Learning Disabilities
Current Awareness Bulletin
October 2019

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Title: A structured programme to withdraw antipsychotics among adults with intellectual disabilities: The Cornwall experience.

Citation: Journal of Applied Research in Intellectual Disabilities; Nov 2019; vol. 32 (no. 6); p. 1389-1400

Author(s): Shankar, Rohit; Wilcock, Mike; Deb, Shoumitro; Goodey, Rebecca; Corson, Eve; Pretorius, Charlotte; Praed, Georgina; Pell, Amanda; Vujkovic, Dee; Wilkinson, Ellen; Laugharne, Richard; Axby, Sharon; Sheehan, Rory; Alexander, Regi

Background: Antipsychotic medications are used among 19%–58% of adults with intellectual disabilities to manage challenging behaviour against the NICE guideline recommendations. Studies show that it is possible to completely withdraw antipsychotics in about one third of adults with intellectual disabilities and a dose reduction of 50% or more in another third.

Method: In Cornwall, over three years the present authors developed a structured pathway to withdraw antipsychotics among adults with intellectual disabilities which involved people with intellectual disabilities and their carers, GPs, community learning disability team members and pharmacists.

Results: The present authors managed to withdraw antipsychotics totally among 46.5% (33/71) and reduced over 50% of dosage in another 11.3% (8/71) of adults with intellectual disabilities. At three months follow-up no one required hospital admission or change in placement.

Conclusion: It is possible to withdraw/reduce antipsychotics in a high proportion of adults with intellectual disabilities if a concerted effort is made involving all stakeholders from the outset.


Citation: Pediatrics; Oct 2019; vol. 144 (no. 4); p. 1-11

Author(s): Zablotsky, Benjamin; Black, Lindsey I.; Maenner, Matthew J.; Schieve, Laura A.; Danielson, Melissa L.; Bitsko, Rebecca H.; Blumberg, Stephen J.; Kogan, Michael D.; Boyle, Coleen A.

Objectives: To study the national prevalence of 10 developmental disabilities in US children aged 3 to 17 years and explore changes over time by associated demographic and socioeconomic characteristics, using the National Health Interview Survey.

Methods: Data come from the 2009 to 2017 National Health Interview Survey, a nationally representative survey of the civilian noninstitutionalized population. Parents reported physician or other health care professional diagnoses of attention-deficit/hyperactivity disorder; autism spectrum disorder; blindness; cerebral palsy; moderate to profound hearing loss; learning disability; intellectual disability; seizures; stuttering or stammering; and other developmental delays. Weighted percentages for each of the selected developmental disabilities and any developmental disability were calculated and stratified by demographic and socioeconomic characteristics.

Results: From 2009 to 2011 and 2015 to 2017, there were overall significant increases in the prevalence of any developmental disability (16.2%-17.8%, P < .001), attention-deficit/hyperactivity disorder (8.5%-9.5%, P < .01), autism spectrum disorder (1.1%-2.5%, P < .001), and intellectual disability (0.9%-1.2%, P < .05), but a significant decrease for any other developmental delay (4.7%-4.1%, P < .05). The prevalence of any developmental disability increased among boys, older children, non-Hispanic white and Hispanic children, children with private insurance only, children with birth weight ≤2500 g, and children living in urban areas and with less-educated mothers.

Conclusions: The prevalence of developmental disability among US children aged 3 to 17 years increased between 2009 and 2017. Changes by demographic and socioeconomic subgroups may be related to improvements in awareness and access to health care.
Title: Use of a learning disabilities and autism toolkit in mental health care.

Citation: Nursing Times; Sep 2019; vol. 115 (no. 9); p. 55-58
Author(s): Bridges, Sue

Abstract: The Green Light Toolkit provides a framework to help mental health services adequately respond to the needs of people with learning disabilities and/or autism, including by making reasonable adjustments. It involves an annual audit that provides ongoing monitoring of quality improvements in this key policy area. Wider adoption of the toolkit would provide a broader picture of the quality of services that people with learning disabilities and/or autism receive, and support the adoption of the learning disability improvement standards for NHS trusts. This article describes the experience of Norfolk and Suffolk NHS Foundation Trust in implementing the Green Light Toolkit.

Title: A flexible model to support person-centred learning disability nursing.

Citation: Nursing Times; Jun 2019; vol. 115 (no. 6); p. 58-61
Author(s): Moulster, Gwen; Ames, Sarah; lorizzo, Jane; Kernohan, Joshua

Abstract: Learning disability nurses play a crucial role in improving health outcomes for people with learning disabilities, but the specialty has been held back by the lack of a bespoke care model. This article describes the development of a flexible model of practice for learning disability nursing - the Moulster and Griffiths model - which is person centred, evidence based, outcome focused and reflective.

Title: The use of positive behaviour support plans in mental health inpatient care: A mixed methods study

Citation: Journal of Psychiatric and Mental Health Nursing; Oct 2019
Author(s): Clark, Louise L.; Lekkai, Fiorinta; Murphy, Anthony; Perrino, Luisa; Bapir-Tardy, Savin; Barley, Elizabeth Alexandra

Accessible summary: What is known on the subject? There is a drive to use positive and proactive approaches to mental health care to reduce the use of restrictive practices such as seclusion and restraint. Positive behaviour support plans have been used successfully to do this in learning disability services, and in England, it is now a regulatory requirement that anyone with challenging behaviour should have an individualized behaviour support plan. However, positive behaviour support plans specifically have not been evaluated as part of routine mental health care and mental health nurses’ and relatives’ attitudes towards them are unknown.

What this paper adds to existing knowledge? This evaluation of positive behaviour support plans in routine mental health inpatient care found that they had not been widely implemented or completed as intended. Barriers to the use of the plans included confusion among nurses and relatives around the principles of positive behaviour support, including how, when and for whom the plans should be used, difficulties in being able to describe the function of a patient’s behaviour and lack of engagement with relatives and patients. Nevertheless, nurses and relatives valued the plans, in particular for their potential to facilitate holistic care.

What are the implications for practice? To use the plans successfully, mental health nurses will need training to understand fully the rationale behind the positive behaviour support approach and will need to engage more with relatives and patients. Commitment to the approach from the whole care team and organization will be needed to implement the plans consistently for all patients.
**Introduction:** An international drive is to minimize restrictive practices in mental health care. Positive behaviour support plans (PBSPs) help staff prevent behaviour which would require restrictive intervention. Originating in learning disability services, data within mental health care are limited.

**Aims:** To evaluate PBSPs within a mental health inpatient service; understand mental health nurses’ and relatives’ attitudes to them; and understand the barriers and facilitators for their use in routine mental health care.

**Methods:** Mixed methods—quality ratings and interviews with relatives and nurses.

**Results:** Positive behaviour support plans were poorly implemented. Relatives and nurses valued the potential of PBSPs to facilitate holistic care, though no relative had contributed to one and not every eligible patient had one. Barriers to their use included confusion around positive behaviour support, including how, when and for whom PBSPs should be used, and difficulties describing the function of a behaviour.

**Discussion:** The potential of PBSPs to improve mental health care is recognized. However, there are barriers to their use which should be addressed to ensure that PBSPs have been properly implemented before their impact on patient care can be assessed.

**Implications for practice:** Mental health professionals implementing PBSPs should engage with relatives and patients, gain organizational commitment and ensure that those involved understand fully the positive behaviour support approach. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)

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**Title:** What do we know about the health and health care of people with intellectual disabilities from minority ethnic groups in the United Kingdom? A systematic review.

**Citation:** Journal of Applied Research in Intellectual Disabilities; Nov 2019; vol. 32 (no. 6); p. 1310-1334

**Author(s):** Robertson, Janet; Raghavan, Raghu; Emerson, Eric; Baines, Susannah; Hatton, Chris

**Background:** People with from minority ethnic communities face inequalities in health and health care. This systematic review considers the question of what we know about the health and health care of children and adults with intellectual disabilities from ethnic minority communities in the UK.

**Method:** Studies published from 1990 to 2018 were identified via electronic literature databases, email requests and cross-citations. Studies were reviewed narratively in relation to identified themes.

**Results:** Twenty-three studies were identified, most commonly focusing on South Asian communities. Very little information was identified on physical health or physical health care, with the identified evidence tending to focus on mental health care, access to specialist intellectual disability services, and inpatient services.

**Conclusion:** Little is known about the health status of people with intellectual disabilities from minority ethnic groups in the UK. It is clear that they may experience barriers to accessing specialist intellectual disability services and other forms of health care.

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**Title:** Trauma-informed care: A qualitative study exploring the views and experiences of professionals in specialist health services for adults with intellectual disabilities.

**Citation:** Journal of Applied Research in Intellectual Disabilities; Nov 2019; vol. 32 (no. 6); p. 1437-1445

**Author(s):** Truesdale, Maria; Brown, Michael; Taggart, Laurence; Bradley, Aoife; Paterson, Douglas; Sirisena, Chammy; Walley, Robert; Karatzias, Thanos

**Background:** Trauma and its sequelae is recognised as a major morbidity factor in people with intellectual disabilities, however, a lack of inquiry into how health care professionals address trauma in this adult population exists. Aims: To explore specialist intellectual disability practitioners perspectives on current health provision and developments to address trauma.
**Methods:** Twenty-five qualitative interviews were conducted with practitioners across 6 health service areas in the UK. Data were analysed using thematic content analysis.

**Findings:** Seven central themes emerged: (a) unmasked trauma; (b) trauma informed care; (c) person-centred care and support; (d) multi-disciplinary working; (e) reasonable adjustments; (f) barriers to treatment and (g) awareness, training and education.

**Conclusion:** Trauma-informed care and multi-disciplinary working are essential components for future service development. Advances in the evidence-base for effective psychological interventions for PTSD and training and education of health care staff are needed in order to improve service provision amongst this population.

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**Title:** Consensus-based good practice guidelines for clinical psychologists to support care staff in enabling sexual expression in people with intellectual disabilities—a delphi study

**Citation:** Journal of Applied Research in Intellectual Disabilities; Oct 2019

**Author(s):** English, Brad; Tickle, Anna; Nair, Roshan; Moore, Kate

**Background:** Care staff supporting people with intellectual disabilities (PWID) report accepting views on PWID's sexual expression, but people with intellectual disabilities report their sexual expression is restricted by care staff.

**Methods:** We recruited a panel of 17 UK clinical psychologists experienced in helping care staff support PWID's sexual expression. We used the Delphi Method to develop consensus-based practice guidelines for UK clinical psychologists supporting care staff in this way.

**Results:** Having proposed three guidelines each in Round One, panel members reached consensus (≥90% agreement) that 12 were important, falling under four themes: “Addressing staff attitudes,” “Addressing uncertainty about rights and responsibilities of people with intellectual disabilities,” “Locating the problem, being part of the solution,” and “Supporting care staff to understand and reflect upon their role.”

**Conclusions:** Clinical psychologists help care staff support PWID's sexual expression by normalizing care staff concerns, encouraging reflection, clarifying PWID's rights, and prompting those at managerial and service level to support care staff. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)

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**Title:** Partnerships for safe care: A meta-narrative of the experience for the parent of a child with intellectual disability in hospital

**Citation:** Health Expectations: An International Journal of Public Participation in Health Care & Health Policy; Sep 2019

**Author(s):** Mimmo, Laurel; Woolfenden, Susan; Travaglia, Joanne; Harrison, Reema

**Objective:** To systematically identify and synthesize peer-reviewed qualitative evidence of the parental experience of hospitalization with a child with Intellectual Disability.

**Search strategy:** Key words, synonyms and MeSH subject headings that related to the three key concepts of parental experience, children with Intellectual Disability and hospital settings were applied to six electronic databases: Medline, CINAHL, Embase, PsycINFO, Scopus and Web of Science. Titles and abstracts of publications between January 2000 and February 2019 were screened for relevance. Inclusion criteria: Empirical qualitative research involved participants aged 0-18 years, involved children with Intellectual Disability, involved participants hospitalized as an in-patient and involved participants focused on parent perspective.

**Data Extraction And Synthesis:** Data were extracted and synthesized using a meta-narrative approach.

**Results:** Eleven publications met the inclusion criteria. Data synthesis revealed three research traditions contributing to this meta-narrative: Paediatric Nursing Practice, Intellectual Disability
Healthcare and Patient Experience. A total of five themes were identified: (a) being more than a parent, (b) importance of role negotiation, (c) building trust and relationships, (d) the cumulative effect of previous experiences of hospitalization and (e) knowing the child as an individual.

**Discussion and conclusion:** This review presents a working model for professional-parent partnership for the safe care of children with Intellectual Disability in hospital. Shifting paediatric healthcare to whole of hospital/multidisciplinary models of care that centre on the child will necessitate partnerships with the parent to identify and manage the needs of the child with Intellectual Disability, in order to achieve safe and equitable care for these children. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)

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**Title:** Staff and family views of alternative respite services for adults with intellectual disabilities – aims, outcomes and experiences

**Citation:** International Journal of Developmental Disabilities; Sep 2019

**Author(s):** Guerin, Suzanne; Nicholson, Emma; Keogh, Fiona; Dodd, Philip

**Background:** Respite care has traditionally been conceptualised as a short residential break which allows families a break from caring responsibilities. In recent years, alternative respite services have been developed which promote greater social integration and normalisation for people with intellectual and other disabilities. Specific aim: The present study sought to explore the views of service managers and families on the definitions, aims, outcomes and general experiences of these programmes among a sample of adults with intellectual disabilities (ID) using a range of alternative respite services.

**Method:** Participants were managers of respite services for people with ID (n = 6) and family members (predominantly parents, n = 32) of adults receiving respite services from these organisations. All participants were provided with appropriate information on the study and gave consent. Semi-structured interviews were used to explore participants’ perspectives on alternative respite provision for adults with ID. Data were analysed using thematic analysis, with multiple analysts involved to allow for reflection on the interpretation of data.

**Findings:** Managers and families showed diversity in the conceptualisations of respite services, with themes highlighting the importance of the break for both people with ID and families, as well as a clear focus on the needs of and developmental outcomes for the person with ID. As such respite was viewed as both a model of service and an outcome for families and individuals with ID. These differing views appeared to have implications for views on who was the target beneficiary of respite.

**Discussion:** The present study reflects alternative respite as a diverse experience for people with ID, their family members and the service providers supporting them. Nevertheless, views were generally positive. Further consideration of the nature of respite services beyond the traditional conceptualisation is warranted. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)

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**Title:** Who decides? – transitions from school to adult services for and with young people with severe intellectual disabilities

**Citation:** Disability & Society; Sep 2019

**Author(s):** Jacobs, Paula; MacMahon, Kenneth; Quayle, Ethel

**Abstract:** The transition from school to adult services for young people with severe intellectual disabilities has been identified as an area of concern, particularly with regards to how young people can be involved in meaningful ways. Additionally, although available resources and organisational practices seem to play important roles, there seems to be a lack of understanding as to how societal influences shape the process. Our study presents case studies of three young people and their journey from school to adult services from an ecological perspective, examining the decision-making process in the context of multi-agency involvement. We suggest that each transition journey challenged conceptualisations about the involvement of young people in the decision-making process.
While the practical aspects of the transitions were described as positive, barriers and limitations were identified in the wider organisational context. The only people who clearly talked about the transition in terms of the long-term future were the parents. (PsycINFO Database Record (c) 2019 APA, all rights reserved)  (Source: journal abstract)

Title: Irish intellectual disability services for children and austerity measures: The qualitative impact of recession through framework method

Citation: Child Care in Practice; Oct 2019
Author(s): Flynn, Susan

Abstract: Intellectually disabled children experience unique vulnerabilities related to poverty. The literature further identifies strong concerns for service delivery and practice with intellectually disabled children in the context of austerity measures arising from economic recession. Statistical data in Ireland are well developed on the equality impacts of economic recession in 2008. Qualitative research is by comparison lacking. This study presents research findings on the impact of recession on intellectually disabled young people and their families in Ireland. It does so to illuminate the meaning of existing statistical indicators which suggest adverse effects of austerity on this population group. A Framework Method of analysis is applied to transcripts produced from a Biographical Narrative Interpretative Method (BNIM) of interviewing. A sample of eight participants is reported on, which includes two intellectually disabled young people, three parents of intellectually disabled young people and three social workers in disability services. Findings take the form of themes and subthemes, which are then used to inform a discussion on key learning for practitioners moving forward. Within this, distinct concerns for practice with intellectually disabled children and young people are identified, such as the potential for practitioners to mis-conceptualise some behaviours that challenge as arising from impairment rather than poverty. Overall a predominantly negative impact of austerity on these families is evidenced. Results indicate that more meaningful partnership between policy makers and service users is required in future periods of economic adversity. (PsycINFO Database Record (c) 2019 APA, all rights reserved)  (Source: journal abstract)

Title: Effects of Physical Activity on the Physical and Psychosocial Health of Youth With Intellectual Disabilities: A Systematic Review and Meta-Analysis.

Citation: Journal of physical activity & health; Oct 2019 ; p. 1-9
Author(s): Kapsal, Nathanial J; Dicke, Theresa; Morin, Alexandre J S; Vasconcellos, Diego; Maïano, Christophe; Lee, Jane; Lonsdale, Chris

Background: The physical and psychosocial benefits of physical activity for typically developing youth are well established; however, its impact on youth with intellectual disabilities is not as well understood. The aims of this review and meta-analysis were to synthesize the literature and quantify the effects of physical activity on the physical and psychosocial health of youth with intellectual disabilities.

Method: Studies meeting the inclusion criteria were grouped by their focus on physical health and/or psychosocial health outcomes. Meta-analyses were performed using 3-level, random effects and mixed effects models.

Results: One hundred nine studies met the inclusion criteria. Physical activity had a large effect on physical health ($g = 0.773, P < .001$) and a moderately large effect ($g = 0.682, P < .001$) on psychosocial health. Participant age, intellectual disability level, other developmental disabilities, outcome type, and intervention type moderated the effects of physical activity on physical health, whereas study design, risk of bias, other developmental disabilities, outcome type, and intervention type were moderators on psychosocial health.
**Conclusions:** Physical activity has positive effects on the physical and psychosocial health of youth with intellectual disabilities. Although resistance training shows the most physical benefits, teaching movement and sports skills appear to benefit their physical and psychosocial health.

**Title:** Development curves of communication and social interaction in individuals with cerebral palsy

**Citation:** Developmental Medicine & Child Neurology; Sep 2019

**Author(s):** Tan, Siok Swan; Gorp, Marloes; Voorman, Jeanine M; Geytenbeek, Joke JM; Reinders-

**Aim:** To determine development curves of communication and social interaction from childhood into adulthood for individuals with cerebral palsy (CP).

**Method:** This Pediatric Rehabilitation Research in the Netherlands (PERRIN)-DECADE study longitudinally assessed 421 individuals with CP, aged from 1 to 20 years at baseline, after 13 years (n=121 at follow-up). Communication and social interactions were assessed using the Vineland Adaptive Behavior Scales. We estimated the average maximum performance limit (level) and age at which 90% of the limit was reached (age90) using nonlinear mixed-effects modeling.

**Results:** One-hundred individuals without intellectual disability were aged 21 to 34 years at follow-up (39 females, 61 males) (mean age [SD] 28y 5mo [3y 11mo]). Limits of individuals without intellectual disability, regardless of Gross Motor Function Classification System (GMFCS) level, approached the maximum score and were significantly higher than those of individuals with intellectual disability. Ages90 ranged between 3 and 4 years for receptive communication, 6 and 7 years for expressive communication and interrelationships, 12 and 16 years for written communication, 13 and 16 years for play and leisure, and 14 and 16 years for coping. Twenty-one individuals with intellectual disability were between 21 and 27 years at follow-up (8 females, 13 males) (mean age [SD] 24y 7mo [1y 8mo]). Individuals with intellectual disability in GMFCS level V showed the least favourable development, but variation between individuals with intellectual disability was large.

**Interpretation:** Individuals with CP and without intellectual disability show developmental curves of communication and social interactions similar to typically developing individuals, regardless of their level of motor function. Those with intellectual disability reach lower performance levels and vary largely in individual development. What this paper adds Communication and social interactions in individuals with cerebral palsy without intellectual disability develop similarly to typically developing individuals. Communication and social interactions of individuals with intellectual disability develop less favourably and show large variation. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)

**Title:** Long-term cognitive outcomes in tuberous sclerosis complex

**Citation:** Developmental Medicine & Child Neurology; Sep 2019

**Author(s):** Tye, Charlotte; Mcewen, Fiona S; Liang, Holan; Underwood, Lisa; Woodhouse, Emma; Barker, Edward D; Sheerin, Fintan; Yates, John R W; Bolton, Patrick F

**Aim:** To investigate the interdependence between risk factors associated with long-term intellectual development in individuals with tuberous sclerosis complex (TSC).

**Method:** The Tuberous Sclerosis 2000 Study is a prospective longitudinal study of individuals with TSC. In phase 1 of the study, baseline measures of intellectual ability, epilepsy, cortical tuber load, and mutation were obtained for 125 children (63 females, 62 males; median age=39mo). In phase 2, at an average of 8 years later, intellectual abilities were estimated for 88 participants with TSC and 35 unaffected siblings. Structural equation modelling was used to determine the risk pathways from genetic mutation through to IQ at phase 2.

**Results:** Intellectual disability was present in 57% of individuals with TSC. Individuals without intellectual disability had significantly lower mean IQ compared to unaffected siblings, supporting specific genetic factors associated with intellectual impairment. Individuals with TSC who had a slower gain in IQ from infancy to middle childhood were younger at seizure onset and had increased infant seizure severity. Structural equation modelling indicated indirect pathways from genetic...
mutation, to tuber count, to seizure severity in infancy, through to IQ in middle childhood and adolescence.

**Interpretation:** Early-onset and severe epilepsy in the first 2 years of life are associated with increased risk of long-term intellectual disability in individuals with TSC, emphasizing the importance of early and effective treatment or prevention of epilepsy.

**What this paper adds:** Intellectual disability was present in 57% of individuals with tuberous sclerosis complex (TSC). Those with TSC without intellectual disability had significantly lower mean IQ compared to unaffected siblings. Earlier onset and greater severity of seizures in the first 2 years were observed in individuals with a slower gain in intellectual ability. Risk pathways through seizures in the first 2 years predict long-term cognitive outcomes in individuals with TSC. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)

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**Title:** Ambivalence among staff regarding ageing with intellectual disabilities: Experiences and reflections.

**Citation:** Journal of intellectual disabilities : JOID; Sep 2019 ; p. 1744629519874997

**Author(s):** Alftberg, Åsa; Johansson, Maria; Ahlström, Gerd

**Abstract:** This study explores the experiences and reflections of staff in intellectual disability (ID) services concerning ageing with ID. Qualitative interviews were conducted with 24 staff members in group homes and daily activity centres. The findings showed that the staff were uncertain about the signs of ageing in people with intellectual disabilities; they compared the life conditions of these people with conditions in older people without intellectual disabilities. Their emphasis on an active lifestyle was very strong. The staff members also mentioned uncertainty about how to facilitate assistive devices and whether 'ageing in place' was the best solution. The overall theme was manifested as ambivalence where notions of older people with intellectual disabilities seemed incompatible with notions of old age in general and could be explained by the theoretical concept of age coding. The findings of this study indicate the need to provide education about ageing to staff working in ID services.

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**Title:** Effect of deinstitutionalisation for adults with intellectual disabilities on costs: a systematic review.

**Citation:** BMJ open; Sep 2019; vol. 9 (no. 9); p. e025736

**Author(s):** May, Peter; Lombard Vance, Richard; Murphy, Esther; O'Donovan, Mary-Ann; Webb, Naoise; Sheaf, Greg; McCallion, Philip; Stancliffe, Roger; Normand, Charles; Smith, Valerie; McGarron, Mary

**Objective:** To review systematically the evidence on the costs and cost-effectiveness of deinstitutionalisation for adults with intellectual disabilities.

**Design:** Systematic review.

**Population:** Adults (aged 18 years and over) with intellectual disabilities.

**Intervention:** Deinstitutionalisation, that is, the move from institutional to community settings.

**Primary and Secondary Outcome Measures:** Studies were eligible if evaluating within any cost-consequence framework (eg, cost-effectiveness analysis, cost-utility analysis) or resource use typically considered to fall within the societal viewpoint (eg, cost to payers, service-users, families and informal care costs).

**Search:** We searched MEDLINE, PsycINFO, CENTRAL, CINAHL, EconLit, Embase and Scopus to September 2017 and supplemented this with grey literature searches and handsearching of the references of the eligible studies. We assessed study quality using the Critical Appraisals Skills Programme suite of tools, excluding those judged to be of poor methodological quality.
Results: Two studies were included; both were cohort studies from the payer perspective of people leaving long-stay National Health Service hospitals in the UK between 1984 and 1992. One study found that deinstitutionalisation reduced costs, one study found an increase in costs.

Conclusion: A wide-ranging literature review found limited evidence on costs associated with deinstitutionalisation for people with intellectual disabilities. From two studies included in the review, the results were conflicting. Significant gaps in the evidence base were observable, particularly with respect to priority populations in contemporary policy: older people with intellectual disabilities and serious medical illness, and younger people with very complex needs and challenging behaviours.

Prospero Registration Number: CRD42018077406.
**Method:** Medical files were analysed, and interviews were held in six care organisations for people with mild to severe ID. The data concerned people with ID (n = 30), 15 in the palliative phase, identified using the ‘surprise question’, and 15 who had died after an identifiable period of illness. Additional pre-structured telephone interviews were conducted with their relatives (n = 30) and professionals (n = 33).

**Results:** For half of the people with ID who had died, the first report in their file about palliative care (needs) was less than 1 month before their death. Professionals stated that ACP was started in response to the person's deteriorating health situation. A do-not-attempt-resuscitation order was recorded for nearly all people with ID (93%). A smaller group also had other agreements between professionals and relatives documented in their files, mainly about potentially life-sustaining treatments (43%) and/or hospitalisation admissions (47%). Relatives and professionals are satisfied with the mutual cooperation in ACP in the palliative phase. Cognitive and communication disabilities were most frequently mentioned by relatives and professionals as reasons for not involving people with ID in ACP.

**Conclusions:** Advance care planning in the palliative phase of people with ID focuses mainly on medical issues at the end of life. Specific challenges concern a proactive identification of changing needs, fear to initiate ACP discussions, documentation of ACP in medical files and the involvement of people with ID in ACP. It is recommended that relatives and professionals should be informed about the content of ACP and professionals should be trained in communicating in advance about wishes for future care.

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**Title:** Assistive technology for persons with profound intellectual disability: a European survey on attitudes and beliefs.

**Citation:** Disability and rehabilitation. Assistive technology; Sep 2019; p. 1-8

**Author(s):** Nijs, Sara; Maes, Bea

**Background:** Persons with profound intellectual disability (PID) are mostly not able to use assistive technology (AT) independently. Caregivers play an important mediating role in implementing AT in the daily life of persons with PID. Both first-order barriers, extrinsic to caregivers, and second-order barriers, intrinsic to caregivers, influence the attitudes and behaviors of caregivers with regard to AT-use. It could be asked if increased knowledge on and experience with AT may impact the effect of first- and second-order barriers. This study investigated how knowledge and experience influence the professional caregivers' beliefs about which factors may impact the AT use in persons with PID and their intentions to use AT for persons with PID.

**Methods:** A questionnaire on the experienced limitations and successes in using AT was developed. The questionnaire was send to professionals working with or responsible for persons with PID in various countries in Europe. In total the answers of 195 respondents were included in this study.

**Results and conclusions:** This study's results demonstrate that AT is used for various reasons in persons with PID, mostly to support communication and interaction or for fun or relaxation. Based on the answers of the respondents can be concluded that both experience and knowledge of caregivers seem to influence first- and second-order barriers. Besides, a possibility to overcome the second-order barriers is to provide professionals with possibilities to increase their knowledge and experience.

**Implications For Rehabilitation:** AT for persons with PID is mostly used for communication and interaction or for fun and relaxation. Professional caregivers belief that AT-use may positively influence various aspects in the life of persons with PID, especially communication and interaction, active engagement and participation in activities, and self-esteem of the person. Caregivers need to have sufficient experience in order to rate the barriers of AT-use as less limited in the group of persons with PID. In order to overcome the barriers experienced in implementing AT in persons with PID, knowledge of caregivers is essential.

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**Title:** Transition from child to adult health services: A qualitative study of the views and experiences of families of young adults with intellectual disabilities.
Citation: Journal of clinical nursing; Oct 2019  
Author(s): Brown, Michael; Higgins, Anna; MacArthur, Juliet  
Aims And Objectives: To explore the experiences of the families of young adults with intellectual disabilities (ID) at the point of transition from child to adult health services.  
Background: The population of people with ID is changing rapidly, with young people with increasingly complex needs surviving into adulthood and requiring transition from child to adult health services.  
Design: An interpretative qualitative design.  
Method: Semi-structured interviews were held with ten family carers of young adults with ID and complex care needs, who were in the process of or had recently completed a transition from child to adult health services in Scotland. Data was analysed using thematic analysis. The COREQ checklist was used.  
Results: Transition emerged as a highly emotional and challenging period for family carers. Their experiences were captured in five main themes: “a deep sense of loss”, “an overwhelming process”, “parents making transitions happen”, “a shock to the adult healthcare system” and “the unbearable pressure”. Nurses were often seen as instrumental to counteracting some of these challenges.  
Conclusion: There is an urgent need to respond to the challenges experienced by carers at the point of transition and beyond, by ensuring early and coordinated planning, effective information sharing and communication and clear transition processes and guidelines. A person-centred and family-centred approach is required to minimise negative impact on the health and wellbeing of the young adult with ID and their carers.  
Relevance To Clinical Practice: Registered nurses have a key role in providing information and support, along with coordinating care at the time of transition from child to adult health services for young adults with complex ID. It is vital that their input is person-centred and responds effectively to the expert knowledge of family carers, whilst at the same time ensuring their needs for information and support are also addressed.

Title: Factors that Predict good Active Support in services for people with intellectual disabilities: A multilevel model.

Citation: Journal of applied research in intellectual disabilities : JARID; Oct 2019  
Author(s): Bigby, Christine; Bould, Emma; Iacono, Teresa; Kavanagh, Shane; Beadle-Brown, Julie  
Background: Active Support, now widely adopted by disability support organizations, is difficult to implement. The study aim was to identify the factors associated with good Active Support.  
Methods: Data on service user and staff characteristics, quality of Active Support and practice leadership were collected from a sample of services from 14 organizations annually for between 2 and 7 years, using questionnaires, structured observations and interviews. Data were analysed using multilevel modelling (MLM).  
Results: Predictors of good Active Support were adaptive behaviour, practice leadership, Active Support training, and time since its implementation. Heterogeneity, having more than six people in a service and larger organizations were associated with lower quality of Active Support.  
Conclusions: In order to ensure that Active Support is consistently implemented, and thus, quality of life outcomes improved, organizations need to pay attention to both service design and support for staff through training and practice leadership.

Title: Third-wave therapies and adults with intellectual disabilities: A systematic review.

Citation: Journal of Applied Research in Intellectual Disabilities; Nov 2019; vol. 32 (no. 6); p. 1295-1309  
Author(s): Patterson, Christopher Wynne; Williams, Jonathan; Jones, Robert
**Background:** Third-wave therapies appear to produce positive outcomes for people without intellectual disabilities. This systematic review aimed to establish which third-wave therapies have been adapted for adults with intellectual disabilities and whether they produced positive outcomes.

**Method:** Four databases were searched systematically (PsycINFO, Web of Science, MEDLINE and PubMed), yielding 1,395 results. Twenty studies (N = 109) met the present review’s inclusion/exclusion criteria.

**Results:** Included studies used mindfulness-based approaches, dialectical behaviour therapy, compassion focused therapy and acceptance and commitment therapy. Due to considerable heterogeneity in the designs and outcome measures used, a meta-analysis was not possible.

**Conclusions:** Evidence indicated that third-wave therapies improved mental health symptoms for some and improved challenging/offending behaviour, smoking and mindfulness/acceptance skills for most. These findings must be interpreted with caution due to the low methodological quality of included studies. Future research should build on the current evidence base, using scientifically rigorous designs and standardized measures.

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**Title:** The association between employment and the health of people with intellectual disabilities: A systematic review.

**Citation:** Journal of Applied Research in Intellectual Disabilities; Nov 2019; vol. 32 (no. 6); p. 1335-1348

**Author(s):** Robertson, Janet; Beyer, Steve; Emerson, Eric; Baines, Susannah; Hatton, Chris

**Background:** There is strong evidence indicating that paid employment is generally good for the physical and mental health of the general population. This systematic review considers the association between employment and the health of people with intellectual disabilities.

**Methods:** Studies published from 1990 to 2018 were identified via electronic literature databases, email requests and cross-citations. Identified studies were reviewed narratively.

**Results:** Twelve studies were identified. Studies were generally consistent in reporting an association between being in paid employment and better physical or mental health status.

**Conclusions:** This review supports the view that the well-established association between employment and better health is similar for adults with and without intellectual disabilities. However, evidence establishing causality is lacking and further research to determine specific health benefits attributable to employment for people with intellectual disabilities and the causal pathways that operate is required.

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**Title:** The psychological and social impact of self-advocacy group membership on people with intellectual disabilities: A literature review.

**Citation:** Journal of Applied Research in Intellectual Disabilities; Nov 2019; vol. 32 (no. 6); p. 1349-1358

**Author(s):** Fenn, Kristina; Scior, Katrina

**Background:** There is no one agreed definition of self-advocacy, but it can be taken to include actions and concepts such as standing up for one's rights and self-determination.

**Method:** A review of studies examining the psychological and social impact of self-advocacy group membership on people with intellectual disabilities was conducted. Systematic searches of electronic databases (PsycINFO, Scopus, Web of Science and ProQuest's Sociology Database), and manual searches of reference lists and citations, identified 12 studies.
Results: “Empowerment” and “increased confidence” were frequently reported outcomes. “Belonging,” increased opportunities for social connections and changed self-identity were also key themes.

Conclusions: Limitations of the review included difficulty categorizing outcomes, and limitations of the evidence base included a lack of quantitative studies. Implications of the review include an observation that the role of self-advocates in the research literature could be extended to the co-construction of research agendas.

Title: "Reasonable adjustments" under the UK’s Equality Act 2010: An enquiry into the care and treatment to patients with intellectual disabilities in acute hospital settings.

Citation: Journal of Applied Research in Intellectual Disabilities; Nov 2019; vol. 32 (no. 6); p. 1412-1420

Author(s): Redley, Marcus; Lancaster, Isabella; Pitt, Adam; Holland, Anthony; Thompson, Angela; Bradley, John R.; Glover, Gyles; Thomson, Karen; Jones, Sara; Herbert, Bernadette; Holme, Anita; Clare, Isabel C. H.

Objectives: To understand the views of qualified medical practitioners regarding "reasonable adjustments" and the quality of the care and treatment provided to adults with intellectual disabilities when admitted to acute hospitals as inpatients.

Methods: Semi-structured interviews took place with 14 medical practitioners, seven from each of two acute hospitals, with a thematic analysis of the resulting data.

Results: All 14 medical practitioners reported problems in the diagnosis and treatment of patients with intellectual disabilities. Most participants attributed these difficulties to communication problems and/or behaviours that, in the context of a hospital ward, were non-conforming. However, a minority reported that, because they were likely to have multiple comorbid health conditions, patients with intellectual disabilities were more complex. In addition, half of all these respondents reported making little use of "reasonable adjustments" introduced to improve the quality of the care received by this group of patients.

Conclusions: Medical practitioners should make better use of the "reasonable adjustments" introduced in the UK to address inequities in care and treatment received by patients with intellectual disabilities. However, training should also focus on the biomedical complexities often presented by these men and women.

Title: Challenging behaviours: Views and preferences of people with intellectual disabilities.

Citation: Journal of Applied Research in Intellectual Disabilities; Nov 2019; vol. 32 (no. 6); p. 1421-1427

Author(s): Wolkorte, Ria; van Houwelingen, Ingrid; Kroezen, Marieke

Background: Challenging behaviour is a common problem among people with ID and in services for people with ID. This paper aims to provide an overview of the views and preferences of people with ID on challenging behaviour.

Method: Semi-structured interviews were conducted with thirteen adults with mild to moderate ID and seven proxies (family or close associates of adults with ID who were unable to communicate and/or with severe or profound ID) in the Netherlands. The interviews were audio-recorded, transcribed and analysed thematically.

Results: People with ID and (a history of) challenging behaviour have clear views and preferences on factors related to challenging behaviour, assessments, non-pharmacological and pharmacological interventions and health professionals' approach.
**Conclusions:** The identified views and preferences of people with ID are not always in accordance with current procedures and treatments for challenging behaviour and should be included in future care processes and research.

**Title:** Patterns of objectively measured sedentary behaviour in adults with intellectual disabilities.

**Citation:** Journal of Applied Research in Intellectual Disabilities; Nov 2019; vol. 32 (no. 6); p. 1428-1436

**Author(s):** Harris, Leanne; McGarty, Arlene M.; Hilgenkamp, Thessa; Mitchell, Fiona; Melville, Craig A.

**Background:** The purpose of this study was to investigate the patterns of objectively measured sedentary behaviour in adults with intellectual disabilities.

**Methods:** Baseline accelerometer data were pooled from two randomized controlled trials of lifestyle behaviour change programmes for adults with intellectual disabilities. Patterns of sedentary behaviours were computed including total volume, number, and duration of bouts and breaks.

**Results:** Participants spent >70% of the day sedentary (8 hr), which was generally accumulated in short sedentary bouts (<10 min). Participants were engaged in significantly more sedentary time during the morning, although differences between time of day were small (mean bout duration range: 19.8–22.3 min).

**Conclusions:** The findings add valuable insight into the patterns of sedentary behaviours among adults with intellectual disabilities. Further research investigating the patterns and context of sedentary behaviour is required to develop targeted interventions to reduce total sedentary time in adults with intellectual disabilities.

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**Title:** Improving healthcare access for older adults with intellectual disability: What are the needs?

**Citation:** Journal of Applied Research in Intellectual Disabilities; Nov 2019; vol. 32 (no. 6); p. 1453-1464

**Author(s):** Navas, Patricia; Llorente, Sandra; García, Laura; Tassé, Marc J.; Havercamp, Susan M.

**Abstract:** This qualitative study was carried out in Spain with the aim of identifying the changes that the health system should make to improve healthcare access for older adults with intellectual disability. Three hundred and sixty-nine family members and professionals expressed their opinion on how healthcare access could be improved. Participants responded to two open-ended questions included in a general survey about the health status of older individuals with intellectual disability. Most informants were women and professionals who had known the person with intellectual disability for more than 12 months. A system of categories, which showed good inter-rater agreement, was developed to analyse participants’ written responses. Both family members and professionals emphasized the need to improve disability training for healthcare practitioners and highlighted the urgent need for flexibility in the structure of a healthcare system that currently overlooks the specific needs of this vulnerable population.

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**Title:** What is and isn't working: Factors involved in sustaining community-based health and participation initiatives for people ageing with intellectual and developmental disabilities.

**Citation:** Journal of Applied Research in Intellectual Disabilities; Nov 2019; vol. 32 (no. 6); p. 1465-1477
**Author(s):** Spassiani, Natasha A.; Meisner, Brad A.; Abou Chacra, Megan S.; Heller, Tamar; Hammel, Joy

**Abstract:** As people with intellectual and developmental disabilities (I/DD) age, it is important that I/DD agencies are prepared to support healthy ageing in homes and in communities. This study explored supports and barriers to sustaining community-based health and participation initiatives (CBHPI) for people ageing with I/DD living in group homes managed by agencies. The study utilized interviews and photovoice with 70 participants—35 individuals with I/DD and 35 management/direct support agency staff. Data were analysed through content analysis and triangulation of data where five themes emerged: Agency values and policies related to healthy ageing; resources and staff competencies; communication between management and staff; community/university partnerships; and peer relations. Findings show that I/DD agencies and people with I/DD value CBHPI, but they find them difficult to sustain due to limited resources and lack of training specific to ageing with I/DD. Conducting system-level research within I/DD agencies to include first-person accounts of people with I/DD, staff and management provides insight on how to effectively support the needs of people with I/DD to improve their health and community participation as they age.

**Title:** Nurses' attitudes and emotions toward caring for adults with intellectual disabilities: Results of a cross-sectional, correlational-predictive research study.

**Citation:** Journal of Applied Research in Intellectual Disabilities; Nov 2019; vol. 32 (no. 6); p. 1501-1513

**Author(s):** Desroches, Melissa L.; Sethares, Kristen A.; Curtin, Carol; Chung, Joohyun

**Background:** Negative healthcare provider attitudes may contribute to healthcare disparities in adults with intellectual disabilities. This study identified predictors of nurses' attitudes and emotions toward caring for adults with intellectual disabilities in the United States.

**Method:** A convenience sample of 248 nurses was used to collect nurses' attitudes and emotions toward caring for adults with intellectual disabilities (Adapted Caring for Adults with Disabilities Questionnaire) and quality of life beliefs (Prognostic Beliefs Scale).

**Results:** Overall, nurses held less positive attitudes toward caring for an adult with intellectual disability versus a physical disability. Intellectual disability nurses held more positive attitudes and emotions and less negative emotions than non-intellectual disability nurses. Quality of life beliefs predicted nurse attitude, positive emotions and negative emotions. The number of adults with intellectual disabilities cared for during the nurse's career predicted negative emotions.

**Conclusions:** Future interventions should focus on improving nurses' understanding of the quality of life of adults with intellectual disabilities.

**Title:** Responses to bullying among individuals with intellectual and developmental disabilities: Support needs and self-determination.

**Citation:** Journal of Applied Research in Intellectual Disabilities; Nov 2019; vol. 32 (no. 6); p. 1514-1522

**Author(s):** Griffin, Megan M.; Fisher, Marisa H.; Lane, Laurel A.; Morin, Lindsay

**Background:** Compared to the general population, individuals with intellectual and developmental disabilities (IDD) more often experience bullying and its negative social and emotional impacts. Prior studies explored bullying of individuals with IDD primarily through investigations of the perspectives of others and the negative impacts of bullying. The current study examined how individuals with IDD describe their responses to experiences of bullying, with a focus on whether responses included component skills of self-determination.
Method: Eighteen adults with IDD (50% female) aged 18–63 years were interviewed about their experiences with bullying. Interviews were analysed to determine responses to bullying and the degree to which their responses demonstrated self-determination.

Results: Data analysis revealed two primary themes, outside support and self-determination, with additional subthemes.

Conclusions: Findings provide a more nuanced description of the ways in which individuals with IDD respond to bullying, including the demonstration of self-determination skills. Implications for research and practice are discussed.

Title: The double-edged sword of vulnerability: Explaining the persistent challenges for practitioners in supporting parents with intellectual disabilities.

Citation: Journal of Applied Research in Intellectual Disabilities; Nov 2019; vol. 32 (no. 6); p. 1523-1534

Author(s): MacIntyre, Gillian; Stewart, Ailsa; McGregor, Sharon

Background: Evidence suggests that parents with intellectual disabilities can be "good enough" parents with appropriate support that focuses on the whole family. This paper brings together theories of vulnerability with an ethics of care approach to reflect on challenges for practitioners in supporting parents, drawing upon data from a study carried out in Scotland.

Method: An online survey was administered to practitioners in three settings, and follow-up interviews were carried out with key informants.

Results: Pockets of good practice existed but a number of barriers to supporting families remained. These related to a lack of accessible information, difficulties in identifying and engaging with families at an early stage and poor joint working across agencies.

Conclusion: The study concludes by arguing that practitioners’ constructions of families as "vulnerable" reflects negatively on their perceived capacity to parent, creating further barriers in accessing appropriate support and reducing expectations of success.

Title: Ethical dilemmas and legal aspects in contraceptive counselling for women with intellectual disability—Focus group interviews among midwives in Sweden.

Citation: Journal of Applied Research in Intellectual Disabilities; Nov 2019; vol. 32 (no. 6); p. 1558-1566

Author(s): Höglund, Berit; Larsson, Margareta

Background: Few studies have explored ethical and legal issues in contraceptive counselling among women with intellectual disability (ID). This study aimed to gain a deeper understanding of these issues during midwifery contraceptive counselling.

Method: The present authors interviewed 19 midwives in five focus groups in Sweden 2016 – 2017 and analysed data with content analysis.

Results: The participants expressed that women with intellectual disability have equal right to relationships and sexual expressions, but feared exposure to sexual exploitation/abuse. They experienced ethical dilemmas related to principles of fairness and autonomy, but strived to provide assistance in spite of the women's cognitive impairment, presence of supporting persons and uncertainty of optimal counselling. Organizational support was insufficient.

Conclusions: The midwives experienced ambivalence, uncertainty and ethical dilemmas in their counselling. They were, however, aware of legal aspects and strived for the women's best interest, right to self-determination and autonomous choices. The participants wanted better professional teamwork and support.

Title: The Effect of Systematic Prompting on the Acquisition of Five Muscle-Strengthening Exercises by Adults With Mild Intellectual Disabilities.
Citation: Adapted Physical Activity Quarterly; Oct 2019; vol. 36 (no. 4); p. 447-471
Author(s): Obrusnikova, Iva; Novak, Haley M.; Cavalier, Albert R.

Abstract: Adults with intellectual disability have significantly lower musculoskeletal fitness than their peers without a disability. Appropriate instructional strategies are needed to facilitate their acquisition and maintenance of musculoskeletal fitness. In this multiple-baseline across-participants single-subject study, the authors evaluated the effects of a multicomponent package that included a video-enhanced system of least-to-most prompts on the acquisition of 5 muscle-strengthening exercises in 3 women with mild intellectual disability, age 24–37 yr. Results show substantive gains in correct and independent performance of steps in the 5 exercises during the treatment condition. The improved performance was maintained 2 wk after the last treatment session and in a large YMCA gym. The study suggests that use of the video-enhanced system of least-to-most prompts can lead to improved acquisition and maintenance of muscle-strengthening exercises by adults with mild intellectual disability.

Title: A Balance of Social Inclusion and Risks: Staff Perceptions of Information and Communication Technology in the Daily Life of Young Adults with Mild to Moderate Intellectual Disability in a Social Care Context.

Citation: Journal of Policy & Practice in Intellectual Disabilities; Sep 2019; vol. 16 (no. 3); p. 171-179
Author(s): Ramsten, Camilla; Martin, Lene; Dag, Munir; Marmstål Hammar, Lena

Abstract: Information and communication technology (ICT) has increased in importance and facilitates participation in several life areas throughout society. However, young adults with mild to moderate intellectual disability make less use ICT than the general population. Disability services staff play a central role in supporting and enabling service users in daily life, and their perceptions of ICT are important to their role in service provision. The aim of the study is to describe staff perceptions of the role of ICT and how it affects daily life in young adults with mild to moderate intellectual disability living in residential homes. Focus group interviews and individual interviews were conducted with staff working in residential homes in which young adults with mild to moderate intellectual disability live. All materials were transcribed verbatim and analyzed using latent content analysis. Staff perceived ICT and, more specifically, the Internet as being supportive of both daily life and social relationships of these young adults, but they also viewed ICT as posing social risks. Perceptions of and support for ICT were related to staff perceptions about what is appropriate and manageable in relation to an individual resident's functioning level. Staff members also considered the views of parents about appropriate content when providing support. Staff in residential homes for young adults with mild to moderate intellectual disability use their implicit moral judgment about the use of ICT by residents. Their enablement of and support for ICT are not primarily based on the service user's wishes or interests. This finding implies a risk that the organization of a conflict-free service provision is a higher priority than service users' participation in social life.

Title: Factors Affecting the Health of Caregivers of Children Who Have an Intellectual/Developmental Disability.

Citation: Journal of Policy & Practice in Intellectual Disabilities; Sep 2019; vol. 16 (no. 3); p. 201-216
Author(s): Marquis, Sandra; Hayes, Michael V.; McGrail, Kimberlyn

Abstract: There are a growing number of children with an ID/developmental disability. As well, there is evidence of poor health in the caregivers of these children. This article describes a narrative review of the literature regarding the mental and physical health of caregivers of children with ID/developmental disability. The review examined 162 papers. Twenty-three different factors were identified that may have an effect on the health of these caregivers. Social determinants, individual
caregiver variables, characteristics of the child with the disability, family characteristics, and support factors can all affect caregiver health. These variables are inter-related and illustrate the need to account for complexity when studying the health of caregivers of children with ID/developmental disability.

Title: Best Practice Adherence and Workplace Facilitators and Hindrances for Psychologists Working With Individuals With Intellectual Disabilities and Co-Morbid Mental Health Concerns.

Citation: Journal of Policy & Practice in Intellectual Disabilities; Sep 2019; vol. 16 (no. 3); p. 239-249
Author(s): Man, Joyce; Kangas, Maria

Abstract: A number of practice guidelines are available to set the benchmark for best practice when working with individuals with intellectual disabilities and co-morbid mental health concerns. However, dissemination and implementation of such guidelines in the context of psychologists' work settings has received little attention. The aim of this qualitative study was to investigate adherence to current practice guidelines by Australian psychologists working with this specialist population and explore organizational factors that may facilitate or hinder evidence-based practice implementation. Thirty-eight Australian psychologists from government disability and non-government disability organizations working primarily with individuals with intellectual disability participated in eight semistructured focus groups. Psychologists were presented with a summary of a current Australian practice guideline in dual disabilities and asked about their views of best practice adherence and implementation of the guideline including facilitative and hindering factors influencing implementation. Psychologists reported views consistent with current Australian best practice standards but noted a number of barriers impacting on adherence. Facilitators and hindrances to best practice implementation were discussed in relation to views on applicability of current guideline, organizational level considerations, organizational resources and training, organizational operations, and systemic considerations. Findings highlight the importance of a collaborative and systemic approach in order for practice guidelines to be effectively implemented for psychologists working with disabilities. Implications for policy development and training are discussed.

Sources Used:
The following databases are used in the creation of this bulletin: BNI, CINAHL, Medline & PsycINFO.

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