

Vulnerability' (SV-15), containing 15 items encompassing concrete situations and general risky scenarios. Both groups underwent self-ratings/structured interviews and measures related to participation in everyday activities, adaptive behaviour, and IQ.

Findings: Both studies found that greater participation in everyday activities is associated with reduced social vulnerability. The Swiss study found no correlation between social adaptive behaviour and social vulnerability, while the Swedish study showed a strong negative correlation. The Swiss study found a moderate association between social vulnerability and IQ, but no such association was found in the Swedish study. In the TV-22, the vulnerability ranged between 3–45% for each item; for the SV-15 this range was 19–69%.

Conclusions: The similarity between the studies, showing that participation in everyday activities is associated with reduced social vulnerability, highlights the potential of a standardised definition/measurement in, e.g., developing prevention programmes. The differences between the two studies, e.g., differences in the role of IQ and adaptive behaviour, emphasise the need for further research to deepen the understanding of social vulnerability and reduce the susceptibility to victimisation in adults with ID.

A TAILORMADE APPROACH: IMPROVING QUALITY OF CARE FOR PEOPLE WITH PSYCHIATRIC DISORDERS AND INTELLECTUAL DISABILITY

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Background: In order to provide adequate mental healthcare for individuals with ID, it is essential that care staff have relevant knowledge on and positive attitudes towards ID. For staff who are trained to work in a mental health care setting, this knowledge about ID might be lacking. They may therefore misinterpret issues caused by ID or overestimate the abilities of the individuals they care for. Better care can be achieved through training and coaching of staff, so they can adequately learn to address the needs of people with ID by adopting a collaborative, multidisciplinary approach.

Methods: We conduct participatory action research at a Dutch long-term care organization where 48 people with severe mental health conditions reside and receive care. An estimated 60–70% of residents also have borderline to mild ID. Numerous interventions are implemented over the course of 2023 and 2024, to increase knowledge about and improve care towards the ID of residents. Interventions include training and coaching for mental health workers, as well as the positioning of a behavioural specialist at the organization to facilitate a more integrated approach to treatment. Simultaneously, an action researcher is collecting data on the effectiveness of the interventions. These include pre- and post-treatment questionnaires and interviews with residents, staff and location managers, observations of training and coaching sessions and participatory observations of daily care practices. Comparison of pre- and post-intervention data will provide insight into the effectiveness of the interventions and potential improvements in perceived quality of care.

Findings: The aim of this study is to provide care tailored to the unique needs of individuals with psychiatric disorders and ID. Data is collected over the course of 2023 and 2024 and preliminary interpretations of results can be presented at IASSIDD 2024.

THE FRENCH VERSION OF THE DABS: VALIDITY AND RELIABILITY PRELIMINARY ANALYSES

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Background: Adaptive Behavior (AB) is an essential component of everyday functioning, and limitations in conceptual, social, and/or practical skills are one of the diagnostic criteria for intellectual disability (ID). During the ID diagnostic process and despite the importance of this feature, standardized assessments of AB appear to be used less systematically than assessments of intellectual functioning. This may be explained by the absence of instruments specifically developed for diagnostic purposes, particularly in the French-speaking countries of Europe. The aim of this study is to test the validity and reliability of the transcultural adaptation of the Diagnostic Adaptive Behavior Scale (DABS) in French.

Method: Preliminary analyses were conducted to evaluate the concurrent validity, interrespondent reliability, and test-retest reliability of the DABS-F. These analyses were performed on data from 20 participants (8 females, 12 males) aged 6 to 21 with mild to moderate ID, including 6 participants with associated autism spectrum disorders. The data were collected from parents or professionals supervising them, using both the DABS-F and the French validation of the Vineland Adaptive Behavior Scales 2nd edition (VABS-II).

Findings: Results show positive and significant correlations between DABS-F and VABS-II scores, suggesting good levels of concurrent validity. Such results were also found between DABS-F scores of different respondents providing responses regarding the same assessed person (interrespondent reliability) and between DABS-F scores obtained by administration of the same test in two measuring times (test-retest reliability), indicating a satisfactory degree of reliability between respondents and across test-retest sessions.

Conclusions: Results of this study, comparable to those obtained by the authors of the original version of the DABS, provide preliminary evidence of good levels of validity and reliability for the DABS-F. This adapted version will be subsequently standardised using a large sample of French-speaking participants with typical development.

NAVIGATING TRANSITIONS: ENHANCING RELOCATION SUCCESS FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES AND SEVERE CHALLENGING BEHAVIORS

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Background: Individuals with intellectual disabilities (ID) and severe challenging behaviours often undergo frequent relocations, especially during and after crisis admissions. These transitions significantly impact people with ID. This study gains insight into the relocation process for people with ID and severe challenging behaviours, and aims to improve success rates and to contribute to appropriate care for this specific group.

Method: A multiple-case study was conducted focusing on ten people with ID who stabilized and then relocated to another location from a 24-hour care facility specialized in severe challenging behaviours. The study involved dossier analysis conducted using an extraction form. Furthermore, 58 interviews with professionals and relatives and a focus group with 15 professionals was conducted. Interviews were recorded, transcribed verbatim, and analysed qualitatively through thematic analysis.

Findings: Despite the individuals with ID being stable for an extended period and expressing a desire to move, the relocation was marked as successful in only 4 out of the 10 cases. Success was contingent on contextual factors, particularly variations in support intensity between locations. Effective communication, sufficient time, an open mindset, and team expertise contributed to the success of the move. The unpredictability in behaviour of individuals with ID in a changing context played an important role in the unsuccessful cases. Also lack of cooperation, pressure from management, and insufficient support are hindering factors for a successful relocation.

Conclusions: This research offers practical insights to improve the relocation process for individuals with complex behavioural issues, highlighting the substantial impact of environmental changes on behaviour. Recommendations include developing a clear organisational vision and policy on appropriate care locations, implementing a systematic approach with explicit preconditions for relocation, and ensuring adequate knowledge and experience in providing care for people with ID and severe challenging behaviour.