

原著

強度行動障害児者のケアシステムに関する研究 —精神薄弱者更生施設および重症心身障害児 施設との関わりから—

末光 茂¹⁾ 中島洋子²⁾ 出口隆一²⁾ 松本好生²⁾ 柴田武男³⁾ 菊池達
男³⁾ 江草安彦⁴⁾

川崎医療福祉大学 医療福祉学部 医療福祉学科¹⁾

旭川児童院²⁾

旭川荘いづみ寮³⁾

川崎医療福祉大学学長⁴⁾

1992-04-07 00:00:00+09受理

A Study of Care System for the Children and Adults of Developmental Disabilities with Severe Behavioral Problems. : Participation in the Rehabilitation Center for the Mentally Retarded Adults and the Hospital Home for the Severely Mentally and Physically Handicapped.

Shigeru SUEMITSU¹⁾, Yoko NAKASHIMA²⁾, Ryuichi DEGUCHI²⁾,
Yoshio MATSUMOTO²⁾, Takeo SHIBATA³⁾, Tatsuo KIKUCHI³⁾
and Yasuhiko Egusa⁴⁾

Department of Medical Social Work Faculty of Medical Welfare Kurashiki, 701-01, Japan¹⁾

Okayama, 703, Japan²⁾

Okayama, 703, Japan³⁾

Kurashiki, 701-01, Japan⁴⁾

Key words:developmental disabilities with severe behavioral problems, care system, severely mentally and physically handicapped, mentally retarded adults, maladjustment

Abstract

The purpose of this study was to investigate the status of severe behavioral problems 2nd care system of 172 subjects who were admitted to the residential institution for the mentally retarded adults and the hospital-home for the severely mentally and physically handicapped in Asahigawaso, comprehensive social welfare juridical persons. Evaluation standards of the severe behavioral disabilities used were original, and the problems evaluated were self-stimulation, self-injurious behavior, aggression to others, impulsiveness, excitement, hyperactivity, perseveration, autistic tendency, periodical mood disturbance, bizarreness, sleep disturbance, problem of eating, problem of excretion, panic, terror, and others. As a result, the high points in the behavioral items were perseveration in the residential institution for the mentally retarded adults, and self-stimulation in the hospital-home for the severely mentally and physically handicapped. The new enterprise of the Ministry of Health and Welfare in 1992, "Special treatments for the developmental disabilities with severe behavioral problems" will make it possible for the severe behavioral disabled at home to go on to the next step within 3 years. However, it seems that everybody with the severe behavioral disabilities can not be helped in this situation. Regarding this point, it is emphasized that co-operation and a new assignment of a role between institutions for the autism, the residential institution for the mentally retarded and the hospital-home for the severely mentally and physically handicapped (especially for the so-called movable severely mentally and physically handicapped ward), and insurement of organization of the system, especially of a systematization and circulation in an area are important.

要約

本研究は、社会福祉法人旭川荘内の精神薄弱者更生施設と重症心身障害児施設において、172名を対象に強度行動障害の実態を調査し、ケアシステムについて検討を加えた。強度行動障害の判定基準は、①自己刺激、②自傷、③他傷、④衝動性、⑤興奮、⑥多動、⑦固執、⑧自閉、⑨周期性気分変調、⑩奇異な言動、⑪気分のムラ、⑫睡眠の乱れ、⑬食事の異常、⑭排泄の障害、⑮パニック、⑯恐怖感、⑰その他の17領域について独白の評価基準を用いた。その結果、行動障害の中で高得点を示したのは、精神薄弱者更生施設では固執、重症児施設では自己刺激・常同反復行動であった。1992年厚生省の新規事業「強度行動障害特別処遇事業」は、在宅で最も困難な状況にある強度行動障害児者を主な対象として3年を限度にして次のステップに移行するという流れを創成するものである。ただし、これですべての強度行動障害児が、一人の落ちなく救われるということにはならないであろう。その点で関連の自閉症施設、従来の精神薄弱施設そして重症児施設(なかでもいわゆる動く重症児病棟)との連携と新たな役割分担、そしてシステム化、特に地域という面の中でのシステム化と流動性を確保することの重要性を強調した。