**DO ‘EVIDENCE BASED PRACTICES’ TRANSLATE TO THE TREATMENT OF MENTAL HEALTH CONCERNS IN INDIVIDUALS LABELLED WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES?**

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Objectives: Evidence Based Practices (EBPs) are the use of the most current research to make clinical verdicts about an intervention best suited for a population and their needs. A large amount of studies have evaluated the efficacy of EBPs for individuals with mental health needs, however very little literature has been dedicated to determining if such modalities deemed as ‘EBPs’ for the general population, also translate to be best practices for treating mental health concerns in individuals labelled with Intellectual and Developmental Disabilities (IDD). In order to find this out, this paper contains a vast review of the available research dedicated to the efficiency of EBPs, specific for the treatment of mental health concerns in individuals labelled with IDD. The objective of this review is to determine if interventions deemed to be evidence based for the general public, also translate to be EBPs to the treatment of mental health concerns in individuals labelled with IDD. Implications, ethical dilemmas and further suggestions are also briefly discussed.

Method: Over 50 studies pertaining to the efficacy of EBPs with individuals labelled with IDD experiencing mental health concerns, were reviewed. Due to the limited amount of research available, all varieties of studies were included, such as RCTs and Case Studies. The EBP interventions that were included for the purposes of this discussion were: Cognitive Behavioural Therapy (CBT), Dialectical Behavioural Therapy (DBT), Acceptance and Commitment Therapy (ACT), Solution-Focused Therapy (SFT), Mindfulness, and Psychodynamic Therapy. Cognitive Behavioural Therapy was the most robustly evaluated EBP including individuals labelled with having IDD.

Results: Much further research is needed to accurately identify all interventions examined as EBPs specifically for the treatment of mental health concerns in individuals labelled with IDD. It is not enough to say that simply because EBPs have been robustly studied and evaluated with the general population, that they would translate to be ethical and effective treatments for those labelled with IDD. There also needs to be more research and attention paid to the specific needs of individuals labelled with IDD and practices should be tailored as such. Stakeholder voices or self-reporting tools were also scarce in much of the research.

Discussion / Conclusions: There are many implications and ethical dilemmas to consider when accessing EBPs, specific to the needs of those labelled with IDD. The research consistently presents gaps between evidence regarding EBPs and the practical delivery of such interventions specific to the needs of individuals labelled with IDD. There is also limited use of self-reporting measures and tools that consider the stakeholder’s perspective of the effectiveness of the given treatment intervention. It is important that individuals labelled with IDD are not only actively included in research pertaining to EBP to treat mental health concerns, but are also given the opportunity to take the lead in the development of such research.