

Fact Sheet for Mental Health Providers: Cleft Lip and/or Palate

Cleft lip and/or Palate (CLP) is one of the most common congenital birth defects (occurs in 1 in 600 live births) and occurs when there is a separation in the tissues that fuse during normal development to form the lip and/or palate. CLP can be caused by various factors (both environmental and genetic), but in many cases, the specific cause of CLP is unknown. CLP can occur alone or as part of a more complex syndrome, with 15% of cases of CLP occurring in patients with a genetic diagnosis. Children with CLP typically undergo numerous surgical, speech, and orthodontic interventions throughout childhood and adolescence and are treated by a variety of disciplines, including speech and language pathology, surgery, audiology, orthodontics, dentistry and genetics, among others. Many multidisciplinary teams have a mental health provider who provides brief assessment of cognitive, psychosocial, and developmental functioning. Youth seen by the multidisciplinary team may be referred to an outside mental health provider for additional assessment of or intervention for any concerns raised by the patient, family, or medical team.

Psychosocial Consequences

Some of the most common psychosocial concerns for youth with CLP include:

- Teasing and bullying regarding facial appearance and speech differences
- Other social concerns, including withdrawal and social anxiety
- Body image and self-concept concerns
- Behavioral concerns (both internalizing and externalizing)
- Learning disabilities (in as many as 30-40% of patients with a cleft), especially in reading

CLP does not only affect the individual patient. Family factors to consider include:

- Parental coping (possible feelings of guilt and/or blame)
- Increased permissiveness or overprotectiveness for the child with the cleft (which will likely negatively impact family and psychosocial functioning)
- Sibling adjustment

Relevant developmental factors that may be raised in individual treatment include:

- Identity development related to appearance and peer relationships
- Understanding of medical information
- Eventual decision making regarding having children/risk of clefting in future children
- Surgical decision making as youth become older

Evidence-Based Assessment and Interventions

Important areas of assessment for mental health professionals working with youth with CLP to consider include psychosocial, cognitive, speech/language, behavioral, and developmental functioning. If your patient has been seen by a mental health provider as part of a multidisciplinary team, some evaluation may already have occurred. Mental health services typically delivered with this population may address general clinical concerns not related to the cleft (e.g.; behavior management, etc) or concerns more directly related to the cleft (teasing, preparing for surgery, etc; Hood et al., 2010). Evidence-based interventions for CLP-specific concerns include social skills training (Kapp-Simon, 1995) and cognitive-behavioral interventions such as relaxation training and cognitive restructuring to address self-image concerns and presurgical anxiety. School consultation and advocacy for appropriate accommodations is also likely to be an important component of intervention, given the prevalence of learning difficulties associated with CLP.

References and Further Readings:

ACPA – CPF Curriculum: http://acpa-cpf.org/core_curriculum/team_eval.html

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