



## **EXECUTIVE SUMMARY OF RESEARCH:**

**TITLE: Adapting the GAD-7 and PHQ-9 clinical measures for people with intellectual disabilities.**

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Background: People with intellectual disability continue to face barriers to accessing psychological support, due to a lack of 'reasonable adjustments' (NDTi, 2012). An issue to accessing IAPT has been that the standard clinical questionnaires used to measure recovery from depression (PHQ-9) and anxiety (GAD-7), can be difficult to use for many people with intellectual disabilities.

Method: Stage 1 of this research used an adapted cognitive interviewing approach to investigate whether adaptations to the GAD-7 and the PHQ-9 help to make these measures more appropriate for use with adults with intellectual disabilities. Two rounds of such interviewing were completed with participants with intellectual disabilities to evaluate the suggested modifications and develop final adapted versions of these measures. The first round consisted of six individual cognitive interviews with participants who identified with the following demographic characteristics; four male and two female, five White British and one Black British, and aged between 23 and 61 years (mean = 37.00, standard deviation = 14.01). In line with recommendations for best practice in cognitive interviewing, a second round of cognitive interviews was completed with seven participants. These interviews were

similar in structure to the ones already conducted and were used to review and interpret the changes to the adapted measures made as a result of research Stage 1.1 Stage 1.2 was completed in a group format with the researcher facilitating discussion using a cognitive interview approach and questioning. The group cognitive interview included seven participants; four male and three female, four White British and three Black British, aged between 28 and 45 years (mean = 36.29; standard deviation = 6.42). Three of these participants had participated in Stage 1.1 of the research project. Stage 2 of the research investigated the initial psychometric properties of the adapted measures predominantly via investigations of validity and reliability, and comparisons to established self-report measures in the intellectual disability population (Glasgow Depression Scale, GDS-LD; Glasgow Anxiety Scale, GAS-ID). Although it was planned that Stage 2 recruitment would take place in clinical services, typically in 1:1 session with a clinician who was already working with the participant as part of their psychological treatment sessions, recruitment for this stage of the research proved challenging, which prompted the expansion of the research to non-clinical settings. Thirty two participants were recruited to Stage 2 of the research, a total of 17 who were recruited from clinical settings and 15 from non-clinical settings consisting of service user and self-advocacy organisations, 17 male and 15 female, ranging in age from 18 to 76 years (mean = 41.81, standard deviation = 13.98) who self-identified as ethnically diverse.

Results: Participants in Stage 1 suggested further adaptations to increase accessibility and indicated that the adapted measures are appropriate for use with adults with intellectual disability. Stage 2 demonstrated support for the adapted measures as helpful for assessing symptoms related to depression and anxiety in this population; the adapted PHQ-9

correlated with the GDS-LD ( $r = 0.80$ ), had good internal consistency ( $\alpha = 0.85$ ) and the adapted GAD-7 correlated with the GAS-ID ( $r = 0.66$ ) and had good internal consistency ( $\alpha = 0.91$ ).

Conclusion: Thus, the current research project provides support that the adapted versions of the PHQ-9 and GAD-7 could be used in IAPT services to facilitate access for adults with intellectual disabilities as part of a set of reasonable adjustments.