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Degenerative Intellectual & Developmental Disabilities

Commentary

The Need for Focused Mental Health Treatment for Children with Development Disabilities

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Abstract

According to the federal centers for Disease Control and Prevention, developmental disabilities affect one in 7 children in the United States, with another fifteen percent of American children suffering from conditions such as autism and ADHD (2011). These developmental disabilities often co-occur with mental health issues such as anxiety and depression. There is a serious need for focused mental health treatment for the developmentally disabled population and as well as training for clinicians who work with this population. A brief look into providing services for this population is provided.

Keywords: Children; Developmental disabilities; Staff training; Equilibrium

Introduction

Providing focused mental health treatment to children with development disabilities children with developmental disabilities present challenges for staff, counselors, and all mental health professionals. Due to the heterogeneous nature of the population with intellectual and developmental disabilities (IDD), determining the rates of co morbidity with mental illness can be difficult. Reviews of the literature Einfield [1], suggest that psychological disorder rates in developmentally delayed children may range between 30 to 50%. Disorders which may be co morbid with IDD include oppositional defiant disorder Chritensen [2], disruptive behavior disorders Baker & Blacher [3], attention deficit hyperactivity disorder Baker [4]. Unfortunately, research regarding mental illness, psychopathology, and treatment in this population is scant [5,6], despite the evidence suggesting that mental health issues cause significant impairment in emotional, social, and educational realms of functioning Soltau [7]. Having an unmet need for health or mental health services has been related to negative outcomes for the child and family Lindley [8].

There appears to be a lack of consensus regarding the appropriate training for professionals who wish to work with IDD clients. The IDD population has sometimes been dismissed as incapable of benefiting from traditional counseling and therapy practices. Much of the literature regarding best practices for therapy for those with IDD focus on using applied behavior analysis and behavioral techniques to reducing challenging behaviors in adults and children Brown [9]. McNair [10], while few studies have been conducted that focused on improving emotional aspects Clute [11]. Interviews with counselors in the field suggests a feeling of lack of preparation to work with the IDD population Evans [12], a sentiment mirrored in parents of children with IDD who have reported feeling that mental health professionals lack adequate training in working with children with IDD. Indeed, few mental health counselor education programs have traditionally offered trainees a focus in intellectual disabilities, and few rehabilitation counseling programs offered mental health training. The two fields will hopefully have more overlap following the merger of the Council on Rehabilitation Education and the Council for the Accreditation of Counseling and Related Educational Programs.

Mental often health problems are related to the psychosocial stressors in children with IDD Weiss [13]. The literature suggests that adults with IDD may have increased vulnerability to stress, ineffective coping skills, and problems with attachment Schuengel & Stolk [14]. Although somewhat underdeveloped, typically developing children and adolescents typically have some coping skills needed to function. Research is limited on the coping skills of children with IDD, despite the evidence of high rates of states demanding coping such as anxiety and separation anxiety. Well trained staff can identify indications that a child is struggling Henderson [15], identify potential coping strategies. Workers

should watch for signs of distress, anger or frustration and should address feelings in a calm and soothing manner. Research indicates that children who have solid relationships with workers who provide strong support and guidance are the best served.

Providing therapeutic services, although multi-faceted and taxing, benefits clients in many ways. There is a powerful presence when workers are trained and highly skilled in making solid connections and can provide emotional needs for this population. Many counselors and therapists may feel limited by the disability of the client and may struggle to get to the client's level. Instead of focusing on the disability, the counselor should return to the basics of their training and work with empathy and respect as they would with a typically developing child. Caring, empathy, and respect do not require accommodation or modification of technique. By creating a culture of caring, interactions can promote changes in the way we provide services Allen [16].

Daily support, rather than weekly appointments, appears to be more appropriate in children with IDD. Chronic issues such as anxiety, confusion, and social issues require day-to-day management. Daily check-ins serve in letting children know they have connections. At least 10 minutes of daily connect time with an adult may provide a feeling of safety, and genuine interest. Start early in the day and continue throughout the day. This support should occur in a respectful manner based on the client's needs and interest. Recognizing and commenting on client interests (e.g. super heroes, dinosaurs, etc.) forges connections between the workers and the child. It is not the job of the clinician to decide if the interests of the client are developmentally appropriate or to use interests as a basis to judge other capacities of the client. A child may be interested in cartoons but still struggle with advanced emotions such grief. Supporting the child emotionally on a daily basis will allow for better detection of these negative emotions. Daily support also gives clients more time to think about what they learn with therapy and to ask more questions about their feelings. This may be important for children with IDD, as they may experience slower cognitive processing and less developed memory systems.

Techniques that support positive interactions with all children will serve individuals with IDD as well. In emotionally charged situations, specific skills and techniques to help individuals face and address emotional needs in an effective and efficient way will restore tranquility to the environment. Generally the therapist can reduce stress as much as possible by using soothing colors, balloons, and sensory activities. Notice how children respond to these and track this, by saying something comforting such as, "I like that color also or balloons are so cheerful and make me feel happy." Saying these things with an appropriate facial gesture, a smile can be comforting. The ultimate goal of these interventions is to provide timely and skillful support to prevent further emotional deterioration.

In stressful events, psychological first aid addresses the individual's need for safety, stability, and support in order to return an individual to a state of equilibrium Ehly [17]. Psychological first aid requires specific skills and techniques to help individuals face seemingly insurmountable obstacles and address emotional needs in an effective and efficient way. Adapted from SAMHSA, the Center for the Study of Traumatic Stress and Adapted from "Nebraska Disaster Behavioral Health Psychological First Aid Curriculum is the following suggested guidelines for managing intense emotions, fear, uncertainty and apprehension:

A. Sit squarely and use the L-stance(shoulder 90º to the other person's shoulder)

B. Have an open posture, lean forward, maintain eye contact and relax

C. Communicate warmth by using a soft voice

D. Smile

E. Use open and welcoming gestures

F. Allow the person you are speaking with to dictate the distance between you

G. Introduce yourself if they do not know you

H. Ask the child what they like to be called

I. Do not shorten their name without their permission

After dealing with the child's initial stress, the therapist may then work with the child on their other issues. The therapist should recognize that an IDD client may have co-existing issues that hamper them from responding to therapy. They may take longer to respond, may not respond well to social cues and may have a different appearance than a typical client of that population. Professionals who work with IDD clients must recognize that establishing and connecting with these clients can be life changing. As such, we believe that life experiences are building blocks for coping, revealing opportunities to establish new skills or refine current skills Chauvin [18], there is a dearth of scholarly information on the subject of working effectively with IDD clients. More research on the subject is needed [19]. Additionally, more training should be available for therapists so that they may become more skilled at working with and supporting those with IDD.

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