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

April 2012
Purpose and status of this document

This document has been prepared by a working group on behalf of the British Psychological Society’s DCP Faculty for Learning Disabilities. 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 and their carers, in whatever setting or context they come into contact with them. This revision of the original guidance issued in 2005 recognises that clinical psychologists are now likely to provide support to individuals with learning disabilities and their carers both within specialist health services and within mainstream health and social care. Hence the guidance sets out the knowledge and skills that clinical psychologists should acquire over the course of their training that will enable them to provide person-centered, effective, safe and dignified assessments and interventions for adults with learning disabilities, their carers and the systems supporting them.

The Faculty believes that it is the responsibility of each training course in conjunction with regional Faculty groups and supervisors to work jointly towards these aims and to use the present guidance to these effects. This guidance is in line with the current Accreditation Guidance for Clinical Psychology Programmes (BPS, 2010), which notes that:

- Programmes should refer to the minimum standards which are identified and revised from time to time by the Division of Clinical Psychology’s Faculties for guidance in relation to the expected capabilities which a trainee should gain to fit them for work with specific populations and groups (p.13).
- National standards as set out by the DCP’s Faculties and Special Interest Groups must also guide training patterns for each cohort of trainees (Section A3.5).
- The development of the (teaching programme’s) syllabus should be informed by consultation with DCP Faculties and Special Interest Groups (Section B6).
- The national standards as set out by the Division of Clinical Psychology’s Faculties will provide the reference information for the minimum supervised practice commensurate with competence in an area of work. Based on this reference information programmes must develop, in consultation with local psychologists, their own guidelines on required experience, recommending an appropriate amount of clinical work. Programmes must identify gaps in placement experiences provided, both individual and across the trainee cohort, and plan how they will structure the pattern of clinical training to overcome any deficiencies (Section C2).

Approval of this document is to be sought from the DCP Training Strategy Group (TSG) for publication and circulation by the DCP.
1. Introduction

It is estimated that around 2.5% of the UK population have learning disabilities. While they are a diverse group with a range of needs and wishes, collectively they are one of the most vulnerable groups in society (DCP Faculty for Learning Disabilities, 2011). It is now widely recognised that they are at markedly increased risk of developing mental ill-health and a significant number present with behaviours that pose serious challenges to services (DCP Faculty for Learning Disability, 2011; Judith Trust, 2012). As a result they are more likely than people without cognitive impairments to require the support of clinical psychologists. Historically the needs of people with learning disabilities have largely been addressed by specialist learning disability services. Over the past few decades though there has been an increasing emphasis on ‘mainstreaming’ and a shift away from segregated services. These developments are closely in line with the White Paper Valuing People (DoH, 2001), its revision, Valuing People Now (DoH, 2009), and similar legislation in the devolved nations, which emphasise four key principles: rights, independence, choice and inclusion. Furthermore the Improving Access to Psychological Therapy (IAPT) programme has had a major impact on the delivery of psychological therapy in England and Wales. As a result of these developments, clinical psychologists are likely to meet people with learning disabilities across a wide range of specialities and within both specialist health services and mainstream health and social care. However, the government’s aims to improve health outcomes and reduce inequalities in many cases remain a valued but distant ideal and there is now significant evidence that people with learning disabilities often experience problems accessing health care and equal treatment (DCP Faculty for Learning Disability, 2011). Thus there is a need to ensure that clinical psychologists in all specialities are well equipped to work with this client group, to know when a referral to specialist learning disability services is appropriate, and to know how to make, and help others to make, reasonable adjustments in line with the Disability Discrimination Act.

All support provided to individuals with learning disabilities should be person-centered, and should ensure that the service-user’s perspective is paramount at all times and central to any interventions considered, including when working with carers, members of other disciplines and support agencies. The number of instances over recent years where adults with learning disabilities were the victims of severe abuse at the hands of those in whose care they had been placed, indicate that safeguarding continues to be a major concern. Similarly there has been increasing attention to hate crimes committed against individuals with learning disabilities. It is the Faculty’s view that all psychologists need to have an understanding of this area, if they are to play a role in safeguarding individuals with learning disabilities, keeping them in their local communities and monitoring their welfare.

2. BPS Accreditation Guidance for Clinical Psychology Training Programmes

Historically many learning disability services experienced difficulties in recruiting clinical psychologists. While this is no longer the case, it is the Faculty’s belief that training courses should encourage trainees to consider specializing in this area post-qualification. In order to positively promote recruitment to the learning disabilities field, training courses should ensure that trainees work with this client group and that misconceptions, which may result from lack of exposure rather than other factors, are challenged. As the inclusion of people with learning disabilities in mainstream health services continues to increase, the likelihood of clinical psychologists working outside specialist learning disability services working with individuals with learning disabilities as part of their work will also increase.
The BPS Accreditation guidance further sets out required learning outcomes. It is the Faculty’s view that learning disability services typically offer a working context that is particularly suited to enable trainees to develop the following learning outcomes specified in the accreditation criteria. The Faculty recognises that other services can also contribute to developing some of these learning outcomes, but is of the view that those marked with * are most likely to be met or can only be met in the context of specialist learning disability services:

**Communication and Teaching** (Section 2.3.8 of Accreditation Guidance, BPS, 2010)

- *Adapting styles 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 2.3.9)

- Understanding of consultancy models and the contribution of consultancy to practice.
- Understanding of leadership theories and models, and their application to service development and delivery. NB: It is the Faculty’s view that work in the context of usually multidisciplinary learning disability settings lends itself very well to developing leadership skills.
- Awareness of the legislative and national planning context of service delivery and clinical practice.
- Working effectively with formal service systems and procedures.
- Working with users and carers to facilitate their involvement in service planning and delivery.

**Clients** (Section 3.6.1)

It is essential that trainees work with:

- Problems ranging from those with mainly biological and/or neuropsychological causation to those emanating mainly from psychosocial factors;
- *Clients with significant levels of challenging behaviour;*
- *Clients across a range of levels of intellectual functioning over a range of ages, specifically to include experience with clients with developmental learning disabilities;*
- *Clients whose disability makes it difficult for them to communicate;*
- *Carers and families.*

**Modes and type of work** (Section 3.6.3)

- Indirect, through staff and/or carers;
- Work within multi-disciplinary teams and specialist service systems, including some observation or other experience of change and planning in service systems;
- Work (i.e. practice, teach, give advice) in at least two evidence-based models of formal psychological therapy. NB: It is the Faculty’s view that work with adults with learning disabilities lends itself very well to learning to adapt evidence based models to clients’ communicative and cognitive capabilities and show flexibility where required.
- Work with complexity across a range of perspectives, demonstrating flexibility in application of whichever approach is most appropriate for the client or system.

**The UK health care context and the application of clinical psychology** (Section 3.6.4)

Trainees’ work will need to be informed by a substantial appreciation of the legislative and organisational contexts within which clinical practice is undertaken, including:

- Legislation relevant to England and the devolved nations (e.g. Mental Capacity Act*, Disability Discrimination Act*, Mental Health Act, Health and Social Care Act, Adults with Incapacity Act (Scotland), Adult Support and Protection Act (Scotland)).
Government policy statements NB: It is the Faculty’s view that work in the field of learning disabilities lends itself very well to learning about the immediate influence of policy on service delivery, not least the policy statements *Valuing People* (DoH, 2001) and *Valuing People Now* (DoH, 2009) and guidance such as the *Mansell Report* (DoH, 2007) and *No Secrets* (DoH, 2000)

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 guidance 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) and its revision *Valuing People Now* (DoH, 2009), more specific guidance issued for Scotland (*The Same as You*, Scottish Government, 2000) and Wales (*Policy and Practice for Adults with a Learning Disability*, Welsh Assembly Government, 2007) and the *Accreditation Guidance for clinical psychology programmes* (BPS, 2010). 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* Understanding of the history and current context of services for people with learning disabilities, including: historical constructions of ‘learning disability’, the marginalisation and stigmatisation of people with learning disabilities, institutionalisation, normalisation; the social model of disability; and the continued failure to safeguard adults with learning disabilities against abuse by those in whose care they have been placed.

3.2* Understanding of current policies, particularly *Valuing People* and *Valuing People Now* (and their Welsh and Scottish counterparts, where relevant), and means of service delivery, including inclusive education, person centred planning, personalised care and the Care Programme Approach as it applies to this client group.

3.3* Appreciation of the heterogeneity of people classified as having learning disabilities and an understanding of classification and epidemiological issues.

3.4 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 Awareness of the impact of difference and diversity as they may affect both service uptake and engagement with psychological work. This includes an awareness of the risks of multiple sources of discrimination, not least for people with learning disabilities and their carers who are social disadvantaged, from black and minority ethnic or newly arrived communities.

3.6* 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, dementia).

3.7* Understanding of the impact of having learning disabilities 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.

3.8* Understanding of the different contexts of which people with learning disabilities may be part: i.e. the family; special and mainstream education in schools and colleges; day and leisure
opportunities; vocational and employment opportunities; supported living schemes and residential care; and specialist care settings, such as inpatient generic and mental health settings, and forensic settings.

3.9* Ability to communicate, both face-to-face and in written/pictorial form, with people from across the whole spectrum of communication abilities, including individuals who are non-verbal, together with an awareness of communication issues and mediums to facilitate accessible communication.

3.10 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, working psychologically in a less formal manner with individuals who have had aversive experience of formal settings).

3.11* Ability to adapt psychological assessments and interventions to the cognitive, communication, sensory, social and physical needs of people with learning disabilities and their carers.

3.12 Ability to complete a detailed functional analysis of behaviour and translate the results into appropriate guidelines which are sensitive to the needs of those implementing them, and recognise common barriers to successful implementation.

3.13* Ability to understand and respond to behaviour that challenges services in order to support people locally and reduce the likelihood of out-of-area placements. This will include an understanding of the role of positive behavioural support and ability to translate this into behaviour support plans.

3.14 Ability to develop multi-faceted formulations and interventions which take into account individual, systemic and organisational factors.

3.15 Ability to work with a range of service providers, including health, social services, education, the voluntary and private sectors.

3.16 Understanding of the potential vulnerability of adults from marginalised groups, knowledge of safeguarding policies and procedures, and ability to recognise signs of possible abuse.

3.17 Understanding of capacity and consent issues, ability to obtain informed consent and to contribute to multidisciplinary assessments relevant to capacity and, where a person is deemed to lack capacity, ability to sensitively inform ‘Best Interests’ procedures.

3.18 Ability to consult to diverse staff teams and adapt the communication of psychological theories and interventions to recipients’ needs.

3.19 Ability to contribute to service development.

3.20 Ability to work with colleagues in multidisciplinary teams, liaise effectively with other services and professions and demonstrate leadership where called for.

3.21 Ability to design and deliver teaching and training that is clear, effective and closely matched to learners’ needs.
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 must 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 Faculty for Learning Disabilities group to reflect the views and needs of the speciality at both local and national level. Skills-based teaching should be delivered by clinicians specialising in the area of learning disabilities. Training programmes should aim to involve service users directly in teaching.

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.
- Power differences between professionals and people with learning disabilities and how to address these in practice, and, where relevant, in research.
- The theory and practice of psychometric and adaptive functioning assessments.
- Current ‘best practice’ in establishing eligibility for learning disability services.
- The mental health needs of adults with learning disabilities.
- Adaptation of a range of therapeutic approaches, assessments and interventions to the needs of people with learning disabilities and their carers.
- Current perspectives on behaviours that challenge services, including positive behavior support.
- Functional analysis.
- Autism spectrum disorders, including causes, clinical presentations and appropriate interventions.
- A range of methods suitable for evaluating psychological work with people with learning disabilities.
- Capacity and consent issues and their implications for clinical practice.
- Supporting individuals with learning disabilities in relation to sexuality.
- Supporting parents who have learning disabilities.
- Dementia (including as it affects people with learning disabilities).
- Offending behavior in people with learning disabilities.
- The role of clinical psychology as part of providing good quality support to individuals with profound and multiple learning disabilities and their families (see Dept of Health, 2010)

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 learning disability services. Wherever possible, this will be in the form of a dedicated learning disabilities 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. In any case training providers must ensure that trainees meet the minimum competences set out by the BPS accreditation guidance, above all they must have direct clinical experience of working with individuals with
learning disabilities; those with significant levels of challenging behaviour; and individuals whose
disability makes it difficult for them to communicate (see section 2. above).

Trainees’ supervised experience should include the following, wherever possible, and in whatever
clinical setting that can provide such experiences:

Trainees should have substantive experience with people with learning disabilities with a mix of
presenting problems in a variety of service settings and, across the lifespan, should be exposed to
individuals from across the spectrum of learning disabilities, including individuals with severe and
profound learning disabilities. The Faculty sees the following placement experiences as essential in
ensuring that trainees will be able to meet the needs of individuals with learning disabilities upon
qualification:

- work relating to someone whose behaviour is constructed as ‘challenging’, 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 a 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 2017.
References


DCP Faculty for People with Learning Disabilities (2011). *Commissioning Clinical Psychology services for adults with learning disabilities*. Leicester: BPS.


Appendix 1: Members of the Working Group

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Comments on a draft were also received from the national committee of the DCP Faculty for Learning Disabilities