Guideline Effective Interventions for youngsters with MID

Recommendations for the development and adaptation of behavioural change interventions for youngsters with mild intellectual disabilities

LANDELIJK KENNISCENTRUM LVB

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PREFACE

Background and aim of the guideline

Relatively many youngsters with mild intellectual disabilities (MID) have emotional or behavioural problems. Although treatment is warranted, only a few interventions are specifically developed for them. Hence, interventions for typically developing children and adolescents are being used. However, in order to increase treatment success, therapists need to make several adaptations to adjust to the characteristics of the MID. While some therapists and other professionals are knowledgeable about how to adapt to the MID, others do to a far lesser extent.

After an inquiry, we learned that differences in ability to adapt to MID is also true for staff working in almost all 40 Dutch organizations participating in the Dutch Knowledge Centre on MID (DKC-MID – in Dutch: Landelijk Kenniscentrum LVB). All these organizations provide support, care and treatment to children and adolescents with MID and problem behaviour. The aim of the DKC-MID is to collect, aggregate and share results from scientific research and practice-based experience adapted to MID to provide the best of care for our clients.

In this day and age, it is becoming more and more important to demonstrate the effectiveness of interventions through scientific research. This is not an easy task because, as stated before, evidence-based interventions for youngsters with MID are lacking. The DKC-MID stimulates scientific research on this subject, but also acknowledges that (1) these studies are very time consuming, (2) it can be challenging to obtain all the data needed to draw firm conclusions (for example because clients drop out before the intervention has been completed) and (3) there are numerous promising interventions that cannot all be researched.

For this reason, we decided not to concentrate on a specific intervention, but to take a more general approach. Our objective was to compose a guideline with recommendations on how to account for the characteristics of youngsters with MID when developing or adapting an intervention. The recommendations had to be applicable to all possible types of interventions, such as interventions aimed at anxiety or anger management or at improving social skills.

Construction of the guideline

We started with an extensive literature study to gain insight in the characteristics that are often seen in youngsters with MID and how to adapt to them. However, and we cannot stress this enough, we do not imply that all children and adolescent with MID are alike. Indeed, they vary widely. Nonetheless, youngsters with MID tend to have more delayed development in academic, social, and adaptive skills that impedes them from fully benefiting from interventions meant for typically developing youngsters. It is thus important to learn more about these and other characteristics, as this will also provide direction for the recommendations.

Secondly, we had in-depth interviews with experts on these two issues (characteristics and adaptations). We interviewed both experts who had developed an intervention for youngsters with MID and professionals who had significant experience treating or training these youngsters. Their information was compared with findings from the scientific literature. All practice-based recommendations, for which either direct or indirect evidence was found in the literature, were taken up in the draft version of this guideline.

Thirdly, once consolidated, this draft version was presented to a panel of various experts. Their feedback and suggestions were compared with the scientific knowledge. This finally led to development of the final version of this Guideline, which we present in this manuscript.

Content and design of the guideline

The study resulted in numerous recommendations on how to adapt individual and group interventions to the MID of the youngsters in order to increase the chances of treatment success. These recommendations were clustered into 6 categories:

1: More extensive assessment;
2: Adapt to their level of communication;
3: Make the practice or exercise material concrete;
4: Structure and simplify
5: Social network and generalization of skills;
6: Create a safe and positive learning environment.

All recommendation are incorporated 6 tables, one table for each category. The tables have the same design and each consists of 3 columns:

(1) **What** - this gives a brief description of the recommendation in abstract terms;
(2) **Why** - in this column, the specific characteristics of the MID are presented that explain why the recommendation in the first column is important and how that recommendation is linked to the MID, and;
(3) **How** - in this column we give examples of what the therapist can actually do to meet the abstract recommendation in the first column.

We do not imply that *all* recommendation have to be carried out for *all* youngsters with MID in *each* therapy or intervention session. Which specific recommendations will be selected depends on the characteristics of the individual with MID who is being treated or trained (column 2). Nevertheless, we do advise to consider all the recommendations and to argue explicitly why certain recommendations are not followed-up on.

We would like to emphasise that we do not give any suggestions about *what* type of therapy or training is best when a youngster with MID has specific problems that need to be addressed. What therapy or training will be used depends by and large on the type of problems the youngster has and on the presumed causes. The recommendations in this guideline come into play *after* a therapy or training has been selected. By following the recommendations in this guideline, we expect the intervention to be more effective because it takes the specific needs of the youngster with MID into account.

To facilitate readability, we have chosen to use 'he' and 'him' when referring to the youngster and professional, but obviously one could also read 'she' or 'her'.

This English version of the Guideline is a shortened version of the original Dutch one (De Wit, Moonen & Douma, 2011). In the original version, we provide more information about the why and how of the recommendations and we relate them to the scientific literature. Hence, for more information, we refer the reader to that version (Dutch only), but also to the reference list at the end of this publication.

Finally, before we present the guideline itself, in the next chapter we will give a more detailed description of the specific characteristics of youngsters with MID that are included in the second column (*Why*) of the guideline.

YOUNGSTERS WITH MILD INTELLECTUAL DISABILITIES

This guideline is targeted at professionals who work with youngsters who (a) have mild intellectual disabilities, (b) are between 6 and about 23 years old, and (c) have additional behavioural problems for which they need some sort of treatment. In this chapter, we provide information on the characteristics of these youngsters. We will start by first giving the criteria for MID according to the American Association on Intellectual and Developmental Disabilities (AAIDD; Schalock et al., 2010) and the Diagnostic and Statistical Manual of mental disorders (DSM-IV-TR; APA, 2000). We also present information on other characteristics more often seen in these youngsters than in those without MID, and that are important to be aware of when working with these youngsters. As stated earlier, we recognise that youngsters with MID vary widely; we do not imply that all characteristics apply to *all* youngsters with MID in the same way and at the same level.

Definition of MID

According to the AAIDD (Schalock et al., 2010), a mild intellectual disability is characterized by significant limitations both in intellectual functioning (i.e., an IQ-score that falls between 50/55-70) and in adaptive behaviour. Intelligence includes reasoning, planning, solving problems, thinking abstractly, comprehending complex ideas, learning quickly and learning from experience. Adaptive behaviour covers the following three areas:

- Conceptual skills—language and literacy, money, time, and number concepts, and self-direction;
- Social skills—interpersonal skills, social responsibility, self-esteem, gullibility, naiveté (i.e., wariness), social problem solving, and the ability to follow rules, obey laws, and avoid being victimised;
- Practical skills—activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone.

MID in the Netherlands

In clinical practice in the Netherlands, MID also refers to individuals with an IQ between 70 and 85, provided they have significant limitations in adaptive behaviour, particularly in the area of social adjustment and social life skills. These individuals also have access to care intended for people with intellectual disabilities.

We argue that an IQ-score in itself is too limited a predictor of problems in youngsters with MID. It is not the limitations in intellectual functioning, but those in social adjustment that seem to cause behavioural problems that warrant treatment (Ras, Woittiez, Van Kempen & Sadiraj, 2010). These youngsters have significant problems interacting with other people. For example, they seem less observant in their social environment, they are more likely to misinterpret the social behaviour of others, to misread what someone is saying, or to focus on negative information. These limitations can cause social problems, which in turn can lead to frustration and to behavioural problems. Thus, and in contrast to what would be expected, youngsters with an IQ-score between 70 and 85 frequently have similar or even more problems and often need more support than youngsters with an IQ-score between 50 and 70. Therefore, in this guideline, MID refers to youngsters with an IQ-score between 50-85 *and* significant problems in adaptive behaviour, more specifically in the area of social adjustment.

Characteristics of youngsters with MID

Disharmonic developmental profile

A disharmonic developmental profile is regularly seen in youngsters with MID. It can be seen in various areas of functioning. Regarding intellectual functioning, frequently their performance IQ-score is considerably higher than their verbal IQ-score (Kraijer, 2006). This means that they are better at practical skills than those involving language, including both the comprehension of language and communicating a message. Since practical skills are easier to observe by others than language skills, people tend to overestimate the language skills of youngsters with MID, and thereby address them at a level of comprehension that is actually too high. This can lead to feelings of incompetence and failure.

With respect to language, youngsters with MID tend to speak at a higher level than they can actually understand. In other words, they are better at expressive language than they are at receptive language. They tend to use slang, which might fool people. Again, this could lead to overestimating their capacities.

Their social-emotional functioning level tends to be lower than their intellectual functioning level. They have more problems interacting with others and dealing with emotions than one would expect based upon how they come across on an intellectual level.

Finally, their physical appearance generally corresponds to their actual age. One cannot tell that someone has MID by just looking at him. Again, this increases the chance of overestimating a youngster's abilities.

Difficulty processing information

Compared with their typically developing peers, youngsters with MID have more problems processing information (Kleinert, Browder & Towles-Reeves, 2009). This seems related to their limited working memory capacity. The working memory is defined as the system that actively holds verbal and nonverbal information in the brain and makes it available for further processing. Moreover, the verbal short-term memory is relatively weak compared to the visuo-spatial short-term memory. Youngsters with MID do not process verbal information as well as they process nonverbal or visuo-spatial information (Van der Molen, 2009). They also have more problems retrieving knowledge from long-term memory (Danielsson, Henry, Rönnberg & Nilsson, 2010). Finally, individuals with MID have more difficulty structuring, classifying, differentiating and prioritising information and weighing its importance (Collot d'Escury, Ebbekink & Schijven, 2009; Van Nieuwenhuijzen, 2005; Willner, Bailey, Parry & Dymond, 2010).

Limited self-regulation skills and metacognition

Self-regulation consists of actively organising and managing their thoughts, emotions, behaviours and environment in order to achieve certain goals (Boekaerts & Corno, 2005). Self-regulation requires a person to be able to set goals and then to plan, monitor and reflect on his own behaviour.

Youngsters with MID have more problems with self-regulation skills. First of all, their attention span is shorter, meaning they have more difficulty staying concentrated and focused. Related to this are their problems with response inhibition, which refers to the suppression of actions that are inappropriate in a given context and that interfere with goal-driven behaviour. They seem to be more easily distracted when working on a task. And finally, they also perform less well on tasks measuring planning ability (Van der Molen, 2009).

Metacognitive skills are closely related to self-regulation. Metacognition refers to 'thinking about thinking', or being able to reflect on one's thinking and behaviour and considering the consequences it can have. This also requires understanding cause and effect. Youth with MID appear to have problems with these self-regulation and metacognitive skills (Dermitzaki, Stavroussi, Bandi & Nisiotou, 2008).

Limited social-cognitive skills

The extent to which youngsters show adaptive or problematic social behaviour depends on several social-cognitive skills. These skills include perspective taking, emotion recognition and understanding and interpreting social situations. These are all important for processing social information adequately. Perspective taking, or Theory of Mind, is the ability to see the world through the eyes of someone else. This enables a person to interpret other people's behaviour and intentions. This skill is less developed in youngsters with MID.

How a person interprets a social situation depends largely on the interpretation of other people's facial expression. Youngsters with MID have problems with recognising the emotions of others and thus may be at higher risk for inadequate interpretation of their intentions (Van Nieuwenhuijzen, Vriens, Scheepmaker, Smit & Porton, 2011).

Finally, youngsters with MID find it more difficult to interpret situations in general, and social situations in particular. They especially have problems when they are confronted with complex and contrasting information (Leffert, Siperstein, & Widaman, 2010). Since most everyday social situations are complex and comprise multiple social cues, youngsters with MID find it more difficult to respond adequately. Moreover, youngsters with MID more often interpret social situations in a negative manner.

Difficulty generalizing knowledge

Adolescents with MID have difficulty generalizing learned concepts and skills, i.e., applying what is learned to new and different situations. This may be related to their limited ability to separate primary and secondary issues (Kleinert et al., 2009), but it can also be associated with their limitations with self-regulation. Youngsters with MID tend to respond more automatically instead of making deliberate decisions (Dermitzaki et al., 2008), which makes it harder to consciously apply new learned skills to other situations.

Characteristics of the social context

Relatively more youngsters with MID *and* behavioural problems grow up in less favourable circumstances, i.e., they live in multi-problem families and in deprived or disadvantaged areas.

Multi-problem families consist of at least one parent and one child who face multiple economic, psychological and social stressors. These families are characterised by financial problems (poverty and debt), housing problems, unemployment, marital discord and divorce, conflict and violence between family members and (ex)partners, parental criminality and psychiatric problems, including alcohol and drug abuse, and inconsistent and incompetent parenting practices. Furthermore, they often tend to be socially isolated from the community and cut off from family and other potentially supportive networks. In addition, about 30% of the youngsters with MID and behavioural problems who receive professional treatment from Orthopedagogical Treatment Centres[1] have parents with severe learning difficulties or MID.

[1] Specialised treatment centres provide specialised treatment for children and adolescents with MID and severe problem behaviour.

Children with MID need parents who are even more sensitive and responsive to their needs than children without MID. Due to the adverse circumstances, parents of multi-problem families experience major problems raising their child with MID, even to such an extent that it sometimes leads to child abuse and neglect and a failure to form normal and healthy attachment relationships between the child and the parent(s). Many of the behavioural problems these children experience can be related to these adverse family conditions.

Additionally, the neighbourhoods of children with MID are often characterised by high unemployment levels, low incomes, poor housing, high crime levels, poor health and family breakdown. Lastly, these youngsters tend to have friends who (also) have behavioural problems and who engage in criminal activities. Such friends set a bad example for youngsters with MID.

For a professional it is important to realise that these adverse circumstances form the basis of these youngster's outlook on life and on their perception of what is normal. One cannot assume that these youngsters have the same definition of normality as children who grow up in better circumstances.

GUIDELINE EFFECTIVE INTERVENTIONS FOR YOUNGSTERS WITH MILD INTELLECTUAL DISABILITIES (MID)

Recommendations for the development and adaptation of behavioural change interventions for youngsters with MID

1: MORE EXTENSIVE ASSESSMENT

What	Why	How
1.1 Assess the cognitive strengths and weaknesses of the youngster	• Great diversity in cognitive abilities across youngsters with MID • Risk of overestimating or underestimating the cognitive abilities by professionals*	• Testing intelligence / conducting an IQ-test. • Neuropsychological assessment, especially on the verbal working memory (including the phonological loop) and visuo-spatial working memory. • Obtain information from school records on the youngster's scholastic achievements, such as his level of reading, writing, math, etc. • Determine whether, and if so, what kind of augmentative and alternative communication is required, such as pictures (for example by using the ComFor).
1.2 Assess the level of social-emotional functioning of the youngster	• Social-emotional functioning level can be lower than their calendar age and is frequently lower than their intellectual functioning level as well • Great diversity in levels of social-emotional functioning across youngsters, irrespective of their IQ and age	• Observe the youngster in daily life. • Use questionnaires that provide an estimation of their level of social-emotional functioning, such as the Ages and Stages Questionnaires, and (in Dutch only) the ESSEON(-R) and SEO(-R). • Additional assessment of the competencies required to change the problem behaviour, such as level of empathy, emotion regulation and affect interpretation. • Use interventions that have been developed for typically developing persons of a younger age.
1.3 Be aware of the interaction between the characteristics of the MID and the behaviour problems	• Some aspects of the MID can contribute to the continuation of behavioural problems	• Prior to the actual (behavioural change) intervention, train cognitive abilities or skills required to increase their chances to benefit from the intervention, such increasing verbal and visuo-spatial working memory and response inhibition.

* Professionals include therapists and trainers

NB 1: Ensure that the diagnostic material has acceptable reliability and validity for use with youngsters with MID.

NB. 2: When using a group intervention, it is important to contemplate on the composition of the group regarding whether or not the youngsters may differ in their intellectual functioning level and / or social-emotional functioning level. On the one hand, working with a heterogeneous group can have a positive effect as they can learn from each other. On the other hand, such a heterogeneous group composition can lead to negative interactions and to feelings of unsafety and incompetence as some youngsters cannot keep up with others.

2: ADAPT TO THEIR LEVEL OF COMMUNICATION

What	Why	How
2.1 Simplify your language	• Limited vocabulary • Difficulty understanding figurative language • Difficulty processing (verbal) information • Limited working memory capacity • Risk of overestimating the youngster by the professional	• Spoken and written texts should be kept concise. • Use short (about 5 words) and simple sentences that contain just one message. • Do not give implicit messages or instructions and do not use figurative language. • Use words that are concrete and commonly used and avoid abstract terms, for example talk about taking the train and bus instead of using public transport. However, ensure it does not become childish! • Stick to the words that have been used in prior sessions. • Use similar words as the youngster does.* • Let the youngster help decide what words to use to represent important concepts for the intervention. • Speak slowly and ask one question at a time. • Ensure the verbal and nonverbal information correspond.
2.2 Verify you understand each other (youngster and professional)	• Difficulty processing (verbal) information and expressive language	• Let the youngster repeat in his own words what has been said by the professional. • Ask the youngster if he understands what has been said by the professional.
2.3 Use augmentative communication, such as pictures	• Difficulty processing verbal information	• Visualise concisely the practice material in a drawing or a sketch. • Let the youngster draw a picture to explain his story. • Use, for example, pictures or photographs, and ensure the youngster understands what they mean.

*As a professional, do not use slang. This could have a negative effect on the working relationship between the professional and youngster.

3: MAKE THE PRACTICE OR EXERCISE MATERIAL CONCRETE

What	Why	How
3.1 The examples should be geared to the youngster's perception of his life and prior experiences	• Difficulty with abstract thinking and reasoning • Difficulty taking perspective • Difficulty imagining complex situations • Difficulty generalizing concepts and skills, i.e., applying what was learned to new and different situations • Difficulty retrieving information from the long-term memory • Limited reflective thinking abilities	• Use examples of situations that are common in the youngster's daily life instead of general examples such as "Suppose you win the lottery, what would you do?". • Let someone from the youngster's immediate social network (such as a group or social worker) participate in the intervention. He can help the youngster recalling past memories that are relevant for the therapy session.
3.2 Visualise the practice or exercise material	• Difficulty processing (verbal) information • Limited reflective thinking abilities • Difficulty understanding cause and effect relationships • Difficulty structuring, classifying and differentiating information	• Use pictures or photographs that are simple and easy to recognise. • Use video and video-feedback. • Draw a cartoon or let the youngster draw one. • Create schedules to explain and simplify practice material.
3.3 Let the youngster learn through experience	• Difficulty taking perspective • Difficulty concentrating for a longer period of time (shorter attention span) • Limited working memory capacity • Difficulty processing (verbal) information	• Above all, let them learn from experience (through practice) instead of only giving them verbal information. • The professional should use modelling techniques and be a role model for the youngster. • Use role play to give the youngsters a chance to act out present or past real life situations. Let the youngster practice his own role. Stick to one role, do not let him take on someone else's role, as it can be very confusing to switch roles. • Create play situations. • In group interventions: Let them learn from interactions with other group members. • Start each session with an exercise and link the theory to the exercise afterwards. • Alternate between talking and practicing every 5 to 10 minutes.

4: STRUCTURE AND SIMPLIFY

What	Why	How
4.1 Provide sufficient external structure and guidance	• Limited self-regulatory capacities (a.o. planning and reflecting) • Difficulty distinguishing what is important from what is not or less important • Difficulty structuring, classifying and differentiating information • External locus of control	• Help the youngster structure his thoughts by asking specific questions, such as 'When was the last time?', "Who was there?", 'Where did it happen?' and "How did it happen?" • Help the youngster formulate his thoughts, for example by showing him a limited set of (visualised) choices or answers he can choose from. Pictures can also help to start a conversation. For example, pictures of different games can help him to express what he likes to do in his free time. • Practice self-regulation skills together with the youngster by setting goals together, planning, monitoring and evaluating his learning. • Encourage and help the youngster with how to use self-instruction strategies, such as the 'stop, think, act'-strategy and the 'Own-Initiative Model' (in Dutch – Eigen Initiatief Model from Johan Timmer). • Demonstrate an exercise and have the youngster repeat it. • When the youngster has to do an exercise outside the therapy room, escort him to the other area. • Have the youngster work on (homework) assignments together with an adult, for example, at the end of a session with the therapist or trainer and with a parent or mentor at home. • Use (visual) prompts, such as a daily schedules, pictures of routines and workbooks. It might be helpful for the youngster to have these prompts with him all the time.
4.2 Provide more structure to the session	• Difficulty structuring, classifying and differentiating information • Slow information processing speed • Difficulty concentrating for a longer period of time (shorter attention span) • Difficulty grasping social interactions	• Outline the structure and timetable of the therapy or training session, for example in a schedule, and put it up on a wall. • Use a workbook. • Make a list of rules or agreements. Keep it in a folder or hang it on the wall like a poster. • Structure each session the same way, for example, summarise the last session, do an exercise, give a brief explanation of the theory, play a game and then end the session. • Give the youngster time to transition from one activity or exercise to another. • Reserve time for the close of a session, so the youngster can let it all sink in. • Work in small groups of (up to 6) youngsters.

What	Why	How
		• When the therapy or training includes physical activities such as sports or playing a game, make sure the room has enough space. • Adopt a minimalist approach to setting up the therapy or training environment. It needs to have as few distractions as possible, e.g., keep bright colours to a minimum.
4.3 Simplify, break up and regulate the information and practice or exercise material	• Limited working memory capacity • Difficulty concentrating for a longer period of time (shorter attention span) • Difficulty processing (verbal) information	• Start with explaining the essence of the theory as a whole. Depending on the youngster's level of comprehension, give more extensive theoretical information. • Explain the theory using concrete examples. • Take more interim steps to explain the theory and practice material. • Use examples the youngster can relate to from his own life. • Repeat the practice material regularly in subsequent sessions. • Give homework assignments and always review them in the next session. • Provide practice materials in various formats, such as games, role plays, written assignments, using video fragments, etc. • Give short instructions. • Give one instruction at a time. • Focus on one theme per session. • For written assignments, keep the layout of the paper as clear and simple as possible. • Use one sheet of paper for each assignment. • Use augmentative communication, such as photographs, pictures, or a comic strip to simplify the theoretical and practice material.
4.4 Reserve more time	• Slow information processing speed • Difficulty keeping a clear focus • Difficulty concentrating for a longer period of time (shorter attention span)	When using interventions that were developed for typically developing youngsters: • Shorten the duration of each session. • Plan more sessions to work through the original practice material *or* plan the same number of sessions and work through less of the original practice material.

5: SOCIAL NETWORK AND GENERALIZATION OF SKILLS

What	Why	How
5.1 Inform and involve the youngster's social network in the inter-vention	• Parents might know little about MID and the influence on their child's life • Risk of overestimating or underestimating the abilities by others	• Offer (psycho)education about MID to the key people in the youngster's social network, but also to the youngster himself.* • Adapt the intervention to the capabilities of the youngster and his family. • Encourage the youngster and his family to work through the practice material together.
5.2 Enlarge and strengthen the youngster's social network	• Lifelong need for support • Parents might know little about MID and the influence on their child's life • Some parents also have MID • Small social network	• List the people in the youngster's social network who can provide him with information, practical or emotional support. • Work on enlarging and strengthening the youngster's social network (or to building one if there is none) so it can provide sufficient support during and after the intervention. This support should help the youngster with learning new skills, putting them into practice and with reaching the goals of the intervention. When searching for people to become a member of his social network, also try to find out if there was someone who played an important role in the youngster's life in the past and could take that position again. • Enlarge and strengthen the personal and professional network of the family. When necessary, provide additional (professional) help to the family and the youngster. • Involve the youngster and his family in activating and enlarging their social network. • Teach the youngster how to use his social network effectively. Ensure the youngster knows who he can turn to when he needs specific help. • Be proactive and outreaching, e.g., call the youngster and/or his family when he or they did not show up for an appointment. • Lower the barriers for the youngster and his family to attend the therapy or training sessions, for example by offering practical support, such arranging (public) transport, child care for the other children, etc.

What	Why	How
5.3 Help the youngster to retain what was learned and to generalize it to other situations	• Difficulty generalizing concepts and skills, i.e., applying what was learned to new and different situations • Slow information processing speed	• Maintain contact with the parents and other people who are important for the youngster throughout the therapy or training. • Arrange meetings with significant people in the youngster's life (family, school, work, sports club etc.) and inform them about the intervention and teach them how they can support the youngster's continued learning once the interventions is completed. • Ensure that people from the youngster's immediate social network consistently approach the youngster and apply the same type of augmentative communication as in the therapy or training. • Give homework assignments that require the youngster to practice skills in different social settings, such as "Give your friend a compliment, when he does something well", or "Tell your mother in an appropriate way you disagree with her on something". • Let the youngster practice skills in various environments, such as at home and at school. • Later on in therapy, but only if the youngster can handle it, work towards a more abstract level of thinking by explaining that certain thoughts, behaviours and skills can be separated from the situations in which they were practiced. Self-regulation skills and strategies for self-instruction can be helpful to achieve this goal. • Plan several follow-up sessions to monitor the youngster's progress following the therapy or training.

* Psychoeducation to the parents about MID is not only informative, it can also be confrontational and it can trigger feelings of grief and loss. The parents need to learn to accept that their child will not reach the same level of independence as other children. For the youngster himself, learning about his MID can also be confrontational and hard to accept.

6: CREATE A SAFE AND POSITIVE LEARNING ENVIRONMENT

What	Why	How
6.1 Motivate the youngster	Frequently not prepared to cooperate, because: • Many experiences with academic and social failure • Focused on negative information • Difficulty gaining insight into his own behaviour • Unrealistic or negative perception of his own competencies • Resistant to change his behaviour	• Identify where the youngster is in the 'change cycle', i.e., how motivated and ready he is to change or to learn new skills. As a professional, adapt the therapy/training to the stage of change he is in. When the youngster is resistant to change or learning, focus on motivating the youngster first and postpone the actual therapy or training. • Explain clearly to the youngster what will happen during the therapy or training sessions and the reasons why, in order for him to understand it and become motivated. • Ask the youngster to tell in his own words what the purpose of the intervention is, i.e., why it is important to him, or why other people think it is. • When appropriate, make the youngster understand he is responsible for his own life. • Set goals that are easy to accomplish and that can be reached in a short amount of time. • Concentrate on teaching concrete and practical skills and adapt to his interests. • When the youngster comes up with a solution for a problem or a question, take it seriously and use it as a spring board. • When explaining why certain behaviour is important, start by mentioning the positive consequences. For example "To keep yourself warm today, wear a warm sweater" or "In order to get to school on time, you need to get up at 7:00AM". • During the first sessions, give the youngster a lot of praise and immediate reward when the target behaviour has been achieved. A token economy reward system can be used. Do not wait too long with giving the reward or token. Provide the youngster with a reward that specifically appeals to him. • Later on in the intervention, put more emphasis on increasing the youngster's intrinsic motivation to learn and change. Help the youngster understand why it could be beneficial for him to learn these new skills or change his behaviour.

What	Why	How
6.2 Increase the youngster's self-confidence	• Many experiences of academic and social failure • Unrealistic/ negative perception of his own competencies	• Recognise and praise the efforts made by the youngster. • Put emphasis on the youngster's strengths (skills) and positive behaviour. • Let the youngster experience success by improving his own achievements and by accomplishing some of his own goals.
6.3 Create a safe and positive learning environment	• Many experiences of academic and social failure • Focus on negative information	• Pay attention to establishing a good working relationship with the youngster. • Position yourself as a professional and engage with the youngster. • Be sensitive to the youngster's individual need for support. • Be flexible, switch quickly and improvise when necessary. • Have an open and positive attitude towards the youngster. • Be (very) patient and be fully engaged with the welfare of the youngster at all times. • Be honest and sincere. • Use humour; however be careful with using humour when working with youngsters with an autism spectrum disorder. • Work in a structured manner. • Be active. • When appropriate and necessary, be proactive and outreaching. • Be concrete. • Be motivated and enthusiastic. • Have affinity for and build up your experience with working with youngsters with MID.

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