"Questions to ask when pica is suspected or present"

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Purpose: After an individual is identified as having, or possibly having, pica the questions starting on the next page are intended to help **START** the assessment & safeguarding of the individual. As with any clinical or general health, problem a **professional with the right expertise should be part of the Team (may be consultant or full Team member)**.

Note: It is assumed that some historical and all current demographic and programmatic information is known about the person, e.g., age, gender, height & weight, where s/he lives and goes to day program and the general nature of his/her supports. It is also assumed that new diagnoses and new and long term treatments the person is receiving are known, e.g, person:

- Diagnosed with dementia six months ago; OR,
- Had a G-tube inserted three months ago and is on "NPO" orders; OR,
- Started an 1800 calorie a day diet two weeks ago.

Definition:

How to recognize and diagnosis pica is discussed in the 2007 text "Diagnostic Manual – Intellectual Disability" (pages 148 – 151). The DM-ID diagnostic criterion has four parts:

1. Persistent eating of nonnutritive substances (paper, dirt, or button) for a period of at least a month and that behavior is not associated with a lack of resources as might occur during war.
2. The eating of nonnutritive substances is inappropriate to the developmental level, i.e., pica is generally diagnosed only if the person has engaged in the behavior beyond when it is developmentally expected. If person's developmental level is less than18 to 24 months consider if a diagnosis of pica should be made (though of course behavior of ingesting non-nutritive substances needs to be addressed).
3. The behavior (pica) is not part of a culturally sanctioned practice.
4. If pica occurs exclusively during course of another mental disorder (e.g. Intellectual Disability or Pervasive Dev Dis) it is sufficiently severe to warrant clinical attention.

THREE PRACTICAL MATTERS RELATED TO PICA:

1. SOMETIMES, it is not clear if the person has **pica** e.g. s/he's swallowed inedibles 4x in 22 years or 2x in one past year but never before; or, has made multiple attempts with no instances of swallowing inedibles **BUT** it's clear relevant supports are needed. **Pica** is not the same as mouthing an object or eating edible food (vs. rotted or soiled food) from the floor or trash bin.

2. **OCCASIONALLY,** pica "appears" when there's been a change in person's life e.g.:
(a) When a person's supports change after his problem behaviors subside and 1:1 staffing ends and person suddenly unsupervised 1/2 the time; OR (b) When repeated instances of pneumonia traced to swallowing difficulties results in "G-tube" and "NPO" orders (person no longer allowed to eat); OR (c) When dementia develops & person no longer can discriminate food vs. non-food.

3. **SOMETIMES**, in the absence of problems, people have a tendency to become less **VIGILANT**, thus success in controlling pica via supervision may result in less careful supervision and pica may resurface.

I. QUESTIONS ABOUT THE PERSON & THEIR ENVIRONMENTS.

1. Describe the individual's ability:

- **i) To get around in the environments in which s/he lives.**

a. Highly mobile;
b. Somewhat mobile; or,
c. Not mobile - dependent on others to get around.

Brief description: _____

- **ii) To plan and execute a plan to get inedibles & ingest them.**

a. Highly able, can plan secretly and execute the plan before staff know what is going on;
b. Somewhat able, but only occasionally able to successfully plan and execute plan,
c. Not capable of planning or executing plan.

Brief description: _____

2. Is person able to communicate their interests (e.g. want music on) or issues (e.g. pain from earache) or needs (e.g. hungry) to family, friends & support staff?

a. Yes.
b. No
c. Unknown.

Brief description: _____

3. Does the person have one or more conditions that might result in a higher likelihood of pica, e.g. dementia, severe ID, "g-tube", new low calorie diet, Sickle Cell Disease, or Prader-Willi syndrome?

a. Yes.
b. No
c. Unknown.

Brief description: _____

4. Tour the person's environments, don't be afraid to look e.g. under beds & on closet shelves. Find out where latex gloves are stored & how problematic items are disposed of. Describe the presence of inedible substances the person could swallow in the different environments (e.g. home vs. work vs. *transportation*.)

a. Person's environments have zero substances or items that the individual could swallow.
b. Person's environments have a few substances or items that the individual could swallow.
c. Environments have an abundance of substances or items the individual could swallow.

Brief description: _____

II. QUESTIONS ABOUT THE PERSON'S PICA HISTORY.

5. Does the person have an established history of pica or is it a new problem?

a. The person's history is known and pica is reported to be a new behavior.
b. Person's history is known and pica is reported to have occurred on multiple occasions.
c. Person's history is known and pica is reported to occur erratically.
d. The person's history of pica is unknown (in this case, note **why** there is a concern of pica, e.g. person's clothing missing buttons or person mouths and may swallow paper clips.)

Brief description: _____

6. PART i - (*On this item circle* ***all*** *that apply***) If the person is reported to have engaged in pica on multiple occasions were the substances ingested?**

a. The same every time (e.g. cigarette butt)?
b. Varied (e.g., hair, rock, coin, oak leaf)?
c. Readily available to the person or NOT (e.g. button from shirt VS. cigarette butt)?
d. Unknown.

Brief description: _____

6. PART ii - If the person is reported to have engaged in pica on multiple occasions what is known about the setting the person was in & IF STAFF WERE PRESENT?

a. There is **NO** information on the setting where s/he engaged in pica.
b. There is information on the location (describe below).
c. There is information on other factors including if **others present or not**.
d. There is information on the location and other factors related to the setting.

Brief description: _____

6. PART iii - If the person is reported to have engaged in pica on multiple occasions has the behavior been analyzed?

e. Yes, the function and "chain" of behavior are understood.
f. No, but there is work being done on identifying the function and chain of behavior.
g. No, this work has not yet been done.
h. Unknown.

Brief description: _____

7. Do all of the individual's support staff and relevant others (e.g., family, respite providers, van drivers and others in the individual's life) know about the incident or history of pica?

a. Yes.
b. No
c. Unknown.

Brief description: _____

III. ABOUT THE PERSON'S SUPERVISION AND SUPPORTS.

8. PART i - If person has a diagnosis of pica is it prominently noted in their record AND in key healthcare documents that would accompany him/her to any doctor's appointment or visit to the Emergency Room or, if person is hospitalized their hospital room?

a. Yes.
b. No.
c. Unknown.
d. Person does not have a diagnosis of pica.

Brief description: _____

8. PART ii - If person does NOT have a diagnosis of pica but has engaged in swallowing inedibles, do key healthcare documents reflect that?

a. Yes.
b. No.
c. Unknown.
d. Person has a diagnosis of pica.

Brief description: _____

9. Describe the person's level of supervision (NOTES:

- **Supervision may vary by environment, e.g. home vs. work vs. transportation AND person may visit with parents overnight and ride in several vehicles; ALL places the person spends time need to be accounted for**):
- **Supervision may vary over time. In the absence of problems, people have a tendency to become less VIGILANT, thus success may result in less supervision**.

a. Person receives visual monitoring during all waking hours and supervision as needed.
b. Person receives more visual monitoring and supervision than peers but there are times when the person is alone in part of home or day program (e.g. bathroom - bedroom).
c. Person receives little or no visual monitoring and/or supervision.
d. Team discusses the potential problem of: Supervision & No Pica ➔ < Vigilance ➔Pica

Brief description home: _____

Brief description work/day program _____

Brief description transport: _____

Briefly, how is **VIGILANCE** in face of success addressed? _____

10. Below is a list of supports that is relevant if the person has pica or has behavior that results in the need for similar supports. Look the list over and identify the supports the person currently has in place. Consider if there appears to be supports needed that are not in place**.**

1) Assessment by medical professional (specify, PCP vs. specialist).

2) Emergency plan (e.g. what to do if person swallows bottle cap).

3) Assessment and behavior support plan by a **Qualified Clinician**[1].

4) Nutritional supplements if prescribed by MD.

5) Psychiatric supports if prescribed by MD.

6) Special equipment (e.g. environmental equipment such as modified trash cans that individual cannot reach into).

7) Person has needed supports such as:
   - Staff trained in the person's pica related supports;
   - Ongoing monitoring in ALL environments; and,
   - A "pica proofed" home, vehicle and day program space (including bathrooms).

8) Enhanced staff supports.

9) Extra Team meetings.

10) Enhanced communication with MD - health care professionals.

11) No pica related supports currently in place.

Brief description of pica related supports at this time:

_____

_____

[1] A qualified clinician is a professional working in an ethical manner in an area of competence, thus one working with an individual with pica would have relevant experience and likely would have a minimum of a Master's degree in Applied Behavioral Analysis, Special Education, Psychology or related discipline.