

Outcomes of individual psychotherapy with people who have intellectual disabilities

Professor Nigel Beail

University of Sheffield
& Barnsley Learning Disability
Service, UK

Aim

To provide an overview of the evidence base for individual psychological therapies for people who have intellectual and developmental disabilities

Why do we need outcomes

- “such therapy with these people would produce as much useful result as an engineer using a watchmakers tools to build a bridge” (Church, 1982).
- “...given the hundreds of studies documenting the effectiveness and efficiency of behavioral interventions, behavioral approaches must remain the preferred treatment option for people with mental retardation”. (Sturmey, 2005).

“What works for whom” (Roth &
Fonagy, 1996, 2005)

*“Bergin and Garfield’s Handbook of
psychotherapy and behavior change”*
(1994, 2004)

- Critical reviews of the evidence base for psychotherapy
- People with intellectual disabilities not included

Pre - Millennium Reviews

- Nezu & Nezu (1994)
- Beail (1995),
- Hurley et al (1996)
- Butz et al (2000)

All found only case studies for individual psychotherapy.

Prout & Nowack-Drabik (2003)

- Review of the effectiveness of psychotherapy with people with MR
- 1968-1998 found 92 reports
- Area dominated by case studies
- Few controlled studies or clinical trials

Recent Reviews

- Hatton (2002) Journal of Mental Health
- Beail (2003) Mental Retardation
- Willner (2005) Journal of Intellectual Disability Research
- Emergence of case series, pre-post and controlled studies

CBT

Minimum data set

- Pre-post assessment

With knobs on

- Referral, pre, interval, post and follow-up

Ambitious

Waiting list control

Individual psychotherapy

Beail (1998)

Design

- Pre-post + follow-up
- n = 20

Outcome measure

- Frequency of problematic behaviours

Results

- reductions in problem behaviour/offending + maintained at follow-up

Individual Psychodynamic Psychotherapy

Beail (2001)

Design

- Treatment vs refusal
- Four year follow-up
- N = 18 offenders (13 treatment, 5 refusals)

Outcome measure

- Recidivism

Results

Recidivism 2/13 for treatment 5/5 for refusals

Individual Psychodynamic Psychotherapy

Beail, Warden, Morsely and Newman (2005)

Design

- Pre-post + follow-up
- n=20

Outcome Measures

- SCL-90-R, IIP-32 & Rosenberg

Results

Symptoms reduced, interpersonal functioning & self esteem improved

Dose-effect relationship

Beail, Kellett, Newman and Warden (2007)

Design::

Naturalistic evaluation of the dose effect relationship.

Assessment at Pre, interval (every 8 sessions), post and follow-up

- *Participants*

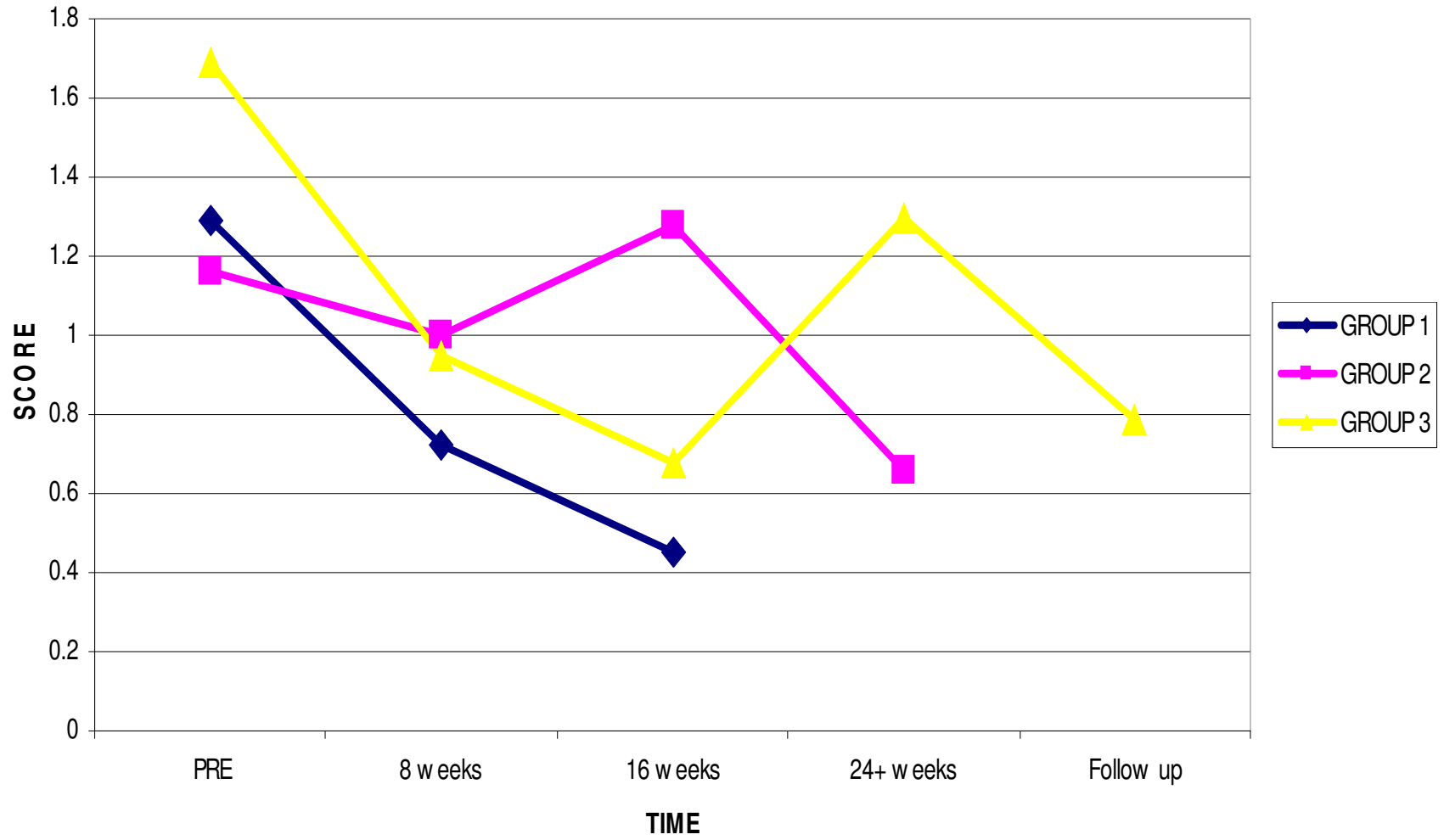
Group 1 n = 8 received 8 sessions

Group 2 n = 5 received 16 sessions

Group 3 n = 7 received 24= sessions

Results: Most gains made in 8 sessions, equivalent effects at outcome.

SCL 90-R- GENERAL SEVERITY INDEX



Single case experimental designs

Kellett, Beail et al (in press)

Design

N=1

Client or carers rate behaviour or symptom
frequency or severity hourly or daily

Baseline (no treatment), intervention and
follow-up

Psychotherapy Process

Two reports on Assimilation of Problematic Experiences

Assimilation of problematic experience

Newman and Beail (2002 & 2005)

- *Design*

Series of 8 participants

Tape recording of sessions 1,4 & 8

Process Measure

Assimilation of Problematic Experiences
Scale

Assimilation of Problematic Experiences Scale

- 7 Mastery
- 6 Problem solution
- 5 Application/ working through
- 4 Understanding insight
- 3 Problem statement
- 2 Vague awareness
- 1 Unwanted thoughts
- 0 Warded off

Assimilation of problematic experience

- *Results*

People with ID enter therapy at the lowest levels of assimilation (warded off, unwanted thoughts)

Assimilation occurred during and across sessions

In submission

An investigation into the defences used by
adults with intellectual disabilities

David Newman and Nigel Beail

Aim

To evaluate which defences adults with learning disabilities use during psychotherapy sessions

Method

Design

- Case series of 8 adults with learning disabilities (6 men, 2 women; age 25 - 40)

Procedure

- Sessions 1, 4, and 8 recorded, transcribed & rated on the Defence Mechanisms Rating Scale (DMRS: Perry, 1990). Mean inter-rater agreement = 85.6%.

Summary of results

The most employed defences in rank order.

1. Acting out and denial (7)
2. Devaluation and affiliation (6)
3. Dissociation (5)
4. Repression, suppression & anticipation (4)

Summary of results

- 24 of 28 defences on the DMRS were observed.
- Tendency for participants to use specific defences in a consistent manner
- Most used were acting out and denial
- Least observed were obsessional defences
- Seven used at least one mature defence

User Views

- Merriman & Beail (In press)

Design

- Interview
- N = 6 adults who had been in psychotherapy for two years or more
- Thematic analysis using Interpretative Phenomenological Analysis.

User Views

Results

- Understood why referred but not who by
- Unsure what it involved
- Private place where talk about problems and difficulties
- Helpful & brought about change
- Positive about their therapist
- Therapist absence experienced as difficult
- Reluctant to say anything negative.

Reliable and valid outcome measures

- Through routine evaluation we have accumulated a lot of data on several measures
- These have been submitted analyses to examine their reliability and validity

SCL-90-R and BSI

Good internal reliability, construct and discriminative validity

Inventory of Interpersonal Problems-32

Good internal and test-retest reliability, concurrent and internal-external criterion related validities

Rosenberg Self Esteem Questionnaire

Unsatisfactory psychometric properties, needs further work

Design Issues

- Control (Ethical issues in clinical practice)
- Length of treatment?
- Therapist experience
- supervision
- Manualisation
- monitoring

Professor Nigel Beail

Nigel.beail@barnsleypct.nhs.uk