Perceived Barriers and Facilitators to Positive Therapeutic Change for People with Intellectual Disabilities: Client, Carer, and Clinical Psychologist Perspectives

Background Literature

- Research highlights successful treatment outcomes for psychological therapies for people with ID (e.g., Beail, 1998)
- Processes underlying these successful therapies are uncertain
- Literature highlights unmet need and an increasing need for research that identifies conditions under which the effects of therapy are optimised
- Assumptions from current literature (Willner, 2005):
  - Therapeutic relationship
  - Engagement in therapy
  - The impact of cognitive abilities on a person’s capability to understand or benefit from therapy (e.g., Taylor, Lindsay & Willner, 2008)
  - Whether lessons learned in therapy are reinforced outside of sessions by their carers (Willner, Jones, Tams & Green, 2002)

Research Aims

This study therefore aimed to:

- Explore what are facilitators of positive therapeutic change
- Explore what are barriers to positive therapeutic change
- To integrate the perceptions of clients, carers and Clinical Psychologists to move towards a cohesive understanding of barriers and facilitators to positive therapeutic change.

Methodology

Design
- A qualitative, exploratory research design
- Thematic analysis was used as a method of identifying, organising and interpreting themes within interview transcripts (Braun & Clarke, 2006).

Population and Recruitment

Participants
- 15 participants:
  - 3 Clinical Psychologists – female, aged 37-59 (mean age = 46.6)
  - 6 clients with mild ID – male, aged 19-43 (mean age = 30.8)
  - 6 carers – 4 female, 2 male, aged 43-67 (mean age = 52.7)

Data Collection
- Face-to-face, semi-structured interviews (18 interviews)
- The schedules were designed to be used flexibly depending on the ability of the participant

Data Analysis
- Thematic analysis – manifest level
- Combination of inductive and deductive processes analysis
Theme: Systemic dependency

If we are not careful we can see systemic dependency or, to draw on an issue with that learning disabilities... people are more dependent. They have more needs, they might need more input and psychological input and help... and they... and attachment is very strong, and then it can occur where somebody has attached to you to be readily thought through or your going to be problem (Clinical Psychologist)

Subtheme: Findings are difficult

The notion of being over-referred to the system, the attachments made through the therapeutic relationship, and reliance on the psychologist as a care coordinator can make endings difficult (Clinical Psychologist)

The notion that people may be in the system continuously as long as they stop seeing the... but then you tell... here are people in CBG they can come back whenever they want, but then there, and they need help (Clinical Psychologist)

Therapists should consider the management of endings in relation to the client’s relationship and the client’s needs are met. (Clinical Psychologist)

Ending Therapy

- For clients with a history of substantial loss, endings can be particularly difficult (Guise, 2003; Moss, 1985).
- People who have had a number of crises may respond to endings with a number of issues including loss, regression, acting out and avoidance (Zilberstein, 2008).
- Ending therapy is likely to be experienced as a loss or rejection when clients feel they cannot continue. This may produce symptoms like the client entering a state of anger, rage, anxiety, sadness, and withdrawal (Zilberstein, 2008).
- Therapists should consider the management of endings in relation to the client’s relationship and attachments to the therapist, other attachments in the client’s life and previous experiences of loss (Zilberstein, 2008).

Discussion of systemic dependency

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Discussion of revolving door

- The results of this study suggest that having a ID does not necessarily impair someone’s ability to benefit from psychological therapy.
- The psychologist and client become locked in a cycle of barriers and facilitators.
- People who frequently display ‘sick-role’ behaviour possess a distinct learning history (Guise, 2003; Turkat & Guise, 1983; Wooley et al., 1978).
- Individuals who exhibit high rates of ‘sick-role’ behaviours are likely to be positively reinforced by gaining attention and nurturing behaviours directed towards them, and negatively reinforced by being allowed to refrain from activities and responsibilities that they do not enjoy (e.g., Kinsman, Dirks & Jones, 1982; Turkat & Noskin, 1982; Wooley, Blackwell & Winget, 1978).

Clinical implications

- The findings of this study suggest that the ‘revolving door’ phenomenon is a problem that needs to be fixed.
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**Future Directions**

- It would be interesting to consider the impact of diminishing day services and social groups on the well-being of people with ID.
- A less formal and broader role for clinical psychologists in ID services is to utilise their specialist skills as a ‘mental health GP’ to coordinate multiple services and ensure that all the client’s wider needs are met. Without further exploring and evidencing the need for this, the implementation of commissioning criteria and outcome-based funding for individual therapy within services may be problematic.
- The concept of the revolving door and whether this truly an issue that needs to be eradicated.

**Questions, Comments or Queries?**


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