

Specialized Behavioral Therapies for Children with Special Needs



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KEYWORDS

- Child trauma • Evidence-based treatments • Maltreated children & adolescents
- Therapeutic interventions • Child development

KEY POINTS

- The quality of a child's environment, along with age and developmental stage, can shape mental health outcomes and the way the child views the world.
- Chronic stress in children and the experience of adverse childhood events can affect brain development, stress hormone production, and other physiologic systems.
- Positive and responsive caregiving is important for emotion regulation and mental health in infants and toddlers.
- Interventions for middle childhood and adolescence focus on the child's perceptions and emotions and aim to increase safety through positive social and family support.

INTRODUCTION

In their "Mental Health Surveillance Among Children, 2005–2011," the Centers for Disease Control and Prevention (CDC)¹ reported that between 13% and 20% of children in the United States experience a mental health disorder in a year. Other data from the CDC suggest that only about a third of children whose parents spoke to a health care provider or school staff about their emotional or behavioral difficulties will receive specialized behavioral treatment for these concerns.² One cannot help but wonder why so many children go untreated. Is it because the problems mentioned are not recognized as warranting intervention? Is it because health care providers and school staff do not know what kinds of services in their communities might help these families?

The purpose of this article is to describe common mental health problems in children and adolescents, and the types of specialized, evidence-based behavioral

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treatments that are most effective in treating these needs. These descriptions are followed by illustrations of a select number of well-researched interventions that address many of these problems.

What Causes Mental Health Problems in Children?

There is no single cause of mental health problems in children. Theory about how mental health problems develop proposes that different qualities of children's environments—their cultural environments, social resources, family environments, and individual differences—shape the way children respond to the surrounding world.³ The characteristics of their environments influence children's ability to grow and mature, providing emotional support and cognitive frameworks at one point in time, which influence later development. The child's environment is seen as having "potentiating factors" that increase the child's vulnerability, and "compensatory factors" that increase resilience.

So far, this model seems simple—the ratio of positives to negatives in the child's environment predicts the likelihood of mental health problems. However, a negative event occurring when the child is 2 years old can have a different effect on the child's mental health from the same event occurring when the child is 5 years old. Two and 5 year olds differ considerably in cognitive ability, which might affect the following:

- Their likelihood of noticing a traumatic event
- The meaning they would attach to the event
- The degree to which the event's meaning would be linked to the child's perception of self, emotional security, or physical safety
- Their ability to verbalize distress
- The effect of their distress on behavior

Maturation is thought to drive reorganization of previous experiences, prompting children to adopt a more complex understanding of their environment and life history. However, even in the face of adverse events, environmental stress, or neurobiological predisposition, it is always possible for children to build resilience and improve functioning. What this means is that changing the trajectory of development is possible when there is new experience, particularly when new, positive experiences force reorganization of old negative experiences and thought patterns. It also means that effective mental health interventions can help modify the negative effects of early adversity.

Traumatic Events and the Developing Child

One tends to think that infants are safe from the most devastating effects of traumatic events or circumstances. We do not remember our first several years, so we might assume that infants will not remember adverse events. Nevertheless, accumulating evidence suggests that chronic exposure to fear and anxiety and abusive caregiving leaves a neurologic footprint.⁴

Chronic or acute stress, possibly resulting from maltreatment or other adverse childhood experiences (ACEs), described in [Fig. 1](#), can activate or inhibit other physiologic systems involved in the stress response. When infants are chronically exposed to stress hormones, the body's feedback systems for managing and regulating stress hormone production can become dysregulated, which increases their physiologic vulnerability.⁵ This increased vulnerability may create challenges with emotional, cognitive, and physical health.⁶ The take-away message of this research, illustrated in [Fig. 2](#), is that early trauma affects the way children will respond to future stressful

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