



Associatie van Academische Werkplaatsen VB

The question below has been answered by the Academic Collaborative Centers affiliated with the Dutch Association of Academic Collaborative Centers Intellectual Disabilities. An overview of questions can be found on the [Association's website](#).

Question

Which e-mental health programs are evidence-based for people with ID (both residential and community; youth/adult)? What conditions need to be met for online treatment?

Answer

The COVID-19 pandemic raises challenges to continue care, support and therapy for people with an intellectual disability. Due to government policies, face-to-face contact between health care providers and their clients is limited to the most urgent needs (e.g., necessarily medical care, suicide risk). The use of internet and communication technology for health care provision, also known as eHealth, has opportunities for remote support of people with an intellectual disability in their daily lives and to continue the delivery of therapy by using telecare, video calling, and online health care platforms with evidence-based content (e.g. cognitive behavioural therapy). The scientific base for eHealth delivered support and therapy among people with an intellectual disability is small and in its early stage. In response to this question, based upon the PhD research that Cathelijin Oudshoorn is conducting under supervision of prof. dr. Petri Embregts at the Academic Collaborative Center Living with an intellectual disability (Tranzo, Tilburg University), we focus on eHealth use in direct contact with a person with intellectual disability and led other forms aside (e.g., electronic health records, domotics, and facilitating communication tools for professionals).

eHealth to support clients with MID in daily live

There is some evidence for using diverse eHealth applications (e.g., computer, a tablet or mobile phone) to provide information or to learn single, practical skills by video modelling (Oudshoorn, Frielink, Nijs, & Embregts, resubmitted). These videos could be played on an eHealth application and illustrate a task step-by-step, such as, for example, washing your hands, cooking a receipt or purchasing grocery and paying in a local shop. Another possibility is to use an eHealth application to visualize a day program, so a client has overview and knows what to do when and where.



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Furthermore, telecare by using video calling can be used to support clients remotely with practical questions, emotional support, mental well-being and unexpected events. Zaagsma and colleagues (2019) published exploratory study of using Digicontact, a support service offering 24/7 online support. This study showed positive results for using online support by practical questions, for mental health support, and unexpected situations. Two other studies of using online support by Taber-Doughty and colleagues (2010) and de Wit and colleagues (2015), demonstrated the willingness of people with intellectual disability to receive telecare support. It should be mentioned however, that in these studies online support was combined with onsite support.

eHealth to deliver psychological interventions and therapy

Studies using eHealth to deliver psychological interventions and therapy to people with an intellectual disability are diverse (Oudshoorn, Frielink, Nijs, & Embregts, in preparation). That is, some studies use cognitive behavioural therapy sessions or interventions focused on emotion regulation or social skills delivered by a computer, whereas other studies use telehealth for remote coaching of parents with children with challenging behaviour to perform an intervention program. None of these studies included people with intellectual disability performing an intervention or therapy on their own or in a blended form (face-to-face contact combined with online contact). In general, parents in telehealth programs reported positive experiences and a high therapy fidelity. For people with more severe levels of an intellectual disability, microswitch clusters could be used to learn more adaptive behaviour and decrease self-stimulating or self-injurious behaviour.

What is important to consider before using eHealth among people with ID?

To increase actual use and match the right eHealth application to the needs of people with an intellectual disability, some issues have to be considered:

- *Service user's characteristics:* For what needs could eHealth be used? What are support needs, questions of the person with an intellectual disability and what information is available about digital skills, verbal and language skills, emotional vulnerability and personal living condition and what digital tools are available for this person? Discuss these questions with the person and try to find the best fitting option together. Consider a try-out while using an eHealth application as a learning-together situation.



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- *Environmental factors*: In which context will eHealth be used? Are there support persons (e.g., relatives, friends, support staff) available to help log-in in a digital system, install a necessary app, to practice together to become more capable of using a device or to help solve problems?
- *Functions and features of eHealth applications*: What features are best fitting the abilities and needs of people with an intellectual disability? Be directive in asking the person with intellectual disability what is the best thing for him/her: visual, auditory, replay functions, step-by-step information, information by words or by video or other features to optimize the tool for a person. Become familiar with the options of the eHealth applications and try them yourself before using.

Daily practice experiences

In daily practice, various eHealth applications are used, such as Digicontact and Vicasa for video calling and 'Jouw Omgeving' (in English: Your Place) as an online treatment platform. Various treatments are also carried out in practice, including EMDR. Although there are some positive initial experiences, no scientific research has yet been carried out into the effectiveness of such applications and treatments among people with intellectual disabilities.

References:

- Oudshoorn, C. E. M., Frielink, N., Nijs, S. L. P., Embregts, P. J. C. M. (2020). eHealth for supporting people with mild intellectual disability in daily life: A systematic review. *Manuscript resubmitted for publication*.
- Oudshoorn, C. E. M., Frielink, N., Nijs, S. L. P., Embregts, P. J. C. M. (in preparation). Psychological interventions and therapy for people with an intellectual disability by eHealth: A scoping review. *Manuscript in preparation*.
- Taber-Doughty, T., Shurr, J., Brewer, J., & Kubik, S. (2010). [Standard care and telecare services: Comparing the effectiveness of two service systems with consumers with intellectual disabilities](#). *Journal of Intellectual Disability Research*, 54, 843-859.
- de Wit, J., Dozeman, E., Ruwaard, J., Alblas, J., & Riper, H. (2015). [Web-based support for daily functioning of people with mild intellectual disabilities or chronic psychiatric disorders: a feasibility study in routine practice](#). *Internet Interventions*, 2, 161-168.



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Zaagsma, M., Volkers, K. M., Schippers, A. P., Wilschut, J. A., & van Hove, G. (2019). [An exploratory study of the support needs in 24/7 online support for people with mild intellectual disabilities](#). *Journal of Policy and Practice in Intellectual Disabilities*, 16, 78-87.

Your Place: <https://www.blendedcare.eu/>

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