



### **Psychotropic Medications: It's more than a prescription** From DD Behavior Analysis Team : Risk Prevention Tidbits For Residential Service Providers



### Housekeeping

Who are the presenters?Who are the participants?

Please • Mute on entry • Utilize the chatbox

# Objectives

- Know your role in supporting people that have been prescribed psychotropic medications
- Learn strategies to help the person receive the care they need
- Identify resources beyond psychotropic medications

# Why is taking psychotropic medication risky?

# What are psychotropic medications?

- Medications that are being used to control behaviors.
- Any medication that affects the mind, emotions, and behaviors.
- Prescription or over-the-counter

# Common reasons meds are used

- Insomnia
- Difficulty concentrating
- Irritability
- Crying unrelated to sad events
- Lack of motivation to be engaged in meaningful activities
- Suicidal thoughts
- Poor memory and concentration
- Mood Instability
- Aggression / Self-Injurious Behavior

#### We need to figure out what actions are associated with the reasons meds are prescribed

- These can be different for each person
- Must be observable and measurable the same by all people

# **Common side-effects**

- Swallowing / choking issues
- Dizziness
- Weakness
- Sleep Issues
- Constipation
- Mood Instability
- Memory Problems
- Agitation / Aggression / Mood or Behavior Changes
- Loss of Appetite
- Dry Mouth
- Nausea/ Head Aches / Upset Stomach

# Knowing your role

- Help medical provider to determine the specific actions/symptoms
  Administer as directed
- •Auminister as direct
- •Take data
- •Share data
- Facilitate frequent communication between all treatment team members

# What kind of data?

- Time stamp of when meds are taken
  Name and dosage of med
- Time stamp of when the behavior for which the meds are prescribed (or common sideeffects) occurs
- Other changes in behavior, eating/sleeping habits, etc.

# But it's more than just taking data...

• Share the data with all members involved in caring for the person (treatment team)

• Do this regularly and frequently

#### Things we recommend

- <u>Safety crisis plan</u>
- Skills teaching
- Keep taking data
- Communication must be both to the medical provider and from the provider
  Use the team communication form

# Safety crisis plan

A risk mitigation plan that helps staff know what to do when specific behavior unique to the person is happening

Resources: Template Assessment Training

## **Teaching specific skills Daily**

• Each outcome in the ISP should have specific skills tied to it that are being taught regularly

(could be social skills, functional communication, <u>replacement skill for</u> <u>problem behavior for which meds are</u> <u>prescribed</u>)

• Pay off good behavior

#### Data... Data... Data

• Is it working? Are things getting better/worse?

• If things are getting worse, or failing to get better, medications should be reevaluated

### What else might be helpful?

- <u>Tiered Supports</u>
- <u>Technology Supports</u>
- Community Integration
- <u>Behavior Services</u>
- Behavior Support Review Committee
- <u>Employment Services</u>
- <u>Counseling</u>
- Medical eval

# **Previous Training:**

• Monitoring Psychotropic Medication

# **Next Steps**

Look for upcoming opportunities to learn more: Additional webinars

<u>Virtual workshops</u>

Provider Support Committee

### Q&A

- Any "fuzzies" floating around?
- What are some other things you've tried?
- What are some barriers to the things we've discussed today?
- How might you overcome these barriers?
- How might we do better at helping you?

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