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BRIEF REPORT

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# The experiences of psychologists working with people with intellectual disabilities during the COVID-19 crisis

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## Abstract

**Background:** The aim of this study was to explore the experiences of psychologists working with people with intellectual disabilities during the initial stage of the COVID-19 lockdown in the Netherlands.

**Method:** Five psychologists, who were affiliated with three intellectual disability services, participated in this descriptive qualitative study. Overall, they recorded 22 audio messages during the period under examination, which were analysed using thematic analysis.

**Results:** Three themes were identified: (a) Working from home; (b) Adapting to the new reality; and (c) Advising and coaching support staff.

**Conclusions:** This study provides critical insights into the experiences of psychologists working with people with intellectual disabilities during the initial stage of the COVID-19 lockdown. These insights can help policymakers and practitioners to prepare for either a potential second wave of COVID-19 or a future pandemic.

KEYWORDS
coronavirus, COVID-19, experiences, intellectual disabilities, psychologists

## 1 | INTRODUCTION

In recent decades, long-term care for people with intellectual disabilities has been provided by support staff within an integrated setting in the community, in order to address the specific needs and desires of these service users. Support staff often work alongside psychologists who specialise in caring for people with intellectual disabilities (Rogers et al., 2020). A significant part of psychologists' workload in these settings is dedicated to implementing psychological and behavioural interventions (Stenfert Kroese & Smith, 2018).

Under normal circumstances, psychologists can either deliver these interventions themselves or collaborate with support staff to provide one-to-one psychotherapy to people with intellectual disabilities, which has been found to safeguard the continuation and generalisation of enhanced psychological well-being and reduce the necessity for prolonged therapy (Stenfert Kroese et al., 2014). However, in light of the current coronavirus (COVID-19) outbreak and the accompanying preventive measures, many of these psychological and behavioural interventions can no longer be implemented due to the significant reduction in face-to-face contact with psychologists (Courtenay & Perera, 2020). In line with the emotional, cognitive, practical, and professional impact on support staff (Embregts et al., 2020), it is likely that the COVID-19 crisis has also had a major impact on the work of psychologists.

However, there has hitherto been no empirical research conducted examining the experiences of psychologists working with people with intellectual disabilities and their support staff during

the current COVID-19 crisis. Therefore, the aim of this brief descriptive qualitative report is to shed light on their experiences during the COVID-19 crisis. More specifically, the present study focuses on their experiences during the initial stage of the lockdown in the Netherlands, which covered the period from 15 March to 11 May.

## 2 | METHOD

### 2.1 | Participants

In total, five psychologists (all women) from three different intellectual disability services in the Netherlands participated in the study. They had a mean age of 44.8 years ($SD = 9.8$, range: 31–57). On average, they had worked in the field of intellectual disabilities for 22.4 years ($SD = 7.0$, range: 12–31), with 13.0 years ($SD = 9.4$, range: 1–25) of experience in their current job within residential services. Two of them worked with people with mild to moderate intellectual disabilities, while the other three psychologists worked with people with all levels of intellectual disabilities.

### 2.2 | Procedure

After ethical approval was provided by the Ethics Review Board of (Tilburg University) (RP149), participants were recruited from three intellectual disability services via convenience sampling. The last author contacted the prospective participants by phone and outlined the nature of the study; all five psychologists voluntarily agreed to participate and provided written informed consent.

### 2.3 | Materials

In line with Embregts et al. (2020), who investigated the experiences of support staff during the COVID-19 crisis, the psychologists were invited to record weekly audio messages for the duration of the study. Specifically, they reflected on their experiences during the COVID-19 crisis by answering four brief questions: (a) How was your day today? (b) Can you tell us about what you have done today? (c) Can you tell us about any problems you have had to deal with today? and (d) What went well today? These audio messages were self-recorded on smartphones at the end of the working day at a time that was convenient for the participants (i.e. they could decide which day they wanted to reflect upon these questions) and subsequently sent to the last author by email.

Overall, the participants recorded 22 audio messages in Dutch, with a mean duration of 4.5 min ($SD = 1.4$; range: 2–8). The number of audio messages recorded by each participant ranged from 3 to 5. Participants were invited to self-record the audio messages on their smartphone at the end of the working day at a time that was convenient for them.

### 2.4 | Data analysis

Thematic analysis was used to identify themes (Braun & Clarke, 2006). After reading the verbatim transcriptions of the audio messages in detail, two authors (TT and NF) coded the data. Disagreements were discussed with the first author (PE). Next, all the codes were grouped into potential themes (TT and NF) and discussed with all the authors (PE, TT and NF) to ensure that the codes in each theme were consistent and that the codes in dissimilar themes could be clearly differentiated from one another. As the interviews were carried out in Dutch, the coding and grouping of the codes into themes was also conducted in Dutch. The findings were then translated into English. Finally, the themes were defined and named (TT and NF) and a narrative structure with associated descriptions was established (PE, TT and NF).

## 3 | RESULTS

The thematic analysis identified three themes: (a) Working from home; (b) Adapting to the new reality; and (c) Advising and coaching support staff.

### 3.1 | Theme 1: Working from home

During the initial stage of the lockdown, the psychologists had to work from home and were not allowed to visit the group homes. While they all understood the need for this measure, they nevertheless wanted to be on-site to support both the service users and the support staff at the group homes in person. As a result, some of the psychologists stated that they felt guilty towards service users and support staff, based on the fact that they were able to work from home without the risk of infection.

The psychologists began to use video conferencing or phone calls as alternative modes of communication. Generally speaking, they found these modes of communication to be problematic, particularly when sensitive topics had to be discussed with service users, insofar as they were unable to pick up on significant non-verbal signals:

> The lack of live contact prevents me from noticing non-verbal signals. Due to the use of video conferencing and phone calls, I miss these signals. Under normal circumstances, with live contact, I can easily spot those signal, but now they're hard to pick up. This makes it difficult for me to communicate effectively [Psychologist 4].

In addition, when using video conferencing, psychologists experienced various technical difficulties, such as the inability of a healthcare facility's limited server to manage numerous simultaneous

video conversations, the lack of a secure internet connection—which meant that no personal information could be shared, thus making it complex to discuss individual cases—and the lack of devices at group homes to enable the use of video conferencing with, among others, psychologists.

As the COVID-19 crisis continued, the psychologists indicated that everyone became habituated to the COVID-19 measures, as well as to the use of video conferencing. Some psychologists even organised 'digital coffee breaks' with their teams and expressed that they were able to discuss 'regular care' again with support staff, such as treatment plans and support goals. Although these conversations were initiated by the psychologists via video conferencing, support staff also explicitly asked whether they could attend the meetings in person more frequently as the COVID-19 crisis continued. There were different responses from the psychologists to this specific request: some agreed to engage in personal contact and take part in live meetings with support staff, while others awaited further instructions from their managers.

### 3.2 | Theme 2: Adapting to the new reality

As regular meetings were not possible, the psychologists were challenged to improvise and find alternative methods of maintaining regular contact with the service users, support staff, and colleagues. For example, among other methods, some psychologists began to arrange digital appointments with colleagues in small groups, along with making vlogs that instructed staff in how to support service users and conduct a specific treatment. Moreover, most of the psychologists indicated that creativity became an important aspect of their jobs during this particular period. For example, in a group home for people with more severe levels of intellectual disabilities, which had confirmed cases of COVID-19, the service users were scared of the protective equipment worn by support staff, and, hence, the psychologist was consulted for advice:

> Yes, we had to use protective equipment, but what can we do with the equipment to make it less scary? We decided to put a picture of the support staff member on it, so that service users could easily see who's entering the room [Psychologist 1].

### 3.3 | Theme 3: Advising and coaching support staff

During the initial phase of the lockdown, the psychologists spent most of their time advising and coaching support staff about how to apply the COVID-19 measures, while, simultaneously, dealing with the changed behaviour of the service users. At this time, some service users had begun to display challenging behaviours as a result of the COVID-19 measures and, hence, there was a risk that support staff would employ more restrictive measures to address this behaviour. For example, rather than participating in the daily programme, one service user preferred to use his smartphone to repeatedly call his mother and the national emergency hotline. The psychologist, senior staff, and the service user needed to discuss less invasive alternatives to confiscating his phone to address the situation.

In addition, the psychologists indicated that support staff were anxious about getting infected with COVID-19, and that they had to comfort them. They were only too happy to provide this comfort, as they were proud of how the support staff had coped with the COVID-19 measures and the crisis in general. When someone in a group home became infected with COVID-19 or was suspected of having it, the psychologists' primary goal was to avoid panic spreading among both the service users and support staff, by providing advice to the support staff about how to cope with the situation:

> When COVID-19 is confirmed or suspected, both service users and support staff start to panic and stop thinking clearly. They really need guidance and step-by-step instructions, such as how to support a service user in quarantine, and should the doors be locked? It's important that these issues are discussed and that we advise support staff on how to cope with this [Psychologist 5].

## 4 | DISCUSSION

Due to the COVID-19 restrictions, the psychologists had to work from home and were not allowed to visit the group homes, which made them feel guilty towards service users and support staff. As a result of working from home, psychologists began to use video conferencing or phone calls as alternative ways through which to maintain contact. Although their initial experiences were not wholly positive, partly due to a range of technical difficulties, they became habituated to this new way of maintaining contact as the COVID-19 crisis continued. However, this was not necessarily the case for support staff, as they proceeded to more frequently invite the psychologists to attend live meetings as the COVID-19 crisis continued. Given that the psychologists found it challenging to deal with these requests, it is essential that the intellectual disability services provide clear guidelines on this particular issue. Moreover, although the technical difficulties experienced by the psychologists are in line with prior research (e.g. Frielink et al., 2020), it is nevertheless important that intellectual disability services address these issues now, as future lockdowns will again necessitate the use of video conferencing by psychologists.

One particular difficulty faced by psychologists during the initial stage of the lockdown period involved striking the right balance between applying the COVID-19 measures on the one hand, and, on the other, dealing with the challenging behaviour of service users in response to these measures. In an attempt to reduce these challenging behaviours, the support staff in the present study often requested additional restrictive interventions. Given that restrictive interventions can induce negative emotions in both the service user and

support staff, including feelings of insecurity and anxiety (Heyvaert et al., 2014), it is essential to make a well-informed decision, which takes all perspectives into account, including that of the person with the intellectual disability (Embregts et al., 2019). This is especially the case in the current crisis in which exploring and understanding both the causes of service users' behaviour and the subsequent impact of the preventive measures on them are crucial for jointly making a well-informed decision.

One limitation of the present study is that, although the participants were clearly instructed to go into as much detail as possible, the use of audio messages prevented us from posing follow-up questions. In addition, to mitigate the effects of possible researcher bias, the process of analysing and interpreting the research were subject to review by all authors. Furthermore, due to the convenience sampling, only women working within residential services participated in this study; hence, it would be interesting for future research to study potential demographic differences, such as gender, on a larger scale, while simultaneously including the experiences of psychologists working in community settings with people with intellectual disabilities who are living (semi-)independently or with families, rather than psychologists that are working in residential services. Another limitation of the present study is that we have no information on what occasions the audio messages were recorded. Nevertheless, it is likely that the participants opted to do this on days that were particularly worthy of reflection. This could have been on busy days, but recordings could also have occurred on rather quiet days that involved interesting activities. Moreover, given the small number of participants and the relatively small number of audio recordings for each participant, it is possible that other themes or subthemes might have emerged if there had been additional participants. It is important to stress, however, that despite the small number of audio recordings, each audio message provided new information. Similarly, most likely due to the focus of the questions used to elicit their reflexive accounts, the participants did not mention positive aspects of working from home, such as increased flexibility in their working schedule or having more time to spend with their family. Therefore, further research is needed into the experiences of psychologists during this COVID-19 pandemic. Despite its limitations, this study nevertheless provides relevant insights for policymakers and practitioners into the experiences of psychologists working with people with intellectual disabilities during the initial phase of the COVID-19 lockdown in the Netherlands. These insights can help policymakers and practitioners to prepare for either a potential second wave of COVID-19 or another future pandemic.

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## CONFLICT OF INTEREST

The authors declare no conflicts of interest.

## DATA AVAILABILITY STATEMENT

Research data are not shared.

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