Framing the Issues: Mental health issues for children with disabilities that have been physically and/or sexually abused

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Background

Even though children with disabilities are 1.8-3.4 times more likely to be maltreated, the following myths still exist:

- People with intellectual disabilities are asexual
- People with intellectual disabilities do not experience trauma or do not react to the abuse experience the same way as other people
- Trauma symptoms are attributed to the disability rather than abuse

These beliefs have resulted in a lack of mental health services available for this population as well as a reluctance on the part of clinicians to work with people with disabilities who have experienced trauma.

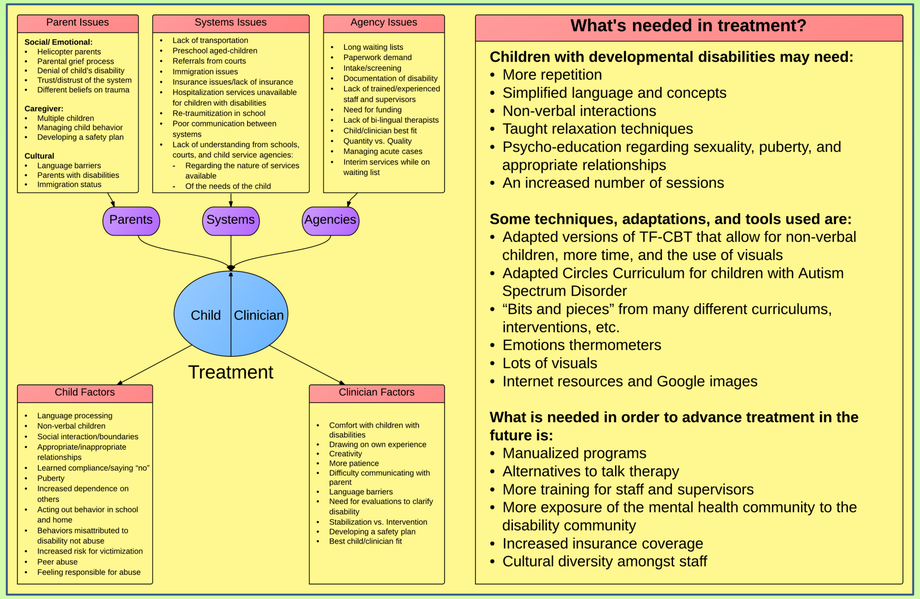
Goals & Objectives

The purpose of this study was to answer the following questions:

- Are the mental health needs of children with developmental disabilities who have been physically and/or sexually abused being met in the local community? If not, why not?
- How do current interventions need to be modified/adapted/designed for delivery to children with developmental disabilities who have been physically and/or sexually abused?

Methods

- IRB approval was not necessary
- Qualitative exploratory research project using a grounded theory approach
- Focus groups with seven mental health service providers from Westchester County
  - One focus group of clinicians
  - One focus group of administrators
- Analysis of data using Atlas.ti 5 software program



Quotes from Focus Groups

- "When you work with children with developmental disabilities, the process and the progress is considerably longer than with a typical child" *-Clinician*
- "There is both a need for staff to have a special training to understand those children and how to adapt treatment…and the resources are rather limited.. So we often find that kids are waiting…" *-Administrator*

National Consultant

Margaret Charlton, Ph.D.; Aurora Mental Health Intercept Center

An author of *Facts on Traumatic Stress and Children with Developmental Disabilities (NTCSN, 2004)* and a Board Certified Clinical Psychologist.

Findings

Are the mental health needs of children with disabilities being met in the community ?

- Children need to wait for the few providers who have expertise to work with this population
- Agencies are equipped to handle only children with mild disabilities
- No agencies reported having the capabilities to serve children who were nonverbal and/or on the autism spectrum

Why or why not?

- Lack of experienced clinicians and supervisors
- Time limits regarding both number and length of sessions due to insurance requirements
- Child/therapist fit
- Inappropriate documentation of the disability
- Poor communication between systems in service planning

How are interventions being modified?

- Models like Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) and the Circles Curriculum are being used with individualized modifications
- Slowing down the treatment process
- Simplifying language and lots of repetition
- Use of visuals (internet resources, pictures)
- Alternatives to talk therapy

Next Steps

- Develop training manual and/or video about working with children with disabilities
- Collaborate with assistive technology experts to develop tools for therapists to use with these children
- Consult with TF-CBT, technology and disability experts regarding adaption of evidence based models of mental health treatment