Psychotherapeutic interventions for people with learning disabilities

Roger Banks

Abstract

Psychotherapeutic treatments for people with learning disabilities that were previously discounted as a valid treatment intervention are increasingly being recognized as relevant and effective. People with learning disabilities have significant mental health problems as well as developmental psychological issues, for which psychotherapies would be considered as potentially beneficial interventions in the general population. National strategies for the development of psychotherapies are now recognizing the need to include people with a learning disability and the need for specialist services in this area. A range of psychotherapeutic modalities have been described as having relevance and being effective. Though some individuals with learning disability may benefit from mainstream services, others will require an adaptation of approach and an acknowledgement of the particular issues of disability. Not to make these adaptations may effectively exclude people from being able to be helped by psychotherapy. Whilst practitioners are clear in their views of the effectiveness of their work, the evidence base remains sparse and some of the difficulties in conducting research in this area are described.

Keywords cognitive–behavioural; family; learning disability; psychodynamic; psychotherapy

In this contribution a distinction is being made between psychotherapeutic approaches to treatment for emotional and behavioural disturbance and those involving physical treatments, environmental manipulation or behaviour modification. In practice, however, there is considerable overlap between, and concurrent use of, such interventions.

People with learning disabilities have generally been overlooked or actively excluded from psychotherapies. Traditional schools of psychotherapeutic theory and practice maintained that the presence of intellectual impairment was a reason for excluding people with learning disabilities from treatment, in spite of the lack of empirical evidence showing that such individuals do not benefit or at least are not harmed by psychotherapy. Bender provided an elucidation and critique of the history of this exclusion from early psychoanalysis through to patient-centred counselling and cognitive–behavioural therapies.[1] He described the 'therapeutic disdain' of mental health professionals towards people with learning disabilities (and to other 'minority' groups). He suggested that a psychotherapeutic relationship involves an intense and intimate interaction with another individual over a prolonged time; this intimacy is difficult to tolerate and requires more energy when the individual is perceived as 'unattractive' (Table 1).

There have always been, however, psychotherapists, psychiatrists and clinical psychologists with a different perspective who have seen the value of applying psychotherapeutic techniques to work with people with learning disabilities. Following pioneering work in the psychoanalytic field by Symington, Sinason, Hollins, Frankish, Beail and others, there has been a steady growth in the publication of accounts of a wide range of therapies in different settings.

Roger Banks *MBChB FRCPsych is Consultant in the Psychiatry of Learning Disability with Conwy and Denbighshire NHS Trust, North Wales, UK. He has maintained a clinical interest in psychotherapy throughout his career and co-edited the Royal College of Psychiatrists' Council report on psychotherapy and learning disability. He is a director of the Institute of Psychotherapy and Disability.*

What's new?

- An evidence base for the effectiveness of psychotherapy for people with learning disabilities is gradually being developed
- Clearer direction is emerging in national policies and guidelines for both mainstream inclusion and specialist provision of psychotherapies for people with learning disabilities
- There have been developments in the availability of training and supervision in the psychotherapy of disability

The need for psychotherapy

In a survey of psychiatrists and psychologists by a working group of the Royal College of Psychiatrists, 83% of respondents

Bearing the unbearable

Anna, a 40-year-old woman with Down syndrome was referred to a trainee therapist.

Anna's parents had demanded that 'something be done' about their daughter, who caused them endless annoyance with her 'silly' and socially repellent behaviour. In the middle of the fifth session of what had already been a laborious and difficult-to-focus therapeutic process, everything ground to a halt. Patient and therapist sat frozen in uncomfortable silence. The therapist was overwhelmed with a strong sense of having lost direction, of being unable to think about what to say next and of feeling embarrassed by her inability to 'say the right thing'. At this point, Anna leaned forward until her face was only a few inches away from the therapist's and in a loud voice with exaggerated emphasis, as if talking to an idiot, said, '*I haven't got a brain you know!*'

Table 1

said that there was a moderate or high demand for psychotherapy for people with learning disabilities (Table 2). Only 3 out of 424 respondents said there was no demand, and none of these worked in the area of learning disability.[2] While the ethical and human rights arguments for the provision of therapy are valid, it is also important to consider the clinical indications for treatment.

Early development: as Winnicott pointed out, a child's first mirror is its mother's eyes.[3] A person's psychological and emotional development is affected by the presence of intellectual impairment and by the sensory and physical disabilities that may accompany this. The quality and reciprocity of communication and physical contact with the primary care-giver – usually the mother – can be impaired to varying degrees, resulting in:

- fragility of emotional attachment
- delayed development of self and object constancy
- impairment of symbol formation and of separation–individuation of self from care-giver.

Lifelong dependency/vulnerability: people with learning disabilities, either out of necessity or because of the limited expectations of others, tend to be highly dependent on other people for care and protection; they are also less able to deal with choices, problems and challenges. This makes them vulnerable and liable to be subject to emotional, physical and sexual abuse.

Family relationships: the birth of a disabled child can be experienced by parents as a loss of the anticipated 'healthy' child. This bereavement can be a lifelong issue that becomes reinforced at various life stages and by the individual's inability to fulfil the 'normal' expectations of our culture and society. Siblings may also be affected, experiencing difficult and conflicting emotions such as loss, resentment or guilt.

Conclusions of a UK survey of the provision of psychotherapy to people with learning disabilities

- Access to psychotherapy, when available, is through a range of provision, chiefly within learning disability services
- A range of psychotherapeutic models are being employed by a variety of disciplines in some areas
- There is perceived to be a significant demand for psychotherapeutic services for this patient group
- There are very significant barriers to access, including attitudes of others and lack of appropriate training and supervision
- Supervision, when available, is eclectic and varies according to local service characteristics
- A wide range of models of psychotherapy were considered suitable for use with this patient group
- Developing practice is ahead of strategy; innovative services are multidisciplinary and cross service boundaries

Source: Royal of College of Psychiatrists, 2003.[2]

Table 2

Mental health: there is a higher rate of psychiatric disorder in people with learning disabilities than in the general population, with the prevalence estimated at 30–75%.[4] In addition to defined disorders, there may be traits and symptoms (such as identity disturbance, problems with symbolization and concepts of reality) that are similar to poorly integrated or borderline personality disorders.

The validity of psychotherapy

The Department of Health produced *Guidelines for Treatment Choice in Psychological Therapies and Counselling* in 2001. Although people with learning disabilities were not specifically considered, no evidence was presented that psychological therapies do not work for this patient group. Indeed, it stated that:

'We acknowledge that, in the case of people with learning disabilities, there is no clear boundary to identify where this guideline ceases to apply. It should not be assumed that people who have mild-to-moderate cognitive impairment fail to benefit from the mainstream therapies described here …'.[5]

In *Organising and Delivering Psychological Therapies*,[6] practitioners are advised to 'pay special attention to marginalised groups such as people with learning disabilities …' and indeed a section of the report is devoted specifically to psychotherapy for this client group.

Mainstream or specialist therapies?

Most people with learning disabilities have mild-to-moderate intellectual impairment and so it might be expected that the application of psychotherapy would differ little in technique or effectiveness. With greater degrees of intellectual impairment and accompanying cognitive, sensory or communication deficits, there are considerable differences and modifications that have to be taken into account. Therapists working with people with learning disabilities have described some of the differences in therapy and some of the issues that are related to the person's experience of having a disability, which are not necessarily related to its severity.

General therapeutic issues

These issues are commonly encountered and, if not acknowledged or adequately addressed, can lead to therapy being less accessible. The failure of therapists to adapt their practice or understanding can be projected onto patients, who are thus labelled as 'unsuitable' for therapy.

Referral and consent: individuals rarely refer themselves for therapy. Some may express a wish to talk to someone about their problems or it may be suggested to them by carers or other professionals. More usually a health professional with experience, knowledge or training will identify a 'need' for therapy from aspects of the person's mood, behaviour or personal history. While referrals in the general population tend to indicate the person's wishes about therapy and its outcome, for people with learning disabilities it is the expectations or dissatisfactions of carers or the aspirations of the referrer that are highlighted,