

Evaluation of clinician's experiences of assessing PTSD in children and adolescents with intellectual disabilities



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Introduction

- Intellectual disabilities (ID) are heterogeneous and chronic neurodevelopmental conditions defined by global impairment of intellectual functions and adaptive behaviour^{1,2}.
- Children and young people (CYP) with ID are exposed to more adverse life events than the neurotypical population, and are more likely to be victims abuse and neglect^{4,5}.
- A proportion of individuals with ID go on to develop comorbid mental health disorders, namely post-traumatic stress disorder (PTSD)⁶.
- Diagnostic assessment in children and young people with ID may be difficult due to:
 - Impairments in verbal abilities³;
 - Symptoms that present as aggression and disruptive behaviours; and
- Diagnostic overshadowing.
- There is a need for all mental health clinicians' to have access to comprehensive training in intellectual disabilities and trauma-informed care so that they can confidently detect, assess, and diagnose PTSD in service-users.

Purpose

- The objectives of this study were to:
- 1) Understand clinician's experiences when formulating an assessment of a young person with ID.
- 2) Determine what challenges are most frequently experienced by mental health clinicians during the assessment of CYP with ID.
- 3) Explore clinicians' requirements to complete a comprehensive diagnostic assessment and identify improvements for the future.

Methodology

- Participants were recruited from the Child and Mental Health Services at South London and Maudsley NHS Foundation Trust (SLaM CAMHS).
- A questionnaire was developed consisting of a fictional vignette describing a clinical scenario of a young person with ID who presented with PTSD symptoms.
- Participants responded to both multiple-choice (MC) and open-ended questions so that quantitative and qualitative data could be collected.

Questionnaire

Multiple-choice

- 1. Which of the following disorder(s) would you consider diagnosing the client with?
- 2. If you are diagnosing a mood disorder, which of the following symptoms might make you consider that?
- 3. Which of the following symptoms would make you consider a diagnosis of PTSD?
- 4. Which of the following tools would help you with your assessment? (Not disorder specific).
- 5. What challenges have you experienced in assessing individuals with ID?

Open-ended

- 6. What further information do you require to make a diagnosis for a child with ID?
- 7. Do you have any other comments?
- 8. What discipline are you?
- 9. How many years post-qualifying are you?
- 10. Are you in a specialised neurodevelopmental post?
- Participants were grouped and compared based on their expertise in working in specialised neurodevelopmental posts. Frequency of responses for each group were investigated.
- A thematic analysis was then used to analyse findings by breaking down qualitative data from responses into small codes, allowing key patterns of clinicians' experiences to be identified.

Results

 Frequency of responses based on participants specialisation in ID were investigated, however, overall answers to MC questions are below:

Data from multiple-choice responses

Disorder most frequently selected:

Symptoms most frequently associated with mood

PTSD

Social withdrawal Nightmares

Diagnostic tool most frequently selected to identify psychopathology in individual

disorders/PTSD and ID:

psychopathology in individual with ID:

Most common challenge reported by clinicians' when assessing this population:

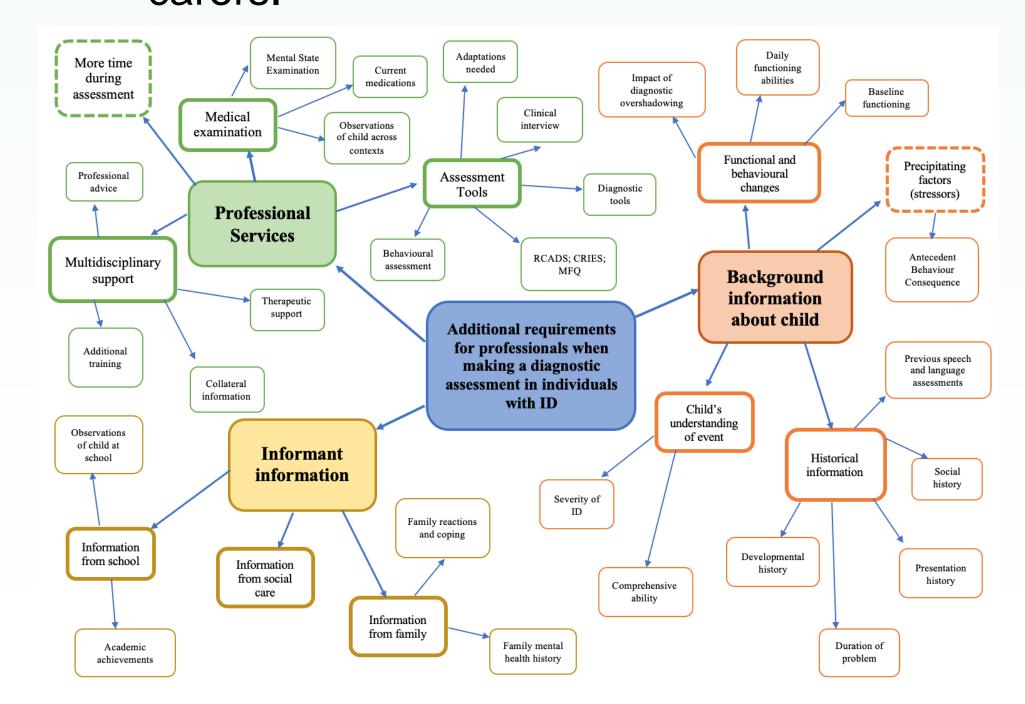
Communication barriers due to limited verbal capacities
Covid-19-related challenges
(unable to pick up on symptoms over screen)

Trauma-related fears

Avoidance symptoms

Themes around clinician's requirements and recommendations for the assessment process included:

- Multi-disciplinary support;
- Valid diagnostic tools adapted appropriately for individuals with ID;
- Physical observation and medical history of service-user;
- Functional and behavioural changes;
- The child's understanding of their ID; and
- Information from parents, school and carers.



Discussion

Key Points:

- Individuals with PTSD and ID present with symptoms uniquely depending on comorbid disorders, developmental age, life experiences, and other influencing factors.
- Psychiatric symptoms of CYP with ID are often misidentified as other comorbid disorders due to the child's inability to communicate their experiences.
- Clinicians report that additional supports need to be in place to better service CYP with ID.

Future Research & Next Steps

- This study supports that all CAMHS clinicians should access robust training on the unique mental health needs of young people with ID.
- The study also highlights the need for specific IDappropriate diagnostic tools in order to better assess and diagnose psychopathology in CYP with ID.
- Clinical settings may be traumatic for the child, and this must be acknowledged during assessment.
- There is a need for specific trauma-informed training for all CAMHS staff in order to provide the most well-rounded services for young people with ID and PTSD.

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