Learning Disabilities
Current Awareness Bulletin
June 2020

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Title: A Systematic Review of Academic Discourse Interventions for School-Aged Children With Language-Related Learning Disabilities.

Citation: Language, speech, and hearing services in schools; Jun 2020 ; p. 1-16
Author(s): Peterson, Amy K; Fox, Carly B; Israelsen, Megan

Purpose: This systematic review synthesized a set of peer-reviewed studies published between 1985 and 2019 and addressed the effectiveness of existing narrative and expository discourse interventions for late elementary- and middle school-aged students with language-related learning disabilities.

Method: A methodical search of the literature for interventions targeting expository or narrative discourse structure for students aged 9-14 years with group experimental designs identified 33 studies, seven of which met specific criteria to be included in this review.

Results: An 8-point critical appraisal scale was applied to analyze the quality of the study design, and effect sizes were calculated for six of the seven studies; equivocal to small effects of far-transfer outcomes (i.e., generalizability to other settings) and equivocal to moderate near-transfer outcomes (i.e., within the treatment setting) were identified. The most effective intervention studies provided explicit instruction of expository texts with visual supports and student-generated learning materials (e.g., notes or graphic organizers) with moderate dosage (i.e., 180-300 min across 6-8 weeks) in a one-on-one or paired group setting. Greater intervention effects were also seen in children with reading and/or language disorders, compared to children with overall academic performance difficulties.

Conclusions: A number of expository discourse interventions showed promise for student use of learned skills within the treatment setting (i.e., near-transfer outcomes) but had limited generalization of skills (i.e., far-transfer outcomes).

Supplemental Material: https://doi.org/10.23641/asha.12449258.

Title: Peer Support in Mental Health: Literature Review.

Citation: JMIR mental health; Jun 2020; vol. 7 (no. 6); p. e15572
Author(s): Shalaby, Reham A Hameed; Agyapong, Vincent I O

Background: A growing gap has emerged between people with mental illness and health care professionals, which in recent years has been successfully closed through the adoption of peer support services (PSSs). Peer support in mental health has been variously defined in the literature and is simply known as the help and support that people with lived experience of mental illness or a learning disability can give to one another. Although PSSs date back to several centuries, it is only in the last few decades that these services have formally evolved, grown, and become an integral part of the health care system. Debates around peer support in mental health have been raised frequently in the literature. Although many authors have emphasized the utmost importance of incorporating peer support into the health care system to instill hope; to improve engagement, quality of life, self-confidence, and integrity; and to reduce the burden on the health care system, other studies suggest that there are neutral effects from integrating PSSs into health care systems, with a probable waste of resources.

Objective: In this general review, we aimed to examine the literature, exploring the evolution, growth, types, function, generating tools, evaluation, challenges, and the effect of PSSs in the field of mental health and addiction. In addition, we aimed to describe PSSs in different, nonexhaustive contexts, as shown in the literature, that aims to draw attention to the proposed values of PSSs in such fields.

Methods: The review was conducted through a general search of the literature on MEDLINE, Google Scholar, EMBASE, Scopus, Chemical Abstracts, and PsycINFO. Search terms included peer support, peer support in mental health, social support, peer, family support, and integrated care.

Results: There is abundant literature defining and describing PSSs in different contexts as well as tracking their origins. Two main transformational concepts have been described, namely, intentional peer support and transformation from patients to peer support providers. The effects of PSSs are
extensive and integrated into different fields, such as forensic PSSs, addiction, and mental health, and in different age groups and mental health condition severity. Satisfaction of and challenges to PSS integration have been clearly dependent on a number of factors and consequently impact the future prospect of this workforce.

Conclusions: There is an internationally growing trend to adopt PSSs within addiction and mental health services, and despite the ongoing challenges, large sections of the current literature support the inclusion of peer support workers in the mental health care workforce. The feasibility and maintenance of a robust PSS in health care would only be possible through collaborative efforts and ongoing support and engagement from all health care practitioners, managers, and other stakeholders.

Title: Estimating local need for mental healthcare to inform fair resource allocation in the NHS in England: cross-sectional analysis of national administrative data linked at person level.

Citation: The British journal of psychiatry : the journal of mental science; Jun 2020; vol. 216 (no. 6); p. 338-344

Author(s): Anselmi, Laura; Everton, Anna; Shaw, Robert; Suzuki, Wataru; Burrows, Jeremy; Weir, Richard; Tatarek-Gintowt, Roman; Sutton, Matt; Lorrimer, Stephen

Background: Equitable access to mental healthcare is a priority for many countries. The National Health Service in England uses a weighted capitation formula to ensure that the geographical distribution of resources reflects need. AIMSTo produce a revised formula for estimating local need for secondary mental health, learning disability (intellectual disability) and psychological therapies services for adults in England.

Method: We used demographic records for 43 751 535 adults registered with a primary care practitioner in England linked with service use, ethnicity, physical health diagnoses and type of household, from multiple data-sets. Using linear regression, we estimated the individual cost of care in 2015 as a function of individual- and area-level need and supply variables in 2013 and 2014. We sterilised the effects of the supply variables to obtain individual-need estimates. We aggregated these by general practitioner practice, age and gender to derive weights for the national capitation formula.

Results: Higher costs were associated with: being 30-50 years old, compared with 20-24; being Irish, Black African, Black Caribbean or of mixed ethnicity, compared with White British; having been admitted for specific physical health conditions, including drug poisoning; living alone, in a care home or in a communal environment; and living in areas with a higher percentage of out-of-work benefit recipients and higher prevalence of severe mental illness. Longer distance from a provider was associated with lower cost.

Conclusions: The resulting needs weights were higher in more deprived areas and informed the distribution of some 12% (£9 bn in 2019/20) of the health budget allocated to local organisations for 2019/20 to 2023/24.

Title: Characteristics and Prevalence of Gravitational Insecurity in Children with Sensory Processing Dysfunction.

Citation: Research in developmental disabilities; Jun 2020; vol. 101 ; p. 103640

Author(s): May-Benson, Teresa A; Lopes de Mello Gentil, Juliana; Teasdale, Alison

Background: Children with sensory processing challenges often demonstrate a specific vestibular dysfunction characterized by an irrational fear of movement experiences referred to as gravitational insecurity.

Procedures/Outcomes: This descriptive, exploratory study of existing de-identified data examined characteristics and prevalence of symptoms indicative of gravitational insecurity and the relationship among gravitational insecurity, gender, age, and other types of sensory-motor problems in 689 children, aged 4-12 years, with Sensory Processing Disorder (SPD) and related parent-reported co-
morbid diagnoses of Attention Deficit-Hyperactivity Disorder, Anxiety Disorder, Learning Disabilities and Autism Spectrum Disorder. Gravitational insecurity was identified by the sum of eight items on a parent-report clinical questionnaire of sensory processing and motor skills in children.

Results/Conclusions: The number and patterns of gravitational insecurity symptoms were not significantly different across age, gender or comorbid diagnoses. Prevalence of symptoms of gravitational insecurity in a clinical population of children with SPD was 15 - 21%. Cluster analysis found two groups with and without gravitational insecurity. In the gravitational insecurity group all eight items examined occurred "sometimes/often" and four or more symptoms were reported by individuals in this group.

Implications: Gravitational insecurity is an important vestibular-based dysfunction to identify and treat in children with SPD. Future studies should examine the relationship between these symptoms and objective measures of gravitational insecurity.

Title: Investigation on participation, supports and barriers of children with specific learning disabilities.

Citation: Research in developmental disabilities; Jun 2020; vol. 101 ; p. 103639

Author(s): Şahin, Sedef; Kaya Kara, Özgün; Köse, Barkın; Kara, Koray

Background: Children with specific learning disabilities (SLD) have been observed to face participation restrictions in their daily life. AIMSThis study aims to examine the participation and environmental features of children with SLD compared to non-disabled children.

Methods and Procedures: This study was designed as a case-controlled study. Parents of children between 5 and 17 years of age with SLD (n = 90) and those who are non-disabled (n = 88) were included in this study to do the Participation and Environment Measure for Children and Youth (PEM-CY).

Results: Differences between groups were found statistically significant in home, school, and community settings between both participation and environmental features (p < 0.05). Children with SLD participated less frequently in school settings and were less involved in activities in home and school settings. Parents of children with SLD desired more change in their child's participation in all settings. Environmental factors were significantly more likely to be identified as barriers in the participation of children with SLD.

Conclusion and Implications: This study provides information about participation patterns and environmental factors for many children with SLD. The results provide insights into a rehabilitation program that may improve the participation of children with SLD, and on where greater efforts are needed to support participation and environmental features for children with SLD.

Title: A comparison of local-global visuospatial processing in autism spectrum disorder, nonverbal learning disability, ADHD and typical development.

Citation: Research in developmental disabilities; May 2020; vol. 103 ; p. 103682

Author(s): Cardillo, Ramona; Vio, Claudio; Mammarella, Irene C

Background: Research on visuospatial functioning has revealed cognitive challenges for children with autism spectrum disorder (ASD), nonverbal learning disability (NLD) and attention deficit hyperactivity disorder (ADHD). These disorders are characterized by some overlapping symptoms, making their diagnosis a challenge. AIMSThe study aims to clarify the role of visuospatial abilities in their neuropsychological profiles by investigating different visuospatial domains and their interplay with the local-global processing.

Method and Procedures: Participants (N = 150) with ASD, NLD, or ADHD were compared with typically-developing (TD) children on visuospatial processing speed, visuo-perceptual abilities, visuo-constructive abilities, and visuospatial working memory. Generalized mixed-effects models were
performed and receiver operating characteristic curves were estimated to express the usefulness of a local-global processing index in discriminating groups.

**Outcomes And Results:** The NLD group was impaired in all domains; children with ADHD revealed a heterogeneous profile, with greater impairments in visuospatial processing speed; ASD and TD groups were comparable. The local-global processing index had predictive power in discriminating among groups in visuo-constructive task.

**Conclusions and Implications:** The study of visuospatial abilities of children with ASD, NLD and ADHD might help to understand strengths and weaknesses in their neuropsychological profile and to differentiate between them. Clinical implications of these findings are discussed.

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**Title:** Growing older with lifelong disability: What is "quality of life" in the middle years?

**Citation:** British Journal of Learning Disabilities; Jun 2020

**Author(s):** Tait, Kathleen; Hussain, Rafat; Wark, Stuart; Fung, Francis

**Accessible Summary:** In the past 30 years, many people with (intellectual) learning disabilities have been moved out of large "institutions" and into their own home in their local community. These people are now often between 30 and 50 years old. We asked people with learning disabilities aged between 30 and 50 and who are living in their local community what things, including work, that they enjoyed doing. We asked people with learning disabilities aged between 30 and 50 and who are living in their local community whether they felt that they could make decisions about their life. We found out the things that make their life good, and also what might stop people enjoying their life. We learnt that people with learning disabilities should receive more support to assist them before they retire. We learnt that people with learning disabilities still need more support and choice around who they live with.

**Background:** This study investigated perceived quality of life (QoL) of community-dwelling middle-aged adults (30–50 years) with an intellectual disability and/or developmental disability living in rural or urban areas in New South Wales and Queensland, Australia. The specific aim of the current paper was to provide a descriptive evidence base of QoL and its specific domains by various key demographic characteristics of middle-aged individuals. This cohort is likely to have either experienced or reached adulthood during and after large-scale deinstitutionalisation in Australia.

**Methods and procedures:** A cross-sectional design was utilised, based on the QoL-Q survey, testing domains of satisfaction; Competence/Productivity; Empowerment/Independence; and social belonging/community integration. The survey included demographic questions and was distributed to participants through disability support agencies across two states. The final sample included 291 respondents.

**Results:** The overall QoL-Q scores ranged from 3.0 to 29.5 (Mean = 20.4, SD, 4.1), with considerable variation in mean scores both across and within domains. The two demographic areas that showed greatest predictive value for QoL were work status and accommodation issues. The loss of agency and control in choice of co-residents influenced perceived QoL for empowerment and independence domain of QoL-Q.

**Conclusions:** The findings highlight QoL issues associated with policy decisions and support programmes for middle-aged adults. The two key recommendations arising from the project are that future planning for post-retirement or reduced working hours needs to commence at a much younger age than currently expected, and more attention needs to focus on facilitating individual decision-making and choice within shared accommodation options. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

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**Title:** The impact of COVID-19 on people with autism, learning disabilities and mental health conditions.

**Citation:** Nursing & Residential Care; Jun 2020; vol. 22 (no. 6); p. 1-3

**Author(s):** Frankova
**Abstract:** The coronavirus pandemic has put a halt to the Care Quality Commission's final report on restraint and its updated registration guidance for people with autism, learning disabilities and mental health conditions. What does this mean for these groups, and what should carers do in response? Helena Frankova investigates.

**Title:** Future Planning Among Families of Individuals With Intellectual and Developmental Disabilities: A Systematic Review.

**Citation:** Journal of Policy & Practice in Intellectual Disabilities; Jun 2020; vol. 17 (no. 2); p. 94-107

**Author(s):** Lee; Burke, Meghan M.

**Abstract:** Considering individuals with intellectual and developmental disabilities (IDD) are having longer lives and outliving their parents, future planning has emerged as one of the most important topics in the IDD field. Without future planning, individuals with IDD and their families may be at greater risk for negative outcomes such as inappropriate living conditions of individuals with IDD (e.g., institutions) and greater anxiety for families. Thus, it is important to examine future planning for individuals with IDD. The purpose of this review was to synthesize the literature about future planning among families of individuals with IDD. Specifically, the purpose was to summarize the literature with respect to: existing future plans, barriers to future planning, benefits of future planning, and correlates of future planning. A systematic literature review was conducted about future planning among families of individuals with IDD. In total, 43 studies were identified. Results indicated that few families have conducted future planning for individuals with IDD. Further, family caregivers (e.g., siblings and parents) reported different barriers. However, conducting future planning benefitted all family members including individuals with IDD. It is necessary to conduct future planning with all family members, including individuals with IDD. Further, it is critical to include individuals with IDD in research about planning. Implications for future research, policy, and practice are discussed.

**Title:** Down Syndrome Disintegrative Disorder: A Clinical Regression Syndrome of Increasing Importance.

**Citation:** Pediatrics; Jun 2020; vol. 145 (no. 6); p. 1-9

**Author(s):** Rosso; Fremion, Ellen; Santoro, Stephanie L.; Oreskovic, Nicolas M.; Chitnis, Tanuja; Skotko, Brian G.; Santoro, Jonathan D.

**Abstract:** Down syndrome disintegrative disorder (DSDD), a developmental regression in children with Down syndrome (DS), is a clinical entity that is characterized by a loss of previously acquired adaptive, cognitive, and social functioning in persons with DS usually in adolescence to early adulthood. Initially reported in 1946 as "catatonic psychosis," there has been an increasing interest among the DS community, primary care, and subspecialty providers in this clinical area over the past decade. This condition has a subacute onset and can include symptoms of mood lability, decreased participation in activities of daily living, new-onset insomnia, social withdrawal, autistic-like regression, mutism, and catatonia. The acute phase is followed by a chronic phase in which baseline functioning may not return. No strict criteria or definitive testing is currently available to diagnose DSDD, although a comprehensive psychosocial and medical evaluation is warranted for individuals presenting with such symptoms. The etiology of DSDD is unknown, but in several hypotheses for regression in this population, psychological stress, primary psychiatric disease, and autoimmunity are proposed as potential causes of DSDD. Both psychiatric therapy and immunotherapies have been described as DSDD treatments, with both revealing potential benefit in limited cohorts. In this article, we review the current data regarding clinical phenotypes, differential diagnosis, neurodiagnostic workup, and potential therapeutic options for this unique, most disturbing, and infrequently reported disorder.

**Title:** Children with Down syndrome can benefit from language interventions; Results from a systematic review and meta-analysis.
Citation: Journal of Communication Disorders; May 2020; vol. 85

Abstract: Language disorder is a cardinal challenge for children with Down syndrome, and their learning capacity has been debated. The aim of the current study was to conduct a systematic review and meta-analysis of existing language interventions for children with Down syndrome to reveal knowledge about the effects of these interventions and identify any common characteristics specific to effective or ineffective interventions. A systematic search was conducted in databases relevant for education, speech and language therapy, and psychology. Based on a set of predefined inclusion criteria, the hits were screened and coded. Eight studies were synthesised in a systematic review and four in a meta-analysis. The overall effect of the interventions was large ($g = 1.01$), but significant transfer effects to untrained aspects of language were rarely found. Interventions showing significant effects varied with regards to numerous characteristics including the age of the target group, the intervention approach, the dosage, and the implementer. The common characteristic across the effective interventions was simply the aim of improving language skills in children with Down syndrome. Overall, there was a moderate to high risk of bias across all studies. To conclude, children with Down syndrome have the potential to respond to language intervention. However, more interventions that reach transfer effects are needed to maximise children's language outcomes. Based on the limited number of studies and a moderate to high risk of bias across the studies, there is a great need for more robust intervention studies to ensure that future interventions are informed by high-quality research.

Title: Approaches to and outcomes of future planning for family carers of adults with an intellectual disability: A systematic review

Citation: Journal of Applied Research in Intellectual Disabilities; May 2020

Author(s): Brennan, Damien; McCausland, Darren; O'Donovan, Mary Ann; Eustace-Cook, Jessica; McCallion, Philip; McCarron, Mary

Background: People with intellectual disabilities are living longer, with family homes and family caregivers increasingly identified as a key support to this ageing population of people with intellectual disabilities.

Method: This systematic review sets out existing evidence from empirically evaluated intervention studies of future care planning for adults with intellectual disability by family carers.

Results: This systematic review identified a scarcity of systematic approaches to future care planning for adults with intellectual disabilities and their family carers. However, evidence from the review suggests positive outcomes for families once they engage in a future planning process.

Conclusions: Contemporary social policy orientation, which emphasizes reliance on families to provide care, along with an ageing population of people with intellectual disabilities, and diminishing caring capacity within family networks, suggests an urgent need for a more expansive research base that evaluates approaches to supporting adults with intellectual disabilities and their family carers to plan for their futures. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

Title: Last months of life of people with intellectual disabilities: A uk population-based study of death and dying in intellectual disability community services

Citation: Journal of Applied Research in Intellectual Disabilities; May 2020

Author(s): Todd, Stuart; Bernal, Jane; Shearn, Julia; Worth, Rhian; Jones, Edwin; Lowe, Kathy; Madden, Phil; Barr, Owen; Forrester Jones, Rachel; Jarvis, Paul; Kroll, Thilo; McCarron, Mary; Read, Sue; Hunt, Katherine
**Background:** Population-based data are presented on the nature of dying in intellectual disability services.

**Methods:** A retrospective survey was conducted over 18 months with a sample of UK-based intellectual disability service providers that supported over 12,000. Core data were obtained for 222 deaths within this population. For 158 (71%) deaths, respondents returned a supplemented and modified version of VOICES-SF.

**Results:** The observed death was 12.2 deaths per 1,000 people supported per year, but just over a third deaths had been deaths anticipated by care staff. Mortality patterns, place of usual care and availability of external support exerted considerable influence over outcomes at the end of life.

**Conclusion:** Death is not a common event in intellectual disability services. A major disadvantage experienced by people with intellectual disabilities was that their deaths were relatively unanticipated. People with intellectual disabilities living in supported living settings, even when their dying was anticipated, experienced poorer outcomes. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

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**Title:** Comparing everyday autonomy and adult identity in young people with and without intellectual disabilities

**Citation:** Journal of Applied Research in Intellectual Disabilities; May 2020

**Author(s):** Salt, Emily; Jahoda, Andrew

**Aim:** This study was undertaken to investigate how young people with and without mild intellectual disabilities experience and perceive their own behavioural autonomy.

**Method:** Fifty-six young people with mild intellectual disabilities and 49 young people without disabilities aged 16–19 participated in a novel picture card sorting task to investigate their participation in a range of activities, and the obstacles preventing them from doing so.

**Results:** School pupils with intellectual disabilities engaged in significantly fewer activities than their typically developing peers and were more likely to state not to be allowed to. In contrast, the college students with and without disabilities were equally as likely to undertake each activity, and those with intellectual disabilities were more likely to express lack of interest in doing so.

**Conclusions:** The move from school to college may represent an opportunity for young people with intellectual disabilities to "catch-up" with their typically developing peers. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

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**Title:** Behind closed doors: Human rights in residential care for people with an intellectual disability in Ireland

**Citation:** Disability & Society; May 2020

**Author(s):** Murphy, Kieran; Bantry-White, Eleanor

**Abstract:** In this research, we put the spotlight on the human rights of people living in residential care in Ireland. Our research looked at all inspection reports for residential care centres published in 2016. We mapped the reports against the human rights named in the Convention on the Rights of Persons with Disabilities. We found out that people with an intellectual disability living in residential care have little or no control over their own lives. We would like to share how we did our research with governments, funders and services. More research like this can help make sure the guiding principles of the Convention on the Rights of Persons with Disabilities are at the heart of all service delivery. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)
Title: The impact of self-advocacy organizations on the subjective well-being of people with intellectual disabilities: A systematic review of the literature

Citation: Journal of Applied Research in Intellectual Disabilities; May 2020
Author(s): Tilley, Elizabeth; Strnadová, Iva; Danker, Joanne; Walmsley, Jan; Loblinzk, Julie

Background: A high sense of subjective well-being has been associated with more prosocial behaviours, better health, work productivity and positive relationships. The aim of this systematic review was to explore what impact self-advocacy has on the subjective well-being of people with intellectual disabilities.

Method: The authors reviewed articles focusing on the perspectives of adults with intellectual disabilities engaged with self-advocacy groups. Searches were performed in PsychINFO, Web of Science, SCOPUS, MEDLINE and CIHNL databases, resulting in 16 articles meeting the inclusion criteria. A framework synthesis approach was used to extract data deductively based on the Dynamic Model of Wellbeing.

Results: While self-advocacy has a positive impact on all domains of the Dynamic Model of Wellbeing, negative impacts associated with participation in a self-advocacy group were also reported.

Conclusions: The benefits of participating in self-advocacy groups on the well-being of individuals with intellectual disabilities outweigh the disadvantages. (PsycINFO Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

Title: Parental support, health, and cyberbullying among adolescents with intellectual and developmental disabilities

Citation: Journal of Child and Family Studies; May 2020
Author(s): Wright, Michelle F.; Wachs, Sebastian

Abstract: Some studies reveal that adolescents with intellectual disabilities and developmental disabilities are more likely to be victims of both face-to-face bullying and cyberbullying. Research also suggests that these adolescents are likely to witness bullying victimization. More research is needed to better understand the negative outcomes associated with their experiences. The purpose of this short-term longitudinal study was to investigate the buffering effect of parental social support on the associations of cyberbullying victimization and bystanding to subjective health complaints, suicidal ideation, and non-suicidal self-harm. Participants were 121 adolescents (63% male; M age = 14.10 years) with intellectual disabilities and developmental disorders who completed questionnaires on their face-to-face and cyberbullying victimization and bystanding, parental social support, subjective health complaints, suicidal ideation, and non-suicidal self-harm during the 7th grade (Time 1). In 8th grade (Time 2), they completed questionnaires on subjective health complaints, suicidal ideation, and non-suicidal self-harm. The findings revealed that the positive associations between Time 1 cyberbullying victimization and Time 2 subjective health complaints, suicidal ideation, and non-suicidal self-harm were stronger at lower levels of Time 1 parental social support, while high levels of Time 1 parental social support diminished these relationships. Similar patterns were found for Time 1 cyberbullying bystanding and Time 2 subjective health complaints. Parental social support has a buffering effect on the relationships among cyberbullying victimization, bystanding, and health outcomes among adolescents with intellectual and developmental disorders. Highlights: Parental social support was related negatively to cyberbullying victimization. Positive associations between cyberbullying victimization and subsequent subjective health complaints, suicidal ideation, and non-suicidal self-harm. Parental social support diminished the positive relationships among cyberbullying victimization, subsequent subjective health complaints, suicidal ideation, and non-suicidal self-harm. (PsycINFO Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)
Title: Cognitive training in adults with intellectual disability: Pilot study applying a cognitive tele-rehabilitation program

Citation: International Journal of Developmental Disabilities; May 2020

Author(s): García-Alba, Javier; Rubio-Valdehita, Susana; Sánchez, M. Julia; García, Amelia I. M.; Esteba-Castillo, Susanna; Gómez-Caminero, Marta

Introduction: This pilot study analyzes the effect of a cognitive training program in adults with intellectual disability (ID).

Method: Twenty subjects (mean age 52.7 ± 9.77 years) with mild and moderate ID were divided in control and experimental group. Only the experimental group received the training program. This program was applied through the GNPT® (Guttmann, NeuroPersonalTrainer®) platform for people with ID.

Results: The results revealed a significant improvement in the Kaufman Brief Intelligence Test-2 scores (Matrices subtest) in the experimental group [Z = 2.12; p = .03] after the intervention, indicating an enhancement in fluid ability due to effect of cognitive training program.

Conclusion: Findings provide evidence of the importance of applying these programs in a systematized way in adults with ID. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

Title: Brief report: Behavior disorders and social skills in adolescents with autism spectrum disorder: Does IQ matter?

Citation: Journal of Autism and Developmental Disorders; Jun 2020; vol. 50 (no. 6); p. 2226-2233

Author(s): Baker, Bruce L.; Blacher, Jan

Abstract: Disruptive behavior disorders and social skills were assessed in 187 youth aged 13 years, with typical cognitive development (TD n = 98), intellectual disability (ID n = 37), autism spectrum disorder (ASD, IQ ≥ 85, n = 26), or Autism Spectrum Disorder with ID (ASD/ID; IQ < 85, n = 26). The primary question was whether youth with ASD and co-morbid ID had greater associated adjustment problems than youth with ASD-only. Youth with ASD, with or without ID, had significantly higher behavior problems and lower social skills than their TD peers. However, youth with ASD and co-morbid ID did not differ from youth with ASD-only on any variable assessed, including behavior problems, behavior disorders, social acceptance, social skills, and student teacher relationships. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

Title: Development of Deaf Adults with Intellectual Disability in a Therapeutic Living Community.

Citation: Journal of Deaf Studies & Deaf Education; Jul 2020; vol. 25 (no. 3); p. 261-269

Author(s): Fellinger; Linzner, Doris; Holzinger, Daniel; Dall, Magdalena; Fellinger, Maria; Fogler, Jason

Abstract: People with intellectual disabilities who are deaf face obstacles participating in social environments that do not take into account their need for accessible visual communication. In the present case series, we describe the development of the adaptive skills profiles of eight participants in a fully inclusive therapeutic living community, designed specifically for people with developmental disabilities who are deaf and focused on supporting communication, social relationships, conflict resolution, and work satisfaction. Adaptive skills ratings collected at enrollment and twelve years later suggest increases in social awareness and community living, whereas personal care and homemaking showed relatively little change.
Title: Intellectual disability stigma and initiatives to challenge it and promote inclusion around the globe.

Citation: Journal of Policy & Practice in Intellectual Disabilities; Jun 2020; vol. 17 (no. 2); p. 165-175

Author(s): Scior ; Hamid, Aseel; Hastings, Richard; Werner, Shirli; Belton, Catherine; Laniyan, Adebisi; Patel, Maya; Kett, Maria

Abstract: There is a dearth of studies that have examined the attitudes of society toward people with intellectual disabilities (IDs) on a global scale. This study set out to gauge the extent to which ID continues to be stigmatized and to which initiatives are in place to increase their inclusion and tackle stigma around the globe. Data were collected using a web survey from 667 experts and organizations in the (intellectual) disability field pertaining to 88 countries and covering all world regions. Information about the study was disseminated by four multinational disability organizations, and the survey was available in five languages. Findings and responses indicated that the general public in many parts of the world broadly support the fundamental principle of inclusion of children and adults with IDs, yet negative attitudes persist. High levels of stigma and denial of fundamental rights still appeared a reality in many places. Initiatives to tackle stigma appeared patchy and least in evidence where they were most needed. In many parts of the world the life chances of people with IDs often appear still very poor, and support and advocacy almost entirely their families' responsibility. More needs to be done globally to reduce the stigma associated with ID and to promote active engagement and regular social interactions between persons with IDs and their fellow citizens without IDs.

Title: A nurses' ethical commitment to people with intellectual and developmental disabilities.

Citation: Nursing Ethics; Jun 2020; vol. 27 (no. 4); p. 1066-1076

Author(s): Fisher ; Robichaux, Catherine; Sauerland, Jeanie; Stokes, Felicia

Aim: This article explores the issues of knowledge deficits of healthcare professionals in meeting the needs of people with IDD throughout the life span, and to identify factors that contribute to these deficits. Although statistics vary due to census results and the presence of a "hidden population," approximately 1%-3% of the global population identify as living with an intellectual or developmental disability. People with intellectual or developmental disability experience health inequities and confront multiple barriers in society, often related to the stigma of intellectual or developmental disability. Disparities in care and service are attributed to a lack of knowledge and understanding among healthcare providers about people with intellectual or developmental disability, despite their increased risk for chronic health problems. The near absence of educational programs in nursing both nationally and internationally contributes to this significant knowledge deficit. In addition, ethical considerations between paternalistic beneficence and idealized autonomy have resulted in a lack of clear direction in working with a population that is often ignored or exploited. Nurses who view people with intellectual or developmental disability as vulnerable without assessing or acknowledging their capabilities may err toward paternalism in an effort to "first do no harm." Likewise, nurses who fail to recognize the challenges and limitations faced by people with intellectual or developmental disability may not provide sufficient protections for a vulnerable person. People with intellectual or developmental disability are not binary, but rather complex individuals with a myriad of presentations. This article seeks to encourage a well-informed model of nursing care. Through an ethical lens, this article explores the nurse's ethical commitments in cases of victimization, access to care, decision making, and the provision of optimal end-of-life care for people with intellectual or developmental disability.

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

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