Guest editorial

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Psychological therapies

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It has been a pleasure to be guest editor of another special issue on psychological therapies. I had not realised it was nearly a decade since I last did this. Things have moved on a bit since then. After the last special issue in 2013, I was invited to work with the Royal College of Psychiatrists (RCP) and British Psychological Society on a revision of the 2004 report of the RCP "Psychotherapy and learning disabilities". The new report "Psychological therapies and people who have ID" (Beail, 2016) was published in the form of guidance and demonstrated that the range of psychological therapies being offered had expanded considerably along with a modest growth in research. Also, we have developed our knowledge and skills regarding the adaptations needed. Concurrently, since the publication of the last special issue we have seen the publication of several books on psychological therapies for example Jahoda *et al.*'s (2017) book on cognitive behaviour therapy and Frankish's (2016) book on disability psychotherapy. Attachment theory has also developed in our field with the publication of The British Psychological Society's (2017) Faculty for Intellectual Disabilities attachment guidelines. Trauma informed care has also become embraced in services for people who have ID and I was delighted to work with Pat Frankish and Allan Skelly on Trauma and Intellectual Disability (Beail *et al.*, 2021). In this book a range of trauma informed psychological therapies are also described.

When I agreed to take on the task of a new special issue on psychological therapies, we were amid the COVID-19 pandemic. This presented significant challenges as some health service provision such as face to face psychological therapy was put on hold. My team and I were busy trying to work out how to deliver psychological services including psychological therapies to people who have ID. In mainstream mental health services, there was a sudden move from face-to-face work to looking at new ways of working so that we could restore services as soon as possible. Information about remote working began to be available and new technologies were rapidly introduced to health service delivery. But how would people with ID access this. In my team we quickly rated all those waiting for psychological therapy as red, amber or green so that we could prioritise those who needed remote contact and face to face as soon as restrictions started to lift. We then explored video and telephone options with our service users. The evidence base for video and telephone therapy was thin but suggested some promise with the general population; but how would people who have ID take to this. So, we identified some people on our waiting list who may be able to safely engage in video or telephone therapy. We them contacted them by telephone to seek their views. It was overall rather negative and only a small proportion agreed and that was to telephone based therapy, with most preferring to wait until face to face was available (Rawlings *et al.*, 2021a). We then carried out an evaluation of telephone therapy with that small group which was positive (Rawlings *et al.*, 2021b). What was clear was that we need to return to face to face as soon as possible if we were going to meet the needs of our service users. However, telephone delivered psychological therapy is now an option and a small number of people opt for it; an option we had not given before the pandemic.

In addition to psychological therapy being put on hold, assessments for a diagnosis were also stopped. New ways of working and running out patient services were developed and put in place to help us restore services with reduced risk of infection. When we could see people face to face, we resumed our assessment work. We also had to move to carryout assessment

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for intellectual disability in Personal Protective Equipment with an element of social distancing. We had no idea how our service users would respond to this and so asked them. We found that nearly all were not fazed by this at all. We also wrote up our approach so that other services could restore their services safely (Rawlings *et al.*, 2021c).

The pandemic also had a significant impact on referral rates for psychological services. These dropped at each lock down (Purrington and Beail, 2021). However, they soon recovered as restriction lifted. The problem for most services is that waiting lists were on hold for a while, then we had staff absences due to COVID resulting in a build of the waiting time as is common in all health services.

We have continued to study the impact of COVID and went on to look at whether people who had completed therapy before the pandemic had maintained the gains they had made. We were delighted to see that they did (Purrington *et al.*, 2021). We are now looking at the impact of waiting for psychological therapy during the pandemic on people who have ID.

We were able to carry out these projects due to having a research and evaluation culture in our clinical team and that we were able to offer trainee clinical psychologists an opportunity to come into the clinic to conduct such projects when face to face work was reduced in volume. In our service, we also had data previously collected on mental health and wellbeing assessment such as with the Psychological Therapies Outcome Scale ID II (Vlissides *et al.*, 2017), which could be used to evaluate outcomes.

One of the interesting aspects of editing special issues of a journal is that you never know what will be submitted and what the final product will look like. A theme which brings the papers together in this issue is practice based research and service evaluation. Prior to the pandemic there had been a growth in research on psychological therapies with people who have ID which has culminated in the publication of 12 systematic reviews. In this volume these have been subjected to a systematic review by Blackburn et al to explore their quality and their findings. Blackburn *et al.* found that nearly all the research on psychological therapies with people who have IDs has been conducted in routine practice by clinicians. This is a tribute to all those clinicians who have devoted their time to evaluate what they do. Unfortunately, this research effort has not been complimented by high quality research studies. The quality appraisal of existing systematic reviews found these to be research of low quality. Unfortunately, practice-based research does not score well on quality appraisal tools. However, this is the body of research on psychological therapies generated by those at the coal face.

The papers in this special issue continue to be in the practice-based genre. One of the criticisms of the psychological therapies' guidance (Beail, 2016) was that there was no consideration of the needs of those who have autism as well as ID. Siddell's paper is a welcome development as in her study she explores psychologists' views on providing psychological therapy to those who have ID and autism. This is an area with little literature and hopefully her paper will stimulate further research.

It is good to see that clinicians are also developing and evaluating psychological therapies. Power et al report on an evaluation of a mindfulness group for people who have ID. This is a further example of how an evaluative framework can be built around the delivery of psychological interventions for people who have ID. Clinicians are also developing new ways of working and Acton et al report on the co-production of an intervention for adults who have ID and dementia.

Since the publication of Skelly (2016) and Vlissides *et al.* (2016) reviews of measures used to compliment and evaluate psychological therapies with people who have ID, Gourley and Yates have identified the development of further measures that have come into the literature. In their paper they describe the new measures and how they could be used, and they then critically evaluate them.

Valerie Sinason has been a pioneer and major advocate and writer on psychotherapy people who have ID. I met Valerie in the mid 1980's along with Pat Frankish. Valerie had taken over the running of the psychotherapy workshop for those working with people who have ID at the

Tavistock Clinic in London, and Pat and I were running a similar workshop in Yorkshire. We joined forces with Sheila Hollins and Brett Carr to form the Institute for Psychotherapy and Disability (IPD) in 2000 and Valerie became our President. Valerie has recently celebrated her 75th birthday through and online event organised by the IPD. Valerie continues to write about disability, trauma, and psychotherapy (Sinason, 2021) and is currently working on the third edition of her book "Mental handicap and the human condition: An analytic approach to intellectual disability". David O'Driscoll, Chair of the IPD has provided an overview of Valerie's contribution since her early publications through the formation of the IPD to present day.

I hope you are informed and inspired by the papers in this special issue and to continue to engage in research and practice of psychological therapies with people who have ID.

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