

COMPETENCY STANDARD 4: Therapeutic Interventions

OVERVIEW

Therapy is an intentional relationship between a trained professional (therapist) and client with the express purpose of improving the client's mental health or helping the client better cope with psychosocial problems or other problems of living. This arrangement can be undertaken by an individual, a couple, a family, or a group. It is a special relationship between client(s) and a professional, who is trained and credentialed within his/her own discipline to provide non-medical treatment of mental and emotional problems. Psychotherapy comes in many forms that have been adapted to individuals with IDD including but not limited to Adapted DBT, CBT, EMDR, & Positive Identity Development. Other therapies to address personal challenges include, but are not limited to, occupational therapy, physical therapy, and speech therapy.

AREAS OF KNOWLEDGE AND SKILL

The following areas of knowledge and skill have been identified as benchmarks for satisfying Competency Standard 4: Therapeutic Interventions.

Benchmark 4A: Psychotherapy Assessment

Benchmark 4B: Plan for Psychotherapeutic Intervention

Benchmark 4C: Exploration of Other Therapeutic Interventions

Benchmark 4D: Cultural Consideration for Therapeutic Interventions

BENCHMARK 4A: Psychotherapy Assessment

The qualified clinician demonstrates a comprehensive assessment strategy that addresses the full array of factors that may be relevant to the individual's clinical presentation. In broad terms, the clinician gives thought to the following three key domains: (1) Bio/Medical; (2) Psychological; and (3) Social/Family.

Benchmark 2A Performance Indicators

In the area of Psychotherapy Assessment, the qualified clinician:

- **Considers Bio/Medical factors**
 - Suspected or known medication side effects
 - Suspected or known medical illness
 - Suspected or known medical conditions, including, but not limited to, the following conditions commonly associated with

behavioral/psychiatric presentation: seizure disorders or pre-seizure irritability, sleep apnea, otitis media, blocked shunt, migraine headaches, menstrual/premenstrual problems, dental problems, and thyroid problems.

- **Considers Psychological factors**
 - Premorbid personality
 - History of presenting problem/symptom
 - Communication difficulties
 - Life events/stressors: phase-of-life change; loss of significant other; abuse; rejection; victimization; accidents, illness, disability.
- **Considers Social/Family factors**
 - Family structure/system dynamics (staffing, family living providers, community members etc.)
 - Bereavement/loss
 - Change: some common examples include: a new boss, a new group home manager, new work assignment, a move, a sibling getting married.
- Communicates the results of the assessment in written form (e.g., in a Summary Statement or similar form).
- Includes the person and all other relevant stakeholders in the assessment process.

BENCHMARK 4B: Plan for Psychotherapeutic Intervention

The qualified clinician demonstrates skill in planning for psychotherapeutic intervention.

Benchmark 4B Performance Indicators

In the area of planning for psychotherapeutic intervention, the qualified clinician identifies what assessment tool(s) were used in the development of the plan.

- Provides a diagnosis or diagnoses, if appropriate, and indicates how they are supported by assessment findings.
- Makes clear how the proposed therapy relates to the assessment.
- Provides a rationale for his or her choice of therapeutic intervention that evidences awareness of the individual's needs as well as strengths.
- Notes the need for referral to other services, in addition to psychotherapy, that might be critical to the individual's maximal well-being (for example, social support through recreational services, or evaluation by a psychiatrist for medication issues).
- Reports suspected abuse, where indicated.
- Recognizes the possible need for multi-modal intervention (for example, the use of a positive behavioral support plan including training for caregivers, along with individual or group psychotherapy).
- Notes possible suicide risks and other self-harm where relevant.

- Demonstrates knowledge of lifespan and development as related to psychotherapeutic intervention.

BENCHMARK 4C: Exploration of other therapeutic interventions:

In addition to using or recommending appropriate forms of psychotherapy the qualified clinician will identify the needs and deliver or collaborate with credentialed professionals for assessment and treatment in areas including but not limited to:

Occupational Therapy

- Meaningful and purposeful activities;
- Self-care (e.g., grooming, dressing, feeding, bathing) that improves self concept;
- Employment activities and skills to address self efficacy;
- Leisure activities (e.g., knitting, playing games to address perception of competence & determination);
- Domestic activities to increase competence and self concept.

Speech Therapy

- Improves communication skills and enhances social opportunity as does:
 - Improved receptive and expressive languages skills;
 - Improved speech articulation;
 - Improved vocabulary.

Physical Therapy

- Enhances quality of life by maximizing mobility and self-locomotion;
- Provides adaptive solutions to mobility problems;
- Increases sensory integration.

Recreational Therapy

- Enhance body image perceptions;
- Improve gross/fine motor skills, cooperation skills, coping skills, life satisfaction, mobility, ROM, appetite, strength, locomotion, development;
- Increase immune system activity, attention span, mental alertness, conversation skills, participation in age-appropriate activities.

BENCHMARK 4D: Cultural Consideration for Therapeutic Interventions

Disabilities, and intellectual disability in particular, are often collectively recognized as a culture that frequently does not receive access to appropriate therapeutic services due to diagnostic overshadowing (the perception that because one has intellectual disability they are incapable of having mental health challenges). A qualified clinician provides competent therapeutic services based on the findings of the assessment.

Other clinical qualities and practices include but are not limited to:

- Qualified clinicians are cognizant of relevant research and practice issues as related to the population being served.

- Qualified clinicians acknowledge and consider the culture of the person, supporters, and or family involved.
- Qualified clinicians avoid assumptions about a family's cultural practices and beliefs.
- Qualified clinicians work with the social and cultural framework of the person and, when appropriate, family, ideally by involving cultural experts.
- Regardless of ethnic/racial background, qualified clinicians are aware of how their own cultural background/experiences, attitudes, values, past trauma, and biases influence psychological processes. They make efforts to correct any prejudices and biases.
- Qualified clinicians consider the validity of a given instrument or procedure and interpret resulting data, keeping in mind the cultural and linguistic characteristics of the person being assessed. The clinician is aware of the test's reference population and possible limitations of such instruments with other populations.
- Qualified clinicians recognize the limits of their competencies and expertise. Clinicians who do not possess knowledge and training about a group seek consultation with, and/or make referrals to, appropriate experts as necessary.
- Qualified clinicians seek out educational and training experiences to enhance their understanding to address the needs of these populations more appropriately and effectively. These experiences include cultural, social, psychological, political, economic, and historical material specific to the particular group being served.

References:

- APA (1990) American Psychological Association Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations, Boston Mass
- Barksdale, T. (2012). Clinician Factors in Psychotherapy Disparities for People with Intellectual Disabilities and Co-Occurring Mental Illness (*PCOM Psychology Dissertations*. 227. https://digitalcommons.pcom.edu/psychology_dissertations/227
- Bradley, E. & Burke, L. (2002). The mental health needs of persons with developmental disabilities. In D.M. Griffiths, C. Stavrakaki, & J. Summers (Eds.), *Dual diagnosis: An introduction to the mental health needs of persons with developmental disabilities* (pp. 45-79). Ontario, Canada: Habilitative Mental Health Resource Network.
- Reif, R. (2015). Counseling for adults with Intellectual and developmental disabilities. *Mental Wellness and Disability*.
- O'Hara, J. (2007). Inter-disciplinary multi-modal assessment for mental health problems in people with intellectual disabilities. In N. Bouras & G. Holt (Eds.), *Psychiatric and behavioral disorders in intellectual and developmental disabilities* (pp. 42- 61). Cambridge, UK: Cambridge University Press.
- Summers, J., Stavrakaki, C., Griffiths, D.M., & Cheetham, T. (2002). Comprehensive screening and assessment. In D.M. Griffiths, C. Stavrakaki, & J. Summers (Eds.),

Dual diagnosis: An introduction to the mental health needs of persons with developmental disabilities (pp. 151-192). Ontario, Canada: Habilitative Mental Health Resource Network.