

MHLD CONSENSUS QUESTIONNAIRE

Name:	Date:
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Adaptations to psychological interventions for people with mild to moderate LD

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 **mild or moderate** learning disability.

Recommendations about adaptations to psychological interventions will be informed from the nominal group statements in which there is at least 80% agreement. These 'adaptation' recommendations will follow initial recommendations about which psychological interventions should be considered in those with mild to moderate LD and a mental health problem which will be based on the evidence presented to the committee (draft recommendations will be discussed with the group).

Statements are split into several sections; General (p. 2), Setting (p. 2), Structure (p. 2-3), Content (p. 4-6) and Involving others (p. 7). Please ensure you have checked both sides of each sheet of paper, so that no items are missed.

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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General									
	Scale								
	Strongly disagree						Strongly agree		
1. People with a learning disability may have a broad range of sensory, physical, cognitive and communication difficulties; any adaptations to psychological treatments should be informed by careful assessment of the person and tailored to their needs.	1	2	3	4	5	6	7	8	9
Comments:									
Setting									
Statements relating to adaptations to the setting in which psychological interventions may be provided for people with learning disabilities and mental health problems.	Scale								
	Strongly disagree						Strongly agree		
1. Ensure that the chosen setting provides sufficient privacy (such as when offering treatment on an outreach basis).	1	2	3	4	5	6	7	8	9
Comments:									
2. When choosing a location for therapy sessions ensure that the person's needs, for example neurological or physical health problems or sensory sensitivities, are taken into account.	1	2	3	4	5	6	7	8	9
Comments:									
3. The mode of delivery of an intervention, for example face-to-face or online, should be decided based on the person's needs rather than the preference of the service.	1	2	3	4	5	6	7	8	9
Comments:									
Structure									
Scale									

Statements relating to adaptations to the structure of psychological interventions provided to people with learning disabilities and mental health problems.	Strongly disagree						Strongly agree		
1. The choice of intervention and introduction of adaptations should be informed by the person's strengths and weaknesses identified during assessment, drawing on areas of relative strength as much as possible.	1	2	3	4	5	6	7	8	9
Comments:									
2. When establishing a treatment plan and scheduling appointments, whether routine is important to, or would be helpful for, the person should be taken into account.	1	2	3	4	5	6	7	8	9
Comments:									
3. For some people with a learning disability, for instance those with autistic traits or memory impairments, scheduling therapy sessions at the same time of day/week and in the same place, and ensuring that sessions follow a consistent format, can be beneficial.	1	2	3	4	5	6	7	8	9
Comments:									
4. The duration of each therapy session should be modified according to the person's needs.	1	2	3	4	5	6	7	8	9
Comments:									
5. Therapy sessions may need to be shorter or longer than the standard clinical hour or breaks may need to be provided.	1	2	3	4	5	6	7	8	9
Comments:									
6. The pace of each therapy session should be modified according to the person's needs.	1	2	3	4	5	6	7	8	9
Comments:									
7. Therapy sessions may need to be slower paced and/or include more repetition of key concepts.	1	2	3	4	5	6	7	8	9
Comments:									
8. Thought should be given to the frequency of therapy sessions, taking into account clinical need and the frequency of the person's other appointments.	1	2	3	4	5	6	7	8	9

Comments:										
9. In order to guide individualisation of the intervention, the person's ability to identify their emotions, and thoughts or situations which make them feel a certain way, should be evaluated before starting treatment.	1	2	3	4	5	6	7	8	9	
Comments:										
10. A course of treatment may need to be longer than for people without a learning disability to allow more time for learning and consolidation of concepts.	1	2	3	4	5	6	7	8	9	
Comments:										
11. Consider providing reminders to assist in the completion of homework tasks.	1	2	3	4	5	6	7	8	9	
Comments:										

Content										
Statements concerning adaptations to the content of psychological intervention sessions for people with learning disabilities who have mental health difficulties.	Scale									
	Strongly disagree							Strongly agree		
1. Maintain an awareness of the potential impact of the person's experiences of stigma and prejudice on engagement with therapy.	1	2	3	4	5	6	7	8	9	
2. Clinicians should be careful to communicate with the person with a learning disability and mental health problem directly, rather than talking about, or over them.	1	2	3	4	5	6	7	8	9	
3. Psychological interventions should be adapted to the person's level of understanding.	1	2	3	4	5	6	7	8	9	
4. If indicated by assessment, initial work may be undertaken to help the person to identify and label their own emotions.	1	2	3	4	5	6	7	8	9	

5. The terms that the person uses to describe their emotions should be used during therapy sessions.	1	2	3	4	5	6	7	8	9
6. All aspects of the intervention, including the setting of goals and evaluation of progress, should be developed collaboratively with the person.	1	2	3	4	5	6	7	8	9
7. Agreed goals for the intervention should be clear and concrete.	1	2	3	4	5	6	7	8	9
8. The agenda for the session should be communicated in the way most suited to the person, for example in a written format, visually, orally or a combination of these.	1	2	3	4	5	6	7	8	9
9. A range of aids to facilitate communication and understanding should be used including role play, visual and practical aids and modelling.	1	2	3	4	5	6	7	8	9
10. Explanations should be provided in clear, straightforward language; complicated sentences should be avoided.	1	2	3	4	5	6	7	8	9
11. Abstract visual stimuli, such as symbols, may require explanation as to their meaning and purpose.	1	2	3	4	5	6	7	8	9
12. Repeating key messages can help the person remember them.	1	2	3	4	5	6	7	8	9
13. It may be helpful to regularly summarise and review the material covered.	1	2	3	4	5	6	7	8	9

14. It may be helpful to check understanding at regular intervals and clarify areas of confusion.	1	2	3	4	5	6	7	8	9
Comments:									
15. Depending on the person's needs and preferences, reducing reliance on written materials and activities (such as workbooks and diaries) and using materials such as pictures and diagrams, should be considered.	1	2	3	4	5	6	7	8	9
Comments:									
16. If written materials and activities such as (workbooks and diaries) are used, it should be assessed whether the person will require any support to use these.	1	2	3	4	5	6	7	8	9
Comments:									
17. The use of abstract examples should be avoided as much as possible. Concrete examples, visual methods and practical demonstrations should be used to explain concepts.	1	2	3	4	5	6	7	8	9
Comments:									
18. If the person has a specific area of interest, consider incorporating this into therapy sessions to improve engagement and understanding of concepts. It should be borne in mind that this may not be a helpful approach with people who are very perseverative or have a rehearsed script around a topic.	1	2	3	4	5	6	7	8	9
Comments:									
19. In-session opportunities to practise and generalise new skills, depending on the person's needs, should be considered.	1	2	3	4	5	6	7	8	9
Comments:									
20. Thought should be given to the best way of supporting people to identify and reflect upon change both during and at the end of the intervention.	1	2	3	4	5	6	7	8	9
Comments:									
21. The choice of progress and outcome measure should be based on the person's needs and understanding, and could include tools such as face scales, thermometers to depict anger or distress, or numerical scales.	1	2	3	4	5	6	7	8	9
Comments:									

Involving others									
Statements concerning involving others in psychological intervention sessions for people with learning disabilities who have mental health difficulties.	Scale								
	Strongly disagree						Strongly agree		
	1	2	3	4	5	6	7	8	9
1. If appropriate, a family member or carer may be involved in the therapeutic process to facilitate engagement.									
Comments:									
2. If appropriate, involving a family member or carer may help to assist with implementation of the intervention, including in the person's everyday life.									
Comments:									
3. It should be discussed with the person whether they require any support to practice new skills between sessions. If support is required, liaise with relevant individuals or services to ensure that this is put in place.									
Comments:									
4. If appropriate, a family member or carer may help maintain change after the therapy has finished by supporting the individual to continue using strategies learned.									
Comments:									
5. Care needs to be taken to avoid inviting family or carer members to take part in the therapy if they are in conflict with the individual or involved in the individual's distress.									
Comments:									
6. When considering whether to involve the family or carer member in therapy the individual with a learning disability and a mental health problem should be asked for their views.									
Comments:									

7. If the person is experiencing difficulties generalising information learnt within sessions to other settings, discuss with the person how to address this and liaise with relevant individuals or services to implement necessary support.	1	2	3	4	5	6	7	8	9
Comments:									

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