New Trends in Psychology

Effectiveness of Behavioural Therapy for Children with Mental Disabilities in the Current Social Context

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Abstract: Introduction: As is well known, people with intellectual disabilities, especially children, face significant barriers to accessing services in general. The aim of this article is to analyse the statistical results that currently exist (if these statistics do not exist, they should be generated in collaboration with the relevant state institutions), concerning the access of people with disabilities to all social services, and what is the impact of the social environment on the mental state of this study group, with or without the presence of psychotherapy. Method: The statistical databases of the relevant state institutions (DGASPC, INS, UNICEF) were searched in order to establish the trend (upward or downward) of the number of people with intellectual disabilities, to see what percentage of them receive appropriate treatment and to what extent the cognitive behavioural therapies applied help to improve the mental state of people with intellectual disabilities, especially children. Results: This analysis includes statistical results covering the period 2012-2022, generated by DGASPC, INS, UNICEF. Discussion and conclusions: Although the legislative prerequisites have been created (partially, we would say) for the state to provide the necessary assistance to this group of patients, studies carried out by independent agencies and bodies suggest that there is still, at institutional and mass population level, a significant resistance of state institutions to patients' requests for medical and psychological services. The application of behavioural therapies to children with disabilities has measurable positive effects and leads to improvements in symptoms specific to each disability severity group. Unfortunately, the limited involvement of state institutions whose role is to protect this group of vulnerable people is offsetting the progress of individual psychotherapy, especially in terms of educating those involved in providing services (any services) to people with disabilities.

Keywords: children with mental disabilities; cognitive behavioural therapy; play therapy

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1. Introduction

Mental deficiency (Intellectual disability) is characterised by certain general defining features: reduced ability to communicate, behavioural rigidity, genetic viscosity, intellectual hetero-development, mental rigidity. Intellectual disability affects all mental processes and functions, which thus manifest themselves in a deficient way, leading to problems of knowledge acquisition, social integration, mental retardation, poor memory organisation, absence of inner language, etc.

According to the classification of C. Păunescu and I. Mușu (1997), there are three main categories of factors causing mental disability:

- Biological (genetic) factors
- Environmental factors
- Psychosocial factors

According to IQ, the typology of mental disability is classified as follows:

a. Liminal intellect (IQ between 80 and 90)

b. Mental debility (moderate mental deficiency, IQ between 50 and 80)

c. Severe mental disability (IQ between 20 and 50)

d. Profound mental disability (IQ below 20)

According to the above classification, practically only children in the first 2 categories can be recovered academically, socially, professionally through psychotherapy to a degree that allows them to successfully integrate into society. The severely and profoundly mentally disabled face physiological barriers that prevent them from reaching a level of awareness high enough to be able to acquire language and motor skills that allow them to be independent.

Due to the complexity of the phenomenon of mental disability, where endogenous factors or causes occurring during early childhood have led to delayed/stopped intellectual development (e.g. those with severe mental disability reach a maximum mental age of 7 years and those with profound mental disability at a maximum age of 3 years), it is necessary to establish the differential diagnosis, on the basis of which rehabilitation therapy can be started.

2. Statistical Data. Exogenous Factors

According to statistical data (Labour, 2022), on 31 March 2022, of the total number of institutionalised disabled people (15,338), 8,537 people are mentally disabled, i.e. approximately 56%, up from 31 March 2021 by 49 people.

There is a major difference between the number of institutionalised people with impairments and those who are not institutionalised: on 31 March 2022, there were 127,495 people with mental disabilities who were not institutionalised, i.e. 88% of all people with mental disabilities, with the institutionalised having a share of 12%.

Figure 1 shows the distribution by age group and gender on 31 March 2022, and Figure 2 shows the share by age group.

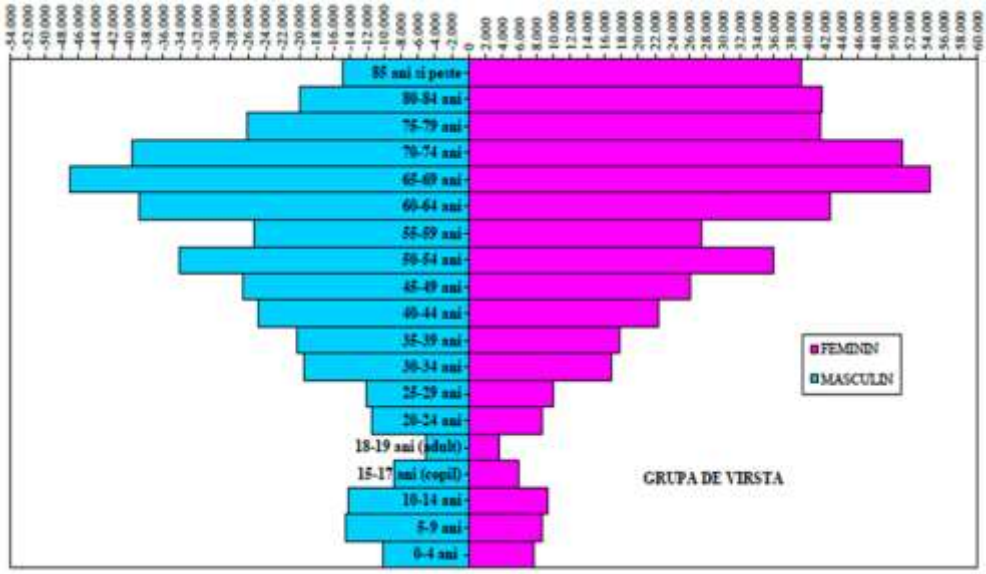

Figure 1. Age and Gender Distribution of People with Disabilities, 31 March 2022

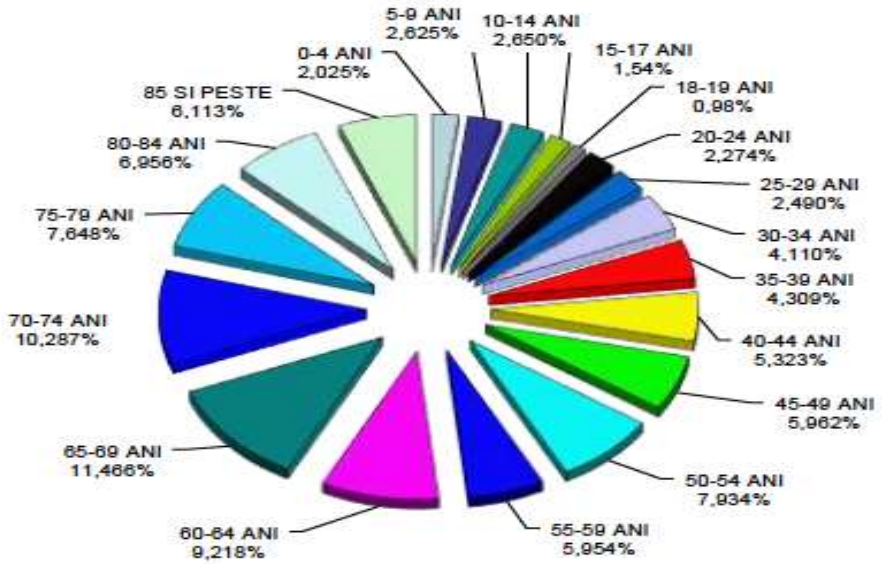

Figure 2. Share of people with disabilities by age group on 31 March 2022

In the March 2021 UNICEF Final Report (Brînzac, Țîntaș & Ungureanu, 2021), the aspects, both positive and negative, as well as the barriers that currently exist for people with disabilities to access the medical and therapeutic services they need have been reported in detail.

"First and foremost, a major facilitating factor is the motivation to support the vulnerable in carrying out activities: „ *The satisfaction you get from every progress your child makes, no matter how small; seeing them with a smile on their face and walking through the door of the centre and them hugging you (..). Those are benefits that can't be compared to anything else." Another frequently mentioned facilitating factor was the training of staff: "Training of colleagues, therapists, coordinators I work with. I think this is the key to success, good information and as much focus and concentration as possible on the child and early intervention. But also, team unity: "We are a team and that's what matters most." Many association representatives found that providing quality services and support requires people who are dedicated, empathetic and understanding of the stresses of the job and the lack of financial incentives. The provision of support from other public institutions was most often perceived as a barrier, but several representatives saw it as a facilitating factor in carrying out their activities."* (Brînzac, Țîntaș & Ungureanu, 2021, p. 6).

Unfortunately, the publication also mentions the negative aspects of patients' relationship with state institutions. The most common obstacle is the financing and sustainability of services. Solutions are found, they are made functional but the state does not provide the necessary support to sustain them. The majority of participants stated that *„[...] collaboration with public institutions is characterised as very cumbersome, even very malicious"* (Brînzac, Țîntaș & Ungureanu, 2021, p. 7).

An important barrier is also the institutional diagnostic capacity, which is below the optimal level, above which comes the social barrier.

More often than not, children with intellectual disabilities are marginalised, stigmatised, often by healthcare providers themselves, and parents report that they often choose not to declare their children's conditions.

All of these barriers are a major setback that can 'undo' the progress made by psychotherapists (in licensed institutions or privately) with their patients.

Occupational therapy is used effectively in all forms of mental disability. It takes various forms, such as play therapy, art therapy, dance therapy, occupational therapy, and aims to stimulate unimpaired sensory and mental functions with an emphasis on compensation.

Of all these forms of occupational therapy, **play therapy** is the most suitable for children with disabilities of pre-school and primary school age.

3. Play Therapy

The Ministry of Education, Research and Youth has developed since 2008 a curriculum for "Complex and Integrated Educational Therapy", Play Therapy, by which it has established, as a guideline, the therapeutic directions applicable to children and adolescents with mental disabilities. (Ministry of Education, 2008).

In the primary cycle, the Ministry has set the following framework objectives:

1. *Stimulating self-awareness, knowledge of others and the environment*
2. *Stimulation and development of psycho-individual capacities to adapt to the environment*
3. *Training of manual skills and practical skills*
4. *Training independent behaviour for social integration*

Each of the benchmarks has a variety of learning activities in the form of games that are designed to create and develop skills that lead to improved cognitive processes.

Under objective 1 the specialists have included games to develop sensitivity (object recognition, "Whispering voice", "Recognise the object" etc.).

For objective 2, we have games to develop visual representations ("Chinese wishers", "Finger game"), games to stimulate memory - "Guess what is missing", imagination, language attention, such as "Dismountable doll", building with Lego pieces, Lotto, omission game, guessing game.

Under the objective of training manual skills and practical-application skills, movement games are included - "Jump on one foot", " Dwarf walk", "What the mime says", "Sorting beads" etc.

For the formation of independent behaviour in order to integrate into the social plan we have games to stimulate and develop the types of communication (mime, gestures, verbal): "Mime", "Animal language", "Let's cuddle words" and symbolic games ("Sad mask", "Mother and child").

4. Discussion

In view of the above, there is a need to strengthen the capacity for early diagnosis of intellectual disabilities in as many children as possible, with a particular focus on disadvantaged areas and social groups (rural areas, single-parent families, poor families, etc.).

In addition to diagnostic work, it is important to have an adequate number of therapists and teaching staff trained to deal with mentally disabled children, so as to intervene as early as possible in their lives in order to reintegrate them into society to the greatest possible extent. Given the large percentage of children with moderate mental retardation, it is much easier to intervene so that they can acquire skills that will enable them to be self-supporting and add value to society in adult life.

Another important aspect to be considered is a sustained awareness-raising campaign among the general population (well-targeted advertisements on TV, radio, broadcasts, interventions), carried out by specialists but also by volunteers, to make 'normal' people aware of certain (inappropriate or incomprehensible to them) behaviours of the disabled. Parents of children with disabilities should be supported and encouraged to "come out" and bring their children to a

psychotherapist/psychologist/psychiatrist in order to start therapy as early as possible, at the slightest sign of disability.

The state needs to be more involved in supporting all diagnostic and therapy programmes, sustainable capacity building for all these patients. Public-private partnerships, financed by government or European funds, could possibly be set up for the early detection of these children with disabilities and for their treatment with a view to their optimal integration into society.

Moreover, in a comprehensive document produced by the International Bank for Reconstruction and Development/World Bank (BIRD, 2019), most of the problems (and solutions) faced by people with intellectual disabilities have been identified.

It was acknowledged, for example, the absence of measures to support the exercise of legal capacity to prevent institutionalisation and psychiatric treatment without informed consent, which is due both to the lack of university, postgraduate or accredited training courses and the lack of institutional budgets dedicated to training.

Training of professionals interacting with people with intellectual disabilities should be carried out in a coordinated way, depending on the type of interaction with people with disabilities.

Furthermore, cultural barriers and norms that have the effect of depriving people with disabilities of legal capacity and the ability to make decisions must be removed.

The majority of unemployed disabled people aged 20-64 are economically inactive (i.e. neither employed nor unemployed), making this group the most difficult to integrate into the labour market.

The unequal employment structure of people with disabilities compared to those without disabilities is largely the consequence of imbalances in the education system.

In the absence of strong state intervention, the proportions that have remained unchanged or even worsened over time will remain on the same trend (i.e. a very small number of institutionalised patients and a very large number of patients who are treated at home but cannot always afford the therapy cost). Thus, in cooperation with family doctors and specialists, programmes can be set up to subsidise therapy under programmes run with associations of psychotherapists or independent psychotherapists.

The ultimate aim of all these efforts is to get as many mildly mentally disabled patients as possible back into society, so that they can contribute to economic development and sustainability.

References

*** (2019). *Diagnosis of the situation of people with disabilities in Romania*. Retrieved 10 22, 2023, from https://mfe.gov.ro/wp-content/uploads/2021/02/d33436aea4d25cb09b84ed9bafaa320c.pdf.

Brînzac, M. G.; Țîntaș, C. D. & Ungureanu, M. I. (2021). *Access of Disabled Children to Medical Services in the Pandemic Context*. https://www.unicef.org/romania/ro/media/6571/file/RAPORTAccesul%20copiilor%20cu%20dizabilit%C4%83%C5%A3i%20la%20servicii%20medicale%20%C3%AIn%20the%20pandemic%20epidemiological%20context.pdfBIRD.

Ministry of Education and Research (2008). *Curriculum Area: Complex and Integrated Educational Therapy*. Retrieved 10 22, 2023, from https://www.isjcta.ro/wp-content/uploads/2013/06/programa-ludoterapie.pdf.

Ministry of Labour (2022). *Protection of Disabled Persons*. https://mmuncii.ro/j33/images/buletin_statistic/dizab_I_2022.pdf.

Musu, C. P. (1997). *Integrated special psychopedagogy, Mental handicap, Intellectual handicap*. For Humanity.

Susanu, Neaga, (2010). *Psychopedagogy of the mentally retarded.* Danubius University of Galati.