

Professional competence profile of the remedial educationalist/psychologist in care provision for people with an intellectual disability

Mission statement of the NIP-NVO Partnership on Care for People with an Intellectual Disability

The aim of this partnership is to support remedial educationalists and psychologists working in the care for people with disabilities in ensuring their professional efforts to assist people with intellectual (and often multiple) disabilities are as sound and effective as possible.

The partnership does so

- by stimulating the members to develop and distribute practice-oriented knowledge and to contribute to scientific research and the implementation of its results;
- in close cooperation with other care workers and based on the needs of their clients and contacts;
- to benefit the quality of life of the clients.

Good professional practice depends on thorough preparatory training, regular in-service training and forms of critical reflection and peer evaluation based on mutually agreed guidelines and standards

The profession of (remedial)educationalists ('pedagoog') in The Netherlands.

In the Netherlands the profession of '(ortho)pedagoog' = (remedial)educationalists is a discipline on its own. Academic training for educationalists is separate from that of psychologists and is offered by specific faculties at six universities.

Educationalists and psychologists have their own professional organisations, respectively NVO and NIP.

The '(ortho)pedagoog' focuses on educational and developmental disturbances and learning and behavioural disorders. His subject is the child, the parents, the school, other (professional) educators, and etcetera.

NVO, Association of Educationalists in the Netherlands, April 2007.

1. Introduction

This professional profile has been drawn up to clarify the services that can be supplied by remedial educationalists and psychologists working in salaried employment or independently in the provision of care for people with intellectual (and multiple) disabilities. This does not include care for people with purely physical disabilities or non-congenital brain damage, although people in the latter group are often admitted to institutions that provide care for people with intellectual disabilities. In some organisations the term behavioural specialist or behavioural scientist is used. This profile applies to academically trained remedial educationalists and psychologists, who have graduated from a Dutch university or who have completed an equivalent programme in another country. The curricula of such programmes in remedial education and psychology should provide a broad basis with a depth of study that is sufficiently relevant to the field of work.

The special circumstances of the field call for a specified professional profile, which clearly describes tasks and required competencies and details how they differ from those of remedial educationalists/psychologists working in other fields. This profile is aimed not only at members of the profession themselves, but also at the consumers of their services and the disciplines with which they cooperate in both a multidisciplinary and an interdisciplinary capacity. The document was initiated by the NIP-NVO Partnership on Care for People with an Intellectual Disability. This comprises the Care for People with an Intellectual Handicap (ZMVH) division of NIP, the Dutch professional association of psychologists (NIP) and the partnerships/networks Care for People with Intellectual Disabilities (VG) and Care for People with Physical, Sensory, Multiple Disabilities (LZMG) of the National Association of Educationalists in the Netherlands (NVO).

Before describing the core tasks of remedial educationalists/psychologists, we will first outline the

professional, social and legal framework within which this profile should be seen, as well as the attitude to people with intellectual (or multiple) disabilities and their care on which the work of remedial educationalists/psychologists is founded.

2. Professional, social and legal framework

In many cases, intellectual or multiple disability leads to problems in social functioning and participation in an increasingly complex society, which is why we deal with intellectual or other disability in this context. In doing so we will follow the international definition of the American Association on Intellectual and Developmental Disabilities (formally the American Association on Mental Retardation) of 2002: *Mental retardation is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates before age 18.* The intellectual disability is seen as the result of the interaction between the person's personal competencies, the environmental demands, and the support received. Over many years, an extremely extensive care system has been developed. Good support and adaptations are by no means always able to make up for deficiencies and solve problems, so in many cases long-term care is necessary and the client remains reliant on a good system of support.

We also follow the guidance of the WHO International Classification of Functioning, Disability and Health (ICF, 2002).

In recent years, a process of deinstitutionalisation and socialisation has been taking place in the field of care for the disabled. Support for people with intellectual or multiple disabilities increasingly does not take place in isolated institutions, but as far as possible it is non-residential (in outpatient or part-time care) and in the community (family or foster family, school, work and daytime activities, leisure time, small-scale accommodation). If the necessary treatment of

serious psychological or behavioural problems, or special care for severe multiple disabilities, cannot be provided on an outpatient basis, in principle temporary (but if necessary long term) admittance to a specialised residential setting or protective environment can take place at the appropriate time; this may be either a general or more specialised centre. Recently, partly because of the Youth Care Act and the Social Support Act, there has been increasing cooperation among care workers beyond the field of care for people with disabilities (departitioning), for example among GPs, care for people with an intellectual disability, home care, and care for the elderly, enabling fast and appropriate referral.

In carrying out his or her work, a remedial educationalist/psychologist must take into consideration a great deal of legislation, such as the Youth Care Act, the Compulsory Admissions to Psychiatric Hospitals Act (BOPZ), the Medical Treatment Act (WGBO), the Care Institutions Quality Act, and the Individual Health Care Professions Act (BIG). Furthermore, they must also consider the framework of the Professional Standards of the NIP and NVO and their disciplinary regulations. Finally the Social Support Act (Wmo) may have consequences for the work of remedial educationalist and psychologists.

In the provision of care to people with an intellectual disability, a number of professions are involved. With intellectual (and often also multiple) disabilities, there is a complex interaction between physical, psychological and social factors. The specific competencies, tasks and responsibilities of the remedial educationalist/psychologist must therefore be defined as clearly as possible for the benefit of effective cooperation with other professionals. For example, for alignment with other professionals (and managers) in cases that concern responsibility for the treatment of behavioural problems (including identifying an indication and measuring effectiveness in the case of psychiatric drug therapy) and the use of measures that involve the restriction of freedom.

For independent professional practice by remedial educationalists and psychologists (whether or not they work in salaried employment), statutory registration as a Health Care Psychologist is seen as the basis for adequate quality assurance. This registration is obtained after a two-year postgraduate professional training. In addition, a further specialisation may be linked to this broad training (with a field-specific endorsement). The NVO also has its own two-year postgraduate professional training as general remedial educationalist. Both types of training and registration are the assurance of an ability to operate adequately as an independent practitioner in the field. It goes without saying that Remedial educationalists/psychologists who are not as yet participating in such professional training may only work and take part in in-service training under close supervision. Membership of a professional association such as NIP or NVO, which oversee professional practice by means of their own professional standards, and possibly also membership of a psychotherapeutic association is regarded being as strongly advisable.

3. Vision and principles

1. **Objectives.** The work of remedial educationalists and psychologists in providing advice and care to people with intellectual and multiple disabilities must contribute to:
 - their being treated with respect and having a good quality of life,
 - the development of their identity and possibilities for self-determination,
 - the development of their personal competencies (capacities and skills)
 - their participation in society and social networks
 - the prevention and treatment of psychological and behavioural problems.

Remedial educationalists and psychologists do so by contributing their specific knowledge and by supporting clients, their social networks, and the care workers involved in the professional network.

2. *Demand oriented working method.*

The need for support and the demand (whether or not explicitly expressed) from the client (and/or client system) is the point of departure: the design, planning and implementation of the support must be geared to the problems, needs and wishes of the people with disabilities (where necessary in consultation with others, such as parents and supervisors). Direct meeting with the disabled person him or herself (seeing the client in his or her own surroundings) is the basis of the work (for example, for needs assessment and recommendations for appropriate supervision), even if direct client contact is not necessary for all its aspects. Although work is based on proposed recommendations and plans, the point of departure is self-determination on the part of the client; the objective is mutual agreement, although in some cases intervention may be necessary.

3. *Integrated care planning.* People who are intellectually or multiply disabled generally require help in more than one way. They have a variety of needs and wishes for a broad range of situations and activities. There is therefore a need for close cooperation with other professionals (in particular those providing care on a daily basis) and with both the professional and non-professional members of the client's social network. Where necessary or desired, there may be collaboration with a variety of other specialists, both from within the field and beyond it (departitioning and "care chain" are becoming increasingly important). However, it is in the interests of clients that as far as possible they are able to address their questions to the same professional. Given the nature of the questions and the broad knowledge of the remedial educationalist/psychologist, he or she will generally play a coordinating role here. The complexity of human

functioning in general, and the multidimensionality of the problems of people with intellectual disabilities in particular, frequently require a multidisciplinary approach. The position of the remedial educationalist/psychologist in the cooperation among the various professionals must meet present-day demands of professional autonomy. This involves a proactive attitude and a creative, enterprising mentality. Scientific education implies a critical and innovative outlook. The professional must maintain his or her knowledge and remain up to date on scientific understanding relevant to the field.

4. **Specificity.** People with an intellectual disability have both usual and specific problems. In considering the appropriate support, usual solutions and possibilities should be applied as far as possible, but specific knowledge and skills relating to support for this specific group of people remain necessary (“usual where possible but special where necessary”). There is always a risk of overestimating or underestimating the client’s social, cognitive and emotional abilities, with all the ensuing negative consequences this produces. Many psychological and behavioural problems are associated with incorrect assessment of clients by those around them (resulting in lack of stimulation or too high demands) and with communication problems in the context of supervision. The client often experiences his or her environment as unclear, confusing and threatening. Remedial educationalists/psychologists must devote a lot of attention to the prevention of problems. At the same time, people with an intellectual disability may overestimate their own abilities, so advice and support from a behavioural science specialist must be provided for the client’s protection.

5. **Foundation and accountability.** The various forms of professional support (methods of supervision and care programmes) must where possible be evidence based, meaning scientifically founded and based on best practices that have been evaluated on their effectiveness. The profession therefore develops standards and professional

guidelines to which the remedial educationalist/psychologist must adhere. In all cases he or she must be able to account for his or her contribution. Frequently, too little research in the field of care for people with intellectual disabilities is available and the remedial educationalist has to turn to innovative applications of their knowledge and experience of other target groups. In this case they will translate this knowledge critically on the basis of their practical experience and professional clinical judgement, and should also evaluate the effects of such applications. It is the responsibility of professionals to question one another critically and to communicate the value of their work among other professionals and sectors.

6. **Context.** In carrying out their professional activities, remedial educationalists and psychologists should bear in mind the context of the care provided, including its financial and organisational aspects. However, this does not imply that they should allow their recommendations to be restricted in advance by practical circumstances. It means that the recommendations and interventions should take into consideration limitations in possibilities and resources, but these must be critically and creatively discussed. It is then the joint responsibility of care providers, remedial educationalists and psychologists, bearing in mind the realistic possibilities, to arrive at the most sensible support possible, taking standards of quality into consideration. If the resources for appropriate care are inadequate, the remedial educationalist/psychologist must stand up for his or her client. He or she should not take part in activities that in his or her professional opinion conflict with the interests of the person involved or of people with intellectual disabilities in general, or which otherwise run counter to professional standards. Equally, the remedial educationalist/psychologist should not perform tasks for which he or she has insufficient training.

4. Competencies and tasks

General professional competencies

On the basis of training and experience, the remedial educationalist/psychologist possesses a number of general professional competencies, such as:

- a critical outlook analytical ability
- a respectful, customer-oriented approach
- confidence in people's capacity to develop knowledge of the limits of his or her own competencies and the ability to act within them
- ethical reflection
- an enterprising and proactive mentality
- good communication skills (with people of all ages and backgrounds)
- enthusiasm and persuasiveness
- the ability to have recommendations put into practice (Effect=Quality x Acceptance)
- the capacity to promote collaborative processes
- organisational skills (including adequate reporting and record-keeping skills)

Specific or field-related competencies

The remedial educationalist/psychologist also possesses specific competencies, such as field-related knowledge, skills and attitude in the following areas: whole person assessment and diagnostics, needs assessment, intervention, examination, prevention and the provision of information, promotion of expertise, and policy. In broad terms these are described in *Guidelines for assessment, supervision and treatment for people with an intellectual disability*, published by the NIP-NVO Partnership in 2005. The necessary specific competencies will later be described in detail.

During mutual consultation, agreements must continually be made on how the various tasks summarised in the following section should be divided within an organisation. The organisation should ensure appropriate conditions for the

remedial educationalists and psychologists to be able to carry out their work effectively and further develop their expertise.

Specific tasks

The competencies mentioned form the basis for the performance of specific tasks. The particular expertise that the remedial educationalist/psychologist possesses cannot be explained in every detail here; role demarcation in relation to other professionals, such as daily carers, doctors and paramedics, is therefore not described with equal precision for all activities. Moreover, not all knowledge (for example psychopathology) belongs to the domain of a single particular professional group. The summary of tasks described below is also not restrictive. New developments, specific demands and local circumstances, for example, may result in the creation of new tasks.

4.1 Whole person assessment and diagnostics

Firstly it must be established whether the person has an intellectual disability, either with or without accompanying disorders, to be able to provide appropriate support on the basis of the associated need for assistance (needs assessment). The supervision/treatment according to the client's requirements and wishes must be planned (taking into consideration the necessary preconditions) on the basis of accurate assessment and diagnostics, and proceed from the perspective of the life the client wishes and is able to lead. Here the remedial educationalist/psychologist pays particular attention to the disabled client's development possibilities and mental health. From the perspective of prevention, the early identification of risk factors and protective factors are of crucial importance for the promotion of optimal development. Development is the result of increasingly complex interaction between the client and his or her environment.

It is therefore necessary to have a knowledge of normal development and parenting, and of specific syndromes,

developmental disorders and psychiatric clinical pictures. Whole person assessment and diagnostics take into consideration both the disabled person and the context within which they live. Naturally, not only the client's various disabilities are assessed, but also his or her specific needs and possibilities for development. Whole person assessment has a broader scope than diagnostics with the aid of special (neuro)psychological and remedial educationalist research methods. Whole person assessment seeks to draw up an integral description of all areas of life (this includes a personal description, plan for the future and life story), while diagnostics aims at a deeper examination of questions relating to a person's functioning and his or her surroundings, on the basis of clearly formulated enquiry and with the aid of specific diagnostic methods. There is always interaction between physical, psychological and social factors. The doctor and other professionals also contribute to this assessment with their diagnostics. The importance of early and accurate (and where necessary periodically repeated) diagnostics cannot be emphasised enough: it is crucial to the development of the individual and the ability of the people around them to adapt appropriately.

Whole person assessment is understood to mean:

Forming a judgement about the needs of the client (and client system) on the basis of systematic investigation, with a view to the client's being able to function optimally in society, in accordance both with generally accepted social norms and with personal wishes and choices.

This requires an understanding of among other things (1) individual possibilities and limitations in the field of emotional, cognitive, social, practical and physical competencies, (2) the expectations, impediments and opportunities in the client's environment, (3) the supporting qualities of the social network, and (4) the quality of life already achieved. The remedial educationalists/psychologist takes into consideration the multidisciplinary nature of whole person assessment and plays an important role in the harmonisation of supervision and treatment plans.

Whole person assessment should contribute to the best possible support and supervision of the client. This means it should provide insight into the behavioural and psychological (cognitive, communicative, social and emotional) functioning of the client in order to be better able to support him or her.

Through well-directed diagnostics the remedial educationalist/psychologist tries to gain deeper insight into this functioning and the possible disorders and limitations it comprises. In making recommendations attention should also be paid to the necessary organisational requirements and other conditions for the requested support to be provided appropriately.

Diagnostics is understood to mean:

Forming a judgement of the person's different competencies (capacities and skills) and the various environmental factors that influence their functioning, on the basis of systematic (neuro)psychological and remedial educationalist investigation. Both favourable, protective factors and risk factors (the strong and weak points of the person and their environment) must also be considered. Using a hypothesis evaluation model, diagnostics includes the identification of factors that contribute to the origin and persistence both of psychological/psychiatric disorders and behavioural problems. Diagnostics should be functional and action oriented, which means it should explain problems in relationship to each other and provide points of departure for the treatment of the client's psychological and behavioural problems, for specific development programmes and for the supervision of his or her functioning in general. Here a knowledge of specific syndromes may be useful. The remedial educationalist/psychologist's contribution should be aware of the multidisciplinary nature of diagnostics and ensure that diagnostic information from other disciplines is taken into consideration in an integrated way.

Some resources for whole person assessment/diagnostics are:

Development case history (important events) and record analysis; psychological tests, behaviour assessment scales, checklists and questionnaires; observation (potentially using video), interviews, and symptom analysis; and behaviour indication systems, functional behaviour analysis and environmental analysis. As far as possible these methods and resources should meet the requirements of reliability and validity.

4.2 Intervention: recommendation, supervision and treatment

Based on the results of whole person assessment and diagnostics, the remedial educationalist/psychologist determines the forms of supervision and treatment that are most likely to be suitable. He or she has a knowledge of the possibilities available (and their associated indications and contraindications, guidelines, effectiveness and suitability). The frequency, duration, intensity and nature of the activities of a remedial educationalist/psychologist depend on the demands of the client (or client system) and the content of the demands and problems related to his or her functioning. The remedial educationalist/psychologist's activities and thus his or her time allocation may vary considerably among clients, but in all cases supervision and treatment should be based on sound diagnostics. Additional problems, such as sensory and motor problems, sexual problems, autism spectrum disorders or other psychiatric clinical pictures and behavioural disorders also influence the nature and intensity of supervision. All these problems therefore also demand specific expertise of the remedial educationalist or psychologist.

The intervention of the remedial educationalist/psychologist consists of *recommendation and coaching in the planning, execution and evaluation of supporting and activating care* provided by parents, various professionals, and volunteers. Contributing to close team cooperation may be a specific task. For many clients the aim is to ensure an optimal long-term

support system and periodic evaluation of the progress of the various plans. Moreover, where necessary there is also remedial educationalist or psychological *treatment*, usually on a short-term basis. The remedial educationalist/psychologist often plays a mediating role, but may also enter into a *direct* relationship with the client with an intellectual disability. This may for example be focused on the client's learning to accept and cope with the disability or on the reduction of fears or disturbing preoccupations. Specialist treatments should however be carried out by trained specialist; early and appropriate referral where necessary is of great importance.

Supervision is understood to mean:

Promoting a good quality of life in general for people with an intellectual disability, and in particular their optimal personal development and participation in society.

Here a distinction is made between:

- Intentional supervision: here the accent lies on appropriate educational action on the part of supervisors, often standardised according to a concrete and feasible support or supervision plan.
- Functional supervision: here the accent lies on daily interaction and communication between supervisors and clients. This is not generally standardised.

The possibilities available to supervisors and the degree to which they have an understanding of the client (or client system) and are skilled in dealing with the client (or client system) clearly may vary, and this directly affects the work of the remedial educationalist/psychologist. The more limited the supervisor's educational level, training and work experience are, the greater their need for appropriate supervision and specific instructions will be.

Resources for support on the part of the remedial educationalist/psychologist include:

Planning (helping to develop concrete, practicable support aims and methods), advice and support/supervision in implementation (including team supervision, interaction training

and communication training), stimulation of self-reflection on the part of supervisors and others involved, and systematic evaluation and adjustment in relation to home, work, learning and leisure activities.

Treatment is understood to mean:

Taking methodical action in relation to psychological and/or behavioural problems based on a particular indication such that they no longer occur or that their range and intensity is reduced to such an extent that they become tolerable for the client and his or her environment. Each treatment must be aimed at specifically formulated objectives: changes in thoughts and feelings and particularly in actions (overt behaviour). Ideally, treatment is of limited duration and departs from and returns to the ongoing process of supervision on the basis of sound evaluation.

In the treatment of behavioural problems the remedial educationalists/psychologist is often responsible for coordinating treatment, bringing together the other disciplines involved and ensuring harmonisation and the creation and implementation of an overall plan. The cooperation with psychiatrists requires extra attention. Many psychiatric disorders are still insufficiently recognised and therefore receive inadequate or late treatment. Remedial educationalists/psychologists should therefore have sufficient knowledge of psychopathology to enable the early identification of abnormal or conspicuous behaviour. The boundary between cure and care is not always equally distinct. Certain training programmes (for example aimed at the improvement of communication or social skills) are sometimes also referred to as treatment; the distinction between intentional supervision and treatment is not always an equally clear one.

Resources for therapy include:

Behavioural treatment (for example behaviour modification and cognitive behavioural therapy), psychomotor and creative therapy, psychodynamic treatment (for example psychotherapy,

play therapy, group therapy) and systemic treatment (for example educational treatment, family therapy, environmental therapy). The treatment or elements of it are sometimes administered by others such as parents, supervisors and teachers (mediation therapy).

4.3 Scientific and practice-oriented research

Research is indispensable for the understanding of the various working processes and necessary evaluation of effect, and for the further development of the quality of assistance and the remedial educationalist/psychologist's contribution to it. Some important research themes are the development and implementation of valid diagnostic and intervention methods, and the creation of protocols for working methods and professional standards regarding the approach to certain frequently occurring needs for assistance.

Research is a necessary activity for all academically trained professionals. Remedial educationalists and psychologists can contribute to research to varying degrees, in varying ways and at varying levels, both by independently conducting practical research and by participating in or facilitating research by third parties, such as universities, research institutes and knowledge centres. The contribution to research may take the form of doctoral research. Professional interests call for cooperation in the implementation of understanding and methods acquired through scientific research.

4.4 Prevention and public information

At local, regional and/or national level, remedial educationalists/psychologists contribute to the social debate and policy in the disability sector, for example by providing public information on the issues and the interests of people with a disability. This is supported by "emancipatory remedial educationalism" and the citizenship model. It is also important for remedial educationalists/psychologists to cooperate with

possible referring organisations such as baby clinics and nurseries (for early recognition) and MEE organisations (local disability support centres, as well as with client and family associations).

The prevention of behavioural problems still receives too little attention. Provision of good information on the possible contributions available from remedial education and psychology should ensure that clients and potential clients are aware of the questions for which they can call on the assistance of a remedial educationalist or psychologist.

4.5 Promotion of expertise

Education

Based on his or her professional knowledge, both within and beyond his or her organisation, the remedial educationalist/psychologist can contribute to the *education, training and supervision* of fellow practitioners and members of professions active in the provision of care to people with intellectual disabilities. They may be students of psychology/remedial education (interns), newly qualified remedial educationalists/psychologists or trainee healthcare psychologists, as well as home carers and activity supervisors, nurses, doctors, paramedics and teachers in special education. Contact with educational institutions (for example in the form of guest lectures) are important to ensure an effective contribution from professional practice to the educational curricula of professions involved in providing care to people with disabilities, and to encourage students to enter a career in caring for the disabled.

As practical trainers, remedial educationalists/psychologists make an essential contribution to the postdoctoral training programmes for Healthcare Psychologists and General Remedial Educationalists. This includes both passing on necessary knowledge and skills and communicating a socially responsible and client-oriented professional vision and attitude based on the NIP and NVO professional codes.

Professionalism

Regular in-service training including compulsory supervision and regular intervision is necessary to maintain and develop the professionalism of remedial educationalists and psychologists. All remedial educationalists/psychologists must also keep abreast of relevant scientific and policy developments both in the Netherlands and beyond. They should also contribute to the development of professional standards and a form of obligatory peer evaluation whereby professionals are held accountable for their actions and the results they achieve. Equally they are required to keep up to date with and consult literature relating to developments in the field. Periodic re-registration is necessary to guarantee professionalism.

Furthermore, a number of remedial educationalists and psychologists can further specialise in certain problem areas in the field, such as aging and dementia, autism, problems with sexuality, various psychological and behavioural problems, visual, auditory and motor impairment, education and work. Larger organisations can therefore have the necessary expertise in house in a variety of fields, in forms including multidisciplinary working groups. Smaller organisations must be able to procure knowledge they are unable to build up themselves from elsewhere (for example from Centres for Consultation and Expertise).

Since 1 January 2006, within the framework of Article 14 of the Individual Health Care Professions Act (BIG), there is a register of clinical psychologists (on the basis of a three-year course following on from the diploma in Healthcare Psychology). In 2007 a second specialist register will be opened for clinical neuropsychologists. Such highly trained specialists are also required in a limited number of situations in the care for people with disabilities, where extremely complex problems are involved.

Consultation

On the basis of specific knowledge and/or experience and further specialisation, remedial educationalists/psychologists may offer their specific expertise as a consultant either in the organisation within which they work, or externally for longer or shorter periods. This may be done from within their own practice or via the regional Centres for Consultation and Expertise.

4.6 Policy and other tasks

Finally, remedial educationalists and psychologists are involved in policy activities and management tasks, such as the development of new support functions, living situations or forms of activity, and managing a remedial educationalist/psychologist staff group or multidisciplinary team. They can also work in positions such as policy advisor or quality assurance officer. In this position they contribute to the formulation and realisation of preconditions for good care provision. They do so on the basis of their professional knowledge of care and support processes.

- English translation, April 2007