A service evaluation of a managing difficult feelings group entitled: ‘We’re all in the same boat’.

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Introduction

An emerging yet limited evidence base supports the use of Cognitive Behavioural Therapy and Mindfulness-based approaches for people with intellectual disabilities (Taylor & Novaco, 2005; Singh et al., 2008). An aim underpinning these therapeutic approaches is to empower individuals to develop an understanding of their difficulties and equip clients with skills that enable them to self-monitor and self-regulate their emotions and behaviours.

There is a paucity of research evaluating the efficacy of group therapy for people with intellectual disabilities; however, this format is hypothesised to confer a number of advantages to services and service users.

Providing support for multiple clients presenting with similar difficulties can reduce waiting lists and expedite recovery. Group therapy also provides an opportunity for social interaction, which may be an area of difficulty or isolation for some clients.

Experiential learning: modeling techniques; accessible approach

Experiential, skill-based learning and practice is advocated by Robertson (2011) and this approach, combined with modelling by facilitators and supporters, was also used to introduce mindful awareness and practice to the group members, within an accessible format. By adapting CBT and mindfulness-based procedures, the group aimed to provide an accessible and meaningful approach to members of varying levels of intellectual ability and adaptive functioning.

Method

Recruitment

• Psychology Waiting List
• 5 participants
• Ages 25-49
• Mild to Moderate LD

Assessment

• Consent to treatment
• Core LD
• Glasgow Anxiety Scale
• Glasgow Depression Scale
• Behaviour, Thoughts, Feelings Questionnaire
• Narrative Accounts

8 Group Sessions

• Psycho-education
• Cognitive Behaviour Therapy
• Mindfulness exercises
• Homework

Evaluation & Post Assessment

• Informed Consent – Service Evaluation
• Core-LD
• Glasgow Anxiety Scale
• Glasgow Depression Scale
• Behaviour Thoughts and Feelings Questionnaire
• Service User and Facilitator Feedback & Evaluation of the group

Follow up

• Follow-up work
• Mindfulness CD’s provided
• Therapeutic letters

Results

Quantitative

• There was no statistically significant difference between pre and post levels of psychological distress using the Glasgow Anxiety Scale (GAS), Glasgow Depression Scale (GDS) or CORE-LD.

• There was improvement in understanding of Thoughts, Feelings Behaviour using the Behaviour, Thoughts, Feelings Questionnaire (BTFQ); although this was not statistically significant.

• However, A clinically significant reduction in psychological distress was found using the GDS for two participants and using the CORE-LD for three participants

Results

Participants evaluation of the group

• Likert scales showed that all members had found the group helpful and that they had experienced being listened to by members and facilitators.

Qualitative

Comments from members of the group:

• It was nice to be being somewhere other than my own house.
• I liked the breathing and thinking about my surroundings, smell, music, pictures.
• It was helpful to talk to other people in the same boat.
• It made me aware of being angry or anxious.

Comments from facilitators:

• There was no statistically significant difference between pre and post levels of psychological distress using the Glasgow Anxiety Scale (GAS), Glasgow Depression Scale (GDS) or CORE-LD.

• There was improvement in understanding of Thoughts, Feelings Behaviour using the Behaviour, Thoughts, Feelings Questionnaire (BTFQ); although this was not statistically significant.

• However, A clinically significant reduction in psychological distress was found using the GDS for two participants and using the CORE-LD for three participants

• Likert scales showed that all members had found the group helpful and that they had experienced being listened to by members and facilitators.

Qualitative feedback and use of Likert scales showed efficacy of the group and fits with existing literature:

• Being listened to, welcomed and the importance of engagement (Stenfert Kroese, Dagnan & Loumidis, 1997).
• Sharing experiences with like-minded people (Pavlicevic et al. 2013) and reducing isolation (Rose et al. 2009)
• Learning new skills (Willner & Tomlinson, 2007) including mindfulness and self-advocacy.
• The value of psycho-education including understanding changes in size of emotions as well as a sense of achievement.

Given the qualitative feedback shows some but not significant change can we query the efficacy of self report measures (Taylor & Novaco, 2005) especially language used and ability of self report measures to detect other changes as well as reduction in distress.

Limitations include need for individual assessment around ability to inform adaptations, need for more groups and clarity around role of supporters. This was a pilot study and further research would be beneficial.

References