Person-Centred Practices

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A Therapeutic Perspective

Edited by

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and

John Aldridge

QUAY
BOOKS

Contents

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Introduction

Mark Jukes and John Aldridge

This book has come about out of our commitment towards person-centred practices, acknowledging how as professionals, and in a post-*Valuing People* era, we need to get closer in knowing the person with a learning disability – their needs, perceptions and their motivations in life, as well as some of the traumas, and distress they experience in everyday living.

This book is not about person-centred planning, but about person-centred approaches in getting to know the person in terms of their individual life-stage development and adjustments.

It is about developing relationships, assisting people to tell their story as it is experienced by them personally.

Once practitioners establish the essence and core of a relationship, the process of person-centred planning can commence.

Summary

This book consists of 16 chapters, divided into three parts. **Part 1** contains three chapters representing the foundations for therapeutic relationships.

Chapter 1: Mark Jukes embraces the broad meaning of person-centredness from a psychological, mainstream healthcare, nursing and person-centred planning perspective. The premise is that the person is of centrality in any of these professional relationships, and that effective person-centred practices are based around skilled interactional and interpersonal processes.

Chapter 2: This chapter pursues facets of the therapeutic relationship as they resonate within the field of learning disability. John Aldridge clearly asserts that the majority of literature in this area has previously been located within mental health and medical–surgical nursing. This chapter comprehensively reviews this stance and places learning disability, the therapeutic relationship into a contemporary focus.

Chapter 3: The final chapter in this section deals with the focus on the human service worker's interpersonal style within relationships. It is here that Cheryl Chessum eloquently explores concepts and frameworks that are essential to examine from a personal and professional domain if we are to develop a sound 'therapeutic' practitioner.

Part 2 deals with the challenging area of understanding and applying strategies in how we can get in touch with people who have profound and multiple disabilities.

Chapter 4: Mark Gray provides an engaging account of zoning theory and how we need to consider the practicalities involved if we are able to identify and teach communication methods, so that people can have a real say in their lives.

Chapter 5: Eve Gale clearly identifies and differentiates between the 'functional' or 'therapeutic' role that touch has in providing and fulfilling a psychological need and therefore quality of life for people with severe, profound disability.

Chapter 6: Multi-sensory environments have been around since the 1970s (some readers may know these environments as 'Snoezelen'), and are a 'collection' of devices that offer sensory stimulation. Sarah Newman gives not only a historical overview of its aims, but also a practical illustration of how MSE can be applied in developing a therapeutic relationship that enables individuals to fulfil their identified needs.

Part 3 is where we take an eclectic journey, examining and applying a variety of psychological therapies in an attempt to discover the person through talking.

Chapter 7: takes us on a largely reflective process between Jane Bullock, a person-centred facilitator, and Pat Roberts, whose personal Making an Action Plan (MAP) is developed.

This process of reflection through adoption of a reflective model identifies quite clearly the essential interpersonal skills that a facilitator requires, and where a model of helping is adopted so as to successfully implement a person-centred plan.

Chapter 8: Helen Hewitt reaffirms that we need to understand as much as possible about who the person is – their identity. The development of life-story books through different formats are explored. Life-story books, as well as being unique to the person, can also act as an important tool for breaking down barriers between service provider and user by creating a better understanding of who the person is – the foundation to good person-centred planning.

Chapter 9: Pam Morley explores the therapeutic approach of solution-focused practice as a means for people with learning disabilities to discover solutions to problems. Principles of solution-focused practice assist a person to decide on their hopes and aspirations for their future and how these can be achieved. Solution-focused practice as a model for achieving personal change is a driver to provide choice for the person, and can assist in empowering them to make choices.

Chapter 10: Mark Alison pursues the more popularly known cognitive-behavioural therapy. As identified, CBT has an excellent record in treating common mental health problems, and applying it to people who have mild learning disabilities and mental health needs.

In this chapter, Mark illustrates this form of therapy with reference to adaptations, attitudinal factors and service issues so as to increase the use of CBT within this field of practice.

Chapter 11 explores transactional analysis as another therapeutic model designed to promote personal growth and change. Isabel Robinson provides us with an integrated approach of this theory through examples within her own practice. Once again, evidence of such a therapeutic approach is noticeable by its absence from the literature on its application or consideration of being beneficial for people with a learning disability.

Chapter 12: Bereavement is an area that has attracted a lot of attention, both in terms of impact and ways in which practitioners can assist people with a learning disability who are experiencing such symptoms of loss.

David Elliott is a well-known practitioner in this area, and in this chapter, he illustrates and discusses a model in helping people where the helper is required to assimilate and demonstrate complex skills in aiding the person come to terms with their loss.

Chapter 13: For some readers within learning disability the very title of this chapter will raise eyebrows. What is neuro-linguistic programming? This form of human interaction has attracted a variety of responses in terms of its utility and application in areas such as nursing, sports, business, sales and education. John Anstey provides an in-depth and practical application of how we need to tune in to people's representational systems, both verbal and non-verbal, so as to work with them in a truly empathic and person-centred way.

Chapter 14: People with a learning disability are already marginalised, and when they have individual traits that can further exclude them from mainstream society, such as being gay, this has a cumulative affect on their exclusion and discrimination. Neville Parkes and Nigel Hodges confront this challenge, presenting a detailed analysis of how as practitioners we need to be constantly vigilant about our personal values and attitudes when relating with people who have an alternative view on sexuality.

Chapter 15: Individuals are part of a system. We all interact with others, within or outside of a family relationship. Systemic and family therapy explores the network of significant relationships. Sandra Baum and Henryk Lynggaard explore how its application can assist people with a learning disability and contribute towards person-centred approaches.

Chapter 16: In this final chapter, Tony Viney, an experienced supervisor of experienced practitioners, deals with the process of supervision for practitioners who are engaged in serious therapeutic work with clients. Engaging with people is an exhaustive process and must not be treated lightly. A collaborative dialogue between supervisor and supervisee that promotes a more creative narrative and visual approach is pursued.

One of the main themes that run through all of the chapters relates to the therapeutic role of the learning disability practitioner. Acknowledgement of this therapeutic role is absolutely vital to the development of a practitioner who is relevant to the needs of people with learning disabilities in the 21st century. In the light of *Valuing People* and other philosophies and policies, all learning disability practitioners, and nurses in particular, have had to re-examine their roles and indeed their very ethos.

In the days of the long-stay institutions, the role of staff was primarily custodial, with a developmental or teaching role added as a poor second. The movement toward a social model of care, the closure of the long-stay hospitals and the development of community living has challenged the very need for learning disability nurses. To an extent, we could argue that learning disability nursing as a profession has itself a relatively poorly developed vision of its future role.

Valuing People, through its largely absent acknowledgement of the learning disability nurse, hints at a lifeline for learning disability nursing in the shape of health facilitation. However, even a cursory examination of this role and its implementation across the country will clearly show that health facilitation is not the exclusive remit of nurses. Health facilitation is not about the delivery of healthcare, but about helping to make healthcare happen. Any reasonably skilled person might do this, and indeed many professionals working in social care have done so very successfully. There is an additional problem that, in focusing purely on a health facilitation role, the learning disability nurse may find themselves becoming no more than a 'middle-person' between the client and the services that really deliver the healthcare. As the strategic level of health facilitation takes effect and generic services improve their ability to deliver high-quality care to people with learning disabilities, we may find that the need for client-level health facilitation diminishes. This is far from saying that the health facilitation role of learning disability nursing is unnecessary. There is

clearly a pressing need to help people with learning disabilities to identify and address their health needs, but this is only part of the wider range of roles that learning disability nurses might fulfil.

What seems to have been consistently undervalued and ignored over the years is the potential that learning disability nurses and other practitioners have for therapeutic person-centred work. A broader definition of therapy would seem to include not only the conventional sense of physical and mental healing, but also personal development, positive self-esteem, self-determination and more satisfying lifestyles.

All of the chapters in this book address this broad definition because, in one way or another, they help the individual to 'get better' and to feel better. They all demonstrate that learning disability practitioners have a powerful capability to help individuals to transform their lives in a person-centred way. Although it is essential that clients have access to a wide range of multidisciplinary and multi-agency resources, it is also important to realise our own potential to work therapeutically with individuals and families. We hope that this book will go some way towards offering a vision for at least one of the future roles of learning disability practitioners that will inspire them to explore ways in which they can extend the therapeutic facet of their work and to help to bring about real improvement in peoples' lives.

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