

Core Competencies

Clinical Division of Psychiatry of Intellectual Disability

Working Group on Core Competency

The Hong Kong College of Psychiatrists

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Working Group on Core Competency on Intellectual Disability Psychiatry:

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The starting point of competencies on Intellectual Disability Psychiatry is good training in General Adult Psychiatry. **Core competencies similar to General Adult Psychiatry are generally not repeated here.** Our working group only highlights areas specific to Intellectual Disability Psychiatry. This paper refers to adults (not children) with intellectual disability.

Specific knowledge and skills are required to work with people with Intellectual Disability (or Learning Disability or Mental Retardation) in various psychiatric settings. Most are related to their characteristics: low intelligence, communication difficulties, comorbid physical or psychiatric problems and dependence on carers. Abilities to work with informal and formal carers, various agencies and different disciplines are basic in Intellectual Disability Psychiatry. In order to provide good clinical services, a proper attitude with good empathy, awareness of basic rights of these people, understanding of the prevalent socio-cultural atmosphere and professional manner are necessary in addition to clinical skills.

Objective 1

Knowledge	Skills
Characteristics related to low intelligence	Assess patients' mental capacity, understand various laws and procedures for mentally incapacitated people

Competencies demonstrated:

- Assess mental capacities to consent in relation to managing finance, tenancy agreement, contracts, medical treatment, voluntary psychiatric admission, fitness to plead / giving evidence, sex etc., assess disability level
- Understand Part IVC of Mental Health Ordinance and Guardianship Order applied to mentally incapacitated people
- Be aware and protective of the basic rights of people with Intellectual Disability
- Be supportive of self-advocacy by people with Intellectual Disability
- Make decisions according to the best interest of a person with Intellectual Disability

- Understand civic / criminal / mental health laws related to people with Intellectual Disability. Know when these laws are applicable. Know relevant procedures (including provision for vulnerable witnesses). Able to offer psychiatric opinions and write medical reports (to police / court, Mental Health Review Tribunal, Guardianship Board, Coroner etc.)

Objective 2

Knowledge	Skills
Characteristics related to communication difficulties	Be aware of communication difficulties, assess and build relationship with people having communication difficulties, facilitate communication

Competencies demonstrated:

- Be aware of and be empathetic towards people with communication difficulties
- Able to assess and communicate with people having communication difficulties. Build rapport and therapeutic alliance with them
- Able to facilitate and enhance communication by decoding their indirect communication (via ambiguous signals, behaviours etc.), educating carers, employing various non-verbal means (gestures / signs, pictures, augmented alternative communications etc.)
- Enhance communication, predictiveness of events, training of people with Autistic Spectrum

Disorders

- Use TEACCH approach, social stories, picture exchange, Books Beyond Words series etc. when appropriate

Objective 3

Knowledge	Skills
Characteristics related to frequent comorbid physical disorders	Understand and appropriately manage common physical disorders associated with Intellectual Disability, be aware of atypical presentation of physical disorders in Intellectual Disability

Competencies demonstrated:

- Understand the implications and effects of physical handicaps (cerebral palsies, visual / hearing impairments, multiple handicaps, etc.), know the roles of other disciplines and specialties in managing these handicaps, prevent further deterioration in physical handicaps as far as possible
- Understand the physical comorbidities of common syndromes, such as Down's syndrome, Fragile X syndrome, etc.
- Maintain high index of suspicion for atypical presentations of physical disorders (e.g. presenting as

problem behaviours). Minimize undiagnosed physical disorders.

- Recognize medical emergencies
- Able to perform appropriate physical examination, investigate for physical disorders
- Able to manage common physical disorders within the competency of a psychiatrist (especially in in-patient settings). Refer to appropriate specialties for disorders beyond the competency of a psychiatrist
- Able to manage common epileptic disorders within the competency of a psychiatrist, with appropriate use of anticonvulsants and proper monitoring
- Facilitate access to medical services for people with Intellectual Disability
- Promote general health

Objective 4

Knowledge	Skills
Characteristics related to frequent comorbid psychiatric disorders	Assess mental disorders and challenging behaviours in people with Intellectual Disability

Competencies demonstrated:

- Possess knowledge of behavioural phenotypes of specific genetic / congenital syndromes, particularly those associated with problem behaviours
- Be aware of the atypical presentation of mental disorders in people with Intellectual Disability, understand the pathoplastic effect of Intellectual Disability on psychopathologies
- Know the common classification systems such as ICD, DSM, DC-LD
- Promote good mental health in people with Intellectual Disability
- Be aware of the prevalence of grief reactions in people with Intellectual Disability and the impacts of

bereavement, educate carers on the grief process to facilitate appropriate participation by people with Intellectual Disability

- Be aware of early onset of dementia, especially for those with Down's Syndrome
- Able to detect comorbid Autistic Spectrum Disorder, hyperkinetic disorder, psychotic disorders, mood disorders etc.
- Carefully explore cause(s) of recent onset problem behaviours (including possible physical illness)
- Assess the causes and contributing factors of problem behaviours, understand the context dependent nature of such behaviours
- Able to assess contributing factors and changes across a person's lifespan (day service, residential service, family link etc.) and arrive at a formulation of the patient's psychiatric problem or problem behaviours
- Able to use relevant tools to detect common mental illnesses, dementia, problem behaviours and to access clinical outcomes when necessary

Objective 5

Knowledge	Skills
Characteristics related to dependence on carers	Adopt system perspective, understand interactions between people with Intellectual Disability and various carers, understand existing services

Competencies demonstrated:

- Able to adopt a system approach in assessing and understanding behaviours and responses (particularly in view of the various degrees of dependence of people of Intellectual Disability on their carers)
- Understand the dynamics of interactions between people with Intellectual Disability and various carers
- Possess knowledge of existing local services for people with Intellectual Disability provided by special schools, mainstream schools, non-government organizations (NGOs), public and private

services etc.

- Assess and make appropriate referrals to services for people with Intellectual Disability, reassess the appropriateness of existing day / residential placement with the help of a multidisciplinary team
- Promote independence and maximize potentials of people with Intellectual Disability as far as practicable

Objective 6

Knowledge	Skills
Risks in people with Intellectual Disability	Identify and manage psychiatric and physical risks, protect from abuses, prevent functional deterioration

Competencies demonstrated:

- Recognize and manage psychiatric risks, including aggression to people / self / objects, indecent behaviours, severely disruptive behaviours, offending behaviours
- Be aware of early signs of impending breakdown of placement. Intervene early to prevent such breakdown
- Recognize and manage physical risks, including choking, aspiration (overt/ silent), falls, osteopenic fractures, poorly controlled epilepsies etc.
- Be aware of areas of precarious functioning (e.g. borderline walking ability, proneness to contracture development, onset of visual / hearing impairment) in people with Intellectual Disability, maintain /

improve such functioning as far as possible

- Be aware of vulnerability to physical / sexual / psychological abuses and neglect. Intervene when necessary

Objective 7

Knowledge	Skills
Multi-modality treatment in different psychiatric settings	Provide bio-psycho-social psychiatric treatment in out-patient / community / in-patient / day-patient settings

Competencies demonstrated:

- Use psychotropic medication appropriately, recognizing side-effects (sometimes idiosyncratic), drug interactions (e.g. with anticonvulsants), etc. and preventing polypharmacy
- Make appropriate referrals to occupational therapist, physiotherapist, speech therapist, prosthetic-orthodontist, dietitian, social workers, clinical psychologists etc. when indicated
- Able to monitor current / past functioning (with the help of multidisciplinary team if necessary) and assess outcomes
- Understand the use of various psychotherapeutic approaches (functional analysis, CBT, family therapy, sensory integration, etc.) on individual or group basis when appropriate

- Use the least restrictive option when managing problem behaviours
- Use provisions in Mental Health Ordinance when admitting people with Intellectual Disability, be aware of issues related to the Bournemouth case

Objective 8

Knowledge	Skills
Collaboration with partners and carers	Able to perform multidisciplinary and multi-agency work, ensuring continuity and consistency in care

Competencies demonstrated:

- Develop good working relationship with partnership agencies, informal and formal carers, work collaboratively with them for the benefit of people with Intellectual Disability, able to negotiate with and resolve conflict among them
- Conduct multidisciplinary rounds, case conferences
- Develop joint care plans, behavioural guidelines etc. to ensure continuity and consistency of care across settings where a person with Intellectual Disability is involved
- Demonstrate relevant leadership skills

Objective 9

Knowledge	Skills
Social / cultural / political contexts for people with Intellectual Disability	Demonstrate proper attitude and awareness of the board contexts and policies affecting people with Intellectual Disability

Competencies demonstrated:

- Show awareness of basic rights of and existing policies for people with Intellectual Disability
- Demonstrate a proper attitude with good empathy towards people with Intellectual Disability
- Understand the prevalent socio-cultural atmosphere in community and the impact of stigmatization in relationship to people with Intellectual Disability
- Understand life span issues, transitions, effects of ageing on physical and mental health
- Understand and apply the principle of normalization and social inclusion, concept of age appropriateness

- Acts in a professional manner at all times

Objective 10

Knowledge	Skills
Professional development	Provide evidence-based treatment. Contribute to service improvement

Competencies demonstrated:

- Be familiar with clinical guidelines when such is available
- Provide evidence-based treatment when such evidence is available and be cautious about extrapolating experience from the general population to people with Intellectual Disability
- Manage work stresses and prevent burnout, offer mutual support to colleagues / team members
- Seek ways to improve clinical services and enhance quality
- Participate in audit, research and quality improvement projects when necessary