

# Delivering specialist challenging behaviour services in the community: integrating person centred and psychodynamic approaches in a failing challenging behaviour unit

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# Aims of presentation

- A description of support given to a failing service to show how the Intensive Support Team intervenes using therapeutic models and client centred approaches.
- The presentation highlights:
  - The use of Psychodynamic and Cognitive Behavioural Models
  - Working with the community to change the culture of a service
  - The use of a service wide client centred approach
  - Empowering management following intensive support

# Previous contact with service

- Two ladies previously known to psychology service.
- Sally
  - Diagnosis of severe learning disability
  - History of early trauma (physical abuse, sexual abuse, neglect)
  - Numerous placement breakdowns

# Psychodynamic Approach

- IST recognise that individuals with a learning disability have the same needs as others.
- Mahler et al (1975) model was used to determine Sally's stage of emotional development.

Prior to psychological intervention Sally was in the **Differentiation phase**:

## Signs of being in Differentiation phase:

Sally spent a lot of time in her room exploring her self and her immediate surroundings.

Sally was dependant on what her supporter gave her to explore.

She was using a lot of self injurious behaviours in her room and self stimulatory behaviours around other people.

# Cognitive Behavioural Approach

- Sally had become trapped by her safety seeking strategies
- Sally would be unable to use some traditional Cognitive-Behavioural strategies in order to develop out of the traps.
- Sally was most likely to learn which of her behaviours are unhelpful through her experiences.
- A graded desensitisation approach was adopted starting with gradually increasing lengths of sessions and amount of interaction.

# Psychodynamic Approach

Developing an attachment allowed her move into the **Practicing stage**:

## Signs of being in Practicing phase

Sally was able to do more things.

She practiced her new skills and developed her skills with encouragement.

A core group of carers has hoped to allow more opportunity to practice her skills and continue development (Klien, 1981 & Bowlby, 1969).

Sally was showing a healthy object relation development. Allowing her to start developing a sense of self (Klien, 1981).

Sally moved into the **Rapprochement phase**:

## Signs of being in Rapprochement phase

Sally begins to make choices and decide upon plans.

She begins sharing and making jokes that allow 'Tooing' and 'froing' games.

Sally happy to use skills with several individuals.

She is becoming more able to be by herself without anxiety and will sit with her peers.

# Referral pathway

- Work being completed to support a transition for 8 individuals from a Challenging Behaviour Unit into a community house.
- Telephone call from new Deputy Manager; not able to cope with Sally. Fears about safety in new house.
- Staff requesting a move for Sally and will not support her at this time.
- Agreed to do some modelling work with Senior Behaviour Support Worker.

# The Challenging Behaviour Unit

- Institutionalised disempowering environment:
  - Lack of choice
  - Lack of independence
  - Lack of accessible information
  - Lack of stimulation
  - Lack of a consistent approach
  - Lack of equality (resident : resident & staff : resident)
  - Punitive approach

# Working with the 'community': changing the culture

- Poor mental health is linked to poor living environments (Melzer et al, 2004).
- Addressing basic social needs and developing mutual social support systems can have a significant impact on people's mental health (Stuteley, 2002: the beacon project).
- The use of a purely direct therapy model could encourage vulnerable individuals to be happy with unacceptable circumstances (Cromby et al, 2007).
- Distress was considered a normal response. Their behaviour aimed to let their supporters know that they were not happy in their world.
- Our culture often looks to intrapsychic models to understand ill health with social and environmental factors are underplayed (Cornwell, 1985).

# Person Centred Approach

- MDT meetings were held for all ladies, formulations were based on therapeutic models.
- Person centred packs were developed
- Accessible information was implemented including a photographic staff shift timetables.
- Activity timetables and household duty rotas were made and implemented.
- Approaches were modelled to staff

# What we learnt; Moving on...

- Empowering management
  - Meeting with Manager and Deputy manager to identifying problems with implementation including staff training and disciplinary issues.
  - Modelling with Deputy manager to allow her to take over the IST role.
- The importance of keeping roles separate
  - Sally experience some loss of her secure base during the work.
  - Moving back to providing weekly therapy.
- The Move...

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