NHS Education for Scotland

The Matrix Evidence Tables

PEOPLE WITH LEARNING DISABILITIES

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The Scottish Government

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INTRODUCTION

THERE IS A GROWING RECOGNITION OF MENTAL HEALTH PROBLEMS EXPERIENCED BY PEOPLE WITH LEARNING DISABILITIES (COOPER AND VAN DER SPECK, 2009), AND THE NEED TO DEVELOP EFFECTIVE PSYCHOLOGICAL THERAPIES TO ADDRESS THESE DIFFICULTIES.

Epidemiological evidence indicates that there is a higher incidence and prevalence of mental health problems than that found in the general population (Cooper et al, 2007) and important best practice guidelines have been produced (Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and Language Therapists, 2007).

A frequent reason offered for the lack of attention paid to mental health problems presented by people with learning disabilities is due to diagnostic overshadowing. This means that because attention is focussed on cognitive difficulties or problems with adaptive behaviour, there is a failure to notice signs of emotional distress. However, there are other difficulties with diagnosis and intervention. In common with other groups, there is a great deal of co-morbidity, and challenging behaviour and mental health problems often occur together (Cooper et al, 2007). Individuals described as having learning disabilities are a heterogeneous group, and those with more significant impairments may be unable to report their symptoms of distress, making it difficult to use existing diagnostic categories. The referral route is also different and people with learning disabilities rarely refer themselves for help with emotional problems, relying on others to identify their problems and seek professional input on their behalf.

Psychological therapies with a proven efficacy in the general population are being adapted for use with people who have learning disabilities. The emerging evidence for cognitive behavioural interventions (CBT) is encouraging, but further process and outcome research is required to establish the effectiveness of these interventions and underlying mechanisms of change.

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There are limits to the use of talking therapies with this population, and findings would suggest that interventions like CBT only have the potential to be effective with people who have mild to moderate learning disabilities (Taylor, Lindsay and Willner, 2008). Other approaches, including psychodynamic and systemic interventions, have been adapted for use with this population. However, in common with CBT, certain therapies are only likely to be helpful with people who have mild to moderate learning disabilities and may not be accessible for those with more significant impairments. Art and music therapists can have an important role, especially with those who have limited expressive or receptive verbal communication (Pounsett, Parker, Hawtin & Collins, 2006). Collecting data about the effectiveness of such innovative practice is necessary to properly represent the range of psychological therapies carried out in this field.

There is a longstanding history of positive behavioural approaches to challenging behaviour presented by people with learning disabilities, which is one of the main reasons that individuals are referred for psychological help (Emerson et al 2000). One drawback for The Matrix is that much of the challenging behaviour research has been experimental work in specialist settings, and there is a need to build a better evidence base about sustainable interventions in ordinary community settings. Positive behavioural interventions have evolved to provide effective help for individuals living in community settings (Carr et al 1999), with a growing emphasis on working alongside those providing clients with formal and informal support. This underlines the fact that psychological interventions for people who have learning disabilities are rarely clinic based, and usually carried out on an outreach basis in an attempt to ensure the therapeutic work is ecologically valid and translates into observable improvement in life circumstances.

It also fits well with the recovery principle set out in the framework given for The Matrix. Working with individuals who are likely to be receiving other forms of support means

THERE IS A LONGSTANDING HISTORY OF POSITIVE BEHAVIOURAL APPROACHES TO CHALLENGING BEHAVIOUR PRESENTED BY PEOPLE WITH LEARNING DISABILITIES

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that psychological therapies are frequently delivered as part of a multi-disciplinary package. Providing focussed training and guidance for families and paid carers is particularly important when implementing behavioural interventions.

It is also noteworthy that the pace of therapeutic change for people with learning disabilities is likely to be slower. Consequently, interventions are likely to take longer and be at a higher level of intensity than equivalent interventions in the general adult population.

Using randomised control trials to investigate therapeutic interventions for seriously challenging behaviour poses ethical problems for researchers. Moreover, the small numbers of individuals with discrete diagnoses of mental health problems can make it difficult to carry out properly powered trials. Therefore, there is a limited amount of pertinent research available for the learning disability matrix, and it is vital to broaden the evidence base and build on current good practice in the field.

THE PACE OF THERAPEUTIC CHANGE FOR PEOPLE WITH LEARNING DISABILITIES IS LIKELY TO BE SLOWER

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ANGER

Level of Severity	Level of Service	Intensity of Intervention	What Intervention?	Recommendation
Moderate to borderline learning disability. Clinically significant anger problems.	Specialist community services for people with learning disabilities.	High	Group anger management - cognitive and behavioural.	A [1, 2]
Moderate to borderline LD. Clinically significant anger problems.	Inpatient forensic service	High	Individual cognitive behavioural therapy for anger.	A [3, 4]

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ANXIETY

Level of Severity	Level of Service	Intensity of Intervention	What Intervention?	Recommendation
Moderate to severe learning disability. Severe / enduring.	Secondary Care / Specialist Services.	High	Behavioural Relaxation Training	B [1]

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CHALLENGING BEHAVIOUR

Level of Severity	Level of Service	Intensity of Intervention	What Intervention?	Recommendation
Severe / enduring	Secondary Care / Specialist Services	High	Functional analysis and behavioural interventions Use of functional analysis to determine antecedent management, including stimulus control, setting events, establishing operations, differential reinforcement, adjustment of environmental variables and those internal to the person.	A [1, 2, 3, 4, 5]
Severe / enduring	Secondary Care / Specialist Services	High Multi-modal	Positive behavioural support Values based activity and support planning with effective assistance to involve the person in meaningful activity; environmental redesign. Incorporates proactive strategies for reducing the likelihood of the occurrence of the behaviour, and reactive plans for managing the behaviour when it occurs. Incorporates individual and carer/systems change approaches.	A [3]
Severe / enduring	Secondary Care / Specialist Services	High Multi-modal	Active support Patient focused interactive training and coaching for carers in active support for meaningful engagement in activities.	B [9, 10]

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Level of Severity	Level of Service	Intensity of Intervention	What Intervention?	Recommendation
Severe / enduring	Secondary Care / Specialist Services	High	Functional equivalence / Functional communication training Teaching alternative adaptive responses, new skills or ways of communicating to gain the same outcome, without using challenging behaviours.	A [3, 6]
Severe / enduring	Secondary Care / Specialist Services	High	Extinction Extinction should only be considered for non-dangerous behaviours, i.e. not aggressive, destructive or self-injurious behaviour.	A [5]
Severe / enduring	Secondary Care / Specialist Services	High	Specialist Teams Use of a specialist behaviour therapy team in addition to standard treatments is both more effective and more efficient in reducing challenging behaviours and may have financial advantages over standard treatment	A [8]
Severe / enduring	Secondary Care / Specialist Services	High	Social problem solving Teaching skills to devise an effective strategy in a given situation where challenging behaviour may occur. Taught in addition to specific skills to cope in these situations.	B [11]

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DEPRESSION

Level of Severity	Level of Service	Intensity of Intervention	What Intervention?	Recommendation
Mild to moderate learning disability and mild to severe levels of depression.	Specialist community service	Low	Group CBT with an additional component concerning social support.	B [1, 2]

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PSYCHOSIS

Level of Severity	Level of Service	Intensity of Intervention	What Intervention?	Recommendation
Mild to borderline learning disability. Severe / enduring	Primary Care	High	Individual CBT	B [1]

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