

# Development of a Care Worker-Led, Group, Cognitive Behavioural Therapy Intervention for Anxiety among Adults with Intellectual Disabilities

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# OVERVIEW OF THE PRESENTATION

- Background to the project
  - Development of the intervention – key messages from review of the literature
  - Setting up the study – reflections on the process
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# OUR PROJECT

## Background

- Anxiety one of the most common mental health complaints among people with LD
- Can lead to social isolation, lack of access to health care, challenging behaviour etc
- A key concern for families and paid carers
- CBT is NICE recommended for mood disorders
- Relatively little is known about CBT for mood amongst people with LD

## Aims

### **To develop a CBT-based intervention for people with problems with mood:**

- Evidence based - informed by a review of the literature

### **To evaluate the intervention:**

- Feasibility study, explore acceptability
  - Mixed methods
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# DEVELOPING THE INTERVENTION

## Informed by an in-depth literature review:

- Criteria: studies evaluating CBT for mood disorder among people with ID, English language, published in peer-reviewed journal
- Quantitative and qualitative studies
- Comprehensive literature search (multiple databases, cross-referencing)
- Systematic data extraction (two reviewers, quality appraisal)

## Results:

- 257 studies identified from database searches, 4 extra from cross-referencing
  - 11 studies suitable for inclusion (anxiety: n=3; depression: n=4; mixed: n=4)
  - N=256 participants with mild-moderate ID across the studies, 5 were controlled studies
  - Clinical diagnoses used in minority of studies, most included presence of symptoms and minimal depression/anxiety
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# DEVELOPING THE INTERVENTION 2

## Key messages from the literature review:

- CBT is feasible and well-tolerated
  - CBT may be effective in reducing symptoms of depression; evidence for anxiety is currently lacking
  - Quantitative results varied
  - Qualitative data reflect a positive perception of CBT amongst clients and carers
  - Clients especially value the space and time to discuss their thoughts and feelings, the validation of their problems, the support to develop social skills, the formation or development of empathetic relationships with therapists and, in the case of group therapy, other group members.
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# DEVELOPING THE INTERVENTION: OUR APPROACH

## **Focus on anxiety:**

Equivocal evidence to date; anxiety a key concern

Trans-diagnostic CBT may dilute effects – targeted approach may be needed for anxiety

## **Manualised CBT:**

Recommended by NICE for anxiety disorders, but PwLD not considered

Teaching a broad range of cognitive strategies – cognitive mediation video

## **Early intervention/mental health promotion approach**

Sub-clinical levels of anxiety included – may be a useful strategy; may be more suited to lay-therapist delivery, outside of clinical settings

Need to consider sensitivity of symptomatic outcome measures

## **Length of programme:**

Most studies employed 12 sessions lasting 1-2 hours

Inclusion of 3 'catch-up' sessions with carers

# DEVELOPING THE INTERVENTION: OUR APPROACH 2

## Care-worker-led:

In 1 study, CBT was delivered by agency staff who received 2 days of training; Anger management trial (Willner et al, 2013): used lay therapist model

May be a cost-effective, sustainable method – ‘train the trainer’ model

Improved generalisability of techniques learnt – more natural settings and increased opportunity for contact with the therapist

Established relationships – importance of therapeutic relationships

Improves access to psychological therapies

Experience of working with people with ID

## Group:

Importance of development of social skills, importance of developing closeness and bond to other group members

## Involvement of carers:

May be important for effects to be maintained

Important for reinforcing and sustaining techniques learnt, and for transferring skills to home life

Clients themselves appreciate the involvement of carers, however, confidentiality should be considered and involvement should be optional

# OUR STUDY

- Feasibility study involving 3 groups across 3 day services (N=18-24)
  - Those identified as wishing to learn to improve their anxiety management skills and able to provide informed consent were invited to take part
  - Mixed methods; repeated measures; in-depth data collection
  - Collecting data from all stakeholders: client participants, carers and lay therapists (informant report of behavioural changes may indicate changes not captured in self-report)
  - Piloting some outcome measures – develop more personally meaningful measures, not relying on symptomatic measures or those developed for general population
  - Assessing fidelity to the intervention (especially important when using lay therapists)
  - Lay therapists who are open to the approach selection – at least 2 per group. Training provided over 2 sessions; fortnightly supervision
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# SETTING UP THE STUDY 1

- **Ethical approval and governance**
  - Non-NHS = University rather than NRES application
  - LA day services = LA research governance application
- **Fortnightly supervision**
  - Can be resource intensive when running parallel groups
  - Telephone vs. face-to-face
  - Group vs. individual
  - Use of trainees
- **Training**
  - Split over 2 sessions – a theoretical overview and practical arrangements for the groups; followed by a practical session

# SETTING UP THE STUDY 2

- **Recruitment**
  - Initial approach by care workers
  - Face-to-face meetings with researchers to assess capacity and seek consent
  - Consider attrition
  - Exclude those receiving psychological interventions
- **Liaising with families and carers**
  - Important to include networks in the programme, however requires more time at the outset to establish rapport with families (coffee mornings, avoiding lengthy written information at outset)
- **Location of sessions**
  - At day services – removes additional travel.

# FOR FURTHER INFORMATION

## CONTACT DETAILS

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