



Love, Attachment and Intellectual Disability

Meeting Emotional Needs and Developmental Trauma

Weds 5 June, 1pm BST

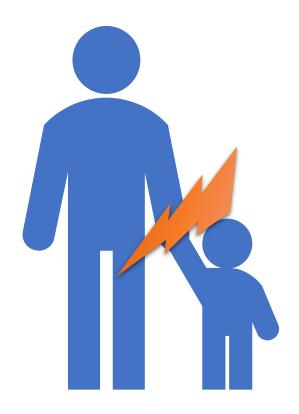


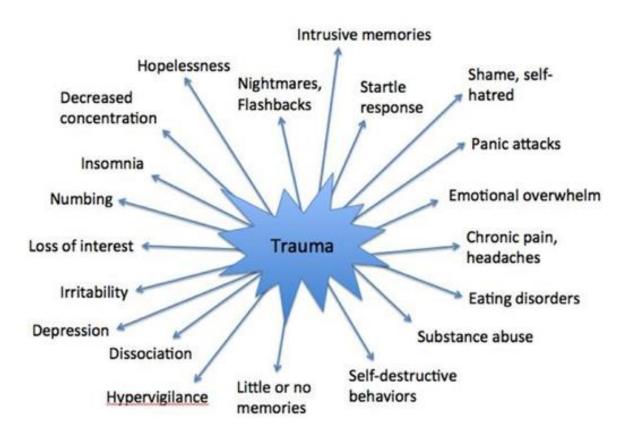
Rates of childhood maltreatment

Fang et al., 2022

Children with disabilities 31.7%

Children without disabilities 10%

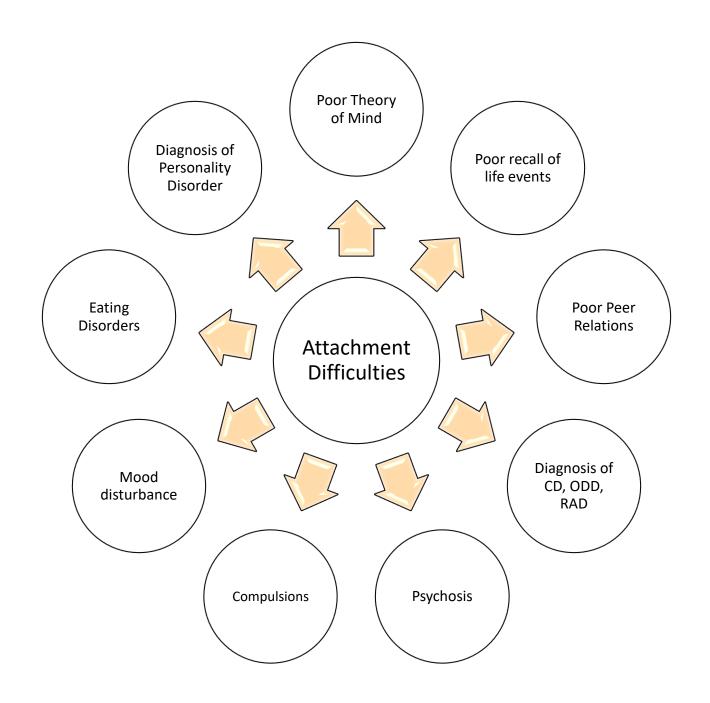




Trauma prevents or breaks attachments that are protective of health

Source: British
Psychological Society,
2017

Incorporating
Attachment Theory
into Practice: BPS /
DCP Faculty for ID
Clinical Practice
Guideline



Attachment disorders and child protection

Canadian incidence study 2018

Children with disabilities in CP 34.3%

Children without disabilities in CP 10.5%

National Institute for Health and Care Excellence (NICE) Word Search hit for "Attachment" and "Trauma"

Guideline	Hits for "Attachment"	Hits for "Trauma"
Social work with adults experiencing complex needs (2022)	0	0
Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education (2022)	0	0
Care and support of people growing older with learning disabilities (2018)	0	0
Learning disabilities and behaviour that challenges: service design and delivery (2018)	0	0
Mental health problems in people with learning disabilities: prevention, assessment and management (2014)	0	1
Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges (2015)	0	1

The dangers of lip service



"Tell us your views, we really want to hear them..."



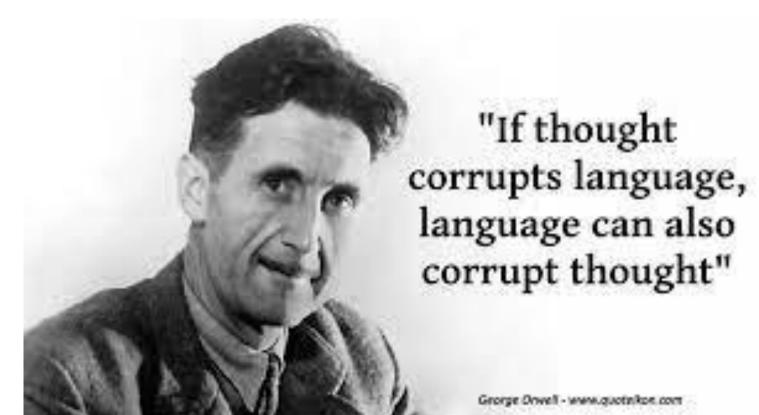






? Are there any you would add that you've heard?





The Medical Model
Psychiatric Classification Systems'
Framework for Challenging
Behaviours

• Bipolar disorder?

Risperidone?

• Hallucinations?

Quetiapine?

• Anxiety Disorder?

Olanzapine?

• Depression?

Fluoxetine?

• Other?

Amytriptyline?

Venlafaxine?



Joan Bicknell and the Mental Handicap Hospitals

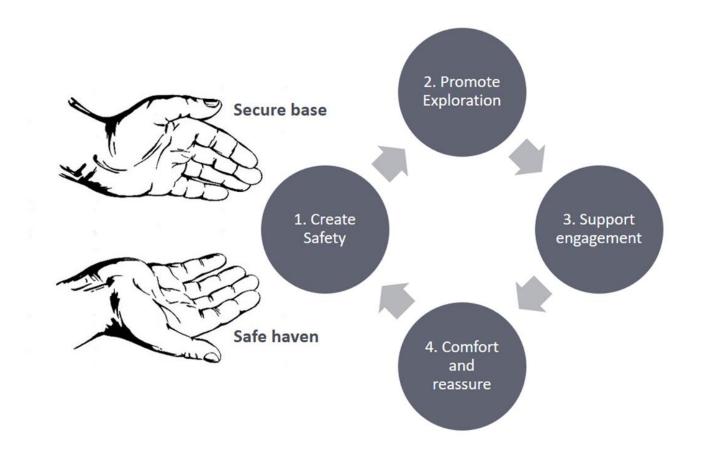
- Opposed forced sterilisation of minors (a normal eugenic practice)
- Opposed institutional care in the first resort
- Exposed appalling care by leading the Committee of Inquiry into Normansfield Hospital
- Pioneered multi-disciplinary teams in place of god-like medical superintendents



Positive Behaviour Support

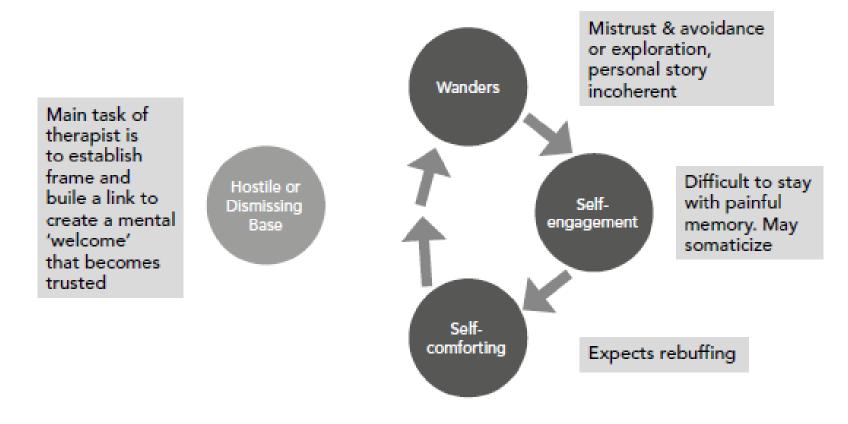
- A combination of the principles of Social Role Valorisation and Applied Behaviour Analysis
- It is 'positive' in eschewing punitive methods of conditioning people
- A narrative that doesn't integrate well with attachment concepts
- A technology that has to be learned
- A failure to understand the inter-subjective
- Unstated hostility to Bowlby, and historical links to HJ Eysenck, BF Skinner & Special Hospitals' Lifelong care

The four stages of emotionally secure caregiving

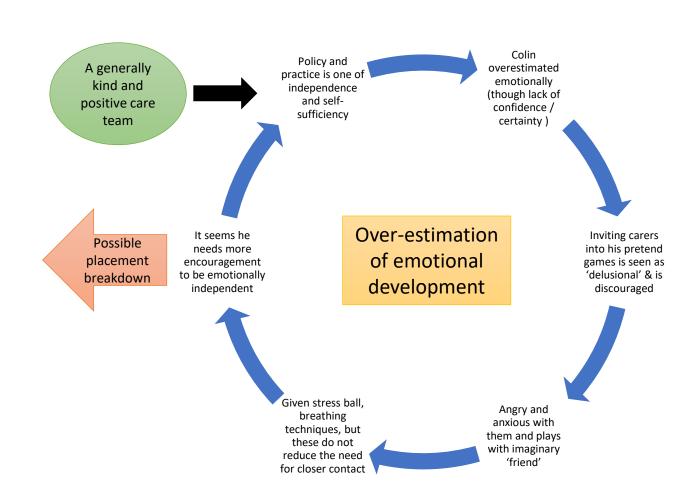


Lack of emotional attunement and the failure of Empathy: Lesley

Figure 3.2: Avoidant attachment preventing connection



Over-estimation of emotional development \rightarrow Morally injured care and abandonment: Colin



No one loves me, and neither do I: Renata



T(he)y don't have feelings: Donald with Leonard

Assumptions

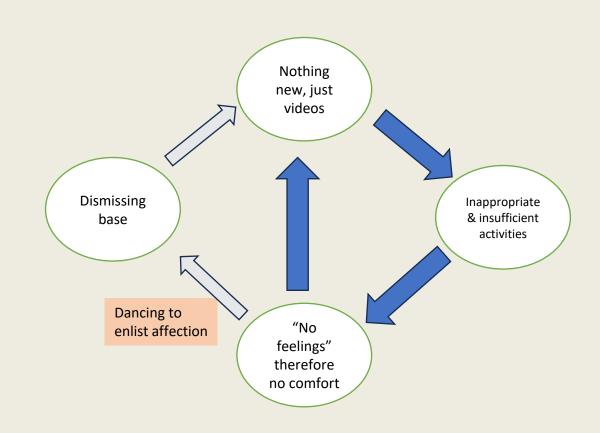
He's non-verbal, so non-communicative

I can leave him to do my paperwork

He just watches videos but isn't really watching them

His dancing is just a stereotyped behaviour, doesn't mean anything

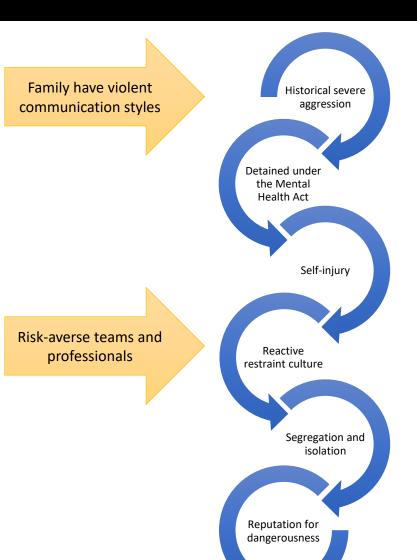
He won't miss people who go, "they don't feel that"



Being known mainly by your "incidents" and prison-like care: LeBron



Everyday pleasures
New experiences
Social contact
Intimacy
Joy
Stimulation
Comfort
Love



Strong bureaucracy that keeps in detention

Failure to engage in therapeutic work

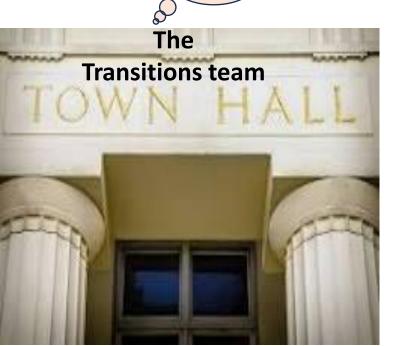
Hi, I'm Roy the OT.
I had 18 months
of weekly sessions
with LeBron. They
were always
positive and fun.



Lucy has the right to make her own choices,

Lucy should spend her days with other adults

Lucy should live in her own house like other young folk

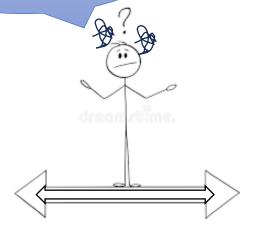


Lucy: Too much love

I wanted to go into town by myself, but was taken advantage of and hurt

> I have to go to a day service where I struggle to share care

I don't want to leave my family, but they say I must



Lucy puts herself at risk, she doesn't understand

Lucy focusses on her care team and not her peers

Lucy is vulnerable unless she lives with a carer

Rob & Sandra (AKA " my mam and dad"



See me never: Murray









Overestimated development

Assessed: First individuation stage (18m to 3 years)

Lack of a significant other in his life

Lack of exploration

Compensating fantasy life (self-stimulation)

Moral judgement on his aggression

"He needs to go"

A new narrative: Jeremiah and Attachment

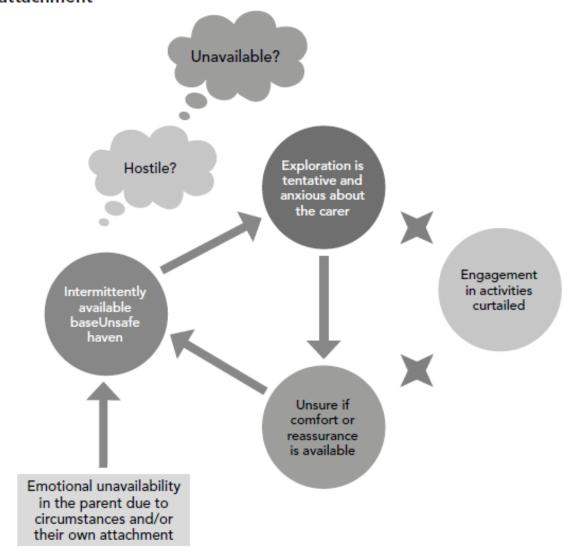
Illness model led to medication overuse

Advocacy model led to professional conflict

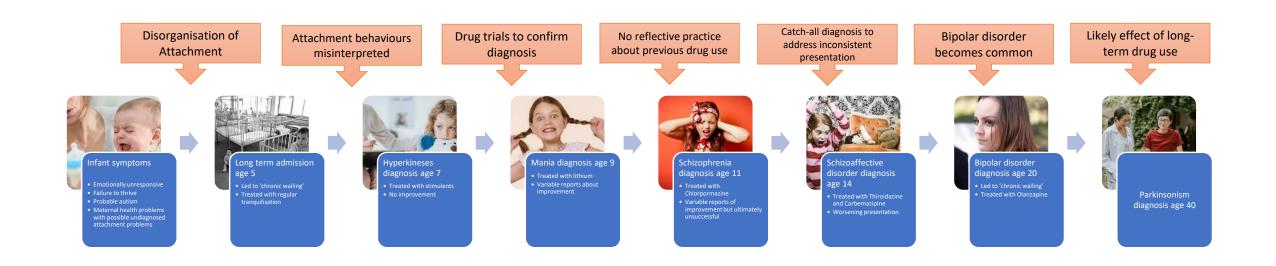
Behavioural model led to avoidance of emotions

Attachment model led to love

Figure 13.1: Inhibition in learning and experiencing due to anxious attachment



Jennifer: Labelled unto death



Primacy of the Medical Model

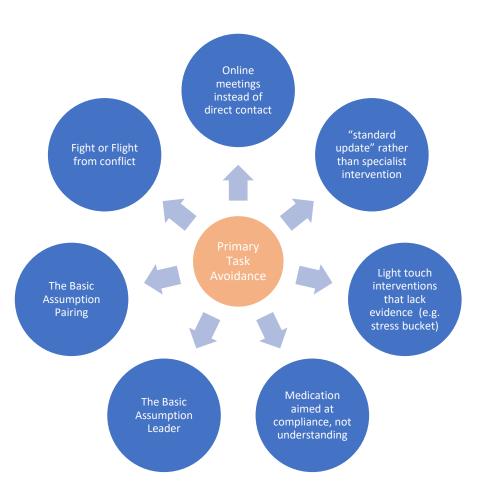
Primacy of the Attachment Model

Responds to

intensive interaction

"Flagging": the Team Meeting nobody wanted

The Primary
Task of the
Team is to
provide ways
for the clients
to process their
difficult
emotions and
reach a new
understanding
that allows
them to
function in
love, work and
play.



The Secondary
Task of a Team
is to interact
with others
enough to
complete the
Primary Task.

Where conflict and pain is unbearable, Teams will avoid the Primary Task and default to seeking comfort.

Other cases in the book and the issues they raised

Chapter title	Issue in practice
Hannah: In your own time	Building trust with a woman who was chronically emotionally neglected
Helen: When will I be normal?	Referred for help with anxiety, but really to cure her homosexuality and prevent family conflict
Jonny: Criminal neglect	A man referred for help with anger but who was isolated, repeatedly abused, and denied justice
Constance: No one to let go of	The use of the term "challenging behaviour" as a mask for unacceptable feelings held by her professional team towards her

Suggested Model of Care

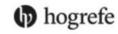
SED-S

Scale of Emotional Development - Short



Tanja Sappok Sabine Zepperitz Filip Morisse Brian Fergus Barrett Anton Došen An Instrument for the Assessment of Emotional Development in Individuals with an Intellectual Disability

Updated English edition of Skala der Emotionalen Entwicklung – Diagnostik (SEED)

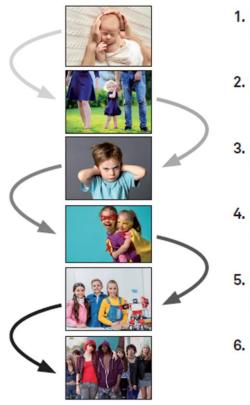


Give the context of emotional development

1. Ensure a small number of consistently available carers who remain for a long time, similar to family life

- LeBron had 60 different carers of whom he interacted with up to 30 in one day
- Lucy, Lesley, LeBron, Colin and Renata were struggling with recent & significant loss of people she loved and relied upon to be present, supportive and comforting
- Several of Renata's relatives had died
- Murray was left alone for long periods in the day where he performed 'plays' with no audience. The occasional interactions with changeable carers were fleeting and mainly prompts to eat or engage in personal care.
- Colin had never wanted to leave his family, but benefitted from a small, stable care team.

2. Reframe "challenging behaviour" where it is developmentally appropriate with examples



1. ADAPTATION 0-6 months

2. SOCIALISATION 7-18 months

3. FIRST INDIVIDUATION
19-36 months

4. IDENTIFICATION 4th–7th years of life

5. REALITY AWARENESS 8th-12th years of life

6. SOCIAL INDIVIDUATION 13th-17th years of life Crying episodes, sleep disturbances

Aggression, repetitive sensory actions

Selfish action, refusal to share, unwilling to transit

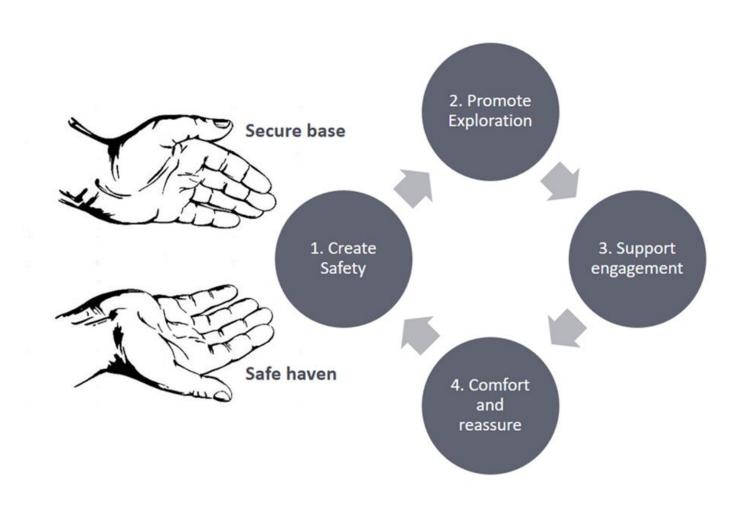
Over-focussed on interests, struggling with self-esteem

Peer conflicts, group membership issues

Unlikely to be challenging

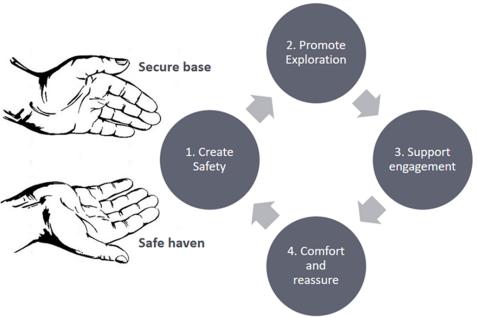
3. Challenge the use of powerful drugs to control developmentally appropriate behaviour

4. Establish the four conditions of secure caregiving



Pantheoretical
model of
overcoming
trauma





The absence of attachment concepts in Learning Disability Services – why?



History – it undermined the special hospitals



Theory 1 – Bowlby was a psychoanalyst and derided by behaviourists



Theory 2 – Emotional
Development has not been used in English speaking countries



Narratives – Behavioural concepts dominate in adult services when thinking about challenges



Philosophy – equality and independence are the basis of care services, not an evidence base about what clients want

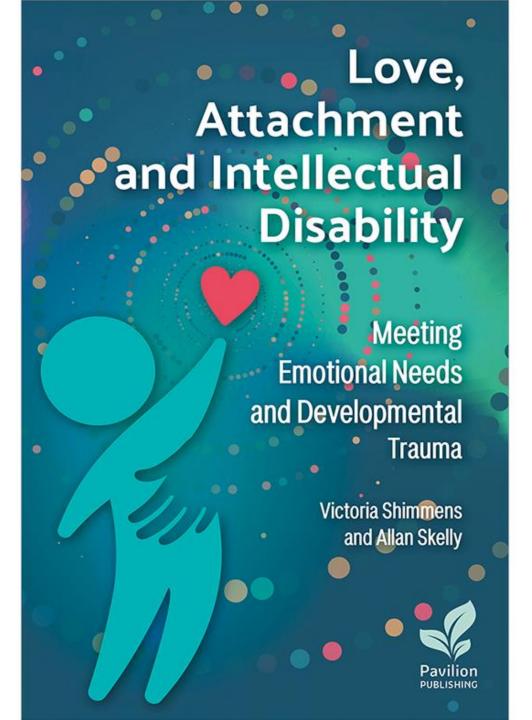


Evidence – Secure attachment is (a) the antidote for ACEs, (b) not considered as a risk factor, & (c) not considered as the OUTCOME

"Not everything that is faced can be changed.
But nothing can be changed until it is faced".

James Baldwin, American novelist, playwright, poet, activist.





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