The Role of the Psychologist Working with People with Intellectual Disability

A Brothers of Charity Guidelines Document for Psychologists working in the Southern Services (Rosemary O’Connell, Seamas Feehan, Mark Quinn - June 2003)
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Mission Statement

Psychologists shall honour and promote the fundamental rights, dignity and worth of clients. We work to create an understanding of the client as a person so that existing resources are used optimally and that additional resources can be acquired in order to assist the person with a disability to live as an equal and valued member of society.

Terminology

Intellectual Disability – The terms Intellectual Disability and people with intellectual disability are used in this document to describe the area we work in and the client group with whom we work. It is our view that these terms are meaningful, helpful and non-stigmatising. (We recognise, however, that stigma may attach to the label via the disability, rather than the reverse). These terms are in line with current usage by the Irish Department of Health and Children.

Developmental Delay – The term Developmental Delay is used for infants and preschool children who do not appear to be reaching developmental milestones at expected ages. It is recognised that a) any deficiency may be transitory b) the reduced functioning in adaptive behaviour may not be sufficient to warrant a diagnosis of intellectual disability, and c) any problems in adaptive behaviour may be temporary.

Multi-Disciplinary Team – The term Multi-Disciplinary Team is used to describe a group of professionals from different disciplines who meet on a regular basis to share information and plan services in a co-ordinated manner. Psychology is an autonomous profession and the psychologist works within a system of mutually autonomous disciplines. Members of the team work towards a common perspective.
Changing Perspective

The role of the Psychologist has changed fundamentally over the past 35 years. Following the Commission of Inquiry on Mental Handicap in 1965 and the expansion of special provision, the role of psychological assessment in the identification and placement of people with intellectual disability became paramount. However, it became increasingly apparent that this diagnostic model of assessment was limited. Currently the role of the Psychologist reflects a systemic and collaborative model. Within this framework, the Psychologist works as part of a multi-disciplinary team rather than as an isolated practitioner.

Service provision within the Brothers of Charity has traditionally been delivered from a medical and care perspective encompassing education and focusing on the individual needs of the client. However, in keeping with current trends in professional research and literature, the dominant paradigm from which effective services are structured and delivered, focuses more on holistic interventions encompassing family and client issues, and our aim is to achieve this model of working.

Values and Principles

The values and principles that underlie psychological practice include:

a) The quality of life paradigm, which holds that the fundamental aim of service provision is to enhance the quality of life of clients with intellectual disability. Quality of life is a subjective and cultural concept which is experienced individually by each client. Service planning therefore, needs to be applied on an individual basis.

b) The principle that there are core experiences which all people need in order to feel valued. These are: dignity, choice, relationships, community involvement and contribution.

c) The principle of inclusion which holds that people with intellectual disability have a fundamental right to be included in society and to experience a sense of belonging within this society.
d) The strengths and abilities model, which holds that the needs of people with intellectual disabilities are not defined solely by their areas of deficit but rather, as much by, if not more, their strengths and abilities.

e) The principle of self-advocacy, which holds that people with intellectual disability are entitled to assert themselves according to their own capabilities.

f) Services for people with intellectual disability should be rights based.

g) Psychologists are guided by best practice, which is informed by their Code of Professional ethics, current research and literature and legal requirements.

Areas of Work.

Psychologists working in the services for people with intellectual disability are likely to come from a variety of professional backgrounds. The relevant professional training could include community, clinical, counselling or educational psychology. Psychologists are allocated primarily to these three areas of work.

**Early Intervention**: This is a family centred service for children from birth to six years of age who are referred with concerns about developmental delay. Services are provided on a domiciliary, community preschool and specialist preschool basis.

**School Age Children**: This is a service primarily for children with intellectual disability and/or autism attending special schools within the Brothers of Charity catchment area. Children are supported within the education setting and also within their homes and communities.

**Adults**: This is a service for adults with intellectual disability attending vocational training centres, rehabilitative/activation centres, in residential care or in community hostels and community based services which include supported living and supported employment.
Overview of the Role of the Psychologist

The role of the psychologist includes the following core aspects: Casework, Organisational Support, Research & Evaluation and Responsibilities to the Profession.

While the particular work of each psychologist will vary, the psychologist needs to maintain a balance between these core aspects of the role.
In practice, each psychologist will create a unique role. This role is created from a synergy of four factors:

I. The general climate of culture and expectation (formal and informal) under which the psychology service operates;

II. The needs of the clients, support staff and families;

III. The training, skills, experience and interests of the individual psychologist him or herself;

IV. Current research and good practice.

1 Casework
This can involve a variety of direct and indirect interventions with clients. It involves identifying strategies to develop the person and sometimes to manage the person more effectively. These strategies may include changing the physical and interpersonal environment of the client. Good practice indicates that such strategies follow from an assessment of each individual and his or her environment.

Casework will include interventions such as:

1a Assessment
The purposes of assessments will vary considerably and each particular assessment is therefore unique. Assessment concerns may include the person’s emotional, social, interpersonal and intra-personal capabilities; participation and functioning in the community; personal independence and self care skills. Self determination, choice and control over her or his world and access to resources and support are important issues for exploration in assessment. Assessment therefore addresses the nature of supports and resources in the person’s family and community as well as the person’s functioning. Comprehensive assessments are preferably carried out over time. Typically, psychological assessments will contribute to the development of Individual Educational Plans and Individual Care Plans.

Psychologists are involved in the following aspects of assessment:

1 Diagnosis.

2 Screening for developmental disorders and delay, e.g.: autism, speech and language disorders, behavioural disorders (oppositional disorder, attention deficit / hyperactivity disorder, attachment disorders).

3 Formulating statements of needs and disseminating this information to relevant people (interagency, trans-agency, and interdisciplinary).
4 Making recommendations to families regarding appropriate preschool, educational, vocational and residential placements.

5 Ongoing assessment and evaluation of progress.

In addition to this, family assessment procedures involve the identification of:

6 Levels of family adjustment, coping and stress.

7 Parental communication styles and relationship quality.

8 Individual parent coping styles.

9 Sibling adjustment, emotion responses and coping.

10 Level of parental support.

Behavioural assessment and intervention

Challenging behaviour is a frequent reason for a referral to a psychologist. A behavioural intervention is usually predicated on a functional assessment of the challenging behaviour. This is an attempt to understand the underlying causes of the behaviours and what functions these behaviours may serve for the individual. A functional analysis will identify those factors in a person's environment that control the occurrence or non-occurrence of the behaviour in question. These particular assessments may involve observation by the psychologist, interviews and recordings of behaviours.

1b Consultation

An integral part of the work is to act formally and informally as a consultant to clients, staff, family members, interested individuals and bodies. Consultation may be directly related to clients and also on more general concerns such as organisational and policy concerns.

1c Interventions

1c(i) Therapeutic Work

To devise treatment strategies. This may involve therapeutic intervention that will develop the person’s self esteem, self control, personal independence and general psychological wellbeing.

1c(ii) Behavioural Support
The role of the psychologist is to promote positive behavioural support. The aim of positive behavioural support is to improve the service user's overall quality of life by altering the environmental conditions which contribute to the challenging behaviours and through introducing a range of effective therapeutic strategies to reduce challenging behaviour and to increase more effective coping behaviours. Positive behavioural interventions follow from comprehensive assessments on the individual, the behaviours and environment.

The role of the psychologist is to ensure that management of the behaviours is part of a wider person-centred planning process which takes into account all aspects of the person's life and activities. Intervention seeks to maintain positive changes in behaviour through proactive planning procedures. Through such proactive planning of service structure and policies it is possible to avoid many of the "crisis" situations that currently occur within the organisation and homes of people with challenging behaviour.

1c(iii) Programmes to Individuals and Groups
The work can be delivered to individuals directly or within groups of individuals. Groups can be natural groups of students that already exist or they can be deliberately created for a therapeutic, programme or assessment purpose. Examples of such programmes could include Reducing Isolation; Fostering and Developing Relationships; Skills training; and Environmental Alteration.

1c(iv) Family Support
Family support involves working with the parents or guardians and with siblings or other family members who have an important part in the person's life. It may involve enabling families to understand and provide for their family member's emotional and social needs and in so doing, to acknowledge the person's developmental level and personal wishes. It can be about helping to reduce the isolation that can sometimes occur with having a family member with special needs and an intellectual disability. Family support may also involve providing opportunities to support and educate siblings and to
facilitate their involvement in programme planning for their brother or sister with an intellectual disability.

Some families need to be empowered to advocate on the service user's behalf for services within and outside of the school in order to enhance the person's quality of life.

The psychologist can offer emotional support to families around issues of concern for their family member. Families may also require support to create their own solutions to those issues which they perceive as problematic. Finally, family support can also be achieved by helping to create links with others who are interested in the concerns of people with intellectual disabilities. This could involve helping people to access educational and support groups or indeed to create such groups.

2 Organisational Support

Psychologists can play a key role in contributing to general service development. This includes:

i. Staff Training. This may involve the design and delivery of courses, co-ordinating course provision and consulting with those individuals and agencies delivering training.

ii. Team Membership. Psychologists are important members of various teams. Protected time is required to formalise the membership and working methods of such teams. In order to contribute effectively to these teams, psychologists need to be kept informed about proposed developments.

iii. Reviews. In collaboration with other clinicians, family, teachers and carers psychologists contribute to reviews and plans for students.

iv. Service Development. Psychologists have expertise in the area of evaluation and are involved in identifying the needs of children and their families. This means that we can play a unique and pivotal role in the development of new and innovative services. An integral part of the psychologist’s work is the development of pilot projects which will lead to general developments in the services, over time.
3. Research and Evaluation

Research is undertaken to gather relevant information, to identify needs and to evaluate outcomes of interventions. Psychologists have expertise in the area of evaluation and are involved in identifying the needs of people and their families. This means that they can play a unique and pivotal role in the development of new and innovative services and in the evaluation of practice and existing services. Research may be undertaken by an individual psychologist, jointly or as part of a team. Publication of research is supported to allow for dissemination of information and good practice.

4 Responsibilities to the Profession

i. Continuing Professional Development: It is essential for Psychologists to keep themselves up to date with relevant knowledge, research methods and techniques, through reading, peer consultation, attendance at conferences, inservice training, networking and continuing education.

ii. Supervision and Trainee Placement: All psychologists need to receive appropriate professional supervision in line with the responsibilities of the post. Senior Psychologists may be required to provide sufficient and appropriate supervision for recently appointed basic grade psychologists and for trainees.

iii. The Psychological Society of Ireland: Members of the P.S.I. have an obligation to share the responsibility for maintaining and developing the profession of psychology in Ireland. This will involve networking with other members on issues such as policy development.

iv. Community Awareness: There is a responsibility to continue to inform the general public about Intellectual Disability and people with learning disabilities. This will help to overcome the societal barriers to inclusion. This can be achieved by challenging negative attitudes, confronting fears, educating people about rights and by promoting social contact within the community for people with disability.
For further information, please see:

- **Psychologists working in Early Intervention Services**
- **The Role of the Psychologist working with School Age Children with an intellectual disability**
- **The Role of the Psychologist working with Adults with an intellectual Disability**