

BRIEF REPORT: Describing Clinical Profiles of Individuals with Dual Diagnosis in Specialized Care Treatment Beds

Abstract

The purpose of this study was to describe the clinical profiles of 53 individuals with dual diagnosis in community-based specialized treatments beds. Staff assessed individuals using the Reiss Screen for Maladaptive Behavior (RSMB) and the Behavior Problems Inventory (BPI). Overall, individuals in the sample were young and primarily male. The most common clinical diagnoses were autism spectrum disorder and mood disorder, and 67% were prescribed two or more psychotropic medications. The majority exhibited challenging behaviour, with aggressive behaviour more common than self injurious behaviour. The findings are discussed in the context of other individuals with a dual diagnosis in various treatment settings.

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Many studies have summarized the characteristics of inpatients (Ashaye, Mathew, & Dhadphale, 1997; Hall, Parkes, Samuels, & Hassiotis, 2006; Lunsky, Bradley, Durbin, & Koegl, 2008; Lunsky et al., 2010; Raitasuo, Taiminen, & Solokangas, 1999; Xenitidis, Henry, Russell, Ward, & Murphy, 1999) and outpatients (Lunsky, Gracey, Bradley, Koegl, & Durbin, 2011; White, Lunsky, Ko, Carlyle, & Lumb, 2009) with dual diagnosis (DD). The term "dual diagnosis" refers to persons with both an intellectual or developmental disability and a psychiatric disorder.

Limited research has been conducted describing the clinical profiles of individuals with DD whose clinical service needs fall in between outpatient and inpatient services. The purpose of this study is to describe the clinical profiles of a sample of individuals with DD in community-based specialized treatment beds, a type of intensive residential support funded through Ontario's Community Networks of Specialized Care. These settings have a high client to staff ratio, with additional on and off site clinical supports. Some of the homes support individuals with specific needs such as those with autism, Prader-Willi syndrome, or a history of sexual offenses.

Method

The current study includes 53 individuals from 12 specialized group homes across Toronto, Central East and Central West regions in Ontario (Canada). Data were collected as part of a larger study to identify standardized measures to monitor client outcomes in specialized care treatment beds. Residential staff, including front-line workers, supervisors and behavioural therapists, completed the measures on the clients they work with. For the purposes of this paper, demographic information and clinical profiles from the Behavior Problems

Inventory (BPI) and Reiss Screen for Maladaptive Behavior (RSMB) are reported; these measures were selected by staff participating in the study as the most meaningful and useful (Goldberg & Isaacs, 2011). Data on medications were collected as part of a third measure, and are summarized here because residential staff felt that this was very valuable information to have on this client population (Goldberg & Isaacs, 2011). Ethics approval for this study was obtained by Surrey Place Centre's research ethics board.

Measures

Behavior Problems Inventory (BPI; Rojahn, 2001)

The BPI is a 52-item scale assessing individuals on three behaviour subscales: Self-Injurious Behavior; Stereotyped Behavior; and Aggressive/Destructive Behavior. All 52 items are rated on a 4-point frequency scale (0 = Never, 1 = monthly, 2 = weekly, 3 = daily, or 4 = hourly) and a severity scale (1 = slight, 2 = moderate or 3 = severe). The BPI also contains items on demographic information (e.g., age, gender, ethnicity), severity of developmental disability (e.g., mild, moderate, severe, profound), and information about the respondent.

Reiss Screen for Maladaptive Behavior (RSMB; Reiss, 1994)

The RSMB is a 38-item scale assessing individuals on nine subscales: Aggressive; Autism; Psychosis; Paranoia; Depression (Behavioral Signs); Depression (Physical Signs); Dependent; Avoidant; and Other Maladaptive Behaviors (Drug Abuse, Overactive, Self-Injury, Sexual Problem, Stealing, Suicidal). Raters are asked to report if these behaviours are "no problem," "a problem," or "a major problem." The RSMB also asks for client age, sex, race, and level of functioning.

Results

Demographics and Other Client Descriptors

More than half of the individuals (64%) were between 19–30 years of age, 21% were between 31–40 years of age, and 16% between the ages

of 41–52 years. The majority (74%) of clients were male. Close to half (40%) were classified as functioning in the moderate range of developmental disability according to staff. The most common Axis 1 diagnoses recorded included: autism spectrum disorder (43%), mood disorder (17%), no diagnosis (13%), psychotic disorder (10%), anxiety disorder (10%) and other disorders (10%). Approximately one third (30%) were described as having at least one medical condition (e.g., epilepsy, sleep apnea, renal failure).

Medications

Approximately 82% of clients were prescribed at least one psychotropic medication, and 67% were prescribed two or more medications. The most commonly prescribed medication category was antipsychotics (60%), followed by anticonvulsants/mood stabilizers (51%), antidepressants (33%), and anxiolytics (27%). One third of individuals (31%) were also taking at least one over the counter medication, and 31% had a PRN medication listed.

BPI and RSMB Subscale Profiles

The five items most commonly rated as moderate or severe in severity on the BPI in each of the three subscales are reported. Moderate or severe intensity ratings on the Self-Injurious Behavior subscale were most often given for self-scratching (17%), hitting head with own hand or other body part (17%), hitting body (except head) with hand or other body part (17%), self-biting (12%) and teeth grinding (8%). Moderate to severe ratings on the Stereotyped Behavior subscale were most often applied for yelling and screaming (38%), repetitive body movements (21%), pacing (15%), repetitive hand movements (13%), and rocking back and forth (7%). Moderate to severe intensity ratings on the Aggressive/Destructive Behavior subscale were most often given for verbal abuse (33%), destroying things (27%), grabbing and pulling (25%), being mean or cruel (23%), and hitting (23%).

Eighty-five percent (85%) of individuals met the clinical cut-off for the 26 item total of the RSMB. In the eight behaviour subscales, 50% met the clinical cut off for aggression, 37% for physical signs of depression, 19% for behavioural signs of depression, 29% for dependence,

21% for avoidant behaviour, 17% each for psychosis and paranoia, and 7% for autism.

Discussion

Results of this study provide an overview of the clinical profiles of clients currently served by the Central Network of Specialized Care treatment beds, a program developed as an alternative to hospitalization for individuals with DD with high clinical needs. This study demonstrates that standardized clinical data can be used to identify areas of high need for this client group that may require additional resources or attention.

In particular, this study showed that aggression is the most common presenting issue, and that psychotropic medication use is high. The common presenting issues and diagnoses in this treatment bed population do not appear to be very different from what has been described in specialized inpatient settings (Ashaye et al., 1997; Hall et al., 2006; Lunskey et al., 2010; Raitasuo et al., 1999; White et al., 2009; Xenitidis et al., 1999). These similar profiles support the idea that treatment beds may be a successful, less restrictive alternative to inpatient care for this population. Whether behaviours according to the same standard measures are indeed more severe in inpatients is worth examination.

This study was cross sectional, describing the needs of a cohort of individuals at one point in time, with each individual at a different stage of treatment. It does not offer a complete picture of clinical profiles and needs at admission or discharge from the specialized treatment bed service. Furthermore, results are based on a single rater and not by two raters, as recommended by the RSMB.

It would be beneficial for future studies to use standardized measures to monitor clinical outcomes of clients in treatment beds over a set period of time to determine whether symptoms improve with treatment, and whether particular client profiles are more likely to benefit from treatment beds than others. Standardized measures can also help in planning future services, based on a better understanding of population needs.

Key Messages from This Article

People with disabilities: The people working with you can use information they collect using special forms to help support you better.

Professionals: Common standardized measures collecting across clients and settings can be used for individual client planning or system level evaluation.

Policy makers: There are ways to easily summarize clinical information about clients using intensive residential services that can inform the planning of such services.

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