1 | BACKGROUND

Dialectical Behaviour Therapy (DBT) is increasingly being used as an intervention with people with intellectual disabilities (see Crossland, Hewitt, & Walden, 2017, for a brief review of this literature). Delivery has been in group and individual format, with various adaptations being made to increase the accessibility of the intervention for people with intellectual disabilities (McNair, Woodrow, & Hare, 2017). However, evaluations of these interventions have not always been robust, and longer term follow-up is largely missing from the literature (McNair et al., 2017).

An intellectual disability comprises significant impairments of both intellectual functioning and adaptive behaviour (British Psychological Society, 2015). Cognitive skills such as memory, processing speed, executive functioning and the ability to process certain types of information are affected. These difficulties impair comprehension and retention of new information and ideas, especially abstract and conceptual ideas. Working memory is particularly affected (Henry, 2010), whereas procedural memory may be better preserved (Bender, 2008). Given these difficulties with memory and other cognitive functions, a long-term evaluation of psychological interventions such as a group DBT intervention seems appropriate and necessary in determining the efficacy of such interventions over time.

There is some evidence that group DBT interventions for people with intellectual disabilities can continue to be effective in improving psychological and emotional well-being over relatively long periods. Sakdalan, Shaw, and Collier (2010) ran a 13-week DBT programme for people with intellectual disabilities in a forensic setting. Six participants completed the group. Informal feedback gathered through a questionnaire suggested that participants had enjoyed the group. Data collected "a few weeks" after the group had ended found that participants' Health of the Nation Outcome Scales—Learning Disability (HoNOS-LD) scores had significantly improved (compared to pre-intervention scores). This suggests that treatment gains were maintained over time, although unfortunately the exact time frame for follow-up was not reported. It is possible that participants retained and practised DBT skills, resulting in improved scores on measures of coping and functioning.

Morrissey and Ingamells (2011) ran a 12-month DBT programme for people with intellectual disabilities in a high-security service. Over several years, 25 participants completed the full programme. They reported participants' scores on the Global Severity of Distress Scale of the Brief Symptom Inventory (Derogatis & Melisaratos, 1983) significantly reduced post-intervention. At 12-month follow-up, group participants were more likely to have moved to a lower security setting than a wait-list control group (although no significance data are reported). Whilst this indicates some long-term benefit to the intervention, there is a lack of detailed information about participants' level of psychological distress and how this changed over time.

The effect of group psychological interventions for mood disorders in people with intellectual disabilities over several weeks has also been explored. Idusohan-Moizer, Sawicka, Dendle, and Albany (2015) conducted a Mindfulness based Cognitive Therapy (MBCT) group intervention for adults with intellectual disabilities experiencing mood disorders, including anxiety and depression. Ten participants completed the intervention, and their results on the Hospital Anxiety and Depression Scale (HADS; Zigmond & Snaith, 1983) indicated significant decreases in anxiety and depression immediately following the group. At six-week follow-up, participants' anxiety and depression scores had not significantly changed, indicating that benefits were maintained over time.

Longer term follow-up looking at the effect of an intervention for an individual over many months or years would provide useful information regarding the long-term maintenance of treatment gains. This may assist in planning for follow-up or additional input to maintain benefits. Additionally, current studies reporting follow-up data in this area have not collected qualitative information from participants, which may offer valuable insights into the mechanism for maintaining change, or conversely the barriers to this. Such information may provide insights for adapting or improving DBT interventions in the future to enhance the long-term impact of the intervention. This study collected quantitative and qualitative data from participants following a DBT group intervention at 2-year follow-up and compares results to pre-group, post-group and 6-month follow-up, to allow some tentative conclusions to be drawn about the impact of the group over time.

2 | METHODS

Four people with intellectual disabilities attended a modified DBT group which ran for 18 sessions between April and October 2015 (see Crossland et al., 2017, for a full description of the group). The group was based on DBT skills training (Linehan, 1993), with materials adapted from "I can feel good" (Ingamells & Morrissey, 2014) and clinicians working in the field (L. Leeds, personal communication, April 28, 2014). The skills training group was comprised of four modules: mindfulness (three sessions), people skills (five sessions), managing feelings (five sessions) and distress tolerance (five sessions). Quantitative measures were taken pre-group, post-group, at 6-month follow-up and at 2-year follow-up. This paper reports 2-year follow-up data and compares them with previous measures for each participant.

2.1 | Participants

Group members were three women and one man, aged between 24 and 48, who had interpersonal difficulties or difficulties in emotional regulation. All group members were able to consent to taking part in the group, and the evaluation of the group. Three group members regularly brought a support worker with them to the group. The names of all group members and their support staff have been changed along with any identifying information to preserve confidentiality. Additional information about group members is given in

useful and relevant to the individual. Group facilitators could consider making handouts and other materials available in alternative formats, such as using mindfulness apps or sending handouts electronically. This may improve their accessibility and prevent material being lost over time.

Participants reported difficulty in understanding and remembering abstract concepts from the DBT course. Involving people with intellectual disabilities who have experience of DBT interventions in the planning and delivering DBT interventions may be helpful in improving accessibility of the material and concepts. Their involvement may include reviewing group materials to provide information on comprehension, attending group sessions to share their experience with group members, or co-facilitating DBT groups.

Participants recalled practical, behavioural techniques more easily than conceptual material, both post-group and at 2-year follow-up. This may be a focus for group facilitators in future. The importance of working with each individual to tailor interventions, as well as the set-up for the group, was noted as important by participants. For example, some participants found being accompanied by a support worker invaluable, whilst others preferred to attend independently. Involving individuals from a person's wider support network has been employed by adapted DBT groups for people with an intellectual disability (e.g., Lew, Matta, Tripp-Tebo, & Watts, 2006; Sakdalan et al., 2010) as well as in other group interventions delivering psychological input for people with intellectual disabilities (e.g., Marwood & Hewitt, 2013). For group members who welcomed their support workers attending, a parallel group intervention for support workers or family members may allow those in the individuals' network a greater understanding of the intervention, and allow them to better support the person with an intellectual disability in practising and generalising skills outside of the group setting.

This study provides some preliminary indications around the benefits of group DBT intervention for people with intellectual disabilities. It provides some initial findings on how the effects change over time. More, longer follow-up studies looking at the effects of DBT for people with intellectual disabilities are needed, with larger sample sizes. The impact of the intervention at various time points following completion should be considered. Evaluations should include quantitative measures which are validated for people with an intellectual disability. Qualitative evaluations are also valuable and should be conducted concurrently. This study suggests that relatively short-term follow-up may fail to capture important information on how the impact of DBT interventions changes over time for this population. The impact of having support staff attend with people with a learning disability requires additional research. Whilst single-case studies are useful at this developing stage of the literature, larger, more robust methodologies are required.

ORCID

Olivia Hewitt https://orcid.org/0000-0002-6393-2388

Hannah Gregory https://orcid.org/0000-0002-6192-1343

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