

A Multidisciplinary Clinic for Training Future Leaders in Complex Behavior Management Within the Context of IDD

Stephanie Fox, PhD, Jean Mankowski, PhD, and Robert Christian, MD
Carolina Institute for Developmental Disabilities

Background

Intellectual and developmental disabilities (IDD) are a diverse group of disorders characterized by onset in the developmental period and impairment across a range of functional areas, including adaptive, social, communication, learning, and/or motor skills.¹

Approximately 1 in 6 (15%) children ages 3 to 17 years have one or more developmental disabilities.¹

Diagnoses of IDD are associated with increased risk for challenging behaviors, which may be exacerbated by communication impairment, co-occurring mental health difficulties, and associated medical complications (e.g., constipation, sleep disturbance, reflux)^{2, 3}

Severe challenging behaviors increase the likelihood that an individual with IDD will be placed in an out-of-home care setting, which represents a costly and restrictive method of intervention⁴

Clinic Team Members

The multidisciplinary team consists of professionals from psychology, psychiatry/pediatrics, and social work.

Trainees in the areas of psychology, nursing, and social work have the opportunity to learn from professionals and provide direct patient care.

Clinic Description

Purpose & Goals

The Behavior Medicine Clinic provides outpatient behavior and medication consultation to individuals with I/DD and severe challenging behaviors *across the lifespan*. The BMC team engages in *continuous interdisciplinary discussion* to ensure *continuity of care* for each patient. Team members strive to provide care that enables individuals to *remain in their communities* and prevent the need for residential placement or inpatient treatment.



Theory & Clinic Framework

Behavioral Component

Grounded in a family-centered Positive Behavior Intervention and Support (PBIS) theoretical framework.⁵ The PBIS method promotes a preventative, rather than response-based approach, to managing challenging behaviors through the teaching and reinforcing of appropriate replacement behaviors. Strategies for behavior management are also derived from empirically-validated treatments, such as cognitive behavior approaches, applied behavior analysis, Social Thinking[®] curricula, and visual structures.⁶

Psychiatric/Medical Component

Emphasizes a conservative and evidence-based approach to psychopharmacologic intervention, looking to minimize psychiatric polypharmacy and establish least effective medication dose wherever possible.

Presenting Problems

Behaviors that are frequently addressed through BMC include: Self-injury, aggression toward others, pica, property destruction, severe anxiety, interfering self-stimulatory or repetitive behaviors, toileting difficulties, sleep disturbance, and inappropriate interest areas.

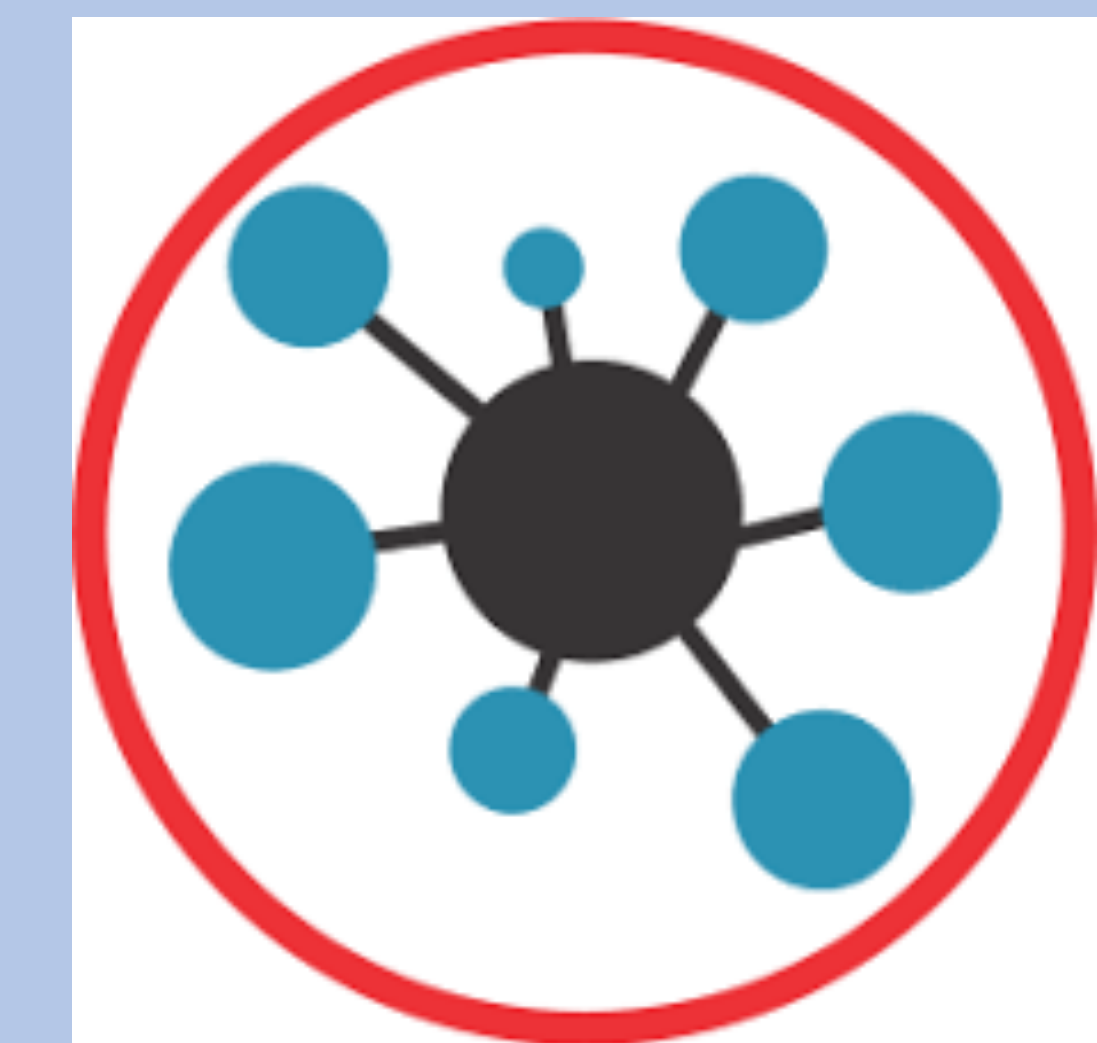
Continuity of Care

Patients are seen for an initial intake appointment (~3.5 hours) during which records are reviewed, history is gathered, primary behavioral concerns are discussed in detail, and a behavior/medication plan is generated.

Patients attend follow-up appointments (1 hour) approximately every 3 months, during which progress since implementation of recommendations is discussed and treatment plans are modified *in vivo*.

Conclusions

The Behavior Medicine Clinic strives to achieve inclusive communities through a multi-pronged approach:



- Parents and patients are provided with behavior recommendations and medication management that assist with improvements in behavioral outcomes to more easily engage in school, vocational, and community settings.
- BMC clinicians help families navigate systems that serve individuals with IDD, while investigating supports for children and families within their local communities
- BMC clinicians are dedicated to training individuals who are interested in pursuing careers as future leaders in the field of I/DD.

Acknowledgements & References

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