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 abilities[3];
  - 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.

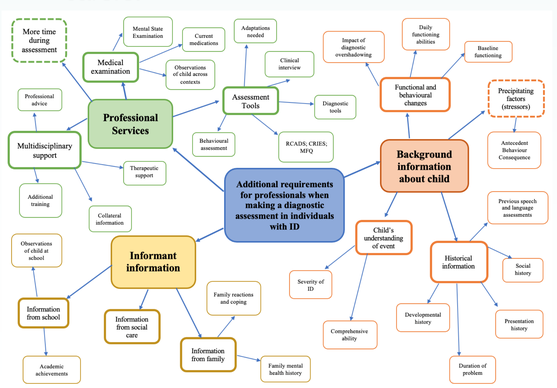
Results

- 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:	PTSD
Symptoms most frequently associated with mood disorders/PTSD and ID:	Social withdrawal Nightmares Trauma-related fears Avoidance symptoms
Diagnostic tool most frequently selected to identify psychopathology in individual with ID:	Impact of Events Scale (IES-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)

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 ID-appropriate 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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