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Specialized Inpatient Psychiatry For Serious Behavioural Disturbance In Autism and Intellectual Disability

What is this research about?

Many children with autism spectrum disorder (ASD) are hospitalized for psychiatric problems at some point in their lives. In the United States, 11% of children with ASD are hospitalized prior to age 21. There are two types of hospital psychiatry units: general (serves all people) or specialized (serves exclusively children with ASD or intellectual disabilities). Over the last decade the number of specialized child psychiatry units has doubled. As such, it is important to understand how effective they are. The authors examined whether children served in a specialized psychiatry unit that focused on patients with ASD and/or intellectual disabilities have improved challenging behaviours (aggression, self-injury, emotional dysregulation) and mental health status according to their caregivers and doctors. In this article, the authors explore the amount of co-occurring psychiatric disorders, and how caregiver attendance affects a behaviour management training program designed to improve behavioural outcomes.

What did the researchers do?

The researchers recruited participants who were admitted to a specialized inpatient psychiatry unit that took patients with ASD or ID. Patients who had previously visited the unit were excluded as the authors were examining the effect of a first-time admission on a new patient. The average age of participants was 13 years old. Half the

What you need to know:

It is common for youth with ASD to be hospitalized in a psychiatric unit at some point or another before they turn 21. The authors discovered that acute psychiatric hospitalization with specialized care for ASD decreased the amount of behavioural disturbances that the children exhibited.

sample was diagnosed with ASD, and half were not. The treatment program used a combination of medical and behavioural treatments, including the development of a behavioural plan based on principles of applied behavioural analysis. The treatment was similar to other inpatient units, with the mean length of stay being 45 days and with a multi-disciplinary team of 5 disciplines (child psychiatry, behavioural psychology, speech-language pathology, occupational therapy, and social work). The authors measured the children's behaviour before, after, and 2 months post-treatment.

What did the researchers find?

The caregivers reported that the amount of behavioural disturbances decreased from admission to discharge, with these behaviours remaining low two months after discharge. These results held for both children with and without ASD, with no difference between the two groups. Doctors also said that the majority of the participants improved at discharge. Interestingly, most participants were

diagnosed with at least one other disorder with the most common being an anxiety disorder. Increased caregiver attendance in the training program did not improve behaviours at the 2 month follow up.

How can you use this research?

This preliminary finding of the effectiveness of specialized inpatient psychiatric programs should be followed up with future research compared to a control group or to generalized psychiatric units. Determining the effectiveness of intervention programs is important, given that children with ASD use these services so frequently.

About the Researchers

Siegel, Milligan, Chemelski, Payne, Ellsworth, Harmon, and Teer are part of the Developmental Disorders Program at Spring Harbor Hospital.

Siegel and Smith are also involved with the Maine Medical Research Institute.

Citation

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This research summary was written by Jordan Cleland for the Chair in Autism Spectrum Disorders Treatment and Care Research. This research summary, along with other summaries, can be found on our [blog](#) and at asdmentalhealth.ca/research-summaries

About the Chair

The Chair in Autism Spectrum Disorders Treatment and Care Research is dedicated to studying ways to improve the mental health and well-being of people with Autism Spectrum Disorders (ASD) and their families in Canada.

The Chair is funded by the Canadian Institutes of Health Research in partnership with Autism Speaks Canada, the Canadian Autism Spectrum Disorders Alliance, Health Canada, NeuroDevNet and the Sinneave Family Foundation. Additional funds from the Spectrum of Hope Autism Foundation and support from York University.

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