

Reading List

Lucinda Mora, Kellie van Seville & Lloyd Neill (2018): **An evaluation of play therapy for children and young people with intellectual disabilities.** *Research and Practice in Intellectual and Developmental Disabilities*, DOI: 10.1080/23297018.2018.1442739 <https://doi.org/10.1080/23297018.2018.1442739>

Children and young people with intellectual disabilities are more likely to experience emotional, behavioural, or mental health difficulties, including a combination of these health problems. There are risks that existing interventions may not be accessible or effective for this group. This program evaluation explored the effectiveness of child-centred play therapy, a developmentally appropriate mental health intervention, for a single group of 42 children with intellectual disabilities aged 4 to 16 years with emotional, behavioural, or mental health difficulties. The intervention was provided by seven therapists trained in the same play therapy protocol and procedures. Parents rated children's emotional and behavioural difficulties before and after play therapy using the Strengths and Difficulties Questionnaire. Statistically significant improvement to children's prosocial skills, emotional and behavioural difficulties, and the impact of these difficulties on everyday life was found at the completion of child-centred play therapy. Children with high-priority referral needs were found to have made greater levels of change. However, with increasing severity of difficulties, children required more time in therapy. A higher level of play therapy training predicted greater prosocial skill development for children and a reduced impact of difficulties on their daily life. This evaluation demonstrated that play therapy may be an effective intervention to use with children with intellectual disabilities and emotional and behavioural difficulties, and warrants further consideration for research and practice by the disability and mental health sectors.

Jones, L., Gold, E., Totsika, V., Hastings, R. P., Jones, M., Griffiths, A., & Silverton, S. (2018). **A mindfulness parent well-being course: Evaluation of outcomes for parents of children with autism and related disabilities recruited through special schools.** *European Journal of Special Needs Education*, 33 (1), 16-30.
<https://www.tandfonline.com/doi/abs/10.1080/08856257.2017.1297571>

Parents of children with intellectual disabilities and/or autism have been shown to experience higher levels of distress than other parents. Despite such data having been available for several decades, the evidence base for psychological interventions to support parental well-being is small. Recent data suggest that both mindfulness and acceptance processes are associated with decreased psychological distress for parents of children with intellectual disability and/or autism. In addition, some controlled evaluations of mindfulness-based interventions for these parents have resulted in positive outcomes for mothers in particular. In the present study 18 mothers and 3 fathers were recruited via special schools who then attended a Mindfulness Based Well-Being for Parents (MBW-P) group over eight weeks. Parents completed questionnaire measures before and at the end of the course. Statistical analysis showed significant reported increases in mindfulness and self-compassion, and reduced general stress. Parents also reported reductions in anxiety and depression, although these changes were not statistically significant. No significant reductions in their child's behaviour problems or increases in the child's prosocial behaviour were found. Parents also reported high levels of satisfaction with the course. These preliminary data suggest that further research studies testing the effectiveness of the MBW-P course are warranted.

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Teague, S. J., Newman, L. K., Tonge, B. J., & Gray, K. M. (2018). **Caregiver Mental Health, Parenting Practices, and Perceptions of Child Attachment in Children with Autism Spectrum Disorder.** *Journal of autism and developmental disorders*, 1-11.

<https://link.springer.com/article/10.1007/s10803-018-3517-x>

This paper investigates the role of caregiver mental health and parenting practices as predictors of attachment in children with intellectual disability/developmental delay, comparing between children with ASD ($n = 29$) and children with other developmental disabilities ($n = 20$). Parents reported that children with ASD had high levels of anxiety and stress, and attachment insecurity in children (less closeness and more conflict in attachment relationships, and more inhibited attachment behaviours) compared with children with other developmental disabilities. Children's attachment quality was associated with parenting practices and the presence of an ASD diagnosis. These results highlight the bidirectional nature of the quality of caregiving environments and attachment in children with ASD, and also provide a strong rationale for targeting children's attachment quality in early interventions.

Ng, J., & Rhodes, P. (2018). **Why Do Families Relinquish Care of Children with Intellectual Disability and Severe Challenging Behaviors? Professional's Perspectives.** *The Qualitative Report*, 23(1), 146-157. Retrieved from <http://nsuworks.nova.edu/tqr/vol23/iss1/10>

Relinquishing care of a child with developmental disabilities can be a traumatic experience for parents. The aim of this study was to explore the perception of professionals regarding the relationships within families and service systems that contribute towards the relinquishment of children with Intellectual Disability (ID) and challenging behavior. Fifteen disability professionals were interviewed from a variety of disciplines, each having been involved in supporting a family while they relinquished care. A constructionist grounded theory approach was used for analysis, with data interpreted through a systemic lens. An accumulation of factors led to relinquishment, including the cumulative isolation of mothers within the family and within informal and professional networks of relationships. These findings must be understood in the context of societal discourses that both pathologise and overburden mothers with caregiving roles for children with disabilities. Interventions need to focus assertively on whole family involvement and repair, and on community development, if relinquishment is to be prevented.

Kalb, L. G., Hagopian, L. P., Gross, A. L., & Vasa, R. A. (2018). **Psychometric characteristics of the mental health crisis assessment scale in youth with autism spectrum disorder.** *Journal of child psychology and psychiatry*, 59(1), 48-56.

<https://onlinelibrary.wiley.com/doi/full/10.1111/icpp.12748>

Background

Youth with autism spectrum disorder (ASD) exhibit high rates of psychopathology. These symptoms can pose a risk of injury to self or others when the child is in crisis. Despite this danger, there are no instruments available to identify those with ASD who are at risk or actively in crisis. This study examined the psychometric properties of the Mental Health Crisis Assessment Scale (MCAS), a 28 item parent report measure.

Methods

The MCAS was administered to the parents of 606 children and young adults (aged 3–25 years, M age = 13 years, $SD = 5$ years) enrolled in the Interactive Autism Network, an online registry of families raising a child with ASD. The MCAS asks parents to rate the severity of various emotional and behavioral symptoms exhibited by their child. The parent then selects the behavior they perceive as the most dangerous behavior and rates the acuity of as well as their efficacy in managing this behavior. The MCAS was tested for internal consistency, construct validity, criterion validity, and convergent validity.

Results

The MCAS demonstrated strong internal consistency (Total Scale Cronbach's $\alpha = .88$). The exploratory and confirmatory factor analyses suggested that a two factor (acuity and behavioral efficacy) model fit the data well, providing evidence of construct validity. Criterion validity, which was assessed by comparing the MCAS to clinician determination of crisis, indicated high levels of agreement (ROC = .85). Strong positive relationships emerged between the MCAS and measures of family distress ($r = .56$), parental stress, and frustration ($r = .48$), and use of emergency psychiatric services (OR = 24.2, 95% CI: 8.6–68.2), indicating convergent validity of the measure (all $p < .05$).

Conclusions

Results of the psychometric analyses suggest the MCAS appears to be a promising tool that can measure mental health crises in youth with ASD.

Dew, A., Dowse, L., Athanassiou, U., & Trollor, J. (2018). **Current representation of people with intellectual disability in Australian mental health policy: The need for inclusive policy development.** *Journal of Policy and Practice in Intellectual Disabilities*.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/jppi.12239>

People with intellectual disability in Australia experience poor mental health, are underrepresented in mental health policy, and encounter major barriers in accessing mental health services and treatments. This study interrogated the current representation of people with intellectual disability and recommended strategies to enhance the inclusion of intellectual disability in mental health policy. A policy analysis framework was developed that included context, stakeholders, process, and content. Nine pieces of Australian mental health legislation and 37 mental health policy documents were analyzed using the framework. Fifteen of the 37 documents included mention of intellectual disability with limited attention to the specific mental health needs of people with intellectual disability and mental illness. Only two documents identified specific strategies or measurable actions and targets to improve the access of people with intellectual disability and mental illness to mental health services. The documents' strengths that may be applied to develop inclusive intellectual disability mental health policy included being values-based, recognizing diversity, taking a life-course approach, focusing on workforce development, and ensuring checks and balances. An inclusive approach to the development and implementation of intellectual disability mental health policy will best meet the mental health needs of individuals with intellectual disability. An inclusive policy approach will be based on a sound evidence-base and include a comprehensive understanding of the context in which the policy is developed; consultation with key stakeholders including people with intellectual disability and mental illness, their family and carers, and those who work with them; cross-sector collaboration and workforce training. An inclusive approach to the development and implementation of intellectual disability mental health policy using an integrated knowledge

translation approach will address the current lack of attention to the important area of how to best meet the mental health needs of individuals with intellectual disability.

Whittle, E. L., Fisher, K. R., Reppermund, S., Lenroot, R., & Trollor, J. (2018). **Barriers and enablers to accessing mental health services for people with intellectual disability: A scoping review.** *Journal of Mental Health Research in Intellectual Disabilities*, 11(1), 69-102.

<https://www.tandfonline.com/doi/abs/10.1080/19315864.2017.1408724>

Background: It is well established that people with an intellectual disability have high rates of mental health problems, yet rates of uptake of services do not match need. *Aim:* To identify the current literature pertaining to the barriers and facilitators to access to mental health services for people with an intellectual disability. *Method:* A systematic search identified English-language articles that addressed barriers or enablers to access, mental health services, and intellectual disability from 2005 to 2016. Results were synthesized according to Gulliford et al.'s four dimensions of access: availability, utilization, relevance and effectiveness, and equity. *Results:* Barriers and enablers were identified across all the dimensions. Organizational barriers, lack of services, and poor-quality services related to deficits in knowledge were among the barriers discussed in the literature. Facilitators included emphasis on interagency collaboration, and training and education. Substantial gaps were also identified, particularly in relation to the lived experience of these barriers. *Conclusions:* Further research and evaluation across all aspects of access to mental health care for people with an intellectual disability is needed.

