

MHLD CONSENSUS QUESTIONNAIRE

Name:	Date:
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The following statements concern suggested adaptations to, and important considerations during the administration of, psychological interventions to treat mental health difficulties in people with a learning disability.

Statements are split into two sections, structure and content of sessions.

For each of the statements please indicate your agreement as to their appropriateness and utility by circling one number in each row. The scale works as follows:

**Number 1:** Strongly disagree with this adaptation.

**Number 5:** Neither agree nor disagree.

**Number 9:** Strongly agree that this is a useful and appropriate adaptation.

There is also room to provide comments, if you wish.

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<b>Structure</b>									
<b>Statements concerning adaptations to the structure of treatment for people with learning disabilities who have mental health difficulties.</b>	<b>Scale</b>								
	<b>Strongly disagree</b>						<b>Strongly agree</b>		
1. The duration and pace of each session should be modified according to the capacity of the individual to engage. For example, sessions should be shorter in duration, slower paced and more frequent than for people without a learning disability.	1	2	3	4	5	6	7	8	9
Comments:									
2. The person's ability to correctly identify and label their emotions, and identify situations or thoughts which may make them feel a certain way, should be evaluated prior to commencement of therapy.	1	2	3	4	5	6	7	8	9
Comments:									
3. A course of treatment may need to be longer, with sessions closer together, than for people without a learning disability to allow more time to establish a therapeutic alliance, for learning, and for consolidation of concepts.	1	2	3	4	5	6	7	8	9
Comments:									
4. Structure sessions using an agenda or visual timetable which sets out what the session aims to achieve, with the goals of the intervention clearly indicated.	1	2	3	4	5	6	7	8	9
Comments:									
5. Use a written or visual agenda depending on the capabilities of the individual.	1	2	3	4	5	6	7	8	9
Comments:									
6. The choice of intervention and introduction of subsequent adaptations should be informed by the person's strengths and weaknesses, employing areas of relative strength, such as verbal abilities in people with William's Syndrome, as much as possible.	1	2	3	4	5	6	7	8	9
Comments:									

7. The importance of routine should be considered when establishing a treatment plan and scheduling appointments. For example, scheduling at the same time and in the same place as often as possible and that sessions follow a consistent format.	1	2	3	4	5	6	7	8	9
Comments:									
8. Ensure that the individual's needs, including physical disabilities, distractibility and sensitivity to noise, are considered carefully when choosing a location for therapy sessions.	1	2	3	4	5	6	7	8	9
Comments:									

<b>Structure</b>									
1. Deliver interventions face-to-face.	1	2	3	4	5	6	7	8	9
Comments:									
<b>Content</b>									
<b>Statements concerning adaptations to the content of psychological intervention sessions for people with learning disabilities who have mental health difficulties.</b>	<b>Scale</b>								
	<b>Strongly disagree</b>						<b>Strongly agree</b>		
1. All aspects of the intervention, including the setting of goals and evaluation of progress, should be as collaborative as possible.	1	2	3	4	5	6	7	8	9
Comments:									
2. Consider reducing the reliance upon written materials and activities, such as workbooks and diaries. For example, consider using materials such as pictures and simple diagrams.	1	2	3	4	5	6	7	8	9
Comments:									
3. Continue to use written materials and activities such as homework diaries and workbooks, but provide support to the person to use these.	1	2	3	4	5	6	7	8	9
Comments:									

4. Use concrete examples, visual methods and practical demonstrations to explain concepts.	1	2	3	4	5	6	7	8	9
Comments:									
5. If the individual has a specific area of interest it may be helpful to try and use this to improve understanding and engagement with sessions.	1	2	3	4	5	6	7	8	9
Comments:									
6. It is important to adapt to the individual's level of understanding.	1	2	3	4	5	6	7	8	9
Comments:									
7. If thought to be helpful, undertake some initial work to help the person to identify and label their own emotions.	1	2	3	4	5	6	7	8	9
Comments:									
8. Identify and use the terms clients themselves use to describe their emotions.	1	2	3	4	5	6	7	8	9
Comments:									
9. Provide opportunities to practise and generalise any new skills developed through treatment.	1	2	3	4	5	6	7	8	9
Comments:									
10. Ensure systems are in place to support practice between sessions.	1	2	3	4	5	6	7	8	9
Comments:									
11. Consider whether the individual has difficulty generalising information across different settings such as home, school, and therapy. If so, provide support to achieve this.	1	2	3	4	5	6	7	8	9
Comments:									
12. Employ a range of aids to facilitate communication and understanding including: clear, straight-forward language, role plays, visual and practical aids and modelling.	1	2	3	4	5	6	7	8	9
Comments:									

Mental health problems in people with learning disabilities  
 Appendix T: Nominal group technique questionnaires

13. Consider involving a family member or carer to facilitate engagement.	1	2	3	4	5	6	7	8	9
Comments:									
14. Consider involving a family member or carer to assist with implementation.	1	2	3	4	5	6	7	8	9
Comments:									
15. Support individuals to identify and reflect on change and progress after treatment using different methods such as a thermometer or numerical scale.	1	2	3	4	5	6	7	8	9
Comments:									

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