

Learning Disability Special Interest Group



LDSIG - E-zine

Within this edition of the e-zine there is a report on Nigel Beail's presentation at the Easter Workshop earlier this year, details of the LDSIG's submissions for the Annual conference and details of the Disability Federation of Ireland's website and up-coming conference. There is a feature on the assessment of need process under the Disability Act

The LDSIG is continuing its work across a number of key areas. As usual the Annual Conference is a focus for the group and in addition to hosting two events, the Group also has a general meeting. General Meetings are extremely important for the functioning of the Group and for communication between the Committee and the members. As usual there is an open invite to all members to attend.

Work is continuing on the up dating of the challenging behaviour and mental health documents. A number of members have made suggestions on possible future discussion documents, e.g. definitions and labelling, residential options and Person Centred Planning. If you are interested in these or other topics please let a Committee member know.

The LDSIG would also like to take this opportunity to wish all the Special Olympic athletes, their families, coaches and supporters the very best in the forthcoming World Games.

As usual an open invitation for submission of relevant material for the newsletter is extended to all members.

John Buttiner
Editor

Submission to the PSI Annual Conference 2007

Body-mind Practices in Intellectual disability – A Challenge for Services

Paper 1:

Presenting Author: Tim O'Callaghan, Stewarts Hospital Services Ltd.

Title: Flourishing with body mind practices: an overview of activities for people with intellectual disability

Abstract: Human flourishing is a central concept in positive psychology. Flourishing human beings seek to realise valued character strengths and pursue enriching activities as opposed to the mere avoidance of ill-health.. Body-mind practices are one such enriching activity. Services committed to the flourishing of people with intellectual disability will need to make these activities available to their service users. The present paper outlines the range of body-mind practices available together with their current evidence base and makes suggestions for incorporating these practices into the lifestyle plans of service users who enjoy them.

Paper 2:

Presenting Author: Shamsa Duffy, Stewarts Hospital Services Ltd.

Title: Tai Chi for People with Intellectual Disability: an Opportunity for Trans-disciplinary Working

Abstract: Originating in ancient China, Tai Chi is a graceful form of martial arts that today is practiced primarily for its health benefits. It is a dynamic series of slow, flowing movements that increase strength and flexibility, align the body, and improve balance. This presentation will summarise the evidence base for the benefits of tai chi.

A joint initiative involving both psychology and physiotherapy departments in setting up a tai chi

class with a group of ten senior citizens with intellectual disability will be described. Outcomes so far will be presented and future directions indicated.

Paper 3:

Presenting Author: Elzann Goosen, Stewarts Hospital Services Limited.

Title: The Expression of Spirituality in People with Intellectual Disability: Breaking the Barriers

Abstract: This paper will present an overview of the literature on the dimension of spirituality in the experience people with intellectual disability with a view to highlighting its importance for person centred planning and therapeutic work with this group of individuals. An empirically based definition of spirituality is presented. This definition allows for a view of spirituality that extends well beyond the activities of a faith community. Practices used to facilitate the expression of spirituality in people with intellectual disability are outlined. Barriers to spiritual expression are described and recommendations to overcome these barriers presented.

Paper 4:

Presenting Author: *Caroline Samuel, Stewarts Hospital Services Ltd.*

Title: Yoga practice and its benefit for people with intellectual disability

Abstract: Yoga is an ancient Indian practice, which involves moving the body and training the mind to achieve balance and well-being. The benefits of this practice are also available for people with intellectual disability. Many of this group suffer from physical tension and will greatly enjoy learning to relax and breathe deeply. This paper presents the evidence base for the physical and psychological benefits of yoga and make suggestions for incorporating this practice into leisure programs for people with intellectual disability.

Submission to the PSI Annual Conference 2007 Workshop - Risk Communication and Intellectual Disability

Presenters: Margaret O'Rourke, UCC and John Buttimer, COPE Foundation

Rationale for Event:

Increasingly Psychologists are being asked to undertake and provide written reports on the risk presented by individuals with an intellectual disability. Assessment of risk can be sought in relation to challenging behaviour, offending behaviour or in relation to the appropriateness of a particular intervention or programme for an individual. Risk assessment is also important in the context of greater demands for increased public accountability and transparency in decision making as efforts are made to find a balance between the rights of individuals and those of society. The concept of risk needs to develop into a more holistic approach not only looking at dangerousness but also working with people's needs, vulnerabilities and risk to self (BPS, 2006)

Teaching Objectives:

- to develop awareness of risk assessment and risk communication strategies
- to link risk assessment with risk management
- to identify ethical issues involved in the assessment and communication of risk

References:

BPS (2006) *Occasional Briefing Paper (4) Risk Assessment and Management*. London: BPS

Assessment of Need Process Disability Act 2005

On June 1 2007, Part 2 of the Disability Act 2005 became law for children under 5 years of age. Under Part 2 of this Act, children with disabilities have a right to:

- an independent assessment of their health and educational needs arising from their disability
- an assessment report
- a statement of the services they will receive
- make a complaint if they are not happy with any part of the process

Who can apply for an assessment?

Any parent who feels that their child aged under 5 may have a disability can apply for an assessment. An application can also be made by a guardian or a personal advocate assigned by the Citizen's Information Board .

What is an Independent Assessment of Need?

An independent assessment of need is an assessment of the full range of a child's needs associated with his or her disability. The child's parents then receive an assessment report detailing their child's health and educational needs and the services required to meet those needs.

Who will carry out the assessment?

The first point of contact for parents is the local Assessment Officer who is responsible for the co-ordination of the child's assessment. Each Local Health Office has an Assessment Officer. They can assist with the application as well as help and support parents through the process. The Assessment Officer is responsible for issuing the assessment report.

The assessment is independent, based solely on the child's disability needs, and is carried out regardless of the cost or availability of services.

All assessments will be carried out in line with the standards developed by the Health Information and Quality Authority. Parents and guardians will be encouraged to take part in their child's assessment.

Where do parents apply?

Applications must be made in writing on a standard form which is available from the Local Health Office.

How long will it take?

The assessment must start within 3 months from when the completed application form is accepted by the HSE. It must be completed within a further 3 months from the date on which the assessment commenced. In exceptional circumstances, the assessment may take longer than 3 months, but must be completed as soon as possible.

What happens next?

When the assessment is complete, a HSE Liaison Officer will prepare a service statement. The service statement will say what services and supports will be provided to the assessed child and will be prepared within 1 month of the assessment being completed. It is expected that parents will receive their child's assessment report and service statement at the same time.

What can parents do if dissatisfied?

If parents are not happy with the assessment or service statement, they can make a complaint to the HSE, who will arrange for the case to be reviewed. Parents can complain if:

1. the child is found not to have a disability and they do not agree
2. the assessment is not done in line with the standards set by the Health Information and Quality Authority
3. an assessment is not started and completed within the agreed timeframes
4. the services in the child's service statement are not being delivered

If parents are unhappy with the outcome of the complaint there is provision for an appeal to an independent appeals office. The determination of the appeals officer is final and may only be appealed on a point of law to the High Court.

Request for Feedback

The LDSIG would welcome feedback from any psychologist who has been involved in such an assessment under the Disability Act and how the scheme is being implemented across the country.

Comments can be emailed to info@psihq.ie

Report from the Easter Workshop 2007

By Seamas Feehan, Chair, LDSIG

“Psychodynamic Psychotherapy with People who have Intellectual Disabilities: Formulation”

Nigel Beail is Professor of Clinical Psychology at the University of Sheffield, a clinician at Barnsley Learning Disability Service and Chair of the BPS Faculty of Learning Disability. He is a founder member of the Institute of Psychotherapy and Disability. A copy of his slides used in the workshop is available on the PSI website under the Learning Disability section.

Nigel Beail facilitated an interesting and entertaining workshop for 48 psychologists and trainees at Days Hotel in Galway, last March. Nigel gave a theoretical overview of the psychodynamic approach to psychotherapeutic work with an intellectually disabled client group. He proposed that “formulation” is one of the key skills for psychologists and the information presented gave an overview of the concepts that are used for case formulation in a psychodynamic context. Some case histories

from his new book were presented for participants to gain experience of psychodynamic formulation.

He outlined the Stiles et al. (1990) Assimilation Model which conceptualizes psychotherapy outcome as change in relation to particular problematic experiences (memories, wishes, feelings, attitudes, or behaviours that are threatening or painful, destructive relationships, or traumatic incidents) rather than as change in the person as a whole. This model suggests that, in successful psychotherapy, clients follow a regular developmental sequence of recognizing, reformulating, understanding, and eventually resolving the problematic experiences that brought them into treatment. The sequence is summarized in the eight stages or levels of the Assimilation of Problematic Experiences Scale (APES), numbered 0 to 7:

- (0) Warded off/dissociated;
- (1) Unwanted thoughts/active avoidance;
- (2) Vague awareness/emergence;
- (3) Problem statement/clarification;
- (4) Understanding/insight;
- (5) Application/working through;
- (6) Resourcefulness/problem solution; and
- (7) Integration/mastery.

This scale uses both cognitive and affective features to characterize each level. Each level can be viewed as an anchor point along a continuum, rather than discrete states. Clients may enter treatment at any point along the APES continuum and any movement along the continuum might be considered as therapeutic progress. Nigel suggested that many clients with intellectual disability are operating pre therapy at the “Warded Off” stage.

Nigel broke the psychodynamic model of psychotherapy into six steps:

1. **Data Gathering** (including ‘free association’, listening to verbal and non verbal accounts of what the client talks about, countertransference and therapist fantasies & dreams). Therapeutic techniques of listening, observing, reflecting, questioning, drawing out the

- client and interpretation (such as linking of words and actions) are required.
2. **Recontextualising:** Because of the presupposition of latent unconscious meanings in the dialogue between therapist and client, this discourse is recontextualised in one or more alternative contexts. These contexts are
 - a. Transference (habitual modes of relating which are transferred to the present and psychological experiences which are revived in the present);
 - b. Dynamics (the internal psychological world of the client such as Id, Ego and Superego or the Kleinian concept of internal objects and the psychological defenses that are used by the person;) and
 - c. Developmental models (such as Attachment Theory, Mahler's concept of Psychological Birth and Psychosexual development).
 3. **Pre-validation.** Reference here was made to Malan's triangles of conflict which refers to the relationship between the defense, the anxiety and the hidden feeling. Usually the defenses are the most easily observed, the anxiety is inferred from the defense and the underlying wish or impulse derived from exploring the anxiety. These triangular issues can be in the 'here and now', the current world of the client outside the therapy and/or in the historical past.
 4. **Spoken Form, Order and Timing.** The therapist thinks about what to say to the client in terms of an interpretation, when and how to say it. The traditional psychoanalytic model refrains from asking questions of the client and leans towards judicious interpretative comments. Interpretations need to deal with resistances before dealing with the more underlying psychological content of the person. Experience is required to know what the client needs to know, does

not need to know and is capable of knowing.

5. **Making an Interpretation.** Interpretations could be defined as all comments and therapeutic interventions aimed at making the client aware of some aspect of their psychological functioning of which they were previously unaware. The "rules" of interpretation follow an order of dealing with the defenses, anxiety and hidden/unconscious material, in that order. Secondly, interpretations deal with the 'here and now', current relationships and past relationships in that order.
6. **Post-validation:** determining whether the intervention was effective in terms of manifest assent, derivative assent and therapeutic movement.

Nigel spoke of the realities and demands of working in an intellectual disability service. One implication is that there are finite resources particularly of staff time. Therefore, he advocated the need for short-term therapeutic work as well as the more traditional longer-term work. He made reference in this regard to the outcome effectiveness studies which showed that the greatest therapeutic improvement is likely to occur over the first 8 sessions. Generally, relatively less improvement occurs over subsequent sessions. Assessment tools such as the Mini-Passad, Interpersonal Behaviour Inventory and Brief Symptom Inventory were mentioned as offering opportunities for pre and post therapy effectiveness measures.

Evaluation feedback indicated that most participants were happy with the workshop. Positive comments were received about Nigel's humour, interesting presentation style, group work on the case studies and breaking down an apparently complex therapeutic approach into digestible pieces. Some of the negative feedback from the workshop was on time keeping boundaries, a stuffy/hot room, and the need for more practical "how to do it" with our client group.

Useful Websites?

Disability Federation of Ireland

www.disability-federation.ie

Disability Federation of Ireland (DFI) is the national support organisation and advocate for voluntary disability organisations in Ireland who provide services to people with disabilities and disabling conditions:

- Hidden
- Intellectual
- Mental Health
- Physical
- Sensory
- Emotional

Disability Federation of Ireland (DFI) works to ensure that Irish society is fully inclusive of people with disabilities and disabling conditions so that they can exercise fully their civil, social and human rights. In pursuit of this vision:

- DFI acts as an advocate for the voluntary disability sector.
- Supports organisations to further enable people with disabilities
- DFI represents and supports over 150 voluntary disability organisations and groups of which 69 comprise its National Council, and 41 of which are Associate Members. Allied to this, it works with and supports over 200 organisations and groups around the country that have a significant and growing disability interest, mainly coming from the statutory and voluntary sectors.

DFI provides:

- Information
- Training and Support
- Organisation and Management Development
- Research and Policy Development
- Advocacy and Representation
- Networking

DFI also supports the broader voluntary and disability sector through its representation of the disability strand with the Community and Voluntary pillar of the Social Partnership process, as a social partner at the National

Economic and Social Forum, HSE Co-ordinating Committees and other fora at regional, national and European level.

Disability Federation of Ireland National Two Day Conference 21st & 22nd November 2007:

“We Can’t Opt Out Of The Future.”

Voluntary disability organisations have been to the forefront of promoting the inclusion and wellbeing of people with disabilities. They have a critical role to play in assisting people with disabilities to gain access, as equal citizens to all aspects of Irish life; this includes the provision of specialist services and in enabling people with disabilities to access services available to members of the public.

The conference focuses on the continued importance and changing role of disability organisations in the new environment being shaped by the Government’s commitments in the National Disability Strategy (NDS) and Towards 2016 to the mainstreaming of supports and services to people with disabilities. A key tool to achieving this goal will be the ability of all organisations both voluntary and statutory to work better together.

Towards 2016 states that

“every person with a disability would ...in conformity with their needs and abilities, have access to appropriate care, health, education, employment and training and social services...be supported to enable them, as far as possible, to lead full and independent lives, to participate in work and in society and to maximise their potential.”

There are already many examples of joint working in the delivery of supports and services for people with disabilities. This conference aims to build upon this experience and to explore:

- the centrality of joint working to the delivery of the NDS;

- give an overview of different ways and means of joint working;
- discuss joint working in Irish context;
- identify what supports and what hinders joint working, and
- allow organisations a time to learn from one another's experiences and concerns in relation to joint working.

The **NDS** and Towards 2016 offers a roadmap for the future supports and services to people with disabilities. This conference will assist organisations to prepare for this future.

Further information from
conference@disability-federation.ie

Person Centred Planning

Person Centred Planning has developed and evolved over the last fifteen to twenty years. It can be difficult to find a precise definition of PCP as different systems have evolved but each share basic fundamental principles and beliefs;

- The person is at the centre and the focus of planning
- The person, family and friends are full partners
- PCP focuses on a person's capabilities, the things that are important to the person and the support they need
- There is a shared commitment to action that recognises the person's rights
- Person centred planning leads to continual listening, learning and ongoing action

THE LDISG are interested in learning from members their experience of involvement in PCP processes; how PCP's are managed and implemented on the ground and how it has effected change for the individual, the psychologist and service organisations.

Comments and feedback to info@psihq.ie

Have your Say!

If you have any comments, suggestions or items for inclusion in future issues of the e-zine please contact us by email at info@psihq.ie

Please mark all correspondence care of LDSIG e-zine.

We look forward to hearing from you!
