

I Can Feel Good: Second Edition

Psychology Department
Priority Group

Structure

Who are we?

Second Edition!

What does it look like?

- Background
 - Programme overview
 - Programme facilitation
 - Programme evaluation
 - Case studies
 - Clinical reflection
- New cover
 - Applications
 - Updated content
 - Adaptations
 - New artwork
 - Mindfulness booster module
 - More resources
 - Staff training package...

Where do we go now?

Who are we?

Psychologists at private healthcare secure forensic services; medium and low; male and female.

- **Natalie Brotherton**, Principal Clinical Psychologist
- **Sarah Ashworth**, Forensic Psychologist
- **Hannah Carton**, Forensic Psychologist
- **Charlotte Robinson**, Assistant Psychologist

Want to **acknowledge** those who have contributed, either through group facilitation, data collection, data analysis and training delivery...



Evidence Base

Previously **limited evidence** for approaches other than behavioural for ID populations (Sturme, 2004)

However, **increasing evidence** for...

- **'Talking' CBT based approaches** for difficulties such as anger, depression and anxiety (Taylor et al., 2005; Hassiotis et al., 2012; McGillivray et al., 2008)
- **Mindfulness** (Chapman et al., 2013)
- **Adapted DBT** (Morrissey & Ingamells, 2011; Brown et al., 2013)

Clinical Rationale

How many of our patients need help with...

- Managing their **emotions**
- Harmful **behaviours** (violence/self harm)
- Dealing with **stress/disappointment**
- **Interacting** with people/communication
- **Relationships**

The 'I Can Feel Good' Group

Skills training programme for people with intellectual disabilities and problems managing emotions

- Developed at Rampton
- Adapted DBT
- Adapted for LD
- Weekly rolling programme
- Four modules (Mindfulness, Managing Feelings, Coping in Crisis, People Skills)



Programme Facilitation

Female LD Medium Secure

- **Open group:** everyone welcome!
- **Facilitators:** Psychologists and HCWs
- **Round one:** Sept 2015 – Oct 2016
- **Round two:** Nov 2016 – May 2018
- **Round three:** July 2018 - ongoing

Programme Facilitation

Male LD Low Secure

- **Closed group:** referral based
- **Facilitators:** Psychologists, Senior OT
- **Round one:** March 2015 – October 2016
- **Round two:** Aug 2017 – Feb 2019
- **Round three:** March 2019 - ongoing

Programme Evaluation

Table I Related samples Wilcoxon signed rank tests pre and post scores female

	n	Pre	Median (range)	Post	p
Mindfulness	4	0.5 (0-1.4)		1.1 (0.6-2.6)	0.07
Managing feelings	5	0.33 (0-1.17)		0.56 (0.31-1.47)	0.04*
Coping in crisis	5	0.9 (0.2-1.2)		1.1 (0.2-1.8)	0.66
People skills	5	0.5 (0.33-1.67)		0.91 (0.56-1.62)	0.04*

Note: *p < 0.05

Table II Related samples Wilcoxon signed rank tests pre and post scores male

	n	Pre	Median (range)	Post	p
Mindfulness	6	1.5 (0.6-3.2)		1.7 (0.4-3.8)	0.5
Managing feelings	7	1.17 (0-3)		1.49 (0.15-3.67)	0.02*
Coping in crisis	5	1.6 (0.4-3.4)		3 (1-3.6)	0.04*
People skills	5	2.17 (0.17-2.67)		2.47 (1.01-3.28)	0.04*

Note: *p < 0.05

Programme Evaluation

The radar charts show the following trends for Clumber:

- Mindfulness:** Post scores are generally higher than Pre scores across all dimensions.
- Coping in Crisis:** Post scores are generally higher than Pre scores across all dimensions.
- Managing feelings:** Post scores are generally higher than Pre scores across all dimensions.
- People Skills:** Post scores are generally higher than Pre scores across all dimensions.

Programme Evaluation

The radar charts show the following trends for Rufford:

- Mindfulness:** Post scores are generally higher than Pre scores across all dimensions.
- Coping in Crisis:** Post scores are generally higher than Pre scores across all dimensions.
- Managing feelings:** Post scores are generally higher than Pre scores across all dimensions.
- People Skills:** Post scores are generally higher than Pre scores across all dimensions.

Case Study A: Background

Adam is a **19 year old male** with a diagnosed **mild LD** and **BPD**. He was detained under **Section 37/41** (MHA, 2007). He was transferred **from prison to hospital** due to increasing **self-harm**.

Adam's father died when Adam was 3, he experienced **physical abuse** and **neglect** from his parents resulting in his being placed in **foster care**.

Adam had an **extensive offending** history, primarily directed at **care establishments**.

Case Study A: Publication



Ashworth, Mooney, & Tully (2017)

Case Study B: Background

Beth is a **23 year old female** diagnosed with **mild LD and ASD**. She is detained under **Section 37/41 (MHA (2007))** within a medium secure LD setting.

Beth was raised in a children's home in **deprived and unstimulating** conditions. She has been described as being **frightened** and extremely **sensitive** to noise and environmental **stimulation**.

She was **adopted** at age 4. She displayed **challenging behaviour** (violence and aggression) throughout her childhood and early adulthood.

Case Study B: Formulation

Beth presented with **emotion regulation difficulties, physical aggression and low self-esteem**.

Early traumatic experiences such as **neglect, deprivation, insecure attachment** styles initiated her struggle to form and maintain healthy relationships; a potential source of stability.

Beth experienced **sensory difficulties** and significant levels of **interpersonal anxiety**

Case Study B: Method

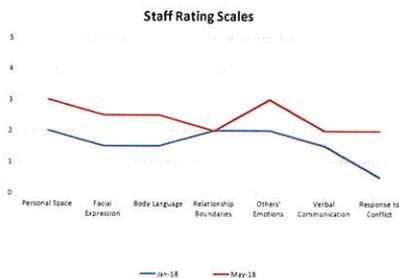
Attendance

- Beth attended 12 out of 13 sessions of the new People Skills module (92%).

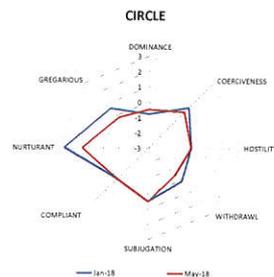
Outcomes

- Goal attainment scale (interpersonal effectiveness) staff report
- Chart of Interpersonal Reactions in Closed Living Environments
- Emotion Problems Scale (behaviour report)
- Number of incidents

Case Study B: Outcomes



Case Study B: Outcomes



Clinical Reflections

Barriers to delivering sessions:

- Patient **risks**
- Patient **dynamics**
- Ward staff **available** to support the groups
- **Attention and distractions**
- Concurrent sessions and patient **ambivalence** around which session to attend e.g. ICFG vs occupational therapy sessions.

Clinical Reflections

Facilitation is tiring...but so rewarding

- Encouraging **attendance** – motivation
- Encouraging **engagement** with session content
- **Staying on topic**
- Facilitating **understanding**
- **Retention and recall**
- **Role Plays!**



Clinical Reflections

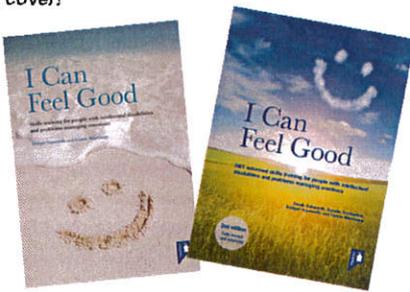
Graduate members

- Patients attending **multiple cycles**
- **Job roles**
- **Modelling**
- Increasing **responsibility**
- Sense of **achievement and pride**



Second Edition

New cover!



Second Edition

Adapted for application across various...

- **Settings** (e.g. range of secure services, community etc.)
- **Diagnoses** (e.g. autism, personality disorder, depression and anxiety)
- **Populations** (e.g. genders)



Second Edition

New artwork by Nathan Winterton



Second Edition

More resources provided: Diary cards for individual sessions



Second Edition

More resources provided: Personalised flash card packs



Second Edition

More resources provided

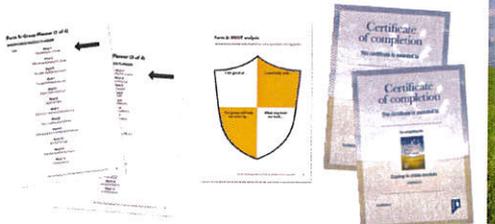
- New (and improved!) pictures



Second Edition

More resources provided

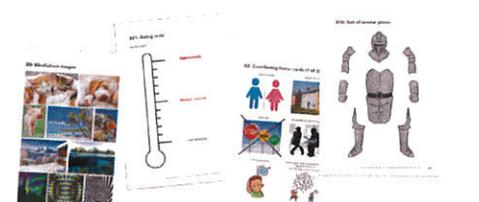
- Updated forms, and certificates



Second Edition

More resources provided

- Updated materials



Second Edition

Staff training package

- Bespoke training packages and programmes for individuals and/or services are available facilitated by the programme authors.
- Training sessions can be delivered for programme facilitators, support staff, multi-disciplinary teams, or carers, and will be focused to the needs of specific groups.
- Please contact authors for further information