographs of facial expressions was used to explore the specific emotions that children might find difficult to recognise or might confuse with each other. The relations between emotion recognition ability and cognitive, linguistic and adaptive behaviour levels were also investigated.

Methods

Thirty-four children with DS aged 7-17 years and four control groups participated: typically developing (TD) children and children with non-specific intellectual disabilities (NSID) matched to the DS group on mental age and TD and NSID groups matched to the DS group on a standardised facial recognition task. All children were given the emotion-matching task and standardised assessments of cognition, language and adaptive behaviour.

Results

Children with DS were less able than both TD control groups on the emotion-matching task, with deficits specifically in relation to the recognition of fear. Task performance was correlated with measures of cognition and language in the NSID and TD control groups but not in the DS group.

**Poster Session: Godfrey Thomson Hall,
Thursday 11 December, 17.00 – 19.00**

Alphabetical list of presenters (first authors only)				
Surname	First Name	Affiliation	Poster Title	Identifying No.
Baylis	Pamela	University of York	The reading skills of children with Down syndrome attending mainstream schools. Results of a 4-year longitudinal study	(1)
Bradshaw	Jill	University of Kent	Implementation and evaluation of active support	(2)
Chadwick	Darren	Manchester Metropolitan University	Adherence to Eating and Drinking Guidelines for Adults with Intellectual Disabilities and Dysphagia	(3)
Cuthill	Fiona	Old Johnstone Clinic	Development and psychometric properties of the Glasgow Depression Scale for people with a learning disability	(4)
Dagnan	Dave	North Cumbria NHS Trust	Testing a cognitive-emotional model of carer response to aggression, self-injury and stereotypic behaviour in people with a learning disability	(5)
Dickson	Kate	Lancaster University	Self-reported anti-social behaviour: prevalence and risk factors amongst adolescents with and without intellectual disability	(1: large blue boards)
Elliot	Johan	Lancaster University	Self-Reported Friendships among Adolescents with and without Intellectual Disabilities	(2: large blue boards)
Emerson	Eric	Lancaster University	Self-Reported Smoking and Alcohol Use among Adolescents with and without Intellectual Disabilities	(3: large blue boards)
Hill	Christopher	University of Wales Bangor	Expressed Emotion in Fathers of Children with Intellectual Disabilities	(6)
Laws	Glynis	University of Oxford	Contributions of phonological memory, hearing loss and language comprehension to the expressive language abilities of adolescents and young adults with Down syndrome	(7)
Lindsay	Bill	State Hospital, Carstairs	Three studies investigating the discriminative validity and convergent validity of the questionnaire on attitudes consistent with sexual offending	(8)

Surname	First Name	Affiliation	Poster Title and Identity Number
Matheson	Edith	Royal Scottish National Hospital	Emotional understanding in aggressive and non-aggressive individuals with a mild and moderate learning disability (9)
McDowell	Kathryn	North Cumbria NHS Trust	The psychometric properties of the Hospital Anxiety and Depression Scale used with people with learning disabilities (10)
Melville	Craig	University of Glasgow	Obesity in adults with Down syndrome: a case control study (11)
Moffat	Vivien	University of Edinburgh	Experiences and perceptions of mothers of young people with mild learning disabilities: autism screening data on 100 young people (12)
Oathamshaw	Stephen	University of Manchester	Outcomes from a Mental Health Promotion Group for People with Learning Disabilities (13)
Pert	Carol	ALDT, Castlemilk, Glasgow	Self perceptions and views of the Aggressive identity: Relevance to problems of Aggression for Individuals with mild intellectual disabilities (14)
Phillips	Moira	Old Johnstone Clinic	Theory of mind and concept of death in children with autistic spectrum disorder (15)
Swinton	John	University of Aberdeen	The Spiritual Lives of People with Learning Disabilities (4: large blue boards)
Taylor	John	University of Northumbria	Development of a scale for measuring personality disorder in male offenders with mild and borderline intellectual disabilities (ID) (16)
Turner	Susie	Lancaster University	Religious expression amongst adults with learning disabilities: A qualitative exploration (5: large blue boards)
White	Richard	Bro Morgannwg NHS Trust	Memory as an artefact in the assessment of suggestibility (17)
Wigham	Sarah	Lancaster University	Developing measures of core competencies and job performance in residential support staff working with people with learning disabilities (6: large blue boards)
Willis	Diane	University of	The benefits of peer collaboration for children

		Edinburgh	with intellectual disabilities (18)
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1

- Title** The reading skills of children with Down syndrome attending mainstream schools: Results of a 4-year longitudinal study
- Authors** Pamela Baylis Margaret J. Snowling Peter J Hatcher Kristina Goetz
- Affiliation** University of York (baylis1@supanet.com)

Abstract**Objectives**

To survey the reading skills of a group of children with Down syndrome (DS) attending mainstream schools over a 4-year period.

To assess the changes in reading skill over a 4-year period.

Design

This was a longitudinal survey where each participant was assessed on 2 occasions over a 4-year period.

Methods

40 children with Down syndrome were recruited via the special needs registers, in 2 Local education authorities (LEA). Each participant had received at least two years formal reading instruction, was aged over 7 and attended mainstream school full-time. 10 of the 40 children received an intensive reading training programme between time 1 and time 2. An assessment battery comprising reading, phonological and cognitive tasks was administered at time 1 and time 2 for each participant

Results

The results at Time 1 show that the DS cohort could be divided into 4 distinct reading groups. The DS group show evidence of the use of phonological skills in reading. There was evidence of a specific rhyme deficit. Preliminary analysis of the results at time 2 show an improvement in reading skill. The training programme group showed statistically significant improvements in reading, spelling and comprehension skills but not in rhyme sensitivity.

Conclusions

The study shows there is considerable variation in the reading skills of children with DS. There is a consistent significant contribution of phonological skill. There is evidence of a consistent specific deficit in rhyme. A specific training programme can be effective in improving reading and phonological awareness in children with DS. The implications of the results of this study for future work are discussed.

2

Title Implementation and evaluation of active support**Authors** Jill Bradshaw Peter McGill Rachel Stretton Amanda Kelly-Pike,
Jane Moore Susan Macdonald Zoe Eastop Bob Marks**Affiliation** University of Kent (P.McGill@kent.ac.uk)**Abstract Objectives**

To evaluate the impact on staff contact, engagement and challenging behaviour of an active support model in community houses for people with severe learning disabilities.

Design

Comparison of staff and client outcomes before and after intervention and against a comparison group of other houses. This design provided additional controls to those used in previous research.

Methods

All clients were initially living in a small institution. Clients were placed in community houses in small groups according to the service commissioner and provider's assessment. There were 10 clients in 3 active support houses and 12 in 3 comparison houses. Active support houses were identified in collaboration with the service commissioner and provider on the basis of service need. Active support training included classroom and on-the-job components. Measures included direct observation and staff perceptions.

Results

Engagement, staff contact and challenging behaviour were compared by t-test in active support houses (before and after training) and between active support and comparison houses. There were significant increases in engagement and non-significant increases in staff contact and challenging behaviour in active support houses. In comparison houses there were non-significant decreases in all measures. Staff rated training as at least satisfactory and found it easier to implement active support methods after training.

Conclusions

In replication of previous results, active support training was found to be a useful intervention in services for people with severe learning disabilities. More attention may need to be given to increased staff involvement in the training and implementation process.

3

Title Adherence to Eating and Drinking Guidelines for Adults with Intellectual Disabilities and Dysphagia

Authors Darren Chadwick Jane Jolliffe Juliet Goldbart Mark Burton

Affiliation Manchester Metropolitan University (d.d.chadwick@mmu.ac.uk)

Abstract**Objectives**

To investigate adherence to recommendations, in the form of dysphagia guidelines, devised by Speech & Language Therapists (SLTs) for adults with intellectual disabilities, by the intellectually disabled adult and/or their supporting caregiver.

Design

The study was primarily observational in nature, although structured interviews and medical records were also utilised.

Method

Participants: Forty pairs of adults with learning disability diagnosed with dysphagia and their caregivers.

Procedure: Training on the guidelines was conducted on an individual basis by SLTs. Observations were then made of 40 adults with intellectual disabilities and dysphagia having a meal and a drink, across four settings: day centres, family homes, public sector residential homes and private sector residential homes. In addition to looking at overall adherence, guidelines were split into separate sections corresponding to consistency modification of food and drinks, physical positioning, use of equipment and utensils, and support and prompting recommendations.

Results

Adherence to SLT recommendations was generally high, particularly with regard to consistency modification which can help reduce the risks of aspiration and asphyxiation. However, adherence to support and prompting recommendations was relatively poor in all residential settings. Significant differences in adherence were found across settings and between people who were fed by caregivers and those who were self feeding. Caregivers in the day centres adhered to the recommendations made by SLTs to significantly greater degree than caregivers in family homes and private sector group homes. Adherence was significantly greater among caregivers supporting people who were dependent in eating and drinking.

Conclusions

The findings have implications for the areas in which SLTs should focus efforts to improve adherence to dysphagia guidelines. Of particular importance is promoting adherence to support and prompting guidelines relating to pacing, positioning and awareness of swallowing as this can help prevent aspiration and asphyxiation.

4

Title Development and psychometric properties of the Glasgow Depression Scale for people with a learning disability

Authors Fiona Cuthill Colin A Espie Sally-Anne Cooper

Affiliation Old Johnstone Clinic, Johnstone (fiona.cuthill@renver-pct.scot.nhs.uk)

Abstract Title Development and psychometric properties of the Glasgow Depression Scale for people with a learning disability.

Objectives

There is no reliable and valid self-report measure of depressive symptoms for people with learning disabilities. This paper aims to develop a scale for individuals with a learning disability, and a supplementary scale for carers to measure the presence of depressive symptomatology.

Design

A self-report questionnaire study on individuals with and without learning disabilities and depression, and their carers. The scale was subjected to extensive field testing and psychometric analysis.

Methods

Items were generated from a range of assessment scales and through focus groups. A draft scale was piloted and field tested using matched groups of people with learning disabilities with (n=19) and without (n=19) depression and their carers (n=76). The scale was also administered to a group without learning disabilities (n=27) for criterion validation.

Results

The Glasgow Depression Scale for People with a Learning Disability (GDS-LD) differentiated depression and non-depression groups, correlated with the Beck Depression Inventory – II ($r=0.88$), had good test-retest reliability ($r=0.97$) and internal consistency (Cronbach's $\alpha=0.90$), and a cut-off score (13) yielded 96% sensitivity and 90% specificity. The Carer Supplement was also reliable ($r=0.98$; $\alpha=0.88$), correlating with the GDS-LD ($r=0.93$).

Conclusions

Both scales appear useful for screening, monitoring progress and contributing to outcome appraisal.

5

Title Testing a cognitive-emotional model of carer response to aggression, self-injury and stereotypic behaviour in people with a learning disability

Authors Dave Dagnan Christine Watson Mari Cairns

Affiliation North Cumbria NHS Trust (dave.dagnan@ncumbria.nhs.uk)

Abstract

Objectives

Previous studies have provided some support for cognitive-emotional models of carer behaviour in response to challenging behaviour of people with learning disabilities. However, it has been suggested that the role of attributions and emotions might be strongest in behaviours such as aggression and a recent paper failed to find a mediated effect of attributions and emotions on carer responses to self-injurious behaviour. This poster models a cognitive-emotional (attribution) model applied to carers of people with learning disability in response to three topographies of challenging behaviour; aggression, self-injury and stereotypy.

Design

A correlation study using vignettes to assess attributions, emotions and potential helping response.

Methods

One hundred and fifty carers completed questionnaires recording their attributions (internality, control, stability and globality), emotional responses (anger, sadness, happiness, sympathy, disgust and fear) and potential helping intention in response to short vignettes outlining aggressive, self-injurious and stereotypic behaviour in people with learning disabilities.

Results

This poster presents correlation and regression analyses that explore the cognitive-emotional model. A cognitive-emotional model is broadly supported, however the specific attributions, which are most important in predicating emotions, vary across behaviours.

Conclusions

Attribution research predicts that interpersonal behaviours such as aggression would be interpreted as more controllable because of the 'personalisation bias' whereas intrapersonal behaviours such as self-injury and stereotypy would be interpreted as less personalised and thus as less controllable. This is supported by the current analysis. The poster will highlight implications for carer training and model of carer behaviour.

1: large blue boards

Title Self-reported anti-social behaviour: prevalence and risk factors amongst adolescents with and without intellectual disability

Authors Kate Dickson Eric Emerson Chris Hatton

Affiliation Lancaster University (katew@btinternet.com)

Abstract Objectives

(a) To compare adolescents with and without intellectual disabilities across a range of sub-types of anti-social behaviour and (b) to examine which variables appear to be associated with increased risk of anti-social behaviour in adolescents with and without intellectual disabilities.

Design

A secondary analysis of data relating to self-reported anti-social behaviour, obtained from the 1999 Office for National Statistics (ONS) study of the mental health of children and adolescents in Great Britain (Meltzer, Gatward, Goodman, & Ford, 2000).

Methods

Self-report data from 4174 adolescents was available. Within this group, a sub-group of 98 adolescents with ID was identified. Data covered a variety of sub-types of anti-social behaviour. Bivariate analyses were used to compare prevalence of self-reported behaviour between individuals with ID and those without ID. Possible risk factors for anti-social behaviour were identified and examined across the two groups.

Results

Comparisons of individuals with ID and those without ID indicated a significantly higher prevalence of self-reported anti-social behaviour in the ID sample. Risk factors appeared to be largely similar across the two groups.

Conclusions

The discrepancy in prevalence of anti-social behaviour between the two groups is discussed and possible explanations for this are addressed. The results of this study highlight that a more thorough understanding of predictive and protective factors for anti-social behaviour by individuals with intellectual disability is likely to greatly enhance the possibilities for effective, timely interventions for this vulnerable group of the population.

2: large blue boards

Title Self-reported friendships among adolescents with and without intellectual disability

Authors Johan Elliott Eric Emerson

Affiliation Lancaster University (j.elliott2@lancaster.ac.uk)

Abstract Objectives

To compare the nature of self-reported friendships in adolescents with and without Learning Disabilities.

Design

Data was obtained from the major study of the mental health of children and adolescents in Great Britain (Meltzer, Gatward, Goodman & Ford, 2000) which was conducted by the Social Survey Division of the UK's Office for National Statistics. The study collected brief information on self-reported friendships among adolescents with and without intellectual disabilities.

Methods

Self-reported friendships were examined among 95 adolescents with intellectual disabilities and 4,152 adolescents, aged 11-15, who did not have intellectual disabilities in England, Scotland and Wales. Other predictors of friendship activity (e.g. gender, poverty etc.) were also explored.

Results

Preliminary data indicates that although there was no significant difference in self-reported friendships, there were distinct disparities in friendship activities and confiding in friends, with 21% of adolescents with intellectual disabilities not being able to confide at all, compared with 5% of adolescents without intellectual disabilities.

Conclusions

Further analysis to explore factors associated with these differences will be undertaken.

3: large blue boards

Title Self-Reported Smoking and Alcohol Use among Adolescents with and without Intellectual Disabilities

Authors Eric Emerson

Affiliation Lancaster University (eric.emerson@lancaster.ac.uk)

Abstract **Objectives**
To determine rates and predictors of self-reported smoking and alcohol use among adolescents with intellectual disability.

Design

Nationally representative survey of 4,167 adolescents (aged 11-15) in Great Britain undertaken by ONS in 1999.

Methods

Secondary analysis of above survey. Self-report data collected by face-to-face computer assisted interview.

Results

Operational definition identified 95 adolescent participants as having an intellectual disability. Results indicated lower levels of alcohol use, but a trend towards increased rates of smoking among adolescents with intellectual disability. Distinct patterns of risk were associated with smoking and alcohol use among adolescents with intellectual disabilities. Smoking was closely associated with the experience of poverty. Alcohol use was associated with less punitive child management practices, higher carer educational level, carer mental health and the number of siblings living at home. Similar risk factors were identified for children who did not have intellectual disability.

Conclusions

Smoking and alcohol use represent significant health risks for young people with intellectual disability. The association between smoking and poverty suggests that socio-economic health gradients operating in the general population are also apparent among young people with intellectual disability.

6

Title Expressed Emotion in Fathers of Children with Intellectual Disabilities**Authors** Christopher Hill Alexandra Beck Richard Hastings**Affiliation** University of Wales Bangor (pspc2b@bangor.ac.uk)**Abstract****Objectives**

1. To explore the psychometric properties of the Five Minute Speech Sample (FMSS) as a measure of Expressed Emotion (EE) in fathers of children with intellectual disabilities.
2. To explore correlates of high vs. low paternal EE.

Design

Forty nine fathers, all of who had a child with a learning disability between the ages of 4 and 17, participated in the research. Fathers were recruited as a part of a large scale study of families in North Wales, the North West of England, and the West Midlands.

Methods

Telephone interviews were conducted to assess Expressed Emotion towards the child using the FMSS. Other paternal measures used were the Questionnaire on Resources and Stress, the Golombok Rust Inventory of Marital Satisfaction, and the Hospital Anxiety and Depression Scale. Child measures were the Vineland Adaptive Behaviour Scales, and the Behaviour Problems Inventory.

Results

Overall, 40% of fathers were classified as having high expressed emotion. Data for code-recode reliability of dimensions of the FMSS ranged between .62 and 1.0, and inter-rater reliability ranged between .58 and .81. There were no associations between paternal EE and father well-being variables or the child's adaptive behaviour. However, fathers with high EE rated both the frequency and severity of their child's self-injurious behaviour as higher than fathers with low EE.

Conclusions

The reliability data support previous research with mothers, and the use of the FMSS as a method of collecting data on EE. The study extended this reliability to include fathers of children with intellectual disabilities. Few associations were found between EE and other variables.

7

Title Contributions of phonological memory, hearing and language comprehension to the expressive language of adolescents and young adults with Down syndrome

Authors Glynis Laws

Affiliation University of Oxford (glynis.laws@psy.ox.ac.uk)

Abstract Objectives

Down syndrome is associated with language impairment. Language profiles are uneven with language expression typically more severely affected than language comprehension. This study investigated the contributions that phonological memory, hearing loss and language comprehension make to variation in the expressive language abilities of young people with Down syndrome.

Design

Correlational study based on measures for 30 young people with Down syndrome aged 10 – 24 years.

Methods

Expressive language was measured as mean length of utterance (MLU) based on narratives and recall of sentences. Phonological memory was assessed by nonword repetition, word repetition and by a verbal span task which required a pointing response. Hearing thresholds were measured using audiometry.

Results

After adjusting for chronological age, nonverbal abilities and word repetition, phonological memory made a substantial significant contribution to MLU. Hearing and language comprehension scores were not significantly correlated with expressive language measures for the individuals included in the analysis, but was an important factor in discriminating between them and seven individuals who were excluded because the narratives they produced were insufficiently intelligible for transcription. The narratives produced by individuals who wore hearing aids were not affected.

Conclusions

The expressive language development of individuals with uncorrected mild to moderate hearing loss is at risk. For individuals with better hearing, the most important factor in determining language progress appears to be phonological memory. After ensuring that hearing is maximised, either by the provision of aids or by modifications to ensure a quiet environment, it could be important to find ways to improve children's phonological memory.

8

Title Three studies investigating the discriminative validity and convergent validity of the questionnaire on attitudes consistent with sexual offending

Authors William R Lindsay Amanda M Michie Moira Scott

Affiliation The State Hospital, Carstairs (bill.lindsay@tsh.scot.nhs.uk)

Abstract **Objectives**

Over the last 10 years, theorists have considered cognitive distortions as a crucial element in the development and cycle of sexual offences. The QACSO has been developed to assess cognitive distortions in sex offenders with ID in the areas of rape, voyeurism, exhibitionism, dating abuse, homosexual assault, offences against children and stalking. Two studies (Broxholme & Lindsay 2003, Lindsay et al. In Press) have developed the QACSO to become an instrument which has good reliability, excellent internal consistency and which discriminates between sex offenders, other types of offenders and non-offenders. The QACSO is also sensitive to changes within treatment. This paper further investigates the measure's utility in two studies examining discrimination between groups of offenders, and a further study on the measure's convergent validity with another attitude assessment.

Design

The first study presented in this paper compares the profiles of 10 men who have committed sexual assault with 10 exhibitionists and 10 child molesters. The second study is a replication from another catchment area. In this study there were 12 subjects in each group. The third study, again from a separate population investigated the convergent validity with another sexual attitudes test: the Bumby Rape Scale (Bumby 1996). This study also correlated the overall QACSO scores with measures of sexual deviancy (Seto & Lalumier 2001) and measures of static risk appraisal (VRAG and SORAG, Quinsey et al. 1996).

Methods

All questionnaires were administered individually.

Results

Study 1. The profiles of the three groups indicate that only the offences against children scale differentiates the child molesters from the other two groups with the former scoring significantly higher.

Study 2. The findings of the first study are replicated. However, in addition, the child molesters also had significantly lower average scores on the rape scale.

Study 3. Correlations between the attitudinal measures were extremely high indicating a considerable degree of convergent validity. Correlations with the other measures were not significant.

Conclusions

The results are discussed in terms of the value of the QACSO as an attitudinal scale and as a scale for measuring change within treatment. The effectiveness of the QACSO as a measure of deviancy is also considered, along with its relationship to measures of risk appraisal.

9

Title Emotional understanding in aggressive and non-aggressive individuals with a mild and moderate learning disability

Authors Edith Matheson Andrew Jahoda

Affiliation Royal Scottish National Hospital (edith.matheson@fvpc.scot.nhs.uk)

Abstract **Objectives**

Deficits in emotion recognition have been linked with the expression of challenging behaviour, particularly aggression. However, the ecological validity of previous studies is limited, due to the use of simple stimuli presented out of context. The primary objective was to examine emotion recognition using both traditional measures and contextually rich, non-verbal tasks.

Design

This study includes two comparison groups, with a repeated measure design on three emotion identification measures, three control tasks and two psychometric measures.

Methods

New materials were developed for this study to investigate the emotion identification skills of 19 frequently aggressive and 15 non-aggressive adults with mild to moderate learning disability. In addition to photographs of faces alone, individuals displaying emotional expressions were also shown in context. A third task showed cartoon characters in interaction. Control tasks dealt with the intellectual demands of each condition.

Results

Emotion identification improved with increasing contextual cues across both aggressive and non-aggressive groups. Aggressive participants were found to be impaired relative to non-aggressive peers in their ability to label emotions in contextually rich photographs. A bias was also evident in the aggressive group, who were more likely to mislabel the target character's emotion as angry in the cartoon task.

Conclusions

The findings provide some support for the inclusion of emotion identification in anger management work, with an emphasis on socio-emotional cues. The results also highlight the importance of assessing possible cognitive distortions in aggressive individuals. The non-verbal task used in this research may provide an important tool to assess this in clinical practice.

10**Title** The psychometric properties of the Hospital Anxiety and Depression Scale used with people with learning disabilities**Authors** Kathryn McDowell John Masson Dave Dagnan**Affiliation** North Cumbria NHS Trust (kamcdowell@mac.com)**Abstract Objectives**

The Hospital Anxiety and Depression Scale was developed for use in populations where physical illness and disability might be expected to confound measurement of depression. This poster describes the adaptation of the Hospital Anxiety and Depression scale for people with learning disabilities. We present psychometric data for the scale from 95 people with mild learning disabilities.

Design

A cross sectional psychometric analysis of an adapted scale with concurrent validity assessed against a depression scale and a self-esteem scale.

Methods

The Hospital Anxiety and Depression Scale was adapted for people with learning disabilities and the adaptation was piloted in clinical practice. Subsequently ninety-five people with learning disabilities completed the adapted HADS, the Zung Depression Scale and the Rosenberg Self-esteem scale

Results

The adapted HADS has a factors structure that is consistent with the published factor structures of the scale with people without learning disabilities and has good internal reliability. The scale has excellent concurrent validity in respect to the Zung Depression Scale and the Rosenberg Self-esteem scale.

Conclusions

The HADS provides a brief but psychometrically sound and theoretically grounded self-report assessment of depression for people with learning disabilities. Two items in the HADS that relate to psychomotor agitation and psychomotor retardation (from the anxiety and depression subscales respectively) load less strongly into the two subscales. This is discussed in terms of the possible behavioural differences in the expression of depression for people with learning disabilities.

11**Title** Obesity in adults with Down syndrome: a case-control study**Authors** Craig A Melville Sally-Anne Cooper Catherine W. McGrother
Catherine F. Thorp Richard Collacott**Affiliation** University of Glasgow (cam13h@clinmed.gla.ac.uk)**Abstract Objectives**

To determine if there was a significant difference in the prevalence of overweight and obesity in adults with Down syndrome compared to controls matched for gender, age and accommodation type.

Design

The methodology used is a cross sectional, case-control study.

Methods

A detailed method was used to identify all adults with intellectual disabilities living in Leicestershire, England. Individuals were invited to participate in a medical examination, during which their height and weight were measured. Body mass index (BMI) is calculated by dividing the weight of an individual (kg) by the square of the height (m). For each individual with Down syndrome, a control matched for gender, age and accommodation type was identified from the database.

Results

Data from 247 matched pairs is presented. Women with Down syndrome had a significantly higher mean BMI than the female controls. However, there was no significant difference in the mean BMI of the male Down syndrome and control groups. Compared to the matched female controls, women with Down syndrome had a relative risk of being overweight of 1.26 and of being obese of 1.25. Compared to the matched male controls, men with Down syndrome had a relative risk of being overweight of 1.26 and of being obese of 0.85.

Conclusions

This is the first study of obesity in Down syndrome to use a matched case-control methodology. There was an increased risk of overweight and obesity in women with Down syndrome. However, there was a lower risk of obesity in men with Down syndrome compared to the male controls. These findings have implications for targeted health promotion strategies.

12

- Title** Experiences and perceptions of mothers of young people with mild learning disabilities: autism screening data on 100 young people
- Authors** Vivien Moffat Elizabeth Grant Renate Kuenssberg Jonathan Harris
Sonia Gaur Eve Johnstone
- Affiliation** University of Edinburgh (vivien.moffat@ed.ac.uk)
- Abstract**
- Objectives**
To estimate the prevalence of pervasive developmental disorder (PDD) and autism in 100 young people aged 13-22, with mild learning disabilities
To compare the estimated prevalence of PDD and autism with the young peoples' existing diagnoses
To explore the differences in behavioural profiles among the young people with and without a diagnosis of autism and with and without a +ve screen for autistic spectrum disorder
- Design**
Cohort Study with nested case control analysis
- Methods**
Mothers/main carers of young people with additional learning needs as identified by their school, college or adult support placement are asked to complete the Social Communication Questionnaire (SCQ) (Berument et al 1999) a screening tool with a cut-off scores for PDD and autism and the Child Behaviour Checklist (CBCL) (Achenbach et al 1991) which provides a behavioural profile of the young person aged under 13 years and at 13-16 years.
- Results**
SCQ scores are available on 89 young people of these 7 (8%) score above the cut off for Autism and 18 (20%) above the cut off for PDD. Of the 25 young people who scored above the cut off for PDD or Autism, 2 had a previous diagnosis of autism, 1 autistic tendencies, 1 semantic-pragmatic disorder, 1 language disorder, 2 ADHD and the remainder, learning disability.
- Conclusions**
The findings so far support the view that there are likely to be many young people with autistic spectrum disorder who do not have a diagnosis. We now hope to explore the differences between groups of young people who screen +ve for ASD and have a diagnosis of autism and those who screen +ve but have no diagnosis, in terms of behavioural profile, severity of autism and maternal satisfaction with service provision.
- References**
Achenbach TM, Howell CT, Quay HC, Conners CK (1991) National Survey of problems and competencies among four to sixteen year-olds: parents' reports for normative and clinical samples *Monographs of the Society for Research in Child Development* 56(3):1-131
Berument SK, Rutter M, Lord C, Pickles A, Bailey A (1999) Autism screening questionnaire: diagnostic validity (Published as the Social Communication Questionnaire by Western Psychological Services) *British Journal of Psychiatry* 175: 444-51

13

Title Outcomes from a Mental Health Promotion Group for People with Learning Disabilities**Authors** Stephen Oathamshaw Janine Spencer**Affiliation** University of Manchester (steve@oathamshaw.fsnet.co.uk)**Abstract Objectives**

An evaluation of the effects of an eight-session mental health promotion group on participant's knowledge/awareness of mental health issues, coping strategies and self-esteem. Major hypothesis - the group would result in increases in participant's knowledge/awareness of mental health issues and coping strategies.

Design

Participants were recruited from an inner city learning disabilities service using inclusion and exclusion criteria, including a level of language comprehension correlated with emotional awareness (Reed and Clements, 1989).

Methods

Eight participants were recruited and assessed using the Mini PAS-ADD (Prosser et al, 1996) and Test for Reception of Grammar (TROG) (Bishop, 1989). Three reached the clinical cut-off on the Mini PAS-ADD. Knowledge/awareness of mental health issues and coping strategies was assessed using a structured interview schedule developed for the group (Inter-rater reliability - >.90). Participant's experience of attending the group was assessed using open questions. Self-esteem was measured using an adapted Piers-Harris Children's Self Concept Scale (Piers, 1969) (test-retest reliability - >.90). Data was collected before, at the mid-point and end of group, and at follow-up eight months later.

Results

Results were analysed using descriptive statistics due to small numbers. Two participants dropped out, six attended the whole programme. The majority of participants (4/6) increased scores on the interview schedule with increases maintained at follow-up. A minority (2/6) had little increase in scores. Effects on self-esteem were limited.

Conclusions

Increases on the interview schedule may indicate improvements in knowledge/awareness of mental health issues and coping strategies following attendance at the group. Limitations of the study will be discussed.

14

Title Self perceptions and views of the Aggressive identity: Relevance to problems of Aggression for Individuals with mild intellectual disabilities

Authors Carol Pert Andrew Jahoda

Affiliation ALDT, Castlemilk (carol.pert@glacomen.scot.nhs.uk)

Abstract Objectives

To compare groups of Aggressive and Non Aggressive participants with a moderate to mild learning disability on (I) self perceptions (ii) views of a stereotyped Aggressive character.

Design

Controlled study using a group comparison design to compare 20 Aggressive and 20 non Aggressive participants views of (I) Self and (ii) stereotyped Aggressive character. Within subject comparisons of each identity are also explored for each group.

Methods

A structured assessment was devised falling into three sections of (I) interpersonal power (ii) social identity and (iii) emotions. In condition one participants were required to rate eighteen descriptors for Self, and in condition two participants rated a Stereotyped Aggressive character on the same eighteen descriptors.

Results

No significant differences were shown across groups for views of the Aggressive character with the direction of responding indicating largely negative perceptions. Whilst few differences were shown in self perceptions a clear theme showed that the Aggressive participants had different expectations of interpersonal power than their non Aggressive peers. Patterns of responding indicated that Aggressive participants expect others to view them as ineffectual and powerless. Each group rated themselves significantly differently from the stereotyped Aggressive character on most descriptors, although the Aggressive group's ratings showed slightly fewer differences.

Conclusion

These findings offer tentative support for a social cognitive model of aggression incorporating beliefs about the 'interpersonal self' of 'self in relation to others'.

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Title Theory of mind and concept of death in children with autistic spectrum disorder**Authors** Moira Phillips Jaime Craig Jean Briggs**Affiliation** Old Johnstone Clinic, Johnstone (moira.phillips@renver-pct.scot.nhs.uk)**Abstract Objectives**

To explore differences in concept of death between children with autistic spectrum disorder (ASD), intellectual disabilities and typically developing children. It was hypothesised that children with ASD would make more errors in comparison to the other two groups on tasks measuring concept of death and that any group differences would be related to their performance on 'theory of mind' (ToM) tasks.

Design

A quasi-experimental design was used in this study.

Methods

Comparison groups of children with LD ($n=22$) and typically developing children ($n=18$) were matched to an ASD group ($n=18$) on the basis of receptive verbal ability. Children who had experienced sibling or parental death were excluded from the study. Participants completed a first order TOM task. Participants who passed the first order ToM task also completed a second order ToM task. All participants then completed two measures of concept of death.

Results

The groups differed significantly on ToM task performance, proficiency on several aspects of concept of death measures and ability to justify their responses. Participants in the ASD group performed least well. Forward logistic regression was used to investigate the effect of variables: chronological age; group; ToM performance and verbal comprehension ability level on the prediction of category membership: 'passed concept of death measures' and 'failed concept of death measures' across all three groups.

Conclusions

Children who failed ToM tasks were less likely to understand death. This information is pertinent for clinicians, particularly when working with individuals with ASD who have been bereaved. Verbal comprehension level may also be related to concept of death and this has obvious implications for clinicians. Development of a more sensitive standardised questionnaire would be a valuable and much needed tool.

4: large blue boards**Title** The Spiritual Lives of People with Learning Disabilities**Authors** John Swinton Elaine Powrie**Affiliation** University of Aberdeen (j.swinton@abdn.ac.uk)**Abstract****Objectives**

Explore the meaning and significance of spirituality from the perspective of people with learning disabilities.

Assess whether carers perceive the spiritual dimension as a significant aspect of their caring task.

Highlight concrete strategies for the enabling of effective spiritual care.

Develop a rubric for researching within this area.

Design

A qualitative study, drawing on grounded theory, narrative analysis, ethnography and insights from the participatory paradigm. The study develops a participatory method recognising that people with learning disabilities are the most able to inform understandings of their spirituality.

Methods

A two-year nation-wide project utilising a multi-method approach, collecting data from people with a wide range of learning disability within the context of structured interviews, narrative interviews and focus groups, using various communication tools.

Results

People with learning disabilities desire to have the spiritual dimension of their experience acknowledged and cared for.

Communicational barriers prevent the exploration of this dimension.

Carers desire further opportunities to explore spirituality. This is not yet on the agenda of many services.

A general unwillingness to address spiritual issues may be indicative of a wider failure to address emotional needs in people with learning disabilities.

Conclusions

Spirituality remains an unexplored area for many people with learning disabilities as well as their carers. Although religion can be part of one's spirituality, spirituality is broader than religion and must be addressed as a basic dimension of people's lives. There is a need to develop constructive strategies to enable the understanding and incorporation of spirituality into service provision.

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Title Development of a Scale for Measuring Personality Disorder in Male Offenders with Mild and Borderline Intellectual Disabilities**Authors** John L Taylor Raymond W Novaco**Affiliation** University of Northumbria (john.taylor@nap.nhs.uk)**Abstract Objectives**

Antisocial and impulsive personality types are associated with offending type behaviours, in particular aggression and violence. No measures assessing these particular aspects of personality are available for people with ID. This paper describes the development of a rapid informant-rated measure of ICD-10 Dissocial and Emotionally Unstable personality disorder characteristics in offenders with ID.

Design

A newly developed personality scale was completed by staff working with a population of male offenders with ID (N = 129). Analyses were conducted in order to investigate the reliability, validity and discriminatory value of the scale.

Methods

Items describing behaviours based on ICD-10 criteria were developed to create an 18-item Personality Disorder Criteria Checklist (PDCC). The PDCC was completed by nursing staff for 60 patients who had been physically violent following hospital admission and 69 who had not. Self- and informant-rated measures of personality, anger and aggression were administered also.

Results

The PDCC was found to have good levels of internal reliability ($\alpha = .92$) and inter-rater reliability ($r = .74$). It correlated with PIMRA Personality and Adjustment Disorder scales $r > .5$ in each case indicating satisfactory concurrent validity. The PDCC differentiated those patients who had been violent post-admission and those who had not, and it correlated significantly with staff-rated anger and assault records data.

Conclusions

The PDCC appears to have reasonable psychometric properties and to be useful in identifying personality characteristics in offenders with ID that are associated with violent behaviour in in-patient settings.

5: large blue boards

Title Religious expression amongst adults with learning disabilities. A qualitative exploration

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Abstract Objectives

Services in the UK often do not pay attention to the increasingly diverse religious needs and beliefs of people with learning disabilities. The Foundation for People with Learning Disabilities are funding the development of a training intervention programme to help services meet the religious needs of adults with learning disabilities.

Design

Initially three services in the North West of England were asked to identify up to 10 individuals with a learning disability who were able to give informed consent to take part in the project. Prior to the training intervention, participants were interviewed concerning their religious belief and practice.

Methods

29 participants were asked qualitative semi-structured questions. The interviews predominately took place in private. Questions asked included issues of faith, prayer, social groups, attending a place of worship, and religious television programmes.

Results

The interviews were analysed using the Atlas ti programme. Responses were split into four major themes, faith and understanding, practice, faith agencies and service response. Prayer was a frequent form of religious expression with many service users praying regularly. Religious television programmes, particularly 'Songs of Praise' were found to be popular. For some service users it was the ritual and ceremony that attracted them to attend a place of worship, while others attended only social events such as discos.

Conclusions

Most importantly for future research in the area, we have found that people are happy to speak about religion, both matters public and private. The interviews show that people with learning disabilities see themselves as religious people however, they often suffer from exclusion from participation in religious activities by either services or faith agencies.

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Title Memory as an artefact in the assessment of suggestibility**Authors** Richard White Paul Willner**Affiliation** Bro Morgannwg NHS Trust, (Richard.White@swansea.gov.uk)
Swansea**Abstract****Objectives**

The Gudjonsson Suggestibility Scale (GSS) is often used in the assessment of whether people with learning disabilities have the capacity to testify in court. Suggestibility is assessed by asking respondents to recall a short story, using leading questions and pressure to change their responses. Unlike real life incidents, the information presented is of no personal significance to the respondent. The present study aimed to investigate whether this factor influences suggestibility, as measured by the GSS.

Design

This was an experimental study using a factorial design, with one between-subjects and one within-subjects factor.

Method

Two groups of learning disability service users (n=20) were administered each of two parallel suggestibility tasks, the GSS and an Alternative Suggestibility Scale (ASS), presented in a counterbalanced order. The ASS was based on a story describing a ceremony that all members of the experimental group, but no members of control group, had witnessed, approximately 18 months earlier.

Results

In the control group, memory and suggestibility were comparable for the GSS and ASS. The experimental group showed greater recall on the ASS than on the GSS, which was associated with a corresponding decrease in suggestibility. Further analysis supported the hypothesis that there was a causal relationship between increased recall and decreased suggestibility for the ASS in the experimental group.

Conclusions

A crime that has been witnessed is likely to be better recalled than an impersonal story. The results suggest that the GSS is likely to over-estimate suggestibility in relation to a personally significant event. This may lead to people with learning disabilities being prevented from testifying in court because it is mistakenly inferred from the GSS that their testimony would be unreliable.

6: large blue boards

Title Developing measures of core competencies and job performance in residential support staff working with people with learning disabilities

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Abstract**Objectives**

To develop 4 staff job performance measures from core competencies identified by people with learning disabilities, relatives, staff and managers, using the Job Element Method (JEM).

Design

Participants were 11 service users, 7 relatives, 14 managers and 7 staff, recruited by North West residential service managers. Data collection was by focus group, interview and questionnaire.

Method

Focus groups were held for each stakeholder group to identify important staff characteristics. Staff characteristics were then ranked by service users during interviews, as very, quite or not very important, and the other groups via questionnaires, as barely acceptable, superior, trouble if ignored, and presence in new staff. JEM total value scores were calculated for each characteristic, 100+ indicating the most crucial. During second focus groups participants short-listed the crucial characteristics, and for each characteristic service users generated examples of good, bad and okay staff behaviours, the other groups generating examples of unacceptable, acceptable and superior behaviours. To test reliability each behavioural anchor was rated by service users on a 3-point scale, other groups on a 7-point scale (worst to best staff member).

Results

Service users initially listed 65 important staff characteristics, relatives listed 58, support staff 72 and managers 58. Service users short-listed 18 most crucial characteristics, relatives short-listed 27, support staff 26, and managers 23, these comprised the measures.

Conclusions

There is little existing research about effective characteristics of job performance in support staff, and this study begins to establish an evidence base. Development of 4 separate measures has facilitated each stakeholder group voicing the competencies they value, in the context of a need for appropriately skilled residential staff as identified by the White Paper. The Job Performance Measures will be accessible to service agencies for staff recruitment and training.

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Title The benefits of peer collaboration for children with intellectual disabilities

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Abstract Objectives

To examine whether the experience of collaborative problem-solving enhances individual task performance in children with intellectual disabilities (ID).

Design

Based on Garton & Pratt's (2001) paradigm in which 4- & 7-year-old typically developing (TD) children worked independently on a block sorting task, collaboratively on a 4- and 6-room furniture sorting task and were then re-tested on the block task. This study extends this design to children with Down's syndrome (DS) and children with non-specific intellectual disability (NSID) in the same developmental age range. Standardised measures of cognition, language and adaptive behaviour were incorporated to allow more direct examination of factors influencing collaborative outcomes.

Methods

Three sets of higher/lower child pairs were formed on the basis of similar chronological age and initial block-sorting scores: higher/lower TD, higher/lower NSID, higher NSID/lower DS (this pairing was formed to explore possible effects of specific language impairment in the NSID/DS pairing).

Results

30 TD (3;2 - 5;7 yrs), 40 NSID (7;1 - 17;5 yrs) and 14 DS (7;8 - 16;7 yrs) children have been tested to date. While Garton and Pratt found that the collaborative experience facilitated problem-solving in the lower ability TD partner, preliminary findings suggest that in the case of NSID children both the lower and higher ability partner benefit, although not in the case of DS children. Explanations for these differential outcomes is being explored through analysis of video records.

Conclusions

Collaborative learning commands a high profile in mainstream education although is rarely utilised in special education settings. The preliminary findings here suggest that the experience of collaborative problem-solving may be beneficial to the more able ID dyads.