

Learning Disability Today webinar: CBT for adults with intellectual disabilities

Professor Angela Hassiotis
UCL Division of Psychiatry
Camden Learning Disability Service

Cognitive Behaviour Therapy (CBT) for People with Mild Intellectual Disability and Mood Disorders

The CBT manual has been produced from funding by the NIHR RPB project PB-PG-0607-14121 as part of a feasibility and pilot randomised controlled trial of CBT in people with mild to moderate learning disability and mood disorders. It describes the session contents step-by-step and provides general information (e.g. communication tips) that can be used when treating a person with mild to moderate learning disability and mood disorders with CBT. The manual is accompanied by worksheets and related materials to be used during the session or at home. We would recommend that some additional support by a family member or paid carer is added as usually people find it hard to manage homework and to practice the various activities. The manual is useful to all clinicians but particularly those working in IAPT services and at GP surgeries who may be referred adults with mild to moderate LD for therapy. Some of the materials and general learning can be applied to other patient groups where impairment in communication and understanding require adaptations in treatment.

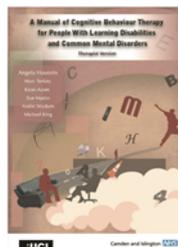
Testimonials

"I think this manual is brilliant!" Clinical Psychologist

"Loved the work and worksheets in your manual and would like to incorporate and use in my work with the IDD population" Psychologist and Behavior Therapist

Resources

- [Click here to download "A manual of Cognitive Behaviour Therapy for People with Learning Disabilities and Common Mental Disorders"](#)
- [Click here to download our "Guide for carers" document](#)
- [Click here to download CBT information sheets](#)
- [Click here to download CBT resource sheets](#)
- [Click here to download CBT work sheets](#)



Outline

- Mental illhealth in people with intellectual disabilities
- 3rd generation therapies for adults with intellectual disabilities
- Focus on CBT
- Tips for therapy delivery and the therapeutic setting
- What next in practice and research?

Learning objectives

1. Understand the presence of mental illhealth in people with intellectual disabilities
2. Become familiar with therapy options for mental illhealth in people with intellectual disabilities
3. Consider how CBT can be applied to clinical practice with adults with ID
4. Learn tips that can facilitate the therapy delivery to people with intellectual disabilities

A case for psychological therapies

- Enhanced quality of life and well-being
- Least restrictive interventions (Given a choice service users prefer psychological over pharmacological treatments)
Positive experience of care
- Being cared for in a safe environment

Epidemiology of mental illhealth

	Country	N	Rates
Lund et al 1985a	Denmark	302	0.8% (F) 2.4% (M)
van Schrojenstein et al 1997	Holland	1020	3% in 20-29 yr olds 8.3% in 60-69 yrs
Deb et al 2001a	UK	101	3.3% depression 7.8% anxiety
Cooper et al 2007a	UK, Scotland	1023	6.6% clinical Dx 4.8% ICD10 3.7% DSM IV-TR

Epidemiology of mood disorders

- Depression is chronic and 4-6x in adults with mild intellectual disabilities

(Richards et al, 2001; Collishaw, Maughan & Pickles, 2004; Hall et al, 2006)

- Dutch cross sectional survey of 990 older adults (>50 yrs; 25% mild)

Depressive symptoms: 16.8% (95% CI: 14.4–19.1)

Major depression: 7.6% (95% CI: 5.2–11.0)

Disorders vs symptoms

Comorbidities/multimorbidities/frailty

- Epilepsy
- Visual and hearing impairments
- Gastro-oesophageal reflux disorder
- Constipation
- Diabetes and obesity
- osteoporosis,
- Mobility and balance impairments
- Injuries
- Hormone imbalances
- Skin and respiratory problems
- Pain

Aetiology

- Similar vulnerabilities to normal population
- Genetic vulnerability

Down syndrome (depression)

Fragile X (anxiety)

Velo-cardio-facial syndrome (VCF) (anxiety, depression, bipolar affective disorder)

- Low self-esteem/poor self-concept

stressful early experiences and increased risk for trauma, abuse and neglect

- Life events
- Lack of social support
- Social adversity

Developmental limitations in using therapy

- Phonological processing
- Executive function
- Spatial recognition
- Social cognition
- Long-term memory
- Recognition of emotions
- Labelling of emotions
- Discrimination of thoughts, feelings and behaviours
- Linking events and emotions

What therapies are available for depression and anxiety in this population?

- CBT (2nd wave-focuses of symptom reduction)
- 3rd wave therapies (focus on comprehensive life goals)

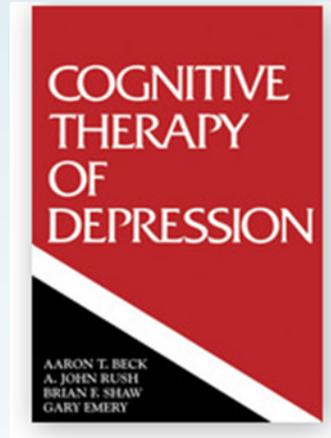
Acceptance and Commitment Therapy, Dialectical Behavior Therapy, Mindfulness-Based Interventions

- Included in NICE guideline #54

Social skills training versus control	Traditional psychotherapy versus control	Social problem solving, then assertiveness versus control	Assertiveness training, then social problem solving versus control	Participant modelling versus waitlist control
---------------------------------------	--	---	--	---

How did CBT start?

- 1950-60s
- Negative thoughts about self, others and the future
- Aaron Beck discovered that although people aren't always aware of **automatic thoughts**, they can learn to identify and report them. He found that people who were upset had negative thoughts that tended to be unrealistic, and by uncovering and challenging these thoughts, long-lasting and positive change can result.



What is CBT?

- Short form therapy
- CBT combines two types of therapy to help you deal with thoughts, feelings and behaviours:
 - cognitive therapy, examining the things you think and feel
 - behaviour therapy, examining the things you do.

- anger problems
- anxiety and panic attacks
- bipolar disorder
- depression
- drug or alcohol problems
- eating problems
- hoarding
- obsessive-compulsive disorder (OCD)
- perinatal mental health problems
- phobias
- post-traumatic stress disorder (PTSD)
- psychosis
- schizoaffective disorder
- schizophrenia
- self-harm
- sleep problems
- stress

[Res Dev Disabil. 2013 Nov;34\(11\):4085-102. doi: 10.1016/j.ridd.2013.08.030. Epub 2013 Sep 18.](#)

Psychological therapies for people with intellectual disabilities: a systematic review and meta-analysis.

[Vereenooqhe L¹](#), [Langdon PE](#).

[+ Author information](#)

Cognitive-behaviour therapy (CBT) was efficacious for both anger and depression, while interventions aimed at improving interpersonal functioning were not effectual.

Adults with IDs and concurrent mental health problems appear to benefit from psychological therapies. However, clinical trials need to make use of improved reporting standards and larger samples

Publications about CBT

Cognitive Behavioural Therapy (CBT) for adults with mild ID and common mental disorders

Angela Hassiotis
 Marc Serfaty
 Michael King
 Andre Strydom
 Renee Romeo
 Robert Blizzard
 Sue Martin
 Charles Parkes

Kiran Azam
 Spencer Smith

Disclaimer: This report/article presents independent research commissioned by the National Institute for Health Research (NIHR) under Cognitive Behavioural therapy for people with learning disabilities. The views expressed in this publication are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

Group-based cognitive-behavioural anger management for people with mild to moderate intellectual disabilities: cluster randomised controlled trial

Paul Willner, John Rose, Andrew Jahoda, Biza Stenfort Kroese, David Felce, David Cohen, Pamela Mac Mahon, Aimee Stimpson, Nicola Rose, David Gillespie, Jennifer Shead, Claire Lammie, Christopher Woodgate, Julia Townson, Jacqueline Nuttall, Kerenza Hood

The British Journal of Psychiatry Oct 2013, 203 (4) 288-296; DOI: 10.1192/bjp.bp.112.124529

Article

Figures & Data

Info & Metrics

eLetters

PDF

Randomized Controlled Trial > Br J Psychiatry. 2017 Aug;211(2):95-102.

doi: 10.1192/bjp.bp.117.198630. Epub 2017 Jun 8.

Computerised cognitive-behavioural therapy for adults with intellectual disability: randomised controlled trial

Patricia Cooney ¹, Catherine Jackman ², David Coyle ², Gary O'Reilly ²

Affiliations + expand

PMID: 28596245 DOI: 10.1192/bjp.bp.117.198630

<https://peskygnats.com/>

Comparison of behavioural activation with guided self-help for treatment of depression in adults with intellectual disabilities: a randomised controlled trial

Prof Andrew Jahoda, PhD • Prof Richard Hastings, PhD • Prof Chris Hatton, PhD • Prof Sally-Ann Cooper, MD •

Prof Dave Dagnan, PhD • Ruiqi Zhang, MSc • et al. [Show all authors](#)

Can CBT work in people with intellectual disabilities?

Can differentiate between feelings, thoughts & behaviour

- Identification of behaviours & feelings is linked to verbal ability,
- Identification of thoughts is associated with general IQ.

Can identify and label emotions

Link situations to emotions but have difficulties linking beliefs, emotions, and situations

Able to learn cognitive mediation & generalise to new situations

CBT formats

- Group
- Individual
- Online

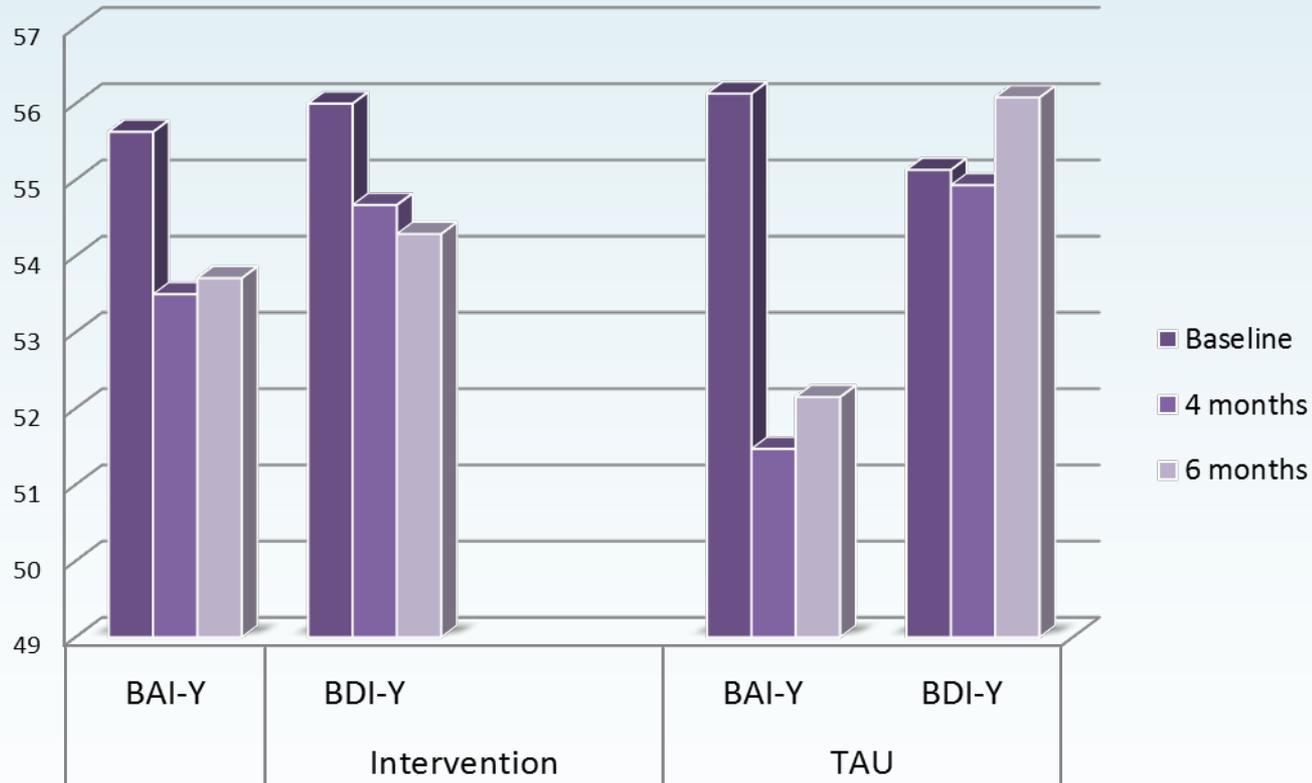
Individual CBT for adults with mild intellectual disabilities and common mental disorders

Angela Hassiotis
Marc Serfaty
Michael King
Andre Strydom
Renee Romeo
Robert Blizard
Sue Martin
Charles Parkes

*Kiran Azam
Spencer Smith*



BAI-Y* and BDI-Y** at 3 assessment points

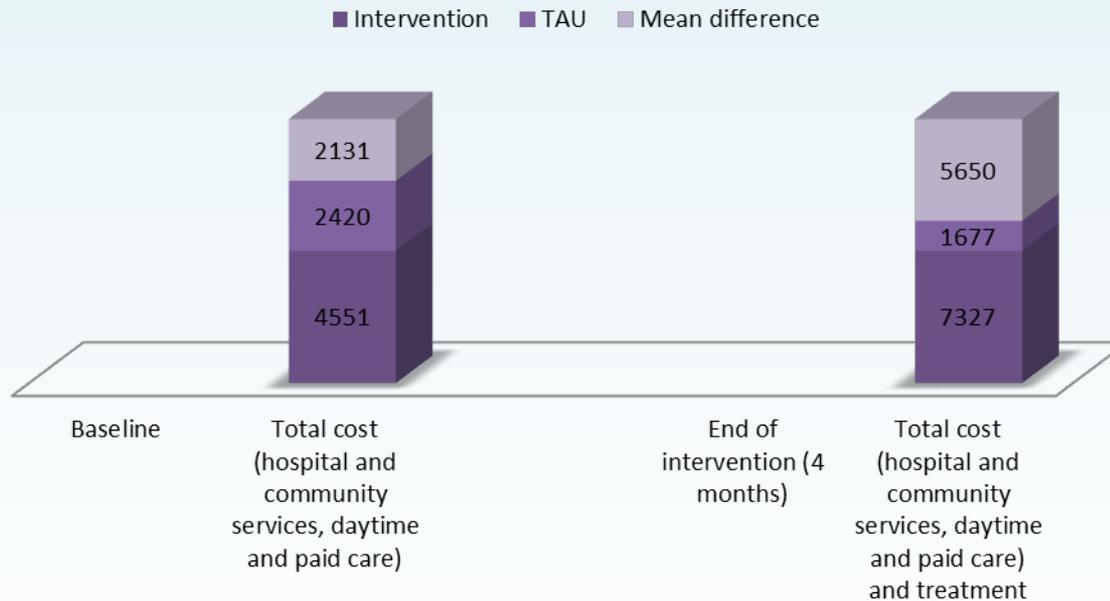


		Intervention		
BAI-Y	55.63	53.5		53.71
BDI-Y	56	54.67		54.29
		TAU		
BAI-Y	56.13	51.47		52.15
BDI-Y	55.13	54.93		56.08

TAU: treatment as usual

*: Beck Anxiety Inventory-Youth; **: Beck Depression Inventory-Youth

Estimation of total health and social care costs at baseline and at the end of intervention (£)



	Intervention	TAU	Mean difference
Baseline		£	
Total cost (hospital and community services, daytime and paid care)	4551	2420	2131
End of intervention (4 months)			
Total cost (hospital and community services, daytime and paid care) and treatment	7327	1677	5650

Participant feedback

1101: “I was really reluctant to go because I didn’t find it very useful at all...It made it worse”

1105: “...another good thing was like having the support worker as well...the support worker was very helpful actually”

1105: “the communication was very good...and the positive thing is that some of the things have worked ”

1105: “When someone finishes their CBT sessions, like after a month they should have a meeting about how the treatment went...help in ways so that it could improve more things in life...”

Group CBT (McGillivray & Kershaw 2015)

- Compared (i) cognitive strategies; (ii) behavioural strategies; and (iii) combined cognitive-behavioural (CB) strategies on depressed mood among a sample of 70 individuals with mild ID.
- Groups
- Improved mood in all
- A significant reduction in negative automatic thoughts post-intervention was evident in the CB combination group and was maintained at follow-up.

Why group CBT

- Groups therapies used for a variety of disorders
- Cost effective
- Social learning, group cohesion and normalisation
- Other non specific factors may contribute to group therapy effect (universality, installation of hope, altruism, cohesiveness, imitative behaviours, interpersonal learning, socialisation, universality, existential factors, catharsis, corrective recapitulation) (Yalom & Leszcz 2005)
- Blended techniques from a variety of traditions

What works and what doesn't in group CBT

- Person with ID view

“understanding that you’re not on your own...it feels good”-

Stenfert-Kroese et al, 2016

Making new relationships

Sharing experiences with therapists

Being listened to

- Sharing therapist time
- Group exercises (relaxation)
- Talking about one’s problems with others
- Is it a safe space?
- Role of support workers

Transdiagnostic CBT

- Comorbidities make choice of CBT protocols for specific disorders difficult
- A unified protocol that addresses commonalities between common mental disorders
- Broad spectrum
- Similar outcomes to specific disorder protocols
- <https://www.ncbi.nlm.nih.gov/pubmed/25046021>

**Don't forget all treatments, both
psychological and pharmacological have
harms as well as benefits**

NICE (#54) says

- Some evidence of benefit for CBT over control, so NICE made a recommendation on adapted CBT for depression.
- However, as the evidence was from small studies and very low quality they were not confident enough in the results to make a strong recommendation so recommended that CBT **be considered** for use in depression.
- NICE agreed that more research is needed on more targeted and structured interventions for anxiety

CBT delivery

Setting and facilitation

- Important for homework tasks-most difficult to accomplish; practice
- Within services for people with intellectual disabilities or IAPT
- Trained professionals
- Clinical supervision
- Adherence to manual
- Communication assessment; assessment of language and cognitive skills; explanation of CBT; information about confidentiality; psycho-education about anxiety and/or depression

NG 54: General advice

- Use the mental health assessment to inform the psychological intervention and any adaptations to it
- If possible, collaborate with the person and their family members, carers or care workers (as appropriate)
- Be aware that people with intellectual disabilities might need more structured support to practise and apply new skills to everyday life between sessions
- Consider cognitive behavioural therapy, adapted for people with learning disabilities to treat depression or **subthreshold depressive symptoms** in people with milder intellectual disabilities

Starting therapy

- Establishment of rapport
- What does the person know about the referral?
- “Tell me about yourself”
- Consider what adaptations are needed
- Motivation for change/dependence/learned helplessness
- Does the person want therapy?
- Confidentiality

Adaptations

- There may be display of rigid thinking
- Verbal comprehension and expressive problems
- Limited vocabulary
- Use
 - real life examples
 - words familiar to the person with ID
 - visual aids such as pictures, drawings and storyboards

Case formulation-1

- List problem
- Develop hypotheses (precipitating, perpetuating, protective factors)
- Assess factors
- Develop a treatment plan
- Triggers and cues
- Anxious thoughts and interpretations
- Life experiences, observations
- Coping strategies
- Family/network contributing factors
- Body sensations

Case formulation-2

- Background history
- Stresses
- Beliefs about somatic symptoms
- Belief about “being in a certain way”
- Hypervigilance (expect the worst)
- Avoidance
- Strategies to manage stress
- Strategies for changing anxious beliefs
- Graded exposure
- Relapse prevention

In-between session tasks

- The home work may not be completed and even partial homework can be used in the session
- Validate attempts to do home work as the person with intellectual disabilities can feel easily discouraged due to past negative experiences so may need lots of encouragement to try new things

Therapist feedback

How I used the manual

- Feelings sheet to assess emotional language and understanding
- Cognitive mediation linking situation thoughts feeling
- Goal sheet
- Signs of anxiety/when I get anxious I feel
- What is depression
- Thoughts and feelings diary
- One situation I enjoyed/found hard
- Assertion
- Important people in my life/Things people like about me
- Things I have learnt in CBT

I found helpful

- Behavioural experiments
- Increasing enjoyable activities
- Building structure into week
- One situation I enjoyed/One situation I found hard
- Validating emotional experience while focussing on goals/values
- Positive reinforcement of new behaviours and thoughts
- Role play
- Alternative thoughts

Improving Access to Psychological Therapies-IAPT

- IAPT services are designed to provide access to a range of psychological therapies for people who don't need more intensive mental health service support.
- 1.5 million people are referred to IAPT services annually
- Standardised information is collected nationally.

Mental health

Adults

Crisis and Acute Care for Adults

Secure Care Programme

Community Mental Health Services

Adult Improving Access to Psychological Therapies programme

Long Term Conditions and Medically Unexplained Symptoms

Older people

Service standards

Workforce

Integrating mental health therapy into primary care

Digital therapy selection

IAPT and Learning Disabilities



Improving Access to Psychological Therapies (IAPT) services outcomes for people with learning disabilities: national data 2012–2013 to 2019–2020

Published online by Cambridge University Press: 17 January 2022

[Dave Dagnan](#) , [Caroline Rodhouse](#), [Richard Thwaites](#) and [Chris Hatton](#)

[Show author details](#) ▾

Article

Comments

Metrics

The Access to Psychological Therapies Project

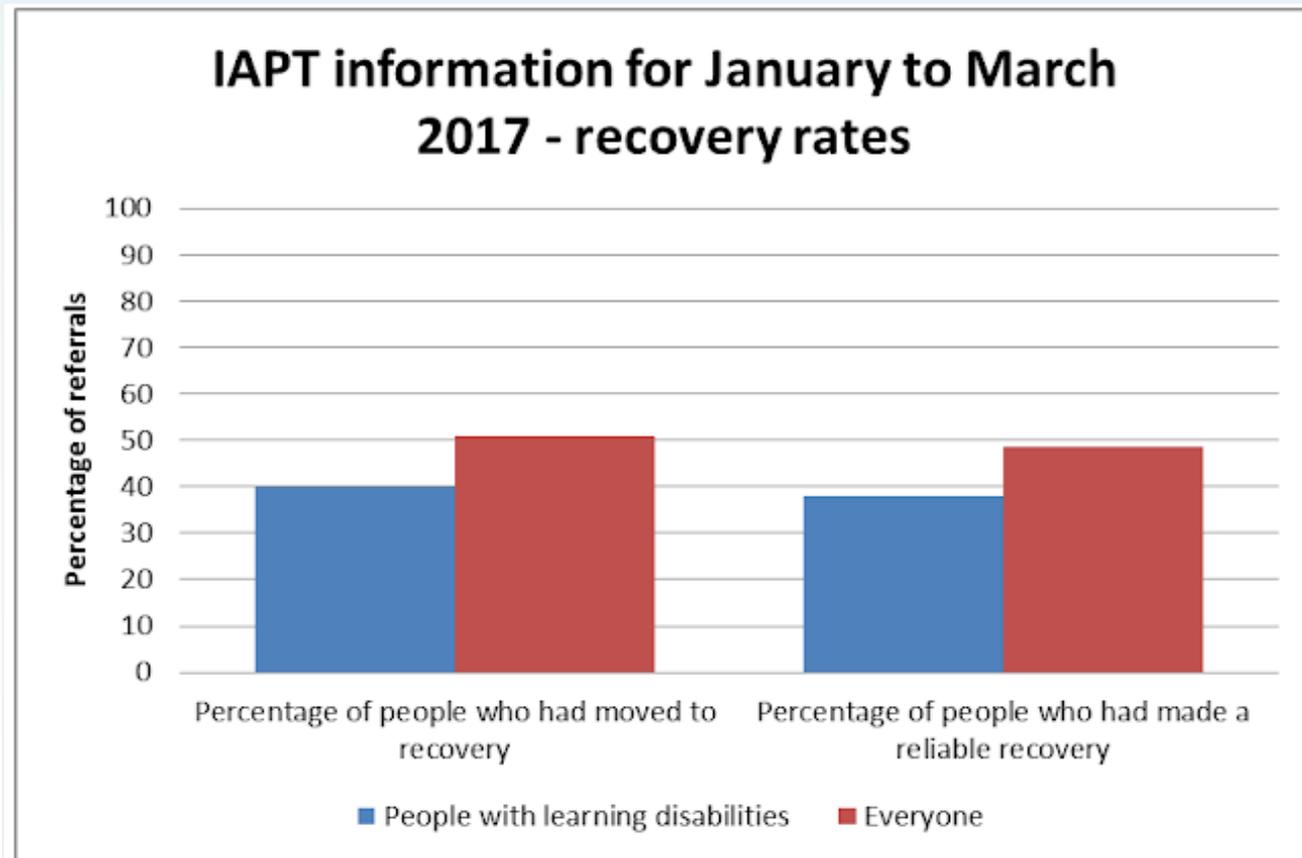
- Funded by DoH and run by the Foundation for People with Learning Disabilities and Kings College.
- Raise awareness about barriers to IAPT services
- Provide evidence to make recommendations about effective strategies for service development.
- Explore ways in which IAPT services can better support people with learning disabilities and mental health needs.

N=452 (IAPT=193)

Findings

- 72% of IAPT staff surveyed had experience of a person with ID (work/private life)
- Up to 90% of IAPT staff may work with a person with diagnosed/suspected ID
- GP referrals at 58% and self referrals 14%; 8% from CLDTs
- It appears that as soon as the words "learning disability" is read, the referral is not accepted or the person referred does not get past the assessment stage (46% of IAPT staff)
- 74% reported team policy was at least to assess for suitability
- CLDS staff believe referrals may not be taken up
- CLDS are uncertain about the function and purpose of IAPT
- Large proportions of CLDS and IAPT staff believe that psychological therapies should be accessed through a variety of sources
- IAPT staff was aware of need to have longer assessment periods and sessions, involve carers and use easy read.
- IAPT staff not aware of policies re positive practice guidance and outcome measures not suitable

Treatment outcomes



recovery, reliable improvement and reliable recovery.

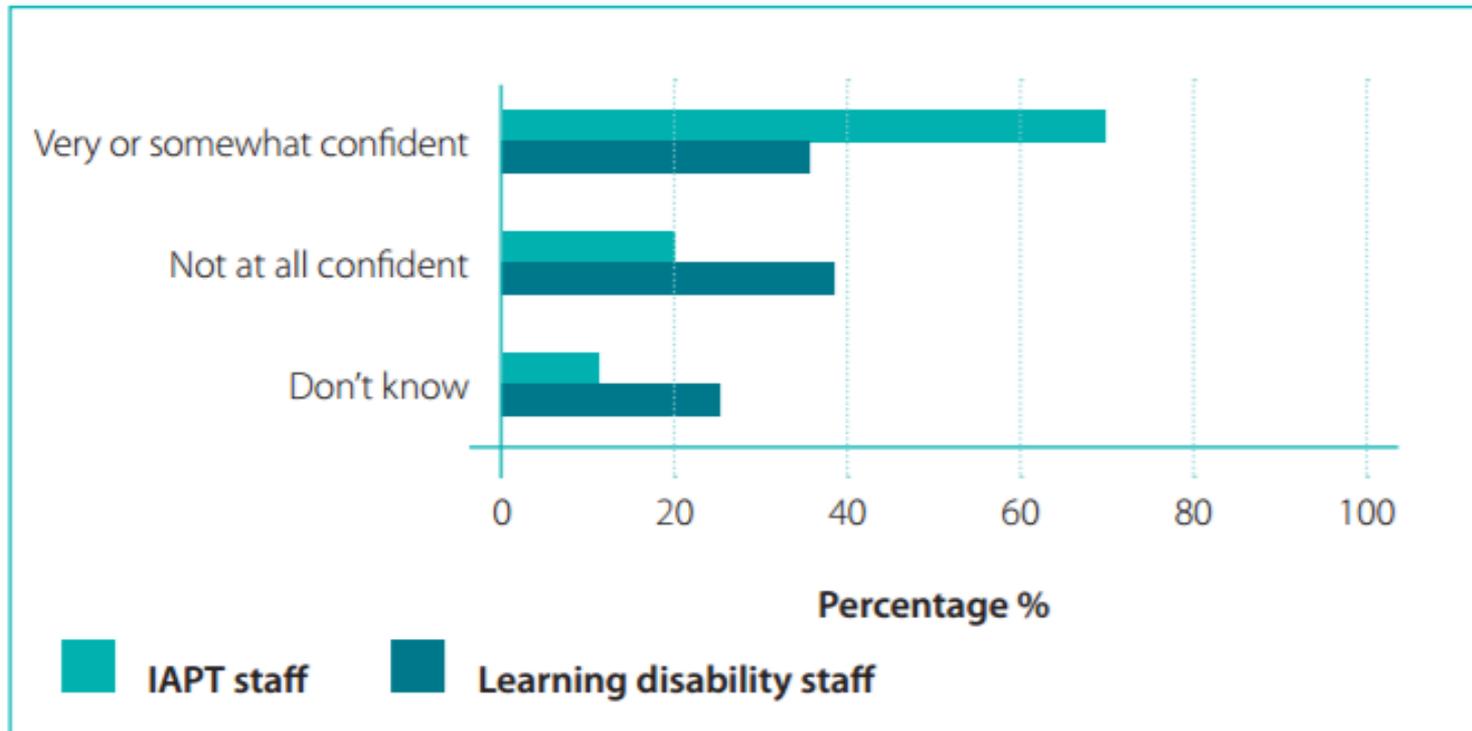


Figure 4 How confident do you feel that someone with a learning disability would receive a good service from your local IAPT service?

Reasonable adjustments to support access to psychological therapies by people with intellectual disabilities

- Clearer statements of inclusion in IAPT services for people with intellectual disabilities
- Recording systems that allow for monitoring of people with intellectual disabilities access to IAPT
- Training for qualification of IAPT therapists to include material on intellectual disabilities
- Working with people with intellectual disabilities to deliver training ,
- Pathways for joint working between IAPT services and local specialist intellectual disabilities services.
- Clear goals and targets regarding use of IAPT by people with intellectual disabilities specified by commissioners and funded appropriately.

iapt

Improving Access to Psychological Therapies

"Relieving distress, transforming lives"

Learning Disabilities

Positive Practice Guide



Working together (shared care)

- Set goals of engagement
- Clarify how each service will provide support
- Discuss expectations
- Who holds the case and what to do in crisis
- Communication, e.g. outcomes, suggestions for future work
- Summary letter at end of treatment

Summary

- Need to ensure equitable access of adults with intellectual disabilities to psychological therapies
- Specialist support and training are required
- Systematic approach to therapist training and supervision
- Building of a national/international community of practice
- Lay therapists require training and on-going supervision even when a manual is available
- Availability of materials to guide practice
- *Fit the therapy to the adult with intellectual disability not the adult to the therapy*

Next steps

Research

- Effective/active components of interventions
- Implementation (setting, high/low intensity, barriers etc)
- Interplay between psychosocial interventions and biomarkers
- Use of technology

Clinical care

- Quality improvement programmes
- Audits of NICE guideline compliance
- Joint clinical meetings and shared care to dispel myths

Resources

Zippy's friends

- Adapted for special needs schools
- Helps children to develop emotional literacy
- Judith Trust website
- Evaluation by Unwin and Stenfert-Kroese



An Independent Evaluation of Zippy's Friends for Children and Young People with Special Educational Needs: Commissioned by The Judith Trust

Frequently Asked Questions on this Evaluation

What is Zippy's Friends?



Zippy's Friends, coordinated by the charity Partnership for Children (www.partnershipforchildren.org.uk) is a manualised, educational, mental health-promotion package comprising six modules. It is based around a set of six illustrated stories about a stick insect called 'Zippy' and his friends (a group of young children). Each story involves Zippy and his friends confronting issues that are familiar to young children including

<https://toolsfortalking.wordpress.com/cbt-thinking-creatively/>

Thank you

a.Hassiotis@ucl.ac.uk

 @likahassiotis

<http://www.ucl.ac.uk/psychiatry/research/epidemiology/pis/hassiotis-research-portfolio>

https://www.sabp.nhs.uk/application/files/7615/1669/9810/Research_manual4Alc.pdf

