Research on psychodynamic psychotherapy with people with Intellectual Disabilities

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Aim

To provide an overview of research on psychodynamic psychotherapy with people who have Intellectual Disabilities

Evolution of research

- Ideas put into practice
- Case reports
- Case series
- Open trials
- Quasi-Experimental studies
- Experimental studies

The idea

- Freud was used in literature up to 1980 to support view that mental deficiency was a contraindication for psychoanalysis.
- However, there were efforts to apply Freud's model but these were poorly documented (see Sinason, 2010 and O'Driscoll, 2009)

New Clinical Applications

- The emergence of a case study literature
- Reflected the genre of psycho-analytic reporting (Case reports)
- Also emergence of a new argument of equal access to services, equal rights
- This was countered by arguments concerning lack of evidence for effectiveness

Review of the Case study literature 1981 -2010 (Jackson and Beail)

Focus is on the therapeutic frame

- Need for flexibility
- Consistency (time and place)
- Secure base

Jackson and Beail review

Stages

- Information gathering
- Formulation & recontextualising
- Communication of interpretations

Critique

- Lack of accounts of formulation process (how they arrived at their interpretations)

“Inclusion” in mainstream psychotherapy literature

- “*What works for whom*” (Roth & Fonagy, 1996, 2005)
  Reference to Sinason in 1996 & reference to two reviews in 2005)
- “*Bergin and Garfield’s Handbook of psychotherapy and behavior change*” (1994, 2004)
- People with intellectual disabilities not included

Early Reviews

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

All found only case studies for psychodynamic psychotherapy.

Prout & Nowack-Drabik (2003, AJMR)

- Review of the effectiveness of psychotherapy with people with MR
- 1968-1998 found 92 reports
- Definition of psychotherapy fairly broad (included relaxation, skills training, systematic desensitization)

Prout & Nowack Drabik (2003): review findings

- Area dominated by case studies
- Few controlled studies or clinical trials
- Psychodynamic accounted for 15%
- CBT accounted for 13% (Group interventions)
- Theoretical orientation could not be determined for 32%
- Effect sizes could only be computed for 9 reports of interventions (Mean = 1.01). All behavioural

Prout & Nowack-Drabik: Expert consensus study

- 92 reports evaluated by an expert panel
- Concluded effects of psychotherapy were modest
- Indicated effect applied across treatment modalities

More Reviews

- Hatton (2002) Journal of Mental Health
- Beail (2003) Mental Retardation
- Sturmey (2004) Clinical Psychology and Psychotherapy
- Willner (2005) Journal of Intellectual Disability Research

Research now emerging

Evolution of research

- Idea put into practice
- Case reports
- **Case series**
- Open trials
- Quasi-Experimental studies
- Experimental studies

Individual Psychodynamic Psychotherapy for Problem Behaviour

Frankish (1989, JMDR)

Design

- Case series/ pre-post
- n= 7

Measure

- Behaviour frequency

Results

- reductions in problem behaviour

Beail (1998, Brit J Med Psychol)

Design

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

Measure

- Behaviour frequency

Results

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

Individual Psychodynamic Psychotherapy for Offenders with ID

Beail (2001, Brit J Forensic Practice)

Design

Treatment vs refusal

n Treatment = 13 & refusals = 5

Measure

Recidivism over four years.

Results

Recidivism 2/13 for treatment 5/5 for refusals

Evolution of research

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Individual Psychodynamic Psychotherapy for psychological problems

Beail et al (2005, JARID)

Design

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

Beail et al (2005)

Measures

- SCL-90-R
- Inventory of Interpersonal Problems-32
- Rosenberg Self Esteem Questionaire

Results

Symptoms reduced, interpersonal functioning & self esteem improved

Beail, Kellett, Newman and Warden (2007, JARID)

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

Beail, Kellett, Newman and Warden (2007)

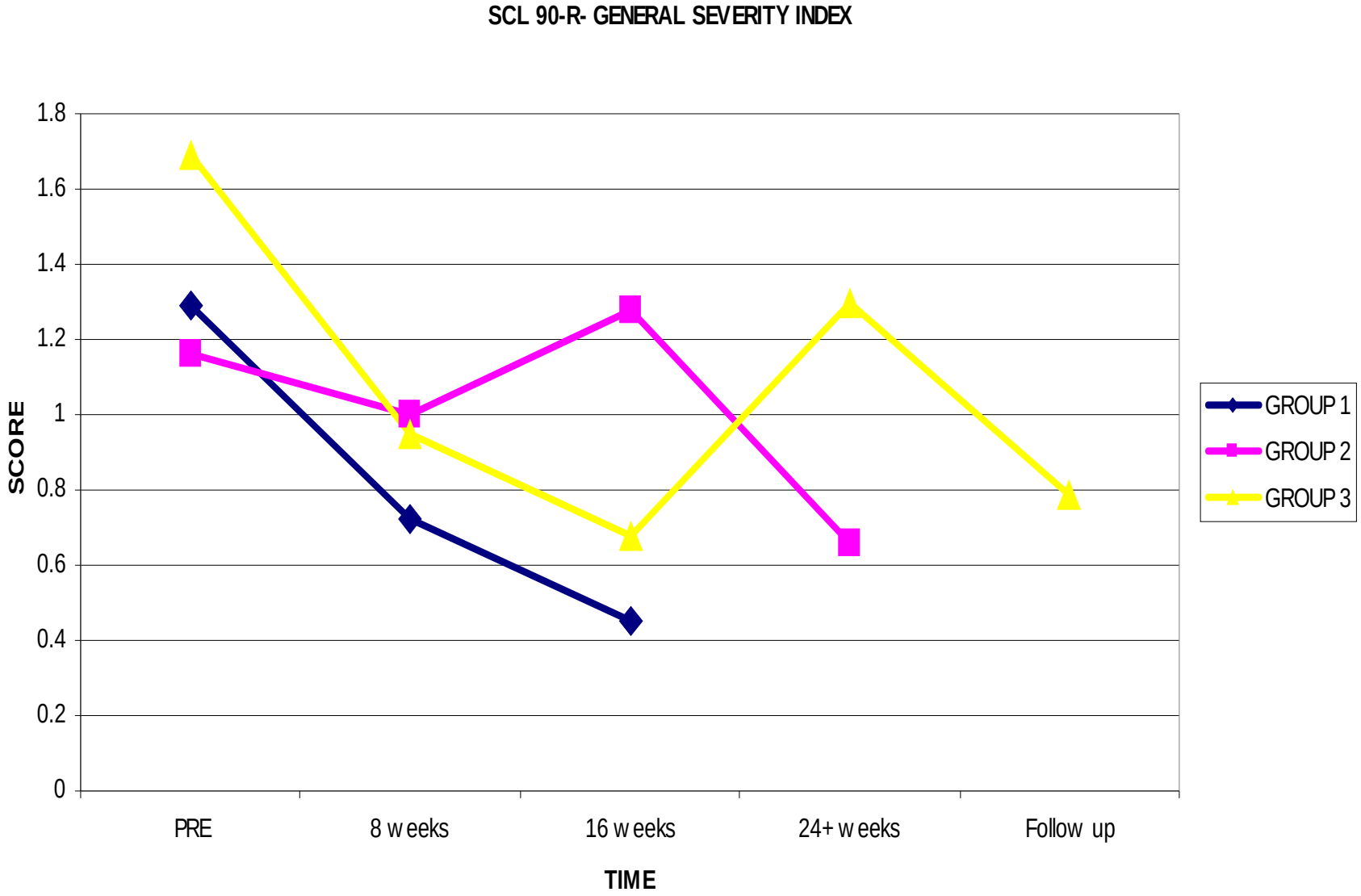
Measures

SCL-90-R

Inventory of Interpersonal Problems-32

Rosenberg Self Esteem Questionaire

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


SCL 90-R- GENERAL SEVERITY INDEX
1.8
1.6
1.4
1.2
1
0.8
0.6
0.4
0.2
0
SCORE
PRE
8 weeks
16 weeks
24+ weeks
Follow up
TIME
GROUP 1
GROUP 2
GROUP 3

Evolution of research

- Idea put into practice
- Case reports
- Case series
- Open trials
- **Quasi-Experimental studies**
- Experimental studies

Bichard, Sinason & Usiskin (1996, NADD).

Design

Individual & Group

Waiting list matched

Pre, interval, post

n Treatment = 7

Waiting = 7

Measure

Draw a person test

Results

Significant changes on the draw a person test for treatment group at yr 1 & yr 2.

- No change for waiting list group.

Evolution of research

- Idea put into practice
- Case reports
- Case series
- Open trials
- Quasi-Experimental studies
- **Experimental studies**

No studies so far

Design

Randomisation of homogeneous participants into experimental (treatment) and control (no treatment or a different treatment) conditions

Results

Compare any difference in outcome

Overall Conclusions on outcome

- Generally the evidence base is thin
- Positive gains are made
- Lack of controlled studies
- All studies conducted in routine practice
- Researchers have allegiance to treatment model

Why lack of progress

- Attitudes
- Apparent preference to provide or evaluate group CBT.
- Resistance of psychodynamic psychotherapist to outcome research
- Lack of funding for service development & research
- Methodological issues & difficulties

Methodological problems

- Shortage of Reliable and valid outcome measures
- Participant consent to treatment, being a research participant and randomisation.
- Obtaining homogeneous samples of sufficient size.
- Adequate power to detect change and differences between conditions

Design issues

Homogeneity

- Level of intellectual ability
- Diagnosis (no co-morbidity)
- Level of distress at entry
- Age, sex, ethnicity

Design Issues

Therapy and therapists

- Length of treatment?
- Therapist experience
- supervision
- Manualisation
- monitoring

Length of Treatment- Psychodynamic

Study	
Beail 1998,	3 – 43 months
Beail 2001	4 – 43 months
Beail et al 2005	8 – 48 sessions
Birchard et al	2 years

Reliable and valid outcome measures

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

Barnsley & Sheffield Team

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

Problems with current approach

- Measures inducted from general population research
- All need rewording
- Simplified response format
- Assisted completion
- Long
- Published scales are expensive

Psychological Therapies Outcome Scale for People who have ID

Nigel Beail, Tom Jackson &
Nik Vlissides

Problem

- People who have ID present with a range of psychological problems but in much smaller numbers
- Multi-trait measures have greater utility in service settings

Alternative

Develop scales specifically

- for use with people who have ID
- that address their presenting problems
- that psychological therapies can have an impact on

Method

- Consultation with providers of psychological therapies through focus groups
- 110 participants
- Question asked “Change on what dependent variables would demonstrate that their psychological therapy was working?”

Results

Pool of dependent variables generated including

Anxiety

OCD

Anger

Challenging behaviours

Depression

Psychosis

Self esteem

Interpersonal functioning

Quality of life

Psychological wellbeing

Results

- Measurement needs to be quick and easy
- Usable in routine practice
- Covers a range of variables
- Cheap

Agreed key areas

- Anxiety
- Anger
- Depression
- Psychological Wellbeing
- Self esteem
- Interpersonal functioning

Areas left out

- Quality of Life
- Challenging Behaviour (Use a tool such as BPI)
- Psychosis (questionable for a outcome measure)

Method:
Development of an item pool

- Diagnostic manuals
- Diagnostic tools
- Published studies of psychometric evaluations of mental health assessments.

Development of an item pool

- Found considerable overlap and repetition across manuals and tools (not surprising)
- Looked for items that had best psychometric properties in published studies with adults who have ID

Item Pool

- Identified 30 items that had good psychometric properties in other studies (Face Validity, Construct Validity, Reliability etc.).

- Team looked at these and found they grouped into 5 scales

New measure

- Depression 7 items
- Anxiety 6 items
- Anger 6 items
- Interpersonal wellbeing 5 items
- Psychological wellbeing/self worth 6 items

Outcomes

- Depression score
- Anxiety score
- Anger score
- Interpersonal wellbeing score
- Psychological wellbeing/self worth score
- Severity Index
- Wellbeing Index

Response format

- Kellett et al (1999,2003, 2005) demonstrated that a 0-4 Likert Scale can be used in an assisted completion format.
- However, other single trait measures have used shorter scales
- Carried out a frequency analysis of scale points in 493 completed BSIs
- Found “Quite a lot” was used infrequently.
- Decided on 0-3 scale with supporting visual aid.

Currently

- Measure has been pre - piloted in our clinic and modifications made to the wording.
- Opinions sought from other service providers
- Feed back: that a carer version would be useful for those who are not able take part in the assessment.
- Carer version now developed
- Now both versions are being piloted

Next stage

When sufficient completed

- Internal consistency
- Concurrent validity (BSI and PASSAD)
- Test retest

When bigger numbers

- Construct validity (factor analysis)
- Discriminative validity

Single Case Experimental Designs (SCED)

- Kellett et al (2009, Advances in Mental Health and ID) demonstrate how SCED can be applied in the evaluation of pp with people who have ID
- Both clients presented with problem behaviour that could be recorded daily

Process Research

- Only one study

Newman and Beail (2002 JIDR & 2005 AJMR)

- *Design*

Series of 8 participants

Individual psychodynamic psychotherapy

Tape recording of sessions 1,4 & 8

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

Illustrative case study

From denial to acceptance of sexually offending behaviour: a psychodynamic approach.

Beail (In press) British Journal of Forensic Practice

An investigation into the defences used by adults with intellectual disabilities

David Newman and Nigel Beail (2010)

JIDR

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

Service user satisfaction with individual psychological therapy

Two studies

Outcomes Based Accountability Approach (Friedman, 2005

Assesses performance focussing on

- How much did we do (Number of patients/sessions)
- How well did we do it (User satisfaction)
- Is anyone better off (outcomes/change)

How well did we do?

AIM

- To look at service user satisfaction with individual psychological therapy delivered in an out-patient setting.

Previous studies

Lack of studies looking at satisfaction with psychological therapy

- 1 qualitative study of group therapy

User Views

- Merriman & Beail (2009, Advances in Meatl Health and LD))

Design

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

User's Views

Results

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

User's views

- Recipients found therapy helpful
- Recipients feel positive about their therapist and the service
- Report perception of positive change
- Anxiety regarding being critical and treatment being withdrawn
- Dependency
- Having to change therapist due to uncontrollable factors

Quantitative study

Khan and Beail

University of Sheffield, UK

Participants

- N = 20
- Age range 17 – 64 Years (M = 31.1)
- 12 Men & 8 Women

- Attended for 10-31 sessions (M = 14.1)

- Range of presenting problems (e.g. bereavement, depression, anxiety, offending, anger)
- Psychodynamic =15, Counselling = 2, CBT = 3

Method

Design

- Quantitative

Measures

- Experience of Service Questionnaire (Commission for Health Improvement, 2002)

- The Satisfaction with Therapy and Therapist Scale – Revised (Oei & Shuttleworth, 1998; Oie & Green, 2008)

Method

The wording on the questionnaires was changed to make them assessable to people who have ID.

I feel that the people who saw me listened to me

Became

I feel Fred listened to me

Method

Procedure

- Service users were invited to participate in the study after therapy was concluded.
- Interviews took place in the out-patient clinic by the researcher or graduate psychologists.

Method

- Questionnaires administered in an assisted completion interview.
- 5 point scale (Disagree a lot – Agree a lot)
- Words, numbers and faces

Results ESQ
M (SD, Range)

1 I feel that _____ listened to me	4.3 (0.9, 1-5)
2 It was easy to talk to _____	4.2 (0.9, 1-5)
3 I was treated well by _____	4.6 (0.6, 3-5)
4 My views and worries were taken seriously	4.3 (0.7, 3-5)
5 I feel _____ knew how to help me	4.3 (0.6, 3-5)
6 I was given enough information about the sessions I had	4.3 (0.7, 3-5)
7 The waiting room was nice and comfortable	4.5 (0.6, 3-5)
8 The room we talked in was nice and comfortable	4.3 (1.1, 1-5)
9 My appointments are usually at a good time	4.3 (0.7, 3-5)
10 It is easy to get to the place where I had my appointments	4.3 (0.6, 3-5)
11 I found the sessions helped me with my problems	4.3 (0.7, 3-5)
12 If a friend needed this sort of help, I would suggest he/she should come here	4.3 (0.6, 3-5)
13 Overall, the sessions I got here are good	4.3 (0.6, 3-5)

Results STTS-R

	End of therapy mean, SD and range
1 I am happy with the sessions I had	4.4 (0.6, 3-5)
2 _____ listened to what I was trying to say	4.3 (0.8, 2-5)
3 I got what I wanted from the sessions	4.3 (0.7, 3-5)
4 _____ told me what was going to happen in the sessions	4.3 (1.0, 1-5)
5 I would recommend seeing someone like _____ to a friend	4.2 (1.1, 1-5)
6 _____ was not negative and did not criticize me	4.4 (0.5, 4-5)
7 I would come again if I needed help	4.3 (0.7, 3-5)
8 _____ was friendly and warm towards me	4.4 (0.6, 3-5)
9 I am able to deal with my problems better than before	4.1 (1.1, 1-5)
10 I could say what I wanted to say	4.2 (1.0, 1-5)
11 I could talk about what was important to me	4.4 (1.0, 1-5)
12 _____ could understand what I was thinking and feeling	4.1 (0.9, 1-5)

Conclusions

- Generally recipients of psychological therapy rated the experience as very positive
- Tendency of recipients is to be positive.
- Response rate to invitations was 51% so what would the rest have said?
- How does satisfaction related to outcome?

Key points

- Literature is dominated by case study material
- Research on Outcomes is emerging but very slowly
- Only one process study
- Little research on key psychodynamic variables e.g. defences
- No research on contributing factors e.g. therapeutic relationship.
- Little research on service user satisfaction.