

Important information about PICA:

Best Practice Supports for Individuals Exhibiting Pica

It is not uncommon for individuals with developmental disabilities to have an eating disorder known as “pica.” Individuals with pica persistently try to eat substances which are not food. A wide variety of substances may be eaten by individuals with pica, such as cigarette butts, sharp objects (e.g., pins, staples, pencils), and rubber gloves. Eating certain types of objects can be very dangerous and even life-threatening. Some items that are eaten may be toxic, while others can perforate (cut) or block the person’s digestive tract.

Obviously, the provision of appropriate supports to individuals with pica is critical to maintaining their health and safety. The challenge of providing appropriate support and protection to individuals with pica can be complicated by unpredictability in the frequency of the behavior’s occurrence or the types of items that are eaten. The frequency of engaging in pica may decrease or stop for some people for lengthy periods of time, and then re-emerge without apparent warning or obvious triggers. The type of substance or object which the person typically tries to eat may also change. In addition, if they cannot eat a preferred item, some individuals may unexpectedly try to eat other items that are available.

Developing strategies to effectively assess, intervene and monitor the individual’s needs related to pica behaviors is essential to their well-being. It is critical that strategies be developed to address the individual’s underlying behaviors (if possible) AND to keep the individual from eating dangerous substances if necessary. Caregivers must be watchful at all times, in order to minimize or eliminate opportunities for the individual to eat dangerous substances.

Clinical Strategies

Safety plans which are developed for an individual with pica must address the pica behavior. Safety plans related to pica could be a component of the individual’s plan for protective oversight, individualized service plan, or other plan that is used to identify needed safeguards for those who are required to have such plans. The assessment of pica risk conditions and appropriate interventions for an individual is based on evaluating the person’s history, including the types of substances/objects that the person seeks to ingest, the function that the ingestion may serve for the person, and the level of intensity that the person demonstrates in seeking to ingest inedible items. The first step in intervention is development of a behavior support plan (BSP) that defines the presentation of the behavior specific to the person, and the associated risk conditions. The plan must identify appropriate preventive and responsive interventions to reduce the risk to the person.

- Proactive strategies should be defined to help prevent the person from demonstrating the pica behaviors. The proactive strategies will vary, depending on the function of the behavior. For example, if the function of the pica behavior is determined to be attention-seeking, then the strategy may be to provide positive attention for appropriate behavior and minimize the type of attention provided for the pica attempts or ingestions (without compromising safety). For individuals who demonstrate a strong drive for ingestion that appears internalized, and who lack the cognitive capacity to process the risk conditions and potential for harm, the most appropriate

approach is often the provision of direct supervision and the maintenance of a safe living environment free from ingestible items or access to potentially harmful substances.

- The development of an effective plan should include participation from the person, if that is possible, and should include input from the people who know the individual best and who are most able to identify and describe the potential precursors and effective safety strategies in plan development.
- A safe environment requires careful assessment and the implementation of various controls to ensure that the environment is free from pica hazards. The following are examples of proactive measures that could be considered, depending on the specific needs of individuals who have a history of pica:
 - Furniture and furnishings used in the environment should be made from durable materials that cannot be easily torn or disassembled, in order to prevent a person's access to small objects (screws or bolts) or strings of material;
 - Electronic items (cell phones, MP3 players) should be banned from the setting;
 - Access to garbage and trash cans and medical supplies (latex gloves, medication cups, thermometers) should be restricted;
 - Special clothing and/or furniture/mattress covers should be made of rip-proof material, (often called ballistic material);
 - Decorations that cannot be ingested should be the only decorations in the environment;
 - Electrical outlets should be safeguarded;
 - Covers or protective shields of Plexiglas should be used with items such as televisions, smoke detectors, clocks, radios, and computers;
 - Outside environments should be free of pica hazards; for example, ensuring that cigarette butts are properly discarded and dryer lint that can accumulate in common outside areas is properly disposed of;
 - Vehicles (e.g., vans and buses) used for transport to appointments or community integration opportunities should be free of pica hazards;
 - Regular, scheduled scanning of common and private living areas, day program sites, outside environments, and vehicles should be conducted to identify and remove any items that could pose a risk; and
 - Clear verbal and/or visual direction should be provided to people living in, visiting, or working in the environment, to ensure that the expected standards are maintained.

- A clear, fact-based determination of the required level of supervision must be made and implemented effectively. Supervision needs may vary depending upon the environment of an individual who engages in pica. If a heightened level of supervision is required, then the expectations for the implementation of the supervision must be clearly defined and the staff responsible for the supervision must be trained in the individual's plan of care and supervision expectations, including environmental scanning. Additionally, the required level of supervision must be able to be implemented successfully. For example, do not assign a staff member the responsibility of maintaining 1:1 supervision for the individual with pica and then give them an additional responsibility to pass medications, or to supervise or visually track another person. Such unrealistic expectations will result in the failure to supervise effectively.
- In some of the most extreme circumstances, the use of adaptive/protective equipment or apparel may be needed for periods of time when the clinical risk factors are highest. Any use of devices or interventions that are restrictive must have the appropriate consents, orders, protocols, and protections in place for their use.

Environmental Strategies

As identified above, ensuring a safe environment that is free from pica ingestion hazards is a critical part of the safety plan for appropriate support of individuals with pica. The environmental expectations must be very clearly established and must be identified to all those responsible for maintaining the environment. A monitoring system to ensure that the environment is maintained as required for safety is critical to the success of the safety plan. Often the best strategy calls for environmental "sweeps" at set intervals throughout the day. This can be done on a shift-by-shift basis, or before and after an individual with pica enters the environment. The monitoring strategy should be clearly defined and should correspond to the individual's needs. Some best practice considerations for sweeps include:

- Documenting the results of the sweep (in all settings including residential and day program areas, grounds, vehicles), making note of any inappropriate item(s) found so that review of how the item(s) ended up in the environment can be completed;
- Establishing a protocol for how the sweeps are to be conducted to ensure consistent implementation of the practice;
- Having objective parties, such as administrators, quality assurance staff, or security officers (if appropriate and available) complete the sweeps at designated intervals. Often staff who look at the environment every day become accustomed to the familiar setting; a fresh set of eyes lends a new perspective; and
- Taking action as needed to address any breaches in the maintenance of a safe environment, including training or filing a neglect allegation in instances of egregious failure to maintain a safe environment for an individual in accordance with their plan of care.

Training:

Individual-focused

All of the environmental protections and clinical interventions that are identified require comprehensive training to be implemented effectively. Training needs to focus on the reason for the level of vigilance described in safety plans, and the high risk of negative outcomes for individuals who engage in pica behaviors. Clear direction must be given in the training, and there must be a focus on accountability for the implementation of the plan and the environmental control strategies as critical to the health and welfare of the individual. Training is best completed in a direct manner from a person who is knowledgeable about the plan and who can answer critical questions and provide any needed clarification to staff.

Public Awareness-focused

Maintaining a safe environment and ensuring that protections are in place requires that people think carefully about what they bring in to the environment. To that end, all people who regularly visit a protected environment should be educated about risk factors. Utilizing a training tool such as a video, as well as clearly-visible, prominently-placed flyers, provides a consistent message related to the importance of a safe, hazard-free environment, and can be instrumental in the success of the plan.

Monitoring of compliance:

In order to ensure that the strategies implemented are effective, a monitoring system should be put in place that involves close monitoring of the implementation of the plan. The purpose of a monitoring system is to identify areas of risk or vulnerability so that solutions can be identified and implemented to reduce risk to the individual with pica behaviors. If an individual either attempts or succeeds in ingesting an object/substance, the circumstances should be reviewed to learn how the situation occurred and appropriate steps (including possible plan review) should be taken to prevent a recurrence. On a regular basis, the plan should be reviewed carefully to ensure that all aspects are being implemented correctly, that staff are appropriately trained in the plan, and that the plan contains effective strategies to address the person's behavioral presentation. Nursing and other care plans must identify pica risk factors and health symptoms that should be monitored. Monitoring can occur at a clinical team level, during development/review of the safety plan, or through review by a centralized committee. Any changes that result from the monitoring review must be implemented through plan revisions and related training. When breaches in protocols are identified; direct supervision, guidance, re-training or other corrective/disciplinary measures should be instituted.

Ingestion occurrence:

If an agency suspects that an individual may have ingested an inedible object ("ingestion occurrence"), the agency is required to seek appropriate and timely medical evaluation. An evaluation of whether the situation is an ingestion occurrence or possible ingestion occurrence is based on factors such as an observation of the ingestion, a missing item that is unexplained, or physical symptoms displayed by the individual.

Physical symptoms which suggest an ingestion occurrence include coughing/gagging, nausea, vomiting, diarrhea, respiratory distress (trouble breathing), apparent general discomfort, abdominal distention or pain (e.g., bloated stomach or stomachache), changes in patterns of bowel movements, and self reports of ingestion. Physician consultation and assessment is imperative to ensure that appropriate assessment and clinical direction takes place. Assessment and monitoring approaches could include:

- Diagnostic x-rays or other imaging techniques to identify the presence or absence of an object. This assessment could be in response to a likely event or completed at regular intervals to monitor a person who has a high risk pica history;
- Monitoring of bowel movements in response to an event to determine if an item has passed or routine monitoring of bowel movements to determine if an item has been ingested;
- Surgical intervention could be necessary to address an obstruction; and
- Routine or as needed diagnostic lab work to look for indicators that could be consistent with negative pica health outcomes.

All required responsive actions for monitoring must be clearly communicated to responsible support and clinical staff. Clear documentation of the monitoring and assessment actions must be maintained. Consistent direction and communication, through documentation, ensures that the response to these high risk events is fact based and effective.

The strategies identified in this alert should become an integral part of the protective and supportive planning processes in place for individuals who have pica behaviors. Ensuring safety is a critical component of the planning process, and utilization of these strategies will mitigate potential risks associated with pica behaviors.



**Office for People With
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