INTERDISCIPLINARY TEAMS

In the Support of Individuals with Dual Diagnosis

Dec 10, 2009

COMMUNITY NETWORKS OF SPECIALIZED CARE
RÉSEAUX COMMUNAUTAIRES DE SOINS SPÉCIALISÉS
NORTH/NORD

Session Outline

- Interdisciplinary teams model
- Dual diagnosis and the biopsychocial approach
- Interdisciplinary team composition and roles
- Interdisciplinary/biopsychosocial assessments illustration
- Interdisciplinary treatment and supports illustration
- Questions and answers

Biopsychosocial Model

- Behaviour is the result of multiple factors
  - Thoughts
  - Emotions
  - Physical/Medical
  - Environmental

Biopsychosocial Model

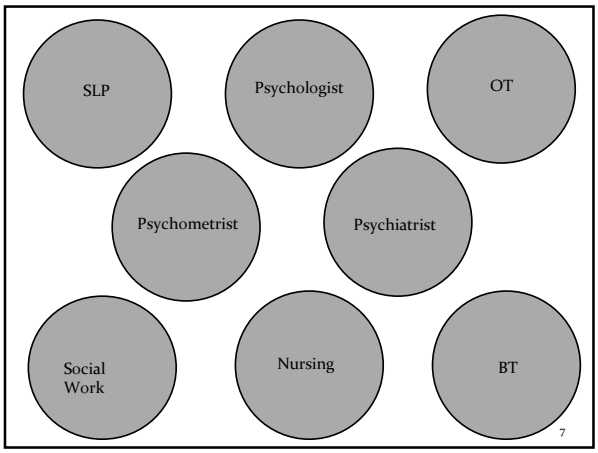
- Challenging behaviours and psychiatric difficulties are influenced by those factors, particularly as they involve:
  - Medical status
  - Learning history
  - Social history and relationships
  - Hereditary factors
  - Level of intellectual ability
  - Communication skills
  - Psychiatric history
  - Degree of engagement in meaningful daily activities

Biopsychosocial Model

- Understanding these phenomena requires a broad perspective
- Each individual profession or discipline may be biased by their own valid, yet possibly limited, point of view
- Since behaviour can have a multitude of causes, multiple disciplines insure that nothing is missed in understanding and supporting people with challenging behaviours and/or mental health difficulties.

Multi-disciplinary Teams

- Variety of professionals involved in providing clinical supports to the individual sequentially
- Communication typically through the medical record or case file – rarely if ever meet
- Roles are usually fairly distinct
- Example – community GP, Behaviour Therapist from clinical team, psychologist from CMHA, SLP and OT from community health clinic.



Interdisciplinary Teams

- Professionals involved in providing clinical supports to individual from within the same organization
- Regularly meet to collaborate, problem solve, set goals, etc…
- Goals are worked on collaboratively
- Role blending – roles may overlap

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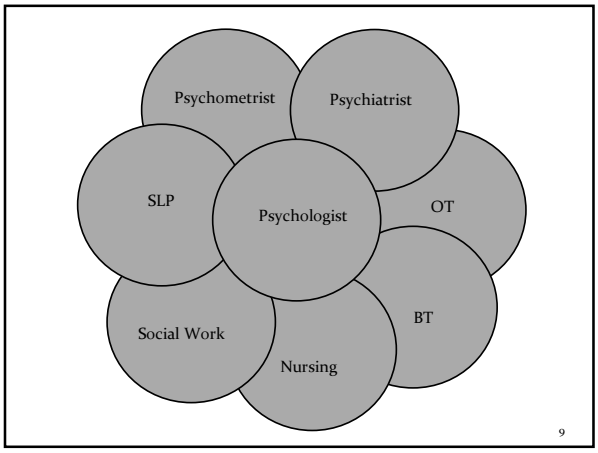

Team Composition

- Psychologist
- Behavioural Consultant/Behaviour Therapist
- Psychometrist
- Psychiatrist
- Speech-Language Pathologist
- Occupational Therapist
- Social Worker
- Nurse
- Other disciplines

Introducing...

Our interdisciplinary team!

Role of Behaviour Therapist

- Functional assessment of the presenting behaviour
- Design of behavioural intervention
- Design of a monitoring system
- Training/education/in service of mediators
- Progress monitoring and progress reporting.
- Alterations to intervention (as required).

Role of Social Worker in Mental Health

- Social workers working in mental health provide direct services to individuals, couples, families, and groups in the form of supportive counseling and psychotherapy, as well as advocacy, coordination of resources, and case management.
- Social workers are also involved in the planning and case coordination of indirect services, such as building collaborations among professionals, caregivers, and families; and building partnerships with community service providers, with the goal of creating supportive environments for clients; advocating adequate service, treatment models, and resources; challenging and changing social policy to address issues of poverty, employment, housing, and social justice

(Canadian Association of Social Workers)

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Role of Psychiatrist

- Primary: determine if psychiatric disorder present & recommend treatment
- Secondary: identify non-psychiatric factors contributing to behavioural challenges
- Follow-up visits to evaluate response to previous recommendations and make further recommendations
- Recommendations usually carried out by the family physician & other professionals as indicated
- Challenging Behaviour ≠ Psychiatric Disorder
- Challenging Behaviour ≠ Need for medication
- Many psychiatrists have limited experience in dual diagnosis

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Role of Registered Nurse/Health Care Consultant

- To provide clients, their family members and support workers with the necessary information and support to ensure quality health care.
- To provide assessments and consultations necessary to evaluate the health needs of clients.
- To design/conduct training for clients and support workers as required.
- To work in collaboration with the multidisciplinary team to ensure best outcome

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Role of Occupational Therapist

- To assess client ability to perform tasks of daily living and recommend appropriate techniques and assistive devices to facilitate independence in the performance of these tasks.
- To assess client mobility and to recommend activities, assistive devices, and exercises.
- To assist the client in obtaining funding assistance for the prescribed and recommended assistive devices and equipment.
- To design and conduct training for the client and clients supports that encourages client independence in performing activities of daily living
- To work in collaboration with the multidisciplinary team to ensure best outcome

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Role of Speech-Language Pathologist (S-LP)

- Communication Assessment – history taking, interview, observation, direct interaction, formal and informal testing
- Swallowing assessment
- Feedback Session – explain test results; recommend ways to facilitate communication
- Most recommendations are functional, focused on activities of person's daily life
- Mainly mediator model of service delivery
- Provide workshops for caregivers

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Role of the Psychometrist

- The Psychometrist uses a variety of standardized tests, measures, questionnaires, screens etc. to quantify and evaluate individual skills, abilities and behaviours.
- The Psychometrist, typically in collaboration with a Psychologist, Psychological Associate or Psychiatrist, may form impressions, conclusion and hypotheses about the skills, abilities and behaviours of an individual. This is in the hope of gaining a better understanding of a person in comparison to the average individual.

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Role of the Psychologist/Psychological Associate

- Regulated health professional (Ontario)
- Evidence based-practice (scientist-practitioner)
- Adopts biopsychosocial approach
- Psychological testing
- Applied behavioural analysis
- Diagnosis of mental health issues
- Ethical framework

Case Example: Miss Abigail Fortuna - Psychosocial

- 21 y/o Metis woman
- SIB for one year
- Bangs head with fist and scratching self
- Recent move from Winnipeg
- Parents killed in MVA
- Now in group home and visits relatives

Case Example: Miss Abigail Fortuna - Psychosocial

- No GP and little known about her history
- Assumed moderate ID
- Requires constant supports
- No past intellectual testing available
- Bilingual – French and English
- Speaks 3-4 words at a time, if at all

Case Example: Miss Abigail Fortuna - Medical

- CP and right sided hemiparesis – in wheelchair
- Seizures – on Phenobarbital
- Overweight but recent significant weight loss
- Sores on face from SIB
- Incontinent

Case Example: Behavioural/Psychiatric

- Challenging behaviours lifelong
- SIB increased since death of parents
- Prescribed antipsychotic medication and minor tranquilizer for behaviour and sleep
- Meds had no effect on behaviour
- Sleeps "all the time"
- SIB rare at relative's home

Assessment Questions and Findings…

From the perspective of each professional on the team

BT Assessment Questions

1. Has there been any medical investigation of potential causes of behaviour?
2. Under what circumstances is the self injury most likely to occur?
3. Is there any relationship between the onset of self injury and the prescribing of Phenobarbitol?
4. Are there other maladaptive behaviours that occur either in the presence or absence of self injury?
5. What are the things Abigail enjoys and what does a typical day look like?

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BT Assessment Answers

1. **Dentist** 2 months ago: noted quite a bit of wear on her back molars. No x-rays completed. Scheduled to see a doctor at the 'orphan clinic' next month.
2. M**otivation assessment** has not been completed, but care providers have kept detailed notes of episodes in the residential log book.
3. Phenobarbital since approx 7 years of age. Her aunt and uncle do not recall episodes of self injury prior to this.
4. Approximately half of the episodes of self injury occur 'out of the blue' or when there is a task demand and her nose is runny or she appears to be not feeling well. The remaining half of the episodes are 'nighttime' episodes, in which she often begins by moaning or crying quietly in bed.
5. Abigail likes soft fruit, cats and pictures of cats, 'tea parties', swimming, aquariums, beer, bluegrass music, bubble baths, sweetgrass, 'spa' treatment (e.g. nails painted, hair done, etc.), flannel and

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				DAILY	ROUTINE		
TIME	MON	TUE	WED	THU	FRI	SAT	SUN
9:00 PM							
TO		SLEEP	AND	OR	ROOM	SLEEP	AND
7:15 AM							
7:30 AM	WAKE	UP	AND	BREAK TIME		OR	ROOM
7:45 AM	MORNING	HYGIENE	AND	MEDS			
8:00 AM	BREAKFAST						
8:15 AM	CLEAN	UP	AND	HYGIENE		HYGIENE	& MEDS
8:30 AM	**BREAK TIME**					BREAKFAST	
8:45 AM	DRESSING					CLEAN UP & HYG	
9:00 AM	**BREAK TIME**					**BREAK TIME**	
9:15 AM						DRESSING	
9:30 AM	FREE	TIME	USUALLY	T.V.		**BREAK TIME**	
9:45 AM						CARTOONS	
10:00 AM							
10:15 AM			SNACK				SNACK
10:30 AM						SENSORY	
10:45 AM							ROOM
11:00 AM	FREE	TIME	USUALLY	MUSIC			
11:15 AM							
11:30 AM							
11:45 AM						**BREAK TIME**	
12:00 PM			HYGIENE			HYGIENE	
12:15 PM			MEDS			MEDS	
12:30 PM			LUNCH			LUNCH	
12:45 PM			**BREAK TIME**			**BREAK TIME**	
1:00 PM							
1:15 PM	TABLE	TOP	ACTIVITIES	PUZZLES	ETC.	TABLE TOP	ACTIVITY
1:30 PM							
1:45 PM							

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2:00 PM						RECESS	&MEDS
2:15 PM	LIFE SKILLS	AND	5 MIN.	BREAK TIMES		LEISURE	
2:30 PM							&
2:45 PM	QUIET TIME		AND	STAFF	CHANGE	SNACK	
3:00 PM							
3:15 PM	PHYSIO						
3:30 PM	HYGIENE	AND	SNACK				
3:45 PM	**BREAK TIME**						
4:00 PM	SENSORY		ROOM				
4:15 PM							
4:30 PM	CHORES	E.G.	LAUNDRY				
4:45 PM	SUPPER	PREP	HYGIENE				
5:00 PM	SUPPER						
5:15 PM							
5:30 PM	CLEAN	UP	AND	HYGIENE		DEALER'S	
5:45 PM							
6:00 PM			OUTINGS			CHOICE	
6:15 PM			AND				
6:30 PM			RECREATION				
6:45 PM							
7:00 PM							
7:15 PM							
7:30 PM	**BREAK TIME**						
7:45 PM	HYGIENE	MEDS	SNACK				
8:00 PM	EVENING HYGIENE		BATH				
8:15 PM							
8:30 PM	P.J.'S						
8:45 PM	**BREAK TIME**	T.V.	TIME				

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Social Work Assessment Qs

- Meeting with the family and the care providers will be integral to completing the Social Work assessment and determining problems to be addressed.
- This is a result of the fact that Abigail has limited speech and although cognitive testing has not determined the degree of intellectual disability, her functional limitations suggest that Abigail will be a poor historian.
- However, this does not negate meeting with Abigail and completing an assessment with her independently to determine what, if any, are her goals.

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Questions Arising from Case History

- Bereavement?
- Possibility of depression?
  - Increased SIB
  - Weight loss 35 lbs
  - History of insomnia; now excessive sleep
- Possible medication S/E? (Seroquel, Ativan, Phenobarb)
- Possible medical / dental problems causing pain?
- Possible sleep apnea contributing to sedation

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Results of Psychiatric Assessment

- Sedative S/E from Seroquel, Ativan and phenobarbital
- Major Depression secondary to bereavement
  - Sad & irritable with +++ loss of interest & pleasure
  - Thoughts of dying
  - ⇩ appetite & weight
  - ⇧ sleep
  - Fatigue / low energy
  - Psychomotor retardation
- Medical issues needing assessment
  - Thorough medical and dental assessment
  - Neurological evaluation - more suitable anticonvulsant
  - Sleep assessment – Sleep apnea?

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Nurse Assessment and Results

1. Immobility/wheelchair dependency

- What length of time does Ms. Fortuna spend in her wheelchair?
  Spends most of day in wheelchair unable to ambulate without assistance
- Is the wheelchair equipped with proper cushioning to protect her sacral and back area?
  When returned to bed after being up in wheelchair for approximately 3 hours, buttocks and sacral area are reddened
- When in bed, can she shift her weight on her own?
  Has difficulty shifting body weight due to cerebral palsy which affects the right side of her body
- Does she have any awareness of the sensation of pressure?
  Shows no awareness of sensation of pressure

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Nurse Assessment and Results

2. Self Injurious Behaviour

- Is the S.I.B. due to any underlying medical conditions?
  Her right leg and arm tend to stiffen and spasm especially when being transferred, may indicate pain.
- Is Ms. Fortuna showing any non-verbal signs of pain?
  Staff have related that she often becomes irritable; shows face grimacing and then will scratch herself.
- Is there any pattern in the time of day that Ms. Fortuna exhibits these S.I.B.?
  Exhibits S.I.B's during personal care and when being transferred either from bed to chair or chair to bed.
- How often are the staff administering Ativan and is it effective?
  Ativan is administered 3x's daily with very little effect.

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Nurse Assessment and Results

3. Seizure Activity

- How often are the seizures and what type of seizures occur, is there a documentation process?
  Staff note seizure activity without specifics of description or duration and recovery.
- How often are anticonvulsant blood levels done, and what was the last result.
  No process is in place, no results are available.
- Are the care providers educated on epilepsy and first aid?
  Staff are first aid trained however do not have education specific to epilepsy.
- Has Ms. Fortuna had any tests i.e. EEG, CAT scan, MRI, to determine the type of seizures she experiences
  No records available of past tests

Nurse Assessment and Results

4. Obesity

- She is 5' 4" and weighs 200 lbs = body mass index (BMI) of 34. 3 and classifies her as obese; what is her normal daily intake of calories and what type of food is being prepared in the home?
  No record nor menu available.
- How did Ms. Fortuna lose 35 pounds in the past year?
  No record, further investigation required, query aspiration.

Nurse Assessment and Results

5. Incontinence of bladder and bowel

- Has Ms. Fortuna always been incontinent
  Again no records available, further investigation required
- Is her incontinency due to her medical condition
  Unknown, however as she does have difficulty transferring onto toilet it may be deemed safer to keep her in a disposable brief.

OT Assessment and Results

1. Activities of daily living

Communication
- uses gesture/body language to communicate likes and dislikes
- uses three to four words at a time, often unresponsive
- refer to Speech-Language Pathologist re: augmentative communication potential

Dressing
- mostly staff assisted
- extends arms/legs, can pull one side of top or bottom with left hand
- laundry done by staff

OT Assessment and Results

1. Activities of daily living, cont'd

Eating
- holds a utensil/cup with her left hand
- good hand-mouth pattern of movement
- difficulty scooping food from the plate/bowl and drinking from a cup/glass, staff feed her to prevent spillage
- coughs during meals requiring staff to stop feeding, query aspiration

OT Assessment and Results

1. **Activities of daily living, cont'd**

Leisure Activities / Outings

- limited opportunity due to self injurious behaviour, constant muscle spasm
- requires staff assistance to participate

Toileting
- unsteady on left foot when transferring to toilet
- bladder and bowel incontinence, uses disposable briefs

OT Assessment and Results

2. **Physical status**

Postural deformities

- tight heel cord of right lower extremity – unstable on both feet, difficulty walking, affects seating posture, needs wheelchair as mobility equipment
- scoliosis – affects seating posture, decreases sitting and standing balance/tolerance, causes back pain
- anterior tilt of pelvis – increased lordosis causes back pain
- possible subluxation of right hip – causes pain, requires x-ray to confirm

OT Assessment and Results

2. **Physical status, cont'd**

Range of motion

- right extremities active and passive range of motion is limited due to contractures and spasticity
- left upper and lower extremities have 2/3 of the normal range of motion
- able to use left upper extremity to perform some activities of daily living with assistance

OT Assessment and Results

3. **Assistive devices**

Mobility device

- further assessment required for appropriate mobility devices to be used inside and outside of house
- the house is a wheelchair accessible core floor

Wheelchair transfer

- able to weight bear on left foot, can be unstable
- requires assistance to transfer in and out of wheelchair

S-LP Assessment Questions

- Communication breakdowns?
- How does she express wants and needs?
- Results of most recent hearing test?
- Understanding of spoken language?
- Articulation difficulties?
- ESL issues?
- Literacy skills?
- Use of concrete and/or abstract symbols?
- Swallowing difficulties?

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S-LP Assessment Results

- Receptive language abilities in the mild range
- Understands more than she can express
- Speaks in 3-4 word simple sentences
- Speech is slurred and often unintelligible
- Use of gestures, pointing, body language, intonation to augment verbal expression
- Normal hearing in both ears (audiologist)

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S-LP Assessment Results

- English and French testing yielded similar results
- Able to read at Grade 4 level
- No functional writing skills
- Spontaneous use of Picture Communication Symbols (PCS) expressively at the 2-word level
- Good categorization skills
- OT addressed feeding and swallowing difficulties

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Psychometric assessment considerations and questions

- Asked about medical/psychiatric investigation before completing a full assessment of intellectual and adaptive functioning. What is her readiness to be able to complete an assessment.
- Seek to obtain more information about Abigail's early education (French or English). Discuss with Substitute Decision Maker to further investigation.
- If her education was mainly in French, a French assessment would be recommended.
- If her communication has always been limited to a few words, a Non-verbal assessment of IQ would likely be considered (i.e., Wechsler Non Verbal).

Psychometrist Answers

- Abigail is currently under the care of Dr. Wilson, Psychiatrist, and treatment for depression has been initiated.
- Abigail's aunt and uncle reported that she attendant an English school. School records confirmed that Abigail was identified early as a student with significant learning and academic difficulties. She was streamed towards more life skills classes.
- French was spoken at home but was intermixed with English.
- A previous psychometric assessment completed as part of transitional planning revealed that Abigail had a formal diagnosis of Intellectual Disability within the Mild range.
- The past assessment results pointed to a Full Scale I.Q. of 63, a verbal I.Q. of 55 and a performance I.Q. of 60.
- The previous assessment also indicated that Abigail was able to express herself in basic full sentences.

Psychometrist – Current Assessment Findings

- The current assessment proceeded using the Wechsler Adult Intelligence Scale Fourth Edition-Canada.
- The assessment profile was relatively flat. There were no significant differences between Verbal Comprehension, Perceptual Reasoning, Working memory and Processing speed Indices.
- Abigail's attention, participation and concentration during the assessment met minimal requirements.
- Abigail's current profile, points to a 10 I.Q. point slide from her previous assessment.
- Abigail's current assessment results and apparent regression may be linked to her mood disorder.

Synthesis of Assessment Results

- Acute versus chronic issues
- Grief probably an important factor
- Depression likely
- Confounding effects of medication and/or side effects?
- Medical difficulties (e.g. discomfort due to effects of immobility) further impacting on mood difficulties
- Probably higher abilities than she is demonstrating
- Where to start?

Treatment/Support Ideas

Featuring the members of our team!

BT Intervention

- Revamp daily schedule to reflect 'meaningful' day
- IF –THEN chart to promote consistency of response across care providers and environments
- Protocols for non-contingent skill acquisition sessions in relaxation and stress/anger/pain management
- Protocols for in vivo application of relaxation stress/anger/pain management skills
- Crisis prevention/intervention plan

Social Work Treatment Plan

- Loss is a central factor contributing to Abigail's presenting problems. Supportive grief counseling is recommended as a first-line intervention.
- Depression is associated with seizure disorders and CP, this provides further evidence for the use of talk therapy or other psychotherapeutic approaches e.g., use of art in therapy.
- Family therapy with Abigail's Aunt and Uncle may help to create a stronger sense of family and belonging for Abigail, therefore a recommendation for family therapy is also warranted.
- Education is recommended for the service providers directed at supporting clients who are grieving and working with someone with depression.

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Psychiatric Intervention

- Seroquel & Ativan tapered & discontinued
  - less sedated, some ⇧ in speech
  - still sleeping 12 hours, energy & motivation still ⇩
  - Modest increase in SIB!!
- 10 mg escitalopram daily; after 6 weeks:
  - SIB substantially ⇩ but not gone
  - ⇧ motivation for tasks & enjoyable activities ⇧ smiling
  - Sleeps 8-9 hours
  - Talking more, but sad when speaks of parents
- Serum phenobarbital therapeutic; referral for alternate anticonvulsant under way

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Nursing Interventions

Dental and Medical

- ensure seen by dentist and physician as soon as possible to rule out underlying medical/dental concerns
- advocate for medication review, initial and routine lab work and further tests as deemed appropriate by physician
- obtain prn order for pain management and to reduce muscle spasm
- explore possibility of referrals to dietician for meal planning and weight loss plan, possible aspiration, and for massage therapist for muscle relaxation

Seizures

- Provide epilepsy training to staff
- Ensure accurate documentation of seizures using a seizure record sheet to record time, length, description, and recovery from seizure

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Nursing Interventions

2. Prevention of skin breakdown

- monitor sores on face for healing and/or infection
- keep skin clean and dry particularly over boney prominences, check twice daily and as needed due to incontinence and sweating
- provide staff training regarding the causes of skin breakdown, what to look for, proper positioning while in bed, importance of mobility, turning and ambulation
- restrict time in one position to two hours
- consider daily staff assisted ambulation program
- initiate and evaluate toileting program to decrease incontinence
- ensure adequate hydration and nutrition as directed by dietician

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OT Interventions

1. **Postural deformities, limited range of motion & increased muscle tone (spasticity)**

- active and passive range of motion exercises for upper and lower extremities
- weight bearing activities – walking program and standing activities and exercises
- staff assisted stretching exercises for hamstrings, 10 to 15 minutes daily
- splinting for right hand and right foot
- special footwear (high top runners) with good lateral and medial support

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OT Interventions

2. **Mobility Devices**

- assessed for 4-wheeled walker and then 2-wheeled walker with skis; unable to use safely due to fall potential
- assessed for manual light weight wheelchair by registered OT who is also an Assistive Devices Program (ADP) authorizer, able to propel her wheelchair using left hand and left foot and able to transfer by herself with supervision
- prescribed light weight manual wheelchair with curved back/lumbar support, pressure relief cushion with extra incontinent seat cover, low seat to floor height, and anti tippers

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OT Interventions

3. **Transfer safely in and out of the wheelchair/on and off toilet**
- assess for use of grab bars, super pole, versa frame and bath chair in the shower or in the tub
- install grab bar by the toilet to use with staff supervision

4. **Feeding**
- use left-hand-bent-spoon/fork with large handle, plate with food guard, and cup with cut out
- develop feeding guidelines for staff to follow specifying food texture, positioning, speed, and what to do when she coughs

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S-LP Interventions

- Train to use '<u>Talking Mats</u>' for grief counseling
- Provide strategies for facilitating communication
- Create picture communication book
  - English <u>and</u> French words under pictures
- Collaborate with OT to address 'access' issues
- Train to use picture communication book
- Help Abigail expand from 2-word to 3-4 word utterances with picture communication board

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Where to Begin?

How did Abigail Do?

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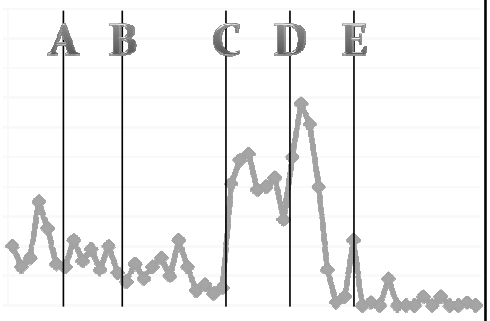

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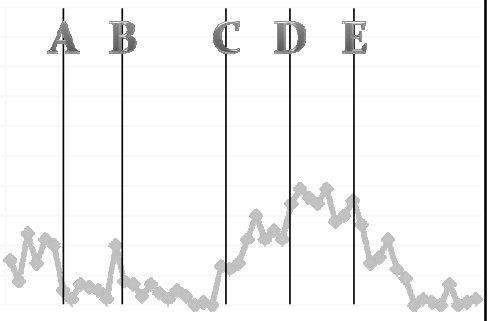

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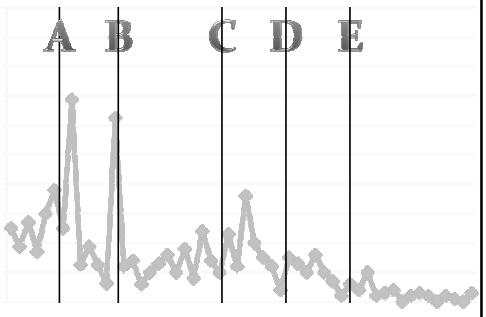

In Closing...

- Interdisciplinary teams involve different professionals working collaboratively together
- Complex problems re: dual diagnosis and challenging behaviours are best suited to this approach
- Interdisciplinary teams uniquely reflect the biopsychosocial conceptualization of dual diagnosis and challenging behaviours

Questions and Answers