JOURNAL ON DEVELOPMENTAL DISABILITIES, VOLUME 11 NUMBER 2

The Experience of Using the Inventory for Client and Agency Planning (ICAP)

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Abstract

When working with a client with dual diagnosis (i.e., developmental disability and mental health problems), it is often desirable to use a standardized instrument to gauge the level of support the individual requires. Although there is an overall paucity of such instruments, the Inventory of Client and Agency Planning (ICAP) is specifically designed to estimate the level of support required based on: a) the individual's level of functioning in a number of areas, and b) the presence/absence of maladaptive behaviours. This study was undertaken to describe the functional status and support needs of the clients seen for extensive outpatient consultation at the Dual Diagnosis Program at the Centre for Addiction and Mental Health in Toronto, Canada. The results are discussed in the context of issues related to the administration of the instrument and the duality (developmental and psychiatric) of the challenges that are encountered by individuals and professionals alike. The findings with respect to the discrepancy between actual and required levels of support shed some light on the ongoing struggle of the community to meet the needs of individuals who are dually diagnosed.

It is important for a program that provides clinical service to be able to describe the population served in terms of relevant characteristics to identify referral trends and plan for the provision of future services. The Dual Diagnosis Program at the Centre for Addiction and Mental Health in Toronto, Canada recently introduced an admission assessment package – the Inventory of Client and Agency Planning (ICAP) – to obtain relevant clinical/functional information on the clients referred as well as to assist in evaluating the effectiveness of subsequent interventions.

One of the mandates of this relatively new program is to identify gaps in service delivery and advocate for the needs of individuals with dual diagnoses. The level of support that these individuals require is an ongoing question. Community care providers in the developmental sector and those in the mental health sector frequently have divergent views about the needs of this population. In addition, the community often feels ill-equipped to manage the many challenges with which these clients are confronted, and turns to hospitals (general and psychiatric) in the belief that these facilities can have a significant impact on their client's presentation.

The present study had two purposes. The first was to summarize the information obtained with the ICAP to describe the clients referred for outpatient consultation with respect to adaptive and maladaptive functioning. The second purpose was to gain an estimate of the level of support needed by these individuals in order to determine whether or not they are under-supported.

Method

Clients with a dual diagnosis referred for consultation service to the community-based team were administered the ICAP as part of the assessment package. The ICAP was completed by interviewing a care provider who knew the referred client well.

The ICAP (Bruininks, Hill, Weatherman & Woodcock, 1986) is a structured instrument developed from the Scales of Independent Behavior (Bruininks, Woodcock, Weatherman & Hill, 1985) to assess the status, adaptive functioning and service needs of clients. The instruments share the same norming sample.

The results were analyzed with respect to: 1) level of adaptive functioning, 2) seriousness of maladaptive behaviours, and 3) match between the actual level of support and level of support recommended.

Results and Discussion

Characteristics of Clients

In total, 18 clients were administered the ICAP as part of the assessment process, 10 males and 8 females. Their ages ranged from 18 to 52 years with the mean age of 33.8.

The majority of clients functioned in the mild (38.8%) or moderate (33.3%) range of intellectual disability (ID). Two clients were at the borderline level (11%) and two were at the severe level of ID. For one client the level of ID was unknown.

With regard to psychiatric diagnosis, more than half of the clients (61%) were diagnosed with a psychotic illness. The second most common psychiatric diagnosis was mood disorder (17.7%). Four clients had a diagnosis of autistic spectrum disorder.

Adaptive functioning

The Broad Independence Index was used as an overall measure of adaptive functioning. This index comprises four domains of independent functioning: motor skills, social/communication, personal living and community living skills. Results expressed as developmental age indicate a wide range of functioning ranging from 1.7 years (profound range of ID) to 11.6 years (mild to borderline range of ID), with the mean developmental age of 5.8 years.

Maladaptive behaviours

The General Maladaptive Index was used as an overall measure of maladaptive behaviours, encompassing both the severity and frequency of problematic behaviours that can be further classified as internalized, externalized or asocial. Exactly half the clients displayed serious maladaptive behaviours and another 17.7% had moderate maladaptive behaviours. For the remaining clients (33.3 %), the level of maladaptive behaviours was classified as marginal or normal. None were classified as very serious, despite the need for involuntary inpatient hospitalization and/or breakdown of service in a number of cases. One possible explanation for this finding is that this maladaptive behaviour index may underestimate the seriousness of behavioural problems if they are episodic in nature and/or occur in one or two areas. In addition, it is possible that some respondents may downplay the seriousness of the behaviour if they feel that it may affect the provision of much needed service.

Level of support

Table 1 indicates that, while 9 of the 18 clients received the level of support as recommended by the ICAP, the other 9 were under-supported. Most

strikingly, 4 of the clients who, according to the ICAP, should receive close supervision, lived in shelters or semi-independent living situations where supervision is infrequent.

Table 1. Comparison of Level of Support Recommended by the ICAP and Current Level of Support Received (figures on diagonal represent a match, figures below diagonal represent inadequate support)

Current Level of Support	*Level of Support Recommended by ICAP*		
	Close supervision	*Regular supervision*	*Infrequent supervision*
Close supervision (group/parent home)	6	0	0
Regular supervision (Habitat/boarding)	0	1	0
Infrequent supervision (SIL/shelter)	4	5	2

The most striking finding of this preliminary study is that 50% of clients with a dual diagnosis who were referred for a consultation service were under-supported in relation to their needs for supervision and assistance. This is not surprising given the recognition that dually diagnosed clients have been reported to have higher recommended levels of needs compared to general psychiatric population (Lunsky et al., 2003). This finding underscores a tension that exists in the community. Care providers often scramble to access mental health services at least in part because their client is under-supported and therefore his/her vulnerability is heightened. The mental health sector, on the other hand, is acutely aware of the paucity of resources in the community that would ensure a successful discharge from a psychiatric unit and the ensuing risk of prolonging the inpatient stay. This tension is sometimes sustained by defining the client's problem as "behavioural" or "psychiatric," thereby attempting to shift responsibility to the developmental or mental health sector.

A number of important areas of concern have been identified with the use of the ICAP. The presentation in individuals who are dually diagnosed is more complex than in those with developmental disability, particularly since impact of personality/psychiatric factors on performance of a skill is less consistent than when there is a only developmental failure to acquire it. It appears that the General Maladaptive Index may, in some cases,

underestimate the need for support if the very serious behaviour is very circumscribed or infrequent. In addition, the instrument is subject to respondent bias that may result in significant under- or over-rating. Given these concerns, caution is recommended when assessing individuals with a dual diagnosis.

References

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