

# A PILOT STUDY OF THE SATISFACTION OF PEOPLE WITH LEARNING DISABILITIES WITH THE SERVICES THEY RECEIVE FROM COMMUNITY PSYCHOLOGY SERVICES

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## Introduction

Consumer satisfaction with services is an important index of service quality (e.g., Donebedian, 1982; Justice and McBee, 1978; Ovretveit, 1990). It is particularly important that efforts are made to survey the satisfaction of people with learning disabilities. Such surveys present them as valued people and offer insights into the services not otherwise available. However, there have been few studies of the satisfaction of people with learning disabilities with the services they receive (e.g., Lowe and De Paiva, 1988).

There are a number of methodological difficulties in interviewing people with learning disabilities. The main difficulty is that it is assumed that people with learning disabilities will be liable to

acquiescent and positional response bias unless care is taken to use appropriate question formats. Studies have shown that closed and structured questions allow high response rates but that open and explorative questions obtain more valid responses (Sigelman *et al.*, 1981; Atkinson, 1988; Flynn, 1988). However, some studies with more verbally able people have used structured question formats successfully (e.g., Lowe and De Paiva, 1988). A number of other methods have been used to try to enable people with learning disabilities to give valid responses. For example, it has been suggested that the use of pictures in interviews with people with learning disabilities will reduce systematic response bias

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in either-or questions, will reduce verbal response requirements and will help to focus the interview (Wadsworth and Harper, 1991; March 1992). However, it is notable that most of the question formats that have been researched give only nominal data; question formats that give data suitable for measurement of quantitative change over time or for comparison between groups have not been widely explored.

The present study has two aims. First explore question formats suitable for gaining quantitative information from people with learning disabilities. Such methods are needed to enable comparison of satisfaction with services across time. Second to evaluate the satisfaction of people with learning disabilities of services received from one particular psychology service (the Psychology Department of Solihull Healthcare in Solihull, West Midlands) (Dagnan *et al.*, 1993).

## Method

### Subjects

Eleven people with learning disabilities were interviewed. These were all clients who had been seen by three members (2 men and 1 woman) of the psychology department in the previous year for more than 5 sessions on a face to face basis. All were clients referred through the community teams for people with learning disabilities. The group consisted of 7 (64%) men and 4 (36%) women and had a mean age of 32 years ( $SD = 17$ ). The group had a mean raw score on the British Picture Vocabulary Scale (BPVS;

Dunn *et al.*, 1981) of 76 ( $SD = 27$ ) which indicates a reasonable level of verbal ability. One man has a severe physical disability such that he needs to use a communication board.

### The interview

All interviews were held in the client's place of work. A photograph of the relevant psychologist was present during the interview to focus the discussion. The confidential nature of the interview was stressed and subjects were informed that they could stop the interview whenever they wished. All interviews were recorded with the subject's permission. Each interview lasted around 30 minutes.

The interview was semi-structured. It covered three broad areas that were explored in an open ended fashion in which were embedded three specific, structured questions. The three interview areas were:

1. How the client felt when they saw the psychologist. This question was related to the first structured question, **'How do you feel when you see the psychologist?'**
2. What clients felt the sessions were for, whether they felt they were listened to and whether they felt they had the opportunity to talk as much as they wished. Two structured questions related to this section. **'Does the psychologist listen to you?'** and **'Are the topics you talk about important?'**
3. Finally whether they had other concerns that they were not talking about with the psychologist and if they did

who they would most like to talk with about these issues.

The structured questions were each asked in three different formats:

1. A simple either-or question. For each question two pictures were shown, one representing a positive response and one a negative response; the interviewee was asked to point to the one that showed how they felt. The pictorial cues were happy or sad faces, the written Makaton (Walker, 1985) symbol for listening with and without a large cross through the picture and the makaton symbol for talking with and without a large cross through the picture. The question was repeated at the end of the interview to assess the reliability of the responses with the position of the pictures reversed to control for position effects.
2. A simple analogue scale with pictorial anchors. Here the two pictures used in the first format were presented with a 5 inch line between them. The interviewee was asked to indicate the point on the line that showed how they felt between the two extremes. For analysis the scale was divided into half-inch sections to create a 10 point scale. The questions were repeated at the end of the interview to assess the reliability of the responses with the position of the pictures reversed to control for position effects.
3. A three point personal questionnaire (Shapiro, 1961). The personal questionnaire has been widely used in psychiatric settings but its potential for use with people with learning disabilities has not been explored. The

personal questionnaire format is most easily explained by giving an example. Given the question '**Does the psychologist listen to you?**' a three point response option is established. For example in this study responses were 'a lot, sometimes, never'. By presenting the three responses in the three possible paired combinations (a lot/never, never/sometimes, sometimes/often) it is possible to obtain a four point scale with scale point 1 being the most positive response, scale point 2 being above the middle response but less than the most positive response, scale point 3 below the middle response but above the most negative response and scale point 4 the most negative response. For example if the subject chooses 'a lot' when presented 'a lot or never', chooses 'sometimes' when presented with 'never or sometimes' and chooses 'sometimes' when presented with 'sometimes and a lot' they score scale point 2. The personal questionnaire has an inherent response consistency and positional bias check and so was not repeated for reliability purposes.

## Results

### Reliability of the questionnaire formats

TABLES I and II show the reliability each format. It can be seen that all formats achieved a high degree of reliability. The relationship between the reliability of each of the formats and the

**TABLE I**  
Reliability of data (percentage of people who were consistent in responses)

	Pictures	Personal Questionnaire
'How do you feel when you see the psychologist?'	82%	100%
'Does the psychologist listen to you?'	100%	100%
'Are the things you talk about important?'	91%	73%

**TABLE II**  
Correlation between the two presentations of the analogue question form and percentage of people whose disagreement between the two presentations was less than +/- 0.5 inches

	Person's r	Percentage of people disagreeing by less than +/- 0.5 inch
'How do you feel when you see the psychologist?'	0.67	46%
'Does the psychologist listen to you?'	0.71	73%
'Are the things you talk about important?'	0.52	82%

clients' language ability as measured using the BPVT was explored using a series of Mann-Whitney tests comparing the language ability of the group who responded entirely consistently with that of the group who were inconsistent for each question format. There is a limited variation in language ability for this group and no differences were found.

## Satisfaction with services

### Structured questions

TABLES III, IV and V show the degree of satisfaction clients expressed

with their time with psychologists and allow comparison of the responses given for each of the three different formats.

### Open questions

When asked how they felt when they were seen by the psychologists 5 (45%) clients reported feeling happy, the remainder reported that they valued seeing the psychologist but that it was sometimes hard to talk about difficult issues. When asked about what they did when they saw the psychologist 9 (28%) said they talked, 8 (73%) of these spontaneously gave some detail of what they

**TABLE III**

Satisfaction expressed for each of three questions using the either-or picture format.

	Pictures
'How do you feel when you see the psychologist?' Happy Sad	100% 0%
'Does the psychologist listen to you?' A lot Never	100% 0%
'Are the things you talk about important?' Very important Not important	90.9% 9.1%

**TABLE IV**

Satisfaction expressed for analogue question format. Score indicates mean position on analogue scale with 1 least satisfaction and 10 most

	Mean	Range
'How do you feel when you see the psychologist?'	6.5	2 - 10
'Does the psychologist listen to you?'	7.8	3 - 10
'Are the things you talk about important?'	7.5	4 - 10

**TABLE V**

Satisfaction expressed for each of three questions using personal questionnaire format

	Pictures
'How do you feel when you see the psychologist?' 1. Happy 2. Neither 3. Neither 4. Sad	36.4% 45.4% 18.2%
'Does the psychologist listen to you?' 1. A lot 2. Sometimes 3. Sometimes 4. Never	72.7% 27.3%
'Are the things you talk about important?' 1. Very important 2. A bit important 3. A bit important 4. Not important	50.0% 50.0%

talked about. Four (36%) people said they did other activities, of these 2 (18%) said they did relaxation exercises. All clients reported that the psychologist they saw was easy to talk to. All clients reported that they talked to the psychologist; 3 (27%) gave extra comments that indicated that they felt their contributions were valued. Six (55%) clients felt that they were always listened to, 4 (36%) felt that they were usually listened to but that they sometimes felt their points of view had not been understood. Nine (82%) felt that the subjects discussed were very important. Four (36%) clients said there were other things they would like to talk about. These clients would have liked the psychologist to take a more active role in their lives, for example, organising social and occupational activity.

When clients were asked who they would talk to about something important 3 (27%) said they would contact their psychologist and a further 3 (27%) said they would contact the psychologist if their first choice was not available.

## Discussion

This study has explored the satisfaction of people with learning disabilities with a clinical psychology service. We have been able to obtain information about how people with learning disabilities see psychologists that will enable this service to be more sensitive to their needs. A key point that emerged was that clients did not always clearly see the range and limits of the psychologists' involvement in their lives. Whilst this may also be true for other client groups it

may be a particular issue for this client group where the maintenance of psychotherapeutic boundaries can be difficult (e.g. Szymanski, 1980). Because of the small client sample size and the small number of psychologists it has not been possible to explore other factors such as the interaction of client and therapist gender.

The study has also explored question formats suitable for satisfaction surveys with people with learning disabilities. We have been able to show that the group of people with learning disabilities in the borough of Solihull who receive psychotherapeutic services are able to give useful and reliable information about that service. All the question formats presented here proved reliable. The more sophisticated questioning techniques described here have been shown to give more sensitive information. For example, in response to the question **'How do you feel when you see the psychologist?'** TABLE III shows that in the simple either-or format 100% of people prefer to say they feel 'happy' when the alternate option is 'sad'. However, TABLE IV shows that a mean response of 6.5 (1 = not listened to; 10 = listened to a lot) was given to the analogue form of this question and TABLE V shows that 64% of people chose one of the middle options when available in the personal questionnaire method. The analogue and personal questionnaire formats seem useful techniques with people with learning disabilities who have good verbal ability. The personal questionnaire has not been previously reported with people with learning disabilities. It has been a

particularly useful question format for this client group as it gives both quantitative information suitable for measuring change and has an in-built check for response bias.

This study has shown that question methods suitable for measuring change in attitudes and beliefs can be used successfully with some people with learning disabilities. However, the use of the question methods described here should be explored further with a larger group of clients to identify the degree of verbal ability needed to use these techniques. It may also be useful to pilot these methods with other client groups for whom interviewing can prove difficult such as people with chronic psychiatric illnesses and elderly people with cognitive impairments.

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