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Matrics Learning Disability

Guidance for the delivery of Psychological Interventions for Children, Young People and Adults with a Learning Disability in Wales.

Annex 2: Methodology of the rapid review | Annex 3: Table of the key characteristics of the included studies within the rapid review

April 2025

Annex 3 Summary of the reported and best practice adaptations used to deliver psychological interventions for people with a learning disability found in the papers yielded by the rapid review

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Reviews (multi-modality)			
Muralidhar et al. (2024)	Systematic review (psychosocial interventions for people with a learning disability and dementia), n=10 papers, mild to profound learning disability	Adults and older adults	▪ Adapted memory café by simplifying cognitive tasks and broadening the time period of reminiscence, one-to-one support from staff, inclusion and engagement, alternative communication such as Makaton ▪ Adapted Cognitive Stimulation Therapy by simplifying some activities or substituting them with alternatives ▪ Flexible methods are commonly used with individuals with a learning disability
Tapp et al. (2023)	Systematic review and meta-analysis (psychological therapies), n=33 papers, mild to severe learning disability	Children or young adolescents (n=three) and adults (n=30)	▪ Involvement of significant others, e.g. caregiver or support worker ▪ Flexibility in setting: groups led at vocational centres and 1:1 sessions at day centre, care home, community residential settings ▪ Longer of shorter sessions, e.g., 30 minute-two hour sessions ▪ Use of visual aids: between-therapy skills workbook, personalised handbook, CBT via social stories ▪ Initial preparatory phase: five sessions ▪ Use of roleplay, rehearsal ▪ Adapted materials, e.g. 'Think happy, Feel happy, Be happy'

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Byrne (2022)	Systematic review (treatment interventions for trauma symptoms), n=11 total papers, n=eight, EMDR, n=three, CBT	Adults (n=seven), mixed children and adults (n=three), child population only (n=one)	**EMDR** ▪ Use of different forms of bilateral stimulation techniques adapted to the person's cognitive and communication abilities ▪ Drawing and storytelling method used to elicit traumatic thoughts ▪ Flexibility in treatment duration, ranging between two-17 sessions **CBT** ▪ Consider the social context, and impact of a learning disability on engagement ▪ Use of a more behavioural approach ▪ Caregiver involvement

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Witwer et al. (2022)	Scoping Review (psychological interventions and accommodations), n=52 papers	Adults	▪ Adjust the length, frequency, number and pace of sessions, as guided by the person's needs and preferences ▪ Preparatory and engagement phases; additional time to teach prerequisite skills and basic therapy concepts, e.g. learning to identify, differentiate and report emotions/thoughts/behaviours ▪ Simplified language; consider standardised assessment of language at the start, use the same words the person uses, clear and concrete language, minimise abstract language, avoid/reduce the use of metaphors, frequently check for understanding ▪ Therapeutic activities; drawing, videos, photography to capture aspects of the client's real life; PowerPoint presentations; flipcharts ▪ Simplified handouts; personalised workbooks or 'passport' to refer back to following the end of treatment; wallet size reminder/prompt cards to support generalisation ▪ Adapting tools, e.g. adding emotion faces or mood diaries to circle ▪ Session summaries; written or audio recordings ▪ Interactive aspects of therapy; games; social stories; art work; roleplay; using movement; exercise; roleplay rehearsing; stepping stones activity (goals drawn on cards and placed on floor to represent stepping stones); placing dot on shoe to support mindfulness ▪ Involvement of significant others throughout the therapeutic process; 'therapy partners' to support with practicing and maintaining strategies between and after sessions; provide information on mood/behaviour; support with recreating real-life scenes in the person's life for roleplaying and behaviour modelling

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Witwer et al. (2022) cont.			▪ Separate sessions with caregivers for teaching strategies; an explicit goal of therapy is for caregivers to learn skills and psychoeducational topics ▪ Caregiver support group running concurrently with one-to-one support sessions ▪ Adapted written communication » Text combined with images » Limit the reading level to below 6th grade » Use bold, underline, colours, capitals to emphasise information » Use larger size 16 font size » Consult the National Institute of Health website on plain language ▪ Adapted programmes » 'BeatIt' and 'StepUp' (Jahoda et al., 2017) from NHS Scotland » Cognitive Behaviour Therapy for People with Intellectual Disabilities: Thinking creatively (Jahoda et al., 2017) ▪ Consent » Plain language print versions of consent forms; pictorial representations of the consent form » Verbal explanations using simplified language alongside visual support » Extended time to review written/pictorial consent form between sessions with a caregiver » Empowering the client to think about involvement of caregiver, how this will look e.g. start of each session, or fortnightly, or whole session. ▪ Facilitating self-determination

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Thalen et al. (2022)	Systematic review (psychosocial interventions), n=36 papers, mild to profound learning disability	Adults and older adults (<50 years)	▪ A community-based accommodation programme aimed to create a highly predictable environment customised to the unique characteristics, preferences and needs of each individual ▪ Use of video modelling ▪ Use of repetition and provision of a secure base and safe haven ▪ Studies where support staff received training before carrying out the intervention themselves ▪ Studies where support staff had a mediating or assisting role ▪ Support staff as a source of information, asked to assist with generalisation outside the treatment session and with homework assignments, practise skills with the person between sessions ▪ Present to assist, motivate or transfer information to the participant while the psychologist or researcher delivered the intervention ▪ Presence of support staff during the intervention sessions was associated with greater continuity and follow-through in problem solving

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Birdsey et al. (2021)	Brief review of best practice (BPS LD Bulletin), mild to moderate learning disability	Not specified	**Arts Therapies** ▪ Use picture symbols and communication aids ▪ Involve support network ▪ Use reminders **Attachment based therapies** ▪ May need multiple sources of information during assessment ▪ Consider the number and quality of beginnings and endings **Cognitive Analytic Therapy (CAT)** ▪ Increase length and frequency of sessions ▪ Verbally simplify the psychotherapy file ▪ Use symbols of dilemmas and traps ▪ Draw reciprocal roles and interpersonal patterns ▪ Stress recognition over revision goal ▪ Use virtual tracker to prepare for ending therapy ▪ Use clear language in goodbye letters **Cognitive Behavioural Therapy (CBT)** ▪ Use aids such as flip charts to set the agenda ▪ May require a slower pace ▪ Consider their ability to generalise learning outside sessions ▪ Involve significant others in homework to achieve real life change

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Birdsey et al. (2021) cont.			**Compassion Focused Therapy (CFT)** ▪ Consider reducing depth and complexity of psychoeducation around CFT concepts ▪ Use colourful visual diagrams ▪ Repeat verbal summaries ▪ Reduce speed and content of sessions ▪ Build a physical "toolbox" of strategies **Dementia framework for psychological therapies** ▪ Simplify multi-step activities/skills ▪ Use a range of prompts to aid communication ▪ Modify environment to compensate for deficits **Dialectical Behavioural Therapy (DBT)** ▪ Consider renaming skills training modules ▪ Emphasise practical mindfulness exercise ▪ Shorten group sessions from 2.5 to 2 hours ▪ Use pictures in diary cards ▪ Increase use of roleplay ▪ Use visual presentation of materials ▪ Check for understanding

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Birdsey et al. (2021) cont.			**Eye Movement Desensitisation and Reprocessing (EMDR)** ▪ Consider splitting trauma into smaller components ▪ Use auditory stimulation ▪ Adapt language used ▪ Simplify subjective units of disturbance ▪ Avoid abstract concepts (use main body parts) ▪ More verbal input from the therapist **Group Interventions** ▪ Simplify content ▪ Adapt language ▪ Involve caregivers ▪ Use visual materials ▪ Use concrete objects **Mindfulness and Acceptance Based Therapies** ▪ Graded physical prompts may be needed (e.g. blowing bubbles for mindful breathing) ▪ Take time to create a safe and supportive context ▪ Allow additional time/breaks to process ideas and practice skills ▪ Language should be simple, brief and clear and minimise abstract language ▪ Provide adapted leaflets and CDs if required

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Birdsey et al. (2021) cont.			**Psychodynamic Psychotherapy** ▪ Identify non-verbal communication ▪ Consider different levels of interpretation ▪ Suggest words for actions or feelings ▪ Use alternative means of communication **Solution-Focused Brief Therapy (SFBT)** ▪ Work 'by proxy' with carers if person is not able to engage in therapy ▪ Use shorter sentences, commonly used words, visual materials and cues to show time ▪ Avoid the term 'homework' as it may have negative connotations for people with a learning disability **Systemic Psychotherapy** ▪ Think about acting on feedback and regularly check understanding ▪ Consider enlisting support and advice of people who know the person ▪ Use simplified language and concepts ▪ Avoid jargon ▪ Slow the pace ▪ Use pictures and objects to support understanding ▪ Invite people to stand in (e.g. if the person cannot speak, ask 'what would they say?')

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Birdsey et al. (2021) cont.			**Broad recommendations** ▪ Offer individualised approaches ▪ Be flexible and adaptable ▪ Adjust the speed and content of sessions ▪ Allow additional breaks if required ▪ Use clear language, avoid multi-step instructions, minimise abstract language ▪ Avoid reliance on memory and frequently check for understanding ▪ Use visual aids and prompts ▪ Involving significant others where appropriate ▪ Adapting written information
Bourne et al. (2022)	Systematic review (community psychosocial group interventions), n=21 papers, focused on interventions for mild-moderate learning disability, n=one, profound learning disability	Adults	**Authors report themes around groups with the most positive outcomes:** ▪ Ran over a longer period of time; 10-12 sessions or longer ▪ 60–90-minute group sessions ▪ Smaller group sizes offered more safety ▪ Group rules activity ▪ Adopted a creative element ▪ Multiple activities over a short time period ▪ Breaks offered to support attention and opportunity to socialise **Range of therapeutic activities:** ▪ Videos, drawing, reading (books beyond words), salt sculptures, balloon release, flipcharts, audio exercises, collage, roleplay, game/quiz, worksheets, modelling, sensory boxes used one-to-one or within group, warm up exercises (throwing a ball and names) ▪ Camera available to take pictures during groups to support later recall

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McNally et al. (2021)	Scoping review (interventions offered for psychological trauma), n=41 papers	Adults	▪ Process of change focussed on development of safe attachment figures and the person with a learning disability being agents over their own lives ▪ Therapeutic work underpinned by consideration of power and trust ▪ Visual supports ▪ Creative approaches ▪ Acknowledgment of likely past experiences of having experiences of abuse invalidated
Bakken (2021)	Selected review (psychosocial treatment of depression), n=nine papers	Adults	▪ Smaller groups (in group interventions) ▪ Visual material ▪ Simplifying concepts ▪ Longer duration and number of sessions ▪ Increased practical support ▪ Greater use of repetition when learning new skills ▪ Guiding and scaffolding ▪ Professional caregiver/family involvement, including, individual support within group interventions and accompanying a person to therapy sessions to support generalising skills between sessions

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British Psychological Society (2016)	BPS guidance document	Not specified	**Psychodynamic Psychotherapy** ▪ Adapt based on communication abilities ▪ Suggest words, actions, or feelings ▪ Use drawings or objects as alternative methods of communication ▪ Use of short sentences ▪ Use of different levels of interpretation, 'parts of you feel angry', or 'isn't it frustrating when other people get angry? as opposed to 'you feel angry' **CBT** ▪ Flip charts to outline agenda ▪ Visual supports (thought bubbles to represent different interpretations of the same event) ▪ Roleplays ▪ Slower pace and higher number of sessions ▪ Take into account a person's wider context and experiences; it is likely a person with a learning disability has faced stigma, social exclusion etc, and adjust techniques such as cognitive restructuring ▪ Emphasis on the therapeutic relationship, a person with a learning disability may have limited experience of collaborative working with professionals ▪ Adapt self-monitoring methods, e.g. simplified diaries with stickers or audio recordings ▪ Support of significant others to facilitate homework tasks ▪ Systemic working, inclusion of staff within interventions where appropriate, to support a shift in staff perceptions

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British Psychological Society (2016) cont.			**CAT** ▪ Use of contextual reformulation with behaviours that challenge with key adults and staff teams around a person ▪ Staff consultation using Carradice's model (2004) ▪ Use of diagrammatic formulations, as opposed to letters when sharing with a client

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British Psychological Society (2016) cont.			**Mindfulness and acceptance-based therapy** ▪ Visual timetables ▪ Initial sessions focused on foundation skills, e.g. identifying thoughts, feelings, bodily sensations and recording these in a journal ▪ Emphasis on creating a safe and supportive space ▪ Increased session time for practicing ▪ Breaks ▪ Simple, brief, clear language, e.g. body scan focused on a reduced number of body parts (feet, arms, legs) ▪ Use of concrete phrases and reduce the use of abstract language, e.g. 'focus on your feet.' ▪ Visual methods, e.g. 'glitter ball,' used to support understanding around feelings ▪ Adapted worksheets and audio recordings to support mindfulness practice outside sessions ▪ Significant others to support with homework tasks and practice ▪ Significant others to attend mindfulness session for their own development of mindfulness practice, alongside supporting modelling and rehearsal ▪ Soles of the Feet mediation (Singh et al, 2003; Singh et al., 2011) is an adapted mindfulness intervention ▪ Use of physical prompts to support understanding, e.g. placing a sticker on the person's feet

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British Psychological Society (2016) cont.			**DBT** ▪ Simplified written and verbal communication, e.g. re-naming 'emotional regulation' to 'managing our feelings' ▪ Foundation skills, e.g. identifying a thought, feeling, behaviour ▪ Shorter skills groups, e.g. from 2.5 hours to two hours or less ▪ Simplifying and chunking information ▪ Visual supports, including, pictures within diary cards ▪ Roleplay ▪ Practical mindfulness exercises, e.g. mindful walking, blowing bubbles, listening to music ▪ Checking in on a person's understanding throughout the therapy process

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British Psychological Society (2016) cont.			**Solution-focussed brief therapy** ▪ Collaborating, as opposed to directing, e.g. 'your story reminds me of a client who did ...', 'research suggests that x helps a lot of people with similar difficulties, I wonder if this would be helpful or unhelpful for you?' ▪ Simplified language, shorter sentences, commonly used words ▪ Visual aids alongside verbal explanation ▪ Focus on concrete, observable aspects of daily life ▪ Present focussed, as opposed to the past ▪ An emphasis on a person's strengths, resources, resilience ▪ Use of alternatives to the 'miracle question' to explore visions around a preferred future, e.g. 'what will it be like when the problem is solved?', 'what are you wishing for?', 'what will you be doing on a really good day?' ▪ Therapeutic activities: drawings, bring pictures to session ▪ Adapted visual aids, e.g. » Reduce 10-point rating scale to three-point scale » Use of line drawings of expressions » Ladders » Thermometers » Stepping stones » Circles divided into parts » Collages of future wishes

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British Psychological Society (2016) cont.			▪ 'Inter-session task', as opposed to 'homework' which may have negative connotations ▪ Involvement of a supporter ▪ Adaptations for people with a learning disability with little or no language » Behavioural observations focusing on 'exceptions' to a problem, 'what helps this client be so good?', exploring the context in which these behaviours occurred » Exploring examples of times when the client responds positively with staff » Self-modelling the exceptions: the person with a learning disability watches videos of themselves engaging in the desired behaviour » Solution-focused consultation with key adults in a person's system to support generating solutions

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British Psychological Society (2016) cont.			**Systemic psychotherapy** ▪ Simplified language, concepts, avoid jargon ▪ Slowed pace ▪ Using pictures and objects to support understanding ▪ Checking-in on a person's understanding ▪ Offering suggested words to support a person 'naming' their experience, e.g. 'would you call that worry?' ▪ Invite members to stand in the client's position, e.g. 'If x were her, what do you think they would say? 'If x could speak, and I asked her to choose someone to speak on her behalf today, who do you think she would pick?' ▪ Request people to listen 'as if' they were client, and speak from that position ▪ Therapeutic activities » Drawing a picture of people close to them » Externalising and drawing the 'problem' » Writing down key events ▪ Photographs of people and places ▪ Share ideas from the reflecting team in an accessible way, e.g. » Note key reflections on a flipchart » Summarise the process in accessible worlds » Providing a summary letter ▪ Hold in mind the question, 'who needs to change?' as it is often systems (family or staff team), as opposed to the person with a learning disability

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British Psychological Society (2016) cont.			**Group interventions** ▪ Simplification ▪ Simple and clear language ▪ Drama therapy techniques, including, roleplay ▪ Visual materials ▪ Accessible workbooks outlining key messages from group sessions ▪ Concrete objects ▪ Adapt to groups members' ability ▪ Directive methods ▪ Flexibility ▪ Caregiver/staff attendance and support **Art, drama and music therapies** ▪ Use of communication aids and picture symbols ▪ Involvement of a person's support network within sessions

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Porcelan et al. (2019)	Guidance document, mild to profound learning disability	Not specified	▪ One study recommended several modifications to include adjustments for both language and cognitive level ▪ Most common modifications to CBT included simplification, activities and inclusion of caregivers ▪ Flexibility in both structure and adherence to a specific therapeutic approach ▪ A parent, other family member/guardian/direct care staff member, or another interested party might need to accompany the client for psychotherapy ▪ Decrease the complexity of techniques by dividing interventions into smaller units ▪ Use short, direct phrases and match the mean length of utterance of the patient ▪ Use concrete terms ▪ The length of appointments should match the attention span of the patient ▪ Utilise repetition to facilitate retention and generalisation ▪ Include clarifying, recapping and summarising ▪ Expect longer length of treatment ▪ Encourage the involvement of concerned others ▪ The caregiver can also reinforce coping skills and assist with homework between appointments ▪ Treatment should be augmented with other activities, such as roleplaying, drawings and games ▪ Help clients to develop language or alternative means to communicate emotions and teach them words and gestures or how to use pictures and journaling as additional outlets e.g. using a poster of faces expressing various emotions

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Ramsden et al. (2016)	Qualitative, n=six, mild learning disability, (19 to 43 years)	Adults	▪ Consent form and participant information sheet for the client were adapted to be easily understandable, using images and written English, and were offered in audio format on a CD ▪ Slower pace ▪ Increased longevity of therapy to help with time to build trust and repeat skills ▪ Visual tools ▪ Involving carers ▪ Offering training to carers to help them adapt their way of working with clients ▪ Simplification of techniques, language and activities ▪ Integration of developmental level ▪ Directive and flexible methods ▪ Consideration of clearer boundaries in relation to endings

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Szymanski & King (1999)	Guidance document	Across the lifespan	▪ Use of information provided by caregivers familiar with the client and direct behavioural observations in gathering information ▪ Several informants/care providers may need to be contacted to obtain comprehensive historical data ▪ The family can help generalise the therapy across environments ▪ Plenty of time to be allotted for sessions as they could take longer ▪ Use clear and concrete language ▪ Use of familiar examples ▪ Check for understanding ▪ Avoid leading questions and questions requiring yes or no answers during assessment sessions ▪ Sessions may need to take place in 'natural' settings such as school, home or a community residence as office settings may be anxiety provoking ▪ Art work, such as drawings, may be helpful ▪ Play and activity may be useful

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Hurley (1989)	Review of case studies, literature and research around adaptation for people with learning disability	Across the lifespan	**Match techniques to the person's cognitive level** ▪ Adapt language ▪ Adapt verbal instructions, e.g. progressive muscle relaxation, use concrete language and fewer muscle groups ▪ Regularly check in on the person's understanding ▪ Repeat key concepts over time ▪ Use non-verbal and creative approaches, e.g. art, music ▪ Use activities and creative platforms to build the relationships, e.g. art activities, life books ▪ 'Pre therapy' preparation sessions, e.g. supporting a person's ability to identify feelings before moving on to exploring the link between feelings and situations **Be directive** ▪ Structure session, e.g. visual agenda ▪ Clear structure of first session; 1) introductions, 2) reason for referral, 3) describe what therapy is in concrete terms, 4) how often sessions will happen, 4) what will be discussed in sessions ▪ Structure the topic **Be flexible** ▪ Avoid rigid adherence to one therapy approach; if progress is not being made, use alternative approaches ▪ Avoid assumptions that the person is 'resistant', it may be that the technique is not working due to cognitive limitations ▪ Adapt session length: shorter or longer

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Hurley (1989) cont.			**Involve significant others** ▪ Involve family/staff in sessions, navigate this appropriately with the person, taking care around trust and confidentiality ▪ Actions at the wider level, e.g. institutional policy, environment, and client activities **Manage transference/countertransference** ▪ Use of supervision **Address disability** ▪ Discuss understanding of a learning disability diagnosis; separate this from the person's value as a person and shift the focus to abilities and strengths

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Cognitive Behaviour Therapy (CBT)			
Dagnan et al. (2023)	Review (adaptations to CBT intervention)	Across the lifespan	Used categories described by Hurley et al. (1998); **Simplification** ▪ Introduce one new technique or learning element each session; focus on this thoroughly in one session, without introducing other ideas ▪ Breaking down information into 'chunks', and check in on understanding as well as celebrating progress **Language** ▪ Use short sentences (maximum 15 words) focusing on one concept ▪ Use words that do not exceed three syllables ▪ Consider use of verbal and visual metaphors ▪ Support communication using visual aids, social stories, drawings, images ▪ Be consistent in the use of terms and materials across sessions ▪ Adjust communication based on therapist reflection and monitoring **Activities** ▪ Use of tasks for interactions that might usually be verbal ▪ Use of videos and tasks to support understanding of key points, e.g. guided self-help interventions such as: » BeatIt Behavioural Activation; picture card sorting task around activities the person enjoys, used to do but no longer does and would like to try » StepUp ▪ Practice of skills or demonstration outside sessions

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Dagnan et al. (2023) cont.			**Adaptations based on individual abilities** ▪ Consider the person's abilities, in terms of memory, processing information, problem solving and executive functions **Directive approach** ▪ Requires a greater level of 'scaffolding' ▪ Provide a clear, repeated structure for each session and therapy process ▪ May be more directive and ask more questions ▪ Collaborative agenda setting which is actively 'ticked-off' as each part achieved; written copy can be held by the client **Flexibility** ▪ Use of alternative therapeutic approaches within sessions, e.g. shift from cognitive to behavioural approaches **Involvement of supporters/context** ▪ Support homework, skills practice ▪ Support maintenance of changes after therapy has ended ▪ Supporting the person to attend ▪ Need to be mindful of risks such as the target areas worked on being influenced by supporters and not fully representing the concerns of the client ▪ Need clear guides for supporters around what their role is **Therapeutic relationship** ▪ Challenges may relate to common experiences of feeling devalued and stigmatised

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Dagnan et al. (2023) cont.			**Addressing disability** ▪ Ensure therapy incorporates a person's broader context, e.g. therapy taking into account that views about themselves may be impacted by experiences of interactions with others including having a devalued status and being viewed as 'different'
Sauter et al. (2023)	Formulation framework	Children	▪ Use of visual aids ▪ Use of a more directive approach within Socratic questioning approaches when challenging unhelpful cognitions ▪ Adapt based on developmental level, e.g. less cognitively demanding tasks; A-B-C records, emotion thermometers, stoplights, practicing helpful thoughts. More advanced skills; stop-think-do approach and challenging unhelpful thoughts ▪ An emphasis on the inclusion of contextual factors within CBT formulations ▪ Involvement of significant others to support practice between sessions and provide psychoeducation ▪ Pre-therapy modules, e.g. skills training in CBT-relevant foundational skills ▪ Augmentation of CBT with other treatment approaches, e.g. play therapy, creative therapy

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Calabria & Cheswick (2023)	Case study, adult with Williams Syndrome, support by the community learning disability team	Adult	**CBT and CFT** ▪ Simplify techniques, reduce complexity, break down interventions into smaller chunks ▪ Shorter session length ▪ Reduce level of vocabulary ▪ Use shorter sentences and simple words ▪ Adapting communication, based on the person, e.g., speaking more loudly if wearing a hearing aid to ensure the person feels heard and validated ▪ Add therapeutic activities, drawings and homework assignments ▪ Use of games ▪ Be more direct ▪ Use visual guides ▪ Use family, staff and significant others to support change and rehearsals of techniques at home ▪ Transference/countertransference: be stronger in boundaries ▪ Issue of disability must be addressed: raise issues and facilitate positive self-view

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Gillooly et al. (2024)	Feasibility RCT of 'BeatIt2' compared with treatment as usual, n=20 adults with a severe or profound learning disability	Adults	▪ Adapted BeatIt2 manual, adapted for people with severe and profound learning disability ▪ Additional session before the start 'BeatIt2' intervention, to collect background information from key family members and support workers and discuss the role of 'supporters' in sessions. ▪ Structure » Assessment and socialisation phase, ending with a shared formulation (five sessions) » Joint work (five sessions) » Ending, sharing an updated formulation booklet capturing progress made and next steps (two sessions) ▪ A need to engage the wider group of people, to support with implementing the intervention, including a 'key supporter' attending sessions and joint activities ▪ Visual mood diary ▪ Creating a photo wall of activities ▪ Flexibility to attend different settings

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Gosens et al. (2024)	Multiple baseline single-case experimental study of a therapy based on CBT and motivational interviewing (Take It Personal+), n=12 adults with a mild learning disability	Adults	**Repetition** ▪ Having two sessions weekly with the same theme ▪ Shorter sessions, limiting content per session and repetition ▪ Content repeated over sessions ▪ Important information repeated ▪ Flexibility to adapt the duration of treatment, minimum of 22 sessions, treatment duration varied between two-12 months **Presence of significant other** ▪ One of two sessions with significant other present ▪ Significant other receives information after each session ▪ Significant other supports generalising learnt skills to daily life **Communication** ▪ Simplified, removal of difficult words ▪ Supported with pictures ▪ Scale questions limited to zero-five with pictures used alongside
Gosens et al. (2022)	Development of a CBT/ motivational interviewing treatment ('Take It Personal+) for substance use disorder in people with mild intellectual disability	Adults	▪ Significant other supports the person with learned skills and reminder to complete homework ▪ Having two sessions a week, with the same theme, ensuring repetition ▪ Repetition of key skills in different weeks ▪ Amount of content per session is limited ▪ Communication is simplified and supported by pictures

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Jahoda et al. (2024)	Behavioural activation exemplar, mild to profound learning disability	Adults	**Mild to moderate** ▪ Structured approach ▪ Use of accessible language with visual materials ▪ Delivered to the person with a learning disability and significant person in their lives; family member, carer, friend, partner ▪ A support session is held before the therapy starts; provide supporter with a clear understanding of their role ▪ Minimising didactic and direct questioning approach ▪ Dialogue stemming from therapeutic tasks, e.g. card sorting tasks ▪ Personalise ▪ Accessible formulation agreed with the person and their supporter before being finalised ▪ The formulation booklet is updated at the end of therapy to provide a plan for continuing and progress made

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Jahoda et al. (2024) cont.			**Severe and profound** ▪ Environmental considerations in helping people to engage in activity ▪ Developing a list of local accessible activities for people with severe to profound learning disability ▪ Thorough process of data gathering at the initial supporter session ▪ The supporter needs to have known the person well and for some time ▪ One main supporter is identified to accompany the person to each therapy session ▪ Routine and managing transitions between activities are taken into consideration ▪ Film or pictures of the person engaging in activity are included in or accompany the booklets to bring the documents to life when people cannot describe their own experience ▪ The wider network of supporters must understand the therapy structure, therapeutic goals and the role they play in the therapy process ▪ Some therapeutic tasks are completed with supporters alone if individuals were unable to follow these parts of the sessions ▪ Session goals need to be carefully calibrated to be achievable

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Hronis (2021)	Review (CBT for adults, adolescents, and children with learning disability)	Adults and children	**Children** ▪ Adapted according to the child's developmental/ability level and neuropsychological profile ▪ Involve parent and carers ▪ Increased number of shorter sessions ▪ Breaks during session ▪ Simplifying the presentation of information ▪ Short, simple sentences containing a single concept ▪ Reducing length of tasks ▪ Use of roleplay ▪ Use engaging visuals and worksheets ▪ Use in vivo practice to support generalisation of skills ▪ Repeat practice of skills ▪ Concrete exercises to reduce the emphasis on communication/verbal skills ▪ Incorporate the child's interests ▪ CBT programmes developed for children with a learning disability e.g. the 'Fearless me!' programme (Hronis et al., 2018), a CBT programme combining both face-to-face and online sessions (with an online programme with text-to-speech function) **Adults** ▪ Involvement of significant others ▪ Simplification of language concepts and slower pace ▪ Adopting a more directive approach

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Dagnan et al. (2018)	Systematic review (CBT for anxiety), n=19 articles	Across the lifespan (17- 73 years old range)	**Socratic approaches** ▪ 'Careful Socratic questioning' using a collaborative and experimental approach, alongside a worksheet ▪ In some papers, Socratic approaches were not used to challenge key beliefs triggering the anxiety; alternative to Socratic approaches included generating alternative thoughts/statements and 'coping statements', which may be placed on flashcards as reminders **Psychoeducation** ▪ Simple and brief information, e.g. around anxiety and normalising unhelpful automatic thoughts ▪ Psychoeducational game or quiz at the end of every session **Therapeutic activities** ▪ Use of roleplay and rehearsal ▪ Eight session computer-based intervention to teach relaxation ▪ Adapted progressive muscle relaxation adapted script ▪ Visual strategies, e.g. automatic negative thoughts described as 'ANTS' and coping statement to 'squash ANTS' ▪ Use of metaphors, e.g. 'cupboard metaphor' for traumatic memories ▪ Practice using physical approaches and simplified scripts, e.g. progressive muscle relaxation and 'Soles of the Feet meditation' exercises

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Scott et al. (2019)	Qualitative, n=21 supporters of people with mild to moderate learning disability	Adults	**The supporter's role** ▪ Providing 'moral support' and encouragement ▪ Explaining the therapists' words to the client and/or encouraging the person to speak honestly to the therapist ▪ Motivating and working with the client between sessions and helping them to share relevant information about the therapy with other important people around them **Other adaptations** ▪ Using pictorial materials ▪ Planning and doing activities tailored to the client's interests ▪ Sense of routine instilled in therapy **Suggested Improvements** ▪ More flexibility in tailoring the therapy to the client ▪ Shorter and simpler sessions ▪ An extra review session after the end of therapy ▪ Involving the client's family more
Jahoda et al. (2017)	Single-blind randomised control trial of adapted behavioural activation (BeatIt) compared with self-help intervention (StepUp) for low mood, n=141 people completed		▪ BeatIt Intervention: 12 session manualised approach, adapted for people with learning disability ▪ StepUp intervention: manualised approach, psychoeducation-focussed approach ▪ Delivered on an outreach basis ▪ Delivery of the therapy alongside a significant other, providing support in the session as well as for a minimum of two hours outside session, e.g. to support engagement in an activity, applying skills to everyday lives

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Parent et al. (2016)	Case study, n=two (12 to 16 years) adolescents with learning disability (level not specified)	Adolescents	▪ Those typically supported with an individual educational aide during the school day attended the therapy session with their aide ▪ Teacher support was provided to assist in the completion questionnaires when needed ▪ Students with more limited reading and/or receptive language abilities talked about their triggers and moods using visually supported rating scales ▪ Length and pace of therapy sessions were tailored to the students' additional capacity and work abilities ▪ Session activities included matching exercises and creating social stories on a board ▪ Students who could read completed writing exercises ▪ Opportunities to practise skills were set up and prompted by classroom teachers ▪ Classroom teachers also kept track of issues raised by students, incidents to discuss in sessions or post-session reinforcement activities ▪ Consultations were also completed with the students' caregivers ▪ Coping skills and self-advocacy strategies were frequently modelled by the therapist, roleplayed, and practiced ▪ Length and pace of therapy sessions were tailored to the person's attentional capacity ▪ Session structure was outlined using visual aids ▪ Sessions were followed by a 15-minute break and a post-session reinforcement activity of the student's choice ▪ Weekly classroom consultations for 30-60 minutes per week for treatment planning, progress reporting and problem-solving purposes ▪ Progress was reviewed with families on a regular basis ▪ Use of visual materials and activities

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Jahoda et al. (2006)	Literature review in relation to depression, social context and CBT	Across the lifespan	▪ Life story work; support an increase in recall of positive memories ▪ A need to work both at an individual level and with the person's wider social context. Social context is key, linked to the social model of disability and the fact that social processes influence a person's core beliefs. Dagnan and Waring (2004) suggested work at a wider level with people with a learning disability to support finding valued social roles within local communities and to alter damaging relationships

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Compassion Focussed Therapy (CFT)			
Busfield et al. (2024)	Mixed methods design to evaluation an eleven-week CFT group (Kind Minds), n=eight people with mild-moderate learning disability	Adults	▪ Additional sessions (11 sessions in total, to allow time to repeat key concepts) ▪ Use of the term 'compassion boxes', supported understanding ▪ Multi-sensory items provide concrete representations of compassion ▪ Group took place in a community hall ▪ Easy Read workbooks provided at the start of each session ▪ Each participant given a shoe box to decorate as their 'compassion box' ▪ PowerPoint slides and videos used to support learning of concepts and skills ▪ Option for supporters to attend the group. Supporters identified as helpful in providing encouragement, feedback and reinforcing concepts from the group during sessions, as well as assisting with homework completion ▪ Adaptations to resources » CBT model (thoughts, feeling physical sensations, behaviours), visually represented across the room by a picture and word » 'Bully' or 'friend' card activity » The 'jigsaw brain' and videos » Hula hoops used to represent the three circles model, roleplays used to demonstrate moving between emotional regulation systems » Large boxes stacked in the middle of the room and barriers to compassion written on these and then kicked down » Examples provided of compassion boxes and items triggering the soothe system

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Goad & Parker (2021)	Mixed methods pilot study to evaluate CFT groups, n=six people with mild to moderate learning disability	Adults	▪ Full information about the group in an accessible format, to obtain consent ▪ Visual elements, e.g. » The 'three circles' (threat, drive, soothe) presented visually on the floor using red, green and blue ropes that could be increased or decreased in size by the participant based on their views of their threat, drive and soothing system » Use of posters and pictures, as opposed to written-based activities/handouts ▪ A focus on experiential exercises and practical activities rather than language or written-based tasks ▪ Use of real items, e.g. bubbles in a breathing exercise. and soothing boxes
Hewitt et al. (2023)	Case study, n=four people with mild learning disability (32 to 43 years)	Adults	▪ Support workers attended sessions ▪ Incorporate the specific interests of participants, to improve engagement ▪ Work individually and then check understanding, reinforce what was learnt ▪ Concept of compassion included every week ▪ Repetition of information ▪ Concrete examples ▪ Some content could be given more time ▪ Concrete tasks, e.g. asking clients to bring a soothing object from home and creating a self-soothe box ▪ Easy Read information and pictures/visuals, with limited written information ▪ Practical assistance to meet clients off the bus, getting them into the group, offering refreshments, supporting with tasks when their support was unavailable ▪ Emphasis on experiential exercises

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Clapton et al. (2018)	Mixed methods to examine feasibility and accessibility of a CFT group, n=six people with mild learning disability	Adults	▪ Presentation of psychoeducational material in a concrete, visual manner, supported by use of PowerPoint slides ▪ Reduce the use of abstract language ▪ Workbook containing written and visual summaries of each session and techniques ▪ Using objects to represent concepts in a concrete and understandable manner e.g. coloured sand and water in a bottle to demonstrate the purpose of slowing the mind-body ▪ Session lasted 90 minutes
Cognitive Stimulation Therapy (CST)			
Acton et al. (2022)	Adaptation of a manual of CST using co-production with carers of people with a learning disability and dementia, n=six, interviews	Older adults	▪ Adding information and education for carers ▪ Carers attend the first session; aim to provide carers with an introduction to the CST programme ▪ Additional resources; describing what CST is and an CST activity workbook, including shortened activities ▪ Modification to session content, alternative activities with a focus on practical, multi-sensory and creativity ▪ Use of visual supports and supportive materials

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Dialectical Behavioural Therapy (DBT)			
Florez and Bethay (2017)	Case study, adult with a mild learning disability	Adult	▪ Treatment conducted in a residential setting ▪ Handouts and recording forms adapted to contain more concrete images and simpler language ▪ Briefer sessions (45 minutes instead of two-hour sessions), less content during session ▪ Skills training delivered one-to-one instead of a DBT group setting to support with attention, rehearsal of skills, frequent check ins on client's understanding of content ▪ Experiential exercises to teach skills ▪ Practice of concrete exercises, e.g. using five senses, mindful activity eating a raisin to demonstrate mindfulness ▪ Roleplay ▪ 'Tool box' containing a set of cards with each skill taught, to support access in crisis ▪ Supporting document for staff outlining how to support the person when they are communicating distress ▪ Support from staff to complete the homework ▪ Systemic working; psychoeducation and staff or parent training about the skills, and prompting to support use of the skills ▪ Visual aids, e.g. emotional thermometer, to prompt healthy coping strategies at each zone ▪ Focus on a person's strength and empowerment

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Newlands & Benuto (2021	Case study, one 37-year-old adult with learning disability (level not specified)	Adults	▪ Delivered in an individual instead of DBT group setting to support with attention, rehearsal of skills, frequent check ins on clients understanding of content ▪ Spending more time on homework review and the skills from the previous week, including behavioural chain ▪ Adapted handouts or worksheets, modified by Dykstra & Charlton (2008) ▪ Covered only one to three skills per group so more time is allocated per session ▪ Language adapted to make the content more accessible, topics simplified, handouts streamlined to help with understanding and retention ▪ Additional sessions spent on interpersonal/relationship effectiveness, as this was the client's primary goal ▪ Every session touched on the topic of validation ▪ Skills and topics presented in a concrete manor using multiple examples relevant to the client
Systemic Therapy			
Blankestein et al. (2019)	Comparison study of multisystemic therapy for adolescents with learning disability, (n=55) and multisystemic therapy (n=73)	Adolescents	▪ Guidelines around how to adapt multisystemic therapy to the strengths and needs of people with a learning disability (De Wit et al., 2012) ▪ Focus on identifying parental stress and how this is influenced by the adolescent's learning disability ▪ Simplified language ▪ Use of visual cues ▪ Simplification of session content by focusing on one assignment ▪ Promoting active involvement of the young person's social network ▪ Greater attention to generalisation of skills and knowledge

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Giesbers et al. (2019)	Adapting the Family Network Method for measuring emotional support in family networks for people with mild learning disability	Adults	▪ Simplified language ▪ Names/photographs of family members displayed on cards ▪ Practical, as opposed to verbal tasks, e.g. card sort tasks ▪ Asking for a rough estimation of family demographic information ▪ Visually represent a person's network using different colours, shapes, sizes
Narrative Therapy			
Lau-Zu & Mann (2023)	Case study, a 36-year-old adult with learning disability (level not specified)	Adult	▪ Different members of staff witnessing repeated 're-tellings' ▪ Rituals were used to celebrate steps taken away from problem stories ▪ Individual session Tree of Life, rather than group context ▪ Four short letters which included brief summaries and ideas for client to add to their Tree of Life, e.g. bullet point list of new skills, strengths, events contrasting previous problem stories and commitments, these were then shared with others in the client's system ▪ The client presented their 'Tree of Life presentation' to the professional system (care home staff) ▪ Use of prompts to visually scaffold conversations and the use of therapeutic documents to help summarise ideas ▪ Much simpler and more concrete language, broken down into several shorter questions and revisited later if the question is not understood

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Mayer et al. (2023)	Randomised controlled pilot study, n=15 21 to 68 year-olds with learning disability (level not specified)	Adults	▪ Clear communication ▪ Experience-near exercises ▪ Simple structure ▪ Safe and positive environment ▪ Engagement of the social network ▪ Structured workbook with exercises for participants: easy to understand ▪ Specific measures taken to support people putting personal experiences into words ▪ Use of metaphors in workbook ▪ Illustrated throughout to support understanding through visual cues ▪ Left page of workbook blank for photographs/drawings ▪ Regular check in of understanding; providing further clarification where appropriate ▪ Number of sessions chosen to leave enough time for repetition ▪ Different colours used in the workbook for the past, present and future ▪ Special attention given to farewell: participant receives a number of compliments from the group and a certificate for successful completion ▪ During the intake session a significant other is present to receive information about the intervention and asked to support the homework assignments ▪ At the end of the intervention, all participants present their own story about their voyage of discovery to people from their network

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Attachment intervention (e.g. Theraplay)			
Hofstra et al. (2023)	Evaluation of Theraplay Intervention, n=12 mother-child dyads (children with mild-moderate learning disability)	Children	▪ Longer treatment duration (around 30 sessions) ▪ Slow transition of the mother from observer to active participant ▪ Active co-therapist throughout the therapy process ▪ Intervention planning to acknowledge the contextual factors and focus on putting into place measures to prevent dyads from dropping out ▪ Pre-intervention work, e.g. motivational enhancement for parents, individual support for parental mental health difficulties, referral to services for support around practical problems (e.g. finances) ▪ Offering outreach sessions outside clinical setting, e.g. carrying out sessions at home
Art, music and drama-based interventions			
Kim & Chung (2023)	Case Study, n=five adolescents (aged 17 years) with mild learning disability	Adolescents	▪ Terms related to informed consent were converted into easy-to-understand terms according to the person's level of understanding ▪ Changing the difficulty level and use of digital media
Rushton et al. (2023)	Systematic review, n=seven papers, profound and multiple learning disability	Children and adults	▪ Predictability and routine can help clients to feel more secure and provide opportunities to anticipate events or actions

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Feniger-Schaal (2016)	Case study of dramatherapy, adult with moderate learning disability and obsessive-compulsive disorder		▪ Importance of providing a 'secure base' and development of the therapeutic relationship; patience, empathy, containment and stability ▪ Visual aids; use of pictures to explore what the client liked, disliked and what they reminded the person of ▪ Use of pictures to create a story that integrated the key themes stemming from the images; providing a sense of validation ▪ Scaffolding using simple questions to support the client to engage in story-making using pictures and writing down what the client said ▪ Re-capping at the start of every session, reading out the story created so far
Eye Movement Desensitisation and Reprocessing therapy (EMDR)			
Williamson & Rayner-Smith (2024)	General review, mild and moderate learning disability	Children	▪ A longer-term and more individualised EMDR approach should be used for clients with additional diagnoses ▪ Consider individual characteristics such as the type of trauma before making a firm decision on the number of sessions of EMDR needed

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
McKillop et al. (2024)	Qualitative, n=six clinical psychologists providing EMDR to clients with a learning disability	Adults	▪ Adapting pace of therapy based on person's capabilities ▪ Use of other therapy techniques within the treatment (e.g., ACT, CFT, or Tree of Life) that the client has previously learned ▪ The type of bilateral stimulation used was dependent on the client's preference and physical ability ▪ Use of accessible language ▪ Consider the location of therapy ▪ Carers provided information about previous trauma, communication strategies and changes in presentation ▪ Use of printed resources ▪ Prolonging the stabilisation phase ▪ Prompts to support concentration during sessions
Jowett et al. (2016)	Literature review of case studies of EMDR therapy for trauma in 14 adults with mild-severe learning disability	Adults	▪ Story-telling method, adopting parts of the EMDR Children's Protocol ▪ Use of visual aids ▪ Break down the process into concrete components, e.g. break down a traumatic event into 10 parts and draw these on paper in the form of a puzzle with 10 pieces. Each memory is then addressed by EMDR in turn ▪ Increased verbal redirection ▪ Adapted delivery using a range of forms of bilateral stimulation; visual stimulation by tracking the therapist hands, auditory tactile buzzer units, and bilateral tapping ▪ Flexibility around session length (varied between 20-90 minutes) and treatment duration (varied between six-13 sessions)

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Unwin et al. (2023)	Unwin et al. (2023) Qualitative, n=10 therapy participants with a learning disability, and n=four carers of participants with a learning disability; n=13 therapists, n=six senior clinicians	Adults	▪ Visual supports ▪ Frequent return to target ▪ Focus on emotions and physical sensation rather than mental images or cognitions ▪ Making the stages, language and outcomes more accessible ▪ Not preferring side-to-side finger movements over other forms of bilateral stimulation such as tapping ▪ Encouraging creative use of expression ▪ Involvement of significant others to support the person within and/or between therapy sessions ▪ The length of the psycho-education and stabilisation phase may vary widely

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Porter (2022)	Mixed methods study of process, adaptations and outcomes of EMDR with n=14 people with mild and moderate learning disability (29 to 61 years old)	Adults	▪ More sessions were needed to enable people with learning disability to engage with clinical histories, explanations and resourcing ▪ Support was required from staff teams and/or family in or outside the initial sessions to build a clinical picture ▪ Timelines informed by staff teams and reviews of clinical information were created and used by the therapist primarily to aid case conceptualisation, or as a visual tool to support the person to identify targets for desensitisation ▪ Resources from the standard protocol were taught and supported with Easy Read cards to take home ▪ Meetings held with staff teams/partners/families with the person with learning disability present, if possible, to support them to understand the process of therapy ▪ Staff teams/partners/families were given an information sheet explaining how they could support the client on their EMDR journey ▪ Staff teams/partners/families were taught how to support the client to practise resourcing outside sessions ▪ The therapist supported target identification by asking "which part bothers you most about [...]" or "when you look at this timeline which bit stands out" ▪ Where describing a target was too difficult the clinician suggested drawing an image ▪ Pictorial representations suitable to the person's verbal ability were used to aid descriptions ▪ Use of simplified explanations and drawings ▪ Grounding enhanced with auditory, visual or tactile aids ▪ Understanding of the body scan task supported with a visual representation using the therapist's arm moving down the client's body ▪ Use of visual supports, frequent return to target, and a focus upon emotions and physical sensation rather than images or cognitions

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Psychosocial groups			
Byström et al. (2022)	Case study, one male (eight years old) with a diagnosis of autism and mild learning disability	Child	▪ Group based on the 'COMSI' group intervention, using animals and nature as the treatment platform ▪ Intervention took place at a farm **Preparation for intervention** ▪ Parents visited the farm beforehand ▪ Child was shown photos of the environment and staff **Involvement of significant others** ▪ Each child allocated a specific therapist who provided a safe haven, supporting the child to develop autonomy alongside an integral sense of belonging and security ▪ After each session, staff sent a letter home addressed to the child, and a letter to parents, summarising what had been covered in the session ▪ Photographs from intervention sessions were also sent home and parents were encouraged to use these to encourage conversations and demonstrate good listening ▪ Before summer break parents and siblings were invited to attend the farm with the child ▪ Once every four-six months project lead (psychologist) met with parents to discuss the child's progress **Therapeutic activities** ▪ Farm activities ▪ Games (e.g. roleplaying, involving mentalising and planning ability)

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Ericson et al. (2022)	Mixed methods, outcomes of a psychoeducative groups for n=23 adolescents with mild learning disability and their parents	Adolescents	**Structure** ▪ Parent group running separately alongside the adolescent group ▪ Parents made aware of the topics addressed in the adolescent group, to support with follow-up questions at home ▪ Structured session, same beginning and ending ▪ Topics for each session addressed through a number of activities ▪ Dinner before the group to encourage social interaction **Materials/activities** ▪ Materials adapted to a level suited to the group participants' understanding ▪ Repetition ▪ Visual support ▪ Mini-lectures/presentations on topics, including speakers from other agencies and specialists ▪ Video clips ▪ Group discussion ▪ Practical tasks, e.g. completing check lists, cartoons, fill in forms ▪ Quiz, including 'Kahoot' games ▪ Roleplays, demonstrated by group leads ▪ Evaluation tasks, e.g. green/red cards for yes/no or like/dislike or true/false

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Video modelling social skills			
Hetzroni and Bani (2017)	Single subject multiple baseline study with n=five children (aged 11 to 15 years old) with mild learning disability	Children	▪ Intervention including video modelling, game, group discussion and simulations ▪ Use of multimedia could enhance understanding and transferability of skills to the natural environment
Hand et al. (2013)	Pre and Post-intervention evaluation of n=eight fathers and n=21 mothers of at least one child with a mild learning disability	Children	▪ Adaptations to the Parents Plus Children's programme (PPCP) » Symbols used » Videos representing children with disabilities were included to make the material more relevant to parents in the group
Online intervention			
Verberg et al. (2018)	Study protocol, participants not yet recruited, mild to borderline (12 to 23 years old) with learning disability	Children and adults	▪ Parents will receive a login to be able to follow the sessions at home ▪ Visual and auditory support will be provided online ▪ Interactive assignments and animations will be used ▪ There will be repetition of sections ▪ The final session will review previous sessions and repeat the most important information ▪ Two weekly reminders of the session contents or a short assignment will be sent to mobile phone/email ▪ Instrument will be adjusted to reduce the complexity of the questionnaires ▪ Difficult words and sentences in measures will be simplified or rephrased to avoid misunderstandings due to literal interpretation

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Solution Focused Brief Therapy			
Banting et al. (2018)	Case study, 26-year- old male with a mild learning disability, support for anger	Adult	▪ Visual communication aids using accessible language and pictures ▪ Adapted worksheets including: » A session aims sheet with pictures and bullet points explaining the aims of therapeutic work » Goal checklist to support development of a behavioural goal » Personal goal progress sheet to check in on progress towards the client's goal at the start of each session » Skills sheet to prompt considering strengths » Emotions chart, with images of a range of emotions to support thinking about behaviours and physical body sensations » Emotion cards » Examples of communication worksheet ▪ Roleplay, e.g., therapist roleplayed alternative responses to conflict and social problems ▪ Concrete language and examples offered, before asking the person to answer in relation to their own situation ▪ Involvement of significant other, e.g. sharing information about conflict with partner
Lohuis et al. (2017)	Qualitative, n=nine professionals supporting people with mild to severe learning disability	Not specified	▪ Focus on empowerment, strengths and resources ▪ Adjust language to the level of the client ▪ Offer choices

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Mindfulness			
Gandía-Abellan et al. (2023)	Pilot study, mindfulness based intervention for n=14 adults with autism and learning disability	Adults	▪ Maximised an experiential focus, aiming to reduce verbal, attentional and cognitive demands ▪ No explicit focus on psychoeducational component ▪ Short practices and repeated practices ▪ Practices associated with an easily recognisable specific item e.g. 'the boat' ▪ Real items were used, e.g. a real candle in a breathing exercise, to allow the person to observe the effect of his/her breathing ▪ Thought attention and observations practices not included ▪ Focus on sensory tasks ▪ Simple sentences ▪ Visual support to outline each session ▪ Same beginning and ending to sessions
Relapse Prevention (Drug and alcohol)			
Copersino et al. (2022)	Intervention study of alcohol/drug refusal skills group, n=30 people accessing learning disability services at high risk/in recovery from substance use problems	Adults	▪ Experiential methods and roleplay used to empower people with a learning disability with assertiveness skills ▪ Practice skills repeatedly using roleplay ▪ Use of instructional techniques appropriate to a person's abilities ▪ Groups set up directly in learning disability service settings and locations participants already have free transport and easy access to

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Suicide safety plans			
Earixson et al. (2023)	Suggestions for adapted suicide safety plan	Youth	**Visual supports** ▪ Present information visually ▪ Use Easy Read font (14-point or higher) ▪ Use one side of the page ▪ Break up large chunks of text ▪ Visual worksheets summarising the safety plan, e.g. ▪ Large poster-sized safety plan on a wall at home ▪ Typed-up plans ▪ Drawing pictures **Content** ▪ Use simple and concrete language ▪ Avoid abstract language ▪ Present ideas in a structured way ▪ Limit amount of information on one page

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Earixson et al. (2023) cont.			**Teaching** ▪ Multi-modal instruction, pairing verbal instructions with visual pictures or videos ▪ 'Chunking' information ▪ Modelling (watching another person perform the task) ▪ Practicing techniques using a script ▪ Rehearsal and repeating of steps, such as within the suicide safety plan, to support them feeling familiar and automatic ▪ Incorporate a person's strengths and interests, e.g. visual images of a person's favourite fictional character as part of a relaxation processes ▪ Incorporate metaphors where appropriate **Additional communication methods** ▪ Use of devices ▪ Drawing, pictures, typing plans **Significant others** ▪ Ask about successful learning supports, leverage pre-existing learning strengths ▪ Collaboration with caregivers

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Therapy Processes			
Dunn et al. (2024)	Qualitative, n=eight therapists completed interviews about ending therapy with people with a learning disability	Not specified	▪ Prepare for therapy endings early, explicit communication that therapy is limited and will end, e.g. setting a countdown ▪ Gradual endings, e.g. making the gaps between sessions longer (weekly, fortnightly, a month, six weeks, and a follow up session) ▪ Reflect on feelings around endings; use self-disclosure; communicate that they person is worthwhile and worthy ▪ Ending therapy is an opportunity to offer a different experience to endings clients may have experienced in their past ▪ Reframe ending from the loss of a relationship to focus on the new skills, abilities and growth achieved, 'it means that you can be doing these things on your own' ▪ Remind of the extended professional circle around the person, that support is still available, to prevent feelings of abandonment
Anderson-Kittow et al. (2024)	Co-designing resources to support families to plan ahead	Older adults	▪ Visual approaches and planning ahead cards to support starting conversations and decision making around advance care planning
Cameron et al. (2020)	Qualitative study to examine Bordin's model of therapeutic alliance, n=six people with learning disability	Adults	▪ Importance of holding in mind a person's previous experience of negative relationships, which may impact on difficulty trusting others and opening up e.g. anxiety about opening up ▪ The bond and therapeutic relationship may become of central importance to the client, therefore prioritising time around building the therapeutic relationship, endings etc ▪ Collaboration between client and therapist around deciding on goals and practical therapy tasks

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Dagnan et al. (2016)	Development of a taxonomy of questions to investigate CBT therapy process, n=15 therapy dyads, clients with mild learning disability	Adults	▪ Adapt therapeutic style based on ability, e.g. less time spent on question-focused interactions for lower cognitive abilities
Sutherland & Isherwood (2016)	Systematic literature review: Easy Read	Adults	▪ Different forms of accessible information include Easy Read, video, audio material, photographs, interactive computer programmes **Recommendations around Easy Read** ▪ Short sentences ▪ Repetition of the same word to refer to one concept ▪ Visual supports, e.g. photographs alongside simple text to describe the intended meaning; consider presenting photographs in isolation to prevent cognitive overload ▪ Individualised leaflets, capturing the person's experiences, name, places of significance **Select visual supports based on a person's individual cognitive profile, e.g. differences in** » Information processing: people may struggle to attend to too many stimuli (e.g. colour and shape) and may prefer simple black and white drawings to photographs » Attention span » Visual scanning preferences: top to bottom or left to right ▪ One person delivers the information ▪ Have a review mechanism in place to ascertain if there needs to be any changes in the way information is delivered

Author, date	Study design, participant description	Population focus of paper	Main reported adaptations
Jahoda et al. (2009)	Power in therapy		▪ A need for therapists to structure or scaffold sessions to achieve collaboration and a balance of power

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