

## Modes of Presentation

Delegates can present their research in several different formats:

**Symposia** (1 hour - 3 x 15 minutes presentation + 15 minutes discussion)

A collection of three papers presenting the results of different studies relating to a common research theme. Each should be presented by a different person. The symposium co-ordinator should provide details for the three papers following the instructions on the next page.

**Individual Papers** (15 minutes presentation + 5 minutes discussion)

A paper presenting the results of a study on a particular topic. Papers will be grouped into symposia according to an identified theme. Individuals should submit title and abstract details for each paper offered following the instructions on the next page.

### Posters

Individuals may present their research in the form of a poster. IASSID views posters as just as important as oral papers. Posters allow for more extended discussion with delegates interested in the content area of the poster and may be preferred by presenters whose first language is not English. Posters should be attended by at least one author who can address questions related to the poster's content to interested delegates. Individuals should submit title and abstract details for each poster presentation offered following the instructions on the next page. Submission of Poster Collectives (i.e., several posters covering related research) is encouraged.

### Roundtable Discussions or Debates

(1 hour)

Discussion about the interpretation of existing research, the state of knowledge in a particular area or the need for more or different kinds of research, can be as important as presenting the results of new studies. Individuals wishing to organise such roundtable discussions or debates should identify three or four speakers, who can each present a point of view. Where discussion and audience participation is the purpose, speakers' presentations might be limited to 5 minutes. Where debate between the speakers is the purpose, presentations may be longer (10-12 minutes). Organisers should submit details of the discussion or debate following the instructions on the next page.

## Plenary Speakers

### 25<sup>th</sup> August: Opening session: Poverty and ID

View from Africa - to be confirmed

Hear Our Voices - Diane Richler, Inclusion International, Canada

Poverty & ID in Europe - Eric Emerson, UK

### 26<sup>th</sup> August: Day 2

Autism – Frank Njenga, Kenya

Inclusive education – Vianne Timmons, Canada & Nithi Muthukrishna, South Africa

### 27<sup>th</sup> August: Day 3

Biobehavioural approaches - Chris Oliver, UK

Foetal alcohol syndrome- Chris Molteno, South Africa

### 28<sup>th</sup> August: Day 4

Self-determination – Michael Wehmeyer, USA

Employment and ID – to be confirmed

### 29<sup>th</sup> August: Day 5

Parents with ID – Gwynneth Llewellyn, Australia

Augmentative/alternative communication – Erna Alant, South Africa

### 30<sup>th</sup> August: Day 6

**(all talks will include local discussants)**

Prevalence of intellectual disability – Jennifer Kromberg, South Africa

Health indicators – POMONA project – Patricia Walsh, Ireland

Children with ID & mental health needs – Bruce Tonge, Australia

Profound and multiple disability - Carla Vlaskamp, Netherlands

HIV and ID – to be confirmed

Neurotoxins and ID – Phil Davidson, USA, and Conrad Shamlaye, Serychelles

## Abstracts for papers, posters and roundtables

Abstracts must be in English .

**Theme & Topic:** The conference is to be organised in 12 themes (see next page). Specify which of the 12 themes best fits your paper/poster/symposium or roundtable discussion. Each theme is divided into a number of topic areas. Either pick one which suits your paper/poster/symposium/roundtable, or specify the topic area yourself in 2 or 3 words.

All abstracts should be prepared using the following headings:

### Instructions for Submitting Paper/Poster Abstracts

**Title:** This should be brief (no more than 100 characters + spaces)

**Author(s):** Give the initials and surnames of authors. Give the email address (in brackets) of the person presenting the paper.

**Contact details:** Type an asterisk after the presenter's name and give the affiliation address of the presenting author only

**Abstract:** This should be no more than 200 words and describe the *Aim, Method, Results* and *Conclusions* of the study, using these headings.

**Preferred mode:** State whether: (a) individual paper or (b) part of a symposium or (c) poster

**Type of presentation:** State whether (a) research-based paper with data or (b) review paper or (c) service description. Presenters should note this is a scientific conference and therefore very few service descriptions will be accepted.

### Instructions for Submitting Symposia

**These can be submitted separately from the papers that make them up, provided these instructions are followed.**

**Title:** Give a brief title for the symposium (no more than 100 characters + spaces)

**List** authors and titles of papers to be included in the symposium. Make sure these are identical to the authors and titles of the abstracts for the papers separately submitted or we will be unable to match them up.

**Moderator:** Give the initials, surname and affiliation of the person who has agreed to moderate

the symposium. Give contact details for moderator, as per instructions for papers/posters.

### Instructions for submitting Roundtable Abstracts

Abstracts must be in English.

**Title:** This should be brief (no more than 100 characters + spaces) but clearly indicate the issue to be discussed or debated

**Contact Details:** Give the full postal addresses, email addresses and telephone numbers of the moderator and each speaker. Indicate the moderator by an asterisk after his/her name.

**Abstract:** This should be no more than 400 words and describe the background behind the issue to be discussed or debated and the views to be put forward by each speaker.

**Note:** *Abstracts that are longer than permissible will be abridged at the discretion of the programme committee*

**Terminology:** Please refer to people with intellectual disabilities, rather than people with mental retardation or mental handicap, or the intellectually disabled, mentally retarded, etc.

**See example abstract on next page but one**

**Submission deadline:  
1<sup>st</sup> January 2008**

**Please submit an electronic copy to [g.h.murphy@kent.ac.uk](mailto:g.h.murphy@kent.ac.uk) as an attachment (WORD files are the preferred format) with all of the required text in the main body of the message. Please also submit 2 paper copies to Prof. Glynis Murphy, Tizard Centre, University of Kent, Canterbury, Kent CT2 7LZ, UK**

## Congress themes

Theme	Topics covered by the theme
1. Ageing and lifespan	Ageing and Health Status, Functional Decline, Lifespan Transitions, Death and Dying
2. Biological and biobehavioural	Genetics, Syndromes, Biobehavioural Processes, Behavioural Phenotypes, Brain Research, Neurotransmitters, Risk Factors for Intellectual Disability, Developmental and Behavioural Neurotoxicology
3. Challenging behaviours and/or offending	Challenging Behaviour, Assessment of Challenging Behaviour, Forensic Issues, Psychological and Other Therapies for Challenging Behaviour &/or Offending
4. Cognition, communication, social impairment	Adaptive Behaviour, Skill Development, Assessment of Skills and Disabilities, Communication and Language, Cognitive Development, Social Impairment & Social Skills, Autism, Down's Syndrome
5. Education & Employment	Early Intervention, Pre-school Development, Schooling, College, Employment, Daytime Occupation, Volunteering
6. Empowerment, rights & ethics	Values and Ethics, Genetic Screening, Law and Civil Rights, Advocacy and Self-advocacy, User Views, User Participation, Empowerment, Gender, Culture and Ethnicity, Welfare Benefits and Income
7. Families & parenting	Early Family Counselling and Adjustment, Family Experience, Family Supports, Family Lifecycle, Siblings, Ageing Carers, Parents with Intellectual Disability
8. Mental health	Mental Health, Diagnosis/Assessment & Classification Systems in Mental Health, Depression, Anxiety, Schizophrenia, Psychopharmacology, Psychoanalysis, Psychological or Other Therapies for Mental Health Needs, Risk Factors for Mental Health, Abuse
9. Physical health	Physical Health, Health Monitoring, Medical and Other Interventions, Medication, Dentistry, Sensory and Physical Disabilities, Epilepsy, Assistive Technologies, Obesity, Diet & Exercise
10. Policy, populations, service systems	Classification, Epidemiology, Displaced Populations and Disability, Policy and Service Patterns, Achievement of Strategic Change, Services to Minority Communities, Health Economics, Cost-effectiveness, Service Management and Quality Assurance, Staff Training and Professional Development
11. Profound and multiple ID	Profound and Multiple Intellectual Disability, Assistive Technology, Health Needs of People with PMID, Interventions for People with PMID, Quality of Life for People with PMID
12. Quality of life and community living	Quality of Life Assessment, Quality of Life Supports/Determinants, Community Living, Residential Services, Social Relationships, Social Integration, Self-determination, Person-centred Planning, Vulnerability, Abuse, Protection, Spirituality

## Example Abstract Submission

**Title:** The Impact of Alleged Abuse on Behaviour in Adults with Severe Intellectual Disabilities

**Authors:** G.H.Murphy (g.h.murphy@kent.ac.uk)\*, A.C.O'Callaghan, I.C.H.Clare

**Contact address:** \*Tizard Centre, University of Kent, Canterbury, Kent CT2 7LZ, UK

**Abstract:** *Aim* People with intellectual disabilities are particularly vulnerable to abuse and most incidents come to light through victim disclosure. Those people with severe or profound intellectual disabilities are not able to describe what has happened to them. This project aimed to describe the consequences of abuse and changes in behaviour following alleged abuse in 18 adults with severe intellectual disabilities. *Method* Family members or other carers were interviewed to collect information about the alleged abuse. They were also asked about the person's adaptive and challenging behaviours at three time points: in the 3 months immediately prior to the abuse (time 1), in the three months immediately after the abuse (time 2) and in the three months prior to interview (time 3). *Results* A typical pattern emerged for both adaptive and challenging behaviours: there were few problems or difficulties at time 1, major difficulties at time 2 and some recovery by time 3. *Conclusions* Evidence is mounting that clinicians considering the sequelae of abuse for people with severe or profound intellectual disabilities need to consider changes in adaptive and challenging behaviours, as well as the typical symptoms of post traumatic stress disorder.

**Preferred mode:** Paper or poster

**Theme & topic:** Mental Health, Abuse

**Type of presentation:** Data-based research paper

All Presenters, Moderators and Discussants  
Must Register for the Congress