

Executive Functioning

A Newsletter for Senior Leadership in Organizations Providing Human Services

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A Matter of Choice: Diversity of Therapies to Promote Emotional Healing for People with Intellectual Disabilities

People with Intellectual Disabilities and the Need for Therapy

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The majority of the people we support have had complicated and painful relationships with family, staff and the community. These painful experiences impact a person's general wellbeing and health. It can continue throughout the years to cause psychological pain, affect interpersonal relationships, self-esteem and the ability move forward and enjoy life in a meaningful way.

We are all human and as humans we share ways of coping with traumas, internalizing and/or externalizing mistreatment. We can see evidence of this coping as we work with people with intellectual disabilities. Perhaps a person presents to us as sad, has low self esteem, is eager to please to a point where they are in a pattern of being hurt on a regular basis, maybe they hide from social situations and have difficulty engaging in new activities or relationships. Alternatively, we may see that people can be in a state of mind on a regular basis where they are hurting other clients, staff, community and family members; they are often emotionally overwhelmed. So we know instinctively that there is a great deal of healing that can be done and needs to be done.

Palucka and Lunsky (2012) stated, "people with developmental disabilities are far more likely to be victimized than the general population, yet have fewer resources to deal with these experiences" (p.109). Historically, it was believed that people with intellectual disabilities could not benefit from any form of psychotherapy. The only therapy offered in most situations was behaviour therapy, and that was not even always an option. Most agencies providing services to people with intellectual disabilities did not, and still do not, offer any sort of therapeutic supports. Slowly, this is starting to change but services are still difficult to access and waitlists can be long.

Our intention in this edition of Executive Functioning is to provide information that will help us collectively take the next step in therapy services for people with intellectual disabilities. Together we can consider mirroring what therapy services are available to the general public and are meaningful. Then we can, as we have strived to do for many years, adapt those services and offer them to people with intellectual disabilities.

Next Steps

We, as service providers, strive daily to provide opportunities for adults with intellectual disabilities and mental health support needs to heal emotionally from a lifetime of traumas. We dedicate ourselves to providing happy homes, meaningful community participation and to develop healthy relationships with people. We train and support our staff to be inspired and engaged in the work with people supported. We respond well to crisis to ensure all are safe. Many support staff and thus clients have benefited from the implementation of progressive behaviour support plans and some choices in forms of personal therapy.

There is need for people with intellectual disabilities to have diversity in the ways they choose to heal. With our adapted approaches and some courage to take these next steps in care together, people can choose the kind of therapy they would like to engage in. They can choose to heal, for themselves.

Mirroring Community Resources

Choice and voice are two words we have heard and used in many ways for many years now. We consider that in someone's daily life it is important for them to be able to choose how their day and life looks and to use their own thoughts, feelings, beliefs, interests to be able to express their needs. However, the choices can be limited to what have become the typical developmental service models of support.

Part of the model of community living has been that people with intellectual disabilities are immersed in society and fully taking part in it as they choose. So why not therapy options? Some of us may have had our own personal struggles – anxiety, depression, abuse histories, unhappy relationship patterns, and substance use. If we have been brave enough to reach out for help think of all of our options. We can seek out the type of therapy that will work for us such as short-term cognitive behaviour therapy, long-term psychotherapy, therapy groups and many more. We are able to make a decision to heal and to decide which intervention we feel best to meet our needs.

Therapy Modalities to Consider

Ideally, a clinical team within a Community Living agency or any organization providing support to people with intellectual disabilities, would include a diverse group of therapists. A team that includes behaviour therapists, a psychotherapist, art therapist, grief counsellor, and any other types of therapists working cohesively allows for the best diversity of service and choice for the people being supported.

Art Therapy

Art therapy is a form of psychotherapy that uses simple art materials and processes in the therapy session to facilitate the client's self-expression. It is based on psychological theory and follows the same principles as verbal psychotherapy. Some feelings and experiences are difficult to express in words for anyone. In art therapy, the art helps the client to explore their inner world, and to use creativity to express things that are not possible in words.

Art therapy is practiced with a wide range of people in a large variety of settings such as schools, hospitals, long term care settings and private practices. It is practiced in individual sessions, group, couple and family therapy. It is effective with both adults and children, and can benefit individuals with any form of trauma, grief, chronic illness, the list goes on and on.

One of the benefits of art therapy is that it does not rely entirely on verbal language skills. When working with individuals with more profound disabilities or individuals with limited verbal language skills, art therapy can give them a voice to express their thoughts and feelings. The voice through the art can help someone to express difficult issues that they haven't had the words to express. Therefore, art therapy can actually offer therapy options to people where verbal psychotherapy or counseling would not be supportive (Malchiodi, 2007).

Grief Counseling

Another therapeutic support that is both difficult and important to access when someone really needs it is grief counseling. When someone is grieving, often they just need the support of the people around them who care about them – support people, friends and family. However, sometimes grief gets complicated and the individual requires some extra support to process the grief, to heal and move forward. When that happens, it is important to access a trained professional who has knowledge and experience in grief counseling to provide the necessary support.

Psychodynamic Psychotherapy

Psychodynamic psychotherapy is a therapeutic process which helps people understand and resolve their problems by increasing awareness of a person's inner world and its influence over their relationships both past and present. It differs from most other therapies by working toward deep seated change in personality and emotional development over time.

People who experience a loss of meaning in their lives, experience deep sadness, have unstable relationships, suffer with phobic anxieties, have ongoing physical complaints that appear to have no medical cause, may be good candidates for this therapy.

This therapy can help people with serious psychological disorders, for example, schizophrenia, personality disorders, and depression. It can work as a treatment in its own right but also in partnership with other treatments, such as medication,. It is best applied when the person is in a period of stability to foster coherent communication leading to progress in treatment.

Many clients early on in the process may experience some symptom relief and begin to report feeling less distressed. Over time, through ongoing therapy, relational patterns can be explored in depth and understood by the client and therapist. New healthy patterns of relating to people and living their lives may emerge. As a result, symptoms may not appear in a debilitating way as they have in the past should they present.

This type of therapy is not widely practiced with people in service. There can tend to be a social/professional myth of a general lack of ability of people to take part in talk therapy and to develop insight.

We have experience with people with ID that, if given time and opportunity, people have a lot to give and gain in this area. If we can choose to offer this service, there is a great deal of healing that can be done.

Choice of therapeutic support rather than prescribed support is of great value. This type of therapy can benefit many people we support who may not choose to subscribe to typical agency- provided services. People who have a borderline to mild disability are not likely to engage with typical ID services provided. They have told us they want to be intellectually challenged to learn and grow. Think of those in supported independent living, semi-independent living or simply those in other services with the capacity and desire to talk out their concerns.

This group can tend to get under-supported in the mental health sector. Meaning, that it can be rare to find a professional who has an understanding of some of the dynamics of being a person with ID and how to adapt therapy services to match the need. For example, the person's communication strategies or how they understand and process information, self-acceptance around being a person with an ID, exploration of shame and humiliation that comes hand in hand with growing up and living with ID. We have seen that people can be turned away from mental health supports. Professionals in mental health may struggle in their own right to know how to provide treatment to people with ID. So then they may be referred back to us. Here we are, let's build what is needed so people are helped, not lost.

Tips, Tricks and Hacks

Self-Referral

People can choose to take this step for themselves. The therapeutic alliance is built on partnership and a commitment to work together as a unit. This is a form of advocacy for one's self. We are now understanding the powerful benefit of the advocacy movement in our sector.

We have data that can show the efficacy of this practice. In fact, we have no data that shows that this does not work. Which is meaningful in itself.

We can trust the therapists and staff we hire and can grow to trust in the people we support to make healthy decisions for themselves.

Staff Referral

Sometimes referrals come in through staff or supervisors of the programs. This typically happens when someone is suffering and the staff sees the need for support. When someone has a more profound disability or limited verbal language skills, they may not be able to refer themselves to the service.

In the case of referrals coming in through support people, the individual must be aware of the referral. It must be discussed with them and explained so that they understand what they are being referred to and why. Upon starting therapy and throughout the process, the therapist is also responsible to ensure the individual understands what they are doing there, and that they are consenting to the therapy.

Client and Staff Education Plans

An easy education plan for people supported and their direct care staff can be developed about the new services. Who better to get the information out to than directly to those who may need it and their supporters.

Present the information about available services in a way that will engage as many people as possible to understand it. Foster an openness about the service and have contact information for the therapist who can directly answer any questions. Find many different ways to share this new option - such as by mass emails, in flyers to all programs/people supports, in newsletters, at agency events. The goal is for individuals start thinking and maybe talking about getting help, which a first step to healing.

Waitlists

Consider the therapist managing their own waitlist as, in our experience, this can assist people to access information and/or help in a more timely manner. Therapists with have regulatory bodies and need to

document all contact with clients so there is a way to record this.

Reaching out for therapy is difficult to do and a direct line at the time the client has the courage to take this step can assist the person's ability to "latch on" to the idea therapy. The first conversation is likely to be the beginning of the therapeutic relationship.

This mirrors how referrals are managed in many therapist's community practices.

Finding a Therapist in the Community

Not every agency will choose to have or can afford to have therapists on staff. That's ok, we have some ideas for you.

There are many schools that train therapists of different modalities. Most often, they will have the option through the school for people to see student therapists who are close to graduation at a reduced cost.

Two of the schools we can share who have expressed an openness to working with people with ID are:

In Toronto the Centre for Training in Psychotherapy – call 416 964-7919 to reach the referral service. Some therapists may practice outside of the Toronto area. Ask for the area you need. There are therapists who work with individuals with ID, both students and graduates.

On the Canadian Art Therapy Association website, you can search for therapists practicing in your area. You can also contact an art therapy school local to your agency to look into having student interns. These schools are also listed on the association website.

For grief counselling in Ontario, you can contact Bereaved Families of Ontario for information about counsellors and resources in your area.

Please note that, if your clients live in rural settings, it is worth asking about the provision of E-therapy or telephone therapy. In some cases this can be negotiated through the schools and with the individual therapists. The practice is becoming more common and therapists are typically well versed on this and are likely to have a provision in their insurance to practice this way. Face to face is the best option but, if there is no other way to access the service, it can be a helpful bridge to healing for some people.

Vita Community Living Services has grown its practice of providing a diversity of therapy services through partnerships with both writers of this article. It has been a safe, effective, financially viable option to expand our clinical opportunities.

Sharing Resources

Perhaps after reading this article you are inspired and want to add a therapist to your clinical team – wonderful! However, the little voice in your head says that the reality of this is that there is not enough money in your budget to do this? Reach out to see if another agency feels the same way and shares a similar philosophy. This may be a great opportunity for a partnership to share resources. You can also consider that part of the practice cost of the therapist you hire can be covered by taking outside referrals at a fee for service.

Principles in Practice

So how do we know this works? The short answer is people are telling us that they are experiencing some symptom relief. This can be noticing less overwhelming emotions like, anger, sadness, and anxiety. It can also

be seen through less somatic complaints. So perhaps fewer headaches, colds or flus or stomach troubles are being experienced. Maybe their relationships with friends, co-workers, housemates and family are getting healthier. They may use words; they may show us through their artwork. They may show us through how they live their life every day.

People are "voting with their feet" which is an important point to consider. Therapy is a personal challenge, one that can elicit intense feelings and reactions. Yet, people continue to arrive at therapy sessions willing to be a part of the change they want to see in their lives.

Aside from all of this good stuff, we carefully take data. We do this to follow the mantra of the benefit of evidence-based practice which is a vital way of showing the effectiveness of a service and, therefore, gives voice to the need for this service to be funded.

We Can Not Afford *Not to Try*

Practicing Prevention

Let's consider staffing costs and therapy as a prevention. We are familiar with times in our agencies when we have needed to build in extraordinary supports around a person in crisis.

We all want to prevent the experience of an emotional crisis for people, as well as the associated costs. This is possible. If we develop more comprehensive therapy models, educate people to support the use of the services at times when we as an agency are not in crisis, we may be a part of preventing one.

If we train ourselves to see the early warning signs that people we support show us in their own ways, we can prevent crisis. So the benefit is twofold. People we support do not reach the point perhaps of the involvement with the justice system, significant self-harm or chaotic behaviour all of which can be traumatizing and have painful long term results for the person. Secondly, we are not in a situation, nor are our funding bodies to pay for enhancing staffing and implementation of emergency resources in general, for example, structural housing modifications.

As We Move Forward Together

Let's consider the dynamics of being in care. When we struggle, we have the choice to reach out for supports or not. We may be lucky enough to be surrounded by friends and family who can support us through difficult times. As a person in care, that dynamic of support is somewhat different. If we really think about it, how many friends do the people we support have to rely on during emotional struggles?

If they turn to staff, family or friends, are the reactions to someone's pain one of alarm and call people into action to fix the situation? This can have its benefit at the right time. However, the issue of control is important to look at, think deeply about. We can, and need to at times, step back and provide viable resources and support to a person to assist them to make their own decision about their life. We do not have all the answers. If a person engages in the therapy services they choose, they may discover the resources they have for self-determination develop more and make good life decisions for themselves. They may become happier, stronger and more self-confident in the process!

So moving forward, it is important to think about providing a diversity of service to those we support and how we can make that happen. It is important to think about having choices in therapy and healing. It is important

to consider the needs of the people that you provide support to and what kind of services they could benefit from, and then go out and find them. The more choice people have in the therapies they receive, the healthier and happier they will be.

Resources

Related Articles

If you would like to read these and can not seem to find them you can email aleblanc@vitacls.org to request a copy.

- **The Efficacy of Psychodynamic Psychotherapy** by Johnathon Shedler
- **Emotional Flashbacks in the Management of Complex PTSD** by Peter Walker
- **Resolution of the Recognition of the Effectiveness of Psychotherapy** published by the American Psychiatric Association 2012
- **Executive functioning and evidence-based decision making** by Dave Hingsburger, Jim Hughes and Angie Nethercott. Executive Functioning, June 2014 <http://www.vitacls.org/pdf/Executive%20Functioning%20-%20Vol%201%20Issue%201.pdf>

Related Books

- **Intellectual Disabilities, Trauma and Psychotherapy**, edited by Tamsin Cottis. Routledge, Taylor and Francis Group.
- **A Thousand Words: Healing through Art for People with Developmental Disabilities**, by Cindy Caprio-Orsini. Diverse City Press.
- **Drawing on Difference: Art therapy with people who have learning difficulties**, edited by Mair Rees. Routledge.
- **Supporting People with Intellectual Disabilities Experiencing Loss and Bereavement**, edited by Sue Read. Jessica Kingsley Publishers.
- **Louder than words: Art therapy with individuals with intellectual disabilities who have been abused**, by Amanda Gee. In J. Pritchard (Ed.), **Good Practice in Promoting Recovery and Healing for Abused Adults**. Jessica Kingsley Publishers.

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Malchiodi, C. A. (2007). *The Art Therapy Sourcebook*. New York, NY: McGraw-Hill.

Palucka, A. M. & Lunsy, Y. (2012). Working in a trauma-informed way with clients who have a developmental disability. In N. Poole & L. Greaves (Eds.), *Becoming trauma informed* (pp.109-120). Canada: Centre for Addiction and Mental Health.

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