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**Literature search results**

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**Search details**

Evidence for psychological therapy interventions for adults with learning disabilities.

**Resources searched**

NHS Evidence; TRIP Database; Cochrane Library; CINAHL; EMBASE; MEDLINE; PsychINFO; Google Scholar

*Database search terms*: learning dis*, intellectual disability, psychological therapy, CBT, psychodynamic therapy, mindfulness, cognitive analytical therapy

**Summary**

Range of resources located covering 2000 – 2012.

**Guidelines**

None found

**Evidence-based reviews**

- Non-pharmacological interventions for epilepsy in people with intellectual disabilities 2010.


Lack of reasonable adjustments hampers access to psychological therapies for people with learning disabilities. 2011.


Published research
1. Effects of a mindfulness-based smoking cessation program for an adult with mild intellectual disability.
   Author(s): Singh, Nirbhay N, Lancioni, Giulio E, Winton, Alan S. W, Singh, Ashvind N. A, Singh, Judy, Singh, Angela D. A
   Citation: Research in Developmental Disabilities, May 2011, vol./is. 32/3(1180-1185), 0891-4222 (May-Jun 2011)
   Publication Date: May 2011
   Abstract: Smoking is a major risk factor for a number of health conditions and many smokers find it difficult to quit smoking without specific interventions. We developed and used a mindfulness-based smoking cessation program with a 31-year-old man with mild intellectual disabilities who had been a smoker for 17 years. The mindfulness-based smoking cessation program consisted of three components: intention, mindful observation of thoughts, and Meditation on the Soles of the Feet. A changing-criterion analysis showed that this man was able to fade his cigarette smoking from 12 at baseline to 0 within 3 months, and maintain this for a year. Follow-up data, collected every 3 months following the maintenance period, showed he was able to abstain from smoking for 3 years. Our study suggests that this mindfulness-based smoking cessation program merits further investigation. (PsycINFO Database Record (c) 2011 APA, all rights reserved) (journal abstract)
   Source: PsycINFO

   Author(s): Brown, Michael, Duff, Heather, Karatzias, Thanos, Horsburgh, Dorothy
   Citation: Journal of Intellectual Disabilities, March 2011, vol./is. 15/1(31-45), 1744-6295;1744-6309 (Mar 2011)
   Publication Date: March 2011
   Abstract: The aim of this review is to identify and analyse the published evidence base and wider literature in relation to psychological interventions for adults with intellectual disabilities. The review suggests that the evidence base regarding psychological interventions is sparse yet growing, and if the therapeutic approaches are modified and adapted to meet the distinct needs of people with intellectual disabilities these may be life enhancing. The lack of access to psychotherapies for people with intellectual disabilities has led to their exclusion from mainstream research, thereby limiting the evidence base on effective interventions and treatment approaches. This has significant implications for research, policy, education and clinical practice and is an area requiring strategic and local attention and development in the future. (PsycINFO Database Record (c) 2011 APA, all rights reserved) (journal abstract)
   Source: PsycINFO

3. Anger management for people with mild to moderate learning disabilities: study protocol for a multi-centre cluster randomized controlled trial of a manualized intervention delivered by day-service staff.
   Author(s): Willner P, Jahoda A, Rose J, Stenfert-Kroese B, Hood K, Townson JK, Nuttall J, Gillespie D, Felce D
   Citation: Trials [Electronic Resource], 2011, vol./is. 12/1(36), 1745-6215;1745-6215 (2011)
Cognitive behaviour therapy (CBT) for anxiety and depression in adults with mild intellectual disabilities (ID): a pilot randomised controlled trial.


Trials [Electronic Resource], 2011, vol./is. 12/(95), 1745-6215;1745-6215 (2011)

BACKGROUND: Several studies have showed that people with intellectual disabilities (ID) have suitable skills to undergo cognitive behavioural therapy (CBT). Case studies have reported successful use of cognitive behavioural therapy techniques (with adaptations) in people with ID. Modified cognitive behavioural therapy may be a feasible and effective approach for the treatment of depression, anxiety, and other mood disorders in ID. To date, two studies have reported group-based manualised cognitive behavioural treatment programs for depression in people with mild ID. However, there is no individual manualised programme for anxiety or depression in people with intellectual disabilities. The aims of the study are to determine the feasibility of conducting a randomised controlled trial for CBT in people with ID. The data will inform the power calculation and other aspects of carrying out a definitive randomised controlled trial.

METHODS: Thirty participants with mild ID will be allocated randomly to either CBT or treatment as usual (TAU). The CBT group will receive up to 20 hourly individual CBT over a period of 4 months. TAU is the standard treatment which is available to any adult with an intellectual disability who is referred to the intellectual disability service (including care management, community support, medical, nursing or social support). Beck Youth Inventories (Beck Anxiety Inventory & Beck Depression Inventory) will be administered at baseline; end of treatment (4 months) and at six months to evaluate the changes in depression and anxiety. Client satisfaction, quality of life and the health economics will be secondary outcomes.

DISCUSSION: The broad outcome of the study will be to produce clear guidance for therapists to apply an established psychological intervention and identify how and whether it works with people...
5. Does training improve understanding of core concepts in cognitive behaviour therapy by people with intellectual disabilities? A randomized experiment.

Author(s): Bruce, Melanie, Collins, Suzanne, Langdon, Peter, Powlitch, Stephanie, Reynolds, Shirley

Citation: British Journal of Clinical Psychology, March 2010, vol./is. 49/1(1-13), 0144-6657 (Mar 2010)

Abstract: Background: People with intellectual disabilities (ID) experience similar or even higher rates of mental health problems than the general population and there is a need to develop appropriate treatments. Cognitive behaviour therapy (CBT) is effective for a wide range of disorders in the general population. However, there is some evidence that people with ID may lack the cognitive skills needed to take part in CBT. Aims: To test if people with ID can learn skills required for CBT, specifically the ability to distinguish between thoughts, feelings, and behaviours and to link thoughts and feelings (cognitive mediation). Method: A randomized independent groups design was used to examine the effect of training in CBT on two tasks measuring CBT skills. Thirty-four adults with ID were randomly allocated to the experimental condition or to the control condition. CBT skills were assessed blind at baseline and after the intervention. Results: The training led to significant improvements in participants’ ability to link thoughts and feelings, and this skill was generalized to new material. There was no effect of training on participants’ ability to distinguish amongst thoughts, feelings, and behaviours. People with ID can, therefore, learn some skills required for CBT. This implies that preparatory training for CBT might be useful for people with ID. The results might be applicable to other groups who find aspects of CBT difficult. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Source: PsycINFO

6. Effects of intellectual functioning on cognitive behavioural anger treatment for adults with learning disabilities in secure settings.

Author(s): Taylor, John L, Novaco, Raymond W, Johnson, Lucy

Citation: Advances in Mental Health and Learning Disabilities, December 2009, vol./is. 3/4(45-50), 1753-0180;2042-8332 (Dec 2009)

Abstract: Anger has been shown to be associated with aggression and violence in adults with learning disabilities in both community and secure settings. Emerging evidence has indicated that cognitive behavioural anger treatment can be effective in reducing assessed levels of anger in these patient populations. However, it has been suggested that the effectiveness of these interventions is significantly affected by verbal ability. In this service evaluation study the pre- and post-treatment and 12-month follow-up assessment scores of 83 offenders with learning disabilities who received cognitive behavioural anger treatment were examined in order to investigate whether participants’ responsiveness to treatment was a function of measured verbal IQ. The results indicate that, overall, the effectiveness of anger treatment was not the result of higher verbal ability as reflected in verbal IQ scores. It is concluded that cognitive behavioural therapy for anger control problems can be effective for people with moderate, mild and borderline levels of intellectual functioning and forensic histories. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Source: PsycINFO

7. Group and individual cognitive behavioural interventions for anger.

Author(s): Rose, John, O’Brien, Alex, Rose, David

Citation: Advances in Mental Health and Learning Disabilities, December 2009, vol./is. 3/4(45-50), 1753-0180;2042-8332 (Dec 2009)
Abstract: There is growing evidence for the efficacy of anger treatment programmes, which aim to reduce inappropriate aggression in people with learning disabilities. To date they have been provided in both group and individual formats, but the differential efficacy of these approaches is yet to be assessed. Individuals with a learning disability and inappropriately expressed anger were assigned to either group or individual treatment or a waiting list control, depending on the availability of treatment options. In this way, 23 participants completed group treatment, 18 individual treatment and 21 were included in a waiting list control. Participants were assessed both before and after treatment using an anger provocation inventory. Improvements were found in the scores obtained on the anger inventory for both the group and individual treatments compared to the control using a 2 by 3 split plot ANOVA. There was no difference between group and individual treatments. These results replicate previous findings that suggest that both group and individual cognitive behavioural interventions are effective treatment options for people with learning disabilities, but do not support either method of delivery as the preferred option. Limitations of the data are discussed. (PsycINFO Database Record (c) 2010 APA, all rights reserved)
Problems in processing information can affect psychosocial functioning. Psychotherapy can be used to address psychosocial problems; however, the same information-processing problems that contribute to disabilities, such as learning disabilities (LD) or attention deficit/hyperactivity disorder (ADHD), particularly deficits in auditory processing and attention, may also interfere with the process of psychotherapy. Using a Web-based survey, data dealing with perceptions of the effectiveness of psychotherapy were obtained from 52 adult patients with LD and/or ADHD and 87 adults who did not have any diagnosed cognitive difficulties. While all respondents reported psychotherapy was helpful, those with LD were less likely than others to seek therapy again and reported a greater need for more accommodations. Respondents with auditory processing problems were less likely than others to meet treatment goals. Overall, 44 percent of patients with a diagnosed disability indicated the condition affected therapy. Clients' descriptions of the impact of their disabilities on psychotherapy, and need for accommodations, are presented. Implications for both clients and therapists are discussed. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

11. Service user views of long-term individual psychodynamic psychotherapy.
Author(s): Merriman, Charlotte, Beail, Nigel.
Citation: Advances in Mental Health and Intellectual Disabilities, June 2009, vol./is. 3/2(4247), 2044-1282;2044-1290 (Jun 2009)
Publication Date: June 2009
Abstract: Long-term psychodynamic psychotherapy is a costly service to provide, but many clinicians believe it is of benefit for people who have learning disabilities and psychological problems. There is also now some evidence for its effectiveness. However, the views of recipients is unknown. In this study, recipients of more than two years of psychodynamic psychotherapy were interviewed about their experiences and views. Themes emerged about the referral process, the experience and the outcome. Areas of strength were identified, as well as areas for improvement. The findings concur with previous findings on group therapy and help inform current and future provision of long-term psychodynamic psychotherapy. (PsycINFO Database Record (c) 2011 APA, all rights reserved) (journal abstract)
Source: PsycINFO
Full Text: Available in fulltext at Emerald Insight
Available in fulltext at the LPFT Library and Knowledge Services' eJournal collection

12. The balance of power in therapeutic interactions with individuals who have intellectual disabilities.
Author(s): Jahoda A, Selkirk M, Trower P, Pert C, Stenfert Kroese B, Dagnan D, Burford B
Citation: British Journal of Clinical Psychology, March 2009, vol./is. 48/Pt 1(63-77), 0144-6657;0144-6657 (2009 Mar)
Publication Date: March 2009
Abstract: OBJECTIVES: Establishing a collaborative relationship is a cornerstone of cognitive behavioural therapy (CBT). Increasingly CBT is being offered to people with intellectual disabilities who may have problems with receptive and expressive communication, and a history of disadvantage or discrimination in their relationships with those in positions of power. Consequently, they may have difficulty establishing a collaborative interaction with their therapist. This paper uses a novel method of interactional analysis to examine if collaboration increases as therapy progresses.DEIGN AND METHODS: Fifteen participants with borderline to mild intellectual disabilities and significant problems of depression, anxiety and anger were recruited from specialist clinical services to participate in this study. Verbatim transcripts of therapy sessions 4 and 9 were coded using an initiative-response method of analysing power distribution in dialogue, to investigate collaboration at the level of therapeutic interaction.RESULTS: The initiative-response scores indicated that power was relatively equally distributed between clients and therapists. On this measure there was no significant increase in collaboration as therapy
progressed, as the dialogues were relatively equal from session 4. Analyses of the pattern of interaction showed that whilst the therapists asked most questions, the clients contributed to the flow of the analysis and played an active part in dialogues.

CONCLUSIONS: The implications of these findings are discussed, along with the possible uses of such interactional analyses in identifying barriers to communication and ways of establishing effective therapeutic dialogue.

Source: MEDLINE
Full Text:
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Author(s): Prangnell, Simon J, Green, Karen
Citation: British Journal of Learning Disabilities, December 2008, vol./is. 36/4(242-248), 1354-4187;1468-3156 (Dec 2008)
Publication Date: December 2008
Abstract: Dental anxiety is a common form of anxiety problem, and research suggests that more people with learning disabilities experience dental anxiety than in the general population. Very little work has been done to investigate effective non-medical approaches for supporting people with a learning disability and dental anxiety to access dental care. This has created a significant barrier to accessing treatment, and meant that individual's are not offered a meaningful choice between treatment options. Using a case study, this paper demonstrates that a simple cognitive behavioural intervention can be effective in reducing dental anxiety, and offer a more meaningful choice of treatment options. This paper is limited in that no formal assessment measures were used, and was evaluated through client feedback. It is possible that this intervention could be applied by other practitioners to increase the accessibility of dental health services. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)
Source: PsycINFO
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Available in print at Lincoln County Hospital Professional Library

14. Can counselling/psychotherapy be helpful in reducing barriers to learning for the person with specific learning difficulties?
Author(s): Stamp, Rhiannon, Loewenthal, Del
Citation: Counselling Psychology Quarterly, December 2008, vol./is. 21/4(349-360), 0951-5070;1469-3674 (Dec 2008)
Publication Date: December 2008
Abstract: This paper explores the relative helpfulness of counselling/psychotherapy to individuals experiencing specific learning difficulties, as a means of reducing barriers to learning by allowing the individual to return to learning from experience. Highlighting earlier studies which indicate the positive impact of psychological therapy on educational attainment and inhibiting factors such as stress, this research investigates the experience of counselling from the perspective of the person with specific learning disabilities. Using Empirical Phenomenological Research, the study explores their understandings of the circumstances and factors by which therapy is found to be helpful or unhelpful, seeking to contribute to debate on whether psychological interventions that are 'specialist' in orientation are potentially more helpful than 'generalist' therapeutic approaches. The findings point both to the potential value of psychological therapies for persons with special educational needs as a complement to other interventions and also to the importance of considering the experiences of the client in addition to diagnostic assessments. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)
Source: PsycINFO
Full Text:
Available in fulltext at EBSCOhost
Available in fulltext at EBSCOhost
15. Depression in people with intellectual disability: An evaluation of a staff-administered treatment program.

**Author(s):** McGillivray, Jane A, McCabe, Marita P, Kershaw, Mavis M

**Citation:** Research in Developmental Disabilities, November 2008, vol./is. 29/6(524-536), 0891-4222 (Nov 2008)

**Publication Date:** November 2008

**Abstract:** The prevalence of co-morbid depression in people with intellectual disability (ID) provides a strong rationale for the early identification and treatment of individuals at risk. The aim of this study was to evaluate a staff-administered group CBT program for the treatment of depression in people with mild ID. A sample of 13 staff employed at two community-based disability agencies were trained to deliver the program to 47 individuals with mild ID and symptoms of depression. A wait list control group comprised of 27 individuals subsequently completed the program. Compared to the control group, individuals who had participated in the treatment program showed lower depression scores, and fewer automatic negative thoughts. Furthermore, these changes were maintained at a 3-month follow-up. The results indicate that staff can be trained to deliver a CBT program within community settings that is effective in the reduction of depression symptomatology in people with mild ID. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

**Source:** PsycINFO

16. Clinical and benefit-cost outcomes of teaching a mindfulness-based procedure to adult offenders with intellectual disabilities.

**Author(s):** Singh, Nirbhay N, Lancioni, Giulio E, Winton, Alan S. W, Singh, Ashvind N, Adkins, Angela D, Singh, Judy

**Citation:** Behavior Modification, September 2008, vol./is. 32/5(622-637), 0145-4455 (Sep 2008)

**Publication Date:** September 2008

**Abstract:** The effects of a mindfulness-based procedure, called Meditation on the Soles of the Feet, were evaluated as a cognitive-behavioral intervention for physical aggression in 6 offenders with mild intellectual disabilities. They were taught a simple meditation technique that required them to shift their attention and awareness from the precursors of aggression to the soles of their feet, a neutral point on their body. Results showed that physical and verbal aggression decreased substantially, no Stat medication or physical restraint was required, and there were no staff or peer injuries. Benefit--cost analysis of lost days of work and cost of medical and rehabilitation because of injury caused by these individuals in both the 12 months prior to and following mindfulness-based training showed a 95.7% reduction in costs. This study suggests that this procedure may be a clinically effective and cost-effective method of enabling adult offenders with intellectual disabilities to control their aggression. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

**Source:** PsycINFO

17. Mindfulness training assists individuals with moderate mental retardation to maintain their community placements.

**Author(s):** Singh NN, Lancioni GE, Winton AS, Adkins AD, Singh J, Singh AN

**Citation:** Behavior Modification, November 2007, vol./is. 31/6(800-14), 0145-4455;0145-4455 (2007 Nov)

**Publication Date:** November 2007

**Abstract:** The mindfulness procedure Meditation on the Soles of the Feet can help individuals with mild mental retardation control aggressive behavior. In this study, our aim was to teach this mindfulness technique, using a multiple baseline design, to 3 individuals with moderate mental retardation who were at risk of losing their community placements because of their aggressive behavior. These individuals initially found the procedure difficult to comprehend because they could not easily visualize past anger-producing situations, but mastery was achieved when we incorporated recreating-the-scene as a prompt and added a discriminative stimulus on the soles of the participants' feet. Aggressive behavior decreased with mindfulness training, and follow-up data showed that they managed their aggressive behavior in the community for at least 2 years and thus were able to retain their community placements.

**Source:** MEDLINE
18. Delivering cognitive behavioural therapy in community services for people with learning disabilities: Difficulties, dilemmas, confounds.
Author(s): Oathamshaw, Stephen C
Citation: Advances in Mental Health and Intellectual Disabilities, June 2007, vol./is. 1/2(22-25), 2044-1282;2044-1290 (Jun 2007)
Publication Date: June 2007
Abstract: This case study describes an attempt to use cognitive behavioural therapy (CBT) to treat anger problems in a young man with mild learning disabilities. The skills necessary to engage in CBT were assessed in addition to an assessment of support available, motivation to engage in therapy and belief in ability to make changes. Despite this assessment environmental factors undermined the therapy, which was not completed. Some of the difficulties and dilemmas involved in delivering CBT in 'ordinary' community services are discussed, concluding with learning points for consideration by other practitioners. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)
Source: PsycINFO
Full Text: Available in fulltext at Emerald Insight
Available in fulltext at the LPFT Library and Knowledge Services' eJournal collection

19. Practitioner consensus in the use of cognitive behaviour therapy for individuals with a learning disability.
Author(s): Haddock, Katie, Jones, Robert S. P
Citation: Journal of Intellectual Disabilities, September 2006, vol./is. 10/3(221-230), 1744-6295;1744-6309 (Sep 2006)
Publication Date: September 2006
Abstract: Cognitive behaviour therapy (CBT) has been acknowledged as one of the most successful treatments for mental health problems. However, only a small number of practitioners engage in CBT with people with learning disabilities. A group of eight clinical psychologists who currently use CBT with this population gave details about their work in an attempt to gain a consensus on how to adapt CBT. The collective experiences of a wider group of experts produced a wealth of knowledge and suggestions to promote the use of CBT with this client group. Results suggested that although CBT needs to be creatively delivered, it does not necessarily need extensive adaptation. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)
Source: PsycINFO
Full Text: Available in print at Pilgrim Hospital Staff Library. Note: Click a library link to request this article/an article from this journal.

Author(s): Brown M, Marshall K
Citation: Journal of Psychiatric & Mental Health Nursing, April 2006, vol./is. 13/2(234-41), 1351-0126;1351-0126 (2006 Apr)
Publication Date: April 2006
Abstract: People with learning disabilities are an ageing and increasing population and have been the subject of policy initiatives by the four countries of the UK, detailing the range of supports that need to be in place for this group. The evidence base of their mental health needs is growing and with it the need to ensure the full range of psychotherapies available to the general population are made available to people with learning disabilities. Cognitive Behaviour Therapy (CBT) is now a widely accepted and effective form of psychotherapy for many mental health problems and the evidence base is growing on the effectiveness with the learning disability population; however, the model needs to be applied differently for this group to take account of their cognitive impairment and support needs. Registered Nurses in Learning Disabilities are well placed to apply this approach within their clinical practice; however, there is an absence of leadership and direction in the development of CBT for this group of clinicians. There is a need to support education and practice development to contribute to addressing the emotional needs of people with learning disabilities. Action is required to support education to prepare Registered Nurses in Learning Disabilities to practice CBT and to contribute to the ongoing development of research in this area of clinical practice.
21. **Do People with Intellectual Disabilities and Psychosis have the Cognitive Skills Required to Undertake Cognitive Behavioural Therapy?**

**Author(s):** Oathamshaw, Stephen C, Haddock, Gillian

**Citation:** Journal of Applied Research in Intellectual Disabilities, March 2006, vol./is. 19/1(35-46), 1360-2322;1468-3148 (Mar 2006)

**Publication Date:** March 2006

**Abstract:** Background: Cognitive skills thought to be necessary to undertake cognitive-behavioural therapy (CBT) include the ability to recognize emotions, link events and emotions, and recognize cognitive mediation. These skills have been assessed in people with intellectual disabilities, but not in those who also have psychosis. Materials and methods: Tasks assessing receptive language ability and cognitive skills including the ability to differentiate between behaviours, thoughts and feelings were administered to 50 participants who had intellectual disabilities and psychosis. Results: The majority of participants were able to link events and emotions and differentiate behaviours and feelings. Participants found any task involving cognitions significantly more difficult. Performance on recognizing emotions, linking events and emotions and on some of the cognitive mediation and differentiation tasks was associated with receptive language ability. Conclusions: People with intellectual disabilities and psychosis have some of the skills thought to be required to undertake cognitive behaviour therapy. Recognizing cognitions and cognitive mediation is particularly challenging. The differentiation task introduced in this study may usefully supplement existing assessments. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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Note: Click a library link to request this article/an article from this journal.

22. **Cognitive-behaviour formulation for three men with learning disabilities who experience psychosis: How do we make it make sense?**

**Author(s):** Kirkland, Jamie

**Citation:** British Journal of Learning Disabilities, December 2005, vol./is. 33/4(160-165), 1354-4187;1468-3156 (Dec 2005)

**Publication Date:** December 2005

**Abstract:** Cognitive-behaviour therapy (CBT) is increasingly being used with people with learning disabilities. One of the challenges in working this way is effectively sharing and understanding the formulation of the client's problem. One could argue that only with a shared understanding can there be collaboration between the therapist and the client. By utilizing current theory around CBT for psychosis and CBT for people with learning disabilities a diagram that was understandable to the client was developed to illustrate each formulation. The aim of the paper is to describe a method for engaging in a collaborative approach with three men with psychosis utilizing current thinking in CBT for people with learning disabilities and CBT for psychosis. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

**Source:** PsycINFO

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Available in print at Lincoln County Hospital Professional Library
Available in print at Pilgrim Hospital Staff Library
Note: Click a library link to request this article/an article from this journal.
23. Factors associated with the efficacy of a group intervention for anger in people with intellectual disabilities.

**Author(s):** Rose, John, Loftus, Michael, Flint, Beverley, Carey, Louise

**Citation:** British Journal of Clinical Psychology, September 2005, vol./is. 44/3(305-317), 0144-6657 (Sep 2005)

**Publication Date:** September 2005

**Abstract:** Objectives: There is a growing literature that suggests cognitive behavioural interventions aimed at reducing inappropriately expressed anger by people with intellectual disabilities are effective. However, interventions provide little information about which aspects of the individual or their treatment may be contributing to the overall efficacy of the approach. Design: A group intervention is compared with a waiting list control. A cross-sectional regresional method was used to explore the relationship between change in a provocation inventory score over the course of an intervention and a number of other variables. Methods: Data was collected from 50 participants who attended a series of groups with the aim of reducing aggressive behaviour. This was compared with a waiting list control of 36. Outcome was measured by a provocation inventory, which was administered pre-, post-group, and at follow-up. Other variables were also measured including, receptive vocabulary, age, gender, experience of primary therapist and whether staff accompanied participants to the group or not. Results: A 2 x 2 split plot ANOVA identified a statistically significant treatment effect. However, analysis examining clinical significance was more equivocal with only 11 of the individuals in the intervention group showing reliable change as defined by Jacobson and Truax (1991). Regression analysis indicated that 17.5% of the variance in change of provocation inventory scores could be accounted for by the independent variables. Immediately on completion of the group, being accompanied by a member of staff and increased receptive language scores contributed significantly to the variance. Conclusions: A reduction in provocation inventory scores immediately after the group was more likely to occur if the participant was accompanied by a member of staff who knew them and if they had a higher score on the test of receptive vocabulary. This pattern changed with time. The implications of the results will be discussed and the relatively large amount of variance that is not accounted for will also be considered. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

**Source:** PsycINFO

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24. An interview study of people with learning disabilities’ experience of, and satisfaction with, group analytic therapy.

**Author(s):** MacDonald J, Sinason V, Hollins S

**Citation:** Psychology & Psychotherapy: Theory, Research & Practice, December 2003, vol./is. 76/Pt 4(433-53), 1476-0835;1476-0835 (2003 Dec)

**Publication Date:** December 2003

**Abstract:** A number of clinicians have developed psychodynamic treatments for people with learning disabilities, but there have been few studies assessing the impact of psychodynamic therapy with this population. In particular, there have been no studies in which investigators have asked clients about their experience of psychodynamic treatment. The current study is an attempt to rectify this by exploring people with learning disabilities’ experiences of, and satisfaction with, two psychodynamic groups provided by an inner city service. Nine learning-disabled clients, four from a sexual offenders’ group and five from a women’s group, were interviewed about their experience of psychodynamic group psychotherapy. Their responses were analysed using Interpretive Phenomenological Analysis. Participants suggested that they valued the therapists and the group, and appreciated the opportunity to talk about painful experiences and be included and valued in the group. However, participants also indicated that they found the group emotionally painful, on occasion found it hard to identify with other group members, and were often unaware of any positive change in themselves. These interview findings complement ongoing quantitative attempts to establish the impact of psychodynamic treatment for this population.

**Source:** MEDLINE
25. Soles of the Feet: a mindfulness-based self-control intervention for aggression by an individual with mild mental retardation and mental illness.

**Author(s):** Singh NN, Wahler RG, Adkins AD, Myers RE, Mindfulness Research Group

**Citation:** Research in Developmental Disabilities, May 2003, vol./is. 24/3(158-69), 0891-4222;0891-4222 (2003 May-Jun)

**Publication Date:** May 2003

**Abstract:** Uncontrolled low frequency, high intensity aggressive behavior is often a barrier to community living for individuals with developmental disabilities. Aggressive behaviors are typically treated with psychotropic medication, behavioral interventions or their combination; but often the behaviors persist at a level that is problematic for the individual as well as care providers. We developed a mindfulness-based, self-control strategy for an adult with mental retardation and mental illness whose aggression had precluded successful community placement. He was taught a simple meditation technique that required him to shift his attention and awareness from the anger-producing situation to a neutral point on his body, the soles of his feet. After practice he applied this technique fairly consistently in situations that would normally have elicited an aggressive response from him. The data show that he increased self-control over his aggressive behaviors, met the community provider’s requirement for 6 months of aggression-free behavior in the inpatient facility before being transitioned to the community, and then successfully lived in the community without readmission to a facility. No aggressive behavior was seen during the 1-year follow-up after his community placement. Mindfulness-based intervention may offer a viable alternative to traditional interventions currently being used to treat behavioral challenges in children and adults with mild mental retardation.

**Source:** MEDLINE

26. Psychological intervention for people with learning disabilities who have experienced bereavement: A case study illustration.

**Author(s):** Summers, S. J, Witts, P

**Citation:** British Journal of Learning Disabilities, March 2003, vol./is. 31/1(37-41), 1354-4187;1468-3156 (Mar 2003)

**Publication Date:** March 2003

**Abstract:** The evidence base for interventions for people with learning disabilities who have experienced a bereavement is sparse. This article reviews current theoretical understandings of bereavement and loss and describes the assessment, formulation and psychological treatment of a woman in her mid-forties with learning disabilities with close reference to these understandings. A psychological intervention is described, which utilizes both psycho-educational and psychodynamic approaches. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

**Source:** PsycINFO

27. Will we grow out of it? A psychotherapy group for people with learning disabilities.

**Author(s):** O'Connor, Hester

**Citation:** Psychodynamic Counselling, August 2001, vol./is. 7/3(297-314), 1353-3339 (Aug 2001)

**Publication Date:** August 2001

**Abstract:** A 40-wk psychotherapy group (of Ss aged 26-56 yrs) was conducted along group analytic lines was run in an outpatient department of an NHS trust. The clients had mild learning disabilities. This was the first time that psychotherapy was offered to learning disabled clients within this trust. Many difficulties were encountered in the process of running the group. Some of the difficulties related to contextual problems. Others were
concerned with the painful process of the therapy itself. The pain of the process of thinking about oneself within the group and of being thought about by the therapist was very difficult for group members. This process highlighted the importance and meaning of thinking, and the difficulties associated with thinking for people with learning disabilities. The paper then considers why a group analytic approach was chosen. Special emphasis is given to the importance of the Countertransference in the process of conducting this group. Important contextual and practical considerations for conducting a psychotherapy group within a context not familiar with psychodynamic ways of working are also outlined. Conducting psychotherapy with people with learning disabilities is not so different from conducting groups with any other client group. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

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Author(s): Hollins, Sheila, Sinason, Valerie
Citation: British Journal of Psychiatry, January 2000, vol./iss. 176/(22-36), 0007-1250;1472-1465 (Jan 2000)
Publication Date: January 2000
Abstract: Discusses recent advances in understanding and practice within the learning disability field which have not received wider recognition within mainstream psychotherapy and psychiatry. The availability of different psychotherapeutic approaches is discussed. The authors explore developmental issues including the contribution of attachment theory to our understanding, and the effects of trauma on the lives of people with learning disabilities. Theoretical and clinical perspectives suggest that many therapeutic opportunities exist. Practitioners are encouraged to extend their therapeutic repertoire, and to report measurable outcomes. (PsycINFO Database Record (c) 2010 APA, all rights reserved)
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