



The
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Division of Clinical Psychology
Faculty for Learning Disabilities

Good Practice Guidelines for UK Clinical Psychology Training Providers for the Training and Consolidation of Clinical Practice in Relation to People with Learning Disabilities

August 2005

Purpose and status of this document

This document has been prepared by a working group on behalf of the Faculty for Learning Disabilities (formerly the Learning Disability Special Interest Group). Its key purpose is to guide members of the profession and training providers in ensuring that trainee clinical psychologists, upon qualifying, are able to meet the needs of individuals with learning disabilities, in whatever setting or context they come into contact with them. The guidance within is also intended to aid in planning and evaluating the consolidation of experience and competences of newly qualified clinical psychologists working within the learning disabilities speciality prior to transition from Agenda for Change band 7 to band 8. The Faculty believes that it is the responsibility of each training course in conjunction with local Special Interest Groups and supervisors to work jointly towards these aims and to use the present guidance to these effects. This is in line with the current Criteria for the Accreditation of Postgraduate Training Programmes in Clinical Psychology (CTCP, 2002) which set out clear requirements for consultation with DCP Faculties in relation to:

- ‘the expected capabilities which a trainee should gain to fit them for work with specific populations and groups’ (Section A6);
- provision of ‘the reference information for the minimum supervised practice commensurate with competence in an area of work’ (Section 7.2), and
- ‘development of the syllabus’ (Section 9.1.)

This document has been approved by the DCP Training Strategy Group (TSG) for publication and circulation by the DCP.

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1. Introduction

Historically the needs of people with learning disabilities have largely been addressed by specialist learning disability services. Over the past few decades there have been major changes in that people with learning disabilities are now far more likely to continue to live with their families at least into early adulthood, to attend mainstream schools and to be active participants in their local communities. Under current government policies there is an increasing emphasis on 'mainstreaming' and a shift away from segregated services. The White Paper *Valuing People* (DoH, 2001) emphasises four key principles: rights, independence, choice and inclusion. As a result of these developments clinical psychologists are likely to meet people with learning disabilities across a wide range of specialities, such as Child and Adolescent, Adult Mental Health, Forensic, and Older Adults. Thus there is a need to ensure that practitioners in all specialities are well equipped to work with this client group and to know when a referral to specialist learning disability services is appropriate.

The role of psychologists within learning disability services is to work with users, advocates and carers in ensuring that the users' perspective is empowered. Psychologists work within learning disability services with a 'person-centred approach' (DoH, 2001) to ensure service-users' wants and needs are supported. The service-users' perspective is paramount at all times, including when working with advocates, carers, support agencies, and all aspects of multi-disciplinary working, and is central to any interventions suggested.

2. Accreditation Criteria for Training Programmes in Clinical Psychology

The Committee on Training in Clinical Psychology Accreditation Criteria (CTCP, 2002) state the following points which are of particular relevance to people with learning disabilities:

Programmes will be expected to structure the training patterns of their cohorts so that they reflect workforce planning requirements within the NHS. These requirements will be shaped in part by...national policies, as well as by evidence of recruitment problems (for example, vacant posts) paying particular attention to specialities which have recruitment difficulties. (Section B.2.5)

The DCP in its guidance on clinical psychology workforce planning (DCP, 2004) recommends staffing levels of a minimum of 4.0 wte clinical psychologists specialising in work with people with learning disabilities, headed by a Grade B, in an average size district of 250, 000. In many parts of the country staffing in learning disability services falls way short of these recommendations and the speciality has traditionally experienced significant recruitment problems. It is the Faculty's belief that training courses should encourage trainees to specialise in this area post qualification. As part of this responsibility, training courses should expose trainees to this client group and challenge possible misconceptions which may result from lack of exposure rather than other factors.

While it is appropriate that Programmes should differ in their emphases and orientations, they must all provide academic teaching relevant to the full range of client groups and a wide range of clinical methods and approaches. This will include teaching on...learning disabilities, sensory and physical handicaps. (Section 9.2)

The Accreditation Criteria further set out required learning outcomes. It is the Faculty's view that learning disabilities services typically offer a working context

which is particularly suited to enable trainees to develop the following learning outcomes specified in the accreditation criteria (although it is recognised that other services can also contribute to developing these learning outcomes):

Communication and Teaching (Section B.1.3.8):

- *Adapting style of communication to people with a wide range of levels of cognitive ability, sensory acuity and modes of communication*
- *Preparing and delivering teaching and training which takes into account the needs and goals of the participants*

Service Delivery (Section B.1.3.9):

- *Understanding of consultancy models and the contribution of consultancy to practice.*

Clients (Section B.2.6.1):

- *Problems ranging from those with mainly biological causation to those emanating mainly from psychosocial factors;*
- *Work with clients with significant levels of challenging behaviour;*
- *Work with clients across a range of levels of intellectual functioning over a range of ages;*
- *Work with clients whose disability makes it difficult for them to communicate;*
- *Work with carers and families.*

Modes and type of work (Section B.2.6.3)

- *Work within multi-disciplinary teams and specialist service systems, including some observation or other experience of change and planning in service systems.*

3. Required competencies, experiences and service settings

The Faculty for Learning Disabilities has drawn up a list of competencies to assist training providers in ensuring that trainees have acquired the learning outcomes specified in the Accreditation Criteria and have at least a basic capability to meet the needs of people with learning disabilities, wherever they may come into contact with them in their professional practice. The competencies listed below are based on the national policy document *Valuing People* (DoH, 2001), more specific guidance issued for Scotland and Wales (Scottish Executive, 2000; Learning Disability Advisory Group Report to the Welsh Assembly, 2001) and the Accreditation Criteria (CTCP, 2002). It should be noted that some of these competencies are very specific to a learning disabilities context and thus are unlikely to be achieved in other areas (these have been marked *). Other competencies laid out below are of a more generic nature and may be met through work in other specialities.

- 3.1* An understanding of the history and current context of services for people with learning disabilities, including: historical constructions of 'learning disability' and the marginalisation and stigmatisation of people with learning disabilities, institutionalisation, normalisation and the social model of disability.
- 3.2* An understanding of current policies, particularly *Valuing People* (and their Welsh and Scottish counterparts, where relevant), and means of service delivery, including Inclusive Education, Person Centred Planning and Care Co-ordination.
- 3.3* An appreciation of the heterogeneity of people classified as having a learning disability and an understanding of classification and epidemiological issues.

- 3.4 The ability to work with people who may be very different from trainees and at high risk of social exclusion, together with the ability to reflect on such work and feelings evoked.
- 3.5* An understanding of the biopsychosocial model as it applies to this speciality, including an understanding of possible causes of learning disabilities, the interaction of biology and behaviour (including behavioural phenotypes), autistic spectrum disorders, and possible physical and mental health problems and disabilities co-occurring alongside learning disabilities (e.g. sensory impairments, early onset dementia).
- 3.6* An understanding of the impact of having a learning disability across the lifespan, which may include diagnosis and intervention during the childhood years, transition during late teenage and early adult years, adulthood and older age. Trainees should also develop some understanding of the potential impact on family and paid carers of caring for a person with learning disabilities.
- 3.7* An understanding of the different contexts which people with learning disabilities may be part of: the family, special and mainstream education in schools and colleges, daycare, supported living schemes and residential care, and specialist care settings, such as acute psychiatric and forensic settings.
- 3.8 Ability to communicate, both face-to-face and in writing, with people from across the whole spectrum of communication abilities, including individuals who are non-verbal.
- 3.9 An understanding of power differences between professionals and people who are marginalised or disempowered due to cognitive or communication deficits and how to address these in practice (e.g. minimising the risk of acquiescence).
- 3.10* Ability to adapt psychological assessments and interventions to the cognitive, communication, sensory, social and physical needs of people with learning disabilities and their carers.
- 3.11 Ability to complete a detailed functional analysis and translate the results into appropriate guidelines which are sensitive to the needs of those implementing them, as well as recognising common barriers to successful implementation.
- 3.12 Ability to develop multi-faceted formulations and interventions which take into account individual, systemic and organisational factors.
- 3.13 Ability to work with a range of service providers, including health, social services, education, the voluntary and private sectors.
- 3.14 An understanding of the potential vulnerability of adults from marginalised groups and knowledge of adult protection policies.
- 3.15 An understanding of capacity and consent issues and ability to obtain informed consent and, where this is not possible, ability to sensitively judge whether any psychological input is in the person's best interests.

4. Mechanisms for achieving these competencies

All clinical psychology training courses should ensure that they provide trainees with the knowledge and skills needed to develop the competencies outlined in this document through a mixture of academic teaching and clinical placement experience.

4.1 Academic Teaching

The Faculty believes that each academic programme should have a specialist learning disability component which covers knowledge and skills specific to work with people with learning disabilities, alongside teaching which integrates thinking about people with learning disabilities with other client groups in relation to specific clinical and contextual issues. Both specialist and integrated cross-speciality teaching which addresses the needs of people with learning disabilities should be developed and reviewed in regular consultation with the regional SIG (Learning Disabilities) to reflect the views and needs of the speciality at both local and national level. The Faculty recommends that each programme should cover the following areas as a minimum, either through specialist and/or integrated cross-speciality teaching:

- The history and current context of services for people with learning disabilities and current policies.
- An understanding of power differences between professionals and people with learning disabilities and how to address these in practice, and, where relevant, in research.
- A thorough understanding of the theory and practice of psychometric assessments.
- An understanding of current 'best practice' in establishing eligibility for learning disability services.
- An understanding how a range of therapeutic approaches, assessments and interventions may be adapted to the needs of people with learning disabilities and their carers.
- A detailed understanding of current perspectives on 'challenging behaviour'.
- An understanding of functional analysis.
- An understanding of autistic spectrum disorders, including current understanding of causes, clinical presentations and appropriate interventions.
- An understanding of a range of methods suitable for evaluating psychological work with people with learning disabilities.
- An understanding of capacity and consent issues and their implications for clinical practice.

4.2 Clinical Placements

The Faculty recognises that trainees may be able to acquire at least some of the competencies outlined above in a range of service contexts and with a range of client groups. However, it is the Faculty's belief that in order to be able to integrate their knowledge, skills and clinical experiences trainees should, wherever possible, gain substantial experience within the context of a learning disability service. Ideally this will be in the form of a dedicated learning disability placement. In considering any alternative arrangements to this model, clinical training courses and regional supervisors should jointly ensure that such arrangements will allow trainees to gain a thorough understanding of the context and heterogeneity as well as complexity of the client group.

Trainees' supervised experience should include the following wherever possible:

Substantive experience with people with learning disabilities with a mix of presenting problems and service settings. Trainees should be exposed to individuals from across the spectrum of learning disabilities, including individuals with severe and profound learning disabilities, across the lifespan. This work

should ideally include the following range and types of experiences:

- work relating to someone whose behaviour is constructed as ‘challenging’, ideally involving a comprehensive functional analysis;
- work relating to someone with an autistic spectrum disorder;
- work with a person with severe or profound learning disabilities;
- at least one detailed psychological assessment, which should include the use of formal measures (e.g. psychometric or functional assessment), and which should at least partly be completed directly with a person with learning disabilities;
- at least one direct assessment and intervention involving a person with learning disabilities;
- at least one assessment and intervention with family or paid carers; this could include indirect work with a staff team; and
- formal evaluation of the impact of a piece of psychological work, whether assessment (and feedback) or intervention.

The Faculty recognises that some high quality, yet very specialist placements, may not provide the range of experiences outlined above. It is intended that these recommendations should serve as an ‘ideal’ template to guide course staff, supervisors and trainees. The precise meaning of ‘substantive experience’ should be judged on an individual basis, bearing in mind that the entire training experience should enable trainees to demonstrate achievement of the learning outcomes outlined in Section 2 and to acquire the competencies outlined in Section 3. In some cases these may be acquired through work with quite a number of clients, in others through much more in-depth work with a few clients, supplemented by observation, discussion and reflection. The range and types of experiences outlined above are of course not mutually exclusive, but several may be addressed in in-depth work with the same individual or care system.

5. Review Process

These guidelines should be reviewed in 2009. At that point, if not earlier, CPD requirements will be considered, including the type of competencies and experiences which should be consolidated in the first 18 months post-qualification.

Service users were not consulted in producing these guidelines. There is increasing involvement of service-users in policy development and processes such as staff recruitment in learning disability services giving people greater power and choice. The involvement of service-users will be considered for the review in 2009.

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Appendix 2: Consultation Process

An initial draft of this document was circulated in June 2004 to the following:

National Committee of the DCP Faculty for Learning Disabilities

All S.I.G. (Learning Disabilities) regional groups

Group of Trainers in Clinical Psychology (GTiCP)

Comments on this draft were received from training providers attached to clinical psychology training courses, supervisors and convenors of learning disability teaching. Wherever these suggested a consensus or were based on convincing arguments they have been incorporated into this final document.

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