



UPSTATE
FOUNDATION

CAMPAIGN FOR CHILD & ADOLESCENT Mental Health



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Dual Diagnosis Unit Upstate Golisano Center for Special Needs

A 12-bed, six-week specialized inpatient unit to stabilize children and adolescents (aged 5-18 years old) with both mental illness and intellectual disabilities is being established within the Upstate Golisano Center for Special Needs. This dual diagnosis unit will help increase access and care for one of the most underserved special needs populations nationwide. In the United States, there are only 11 units specifically designed to address the clinical needs of children with dual diagnoses and who also exhibit destructive behavior; there are no programs in New York. Consequently, prolonged admissions for these children in a hospital setting are a major problem for the patients, their families and health care facilities.



MODEL OF SERVICE DELIVERY

The unit will operate a bio-behavioral model using multidisciplinary assessments, functional analysis (the recommended best practice for addressing destructive behavior in this population), and individualized treatment of target behavior and relevant psychiatric/educational needs that may include psychopharmacology, an individualized positive behavioral support plan as well as other specific interventions. It should be noted that the Golisano Center for Special Needs

provides outpatient services according to this same model. The inpatient program targets more severely involved children.

Families and anticipated post-discharge providers are engaged in the treatment process from the beginning. Utilization of video-conference and other supports to increase family participation results in greater family engagement and lower out-of-home placements and readmission rates.

CLINICAL TEAM

The clinical team is composed of child psychiatrists, behavioral psychologists, board-certified behavior analysts, a speech language pathologist, an occupational therapist, social workers, a nurse manager and nurses, and a special educator. Neurology, physical therapy, nutrition and primary care are associated services that can be provided on a consult or contract basis. The partnership of the child psychiatrist and behaviorist in leading this bio-behavioral model is critical.

CRITICAL SHORT TERM NEEDS

- Large group activity spaces and an outdoor play area are desirable
- Sensory room with suspended equipment is necessary to provide occupational therapy interventions and a low stimulation environment when needed.

The unit is composed of single bedrooms. A sparse unit environment, with a closed-in nursing/charting station increases the ability to withdraw attention from attention-seeking behaviors, reduces the need to physically intervene with patients and reduces the risk of injury.

Provision of six observation rooms with two-way mirrors and wireless communication systems is ideal for working with families on behavioral management. These rooms will double as individual therapy rooms when needed.