

**European research platform for inclusive community
planning & service development for people with disabilities
(EURECO)**

**Supporting Inclusive Health for ALL
5-6 March 2020**

Brussels Office of the University of Warwick –
Avenue d'Auderghem 22-28, 1040 Brussels

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Complex case formulation

Getting into fights
Breaking rules

Low mood
Loss of self-esteem

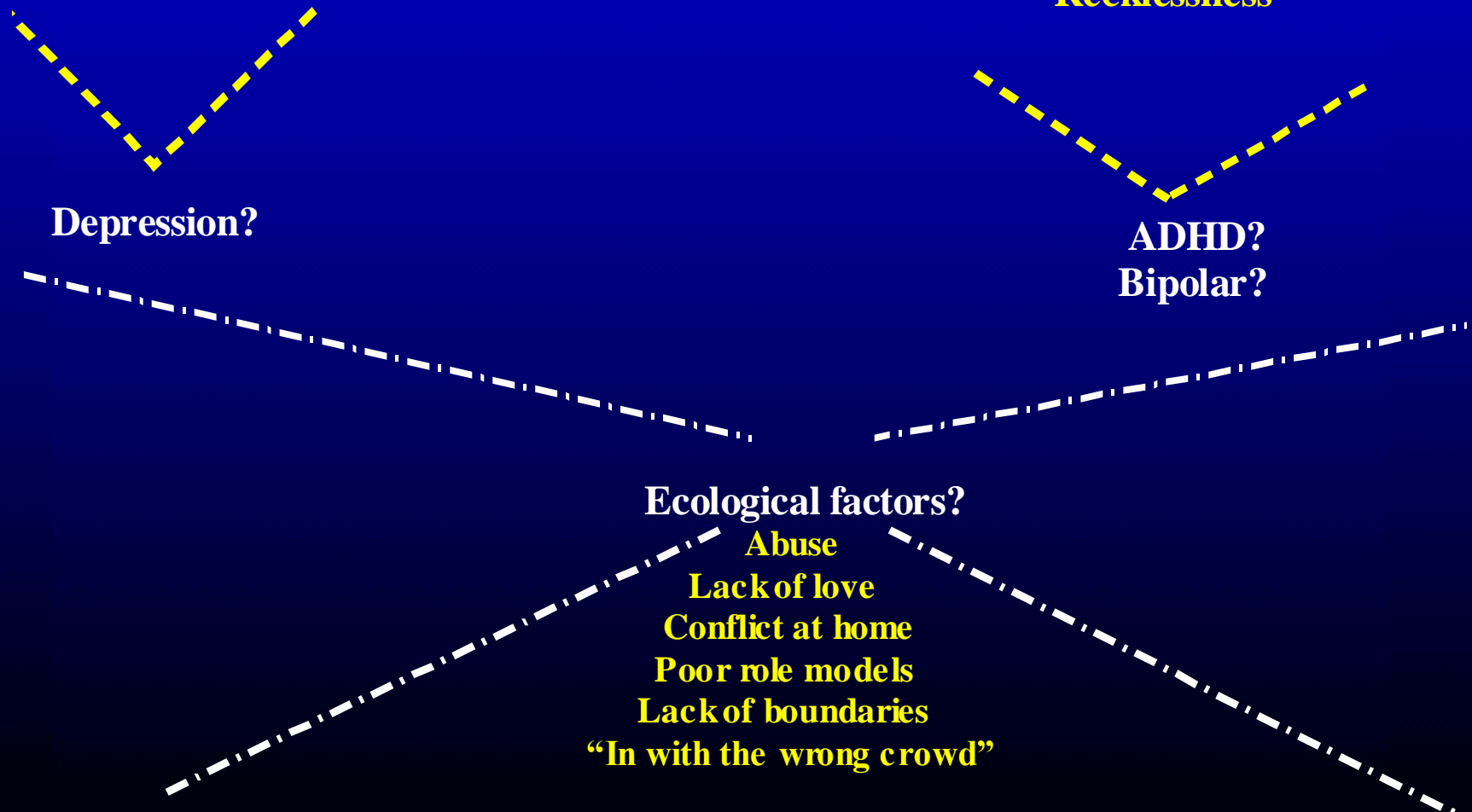
Hyperactivity
Lack of attention
Recklessness

Depression?

ADHD?
Bipolar?

Ecological factors?

Abuse
Lack of love
Conflict at home
Poor role models
Lack of boundaries
“In with the wrong crowd”



Some principle assessment approaches

	FOCUS
Psychiatric	Investigation of symptom severity and patterns. Evaluating signs and symptoms in relation to diagnostic criteria. Investigation of neurological, medical, and genetic factors
Behavioural	Analysis of contingencies affecting behaviours (and vice versa)
Ecological	Interaction between the person and the outside world. Quality of the balance between the person and the world they inhabit
Psychodynamic	Analysis of the unconscious thoughts, feelings and motives have developed in early life and which profoundly influence our behaviour

State of mental health in a person with ID (Mental Health Profile)

The state of the person's mental health includes:

- person's bio-psycho-social and developmental aspects, personality level and the level of emotional development
- basic psycho-social needs,
- motivations,
- previous emotional experiences,
- risk factors,
- resilience,
- interaction pattern with the environment

MENTAL HEALTH ASSESSMENT IN PEOPLE WITH ID

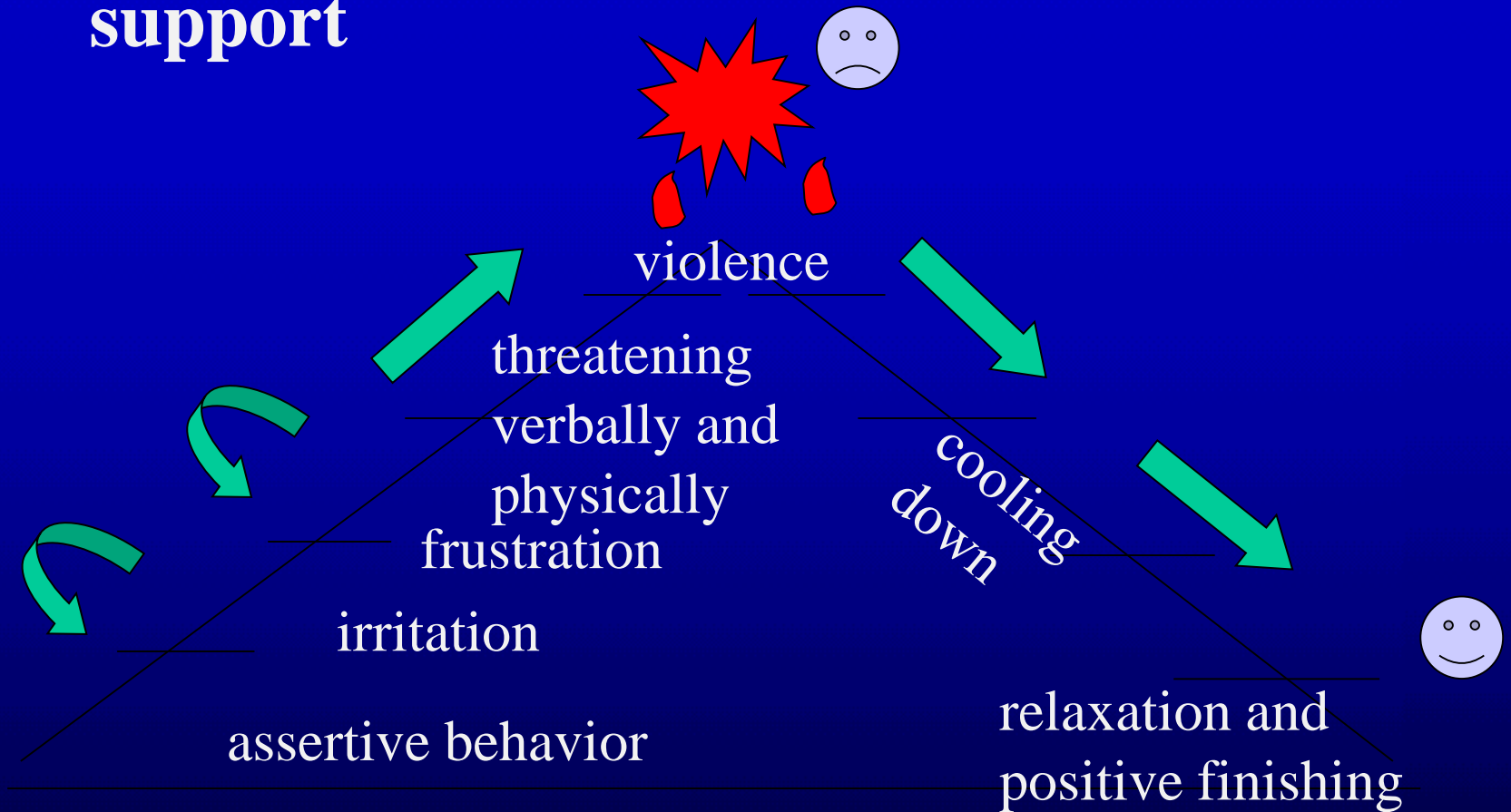
- **Problems of case recognition**
- **Problems of communication** with the person, making assessment treatment and monitoring more difficult
- **Emphasis on what *other* people think**
- **Reduced insight, problem solving and understanding**
- **Challenging behaviours** that can be difficult to interpret in terms of mental health
- **Specific risk factors:**
 - Medical and genetic conditions
 - Abnormal life courses
 - Ageing processes
 - Impoverished ecosystems, past and present

Possible causative factors for mental illness

- Brain function, structure and neurology
- Beliefs, expectancies, plans and values affecting one's emotional state
- Psychodynamic factors, e.g. early attachment problems
- Environmental/ecological factors

Individual professionals often have strong views about the relative importance of these factors

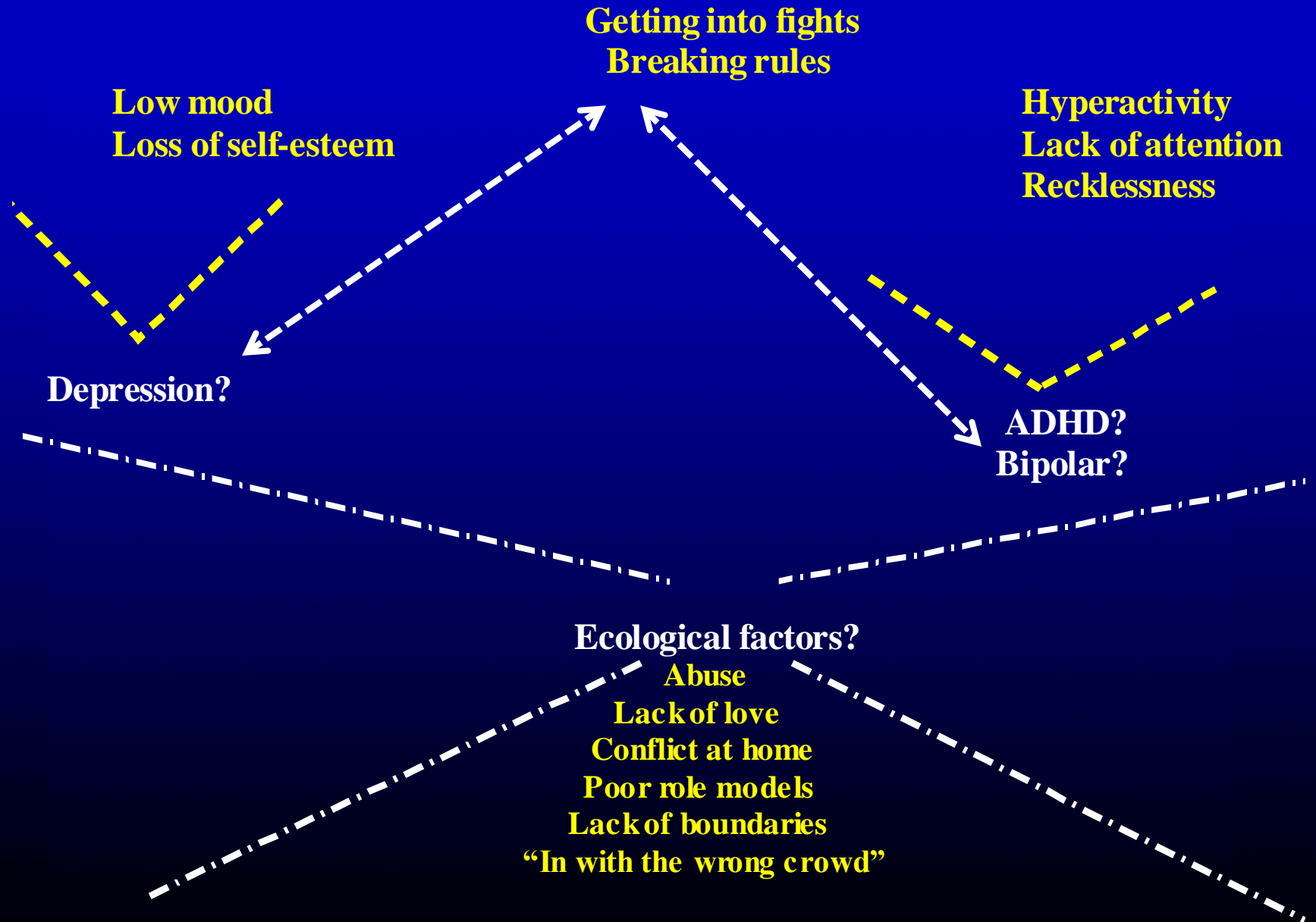
support



Goals:

- What is my part in causing an escalation?
- Recognizing the reciprocity in the verbal and non-verbal communication, related to aggression
- Learning how to cope with the client's aggressive behaviour

Complex case formulation



How do we change things ?
How do you eat an elephant?

James Churchill. 2012



Person with aggressive problems:

- a lot of stress for families
- often damaged or even harmful network
- if possible and wanted involved in support plan and support

→ Supporting the relations between person and network

→ Supporting the network

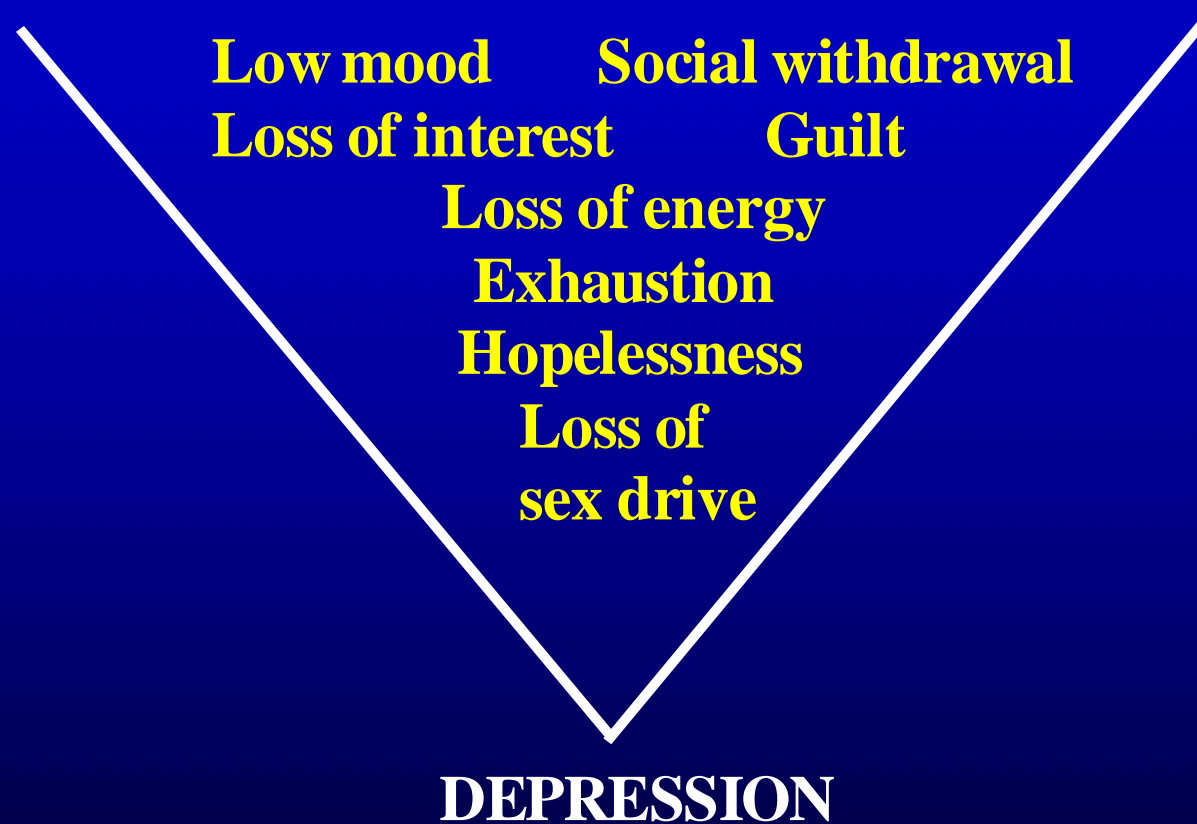
Fundamental issues in designing assessments for people with ID

- *All* people with ID have language problems. **Even those with apparently perfect language can have difficulties with abstract Concepts like “feeling anxious”**
- Problems of time focus and estimating symptom severity
- Huge emphasis on what other people say. **The people who know most about the person with ID (family members and front-line carers) are usually the ones who do not have much knowledge of mental health**

Using instruments to directly raise the quality of assessment

- Use of interviews specifically designed to interview people with ID
- Introducing instruments that enhance the skills of staff
- Raising the motivation of staff through increasing their involvement in the assessment process
- Providing information that was hitherto not collected, or was not collected in a systematic way

Psychiatric assessment looks for patterns of symptoms



**A diagnosis reduces the potential treatments to chose from:
Anti-depressants; Counselling; Cognitive therapy;
Psychodynamic psychotherapy**

Behavioural problems: Behavioural assessment

Bullying, Fighting, Fire setting

Physical cruelty, Robbing

Stealing, Uses a weapon

Abuse

Lack of love

Conflict at home

Poor role models

Lack of boundaries

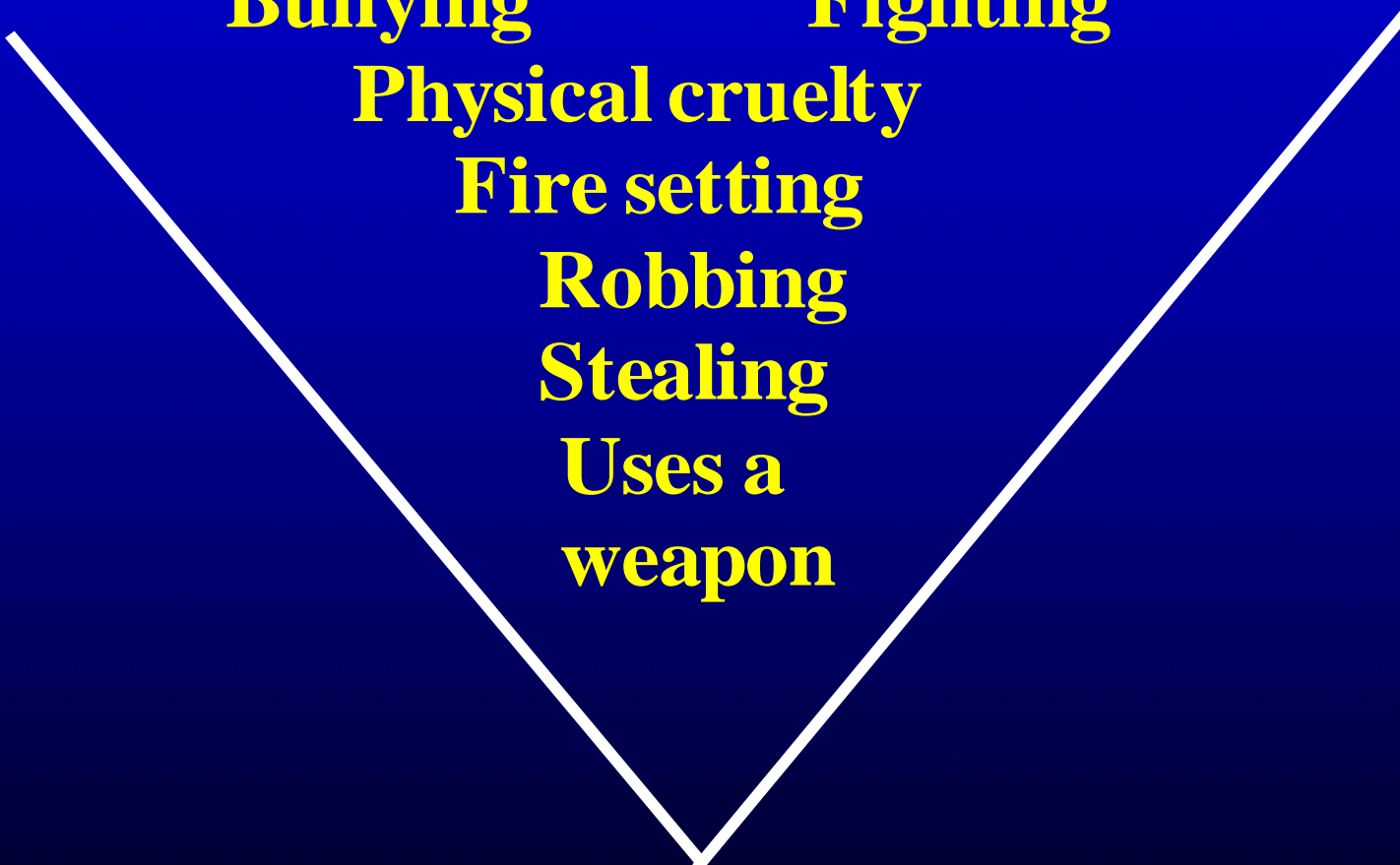
“In with the wrong crowd”

Poor match between school and ability

History of inappropriate reinforcement

Lack of goals or opportunities for fulfilment

Behavioural problems: psychiatric assessment



Bullying **Fighting**
Physical cruelty
Fire setting
Robbing
Stealing
**Uses a
weapon**

CONDUCT DISORDER

We must ...

- have a clear value base in which the focus is on the user & his/her experience
- train front line staff not just the officers
- promote the positive engagement of staff with clients
- make sure services are open, outward looking and welcome visitors
- not see services as self perpetuating, keeping people indefinitely

Prevention of mental health problems

- Early detection of the ID
- Making of the person's mental health status (MH status/profile)
- Adequate stimulation of the person's psychosocial development (emphasising equal stimulation of cognitive, social and emotional development)
- Psycho-education and adaptation of the environment to the person's basic emotional needs
- Adequate support and guidance of the person as well as the environment

Bronfenbrenner's ecological model

