

## Learning Disability Special Interest Group



### LDSIG - E-zine

The Learning Disability Group has hit the ground running in 2007 having hosted a very timely and important seminar/workshop on early childhood intervention. Group Chair Margaret Farrelly has written a detailed account of the day for this edition of the e-zine. This is an important issue not only for psychologists who work in the field but also for the children and families who avail of early intervention services.

Also within this issue Kathy O'Grady describes a positive approach to planning and meeting needs, Jacqueline Flanagan and Clodagh Power outline some of the issues involved in working with non-national children and Claire Lacey outlines some of the features associated with risk assessment and challenging behaviour.

Easter is early this year and details of the Easter workshop are also included in this edition of the e-zine. The Easter Workshop sub-committee have put a lot of effort and thought into the event to ensure that this year's event will be interesting, informative and very relevant to the lives of the people we work with.

This is an election year and when the politicians come calling at your door don't forget to lobby them on issues of importance to disability and psychology. The onus is on us all to raise awareness and to advocate for change.

As usual, there is an open invitation for members of the LDSIG to submit material for inclusion in this publication and the email address is [info@psihq.ie](mailto:info@psihq.ie)

***John Buttimer***  
Editor

### *PSI Learning Disability Special Interest Group*

**Easter Workshop 2007**

**Days Hotel, Dublin Road,  
Galway.**

**Thursday 29<sup>th</sup> & Friday 30<sup>th</sup> March 2007**

**Nigel Beail**

**“Working with the Emotions of People with Intellectual Disability:**

A workshop for psychologists who work therapeutically or who provide emotional support to people with intellectual disability.”

Thursday 29<sup>th</sup> March 10AM – 5PM  
(Registration 9.30AM)

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.

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Seminar & Forum

**“Recent Legislation: Implications for Psychologists”**

Presentations from a Multidisciplinary Panel  
Friday 30<sup>th</sup> March 9.30AM – 1PM.

Fee €95 includes lunch on Thursday. Discounted Student Fee: €50

Applications before to Caitríona Ní Mhurchú at PSI  
CX House, 2A Corn Exchange Place  
Poolbeg Street  
Dublin 2  
Tel 01 4749160  
Fax 01 4749161

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Early Intervention for young children with intellectual disabilities and their families:  
New models - Implications for  
Psychologists  
Margaret Farrelly

The Learning Disability Special Interest Group hosted a very successful day on 25<sup>th</sup> January on the role of the Psychologists in early intervention services for children with intellectual disabilities and their families. The day was well supported with Psychologists from around the country in attendance. Feedback following the event was very positive.

Margaret Farrelly, Chairperson of the PSI-LDSIG opened the day with a brief review of the underlying philosophy of early intervention services and how they have developed over the past four decades. Margaret then placed the role and function of the psychologist working in teams in the context of four documents as follows:

- Working in Teams BPS clinical division (2001).
- BPS code of conduct, ethical principles and guidelines (2000).
- PSI code of ethics.
- The BPS Position Paper: Autistic Spectrum Disorders, Guidance for Chartered Psychologists working with children and young people (2006).

Ms. Ann O'Connor then gave a comprehensive outline of how the service she works in has adapted to using the transdisciplinary play based assessment method (TPBA). Advantages of the model included: holistic nature of assessment; the opportunity to see skills that one may not see in formal assessment; the fact that parents play a key role in the process and they receive one report with an agreed set of goals; assessment is linked to the curriculum and the assessment team is chosen to suit child's needs.

The process can give parents a good picture of where their child is at and a clear roadmap for

interventions. Overall, it is a flexible process geared to suit the individual child's needs and parents like it as it has a positive emphasis.

Challenges for the TPBA were noted as follows: the team must choose this method, it cannot be forced as it requires huge amounts of energy and commitment; there is a need for a cohesive team who are familiar with each other's style and work practices; it requires planning and not all children are suited to a TPBA; turnover of staff in teams can adversely affect the quality of assessments; there can be different views of assessment within the team; the model can potentially allow a person to work beyond their competency and knowledge .

Other issues that can adversely affect the process are the different approaches and experiences of team members and overall it can be very time consuming in terms of coordination of skills needed for smooth running of assessments, their organisation, responsibility for report writing, getting report out to family and organising planning meetings etc.

Ann concluded by pointing to the fact that Psychologists have particular expertise in assessment and understanding of typical and atypical behaviour, interpreting results of observations, feeding back results to parents and imparting 'bad' news.

While many of the above issues were reiterated by Ms. Ruth Connolly, she also compared the TPBA assessment model with traditional services and concluded that while providing a very useful method of assessment, they were not diagnostic and could not be substituted for individualised assessment. It was also pointed out that contrary to the idea of them being more cost effective in terms of use of personnel, they were more time consuming in many respects.

Derek Deasy then addressed the broader issues of professional autonomy and the contribution of the Psychologist. He emphasised the following points: task and risk; role, power and authority;

organisational structure / social defences; boundaries; environment; networks and levels of context / sentient groups. He emphasised the importance of networks and contexts for practice and highlighted the need to confer with colleagues, the Professional Society, literature and best practice guidelines.

Derek pointed to the underlying rationale for the work of the psychologist, which is to give the best possible service to the child and family. In order to do this effectively, the profession needs to represent itself well and support the development of its members through appropriate responses to changes in the environment, opportunities for training and education and guidelines for professional behaviour and best practise.

Margaret Farrelly and Mark Quinn outlined a number of issues for consideration such as validity and reliability of different methods of assessment; the reasons for carrying out assessments (eligibility for services, database planning, obtaining profiles for interventions); the evidence for various interventions; the role of the psychologists in terms of responsibility, accountability, competence, decision making on teams, professional and practice autonomy, confidentiality, consent, and report writing.

In general, Psychologists need to address the impact of any emphasis on client numbers versus client needs and service efficiency versus service effectiveness. They are also often in the best position to evaluate family readiness and the most appropriate therapies and interventions.

The audience then formed a number of groups in the afternoon and focused on the following questions:

- Core skills that are different and skills that are the same as other disciplines
- The unique contribution of psychology to assessment
- The unique contribution of psychology to interventions

- The knowledge base of psychology e.g. child development, family functioning, diagnostic work, knowledge of profiles of different syndromes, learning styles, etc

The day concluded with agreement that;

- There is a need to formulate a set of guidelines for psychologists working in teams.
- Transdisciplinary play based assessment cannot be used interchangeably with more formal assessments by psychologists and
- Transdisciplinary plays based assessments in and of themselves are not diagnostic.
- Finally, Psychologists have unique training and expertise to provide an overall assessment of a child and give an evidenced based professional opinion.

The PSI-LDSIG proposes to form a subgroup to work on a set of guidelines that will be circulated to the membership.

Please see PSI website for details of the papers presented.

### **Margaret Farrelly**

D.Clin.Psychol

### **Early Intervention References:**

#### **Provided by Ruth Connolly**

Senior Clinical Psychologist  
HSE Kildare.

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Linder, T.W. (1993). Trans-disciplinary Play-based Assessment: A Functional approach to working with young children (Rev. Ed.). Baltimore, M.D: Paul H. Brookes.

Meisels, S.J. & Atkins-Burnett, S. (2000). The Elements of early Childhood Assessment. In Shonkoff J.P. & Meisels, S.J. (ed.s). Handbook of Early Intervention (2<sup>nd</sup>.Ed.).New York: Cambridge University Press.

Myers, C.L. (1996).Trans-disciplinary Play-based Assessment in Early Childhood Special Education: An Examination of Social Validity. Topics in Early Childhood Special Education, vol.16, pgs 102-26.

Neisworth J.T. & Bagnato S.J. (1992). The Case against intelligence testing in Early Intervention. Topics in Early Childhood Special Education, 12, 1-20.

Scandall, S. et al. (2000). DEC Recommended Practices for Early Intervention / Early Childhood Special Education. Longmont, CO: Sopris West.

## Challenging Behaviour: Creating new guidelines for the future

Feedback in relation to the revision of the challenging behaviour document is still being accepted. If you would like to add your feedback you can email Pete directly at [pete.walsh@galwayca.ie](mailto:pete.walsh@galwayca.ie)

## Useful Websites?

### [www.disabilityresources.org](http://www.disabilityresources.org)

Disability Resources is a non-profit organization established to promote and improve awareness, availability and accessibility of information that can help people with disabilities live, learn, love, work and play independently.

Most people with disabilities can succeed in the mainstream of society, but they often need information to achieve their goals: information about legal rights, financial resources, assistive technology, employment opportunities, housing modifications, childrearing and educational options, transportation and mobility services, and more. This information is available from a wide variety of resources – non-profit organisations, government agencies, books, pamphlets, magazines, videotapes, and online - often at little or no cost. Finding it, however, isn't always so easy.

Disability Resources is a non-profit organization that monitors, reviews, and reports on these resources every day. It disseminates information about them to libraries, disability organizations, health and social service professionals, consumers and family members, through:

- Publications, such as the Disability Resources Monthly newsletter
- Online resources, including an easy-to-use online subject guide to disability resources on the Net.

If you would like to review a website or other resource then please email [info@psihq.ie](mailto:info@psihq.ie) and mark it attention of the LDSIG

## What the Future Holds

### Kathy O'Grady

“What the Future Holds” is a template for guiding families in the planning process when it comes to determining how the future care needs can be met for their member with lifelong disability. The template uses as a springboard for consideration the Quality of Life domains such as:

- Health care.
- Social contacts.
- Recreational activities and leisure pursuits.
- Financial planning.
- Residential planning.

The template guides families but at the same time takes cognisance of the individuals self determination and capacity to consent to future plans when their primary carers are no longer in a position, through ageing or ill health, to provide the direct care.

For many families, the literature reveals a trepidation around future planning that emanates from personal and emotional feelings of powerlessness to make determinations combined with logistical difficulties around the complexities of:

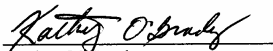
- Guardianship.
- Making wills.
- Setting up Trust Funds and Discretionary Trusts.
- Naming Trustees and successors to their care.

The “What the Future Holds” template is a practical step-by-step guideline to facilitate the planning process. It provides an opportunity for family members to consider the important areas that sometimes get “lost in the shuffle” when things are crisis driven.

The use of the template “What the Future Holds” has the potential to engage family carers in guided dialogue which enables them to consider wide ranging and important issues which, when

well thought out and planned can have the result of not only giving the families peace of mind, but also directly impacting on the Quality of Life of their adult member with lifelong disability.

The “What the Future Holds” template has been tried and tested in a number of jurisdictions including Northern Ireland and the Republic of Ireland. It is available from Kathy O'Grady at the Sisters of Charity, 2 Valley Bungalows, Mullingar, Co Westmeath or from Dr Chris Conliffe at the Institute of Counselling and Personal Development, Pembroke House, Pembroke Loop Road, Dunmurray, BT17 OPIY or at [chris@icpd.com](mailto:chris@icpd.com).

  
Kathy O'Grady  
Senior Psychologist  
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## Concerns regarding the assessment of children from foreign national backgrounds.

### Jacqueline Flanagan & Clodagh Power

Intellectual disability services in west and north west Dublin in particular are seeing an increase in the number of children being referred who come from a foreign national background.. This is particularly obvious in the early services and figures were outlined in the presentation. One of the concerns for psychologists is whether the tests we use are appropriate for this population.

Research by Cummins in 1984, states that children acquire conversational proficiency in an additional language in 2 years and academic proficiency in 5 to 7 years on average. As current language support provision is just two years is this meeting children's need?

The notion of bilingualism is also an interesting one. This can be described as additive or subtractive. Additive bilingualism is where a child develops age appropriate skills in his or her

mother tongue and acquires a second language. Subtractive bilingualism is where a child's mother tongue is not supported and the second language is emphasised leading to failure in either language. Usmani (1999) reported that these children can be subsequently assessed as having specific language difficulty, global delay or moderate learning disability.

Desforges (1995) investigated the content of advice given by Educational Psychologists in England. He analysed the information included in reports, the tools used and linguistic and cultural recommendations made. This information was then used to train Educational Psychologists to improve both the quality of assessments and recommendations arising from them.

The recommendations included information on the needs of an EAL learner, mother tongue development, and translation, interpreter needs and cultural factors affecting pupils. The recommendations led to a decrease in the use of standardised tests with this population. Desforges concluded that "Important aspects of the child's cultural and linguistic backgrounds were not always seen as potentially significant factors that may relate to educational failure within a system not geared to their needs" Other issues mentioned were over and under representation of children from foreign national backgrounds in certain types of provision.

At times, parents may not know why their child is being referred for assessment and professionals need to be aware of this and equipped to deal with this. In relation to cultural differences, concern was expressed about the diagnosis of autism in a culture where children are told it is disrespectful to look an adult in the eye. Parenting styles vary across cultures and in some cultures it can be a stigma to have a child with a disability.

This paper set out to highlight these issues and poses the question where do we go from here?

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### **REFERENCES**

Cummins, J. (1984). Bilingualism and Special Education: Issues in Assessment and Pedagogy. Clevedon, Multilingual Matters  
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## Risk Assessment and Risk Management: Support Individuals to Lead More Ordinary Lives

Claire Lacey

We can all choose to take risks in our lives whether considering a career change, moving house, driving in bad weather, or going on a ski holiday. In many of the situations we face in life an element of risk is inevitable and yet unpredictable. In some situations we may take time to carefully examine the potential benefits or consequences of our actions, while at other times we may simply decide to proceed without considering all possible outcomes. Each risk or challenge we face enables us to develop as a person, to learn, to experience new situations, and very often the benefits of taking risks weighed against the possibility of something going wrong drives us forward.

For an individual with a disability, opportunities to take risks may very often depend upon the willingness of a service and individuals to create and plan for such opportunities. Historically, individuals with disabilities were either protected from or prevented from taking risks in their lives. As a result individuals experienced limited opportunities to develop independence, to have new experiences, and very often had limited opportunities to participate in the life of their local community. This resulted in overdependence, learned helplessness, isolation, and poor quality of life.

Currently, one of the primary aims for many service providers is to improve quality of life for individuals with disabilities. In doing so organisations strive to support individuals to try new activities, to develop independence, and to be included as part of their community. For many people with disabilities who's behaviour challenges us, the element of risk is greater however, and very often concerns and fears can paralyze efforts to support such individuals to live more ordinary lives. The opportunities to

take risk are compounded by concerns for the person's safety, the safety of those supporting the person, and safety of others. In order to address these issues a structured and systematic approach to the identification, assessment, and management of risk associated with behaviours that challenges is critical. While issues related to duty of care requires us to protect the individual from unreasonable and predictable risks, to provide a safe environment, it is still important to facilitate carefully considered and managed risks. Within organisations it is important to ensure that policies and frameworks exist to guide the decision making process in terms of risk assessment and management.

The process of risk assessment and management is typically broken into four stages as follows:

- (1) Information gathering,
- (2) planning and consultation,
- (3) implementation and monitoring, and
- (4) evaluation and review (Powell, 2005).

When gathering information and planning it is necessary to calculate the nature of risk ( i.e., the potential for the individual to harm to self, others, and property), and the benefits associated with particular situations or activities. As part of this process it is essential to thoroughly examine the evidence of risk by obtaining more objective information from incident report forms and ABC recordings, together with information gathered through discussions with staff in order to clearly identify the risks.

The personal and environmental factors that are associated with the occurrence of behaviour of concern for the person should also be taken into account. Powell (2005) provides a useful risk scoring chart which could be employed as part of this process to more objectively determine the degree of risk. From information gathering the planning process evolves, whereby a risk assessment is formulated and strategies for managing the risk are proposed. The risk management plan should typically outline and clearly articulate the type and level of risk, and

include a range of strategies that focus on eliminating or reducing the risk, preventing the behaviour from occurring, de-escalation strategies, and finally crisis response strategies should they be required. Ensuring that all key stakeholders are involved in this process is fundamental to the implementation of the risk management plan.

Ongoing evaluation to review implementation, occurrence of incidents, and effectiveness of support strategies is central to risk assessment and management. As part of this review process difficulties and recognition of pitfalls often arise, including realisation that not enough time was spent on the risk assessment, insufficient or inaccurate information was consulted as part of this process, or the time frame for review were not frequent enough. This can result the individual and staff can be exposed to situations that involve unmanaged risk that then require a more thorough review in terms of assessment and risk management planning.

Supporting individuals with behavioural difficulties represents a challenge to services particularly when working towards enabling more ordinary lives for individuals. Risk assessment and management is integral to achieving these outcomes. Through this process staff are supported to address their concerns, fears, and confidence levels. Individuals are supported to problem solve and develop management strategies to enable activities and proceed with safeguards in place. While frameworks currently exist to guide this process (e.g., Bradley, 2002; Powell 2005), this continues to be an area that receives relatively little attention in the mainstream literature and certainly warrants additional focus in terms of policy development, development of documentation to guide the risk assessment and management process, and training for professionals in the field.

### *References and Notes*

Bradley, A. (2002). Positive approaches to understanding and managing risk. BILD Publications, United Kingdom

Powell, S. (2005). Risk in challenging behaviour: A good practice guide for professionals. BILD Publication, United Kingdom

*Based upon workshop entitled ' Risk Assessment and Risk Management' presented at PSI Conference, 2006*

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### **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](mailto:info@psihq.ie)

Please mark all correspondence care of LDSIG e-zine.

We look forward to hearing from you!