



Review article

Measures of readiness for cognitive behavioural therapy in people with intellectual disability: A systematic review



Joshua Stott*, Georgina Charlesworth, Katrina Scior

Research Department of Clinical, Educational and Health Psychology, University College London, London WC1E 7HB, United Kingdom

ARTICLE INFO

Article history:

Received 26 May 2016

Received in revised form 9 November 2016

Accepted 11 November 2016

Available online 22 November 2016

Number of reviews completed is 2

Keywords:

Cognitive behavioural therapy

CBT

Readiness

Suitability

Intellectual disabilities

Measures

ABSTRACT

Background and Aims: Cognitive behavioural therapy (CBT) is a promising treatment for mental health problems in people with intellectual disabilities but some may not be suited or ready. This review critically evaluates the quality and utility of measures of CBT readiness in people with intellectual disabilities.

Methods and Procedures: Twelve studies of six measures based on three aspects of CBT readiness were identified through systematic review.

Outcomes and Results: Across measures, measurement quality was largely poor or un-assessed. Only one study evaluated measurement change over the course of CBT. Not all participants with intellectual disabilities could 'pass' readiness measures and performance may be affected by levels of language and cognitive functioning. There was some evidence that CBT readiness is trainable with brief interventions.

Conclusions and Implications: Before using readiness measures in a clinical context, further work is needed to extend initial evidence on recognising cognitive mediation as a CBT readiness ability. Given the lack of consensus as to the definition of CBT readiness and the heterogeneity of CBT interventions, future research could also focus on developing readiness measures using a bottom up approach, developing measures within the context of CBT interventions themselves, before further refining and establishing their psychometric properties.

What this paper adds: This paper is the first to systematically review measures of skills thought necessary to be ready for cognitive behavioural therapy in intellectual disabilities. The findings suggest that while readiness skills may be trainable with brief interventions, the available measures of these skills have not been fully evaluated for quality. Levels of functioning on these measures have yet to be established relative to those without intellectual disabilities and critically, there is very little evidence as to whether these skills are important in cognitive behavioural therapy process and outcome. We suggest that future research could focus on those constructs where there is preliminary evidence for utility such as recognising cognitive mediation and also on developing the concept of readiness perhaps by developing measures within the context of specific CBT interventions. Until this is done, clinicians should exercise caution in using these measures to assess readiness for cognitive behavioural therapy in people with intellectual disabilities.

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* Corresponding author.

E-mail address: j.stott@ucl.ac.uk (J. Stott).

Contents

1. Introduction	38
2. Methods	39
2.1. Search strategy	39
2.2. Inclusion and exclusion criteria	39
2.3. Quality assessment	39
3. Results	39
3.1. Study setting and sample characteristics	45
3.2. Measurement quality of tasks used to assess readiness skills	47
3.3. Relationship of these skills to the process of CBT	48
3.4. Performance on readiness skills measures	48
3.5. Trainability of readiness skills	49
4. Discussion	49
5. Conclusions and recommendations	50
Acknowledgements	50
Appendix A. Supplementary data	50
References	50

1. Introduction

Mental health problems are common in people with intellectual disabilities (Cooper, Smiley, Morrison, Williamson, & Allan, 2007) and cognitive behavioural therapy (CBT) is a promising treatment (Vereenoghe & Langdon, 2013). People with intellectual disabilities are a heterogeneous group and CBT is unlikely to be of benefit to all. For those who could use CBT, many may not be 'ready' to do so in an un-adapted form (Dagnan, Chadwick, & Proudlove, 2000). These individuals may need skills training using techniques such as errorless learning to engage in CBT or the therapy may need to be adapted perhaps with greater use of scaffolding (Vygotsky, 1978) to take account of their difficulties (Willner, 2006). In light of this, researchers have sought to measure 'readiness' to help make treatment decisions about how to best adapt CBT or support individuals in accessing it. (Dagnan, Chadwick, Stenfort Kroese, Dagnan, & Loumidis, 1997)

Readiness for CBT has motivational (e.g. expectations of therapy success) and skill components (Willner, 2006). The skill components include those that relate to any talking therapy (e.g. skills in holding a conversation) and aspects specific to CBT (Willner, 2006).

Furthermore, readiness may relate to either behavioural or cognitive elements of CBT (where cognitive refers to ability to change and reflect on thoughts rather than neurocognitive ability and behavioural refers to ability to make behavioural change) (Roth & Pilling, 2008). Readiness skills related to the cognitive elements of CBT are particularly important as these elements are the most cognitively complex elements of CBT and most affected by neurocognitive impairment (Stanley et al., 2013). Furthermore, engagement with cognitive elements is an important aspect of CBT efficacy in people with intellectual disabilities (McGillivray & Kershaw, 2015). The focus of this review is thus on the cognitive elements of CBT.

CBT is not a unitary therapy, but an umbrella term encompassing interventions which have commonality in drawing on behavioural and cognitive models, but differ as to the precise theoretical framework underpinning them (Roth & Pilling, 2008) and thus have potentially different associated readiness skills (Doherr, Reynolds, Wetherly, & Evans, 2005). In the intellectual disabilities literature, measures of readiness (Dagnan et al., 1997) have focussed on an Antecedent Belief Consequence (ABC) model (Ellis, 1991). This model was originally outlined within Rational Emotive Behaviour Therapy (REBT) rather than CBT. Although REBT differs in application from traditional CBT, particularly in its use of disputation as a therapeutic technique (Ellis, 1980), its theoretical underpinnings have significant overlap with CBT (Ellis, 1980). In particular the ABC model, and its claim that beliefs mediate the relationship between antecedent events and their emotional or behavioural consequences can be seen as a central construct in CBT and REBT (Hyland & Boduszek, 2012). Consequently, it is the ABC model that has informed three skills (at a minimum) being identified as critical to being ready for CBT (Oathamshaw & Haddock, 2006).

These are:

- 1 Discriminating between emotions, thoughts and behaviours
- 2 Making links between emotions and events

and

- 3 Understanding the mediating role of cognitions between an antecedent event and its consequences.

Consequently, while there may be other cognitive skills necessary for readiness and motivational components will be essential in accessing CBT, the current review is a critical evaluation of measures of these three skills and findings related to them

As with any tools, useful measures of CBT readiness must have strong psychometric properties (Mokkink et al., 2010). Additionally, for any measure purporting to assess CBT readiness, measurement change should mediate CBT outcome (Hundt, Mignogna, Underhill, & Cully, 2013). It is also important to understand the performance of people with intellectual disabilities on these measures, as CBT should be adapted based on readiness skills that are affected in people with intellectual disabilities

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