

Working holistically with learning disabilities

Emma Foley suggests that working pluralistically can resolve some of the ethical dilemmas that arise in counselling with CYP with learning disabilities

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As a third-year pluralistic counselling trainee, I carried out a review of the literature of the evidence base for working therapeutically with children with learning disabilities. It highlighted to me that there was very little research into the efficacy of therapy for this client group, and therefore little to support my ethical practice. Of the systemic reviews and meta-analysis that I did

find, the evidence only succeeded in highlighting a lack of research into 'specific therapies' for 'specific

disabilities'. This left me with questions: how have therapies been adapted, and what, if any, are the benefits of different types of therapies for these young clients? It soon became clear that this lack

of practice-based evidence was because of an ethical consideration to do with capacity.

Capacity is defined as the maximum extent to which an individual can receive and retain information, such as in mental or intellectual capacity.¹ As a sibling and advocate for an adult with learning disabilities, I have wrestled with the Mental Capacity Act.² On occasion, capacity can be used to justify decisions around quality or cost of care, or ease of access to support, including financial. Capacity is not static, it is verified at any given moment in time, in

relation to any given scenario, and often assessment is for ethical reasons. As children with learning disabilities grow older, these

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assessments can consider capacity around safety in the community and the ability to live independently. Imagining the impact that deprivation of liberty can have, and wanting to understand and provide psychological support for CYP and adults with learning disabilities, are where my passion stems from. In the UK, the Mental Capacity Act applies to people aged 16 and over, so for younger children, consideration of Gillick competency, an assessment to determine their maturity and intelligence to understand and weigh up risks, can be used. I contemplated whether a child with a learning disability would have the capacity to understand what counselling was, or why they were there.³ A holistic approach is required to widen the lens, considering all the aspects of their life and all the people around them; their parents/caregivers, occupational therapists, social workers, advocates, teachers, special educational need support assistants (my role in a previous life)

and any other specialists involved in their care. Working as part of a multidisciplinary, diverse team is vital to aiding their and our understanding and our ability to practise ethically. We need to be able to do this while holding the child at the centre and giving them autonomy. Learning disabilities can affect cognitive and emotional development and delay, evidencing further the need for robust, practice-based research identifying the best ways to work therapeutically. NICE guidelines for psychological interventions for mental health problems in people with learning disabilities support this holistic stance, asserting collaborating with family members to help develop understanding, and agree the structure, frequency, and content of therapy,⁴ which fits well with evidence for working collaboratively with the child, family and other professionals.

Building trust

There is a wealth of literature available to aid our understanding of working systemically with children and young people; we have insights into the power of person-centred, therapeutic play, working with metaphor, sand-tray work, and storytelling. However, for children with learning disabilities, the dilemma appears to be lack of both qualitative and quantitative research to support therapeutic, evidence-based practice. While undertaking the literature review, I came across a profound statement that parents of children with disabilities felt protective out of a '...fear that researchers may not be acting in the best interest of their child'.⁴ This highlighted to me the huge responsibility we have as counsellors when working with this client group, how we must consider parent/caregivers' involvement to ensure understanding of the therapy, practise ethically, and promote and facilitate future research. I was saddened by this 'fear' and considered whether this was due to a failure to build trusting relationships with those parenting a disabled child. These are the parents who have been identified as feeling they were battling against the system, fighting for their child to access services and support, often treated with hostility because of lack of understanding.⁵ When I worked in education, I saw first-hand the battles of these parents to ensure inclusivity.

As a sibling, I noticed that things were difficult for my parents. I also

had to grow up quickly, becoming an advocate for my sister. Widening the lens on my own experience, I see the need for an evidence base for working therapeutically with children with learning disabilities, and with their parents and siblings, so they feel heard, understood and free to express themselves in ways that society does not always permit, where they may previously have had no safe outlet. There is an ethical responsibility to involve parents and carers in the therapy, inviting trust so that we can practise ethically and facilitate much-needed evidence-based research in the areas of capacity and ethical consent, and how specific therapies are adapted for specific disabilities.⁶ We need to know how to adjust the therapy to suit the needs of these children and young people, empowering them to become active agents in evidence-based practice research.

My thinking is that working pluralistically can give us the tools to work therapeutically with children with learning disabilities, with an understanding that all clients, children, young people, or adults, disabled or non-disabled, need different things at different times, and that there are many ways to help them.⁷

Pluralism values difference and diversity, and following a pluralistic framework offers a way of working that, to me, feels ethical and safe. Being able to draw on different paradigms, working creatively, while being led by these young clients, means I can be open to a variety of theories and therapies, drawing from a secure evidence base. Dependence on the counsellor was highlighted in my research as something which needs to be avoided when working with children with learning disabilities, placing importance on child autonomy. Again, the ethos of working pluralistically supports this, seeing the client as the expert in their own lives. As therapists, we are there to guide them on their journey, so I feel comfortable with the not knowing, the



sitting with uncertainty, as there is so much to gain from the experiencing of these young clients, meeting them in their world and walking alongside them, gaining deeper insights into ways that the therapy might be changed or adapted to suit their needs.⁸ Working pluralistically, we can explore different paradigms, considering the proactive approach for working with CYP, person-centred play therapy and filial therapy. These methods draw on the work of Geldard, Geldard and Foo, who made a connection between learning disabilities and genetic predispositions to psychological disorders, and the need for us to recognise this, but avoid labelling.⁹

Rogers' core conditions evidence the importance of the therapeutic relationship, and Axline's play therapy gave children the freedom to express what was going on in their inner world.^{10,11} Landreth describes a child-centred philosophy and how it gives concrete form and expression to their inner world, especially important when language and communication are difficult. He also describes how filial therapy can help parents become therapeutic agents in their children's lives, to help those with learning disabilities improve their self-esteem.¹² Smart and Smart remind us that the disability is not a single, defining characteristic.¹³ It is worth imagining how the world might feel to a child

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with learning disabilities, considering how others react to them outside their home and how this might affect them and their behaviour. I appreciated Higgins' view on her school counsellor role and a need

to hear what a child's behaviour is communicating, understanding how educationally the focus is often on correcting challenging behaviour, but how the work that we do as counsellors can turn the focus from the behaviour to the story being told.¹⁴

My hope in writing this article is that some of my findings will help promote this area of counselling, where qualitative research would begin to evidence the efficacy of 'specific' disabilities and what in the therapy contributes to change. In the meantime, looking through the lens of my counselling 'specs', it is

possible to see the bigger picture, the story surrounding children with learning disabilities. Maybe, by working pluralistically – drawing on knowledge and theory from a range of therapies, working creatively, holding the child at the centre, seeing them as the expert, being non-judgmental, understanding diversity and difference, with a willingness to promote justice, beneficence and self-respect – we can give children with learning disabilities a voice in therapy and let them shape its future.

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