Emotion management for people with severe learning disabilities

Meeting weekly, a group of teenagers was helped to cope with issues around change and relationships using techniques adapted from cognitive behaviour therapy. Kirsten Andrews, Rowena Rossiter and colleagues report

Summary

Team Mate was a pilot emotion management group for students with severe learning disabilities, held at their further education unit. The group was run collaboratively by education and health professionals and planned, delivered and evaluated in line with current policy and evidence. Adapting cognitive behaviour therapy for people with learning disabilities, the group focused on feelings, relationships, change and coping.

Evaluation showed that most participants enjoyed the group and learned new skills. The Team Mate approach is undergoing further development based on participant and facilitator feedback.

Keywords

Cognitive behaviour therapy, relationships, coping

TEAM MATE was a pilot emotion management group for years 12 and 13 (sixth-form) students at a secondary school for pupils with severe learning disabilities. Education and health professionals collaborated to run the group, drawing on adapted cognitive behaviour therapy (CBT) for people with learning disabilities. The aim was to enable students to learn to identify and discuss different emotions, relationships, changes and endings, and the feelings they may provoke, as well as to explore strategies that might help them to manage those feelings successfully. The group was also taught simple relaxation techniques.

This approach was developed in response to an identified clinical need, but it also addresses developments in government policy. For example, key outcomes for children and young people from Every Child Matters (Department for Education and Skills (DfES) 2003) include being healthy (physical and psychological wellbeing), staying safe, enjoying and achieving, and making a positive contribution. Valuing People (Department of Health (DH) 2001) recognises that children and young people with learning disabilities are particularly vulnerable to mental health problems, with adolescence being a time of transition and emotional upheaval requiring support.

Emotionally vulnerable

Although research shows that children, young people and adults with learning disabilities have a higher rate of psychological and mental health difficulties – 36 per cent of children and adolescents with a learning disability have a diagnosable psychiatric disorder, compared with 8 per cent of the general child and adolescent population (Emerson and Hatton 2007) – research has also highlighted how the emotional lives of people with learning disabilities have often been neglected (Arthur 2003).

Many other policies, including the national service frameworks for children and young people (DH and DfES 2004) and for mental health (DH 1999), Improving Access to Psychological Therapies Positive Practice Guide (DH 2007a), New Ways of Working (DH 2007b), National Institute for Clinical Excellence (NICE) guidance (2005), Social and Emotional Aspects of Learning (Department for Children, Schools and Families (DCSF) 2005) and Count Us In (Foundation for People with Learning Disabilities 2002), all highlight the need for early intervention and better mental health provision. Clinical guidelines for children and young people and adults (for example, NICE 2004, 2005) recommend CBT for anxiety and depression. Furthermore, practice guidance has highlighted the need for, and ways of, providing mental health support for children and young people with learning disabilities (Pote and Goodban 2007, Wolpert et al 2006).
Adaptations of CBT provided through groups for people with learning disabilities have appeared in the literature for more than 20 years (see, for example, Benson et al 1986, Rossiter et al 1998, Whelan et al 2007). All report positive outcomes for group CBT interventions with people with learning disabilities. Whelan et al (2007) described a group CBT approach with adults with learning disabilities, mental health needs and low self-esteem. They concluded that the approach shows promise with this group of clients and suggest that both the CBT and the group dynamics were helpful for change. Beail (2003), however, cautions that much of the evidence is ‘practice-based evidence,’ rather than ‘evidence-based practice,’ and relates to small numbers of case studies. He also notes that lack of evidence is not, in itself, evidence of ineffectiveness.

One of the authors of this article has investigated an adapted CBT programme with adults with moderate to severe learning disabilities, suggesting that group interventions may increase participation in, and effectiveness of, psychological interventions, compared with individual approaches. Furthermore, more generalised emotional management interventions, for example, ‘Be Cool-Stay Calm’, ‘Coping with Change’ and ‘Anti-Bullying’ groups, may be more effective than groups focused on single problems, such as anger or anxiety management. However, there are no studies comparing or researching these factors in the evidence base.

Promoting positive mental health and resilience in younger people should improve mental health in adulthood, reducing the need for mental health services later and improving quality of life. Using schools as a setting for mental health promotion enhances accessibility, links with a growing emotional focus for learning (DCSF 2005), develops skills for life and allows the development of a positive emotional culture with more emotionally aware and developed children in a non-stigmatising way and place (Stallard et al 2007).

**Planning**

The group was planned and facilitated by a teacher and teaching assistant from the school and a community nurse and trainee clinical psychologist from the community team for people with learning disabilities. The group was supervised by a consultant clinical psychologist. Six male students aged between 17 and 19 years were chosen by school staff to participate. They were all identified as having some emotional difficulties and some had been referred for individual specialist intervention. Three of the group’s facilitators were male, one was female.

Multidisciplinary planning meetings took place to discuss the purpose of the group, number and length of sessions and when the group could start. Potential content, materials and methods were discussed. It was agreed that feelings, both positive and negative, and changes (and the feelings these can provoke) would be used as the framework for the group. It was considered particularly important to focus on changes because all members of the group were approaching their final years in school and would be experiencing change. As change is a feature of all people’s lives, it provides a broad, normalised and constructional framework, as opposed to using a pathologising ‘problem-focused’ framework (Swartz and Goldiamond 1975).

Leaving school provided a specific, concrete topic for group participants to focus on in developing helpful coping strategies for managing feelings and change. This major change could be planned for, and any relevant skills learned could be generalised to other changes in life.

Following discussion, detailed draft session plans were produced. Session plans drew on adapted CBT material for people with learning disabilities, including the literature cited earlier and guidance developed by the local NHS trust, adapted CBT and other material for children and young people on the autistic spectrum (for example, Attwood 2001), and CBT for children and young people in a mainstream setting (Stallard 2002) together with the combined experience of the education and health staff.

**Weekly sessions**

The group met at school for eight weekly sessions, each lasting 45 minutes. All of the sessions covered:

- Introduction, rules, goal setting.
- Feelings: different feelings, what happens when you have a particular feeling (physical, behavioural, emotional and cognitive changes), situations that might provoke certain feelings and strengths of feelings.
- Relationships: different types, who people have relationships with, good and bad things about relationships.
- Coping with difficult feelings: Emotional toolbox incorporating physical, social, relaxation and thinking tools that might help people cope with difficult feelings (Attwood 2001).
- Changes: different changes, how they can make

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you feel, how you can help yourself to feel better.

- Endings: end of group, other endings, how you can help yourself to feel better. Preparation of individual plans and prompts, including keyrings with picture cards representing 'tools' from the toolboxes (Figure 1).

- Final session: recap, evaluation, how to keep using what members have learned.

A variety of methods were used including structured group discussion and practical activities, and homework was set, which included tasks and exercises to practise between sessions.

Activities varied in success with this group of students. One activity using a length of rope to help demonstrate different strengths of feelings (Attwood 2001) appeared to be too abstract for the students. Conversely, the ‘emotional toolboxes’ (Attwood 2001), which contained pictures showing physical, social, relaxation and thinking ‘tools’ or activities that could be used to help manage difficult feelings, were successful. Members of the group participated well in this session and were able to identify which tools helped them in coping with difficult feelings and situations. The use of visual supports (Figure 1) was considered important because they help keep the students’ attention, and aid understanding and communication.

The structure of the Team Mate groups was consistent. The group always began with ‘hook ups’; a method to help focus and concentrate, which the students were already familiar with through their use in school. Hook ups are part of Brain Gym, a programme of body-based movement tools, which aim to improve concentration and learning (Educational Kinesiology Trust 2008).

There is no unequivocal evidence base for the effectiveness of Brain Gym (Swain 2008). However, the hook ups technique did appear to help the Team Mate group to identify the start of each session, focus their attention and settle into the group’s activities. The sessions ended with the simple relaxation exercise of calming breathing. Each week a homework task was set to encourage the students to think about and practise what they had learned between sessions.

Results

The group was evaluated by the students and facilitators separately. The students were given help to carry out their evaluations, which could have influenced the views that they expressed.

Four of the six students enjoyed the group, with five saying that being with their friends was what was good about it. Students were from a range of classes and the group gave them an opportunity to interact with a wider group of peers. Two students identified learning about their emotions as being good, with others praising the group for enabling them to learn about themselves and talk to other people. None of the students could identify what they did not like about being in the group. Five students were happy that the group had finished, with one being angry, possibly because he thought he was still benefiting and wanted the sessions to continue. Half of the students had found the group beneficial. All of the students could identify one or two others whom they thought the group had helped. The teacher who knew the students before their participation in the group said she had noticed a change in three members of the group and that they had particularly benefited from the group.

All the group facilitators found running the group an enjoyable and rewarding experience, and they all considered that the session length was suitable for the needs of the students. The group size was thought to be appropriate because it allowed everyone present to feel relaxed and to contribute in the sessions. Facilitators thought that it was important to have at least one male facilitator with an all-male student group.

The facilitators agreed that some group activities were particularly good but there was certainty about how much some of the students understood the concepts involved in some activities. It was also thought that the students would have benefited from more visual supports throughout the sessions.

From the evaluation it was clear that the students and facilitators enjoyed being part of the ‘Team Mate’ emotion management group and that some of the students benefited from their participation. The
collaboration between education and health staff was considered to have added value to the group by harnessing a wider range of experience, skills and knowledge.

Future groups

Consideration is now being given to running the group again for another group of students. Recent research has shown positive outcomes for mental health promotion and anxiety reduction in children in mainstream schools though universal programmes such as the FRIENDS for Life programme (Barrett 2004, Stallard et al 2007). FRIENDS for Life has also been piloted using adaptations to enable participation by pupils with special educational needs. We are considering further simplification and adaptation to enable pupils with severe learning disabilities to access the FRIENDS for Life programme as an alternative method of running the group. This could also allow comparisons to be made between the Team mate approach and FRIENDS for Life scheme. Other potentially useful resource, such as the SEAL resources (DCSF 2005), may be woven into future groups.

Further changes may include involving parents in the groups, which would assist with practice, generalisation and maintenance of skills. Consideration could also be given to how students are selected to participate in the group. For Team Mate, school staff identified the students they felt would benefit most: these were students with identifiable emotional difficulties, although not all required individual, specialist intervention. An alternative approach would be to run the group with a year group or class of students. This would potentially generate a greater mix of students with and without pre-existing emotion management difficulties, and they may benefit from learning from each other.

Given the vulnerability of young people with learning disabilities to developing emotional difficulties, it seems important that they are given every opportunity to develop their emotion management skills. It may also be appropriate to run the group with younger students and follow up with them again at a later date with a ‘booster’ session when they are older, or to run the group with students with different needs, such as moderate learning disability or autistic spectrum disorders.

The adapted CBT group approach also has relevance to adults with learning disabilities: it could be run as a general wellbeing and/or mental health promotion group, or as a group focusing on people who are experiencing changes in their lives. Team Mate was a pilot group and we plan to repeat and develop the concept further in the light of what we have learned from the students and from our own involvement in the group.

References


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Acknowledgements

The authors would like to thank the students for their willingness to learn and share their experiences, and the whole school community for their support

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