
# Co-design and development of a multi-component anxiety management programme for people with an intellectual disability.

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It is estimated that there are~~There is an estimated~~ 1.2 million people with an intellectual disability in England with approximately 30-50% ~~of them~~se people suffering with mental health problems. Among this cohort, a~~A~~nxiety related difficulties rang~~e~~ing from ~~between~~ 7% to 40% (Reid, Smiley, & Cooper, 2011; Smiley, 2005). However, this figure is thought to be higher with underreporting and lack of effective diagnosis impacting on prevalence rates (Cooray & Bakala, 2005). A comparative study identified higher rates of mental illness in people with intellectual disability than the general population (Cooper, Smiley, Morrison, Williamson, & Allan, 2007) with (Deb, Thomas, & Bright, 2001) identifying higher rates of anxiety in older adults. Experience of anxiety related difficulties are

~~Anxiety disorders have been~~ found to have increased over the ~~a person with intellectual disability~~ life course of person with intellectual disability, with exposure to negative life events being a predictive factor for psychological trauma and resultant anxiety disorders (Tsakanikos, Bouras, Costello, & Holt, 2007; Wigham, Taylor, & Hatton, 2014).

Anxiety related conditions are increasingly prevalent within people with Intellectual disability (Bowring, Painter, & Hastings, 2019; Cooper et al., 2015). However, there is evidence to suggest a greater prevalence of anxiety in people with autism and intellectual disability (Bakken et al., 2010). Furthermore, the co-morbid association between autism and intellectual disability results in a greater propensity for psychiatric disorders (Hill & Furniss, 2006). The presence of anxiety in people with intellectual disability and autism has been found to have a greater association with specific phobias, social anxiety and obsessive compulsive disorder (Helverschou & Martinsen, 2011).

Despite this high prevalence, there is limited evidence forof effectiveness and sustainability of any current treatment interventions (Bailey & Andrews, 2003; Dagnan, Jackson, & Eastlake, 2018; National Institute for Health and Care Excellence, 2016). A meta-analysis examining the effectiveness of psychological therapies for people with mild to moderate intellectual disabilities found limited evidence of efficacy within studies (Koslowski et al., 2016). Research on mModified cognitive behaviour therapy (CBT) for anxiety related problems in people with intellectual disabilityies hasve demonstrated limitations of effectiveness and sustainability ofany sustained therapeutic impact (Hassiotis et al., 2013; Unwin, Tsimopoulou, Kroese, & Azmi, 2016). Although, CBT has been found demonstrated to have some beneficial effect, in a review by (Dagnan et al., 2018) but small samples sizes and lack of scientific rigor limitedwere found to be significant in study outcomes (Dagnan et al., 2018). MoreoverFurthermore, it was the study noted that alternate approaches to psychological interventions are needed to improve clinical practices.

Studies have shown that anxiety has a significant negative impact on the daily lives of people with iIntellectual disability (Ali, King, Strydom, & Hassiotis, 2015; Cooper et al., 2007). The impact on those people with more significant levels of iIntellectual disability with limited verbal communication , can often manifest in behaviours that challenge as a mode to communicate distress (Bowring et al., 2019; Challenging Behaviour Foundation, 2021). The health impact is often compounded with people requiring high doses of medications to manage their symptoms of anxiety (Axmon, El Mrayyan, Eberhard, & Ahlström, 2019; Deb, Unwin, & Deb, 2015). This is in contrast with national campaigns to ‘stop over medicating people with a learning disability and/or autism’ and NICE recommended guidance (National Institute for Health and Care Excellence, 2016; NHS England, 2016).

NICE clinical guidelines suggest psychological therapiesy be adapted for people with intellectual disability andies identifiesying CBT, relaxation and graded exposure as recommended treatment for anxiety (National Institute for Health and Care Excellence, 2016). Additional, psychological therapies such as ,mindfulnessas, mindfulness has demonstrated efficacy areis an effective approaches providedtherapy thatproviding when people with intellectual disability wereare given provided with adequate support and guidance to practice requisite skills (Idusohan-Moizer, Sawicka, Dendle, & Albany, 2015; Robertson, 2011). More recently, a systematic review examined acceptance and commitment therapy for the treatment of anxiety in people with intellectual disability. This reviewstudy noted concluding the potential for adapted acceptance and commitment therapy of this intervention with further adaptions and studies incorporating this therapy within being incorporated into psychological treatment programmes interventions (Byrne & O'Mahony, 2020).

Most therapies for the treatment of anxiety have used a single based therapeutic model, with variable effectiveness (Koslowski et al., 2016; Unwin et al., 2016). The limited evidence of effective long term sustainability of psychological approaches underlines the need for alternate methods forto the treatment of anxiety related issues. Non-pharmacological approaches are needed to deliver a range of effective therapies to support people into improvinge their self-management skills. of anxiety and provide effective psychological interventions. It is considered, Ffurther exploration of a combination of these psychological approaches should be developed to understand what works (or not) for the effectiveness for use within clinical practice (National Institute for Health and Care Excellence, 2016).

*Aims and objectives*

The ~~aim of this~~ study aim was to make improvements to the treatment of anxiety in people with intellectual disability. Co-producing ~~a~~ treatment programme with ~~people by~~ those who have ~~understanding the~~with a lived experience was essential in ~~and using this information to co-~~the development of a multi-component anxiety management programme. Key project ~~The key~~ objectives ~~of the project were~~:

- To work with an engagement group, refining and adapting psychological therapies to an anxiety management programme manual for people with ID.
- To understand the lived experience of anxiety from people with intellectual disability
- To work alongside an engagement group, refining and adapting psychological therapies to develop an anxiety management programme manual
- To co-design an accessible user guide to allow engagement from people with more severe intellectual disability.
- To explore the thoughts and experiences of participants in co-producing the manual

*Method*

The study was conducted in a NHS ~~provider of~~ community intellectual disability service~~s~~. The service provid~~es~~ing specialist care and treatment to people with intellectual disability, their families and carers. The ~~multi-disciplinary~~ service~~s~~ offer~~s~~ a range of multi-disciplinary specialist interventions and support to meet the~~ir~~ healthcare needs. ~~of people with intellectual disability~~. ~~The study was conducted in one of the four community intellectual disability services~~.

A total of four people consented to participate in the project. All participants had a mild intellectual disability with an equal number of male and female participants. Two participants

had a diagnosis of autism. ~~Each~~All participants experienced difficulty with anxiety related issues on a daily basis.

To understand the lived experience of anxiety, ~~participants~~participant's' focus groups were used to collect information about how anxiety impacted upon their lives. ~~The information was analysed~~ Content analysis was used to evaluate the feedback from participants to understand areas of the manual which required further modification. The suggested changes included the structure of sessions, changes to graded exposure approach, using alternative images and terminology. The initial feedback formed ~~then used to form~~ the basis of development of a~~for the co-produced~~ multi-component anxiety management programme (M CAMP-ID). By using an iterative approach within the analysis, ~~Additional~~ the feedback ~~was~~ obtained was used to identify areas for~~of~~ further refinement ~~and allowed adaptations be made to~~ of the programme content and accessible user guide. Feedback from participants was continually analysed throughout the development process using the information provided to make modification to the manual and user guide.

Figure 1 provides details of feedback questions.

**Figure 1.**

**Are the sessions easy to follow?**

**Are the words used in the manual and user guide easy to follow and understand?**

**What do you think of the Images and pictures in the user manual?**

**Can you think of any changes we could make to help people better understand the information?**

**Do any of the sessions need changing or is there any information you don't like?**

**Do both the user and clinician guide work together?**

**Can you think of any other changes which are needed?**

*Discussion groups*

Two separate discussion groups were completed ~~involving all participants~~ using open ended questions. This approach was used to gain an ~~insight~~awareness of ~~to~~ the individual challenges participants experienced in their everyday ~~on daily~~ livesfe. We explored how anxiety impacted individuals in order to ~~and~~ gain a better understanding of ~~the effectiveness of~~ people's self-management strategies. Insight into the participants lived experience provided additional insight into ~~was used to examine~~ the effectiveness of current clinical interventions.

Additional, feedback on the initial draft M CAMP-ID programme was obtained with prior agreement from all participants~~ by two clinicians~~. The discussion group sessions ~~was~~were used to capture ~~participants~~participant's thoughts of the proposed session structure, content and accompanying user workbook and programme manual.

*Developing the multi component anxiety management programme*

Adaptation of several psychological therapies for the development of the anxiety management manual project used a systematic approach by (Hwang, 2009). The adaptation follows a five stage process (Box 1.).

**Box 1.**

**Phase 1: Generating Knowledge and Collaborating with Stakeholders**

**Phase 2: Integrating Generated Information with Theory and Empirical and Clinical Knowledge**

**Phase 3: Review of Culturally Adapted Clinical Intervention by Stakeholders and Further Revision**

**Phase 4: Testing the Culturally Adapted Intervention**

**Phase 5: Synthesizing Stakeholder Feedback and Finalizing the Culturally Adapted Intervention**

A co-production approach ~~was chosen for this project. Co-production is a method~~ of involving people who use healthcare services to design and support developments to treatment interventions (NHS England, 2017) was used. Pivotal to improving healthcare services and treatment interventions is involvement from people with a lived experience (Health Quality Improvement Partnership, 2017). ~~There is clear evidence~~ People with lived experience are ideally placed to advise on the type of support and interventions which are required to make improvements in people's lives (INVOLVE, 2018). An essential element to

this approach are the voices of people with a disability in the creation and delivery of healthcare services (Fenney, Wellings, Lennon, & Hadi, 2022). This approach was adopted for the project and included people with intellectual disability with lived experience of anxiety related disorders as co-production partners.

To support involvement and co-production processes, Iinformation on the key underlying psychological principles for the sessions was provided to participants. The information enabled discussion and a clear explanation provided to participants of on the key psychological principles. to allow people to understand the information.

A project task and finish group was established was created consisting of the four participants who provided valuable feedback from focus groups session to support the initial development of the programme manual. The draft manual was provided toand participants who were subsequently asked to consider; the treatment principles, optimum session arrangement, presentation of the sessions format, accompanying materials, and length of eachthe sessions. The group where provided with fFeedback questionnaires were provided in advance in advance of each of the development sessions to enable facilitators to support participants to be provided to help process information and prepare feedback.

The anxiety management programme consists of eight therapy sessions, which utilise utilising a range of psychological approaches to achieve an individualsindividual's therapy goal. The therapy sessions apply a key focus on the identified area of need which with each session revisiting repeatedly refer to pre-agreed goals. Sessions include multiple adapted therapies consisting of cognitive behaviour therapy, mindfulness, relaxation, graded exposure and elements of acceptance and commitment therapy. The addition of promoting

~~meaningful occupation and lifestyle changes provide support to develop self-management skills. This includes a formulation of an individualised person centred anxiety support plan.~~

The multi-component anxiety management programme (M CAMP-ID) uses a goal-based approach to therapy. The goals are used to focus on what the patients wants to achieve themselves, surrounding their anxiety. Training for clinicians using this approach allows adaptations to be made to make the treatment more accessible for people with both mild and moderate intellectual disability. The M CAMP-ID programme is integrative in terms of psychological models and ~~/~~therapeutic modalities and uses a holistic approach to the promotion of wellbeing.

The programme uses graded exposure to systematically desensitise participants to increasing aspects of an~~the~~ anxiety causing situation or problem. This process is completed in parallel with multiple psychological therapy sessions to support the exposure exercises by developing self-management skills during each of the sessions. A range of strategies including mindfulness exercises, and acceptance and commitment therapy are used to bring about change to thinking processes. Dialectical Behaviour Therapy (DBT) sessions focus on teaching people to live in the moment and develop real life coping strategies to deal with stress and anxiety. Relaxation, wellbeing and lifestyle sessions provide a framework for patients to work towards supporting the self-management of individual's anxiety and stress.

The inclusion of an accessible user guide connects with the clinician guide to support facilitation of the programme. All session begin with a recap of previous session to maintain continuity and identify further learning prior to progressing onto the next session. Movement through the anxiety management programme aims to maintain~~s~~ clinical focus and ~~to~~ achieve

the patients identified goal. All sessions begin and end with an exercise to develop breathing techniques.

Table 1 provides an overview of the session format with a brief description of the programme content.

Table 1.

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| Session 1: About this workbook | Overview of programme and support individual to identify therapy goal. Person centred planning and commitment to programme. |
| Session 2: Healthy mind and body. | Activity based session using multimedia aimed at promoting healthy lifestyle changes to promote well-being. |
| Session 3: What is Anxiety? | Interactive activities to support understanding and recognition of anxiety. Focus on feelings and behaviours, using body mapping exercise. |
| Session 4: Graded Exposure | Systematic desensitisation planning and development of individual plan. |
| Session 5: Talking about anxiety | Developing understanding of expressing anxious self to others using key words, pictures and body language exercise. |

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|---|---|
| Session 6: Working on my anxiety skills | Practical ~~based mindfulness~~based mindfulness session exploring ways to implement this throughout the day as part of a routine. |
| Session 7: learning new skills | Scenario based session - exercises using anxiety provoking scenarios of a range of commonly presented environments / situations that can cause anxiety. |
| Session 8: Review of my anxiety management plan. | ~~Session~~Programme overview/ ~~-~~recap and review of ~~previously identified~~ intervention goals. Plan to repeat sessions as required. |

Analysis

~~Feedback from participants was continually analysed throughout the development process using the information provided to make modification to the manual and user guide.~~

F~~The f~~ocus group interview~~s~~ notes were transcribed and coded into themes using six phase thematic analysis (Braun & Clarke, 2006). Emergent ~~The emerging~~ themes where identified following DA, SJ and SLJ reading and re-reading the transcript several times to familiarise themselves with the content and meaning. The second phase generated initial coding during which DA, SJ & SLJ independently identified codes from within the data from participants words and descriptions. The third phase involved searching for themes through analysis by combining related codes to identify overarching themes. Comparisons and differences in proposed codes where frequently discussed between DA, SJ and SLJ until final agreement was reached. In the fourth phase DA and SLJ examined specific quotations which were subsequently grouped into themes. ~~through discussion between project members~~. The fifth

phased involved naming themes and providing a narrative. In addition, DA, SJ and SLJ determined if any of the themes required a sub-theme. In theThe final phase, DA and SLJ gathered selected themes and quotes to illustrate participantsparticipant's feelings and experiences.

## Results

### *Co-design of the multi-component anxiety management programme*

The project allowed collaboration as aan iterative process throughout the process with feedback used to make adaptions and modifications to the structure and length of sessions. All participants provided feedback with general and consensusagreement on the content of the manual and user guide. The adaptation of different psychology therapies provided an opportunity for participants' to use there lived experience to be captured and incorporated into to enable each of the therapy sessions. be designed to allow engagement.

ByThe dovetailing of the user guide and clinician manual it was felt the was deemed essential by participants for this to programme would be more inclusive available to for people with a more severe intellectual disabilityies. However, all group members considered the adaptation process created challenges in making the programme user guide accessible. CThe challenges were experienced in aligning the clinician manual with the user guide and maintain uniformity within sessions. CThe co-design partners provided feedback to allow for several modifications be made to the user guide. A practical solution was to use provided by using different coloured shapes to code each exercise to maintain unity. It was felt this approach provided an additional opportunity within the programme sessions to maintain engagement in each session and limit disruption to therapeutic delivery.

There was agreement from participants on the structure and content of the anxiety management manual and programme resources. Co-production partners underlined the need for continual self-management strategies to run throughout the programme to allow for clinician led instruction to integrate into the manual. Additionally, ~~It was considered~~ setting a ~~key~~ therapy goal and formulating a graded exposure plan should run concurrently through sessions. The ~~overall~~ aim of this approach is to help people ~~achieve their goal by proving people with~~ develop ~~the~~ self-management skills to overcome anxiety provoking situations which may impact on their lives. ~~Participants underlined the importance of~~ Eencouraging the practice of anxiety management strategies between session was a key feature from participant feedback. ~~by suggesting practice exercises are incorporated in the programme. These would~~ Furthermore, it was felt different levels of ~~help~~ support will be required for the person to achieve their goal and promote graded exposure activities. Therefore, involvement from families and carers will be important particularly in the early stages of the treatment programme.

*Discussion group sessions*

D~~The d~~iscussion group sessions provided ~~an~~ opportunity to understand the ~~enable exploration into the lived experience of the~~ effect anxiety has on participants lives from a lived experience ~~prospective~~perspective. G~~In addition, the g~~roup sessions provided insight into areas of clinical focus ~~Areas of improvement in clinical delivery were valuable in understanding the needs~~ and using a multi-method approach for the treatment of ~~to development of the~~ anxiety. ~~management programme. There were t~~Three key themes were identified.

*Physical and psychological impact of anxiety*

Three of the participants explained thinking about situations which have triggered anxiety and recognising how this is often not helpful. One participant elaborated by explaining ~~they often~~ fe~~el~~ing~~It~~ overwhelmed when using public transport. The ~~leading to~~ experienc~~e~~ing of physical ~~symptoms~~ symptoms caused the person to ~~which have resulted in being sick~~ vomit due to high ~~levels of~~ anxiety levels. This ~~had~~ led to the participant ~~to~~ worrying they would always be sick when faced with the same situation. ~~resulting in participating avoiding going out as they had no other form of transportation~~. Another participant identified ~~with~~ feeling faint when in a ~~the~~ similar situation~~s~~, and emphasised how they ~~with equal avoidance~~ avoided using ~~of~~ public transport. Both participants highlighted how a lack of alternate transportation significantly affected their social networks and leisure activities.

All participants reported the physical impact anxiety ha~~d~~ving ~~some~~ on their body. ~~These feelings physical impact on them which created particular problems and exasperated~~ often resulting in ~~the~~ panic and fear. ~~often experienced~~. A repeated theme was the ~~Fear of~~ feeling of being trapped and unable to escape a situation. ~~were a repeated theme~~. One participant ~~explained~~ feeling suffocated when travelling by train and experiencing difficulty breathing due to a heightened state of anxiety. ~~like the walls are closing in on them and feeling suffocated.~~ There was recognition from participants the physical impact of anxiety created a ~~clear~~ barrier ~~to~~ towards accessing social and recreational activities. ~~Consequently,~~ often leading to increased isolation ~~with contributed to feelings of~~ and loneliness ~~within participants~~.

*Management of anxiety in social situations*

All participants identified ~~expressed~~ close family members as ~~to be~~ supportive and ~~being~~as an essential ~~necessary~~ part of their ~~every~~daily lives. ~~,~~ Participants emphasised their reliance

on family members to feel confident ~~to interact and~~ to engage in social situations ~~settings~~.

There was a general feeling that members of the public were not always sympathetic to their difficulties. One participant reported that people ~~and would usually~~ often stared and made~~ke~~ derogatory comments or offered limited ~~support~~ support. ~~when .~~

Three ~~of the~~ participants identified crowded areas being a specific problem and created difficulties ~~for themselves~~ within a variety of activities such as shopping, or attending the gym. A participant detailed a situation when ~~of~~ attending a ~~football stadium to watch their team play~~ sporting event and experienc~~ed~~ing an episode of heightened anxiety due to crowd noises. This resulted in the participant ~~triggering an~~having an 'extreme panic attack' and requiring support from a family member. ~~to calm.~~ This situation ~~had~~ resulted in the participant feeling increasingly reliant on family members to provide support to attend subsequent sporting events, thus ~~football matches~~ impacting on their level of independence.

All participants considered their social anxiety weighed heavily ~~on their~~on their families and carers. They described feeling the 'eyes of others' watching them in social situations. Participants ~~discussed creating~~discussed creating solutions which could be personalised. These included methods of alerting members of the public to increasing levels of anxiety by creating a simple step by step instruction card which could guide people in providing support.

Participants described ~~detailed situations of panic and fear with discussion relating to~~ h~~H~~ospital environments ~~and described~~ as being 'scary places' and ~~with~~ reflected~~ion~~ on healthcare situations ~~within healthcare~~ that were anxiety provoking. There was consensus

between participants the most provoking situations surrounded medical interventions or attending GP surgery. ~~a routine health check.~~

In contrast, participants highlighted the level of anxiety and stress experienced when ~~Additionally, anxieties often involved~~ visiting loved ones in h~~H~~ospital. ~~finding these equally stressful experiences.~~ Participants talked about their families and medical professionals not always ~~a lack of information~~ providinged to them with information about a family members condition. Participants considered that ~~often feeling people~~ this paternalistic outlook focused on ~~try to~~ providinge reassurance, rather than ~~consider providing~~ information about the family members ~~persons~~ medical condition. There was a general consensus between participants that being provided with ~~was~~ information would be beneficial ~~useful~~ in alleviating their worry and better understanding a prognosis.

*Coping strategies*

In discussing individual coping strategies used to manage anxiety symptoms ~~P~~participants highlighted a range of ~~reflected on~~ self-management strategies. ~~skills adopted having varying effect on their anxiety.~~ Key S~~s~~trategies includeding using digital media to access resources to practice anxiety management techniques. However, some participants reported they often needed direction to access and effectively use relaxation resources. ~~effectively~~. All participants described P~~p~~hysical exercise as an effective method ~~was used by all participants and walking was of particular benefit~~ ~~in~~ for relieving stress and ~~which all considered~~ providinge ~~a small amount of~~ some level of independence.

Distraction techniques were frequently used by all participants. ~~a repeated topic discussed throughout the sessions with informers viewing several strategies as being effective.~~ Participants reported listening to music effective in ~~a successful strategy when starting to~~

~~feel anxious allow some~~ self-control of symptoms and~~. This was~~ particularly helpful when approaching crowded areas or traveling on public transport. Furthermore, participants considered tasks and hobbies ~~that reduced anxiety were viewed as~~ beneficial in reducing anxiety on a general level.

The participants ~~detailed the preserved benefits~~ underlined the need for ~~of~~ continued development of their individual self-management skills~~. were important~~. All participant reported the co-production group had provided the opportunity to examine and gain a ~~enabled a~~ greater insight into their own specific needs~~. and recognised the barriers to participation that were equally felt from group members.~~

## Discussion

To our knowledge, t~~T~~his is the first UK study ~~in the UK~~ which has used a qualitative approach to understand the lived experience of people with intellectual disability and involved these people in developing an intervention for the treatment of anxiety in clinical practice. There are several findings identified through this study.

~~Firstly, co-production partners identified through their personal experiences the challenges anxiety places on them on a daily basis.~~

The themes which emerged from the discussion groups provided a greater understanding of how anxiety impacted~~s~~ people's lives. This understanding illustrated the daily challenges faced by people with intellectual disability and some strategies used by them to overcome anxiety provoking situations. The participants detailed their daily struggles in managing their psychological distress and the interconnected relationship with physical symptoms of anxiety.

Social peer support between participant members within the group allowed for the exchange and sharing of experiences. The emotional support participants demonstrated towards each other during the group session enabled identification with others. In addition, it provided opportunities for peer support when participants were self-critical in reporting a difficult anxiety provoking experience. The shared learning from the discussion groups was incorporated into recommended strategies to promote and develop self-management skills. A key strategy identified in the discussion groups was the value of physical activity and digital resources to enhance the development of self-management skills.

This information provided a key contribution to making further develop~~ing~~ments to the anxiety management programme. ~~sessions and involving participants as co-production partners.~~ The feedback provided by co-production partner's generated ideas and allowed changes to ~~be made~~ the session manuals. ~~with several modification and adaptions~~. In addition ~~T~~this process enabled improved alignment of the ~~clinical and user~~ manual guides and additional resource development. Feedback group sessions underlined the importance of using a range of interactive strategies to engage people with varying abilities to maintain motivation and interest.

~~Secondly, t~~The inclusion of an accessible user guide aims to ~~provide~~ support ~~for~~ participant engagement in the programme and provide clear guidance throughout the sessions. The inclusion of practice exercises and graded exposure within~~between~~ sessions ~~further~~ promoteds ~~to~~ the development of self-management strategies. Although, involvement from families and carers to support exposure exercises between sessions will be important in the initial stages of the programme.

A potential benefit of the anxiety management programme is an increased exposure to life events and the potential to reduce paternalistic outlook. This could lead to increased autonomy, improved self-esteem and quality of life in people with intellectual disability.

~~Thirdly, t~~These findings highlight the potential clinical implications. Although, caution is needed as the anxiety management ~~manuals and~~ programme need~~s~~ to be tested in clinical practice with people who have an ~~with~~ intellectual disability and anxiety.

There were few strengths to this study. The study used co-production in partnership with people with intellectual disability in the development of a treatment programme. Furthermore, it took into account insights gained from a lived experience perspective and the effect anxiety has on people's lives. The authors felt that this allowed for the treatment programme to be more person centred and relevant for people with intellectual disability. It also meant that there was likelihood of greater acceptability of and engagement with such a treatment programme when used in the management of anxiety in people with intellectual disability.

However, the study had some limitations. Due to the nature of the co-production work needed, the study could only involve a small number of people with lived experience who had agreed to participate in the discussion groups. In addition, feedback was provided by people with mild intellectual disability and might not represent those people with more severe intellectual disability.

~~Next Steps~~

It is important to test the manual in clinical practice. A future study will provide an opportunity to examine the multi component programme and manuals in a clinical environment. A key objective will be obtain further understanding from people with intellectual disabilities and

make recommended changes or adaptations. A clinical trial will aim to evaluate the comparative differences of a multi model approach as a psychological treatment of anxiety for people with intellectual disability. Examination of any improvements in mood, behaviour and quality of life will help evaluate the effectiveness of the programme.

A potential challenge could be the commitment of practicing and completing steps of exposure between sessions. People with more severe intellectual disability will require additional support during and between sessions. ~~which the user manual~~. The manual is designed to be modified to individual needs ~~assist with this process~~ and form the basis for ~~become~~ a person's anxiety management plan. Therefore, involvement within the anxiety management programme from families and carers ~~those who provide care~~ is paramount.~~will be vital~~.

## Ethical Information

~~Ethical approval was deemed not to be required for this study and was completed as part of a service improvement. Data was extracted was anonymised from the standard electronic patient record system. According to the Health Research Authority algorithm (see http://www.hra-decisiontools.org.uk/research/ ) this study was not defined as research and therefore did not require submission to the Integrated Research Application System (a single system for applying for the permissions and approvals for health and social care / community care research in the UK).~~

The study was approved through the Trust's research ethics approval process. Data was extracted and anonymised from the standard electronic patient record system used in routine clinical care. According to the Health Research Authority algorithm (see http://www.hra-decisiontools.org.uk/research/ ) this study was not defined as

research and therefore did not require submission to the Integrated Research Application System..

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