Mental & Social Healthcare

Working with People with Learning Disabilities and Personality Disorder

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- Personality Disorders in people with Learning Disabilities (PWLD)
  - Diagnosis
  - Prevalence
  - Research
  - Approaches to treatment
  - Discussion

Learning Disability:

- Significant impairment of intellectual functioning (IQ<69)
- Significant impairment of adaptive and social functioning
- Onset before age 18 years

Problems with diagnosing Personality Disorders in PWLD

- Delay in personality development
- Communication problems, physical or sensory disorders
- Limitations of cognitive ability and insight
- Historical assumptions
- Commonly co-occurring conditions

Lindsay et al, 2007, suggest that:

"A diagnosis of personality disorder has pejorative connotations in mainstream populations, and placing such a classification on an individual from an already devalued population (e.g. people with intellectual disabilities) will tend to compound the negative view of both the individual and the population."

Usefulness of diagnosis

- Diagnosis influences ability to find suitable community placements (Ballinger and Reid, 19987)
- Diagnosis determines the rate of referral to specialist services (Khan, 1997)
- Diagnosis predicts likelihood of subsequent psychiatric disorders and / or admissions (Goldberg, 1995)
- Diagnosis influences mode of treatment offered (Wilson, 2001)
- Diagnosis predicts outcome of patients discharged from forensic settings (Alexander et al, 2005)

Prevalence

A number of studies have attempted to determine prevalence using a variety of methods.

- 1% - 91% community populations
- 22% - 92% in-patient populations

(Alexander and Cooray, 2003)

- 50% secure intellectual disability services

(Alexander et al, 2012)

Research

What research?

Approaches to Intervention & Treatment

Additional AND Different

NICE Guidance (2009)

"If you have a mild learning disability, your assessment should be done in consultation with a specialist in learning disabilities. You should be offered the same services as other people with borderline personality disorder. People with a moderate or severe learning disability should not normally be given a diagnosis of borderline personality disorder. However if a healthcare professional thinks that the person's symptoms and behaviour suggest a personality disorder, they should be offered an assessment with a specialist in learning disabilities".

Wilson's 4 Stage Model

- Response to recognised difficulties experienced by staff supporting people with learning disabilities and PD
- To be used as a staff training tool to help direct care staff to understand the manifestations of Borderline Personality Disorder.
- Based on principles of Dialectical Behaviour Therapy

A Four-Stage Model for Management of Borderline Personality Disorder in People With Mental Retardation, Wilson, S.R., 2001, Mental Health Aspects of Developmental Disabilities, Vol. 4, (2), 68 – 76.

Successful treatment of borderline personality disorder (BPD) among individuals with mental

retardation (MR) in residential settings is complicated by the feelings of helplessness, confusion, and

hostility often generated among direct support staff responsible for treatment. Effective staff training

and presentation of the treatment plan in a simple, proactive format increases staff understanding

and competence and thus enhances successful treatment.

1) *Optimal function: typical daily activity → strengthen skills for coping and self-soothing.*
2) *Antecedents / Precursors: escalating away from baseline → encouraged to use skills learnt to date.*
3) *Crisis: "acting out" → maintain safety.*
4) *Resolution: calm → validate feelings and reinforce skills for coping.*

Personality Disorder and Positive Behaviour Support (PBS)

Following the Winterbourne View enquiry and subsequent recommendations, there is a strong push for PBS to be implemented in all cases of “challenging behaviour”

Challenging Behaviour

"Behaviour can be defined as challenging when it is of such intensity, frequency or duration as to threaten the quality of life and / or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion"

RCPsych, BPS & RCSLT (2006) Challenging Behaviour: A unified approach.

Positive Behaviour Support (PBS)

PBS requires staff to look beyond the surface of behaviour and try to really explore what is going on in the person's life. There is an underlying assumption in PBS that all behaviour is meaningful in that it serves a purpose.

PBS also questions the competence of the services supporting the person and asks them to explore the role that their actions may play in triggering and maintaining challenging behaviour

Behavioural (function)

Medical (symptom)

Compassion Focussed Therapy (CFT) formulation - 'The tricky brain'

Based on the basic premise that the brain is underdeveloped in the areas of social and emotional wiring:

A) Old (reptilian) Survival Brain – Limbic System structures responsible for sensing, processing and responding to information

- The limbic system supports a variety of functions, including processing emotions, behaviour, motivation and long term memory.
- Acts as internal alarm system.
- Initiating physiological arousal and response to information based on emotional response.

B) New (mammalian) Learning Brain – Frontal area of Cortex

- Sensing incoming information and judging it for threat.
- Executive skills develop enabling us to adapt to and regulate responses to incoming information and our emotions.

- Research has shown that our ‘new brain’ plays an important role in regulating our ‘old brain’ emotions and behaviours.
- The individual with LD (and associated experiences) often depends on their reptilian (old) brain with increased arousal to threat.
- The survival brain is impulsive and responsive without any mentalising (flight or fight).
- Being in survival mode suggests a lack of ‘safeness’ and security.
- The individual’s need to survive in the face of threat dominates over the need for:

Growth, Healing, Rejuvenation, Learning, Self development

Dialectical Behaviour Therapy (DBT) Formulation – Bio Psycho Social Model

Biological Dysfunction in the Emotion Regulation System
(Emotional Vulnerability)

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Invalidating Environment

⇩

Emotion Dysregulation

Experiences of using PBS with this client group?

Psychological Therapies

Common approaches:

- Dialectical Behaviour Therapy (DBT)
- Cognitive Analytical Therapy (CAT)
- Mentalisation Based Therapy (MBT)

BUT hardly any research evidence for use with PWLD

The symptoms of borderline personality disorder include:

- having emotions that are up and down (for example, feeling confident one day and feeling despair another), with feelings of emptiness and often anger
- difficulty in making and maintaining relationships
- having an unstable sense of identity, such as thinking differently about yourself depending on who you are with
- taking risks or doing things without thinking about the consequences
- harming yourself or thinking about harming yourself (for example, cutting yourself or overdosing)
- fearing being abandoned or rejected or being alone
- sometimes believing in things that are not real or true (called delusions) or seeing or hearing things that are not really there (called hallucinations).

NICE, 2009

Psycho-Social Groups

- Based on DBT group element
- Drawing on CBT
- Drawing on LD specific manualised training packages

- Devised and facilitated by psychology team

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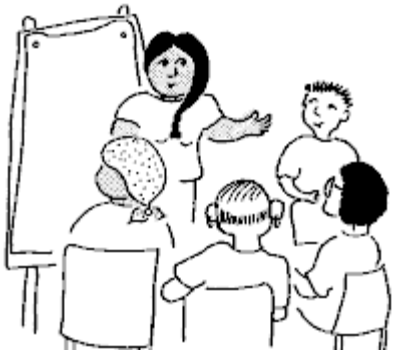

Group Work

We run two groups:

The Relationships Groups

The Understanding and Managing Emotions Group.

- They run up to 15 weeks.
- In both groups we invite clients and carers. The carers are invited to attend some of the sessions but not all.
- There are two group leaders in each session and we invite up to 10 clients per group.
- Clients are referred by their GP or by CLDT staff.
- We offer an assessment where we talk about the group and how it can help before the group starts.
- We offer a safe space to share experiences and listen to others.
- In the group we talk, we draw, we role play.

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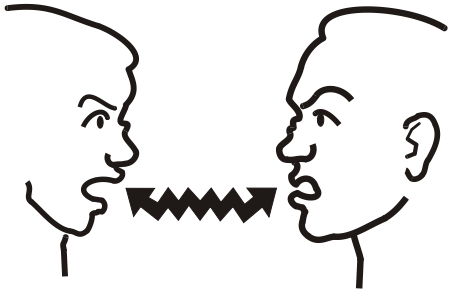

The Relationships Group

In the relationships group we talk about:

- What makes **a relationship good**?
- Different **types of relationships**
- The different **people we spend time with** and the problems that can happen
- How can you **feel good about yourself** in your relationships
- What are the good ways and bad ways of **talking to people**
- How to tell people **what you want and need** in your relationship
- How to deal with **conflict** in your relationships
- The right for **respect** in you relationships
- The importance of **trust** in your relationships
- *We also can talk about support and advice around sex*

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The Understanding and Managing Emotions Group Aims

- To learn how to label or **describe our emotions** and feelings – what words to use when we talk about our feelings
- To learn how to **identify how other people are feeling**
- To learn more about **why we feel the way we do** – what sort of things make us feel happy or sad or angry
- To learn more about what our feelings do to our **bodies** – for example, if we are angry, we breathe faster and get hot and sweaty.
- To learn to **control our emotions** better – this means listening to our thoughts and feelings and doing what is best
- To try to have more **good emotions** – to do fun things and to feel happy more
- To learn ways of **changing how we feel** by doing things differently – for example, if you feel scared but do something anyway you will feel brave and not so scared next time.

Conclusion

- PWLD and personality disorders do exist
- PWLD and Personality Disorder can present as “challenging” and it is important that any approach to working with this is based on a bio psycho social formulation.
- Some elements of traditional treatments work well with PWLD but the standard package is often not enough
- Additional AND different

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