

21ST – 23RD SEPTEMBER 2023 | HELSINKI, FINLAND

BEST PRACTICES – BETTER LIFE EAMHID 2023



PHOTO: JOHANNES ROMPPANEN & RISTO MUSTA

14TH EUROPEAN CONGRESS OF MENTAL HEALTH IN INTELLECTUAL DISABILITY

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General Information

Organizers and Conference venue



FAIDD (Kehitysvammaliitto), Espoo, Finland



Varsinais-Suomen hyvinvointialue (Varha),
Turku, Finland



EAMHID

Scientific Committee of EAMHID

Local Organizing Committee

Maria Arvio, Elina Kontu, Jarmo Kärkkö,
Miina Weckroth, Jutta Keski-Korhonen,
Seija Aaltonen, Oili Sauna-aho, Susanna Hintsala,
Niina Sillanpää, Tea Kairi, Mirka Oksanen,
Jyrki Pinomaa

Conference Venue

Tyynenmerenkatu 2, 00220 Helsinki, Finland
Phone: +358 10 850 3820
E-mail: cl.helsinki@choice.fi
Org. nr: 2680539-2
Website: <https://www.nordicchoicehotels.com/hotels/finland/helsinki/clarion-hotel-helsinki/>

Registration opening hours

21.09.2023: 7.45–17.00
22.09.2023: 8.00–18.00
23.09.2023: 8.00–14.00

Media check opening hours

21.09.2023: 12.00-17.00
22.09.2023: 9.00-16.00
23.09.2023: 9.00-12.30

Notes on Posters

Accepted posters will be available to the congress public in the poster exhibition (Bysa lobby; 3rd floor) during the entire event. The poster presenters will be present at their posters from 15.00 to 15.45 on Friday 22.09.2023. The poster prize will be awarded at Bysa on Friday at 15.45. Please observe the maximum poster dimensions: 90 cm wide × 120 cm high. A panel will be provided for each poster, showing the poster number in the upper left-hand corner. Material for fastening posters will be available in a sufficient quantity on site. Please hang your poster when the congress starts, and remove it after the congress by September 23, 14.00 at the latest. Posters not removed will be kept by the room personnel until the end of the congress day and will be disposed of after that.

Poster Prize

The best poster will be awarded with a free EAMHID membership for three years and will get the opportunity to present their findings at the conference. Judges from the Scientific Committee of the executive board will rate the presented posters for excellence in communication, research, and contribution to the goals of the Association. The poster prize will be awarded in Bysa on Friday at 15.45.

Congress Language

The official language of the 14th EAMHID Congress is English. Simultaneous translation into Finnish will be provided during the keynote lectures in Bysa, 3rd floor. Finnish programme will be arranged all day on Friday and in the pre-congress.

Conference Catering

You will find the catering facilities in the entrance floor. Lunch is served at the 1st floor at the Kitchen & Table restaurant. During coffee breaks you can find Fair Trade organic coffee and tea, filtered fresh water with or without bubbles and healthy snacks all day at the coffee market.

The registration fee includes coffee/tea on Thursday and Saturday. Lunch is included on Friday.

Certificate of Attendance

No certificates of attendance will be issued on site. The certificates will be sent by email after the congress.

Continued Medical Education Credit Points

An application has been made to the UEMS EACCME® for CME accreditation of this event. CME accreditation will be awarded based on attendance monitored through participation lists.

Cloakroom

The cloakroom is in the entrance floor of the hotel Clarion and will be manned throughout the conference.

Information on the use of mobile phones / photography, sound / video recordings

Please switch off mobile phones during the sessions! Photos, sound and/or video recordings are not permitted during the sessions.

Wi-Fi

Free Wi-Fi internet connection is available in the Congress Centre.

Abstract Volume

All abstracts will be printed in the Journal of Intellectual Disability Research (JIDR) abstract booklet. The abstract booklet will be provided to congress participants upon arrival.

Transport and Accommodation

We have asked several hotels for an open accommodation quota to guarantee you the best accommodation price. You can find the booking options on our website at eamhid2023.eu/accommodation.

Room rates includes Breakfast, wireless internet access (Wi-Fi) and VAT.

Transportation in Helsinki

Getting to Helsinki:

www.myhelsinki.fi/info/getting-to-helsinki

Taxi

Call Taxi Helsinki round the clock at 0100 0700

Public Transportation:

www.hsl.fi/en

Helsinki has an excellent public transport system (HSL) comprising bus, tram, metro, commuter train and ferry services. Single tickets can be purchased using the HSL mobile app or from HSL ticket machines, R-kiosks and other HSL sales points: www.hsl.fi/en/customer-service/sales-and-service-points.

Parking

The Clarion hotel does not have its own parking garage, but if you arrive by car, the closest parking garage to the hotel is Rokkiparkki, about 400 meters from the hotel (Välimerenkatu 12).

Important Addresses

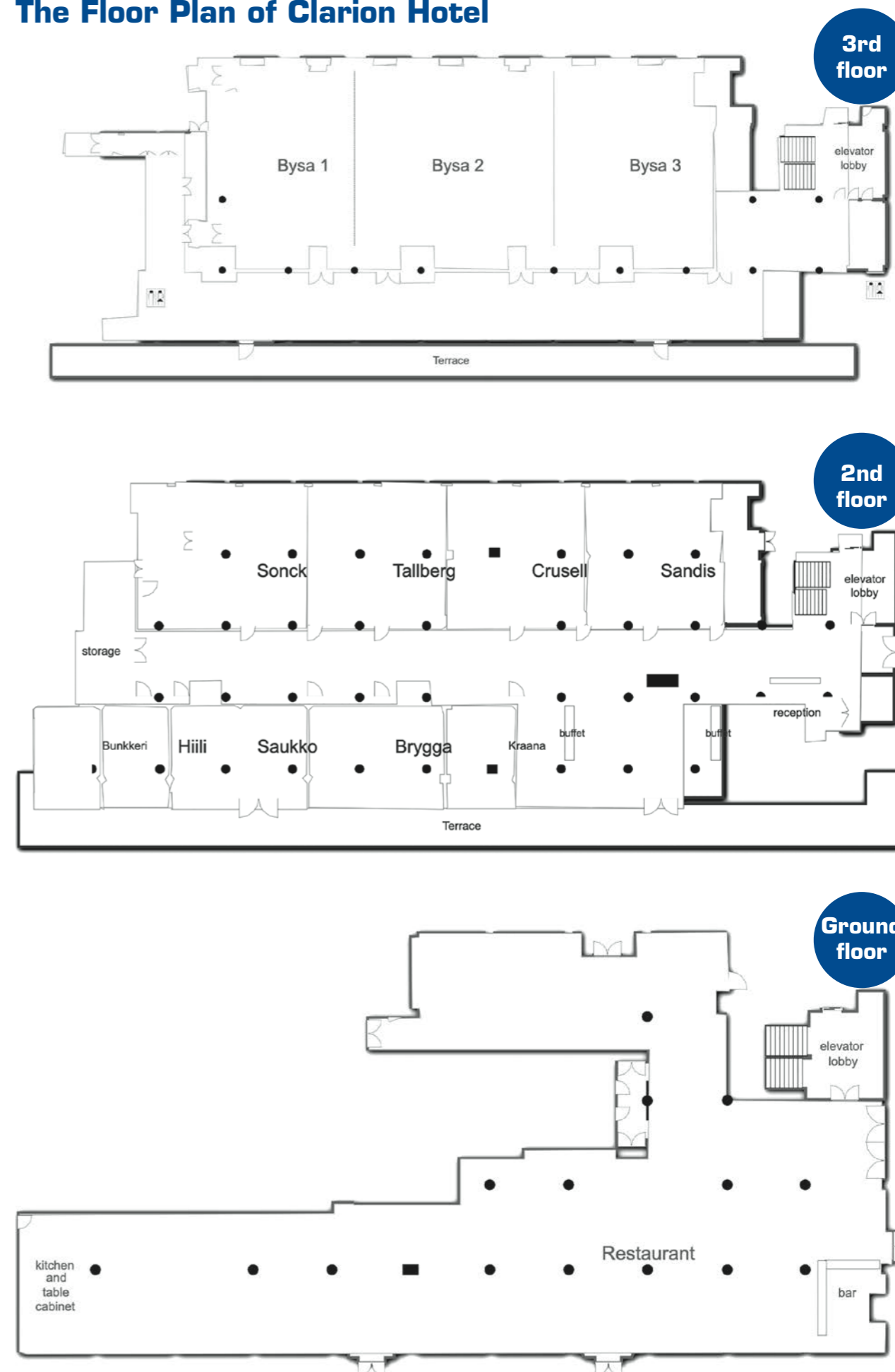
Welcome reception at the Helsinki City Hall
Pohjoisesplanadi 11-13
00170 Helsinki

Congress Dinner Original Sokos Hotel Presidentti
Eteläinen Rautatiekatu 4
00100 Helsinki
Information about Helsinki

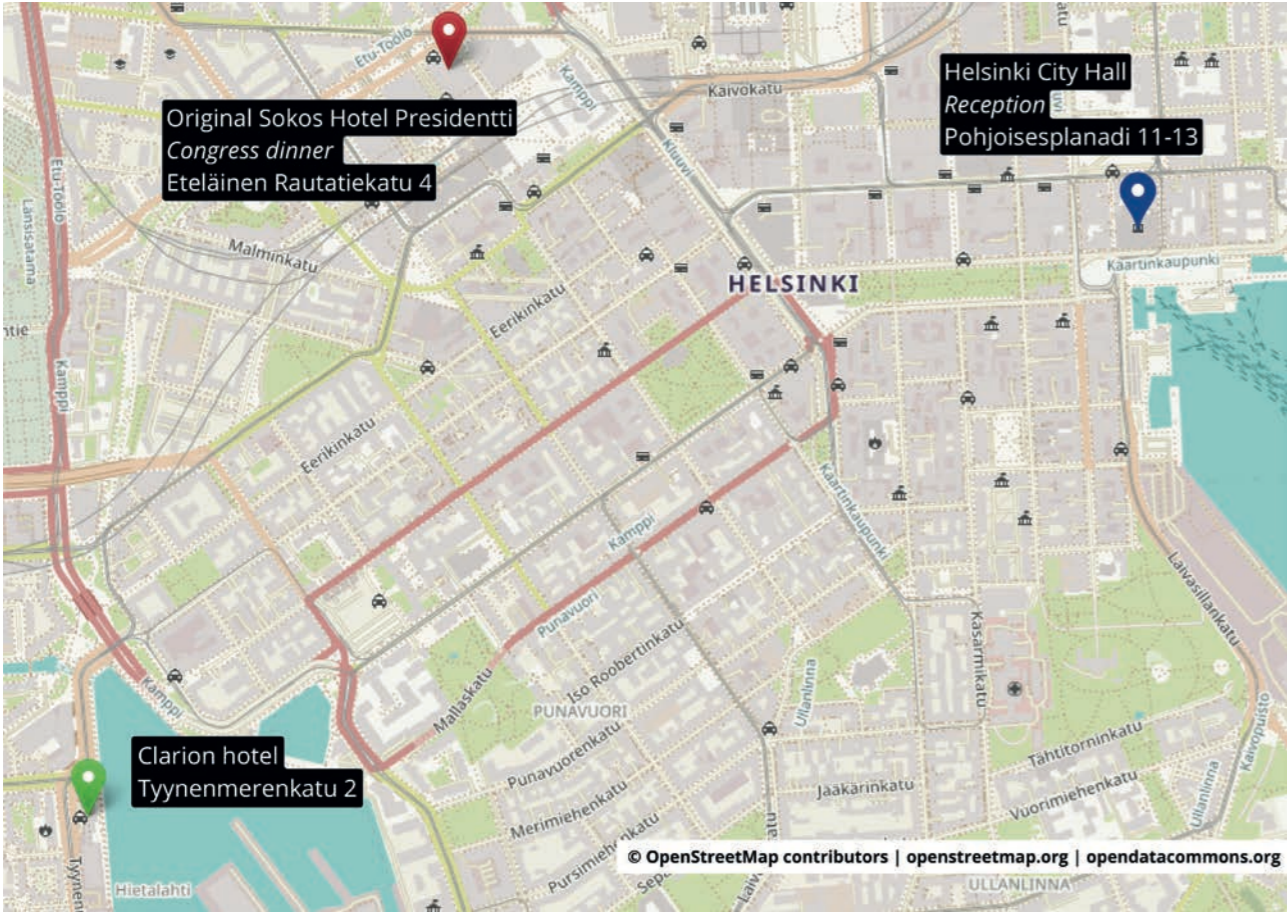
The City of Helsinki website gathers general information on Helsinki, including Helsinki facts & figures. www.hel.fi/helsinki/en/administration/information/general

Info on Finland from Visit Finland website: www.visitfinland.com

The Floor Plan of Clarion Hotel



Surroundig Map



Exhibitors, Supporters & Sponsors



Deutsche Gesellschaft für seelische Gesundheit
bei Menschen mit geistiger Behinderung e.V.

**Deutsche Gesellschaft für seelische
Gesundheit bei geistiger Behinderung
– DGSGB**



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**KEHITYSVAMMAISTEN
PALVELUSÄÄTIÖ**

Kehitysvammaisten Palvelusäätiö KVPS



FDUV

FDUV

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PHOTO: YIANG FENG & LING DUYANG / HELSINKI PARTNERS



Welcome

Welcome to Helsinki

We are pleased to invite you to the 14th EAMHID Congress in Helsinki, Finland. The congress will be organized by FAIDD (The Finnish Association on Intellectual and Developmental Disabilities) and Specialised Services for Disabled (former KTO), Varha (The wellbeing services county of Southwest Finland), both organizations working for better life for the persons with learning difficulties. Our congress’ theme is “Best Practices – Better Life” and as before the congress will provide numerous possibilities both scientists, practitioners, and persons with disabilities with their families to encounter and discuss. Our purpose is to introduce new scientific findings and evidence-based methods but also best-practices in multiprofessional context to improve mental health and life of these vulnerable group.

On behalf of EAMHID, Varha and FAIDD we warmly welcome you to the 2023 Helsinki congress!



OILI SAUNA-AHO
Congress President
Vice-President of EAMHID
Head for Specialised Services
for Disabled at Varha
(The wellbeing services
county of Southwest Finland)



BRIAN FERGUS BARRETT
President of EAMHID



SUSANNA HINTSALA
Executive Director
FAIDD
(The Finnish Association on
Intellectual and Developmental
Disabilities)

Equality Needs Quality Research

The rights of persons with disabilities have advanced globally in the last two decades. The UN Convention on the Rights of Persons with Disabilities is a holistic convention, which underscores equality and the participatory rights of every person with disability in all areas of life, including persons with an intellectual disability. Mental health is a significant resource for each one of us, and it is supported by experiences of participation and belonging. Equality entails that through science and research, our knowledge base in improved concerning all persons’, including minorities’, issues and solutions related to health and wellbeing. The EAMHID Conference forms an important continuum concerning the research on the mental health of persons with intellectual disability, and it is an honor to host this conference in Finland this year. Warmest welcome!



KRISTINA STENMAN
Non-Discrimination Ombudsman,
Patron of the EAMHID congress

Together, for a better future

We all hope for happiness. However, nowadays mental health conditions are increasing worldwide and many of us will face mental health challenges at some point in our lives. The high demands of society, the pressure to perform and the uncertainty of the future are reflected in increasing stress, anxiety and mental health disorders. People with intellectual disabilities are often seen as the opposite of this, always happy and cheerful, but this it is not the whole truth: they can also struggle with mental health issues.

Loneliness is a major risk factor for mental health problems. It is a factor that we all can have an impact on by looking after each other. According to the Finnish philosopher Frank Martela, happiness and the value of life are formed precisely from the connection to other people. The purpose of life is to feel meaningful in relation to others. Doing good for others also strengthens our own well-being.

The burden that is shared and experienced together is lighter to bear. Mental health challenges can be overcome and a full, meaningful life is possible despite these challenges. No one can be happy all the time and ups and downs are part of life. But when we are able to give and receive support from each other, we find the old saying to be true: *Happiness is not an end state, it is a journey. Giving rather than taking will make that journey happier.*



ALEXANDER STUBB
Director, Professor
School of Transnational Governance,
European University Institute, Florence.
Patron of the EAMHID congress

About EAMHID

EAMHID MISSION

The European Association for Mental Health in Intellectual Disability provides a platform for academics, health professionals, and policy makers. The purpose of the Association is international co-operation and exchange of knowledge and experience in the field of mental health for people who have intellectual disability with specific emphasis on the co-ordination and promotion of scientific activities and improving standards of care and support throughout Europe. Full details of all our activities are available from the EAMHID website www.eamhid.org

EAMHID CONGRESS

EAMHID congresses are multidisciplinary and have been organized every two years since 1993 in various European countries with the aim of providing an opportunity for clinical practitioners, academics, service providers and mental health experts to learn about new and emerging developments in mental health issues.

Since the Lisbon congress (2013), a close collaboration has been established with the European NGO ARFIE (Association for Research and Training on Integration in Europe). Contact has been established with service providers in the disability field who bring evidence-based practices from frontline staff. Better links have also been established with francophone countries.

Thirteen congresses have been organized since the creation of EAMHID, and each occasion focused on various contemporary and innovative topics such as:

Mental Health: a Human Right for People with Intellectual Disability (Zagreb, 2007)

Promoting Mental Health for People with Intellectual Disability (Amsterdam, 2009)

Challenging Behavior and Mental Health (Manchester, 2011)

New horizons for Mental Health in Intellectual and Developmental Disabilities (IDD) (Lisbon, 2013)

Integrating Different Approaches in Neuro-developmental Perspective (Florence, 2015)

Working together: The mental wellbeing of people with intellectual disabilities and their families in their communities (Barcelona, 2019)

From Science to Practice (Berlin, 2021)

EAMHID Board

- Brian Fergus Barrett (President)
- Oili Sauna-aho (Vice-President)
- Ken Courtenay (President Elect)
- Tanja Sappok (Past President)
- Paula Sterkenburg (Treasurer)
- Elisabeth Zeilinger (Secretary)
- Eddie Chaplin (Head of Scientific Committee)
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- Trine Lise Bakken (Member)
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- Johannes Fellingner (Member)
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- Roger Banks (Co-opted member)
- Raymond Ceccotto (Co-opted member)
- Filip Morisse (Co-opted member)

Scientific Committee of EAMHID Congress 2023

- Eddie Chaplin (Head)
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- Jannelien Wieland
- Filip Morisse
- Johannes Fellingner
- Oili Sauna-aho
- Willem De Muer
- Trine Lise Bakken
- Paula Sterkenburg

Congress Standing Committees

- **Finance and Business**
P. Sterkenburg, S. Hintsala, O. Sauna-aho, N. Sillanpää
- **Communications**
N. Laihinen (Webpage), P. Koski (Visuals)
- **Congress Organisation**
O. Sauna-aho, N. Sillanpää, T. Kairi, V. Wallin, Mirka Oksanen

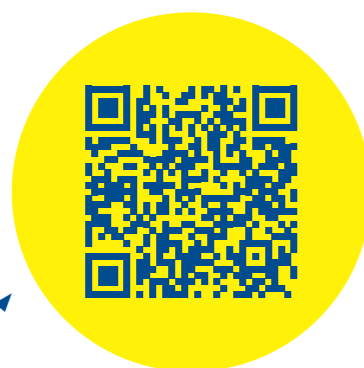


www.eamhid2025.eu



Scientific Programme

**The latest version
of the programme
can be found
on the EAMHID
congress site:**



Programme at a glance

KEYNOTE | SYMPOSIA

SOCIAL PROGRAMME

CEREMONIES AND PRIZES

MEETINGS

POSTER EXHIBITION

KEYNOTES:

State of the Art (SA)

Meet the Expert (ME)

Historical Lecture (HL)

SYMPOSIA:

Solicited symposia (SoS)

Individual symposia (IS)

Round table (RT)

Co-productive symposia (CpS)

THURSDAY 21.9.2023

	BYSA	SONCK	TALL- BERG	SANDIS	CRUSELL	SAUKKO	BRYGGA	BYSA LOBBY
7.45–	Registration and congress info desk open at the Clarion hotel's entrance hall							Poster exhibition
8.30–11.30	Pre-congress workshops							
11.30– 12.15	Lunch (pre-congress participants and keynote speakers)							
12.15– 13.30	Opening ceremony and thesis prize at Bysa on 3rd floor at the Clarion hotel							
13.30– 15.00	HL	SoS 1	IS 1	CpS 2	SoS 12	SoS 2	SoS 3	
	SA							
15.00– 15.30	Coffee break at Kahvitori (2nd and 3rd floor at the Clarion Hotel)							
15.30– 17.00	SA	SoS 15	SoS 5	CpS 3	IS 3	SoS 6	SoS 9	
	SA							
17.30– 18.30	Welcome reception at Helsinki City Hall (Pohjoisesplanadi 11–13)							
19.30– 22.30	Speakers dinner at Hotel Clarion Living room (by invitation)							

FRIDAY 22.9.2023

	BYSA	SONCK	TALL- BERG	SANDIS	CRUSELL	SAUKKO	BRYGGA	BYSA LOBBY
8.00–	Registration and congress info desk open at the Clarion hotel's entrance hall							Poster exhibition
8.00–8.30	Morning walk, start outside the entrance of the Clarion hotel							
8.00–9.00	Morning coffee							
9.00–10.30	ME	IS 13	IS 4	CpS 1	RT 1	SoS 9	IS 5	
	ME				RT 6			
	The NEED meeting 2023 at Bunkkeri at Clarion hotel							
10.30–11.30	SA	IS 12	SoS 13	IS 16	IS 7	IS 2	SoS 22	
11.30–13.00	Lunch at Clarion hotel's restaurant on ground floor							
12.00–13.00	EAMHID General Assembly at Byasa on 3rd floor of Clarion hotel							
13.00–14.30	SA	IS 6	SoS 4	CpS 4	IS 11	SoS 14	IS 10	Poster exhibition
	SA							
14.30–15.00	Coffee break at Kahvitori (2nd and 3rd floor at the Clarion Hotel)							
15.00–15.45	Poster session at Byasa lobby							
15.45–16.00	Poster prize at Byasa							
16.00–16.45	SA	IS 9	RT 3	SoS 10	IS 17	RT 4	IS 22	Poster exhibition
16.45–18.15	SA	SoS 16	SoS 11	SoS 23	RT 2	IS 14	SoS 25	
	SA				RT 5			
17.30–18.30	JIDR General Assembly at Clarion hotel							
19.30–23.30	Congress Dinner at Sokos Hotel Presidentti, the Presidentti Room at the 3rd floor (Eteläinen Rautatiekatu 4)							

SATURDAY 23.9.2023

	BYSA	SONCK	TALL- BERG	SANDIS	CRUSELL	SAUKKO	BRYGGA	BYSA LOBBY
9.00–10.30	SA	SoS 18	SoS 8	SoS 19	CpS 6	IS 18	SoS 24	Poster exhibition
	SA							
10.30–11.30	Coffee break at Kahvitori (2nd and 3rd floor at the Clarion Hotel)							
11.00–12.30	ME	SoS 20	SoS 17	IS 8	SoS 21	IS 20	IS 21	Poster exhibition
	SA							
12.30–	Closing ceremony at Bysa							

EAMHID 2023 | SCIENTIFIC PROGRAMME | THURSDAY 21.9.2023

	BYSA	SONCK	TALLBERG
12.15 –13.30	Opening ceremony/thesis prize		
13.30 –15.00	KEYNOTES chair Ken Courtenay	SOLICITED SYMPOSIUM 1 chair Filip Morisse <i>Challenging Behaviour</i>	INDIVIDUAL SYMPOSIUM 1 chair Trine Lise Bakken
	Historical, NICK BOURAS (UK): Reflections, challenges and perspectives of mental health for people with intellectual disabilities chair Ken Courtenay State of the Art, JANNELIEN WIELAND (NL): Suicidal behaviour in people with intellectual disabilities chair Ken Courtenay	1. Off-label psychotropic drugs use in adults with intellectual disabilities and challenging behaviour from a Quality of Life- perspective by <i>Pauline Laermans / Marco Lombardi / Filip Morisse / Claudia Claes</i> 2. Phasing out antipsychotic drugs prescribed to manage challenging behaviour, from a Quality of Life perspective: an impact study by <i>Pauline Laermans</i> 3. Aligning Quality of Life and guidelines for off-label psychotropic drugs in adults with intellectual disabilities and challenging behaviour by <i>Filip Morisse</i> 4. Psychopharmacology and Quality of Life outcomes: a value based framework by <i>Marco Lombardi</i> 5. A quality of life perspective in the supports of people with intellectual disabilities and challenging behaviour by <i>Claudia Claes</i>	1. Capturing the experiences of children with moderate to profound intellectual disabilities: a systematic review by <i>Satu Peltomäki</i> 2. ‘The only patient on the ward’ Communication of distress through violence when there is limited verbal ability, and how this was contained and understood through art psychotherapy by <i>Mizuho Koizumi</i> 3. Paid Carers’ and Speech and Language Therapists’ experiences of implementing recommended communication strategies in adult intellectual disability services: Using behaviour change theory to examine barriers and facilitators by <i>Sian Wood</i> 4. Elements of qualified counseling in participation counseling for people with intellectual disabilities by <i>Erik Weber</i> 5. DFC toolbox in easy-to-read language by <i>Umma Sandt / Christina Feldges</i>

SANDIS	CRUSELL	SAUKKO	BRYGGA
CO-PRODUCTIVE SYMPOSIUM 2 chair Jacopo Santambrogio	SOLICITED SYMPOSIUM 12 chair Tanja Sappok <i>Families/Parenting</i>	SOLICITED SYMPOSIUM 2 chair Johannes Fellingner <i>Challenging Behaviour</i>	SOLICITED SYMPOSIUM 3 chair Brian Barrett
1. Clive's Way - Clive's life mattered and learning lessons from his and his families experience was important by <i>Robert Ferris / Elaine Clarke / Hafsha Ali</i> 2. Lived experiences of two Individuals with Intellectual Disability (ID) living with obesity by <i>Patricia Boylan/Mary / Patricia Walsh/John</i>	1. Supporting mental health of families for, by and with parents through positive support by <i>Mélina Boulé / Daniel Sutherland / Zakaria Mestari</i> 2. Early Positive Approaches to Support: a program by, with and for parents in supporting wellbeing in early childhood by <i>Mélina Boulé / Marjorie Morin</i> 3. Positive Family Connections: a feasibility randomised-controlled trial of a co-produced family systems focused intervention by <i>Daniel Sutherland</i> 4. Family Positive Behavior Support to enhance family adaptation and parental well-being by <i>Zakaria Mestari</i>	<i>Enhancing Support for Individuals with Intellectual Disabilities and Severe Challenging Behavior and/or Mental Health Problems: Insights and Strategies</i> 1. Characteristics and support needs of people with a mild or severe intellectual disabilities and severe challenging behavior and/or mental health problems by <i>Petri Embregts</i> 2. A contextual approach to support people with intellectual disabilities and challenging behaviour and their support staff: Organising Triple-C by <i>Hans van Wouwe</i> 3. "Connectedness" between people with intellectual disabilities and challenging behaviour and support staff: Perceptions of psychologists and support staff by <i>Tess Tournier</i>	1. Review of polypharmacy use in Adults with intellectual disability and autism spectrum disorder by <i>Jane McCarthy</i> 2. Self-Report Questionnaire for People with Intellectual Disabilities (SAD-gB): Structural Analysis of Depression by <i>Anika Gabriel</i> 3. ‘A tailor-made approach’: improving quality of care and addressing needs of people with psychiatric disorders and intellectual disability by <i>Hille Voss</i> 4. Care focused research on the relationship between people with an intellectual disability, relatives and healthcare professional in the long-term care: Delphi-study by <i>Mirjam Wouda</i>

EAMHID 2023 | SCIENTIFIC PROGRAMME | THURSDAY 21.9.2023

	BYSA	SONCK	TALLBERG
15.30–17.00	KEYNOTES chair Seija Aaltonen	SOLICITED SYMPOSIUM 15 chair Willem De Muer <i>Quality of life and wellbeing</i>	SOLICITED SYMPOSIUM 5 chair Elisabeth Zeilinger <i>Challenging Behaviour</i>
	State of the Art, TANJA SAPPOK (GER): ICD-11: Impact on the conceptualization of mental disorders in intellectual disability <i>chair Seija Aaltonen</i> State of the Art, VANESSA OLIVIER-PIJPERS (NL): Layers of the organizational environment in the care for people with intellectual disabilities and challenging behaviors <i>chair Seija Aaltonen</i>	1. The association between time spent engaged in activity and quality of life of people with intellectual disability <i>by Helen Buxton</i> 2. Stakeholder views on the barriers and facilitators of psychosocial interventions to address reduction in aggressive challenging behaviour in adults with intellectual disabilities <i>by Nancy Kouroupa</i> 3. Evaluating the Effectiveness of Active Support on Quality of Life and Well-Being Outcomes <i>by Aniek van Herwaarden</i> 4. Beyond the Basics: Assessing and enhancing Quality of Life in adults with intellectual disabilities <i>by John O'Dwyer</i>	<i>Integrative care and appropriate psychotropic drug use in diagnostics and treatment of challenging behaviours</i> 1. A cluster-randomized controlled trial (RCT) on integrative treatment of challenging behaviour <i>by Josien Jonker / Gerda de Kuijper</i> 2. A cluster-randomized controlled trial (RCT) on treatment of challenging behaviour: participants characteristics <i>by Josien Jonker / Gerda de Kuijper</i> 3. A case series of integrative care in treatments for challenging behaviour of residents with complex needs <i>by Gerda de Kuijper</i> 4. Experiences of clients with a mild intellectual disability on discontinuation of their antipsychotic drug use <i>by Joke de Haan-Jansen / Gerda de Kuijper</i>

SANDIS	CRUSELL	SAUKKO	BRYGGA
CO-PRODUCTIVE SYMPOSIUM 3 chair Jannelien Wieland <i>Inclusion, Society and Community</i>	INDIVIDUAL SYMPOSIUM 3 chair Johannes Fellingner	SOLICITED SYMPOSIUM 6 chair Ken Courtenay <i>Challenging Behaviour</i>	SOLICITED SYMPOSIUM 9 chair Elina Kontu <i>Quality of life and wellbeing</i>
1. Perspectives of Co-Researchers with Intellectual Disabilities, Academic Co-Researchers, and Principal Investigators on Collaborating in Inclusive Research Projects <i>by Petri Embregts</i> 2. Photovoice and Participatory Research - Making meaning with photographs <i>by Deborah Chinn / Katy Brickley / Andy Power / Tony Levitan</i> 3. Educating people with intellectual disabilities about their human rights: The Empower Us Project <i>by Harry Roche</i>	1. RUORI Describes functional capacity and identifies special needs <i>by Riina Karvonen</i> 2. Intersecting social identities and postsecondary education outcome in transitioning youth with disabilities <i>by Minhae Cho</i> 3. Attachment behaviours in adults with intellectual disabilities in assisted living facilities: Representations from direct-care staff <i>by Romina Rinaldi</i> 4. Role of the emotional development in mental disorders in a Spanish population sample with intellectual disability <i>by Carlos Peña Salazar</i>	<i>PRO: Towards unconditional care for people with MID and extreme challenging behavior</i> 1. PRO: A paradigm shift in health care for people with mild intellectual disabilities <i>by Petra van Gennip</i> 2. PRO: Unconditional approach of supporting people with ID and extreme challenging behavior – eight principles of care <i>by Ineke Speksnijder</i> 3. ‘I never have to leave here.’ Humane and unconditional care for people with MID and behavioral problems: organizational aspects <i>by Patricia van Stuivenberg / Petra van Gennip / Ineke Speksnijder / Suzanne Lokman</i> 4. Feelings of safety among people with mild intellectual disabilities and severe challenging behaviour <i>by Suzanne Lokman</i>	<i>Experiences of People With an Intellectual Disability, Their Relatives and Support Staff With COVID-19: The Value of Vital Supportive Relationships</i> 1. The impact of long-term social restrictions and lack of work activities on the daily lives and wellbeing of people with intellectual disabilities <i>by Monies Voermans</i> 2. Vulnerable but stronger together: An interpretative phenomenological analysis of the experiences of mothers of young adults with profound intellectual and multiple disabilities during the COVID-19 pandemic <i>by Maria den Boer</i> 3. The Experiences of Outreach Support Staff Working with People with Mild Intellectual Disabilities during Different Stages of the COVID-19 Pandemic in the Netherlands: A Qualitative Study <i>by Noud Frielink</i>

EAMHID 2023 | SCIENTIFIC PROGRAMME | FRIDAY 22.9.2023

	BYSA	SONCK	TALLBERG
9.00–10.30	KEYNOTES chair Trine Lise Bakken	INDIVIDUAL SYMPOSIUM 13 chair Ken Courtenay	INDIVIDUAL SYMPOSIUM 4 chair Jannelien Wieland
	<p>Meet the expert, JYRKI PINOMAA (FI): A family member’s view on support in service provision – importance of individually ensuring and maintaining mental well-being of a young adult with intellectual disability in housing services <i>chair Trine Lise Bakken</i></p> <p>Meet the expert, PETER CRONIN (UK): Supporting my friends with intellectual disabilities to manage their mental health <i>chair Trine Lise Bakken</i></p>	<p>1. Diagnoses of schizophrenia, schizotypal and delusional disorders among people with intellectual disabilities compared to the general population: A register study in Skåne, in southern Sweden <i>by Magnus Sandberg</i></p> <p>2. Barriers and facilitators to breast cancer screening in people with intellectual disabilities <i>by Theresa Wagner</i></p> <p>3. Obstructive Sleep Apnoea in Offenders with Intellectual Disability <i>by Ken Courtenay</i></p> <p>4. Clinical Finding on Body Mass Index in an Intellectual Disability Population and the effects of the healthy lifestyle intervention clinic during Covid-19 <i>by Patricia Boylan</i></p>	<p>1. Stories of everyday resilience and resistance among older neurodiverse people in Quebec <i>by Laura Pacheco</i></p> <p>2. ‘This is Me: Valuing the lives of people with learning disabilities’: A Scottish Campaign <i>by Deborah Cairns</i></p> <p>3. Mid-life social participation in people with intellectual disability: the 1958 British birth cohort study <i>by Zuyu Wang</i></p> <p>4. How to understand ‘personhood’ in care contexts for persons with high support needs: a concept mapping study <i>by Sanne Nieuwenhuis</i></p> <p>5. Mental health care support network for people with ID through application of the developmental approach <i>by Biljana Acan</i></p>
(9.45–10.30)			

SANDIS	CRUSELL	SAUKKO	BRYGGA
CO-PRODUCTIVE SYMPOSIUM 1 chair Raymond Ceccotto <i>Families/Parenting</i>	ROUND TABLE 1 (9.00–9.45) chair Paula Sterkenburg	SOLICITED SYMPOSIUM 7 chair Willem De Muer <i>Education and Employment</i>	INDIVIDUAL SYMPOSIUM 5 FINNISH chair Maria Arvio
<p>1. Family relationships of siblings of children with disabilities <i>by Agnes M. Willemen</i></p> <p>2. Quality of life, family relationships and negative adjustment of siblings of children with disabilities <i>by Linda K. M. Veerman / Anjet A. J. Brouwer - van Dijken</i></p> <p>3. Perspectives of young people with intellectual disabilities and their siblings on their sibling relationships <i>by Nikita K. Hayden</i></p> <p>4. Preventing mental health difficulties in siblings of children with disabilities: development and evaluation of SIBS <i>by Torun M. Vatne</i></p>	<p>1. Using Virtual Reality in the care for people with intellectual disabilities: possibilities, benefits and challenges <i>by Veerle Andries / Bert Bonroy / János Kollár / Sarah Talboom / Jo Daems / Paula Sterkenburg</i></p> <p>2. The educational experiences of autistic students and students with an intellectual disability during COVID-19 <i>by Nancy Kouroupa</i></p> <p>3. School attendance problems among autistic children and children with an intellectual disability one year following the start of the COVID-19 pandemic <i>by Vaso Totsika</i></p> <p>4. The perspectives of adult stakeholders on Relationships and Sex Education for students with intellectual disability <i>by Laura Paulauskaite</i></p>	<p>1. Beyond learning: Assessing the educational experiences of students with an intellectual or developmental disability <i>by Laura Paulauskaite / Nancy Kouroupa / Vaso Totsika</i></p> <p>2. The educational experiences of autistic students and students with an intellectual disability during COVID-19 <i>by Nancy Kouroupa</i></p> <p>3. School attendance problems among autistic children and children with an intellectual disability one year following the start of the COVID-19 pandemic <i>by Vaso Totsika</i></p> <p>4. The perspectives of adult stakeholders on Relationships and Sex Education for students with intellectual disability <i>by Laura Paulauskaite</i></p>	<p>1. Emotionaalisen kehityksen arviointi ja sen hyödyt käytännössä <i>Ari-Matti Saari / Anna-Elina Leskelä / Oili Sauna-aho</i></p> <p>2. Emotionaalisen kehityksen arvioinnin hyödyntäminen diagnostiikassa <i>Seija Aaltonen</i></p>
	ROUND TABLE 6 (9.45–10.30) chair Jacopo Santambrogio		
	<p>1. Trauma, Intellectual Disability, re-traumatisation, PTSD, Psychotherapy <i>by David O'Driscoll / Noelle Blackman / Georgina Parkes</i></p>		

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	BYSA	SONCK	TALLBERG
10.30–11.30	KEYNOTE chair Elisabeth Zeilinger	INDIVIDUAL SYMPOSIUM 12 chair Trine Lise Bakken <i>Challenging Behaviour</i>	SOLICITED SYMPOSIUM 13 chair Paula Sterkenburg <i>Prevention</i>
	State of the Art, KATRINA SCIOR (UK): Stigma, its impact on people with intellectual disabilities and best practice in reducing stigma <i>chair Elisabeth Zeilinger</i>	1. Maladaptive behavior as indicator of psychopathology in children and youth with ID and children and youth with ASD and ID <i>by Rea Fulgosi-Masnjak</i> 2. A specialist team supporting networks to serve adults with ID (intellectual disability) and severe challenging behaviours <i>by Lena Nylander</i> 3. A clinical behaviour checklist for children with intellectual disability and complex needs <i>by Hayley Trower</i>	1. Assessing mentalizing in people with mild to borderline intellectual disabilities and typically developing persons: results of the Reflective Functioning Questionnaire and the association with autistic traits <i>by Suzanne Derks</i> 2. Parental Mentalizing Among Mothers With Intellectual Disability and Contextually Based Determinants <i>by Märten Hammarlund Tommie Forslund</i> 3. Mentalization-based support training for play therapy students <i>by Jessica Braakman</i>

SANDIS	CRUSELL	SAUKKO	BRYGGA
INDIVIDUAL SYMPOSIUM 16 chair Tanja Sappok	INDIVIDUAL SYMPOSIUM 7 chair Jacobo Santambrogio	INDIVIDUAL SYMPOSIUM 2 chair Raymond Ceccotto <i>Autism Spectrum Disorder and Related Developmental Disorders</i>	SOLICITED SYMPOSIUM 22 FINNISH chair Seija Aaltonen
1. Where child safety issues: A feasibility study into an innovative intervention for expectant parents with MBID and their newborn babies <i>by Annick Zijlstra</i> 2. Dimensions of quality interaction: the staff perspective. A qualitative diary study of staff-client interaction in services for people with severe or profound intellectual disabilities <i>by Gilles Droogmans</i> 3. Evaluation of the Attune & Stimulate checklist, supporting sensitive responsivity and external affect regulation <i>by Tanja Doodeman</i>	1. Model of interprofessional collaboration in inpatient care <i>by Friederike Hell</i> 2. An inclusive Delphi study on client's perspectives on preferred outcomes of treatments for challenging behaviour <i>by Gerda de Kuijper</i> 3. A photovoice study on the perspective of people with intellectual disabilities and challenging behaviour on their living situation in intensive care homes <i>by Annika Lang</i>	1. Using Behavioural Profiles to Identify Anxiety in Individuals with ID and ASD <i>by Helen Appleton</i> 2. General measurement tools for assessing mental health problems among autistic children and adults: A systematic review <i>by Marianne Berg Halvorsen</i> 3. Group comparison of the SED-S in persons with intellectual developmental disorders with and without autism spectrum disorder <i>by Hauke Hermann</i>	<i>Hyvää elämää syvästi kehitysvammaisille ihmisille itsemääräämistä tukemalla:</i> 1. Tapaustutkimus <i>Sonja Miettinen</i> 2. Käytännön esimerkki <i>Kaisa Martikainen Katja Burakoff</i>

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	BYSA	SONCK	TALLBERG
13.00–14.30	KEYNOTES chair Johannes Feller	INDIVIDUAL SYMPOSIUM 6 chair Eddie Chaplin	SOLICITED SYMPOSIUM 4 chair Brian Barret
	State of the Art, PETER LANGDON (UK): Advances in psychological Therapies <i>chair Johannes Feller</i> State of the Art, ELINA KONTU (FI): The relation of communication as Window to Autism (ASD) <i>chair Johannes Feller</i>	1. The caregiving challenges, needs and perceptions of current care among primary caregivers of children with intellectual disabilities in urban communities in Gauteng, South Africa: A mixed-methods study <i>by Ahmed Riaz Mohamed</i> 2. Stress, coping and cognitions on life stress and mood in parents of children with ID <i>by Melanie Jagla-Franke</i> 3. Parents of young autistic adults with intellectual disabilities, mental health disorders, and complex co-occurring challenges: Experiences of conflict with services <i>by Arvid Nikolai Kildahl</i> 4. Wellbeing of co-twins of children with and without intellectual disability: a longitudinal analysis <i>by Aline Honingh</i> 5. Do intellectually disabled persons benefit from psychotherapy? <i>by Mikaela Blomqvist-Lyytikäinen</i>	<i>Examining the Impact of COVID-19 on People with Intellectual Disabilities: Stigma, Mental Health, and Adapted Sports</i> 1. Public Stigmatization of People With Intellectual Disability During the COVID-19 Pandemic <i>by Noud Friedlink</i> 2. Changes in mental health of UK adults with intellectual disabilities through the COVID-19 pandemic <i>by Richard Hastings</i> 3. Involvement in Adapted Recreational Sport During the Pandemic is Related to Athlete Well-Being <i>by Rebecca Bassett-Gunter</i>
16.00–16.45	KEYNOTE chair Jacopo Santambrogio	INDIVIDUAL SYMPOSIUM 9 chair Eddie Chaplin	ROUND TABLE 3 chair Paula Sterkenburg
	State of the Art, ILONA AUTTI-RÄMÖ (FI): Eyes closed, ears shut - the problem of not recognition the magnitude of problems linked with prenatal alcohol exposure <i>chair Jacopo Santambrogio</i>	1. Music and music therapy in promoting mental health of people with intellectual disability <i>by Päivi Saukko</i> 2. The effects of a music intervention for people with mild to moderate intellectual disability on challenging behavior, wellbeing and self-esteem: A randomized controlled study <i>by Gerianne Smeets</i>	1. Best practices in the Netherlands. Working with emotional development within Anton Došen's developmental dynamic approach <i>by Jolanda Vonk / Wilma Mathurin / Sandra Zaai</i>

SANDIS	CRUSELL	SAUKKO	BRYGGA
CO-PRODUCTIVE SYMPOSIUM 4 chair Jannelien Wieland <i>Empowerment and Independence</i>	INDIVIDUAL SYMPOSIUM 11 chair Raymond Ceccotto	SOLICITED SYMPOSIUM 14 chair Willem de Muer <i>Challenging Behaviour</i>	INDIVIDUAL SYMPOSIUM 10 FINNISH chair Oili Sauna-aho
1. Adapting the STORM manualised intervention for online delivery by Katrina Scior 2. Inclusive research and the STORM project by Lisa Richardson 3. Key insights from a user-led charity participating in the STORM project by Laura Kerr 4. What STORM has meant to me: A self-advocate expert advisor's take by Adrian Brown	1. A questionnaire study of clients' experiences about information and involvement in psychotropic drug treatments by Gerda de Kuijper 2. Understanding the consequences of psychotropic drug use: development of accessible medication leaflets by Gerda de Kuijper / Josien Jonker 3. Mental health from the perspective of people with intellectual disabilities: an exploratory study by Paula Moritz 4. Good Mental Health and Wellbeing in People with Intellectual Disability: A Systematic Review by Nadine Brunevskaya / Sarah Landskron 5. Bodily-tactile early intervention model for children with visual impairment and additional disabilities by Sini Peltokorpi	1. 1 + 1 = 3: The effects of working with the integrated framework, new authority and emotional development, on patients with ID and and a psychiatric problem, in a psychiatric hospital by Willem De Muer / Saskia De Munck / Sophie Verstraeten / Karen De Bie 2. Less is more. The impact of working with the integrated framework on the use of coercive measures by Karen De Bie / Sophie Verstraeten 3. From pillar to post. The impact of working with the integrated framework on the collaboration between ID (Intellectual Disability) services and our psychiatric hospital by Saskia De Munck 4. A story of trial and error?! 4 years of working with the integrated framework (new authority and emotional development) by Willem De Muer	1. Ajankohtaista kehitysvamma-alan tutkimustietoa: Kehitysvammaisuus, mielenterveys ja emotionaalinen kehitys – ajankohtaista tutkimus-hankkeista Lauri Koskinen 2. Kehitysvammaisten ihmisten kokemuksia siirtymästä vanhuuden eläkeläisyyteen Sirpa Granö 3. Asiakasosallisuus ja etäpalvelut Tarja Huotari
SOLICITED SYMPOSIUM 10 chair Trine Lise Bakken	INDIVIDUAL SYMPOSIUM 17 chair Elisabeth Zeilinger	ROUNDTABLE 4 chair Raymond Ceccotto	INDIVIDUAL SYMPOSIUM 22 FINNISH chair Seija Aaltonen
1. Body psychotherapy in people with intellectual impairment - A pilot study by Melanie Jagla-Franke 2. Behavioural Interventions to Treat Anxiety in Adults with Autism and Moderate to Severe Intellectual Disabilities (BEAMS-ID) by Peter Langdon	1. Working on Portraits Making to Foster the Skills for Understanding Others' emotions by Marco Montanari 2. Making and unmaking home in group homes for people with intellectual disabilities by Tony Levitan	1. Transforming Services and Outcomes for People with an intellectual disability and/or autistic people - Experience from the Black Country in the UK by Robert Ferris / Wendy Ewins	1. Autismikirjon häiriön Käypä hoito -suositus Terhi Koskentausta 2. Kehitysvammaisten henkilöiden lääkkeiden käyttö – suomalainen rekisteritutkimus Leena Saastamoinen

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	BYSA	SONCK	TALLBERG
16.45–18.15	KEYNOTES chair Johannes Fellingner	SOLICITED SYMPOSIUM 16 chair Ken Courtenay <i>Legal and Forensic issues, Restraints</i>	SOLICITED SYMPOSIUM 11 chair Filip Morisse <i>Emotional Development – Mental Disorder</i>
	State of the Art, STEVEN DEGRIECK (BE): The role of our internal senses in sensing, understanding and regulating our stress <i>chair Johannes Fellingner</i> State of the Art, IRENE TUFFREY-WIJNE (UK): Involving people with intellectual disabilities in end of life care planning: Why? And how? <i>chair Johannes Fellingner</i>	1. Presentation of Adults with Intellectual Disability across Forensic Services and Criminal Justice Pathways <i>by Jane McCarthy / Eddie Chaplin / Søren Holst / Ken Courtenay</i> 2. Offenders with Neurodevelopmental Disorders in Four Nordic Countries <i>by Søren Holst</i> 3. Offenders with Intellectual Disability and Autism Spectrum Disorders: An International Perspective on the Court System <i>by Jane McCarthy</i> 4. In-patient Services for Offenders with Intellectual Disabilities <i>by Ken Courtenay</i> 5. Presentation of comorbidity among defendants with Intellectual Disability within a London Court <i>by Eddie Chaplin</i>	1. Outreach for (young) adults with intellectual disability and mental health problems: principles for good practice <i>by Leen De Neve / Filip Morisse / Goedele Hoefnagels / Lies Taghon</i> 2. Using an integrative framework of Emotional Development and New Authority in an Outreach Team <i>by Goedele Hoefnagels</i> 3. Mobile mental health care for (young) adults with intellectual disability and mental health problems. How does an outreaching method contribute to the quality of life of these persons and their environment? <i>by Leen De Neve / Filip Morisse / Lies Taghon / Goedele Hoefnagels</i> 4. Assessment and diagnostics of mental health needs and challenging behavior in a mobile team <i>by Filip Morisse</i> 5. Trapped in Autism and OCD. Wanting to move forward but not being able to. Which bridges helped along the way? <i>by Lies Taghon</i>
(17.30–18.15)			

SANDIS	CRUSELL	SAUKKO	BRYGGA
SOLICITED SYMPOSIUM 23 chair Elina Kontu <i>Trauma</i> 1. Violence, sexual abuse, and PTSD in autistic adults with IDD: Prevalence and clinical characteristics in a clinical sample <i>by Arvid Nikolai Kildahl</i> 2. Psychotherapeutic approaches to PTBS in people with IDD: what we can conclude from the scarce evidence <i>by Marie Ilic</i> 3. Trauma diagnostic for people with intellectual development disorder (IDD) in ICD-11 and limitations in diagnostic possibilities <i>by Birgit Mayer</i> 4. How can a successful trauma-pedagogical collaboration between a therapist's residential group look like in order to be able to keep a severely traumatized client with severe self-injurious behavior in a home setting? <i>by Birgit Mayer</i>	ROUND TABLE 2 (16.45–17.30) chair Tanja Sappok 1. FASD: status quo, models of care and research perspectives in Germany, Finland and The Netherlands <i>by Björn Kruse / Niina-Maria Nissinen / Tanja Sappok / Jan de Vries /</i> 2. Increased prevalence of Intellectual Disabilities in higher intensity mental health settings in the Netherlands <i>by Jeanet Nieuwenhuis</i> 3. We\'re in it till death do us part” – The role of palliative care in institutions for mental disability” <i>by Christian Happ</i> 4. Use of wearable fitness tracker in exercise training for people with intellectual disability <i>by Man Sum Annie Wu</i>	INDIVIDUAL SYMPOSIUM 14 chair Jacopo Santambrogio 1. Intellectual Disability and co-morbid psychiatric disorders: how appropriate diagnosis may improve treatment and quality of life <i>by Emma Francia / Jacopo Santambrogio</i> 2. Treatment with prolonged exposure for PTSD in mild intellectual disability, can it be done? <i>by Paul Prins</i> 3. TraumaTrain - an intensive outpatient trauma treatment for adults with an intellectual disability <i>by Mirjam Lammers</i>	SOLICITED SYMPOSIUM 25 chair Elisabeth Zeilinger <i>Trauma</i> <i>Innovations in PTSD-treatment in adults with an intellectual disability</i> 1. Literature and research conducted into (complex) PTSD, (intensive) PTSD treatments and intellectual disability <i>by Elmedina Dautovic</i> 2. Treatment with prolonged exposure for PTSD in mild intellectual disability, can it be done? <i>by Paul Prins</i> 3. TraumaTrain - an intensive outpatient trauma treatment for adults with an intellectual disability <i>by Mirjam Lammers</i>
	ROUND TABLE 5 (17.30–18.15) chair Brian Barrett 1. Beyond the DSM-5: The application of transdiagnostic factors in mental health care for youth with mild to borderline intellectual disabilities <i>by Anke Heinemann / Eric Santegoeds / Suzanne Bouwman / Bram Hochstenbach / Sammy Roording Ragetlie</i>		

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	BYSA	SONCK	TALLBERG
9.00–10.30	KEYNOTES chair Jarmo Kärkkö / Maria Arvio	SOLICITED SYMPOSIUM 18 chair Filip Morisse <i>Trauma and Abuse</i>	SOLICITED SYMPOSIUM 8 chair Ken Courtenay <i>Mental Disorder</i>
	State of the Art, MARIA ARVIO (FI): X-chromosomal syndromes are the most common cause of intellectual disability among males chair Jarmo Kärkkö State of the Art, JARMO KÖRKKÖ (FI): Rare and common causes genetic analysis in people with ID chair Maria Arvio	1. Trauma and people with ID : the importance of recognizing the impact of trauma and providing trauma-informed care (general) <i>by Trees Vangansbeke / Dr. Ien Claes / Greet Vanoverbeke / Eveline De Windt / Nele Vermeulen</i> 2. Intellectual disabilities and trauma play hide and seek: often hidden, seldom found <i>by Lien Claes / Eveline De Windt</i> 3. On mutual connections between trauma and the brain in people with intellectual disabilities <i>by Nele Vermeulen / Greet Vanoverbeke</i> 4. Cross in a crowd and the crocodile won't eat you.' Towards trauma-informed care in the support of people with ID <i>by Trees Vangansbeke / Greet Vanoverbeke</i>	1. Looking into selection bias in a randomised controlled off- label antipsychotic withdrawal study in people with intellectual disabilities <i>by Mireille Knulst / Sylvie Beumer / Marie-Louise Hoekstra-van Duijn</i> 2. Detection of neurological side effects of antipsychotics in people with intellectual disabilities <i>by Marie-Louise Hoekstra-van Duijn</i> 3. Antipsychotic withdrawal in people with intellectual disability and challenging behaviour: Why does it fail? <i>by Sylvie Beumer / Mireille Knulst / Marie-Louise Hoekstra-van Duijn</i>

SANDIS	CRUSELL	SAUKKO	BRYGGA
SOLICITED SYMPOSIUM 19 chair Johannes Fellingner <i>Communication</i>	CO-PRODUCTIVE SYMPOSIUM 6 chair Eddie Chaplin <i>Education and Employment</i>	INDIVIDUAL SYMPOSIUM 18 chair Elisabeth Zeilinger	SOLICITED SYMPOSIUM 24 chair Raymond Ceccotto
1. A Clinical Assessment Tool of Communication Skills in Individuals with Severe to Profound Disorder of Intellectual Development <i>by Daniel Holzinger / Johannes Fellingner</i> 2. Feasibility and Validity of the Questionnaire on Social Communication in Adults with a Disorder of Intellectual Development (QSC-ID) <i>by Daniel Holzinger / Johannes Fellingner</i> 3. Implementation of the Multidimensional Communication Assessment for Individuals with Disorders of Intellectual Development (MAC-DID) <i>by Joachim Adl / Daniel Holzinger</i> 4. Communicative deficits associated with maladaptive behavior in individuals with deafness and special needs <i>by Johannes Fellingner / Daniel Holzinger</i>	1. Three co-produced projects that are interlinked and support people with intellectual disability in addressing Education and Employment and Inclusion, Society and Community <i>by Ruwani Hysinth Ampegama</i> 2. Enabling Digital access (online training, challenges, barriers etc.) <i>by Eddie Chaplin / David Mahon</i> 3. Health literacy (barriers to knowing what is out there and rights to resources etc.) <i>by Maggie Brennan / Ruwani Ampegama</i> 4. Skilling up people with intellectual disability to become trainers <i>by Maggie Brennan / Ruwani Ampegama / Peter Cronin / Steve Hardy</i>	1. What people with intellectual disability consider important and advise to change regarding their mental health in daily care by support workers: a qualitative study <i>by Kira Angelier-Brummel</i> 2. HOW FAR CAN WE GO (together)? When caregiving is not accepted... <i>by Katrijn Van Loock / Stephanie Schellis / Lien Sysmans</i> 3. Experiences with the use of a social robot in the daily support of people with intellectual disabilities <i>by Miriam Zaagsma</i> 4. Introducing a mobile pain signaling system for people with severe/profound intellectual disability <i>by Helen Korving</i>	Intensive family-centered treatment for patients with Prader- Willi syndrome: focus on non-violent resistance training – A Pilot Study <i>by Corine van Vliet / Clarie Dekker / Nadine van Ooijen / Koen van de Linde</i>

EAMHID 2023 | SCIENTIFIC PROGRAMME | SATURDAY 23.9.2023

	BYSA	SONCK	TALLBERG
11.00–12.30	KEYNOTES chairs Brian Barrett / Filip Morisse	SOLICITED SYMPOSIUM 20 chair Elisabeth Zeilinger <i>Families/Parenting</i>	SOLICITED SYMPOSIUM 17 chair Jannelien Wieland <i>Challenging Behaviour</i>
	Meet the expert, MARCO BERTELLI (IT): Mental Health and Intellectual Disabilities <i>chair Brian Barrett</i> State of the Art, PEER VAN DER HELM (NL): The crocodile, the horse and the rider. About self-regulation <i>chair Filip Morisse</i>	1. Interventions for families and children: Family wellbeing and child mental health <i>by Daniel Sutherland / Vaso Totsika / Rachel Royston</i> 2. Family-systems interventions for families of people with developmental disabilities: A systematic review <i>by Daniel Sutherland</i> 3. Challenging behaviours in children with an intellectual disability: Systematic Review and Meta-Analysis of Pharmacological and Non-Pharmacological Interventions <i>by Vaso Totsika</i> 4. An RCT to evaluate a parenting intervention for behaviours that challenge in children with intellectual disabilities <i>by Rachel Royston</i>	1. Crisis intervention with persons with ID and mental health problems <i>by Leen De Neve / Saskia Rigolle / Suzan Laureys / Miet Suy</i> 2. Outreach: a way of empowering people in crisis? <i>by Leen De Neve</i> 3. Toolbox for de-escalation and crisis management: practice based tools and methods <i>by Saskia Rigolle</i> 4. Make room for crisis: creating opportunities for de-escalation by adapting the environment <i>by Suzan Laureys</i> 5. How is the psychiatrist deployed within crisis operations? <i>by Miet Suy</i>

SANDIS	CRUSELL	SAUKKO	BRYGGA
INDIVIDUAL SYMPOSIUM 8 chair Jacopo Santambrogio	SOLICITED SYMPOSIUM 21 chair Tanja Sappok <i>Challenging Behaviour</i>	INDIVIDUAL SYMPOSIUM 20 chair Willem De Muer	INDIVIDUAL SYMPOSIUM 21 chair Trine Lise Bakken
1. Time-In: a supportive co-regulation method to assist adults with intellectual disabilities and underdeveloped emotional regulation skills <i>by Sabrina da Rocha / Judith Ormazabal</i> 2. Towards unravelling the complexities of social relations of adults with a disability in ambulatory support services: Personal Network Stories as a pathway to intervention <i>by Evy Meys</i> 3. Supporting professionals to recognise depression and anxiety in individuals with Intellectual Disabilities during their perinatal journey <i>by Anca Manea / Heidi Mckay</i> 4. A Markov chain approach to analyze behavioral changes in a case with intellectual disability and challenging behavior <i>by Thomas Ostermann</i>	1. Improving residential concepts for adults with ID and Challenging Behaviour: Results of the German PINO studies <i>by Annika Lang / Sophia Arndt / Meike Wehmeyer / Felicia Zachskorn /</i> 2. Status Quo of the Living Situation of People with ID and Challenging Behaviour in Bavaria <i>by Annika Lang</i> 3. A Qualitative Study on Solution Strategies for Residential Care for People with ID and CB <i>by Sophia Arndt</i> 4. Challenging Behaviour: Addressing Special Needs without Consolidating Exclusionary Contexts: A Developmental Concept for Institutional Living <i>by Meike Wehmeyer</i> 5. Intra- institutional Consultant Work as an Enhancement to the Existing Services for People with ID and CB <i>by Felicia Zachskorn</i>	1. Restriction measures in group homes for people with ID: Does group size matter? <i>by Hannu T. Vesala</i> 2. Mental ill-health and its determinants in mothers caring for a son/daughter with intellectual disabilities across and beyond the caregiving trajectory: secondary data analysis and data linkage of administrative and health records <i>by Deborah Cairns</i> 3. Harmful behaviours that challenge in adults with intellectual disability in psychiatric inpatient care: impact of organization of care <i>by Markus Kosel</i>	1. Community services during the COVID-19 pandemic in a Norwegian county: impact on users with multiple, complex needs and their service providers – a qualitative study <i>by Linda Kristin Hørsrud /</i> 2. The quality of life and quality of support of elderly people with intellectual disability measured: three questionnaires <i>by Hadewych Schepens</i> 3. Tackling avoidable deaths in people with a learning disability - the LeDeR programme in England <i>by Andre Strydom</i> 4. Measurement of time-assistive device use and satisfaction with these devices by people with intellectual disabilities <i>by Debora van Elst</i>

Invited Speakers



Maria Arvio

"We can't choose our genes and we all have the right to be born!"

🇫🇮 **X-chromosomal syndromes are the most common cause of intellectual disability among males**

- Intellectual disability is more common among males than among females (54% vs 46%).
- Females have two X-chromosomes while males have one X-chromosome and a small Y-chromosome.
- In the X-chromosome there are several (at least 140) genes affecting intelligence, while no such genes have been found in the Y-chromosome.
- Approximately 10 to 15% of males with intellectual disability have an X-chromosomal syndrome and these syndromes are the most common hereditary causes of intellectual disability.
- Fragile X and Rett syndrome are two well-known X-chromosomal syndromes.
- This presentation will describe the clinical course of fragile X syndrome and of some other X-linked syndromes.



Ilona Autti-Rämö

"Prevent the preventable"

🇫🇮 **Eyes closed, ears shut – the problem of not recognizing the magnitude of problems linked with prenatal alcohol exposure**

- The global prevalence of FASD continues to increase though it has been known for decades, that FASD is the most prevalent preventable cause of cognitive difficulties.
- Preventive actions have been developed, but they are poorly used.
- Diagnostic capacities are poor and also unwillingness to give this diagnosis for various reasons exists.
- Lack of diagnosis is linked with lack of individually needed support for both the child and the family.
- This presentation will analyse the current situation from ethical perspective.
- Various scenarios to raise better awareness of the moral and social implications and consequences of not willing to recognize the magnitude of the problems linked with prenatal alcohol exposure will be presented.



Marco Bertelli

"The current classification systems of mental disorders pose several major issues for practice and research for persons with ID and/or other NDD."

🇮🇹 **Mental Health and Intellectual Disabilities: Potential issues for practice from the ICD-11 and DSM-5**

- The current classification systems of mental disorders pose several major issues for practice and research for people with intellectual disability (ID) and/or other neurodevelopmental disorders (NDD).
- The three following issues can be categorized as the primary ones:
 - difficulty in identifying the disorders
 - differential diagnosis errors
 - uncertain amplitude of disorders
- The near future of mental health for people with DNS will have to grapple with the many issues of the current classification systems.
- Studying the behavioral equivalence of the different PB will be crucial, especially in light of the presence of other symptom clusters and the effectiveness of the various therapies.
- Finding the ideal balance between the dimensional and category diagnostic techniques might also be quite beneficial.
- These accomplishments would dramatically improve the diagnostic precision in the general population as well.



Nick Bouras

"Promoting with equality, dignity and respect dissent mental health for people with intellectual disabilities."

🇺🇸 **Reflections, challenges and perspectives of mental health for people with intellectual disabilities**

- Since the 1960s, we have witnessed fundamental and sweeping changes for supporting people with intellectual disabilities (PWID), their families and carers.
- That reality underpinned the development of the European Association of Mental Health in Intellectual Disabilities (EAMHID).
- Mental health provision for people with ID has been facing several challenges.
- These include uncritical adoption of the 'social model' of disability.
- Policy not matching the reality of geographical disparity through fragmentation of local provision.
- Standards in community care vary.
- Marginalization in mainstream employment services.
- A meta community approach is now necessary and will be outlined.



Eddie Chaplin & Peter Cronin

🇬🇧 **Supporting my friends with intellectual disabilities to manage their mental health**

- My name is Peter and I have an intellectual disability for most of my life, I have suffered from time to time from anxiety and depression.
- I will share with you some of the projects that have promoted mental wellbeing I have been involved in as a campaigner and advocate.
- These include developing resources to help people learn about their own mental health and develop an understanding so that they can be more independent in managing their own mental health.
- I will also let people know some of the issues and barriers that upset people with intellectual disabilities in accessing healthcare and what we can do to create more choices and include people.
- This talk offers valuable insights into how mental health is experienced by people with intellectual disabilities and how to use healthcare information to make appropriate health decisions and follow instructions that promote positive mental health.
- It also covers how and when to make reasonable adjustments for people with intellectual disabilities that ensure choice and inclusion.



Steven Degrieck

"Whatever diagnostic label a person has, it is also just someone trying to be happy."

🇧🇪 **The role of our internal senses in sensing, understanding and regulating our stress**

- Detecting bodily changes is the foundation of what is called affect, which in itself is the foundation of sensing an emotion.
- Many people with autism and an intellectual disability are at risk of having an additional sensory problem.
- In case of a sensory hypersensitivity or hyposensitivity this process might be disturbed.
- We can try to improve the sensory base, working directly towards a better sensing what is happening in the body.
- We can also offer the possibility to work directly on proprioceptive input.
- The offered activities should be 'autism friendly', meaning they should be clear in their organization so that the exercises themselves are not a source of stress.

**Elina Kontu**

“There is still a lot of work to be done for equal society be a reality, and everyone’s voices to be heard as they should be. Let’s do it together!”

Communication as windows to autism

- As a phenomenon, the ASD is multidisciplinary; its biological basis is not yet fully known.
- Over the course of twenty years, the ASD has been explained and understood from the perspective of cognitive abnormalities.
- Over the past few years, new theories explaining the ASD have been apparent.
- For example, according to the Double Empathy Theory, the failure to experience empathy is due to both interaction partners not the lack of interaction skills of a person with ASD.
- Focusing on the interaction allows for mutually satisfying interactions and releasing energy by not focusing on the interaction skills of either.
- A relation of communications is used to build a bridge across the double empathy.

**Jarmo Körkkö**

“Knowing the etiology of intellectual disability is important!”

Rare and common causes genetic analysis in people with ID

- Presentation will combine the results from etiological and population studies and information collected from regional population (Northern Ostrobothnia, Finland).
- Intellectual disability is well characterized in our region, communities recognize the people with special needs and health care system performs thorough etiological and psychological studies.
- In this region both intellectual disability and psychiatric disorders are more common than in Finland in general probable caused by shared genetic inheritance.
- More than 1200 patients with intellectual disability with unknown etiology has been recruited for genetic study.

**Peter Langdon**

“The rights and social inclusion of all people with intellectual disabilities.”

Advances in psychological Therapies

- Psychological therapies for people with intellectual disabilities who have mental health problems are often adapted.
- These adaptations often appear idiosyncratic and whether they led to improved outcomes remains unclear.
- The current state of the existing evidence regarding the effectiveness of talking psychological therapies for people with intellectual disabilities will be presented and critically discussed, along with some of the adaptations that are made by therapists.
- The next step to address some of the challenges will be outlined and considered.

**Vanessa Olivier-Pijpers**

“Those (professionally) involved within the care for people with intellectual disabilities and challenging behaviors need to operate as one collective. By doing this, it is possible to support people with intellectual disabilities in such a way that support services will contribute to a proper and meaningful life for the residents and prevent challenging behaviors. Everyone involved in the disability service organization has a part

in providing better challenging behavior management; whether it is a very small or really big role does not matter. At every layer in the organizational environment there are possibilities to change the lives of people with intellectual disabilities and challenging behavior. Hopefully, we can align these possibilities as this is necessary for quality of care.”

Layers of the organizational environment in the care for people with intellectual disabilities and challenging behaviors

- Challenging behaviors are the result of a resident interacting with his or her social context (other residents and staff), and in the broader context of the organizational environment of support services.

- Some organizational aspects (culture, leadership style, finances) have been linked to the management of challenging behaviors.
- The purpose of this study was to explore the relationship between aspects in multiple layers in the organizational environment and challenging behavior in residents, using Bronfenbrenner’s ecological theory.
- The use of ecological theory as a sensitizing framework helps to understand why residents with intellectual disabilities display challenging behaviors within the context of specialized disability service organizations.
- A holistic ecological perspective on the prevention and management of challenging behaviors is valuable and necessary for the provision of proper support services to residents with intellectual disabilities.

**Jyrki Pinomaa**

“People with intellectual disabilities enjoy equal rights and fully participate in all aspects of life and family members of people with intellectual disabilities can be just that – family members.”

A family member’s view on support in service provision – importance of individually ensuring and maintaining mental well-being of a young adult with intellectual disability in housing services

- The presentation will describe very pragmatically service provision practices in housing services and how the presenter’s two sons, Markus’ and Robin’s mental well-being has been affected by these practices.

- What does mental well-being or mental nausea mean in a context connected to Markus or Robin?
- How are signs of uncertainty, worry and concern used to help their mental well-being.
- Use of person-centered approach based on individual needs and the idea of personal staff teams and individualized service provision.
- Restriction practices and their effects during times of crisis based on the first months of COVID19 pandemic.
- Some experiences of families with children with intellectual disabilities during the breakout of the aggressions in Ukraine.

**Jannelien Wieland**

“I stand up for excellent mental health care for people with intellectual disabilities”

Suicidal behavior in people with intellectual disabilities

- In people with intellectual disabilities (ID), suicidal behavior is an important but underexposed topic.
- Suicidality does occur and suicidal ideation may even be more common among persons with ID than in the general population.
- In this presentation we will explore the concept of suicidality and summarize the available research on suicidal behavior in people with ID.

- We will address important guidelines from mental health care on the subject of suicidal behavior and talk about important lessons on diagnosis and treatment of suicidal behavior learned from general mental health care and applied to people with ID.

**Tanja Sappok**

“With my work I aim to improve medical care for people with intellectual developmental disabilities.”

ICD-11: Impact on the conceptualization of mental disorders in intellectual disability

- In ICD-11, disorders of intellectual development (DID; code: 6A00; in ICD-10: intellectual disability F7) are listed as a subgroup of “neurodevelopmental disorders” (code: 6A0).
- Neurodevelopmental disorders also include autism spectrum disorders (ICD-11: 6A05), attention deficit hyperactivity disorder (ICD-11: 6A05), and stereotyped movement disorder.

- The diagnostic criteria for DID have been adapted compared to ICD-10. Moreover, the conceptualization and criteria for certain disorders such as catatonia, feeding or eating disorders, dissociative disorders, obsessive-compulsive disorders, and behavioural disorders have been changed compared to ICD-10.
- This may also impact our diagnostic assignment and consequently treatment and support.
- The lecture will present the changes and its possible impact for medical care in people with an intellectual disability.



Katrina Scior

“We must do more to address the needs of the 85% of people with intellectual disabilities who live in low- and middle-income countries. I view as priorities the development of robust methods to assess intellectual disability stigma and its impacts, evidence based interventions to reduce stigma, and support for the realization of the human rights of people with disabilities, giving voice and supporting people with intellectual disabilities in leading the fight against stigma.”

 **Stigma, its impact on people with intellectual disabilities and best practice in reducing stigma**

- Recent decades have seen many positive changes in increasing the inclusion of people with intellectual disabilities and their options for leading self-determined lives.
- Yet, all too often, children and adults with intellectual disabilities still face stigma, that is prejudice, negative stereotypes and discrimination.
- This talk will provide an overview how stigma affects the lives of people with intellectual disabilities before asking what courses of action are being taken to reduce stigma and what we know about their impact.
- Comparisons will be drawn with anti-stigma efforts in other fields, particularly autism and the mental health field.



Irene Tuffrey-Wijne

“I believe that everyone with an intellectual disability has a right to be valued in life, and to live fully for as long as possible. Everyone should then have access to excellent palliative and end of life care, whatever that might be. My research is about HOW to make this possible. The starting point is listening to people with intellectual disabilities and their families and carers – which is why I work with co-researchers, using inclusive methodologies.”

 **Involving people with intellectual disabilities in end of life care planning: Why? And how?**

- How to ensure that people can live and then die in the way they choose, has been an important question for health care (and especially palliative care) professionals.
- How can we help people with intellectual disabilities understand and cope with dying, death and bereavement.
- People themselves are rarely involved in making decisions about their treatment and care at the end of life.
- The Victoria & Stuart Project: Team of researchers (including four researchers with an intellectual disability) is working to co-design a toolkit of approaches and resources for end-of-life care planning.
- The story of people's lives will (or should) affect the story of their dying.



Peer van der Helm

“Research on MID has often been focusing on brain disorders (medical model), focusing on what's wrong with the patient and what cannot, but this has showed little progress the previous decades and many 'interventions' also result in a minimal success. Based on a paradigm shift towards what can and Ethics of Care we want to improve social climate and thereby foster self-regulation in clients and staff as well.”

 **The crocodile, the horse and the rider. About self-regulation**

- Human (and children's) rights combined with Ethics of Care (EOC) together constitute a beautiful but at the same time fragile construct for those who have a Mental Disability in present day society and in care.
- Perhaps recent brain research can give arguments for combining Human rights and EOC and provide us with practical guidelines for professional behavior.

Pre-Congress Workshops

The workshops will take place on Thursday, September 21, 8.30–11.30 at Hotel Clarion (2nd floor). The workshops can be booked individually, participation in the congress is not mandatory. If you'd like to attend one of these workshops and the congress, please book the workshops additionally when you register for the congress.

Workshops are held in English and one in Finnish. The workshops will not be streamed.

 **Workshop 1**

Assessing and treating pain experienced by people with severe or profound intellectual disabilities

Thursday, 8.30–11.30

Room: Tallberg
Annemieke Enninga and Helen Korving,
Sylvia Huisman, Aly Waninge,
Annette van der Putten & Paula Sterkenburg



An informative and active workshop! Two different assessment techniques for pain experienced by adults with severe or profound intellectual disabilities are demonstrated. After this workshop you will know more about diagnosing pain within this target group.

Annemieke Enninga, PhD-candidate at the University of Groningen, will explain about the development of the Pain Observation Scale for Adults with Intellectual disabilities (POSAID). You will actively learn how to use this pain observation instrument by scoring it with the help of several video fragments of day-to-day situations.

Helen Korving, PhD-candidate at the Vrije Universiteit Amsterdam, will tell you more about the development of a measurement tool of physiological signals to measure pain with the aid of a mobile application. A demonstration of the tool and mobile application will be given. Some examples will be given for the use of the new 'pain app' in the treatment of possible pain experienced by persons with severe or profound intellectual disabilities. Adequate use of the POSAID and the 'pain app' in daily caregiving will be discussed.

 **Workshop 2**

Using the mirror game to look at body movement, attachment, and non-verbal communication among persons with intellectual disability

Thursday, 8.30–11.30

Room: Brygga
Rinat Feniger-Schaal



Body movement, also referred to as nonverbal communication is a rich and complex phenomenon. People communicate at so many levels: through facial expression, different parts of the body, the quality of the movement, the use of space, the pace of the movement, interpersonal distance, synchrony with the movement of the other, and many more.

Nonverbal communication is a basic, first communication between mother and baby. The preliminary bond between mother and her baby is first and foremost a bodily one and therefore the body encapsulates and expresses these early experiences.

Along the life span non-verbal communication continues to be a central way for people to communicate in any inter-

personal context. People with intellectual disability are no different. Through their body they communicate their feelings, their sense of security, closeness, curiosity etc. Furthermore, the limitation in verbal communication, may call for special attention to the non-verbal communication.

To explore body movement in an interpersonal context we used the mirror game paradigm. The mirror game is a simple imitation exercise where each of the partners takes turn in leading and following. In recent years we developed a way to use the mirror game as an assessment as well as an intervention. In this workshop we will present and practice the knowledge we gained in our studies on the mirror game (see for example Feniger-Schaal et al., 2018) when working with people with intellectual disability.

**Workshop 3**

Caregiving for and attachment of persons with severe or profound intellectual disabilities




Thursday, 8.30–11.30
Room: Sandis
Sien Vandesande

Developing consolidated, secure attachment relationships with primary caregivers yields great benefits for a person's social-emotional growth. Especially among persons with severe or profound intellectual disabilities (SPID), who are more likely to acquire mental health problems compared to the general population, the importance of attachment figures is significant. However, it is often challenging for caregivers to develop attachment relationships with persons with these complex and extensive support needs. Both risk factors at the side of the person with SPID (e.g., limited expressive communication) as well as at the caregiver's side play a role (e.g., difficulties processing the diagnosis, difficulties to interpret the person's idiosyncratic signals).




The knowledge on attachment in persons with SPID has long lagged behind but is increasingly getting more research attention now. Also in clinical practice, the attachment framework is becoming more prominent to look at, for instance, behavioural problems in the group of persons with SPID. During this pre-conference, Dr. Sien Vandesande (KU Leuven, Belgium) will give a short theoretical introduction on attachment theory. This is followed by an overview of the existing research base on caregiving and attachment in persons with SPID. Illustrations will be given from her own research on parent-child attachment in children with SPID, covering different methodologies (a.o. observation, physiology, interviews). Together, we will also reflect on how these results can be translated to support parents and what we can take away from these for our own attachment relationships with clients as professional caregivers.

After the short theoretical and research introduction, we will explore options to look at attachment behaviour or quality in this particular group and to intervene. Together, we will critically discuss how these (diagnostic or intervention) methods on the domain of attachment can be adequately applied in or adjusted to the target group. During this pre-conference, cases and videos are discussed and participants are also invited to bring their own case, if desired.

**Workshop 4**

Implications of the Emotional Developmental Approach using the Scale of Emotional Development in Treatment and Care of persons with an Intellectual Disability (Social emotional functioning of persons with a mild ID)

Thursday, 8.30–11.30
Room: Sonck
Marie Ilic, Marcus Vogel & Lioba Grünfelder



Aims:

- Get to know the concept of emotional development
- Apply the Scale of Emotional Development – Short (SED-S)
- Learn about the different benefits for each occupational group and their work
- Understand the changes in attitude that the application of the SED-S generates in everyday work with clients
- Differentiate psychiatric symptoms and challenging behaviours from developmentally appropriate behaviour
- From assessment to support: train and discuss typical situation in daily life


Methods:

- Short presentations by the speakers to introduce the emotional developmental approach in their specific occupational group and working field (psychologist, psychiatrist, pedagogue)
- Exercises (case study) in small groups
- Round table discussion

This workshop wants to focus on the practical use of the emotional development approach in daily work. How can we operate the transition of the assessment into daily life of the clients? How can we change the attitude and habits after application of the SED-S in our clients? Where should the attention and main concern focus in everyday work with clients in different developmental reference ages? How can we differentiate psychiatric symptoms from developmentally appropriate behaviour (e.g. borderline personality disorder vs. SED-3, schizophrenia versus SED-4, autism v. SED-1)?

We don't focus on the diagnostic process but look at the care situations that can be changed and the implications after assigning the emotional reference ages of clients. For different occupational groups, the SED-S offers different benefits and advantages. Therefore, the three speakers will give a short overview on the implications of the emotional development approach in their respective occupations. Afterwards, a case study will be prepared and presented that clarifies the process from the assessment to the practical implications. In small groups, the participants are invited to apply and exercise the approach in their own clients. At the end, a round table discussion about experiences, opinions and questions due to the practical use of the developmental approach will take place.

Prior Knowledge:
To follow the workshop and take a benefit from it, the participant should have basic knowledge on developmental psychology, the different stages of emotional development and the diagnostic process. We will briefly repeat basic ideas of the concept, but prior knowledge is beneficial. For those, who are yet unfamiliar with the approach, we recommend Sappok, Hudson, Zepperitz (2021). Meeting emotional needs in intellectual disability. Göttingen: Hogrefe Publishing as a very easy-to-read introduction.

**Workshop 5**

Peter and Friends talk about co-production and service user involvement

Thursday, 8.30–11.30
Room: Crusell
Peter Cronin, Eddie Chaplin & Steve Hardy

This pre-conference course will be led by Peter Cronin, an expert by his own experience of having an intellectual disability. He will be supported by his friends Eddie Chaplin and Steve Hardy whom he has worked with for over twenty years.

The course will talk about how people with intellectual disabilities can influence the support they receive, and the benefits of co-production. Peter will also talk about his struggles with mental health and being listened to by health and care staff. Peter has presented at conferences and has co-produced journal articles, training packages, and books including the Peter and Friends series. Those attending the workshop will get


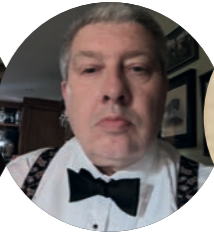

**Workshop 6**

Emotionaalinen kehityksen arviointi ja sen hyödyt arjessa




Thursday, 8.30–11.30
Room: Saukko
Anna-Elina Leskelä-Ranta, Ari-Matti Saari & Oili Sauna-aho

Tässä esityksessä kuvataan Dosenin mukainen emotionaalisen kehitysvaiheen teoria, SEO-R2-arviointityökalu sekä erityishuoltopiirien ja Kehitysvammaliiton laaja kaksivuotinen kehityshanke. Hankkeen tavoitteena oli vahvistaa emotionaalisen kehitysvaiheen arvioinnin osaamista, vahvistaa emotionaalisten tekijöiden huomioimista osana käyttäytymistä sekä tukea SEO-R2-arviointityökalun käyttöönottoa Suomessa. Esityksessä käydään läpi kokemuksia pilottikoulutuksista, menetelmän jalkauttamisesta sekä käyttökelpoisuudesta kuntoutuksen suunnitteluun sekä hoito- ja ohjaustyöhön.

SEO-R2-arviointityökalu on läheisen haastatteluun perustuva työkalu, jolla pyritään määrittämään kehitysvammaisen henkilön emotionaalinen kehitysvaihe. Haastattelussa käydään läpi 13 emotionaalisen kehitysvaiheen osa-aluetta, jotta asiakkaan tarpeisiinsa ja käytökseen voitaisiin vastata oikeanlaisella tuella ja hoidolla. Hankkeen aikana erityishuoltopiireistä asiantuntijat hankkivat pätevyyden tehdä SEO-R2 mukaisia arviointeja sekä kouluttaa oman organisaationsa pilottiasumisyksiköiden henkilökunta emotionaalisten tekijöiden havainnointiin ja tukemiseen arjessa.



1. Valuable insights into how mental health is experienced by people with intellectual disability
2. Know what best practice is from the point of view of a person with an intellectual disability accessing health services
3. Know how and when to make reasonable adjustments
4. Finally Peters colleagues will talk about health literacy, which at its basic is to read, understand, and use healthcare information to make appropriate health decisions and follow instructions for treatment and how this impacts people with intellectual disability



Kokemuksia arvioinneista ja sen tulosten jalkauttamisesta arkeen on kertynyt hyvin erilaisista asumisen, kuntoutuksen sekä kehitysvammapsykiatrian yksiköistä. Keskeinen havainto on ollut, että lähihenkilöiden ymmärrys emotionaalisen kehityksen vaihteellaisuudesta ja kyky ottaa arjen vuorovaikutustilanteissa huomioon asiakkaiden emotionaalisia perustarpeita lisääntyi. Arvioinnin tulosten jalkauttamisen tueksi hankkeessa kehitettiin lähihenkilöille suunnattu perehdytys- ja koulutuskokonaisuus emotionaalisen kehityksen käsitteisiin. Pilottiyksiköistä kerätyssä palautteessa korostuu koulutettujen lähihenkilöiden kokemus siitä, miten suuria muutoksia ohjauksen toimintamalleihin pystyttiin toteuttamaan, kun asiakkaiden käyttäytymisen haasteet ensin ymmärrettiin oikein.

Kokemukset arvioinneista ja hankkeesta olivat erittäin positiiviset. Loppupäätelmänä on, että SEO-R2-arviointityökalu tuottaa käytännönläheistä ja olennaista lisätietoa ohjaus- ja hoitotyöhön sekä kuntoutuksen suunnitteluun. Suosittelemme arviointityökalun laajempaa käyttöönottoa osaksi kehitysvammaisten erityishuoltoa.

Abstracts of the Finnish Programme

Emotionaalisen kehityksen arviointi ja sen hyödyt arjessa

Ari-Matti Saari, Anna-Elina Leskelä-Ranta

Tässä esityksessä kuvataan kaksivuotinen kehityshanke, jossa tavoitteena oli vahvistaa emotionaalisen kehitysvaiheen arviointia sekä tukea SEO-R2-arviointityökalun käyttöönottoa Suomessa. Arvioinnin jalkauttamisen tueksi kehitettiin lähihenkilöille suunnattu perehdytys- ja koulutuskokonaisuus emotionaalisen kehityksen periaatteisiin ja käsitteisiin.

Tuetun asumisen, kuntoutuksen sekä kehitysvammapsykiatrisen hoidon yksiköistä saatu palaute koulutuksesta ja arvioinneista oli erittäin positiivista. Läheisten sekä asiakkaan kanssa toimivien ohjaajien ymmärrys emotionaalisen kehityksen vaiheista, niiden merkityksestä arjessa sekä kyky huomioida asiakkaiden emotionaalisia tarpeita kasvoivat. Kun asiakkaiden toiminta ja hänen tarpeensa ymmärrettiin oikein, pystyttiin ohjaukseen ja vuorovaikutustilanteisiin toteuttamaan suuria muutoksia.

SEO-R2-arviointityökalu osoittautui käytännönläheiseksi ja olennaiseksi tiedoksi ohjaus- ja hoitotyöhön sekä kuntoutuksen suunnitteluun. Suosittelemme menetelmän laajempaa käyttöönottoa kehitysvammaisten erityishuollossa.

Emotionaalisen kehityksen arvioinnin hyödyntäminen diagnostiikassa

Seija Aaltonen

Psykiatrisen diagnostiikka on haastavaa niiden henkilöiden kohdalla, joilla on kehitysvamma. Lähi-ihmiset tai sairaanhoitajat kertovat oirekirjon, joka ei oikein ”istu” minkään psykiatrisen sairauden diagnostiseen oirekriteeristöön. Psykiatrit turhautuvat, koska on lähes mahdotonta löytää sopivaa lääkitystä tai muita psykiatrisia keinoja, miten auttaa potilasta.

Syy kaikkeen tähän hämmennykseen on, että emme tiedä potilaan emotionaalisen kehityksen astetta. Esityksessäni painotan, että on tärkeää tietää potilaan emotionaalinen taso jo ennen kuin hän tulee psykiatrieseen arvioon. Alhainen emotionaalinen taso voi olla syynä potilaan käyttäytymiseen tai heikentää potilaan puolustusmekanismeja ja siten tehdä potilaasta haavoittuvamman psykiatrisille häiriöille.

Hyvää elämää syvästi kehitysvammaisille ihmisille itsemääräämistä tukemalla: Tapaustutkimus

Sonja Miettinen

Vaikka kehitysvammaisten ihmisten itsemääräämisoikeus tunnustetaan nykyisin laajasti, emme ole vielä saavuttaneet yhteisymmärrystä siitä, mitä kyseinen oikeus tarkoittaa silloin, kun kehitysvamma tuottaa hyvin pitkälle meneviä rajoitteita henkilön kykyyn kommunikoida ja tehdä itsenäisiä päätöksiä. Tässä puheenvuorossa tarkastellaan tapaustutkimuksen keinoin ”syvästi” kehitysvammaisiksi luokiteltujen, puhumattomien henkilöiden tapaa harjoittaa

itsemääräämistä omassa arjessaan. Tarkoituksena on sekä havainnollistaa, että käsitteellistää näiden ihmisten ulottuvilla olevia itsemääräämisen käytäntöjä. Näiden käytäntöjen ymmärtäminen ja mahdollistaminen on tärkeää, jotta myös syvästi kehitysvammaiset henkilöt voivat nauttia oikeudestaan elää omannäköistään elämää.

Käytännön esimerkki

Kaisa Martikainen ja Katja Burakoff

Kehitysvammaliiton Tikoteekki on kehittänyt syvästi kehitysvammaisten ihmisten päätöksenteon tukemisen käytäntöjä yhdessä Rinnekotien ja Etelä-Savon hyvinvointialue Eloisan kanssa. Syvästi kehitysvammaiset ihmiset kertovat olenskielellään mieltymyksistään eli osoittavat sanattomasti, mistä he pitävät ja eivät pidä. He tarvitsevat ympärilleen ihmisiä, jotka rohkaisevat heitä kokemaan uusia ja erilaisiakin asioita, tunnistavat heidän olemuskielisiä viestejään, tulkitsevat heidän tahdonilmauksiaan ja toteuttavat heidän tahtoaan. Hankkeessa kehitettiin lähi-ihmisten käyttöön Rohkaisin-toimintatapa, jonka avulla syvästi kehitysvammaiset ihmiset voivat elää itsensä näköistä elämää. Esityksessä esittelemme Rohkaisimen ja sen tukimateriaalit.

Mentalisaatio on opittavissa

Lauri Koskinen

Tässä puheenvuorossa esitellään lyhyesti ”Mentalisaatio on opittavissa” -kirja, jonka ovat kirjoittaneet Francien Dekker-van der Sande ja Paula Sterkenburg (Dekker-van der Sande & Sterkenburg, 2016). Kirjoittajat ovat kehittäneet lähestymistavan vanhemmille, hoitajille ja opettajille, jotka tukevat näkövammaisia ja/tai kehitysvammaisia henkilöitä, joilla ilmenee myös haasteita kiintymyksen muodostamisessa, psyykkisiä häiriöitä ja/tai haastavaa käyttäytymistä. Tätä menetelmää kutsutaan Mentalisaatioon Perustuvaksi Tueksi (MPT).

Mentalisaatiolla tarkoitetaan yksilön kykyä pohtia omaa ja toisen ihmisen mielen sisältöä, kuten ajatuksia, uskuksia, tunteita ja toiveita. Kirjassa käsitellään, miten tukea hoitajia tai vanhempia tavalla, joka edistää mentalisaatiota ja tämän myötä auttaa heitä reagoimaan sensitiivisemmin lasta tai asiakasta kohtaan. Lähihenkilöiden on tärkeää ymmärtää, missä vaiheessa kehitystä kyetään mentalisoimaan tilanteita. Tästä syystä kirjassa kiinnitetään myös huomiota mentalisaation esiasteisiin ja tarjotaan lukijalle ehdotuksia, miten mentalisaatiota voidaan herätellä ja aktivoida. Kirjan hyöty piilee tiiviissä ja selkeissä luvuissa, joista jokainen liittyy selvästi mentalisaation eri puoliin. Kirja tarjoaa keskustelunaiheita ja harjoittelumateriaalia siihen, miten mentalisoidaan ja ollaan vuorovaikutuksissa muiden kanssa.

Kirja on jaettu viiteen aiheeseen ja viimeinen luku pitää sisällään yleisen katsauksen mahdollisista interventioista. Jokaisessa luvussa on selkeä rakenne ja luku päättyy yhteenvedon sekä aiheeseen liittyviin käytännön vinkkeihin. Jokaisessa luvussa tuodaan ilmi esimerkkejä, kuinka helposti mentalisaatiokyky voi heikentyä tai mentalisoiminen

epäonnistua kokonaan, ja jokaisessa esimerkissä käydään läpi, miten mentalisaatio tapahtuu tehokkaasti.

Kehitysvammaisten ihmisten kokemuksia siirtymästä vanhuuden eläkeläisyyteen

Sirpa Granö

Siirtymä vanhuuden eläkeläisyyteen on yksi tyypillinen vanhuusikään liittyvä elämänkulun vaihe. Kehitysvammaisille ihmisille siirtymä vanhuuden vaiheeseen tarkoittaa useimmiten päiväaikaisesta toiminnasta poisjäämistä. Ansiotyöstä eläkkeelle siirtyminen koskettaa vain harvoja. Aiheen tutkiminen on tullut ajankohtaiseksi, sillä väestön eliniän pitenemisen myötä yhä useampi kehitysvammainen henkilö saavuttaa vanhuuden vaiheen.

Laadullisessa seurantatutkimuksessa kerätään tietoa neljän kehitysvammaisen henkilön kokemuksista siirtymästä noin vuoden ajalta. Tutkimukseen osallistuneet henkilöt ovat ilmaisseet halunsa jäädä pois päiväaikaisesta toiminnasta. Ennen ensimmäistä haastattelua he ovat ottaneet valokuvia itselle tärkeistä asioista, ihmisistä ja paikoista. Puolistrukturoiduissa haastatteluissa on keskusteltu heidän ottamistaan valokuvista, heidän elämäntilanteestaan sekä suhtautumisesta ikääntymiseen. Tutkimusaineisto koostuu haastattelulitteraateista, valokuvista sekä tutkijan tutkimuspäiväkirjasta. Kongressissa esitellään ensimmäisiä tuloksia tutkimuksesta.

Asiakasosallisuus ja etäpalvelut

Tarja Huotari

Pohjois-Karjalan hyvinvointialueella Siun sotessa on kehitetty vammaispalvelujen asumisessa sekä työ- ja päivätoiminnoissa ja työhönvalmennuksessa kehitysvammaisten henkilöiden osallisuutta vuodesta 2018 alkaen systemaattisesti. Huomioitavaa on, että kehittäminen tapahtuu samanaikaisesti koko Siun soten alueella ja yhdessä työntekijöiden sekä asiakkaiden kanssa. Kehittämisessä hyödynnetään kehittämishankkeiden tuomia asioita.

Työ- ja päivätoiminnoissa osallisuutta on lisätty mm. kurssimuotoisella sisällöllä, etäpalveluilla (etäryhmät ja etäkurssit sekä avoin etäpäivätoiminta), vertaisohjaajuudella, digitaitoja harjoittelemalla, asiakkaita tavoitteiden asettamiseen ja kirjaamiseen osallistamalla, asiakasraadilla ja säännöllisillä yhteisöpalavereilla, joissa asiakkaat voivat vaikuttaa palvelun kehittämiseen. Työhönvalmennusta toteutetaan myös etänä koko Siun soten alueen kohderyhmälle. Työhönvalmennuksessa hyödynnetään vertaisohjaajuutta ja on otettu käyttöön kevytyrittäjäjyttä. Tuetussa asumisessa on panostettu etäohjaukseen ja asiakkaiden kanssa yhdessä tukikäynneistä asiakastietojärjestelmään kirjaamiseen sekä asiakaspalautteiden keräämiseen.

Kaikissa palveluissa tehdään yksilökeskeisiä elämänsuunnitelmia, joista nostetaan tavoitteita palvelusuunnitelmiin sekä asiakastietojärjestelmään tavoitteiden kohtaan. Asumispalveluissa on kiinnitetty huomiota erityisesti itsemääräämisoikeuteen ja arjen tasolla osallisuuden lisäämiseen. Asiakkailla on mahdollista osallistua sekä kotoa että työ- ja päivätoiminnoista etäpäivätoiminnan ohjelmaan.

Autismikirjon häiriön Käypä hoito -suositus

Terhi Koskentausta

Autismikirjon häiriö on keskushermoston kehityksellinen häiriö, jonka ydinoireita ovat toimintakykyä haittaavat, laaja-alaiset ja pysyvät sosiaalisen vuorovaikutuksen ja kommunikaation erityispiirteet sekä rajoittuneet, toistavat ja joustamattomat käytösmallit, kiinnostuksen kohteet tai aktiviteetit.

Autismikirjon häiriön Käypä hoito -suositus julkaistiin tammikuussa 2023. Käypä hoito -suositukset ovat riippumattomia, tutkimusnäyttöön perustuvia kansallisia hoitosuosituksia, jotka laatii Suomalainen Lääkäriseura Duodecim yhdessä erikoislääkäriyhdistysten nimeämän asiantuntijatyöryhmän kanssa. Autismikirjon häiriön suositusta valmistelevan työryhmän rinnalla kokoontui autismikirjon henkilöistä ja heidän läheisistään koottu viiteryhmä, joka seurasi suosituksen valmistumista ja kommentoi aktiivisesti.

Autismikirjon häiriön Käypä hoito -suosituksen tavoitteena on antaa suositus autismikirjon häiriön oireiden tunnistamisesta, diagnostiikasta, kuntoutuksen linjoista sekä keskeisten samanaikaishäiriöiden ja -sairauksien hoidosta lapsilla, nuorilla ja aikuisilla. Suosituslauseet sisältävät pääasiassa diagnostiikan ja kuntoutuksen toimintamalleja. Hoitosuositus sisältää myös suosituksia hoidon porrastuksesta. Suositus käsittelee koko autismikirjoa kognitiivisesta tasosta riippumatta. Tässä esityksessä käsitellään suositusta ensisijaisesti kehitysvammaisuuden näkökulmasta.

Kehitysvammaisten henkilöiden lääkkeiden käyttö – suomalainen rekisteritutkimus

Leena Saastamoinen

Tutkimuksen tavoitteena oli määritellä Kelan etuusrekistereiden sekä Terveiden ja hyvinvoinnin laitoksen Hilmo- ja Avohilmo-rekistereiden perusteella suomalaiset kehitysvammaiset henkilöt, ja verrata heidän lääkkeiden käyttöönsä ja lääkekustannuksiaan samanikäisten ja samaa sukupuolta olevien verrokkien kanssa. Tieto kehitysvammaisten henkilöiden ja verrokkien lääkeostoista poimittiin Reseptikeskuksesta ja Kelan Sairausvakuutuksesta korvattavien lääkeostojen tiedostosta. Kehitysvammaisista henkilöistä 82,7 % ja verrokeista 70,3 % osti reseptilääkkeitä vuonna 2019. Ryhmien väliset erot lääkkeiden käytössä olivat suurimmat 0–17-vuotiailla ja pienimmät vanhimmissa ikäryhmissä. Kehitysvammaisten henkilöiden käytetyin lääkeryhmä oli psykoosilääkkeet, joita he käyttivät yli kahdeksan kertaa yleisemmin kuin verrokkit. Myös epilepsialääkkeiden, umetuslääkkeiden, hivenaineiden ja rauhoittavien lääkkeiden käyttö oli kehitysvammaisilla 4–7 kertaa yleisempää kuin verrokeilla. Kehitysvammaisten henkilöiden korvattavien lääkkeiden mediaanikustannukset olivat neljä kertaa suuremmat kuin verrokkien. Kehitysvammaiset henkilöt käyttivät enemmän lääkkeitä, erityisesti psyykenlääkkeitä, kuin saman ikäiset ja samaa sukupuolta olevat verrokkit.

Social Programme

Thursday 21.9.2023

12.15–13.30 Opening ceremony

(Moderated by Oili Sauna-aho)

EAMHID 2023 will be opened at Bysa at the Clarion hotel.

- Start of the congress (Resonaarigroup)
- Welcome speech, Brian Fergus Barrett, The president of EAMHID
- Patron of the congress: Kristina Stenman
- Tribute for Anton Došen, Brian Fergus Barrett, Filip Morisse & Jolanda Vonk
- Music by Resonaarigroup
- Dissertation prize, Trine-Lise Bakken
- Launching of the WFD Position Paper on the Social Inclusion of Deaf People with Intellectual Disabilities, Johannes Fellingner and a representative of the World Federation of the Deaf
- Patron of the congress: Alexander Stubb

17.30-18.30 Welcome reception: Helsinki City Hall

The Helsinki City Hall welcomes everyone with a welcome speech and glass of wine and other beverages.

Please note! You can only enter with the QR code you received by email when registering.

Departure to the reception at 17 in Clarion entrance hall.

Address: Pohjoisesplanadi 11–13
00170 Helsinki

19.30 Speakers dinner (by invitation):

- Hotel Clarion living room
- Welcome speech, Oili Sauna-aho, Congress president
- Music by Resonaari and Lyhty: Jutta Tahvanainen and Kalle Salonen

Friday 22.9.2023

8.00-8.30 Morning walk (around 3 km)

Meet your guides outside the entrance of the Clarion hotel at 8.00.

19–22.30 Congress dinner:

- Original Sokos Hotel Presidentti
- Price 65€
- Welcome speech, Susanna Hintsala, FAIDD
- Music by Resonaari and Lyhty: Eeva Lusenius and Juho Lähteenmäki

Address: Eteläinen Rautatiekatu 4
00100, Helsinki

Saturday 23.9.2023

12.30 Closing ceremony

- Introduction of the next EAMHID congress in Belgium, Filip Morisse
- Closing words, Brian Fergus Barrett, The president of EAMHID
- Music by Resonaari: Vili Rosti: Cha cha cha (Eurovision song 2023 of Finland)

All Days

Music and break program by Resonaarigroup, Lyhty and Studio Aula.

The Music Centre Resonaari, located in Helsinki, is an expertise and innovation center of special music education & inclusive music education. Resonaari functions as a pioneer in special music pedagogy both nationally and internationally.

Lyhty ry is a non-profit association founded in 1993. Lyhty's ethical goal is to promote the well-being of people with intellectual disabilities, their families, and the whole society. Lyhty Music workshop is part of Lyhty's inclusive work and day activities. The activities at Music workshop include practicing a musical instrument of choice, singing, writing lyrics and producing music. The goal is to encourage the customers to find their own way of creating art and express themselves and to provide an environment for that.

Joint art by Studio Aula. In Studio Aula various works requiring creative design and dexterity are planned and implemented by people with ID.

Other Programme

CITYTOUR

For example:

Hop-On Hop-Off with CityTour

The tour takes you to the most significant places of the city, as well as important sights and museums. There are over 20 stops to choose from, f.e. the Rock Church, Sibelius monument, Kaivopuisto & Eira areas where you will find stunning architecture and beautiful seaside. One complete tour takes approximately 1 h 20 minutes to 1 h 30 minutes with around 10 minutes extra for each harbour stop (harbour stops are used on certain cruise ship days).

Experience Archipelago of Helsinki with Evening Cruise

After departing from center - Market Square, cruise will head in direction of historical islands and continue by the shore of Helsinki to further neighborhoods. This is an opportunity to see areas outside center! See living neighborhoods situated by the seaside, islands with summer cottages and a lot of nature.

See all tours: <https://www.citytour.fi/>

Reservation code: EAMHID2023

ECKERÖ LINE

We give participants of the congress 20 % discount on today's price for cruises and route trips.

Discounted price only from online, www.eckeroline.com, use the product code ETUA23 when making the booking.

The code is valid 14.9. – 1.10.2023

Please use the product code as follows:

(max. 9 persons per booking)

Start booking by selecting your route, dates, departures and passengers in the booking area

1. Find and select "Enter Code" (left upper corner)
2. Enter the product code, ETUA23 in the field and select Enter.
3. Select the additional services and proceed with the booking



Posters

Posters are displayed on 3rd floor in Byasa hall during the congress. We encourage to look at them during breaks. Authors are asked to be available at their poster during poster session on Friday the 22.09.2023, 15–16h for questions and answers. The poster prize will be awarded on 22.09.2023 at 15:45h in Byasa.

1	Matthias Schützwohl	Promoting guideline-based psychopharmacotherapy for people with intellectual disabilities living in residential accommodation. Real world recommendations and insights
2	Michael Mahon	Development of a Positive Behaviour Support informed Approach to Recovery Oriented Care in Mental Health Intellectual Disability Services.
3	Mercede Casadesus Sanchez	What do nurses who work on mental health and intellectual disability do?
4	Thomas Ostermann	Conceptual development of a curative educational outpatient clinic for people with mental disabilities
5	Caroline Kahwaji	Attachment behaviours from adults with Intellectual Disabilities towards their support workers: development of a scale.
6	Erlend Refseth Pedersen	What is the association between mental health, behavior, and employment amongst people with intellectual disabilities?
7	Gilles Droogmans	Interactions between staff and clients with severe or profound intellectual disabilities: Development of the Screening Questionnaire for Interaction Quality (SQulQ)
8	Amélie Lampron	Self-determination and language skills in adults with autism spectrum disorder
9	Miryam de Courville	The Effect of Yoga on the Quality of Sleep of Children with Autism Spectrum Disorder
10	Lucienne Heerkens	Enhancing Healthcare Education for Intellectual Disabilities: Collaborating with Vocational Education to Integrate New Scientific Knowledge
11	Francesc-Xavier Fluvia	Assisted Decision-Making (capacity) Act 2015
12	Diane Morin	Bus drivers' attitudes toward people with intellectual disabilities
13	Diane Morin	Impact of participation in Special Olympics Healthy Athletes through direct contact with people with intellectual disability
14	Meritxell Tomas Davi	Psychoeducational groups for people with intellectual disabilities
15	Martine Wallenborn	Touch and closeness in the professional context – A touchy topic
16	Sian Wood	Using the behaviour change wheel to develop an intervention to increase paid carer use of an individual's Speech and Language Therapy recommended communication strategies in adult intellectual disability services

17	Tamara Kralj	Subjective Quality of Life of Parents Included in Respite Service for Adults with Intellectual Disabilities
18	Maria Schmidt	The influence of depressive episodes on the level of emotional development (ED) in adults with intellectual developmental disorders (IDD)
19	Marieke Leeflang	Psychomotor therapy for sexually abused adults with intellectual disabilities: a multiple baseline across subjects study
20	Georgina Parkes Olurotimi Adejumo	Individuals with Intellectual Disability who Make False Allegations or Inappropriately Utilise Emergency Services. An Unidentified Post-Traumatic Presentation?
21	Naomi Williams	A systematic review of risk markers for self-injurious behaviour, aggression, and destruction in individuals with intellectual disabilities.
22	Daria Tarasova	Detection of dementia in individuals with intellectual disabilities using the DTIM
23	Rea Fulgosi-Masnjak	Digital education for people with ID- promoting quality of life and mental health
24	Nadia Moussa	Quality of life of parents of adults with autism spectrum disorder according to their level of functioning
25	Björn Kruse	Fetal Alcohol Spectrum Disorders in Adults Results from a Diagnostic Outpatient Clinic in Germany
26	Carlos Peña Salazar Suzanne Derks	Mentalization and emotional functioning: A Spanish validation study
27	Hauke Hermann	Setting up interdisciplinary ward rounds in an acute care hospital for persons with IDD
28	Altine de Reus	Translation and cross-cultural adaptation study of the Kit for assessing Time Processing Ability
29	Sari Somer	Peer support groups for young FASD Adults
30	Cedric Reculé	Regaining independence: Enhancing adaptive skills in patients with severe and persistent mental illness
31	Adela Popa	Work (re)integration of persons with disabilities following chronic illnesses in Romania
32	Tarja Siivonen Elina Raivo Nadja Delcos	Counsellor supporting a child or a young person with schoolwork
33	Anne-Riitta Sola Maisa Kosola	The shine model
34	Aristo Ongena	Developing and Implementing the Scale for Emotional Development (SED) in Forensic Care for Enhanced Participation

35	Mirikle Nousiainen Ria Vendelin	Tunne -board game for professionals in disability services
36	Lisa Richardson	Randomised Control Trial of group Cognitive Behaviour Therapy for men with intellectual and/or developmental disabilities and harmful sexual behaviour: the HaSB-IDD trial.
37	Paulina Varas	PEWU: INTERVENTION program at a Chilean institution for intellectual disability
38	Peter Koedoot	Self-Injurious Behaviour: Understanding and Intervening. An E-learning Course
39	Esmaralda van 't Net Vanessa Olivier-Pijpers	Gamification in training healthcare professionals
40	Anne Cecilie Tveiten	Presentation of a newly developed follow-up program based on psychoeducation of parents of children and adolescents with Fetal Alcohol Spectrum Disorder (FASD)
41	Jennifer Clegg Richard Lansdall-Welfare	HEDGEHOGS OF DOUBT: Reshaping the relationship between parents and services
42	Rebecca Matson	Developing communities of support within evolving areas of practice
43	Martina Zelić	Job satisfaction as a predictor of staff mental health in supported housing for persons with intellectual disabilities

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Streaming (keynotes):

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