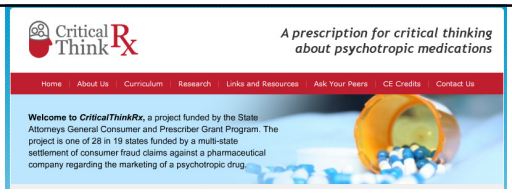

A Critical Curriculum on Psychotropic Medications

Critical Think Rx

A Critical Curriculum on Psychotropic Medications

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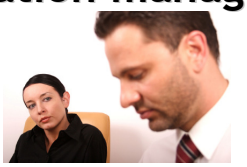
Module 7

Medication Management: *Professional Roles and Best Practices*

Part A

Non-medical roles and medication management



Historical roles of non-medical helpers

To serve as resources for physicians and allied professionals:

- First, giving clients information about their medications;
- Then, identifying obstacles to compliance;
- Later, advocating for clients

(Bentley, Walsh, & Farmer, 2005)

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A 2001 national survey of clinical and mental health social workers identified 31 possible tasks and activities related to medication

(Bentley, Walsh, & Farmer, 2005)

Survey found some tasks "frequently" performed with clients

- ✓Discussing clients' feelings about taking medications
- ✓Making referrals to physicians
- ✓Discussing how medications may work with other interventions

(Bentley, Walsh, & Farmer, 2005)

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Tasks "often" performed with clients

- ✓Helping weigh pros and cons of taking medication
- ✓Monitoring clients' compliance with medication
- ✓Discussing medication problems

(Bentley, Walsh, & Farmer, 2005)

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Tasks "rarely" performed

- ✓Assessing and documenting adverse effects
- ✓Educating about medications
- ✓Suggesting changes in medications to physicians

(Bentley, Walsh, & Farmer, 2005)

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Assuming roles is complicated by:

- ✓ priority of some professional values and ethics, such as client's right to self-determination
- ✓ questions about validity of medical model for explaining human distress
- ✓ gaps and uncertainties in evidence about medications
- ✓ influence of pharmaceutical companies on the entire mental health system

(Walsh, Farmer, Taylor & Bentley, 2003)

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Increasing demands to regulate medicated clients clash with professional values, creating a "professional dissonance"

(Taylor & Bentley, 2005)

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Public and professional attitudes

Overall, the public does not embrace psychiatric medications as a solution to children's problems

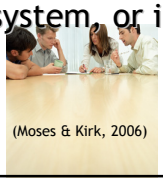
- *70% of adult Americans refuse to use medication for children labeled "oppositional" or "hyperactive"*
- *Only 10% see medication as the most effective component of treatment, and 66% believe it is used as a substitute for other interventions*

(McLeod, et al. 2004)

Practitioners divided

Some find drug treatment of youth helpful or essential

Others find drugs used as a form of social control, misused as a remedy for frustrated parents or overtaxed system, or ineffective



(Moses & Kirk, 2006)

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Helping parents find solutions

When faced with a distressed child, parents may perceive few options in a world where insurers, medical providers and schools pressure them to medicate their children

(McLeod et al., 2004)

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Unbiased sources of information

Non-medical professionals should serve as "unbiased sources of information" to help parents find the right solutions for their children and to promote alternatives based on critically-evaluated evidence

(Bradley, 2003; Buccino, 2006; McLeod et al., 2004)

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"Vigilant and critically minded"

Non-medical professionals are urged to maintain an ***"informed but critical"*** stance by developing adequate knowledge about the benefits and adverse effects of psychotropic drugs, and remain ***"vigilant, and critically minded"***

(Moses & Kirk, 2006, pp. 220-221)

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Yet be familiar with basic psychopharmacology

including uses, side effects, dosages, and drug interactions in order to be effective in this complex environment

(Bradley, 2003; Buccino, 2006)

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Part B

Evolving roles in medication management

In today's *collaborative*, *multi-disciplinary environment*, non-medical practitioners are called upon to play many roles on behalf of clients taking medication

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Physician's Assistant

Traditionally the most common role for professionals legally limited in their scope of work with medications, they

- Help clients follow doctor's recommendations
- Not expected to give advice about decisions involving the prescription

(Bentley & Walsh, 2006)

Consultant

Evaluates client to assess for referral to physicians

Prepares clients to talk with the prescribing physician

Monitors client's subjective experience of medication

Assesses client's ability to pay for expensive drugs

(Bentley & Walsh, 2006)

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Counselor

Coaches and teaches by providing information and advice about medications

Teaches problem solving, helps identify alternatives, assists in making decisions

(Bentley & Walsh, 2006)

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Monitor

- Helps client observe positive and negative effects of medication
- Evaluates client's medication responses, in psychological, interpersonal, and social realms, and effects on self-image and identity
- Discusses the monitoring process with clients, families and physicians

(Bentley & Walsh, 2006)

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Advocate

- Presents client's expressed wishes to those in the medical or mental health system
- Ideally, has a peer relationship with the physician and participates in all phases of medication decision-making

- Possesses knowledge of psychopathology, medications, and related laws and regulations

(Bentley & Walsh, 2006)

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Teacher

Provides educational materials and other information to clients about:

- The purposes, actions and effects of medications
- Problem-solving regarding medication issues and adverse effects
- Practical suggestions to help clients take medication appropriately

(Bentley & Walsh, 2006)

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Researcher

Conducts and publishes research in medical and non-medical literature about the full range of psychotropic medication issues

(Bentley & Walsh, 2006)

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An emerging clinical role: *easing clients off meds*

- Helping clients withdraw from psychiatric drugs or helping simplify medication regimen
- Contingent on practitioner competence and a "rational, person-centered" approach
- Guidelines exist for non-medical practitioners to recognize and address discontinuation effects

(Cohen, 2007; Meyers, 2007; Rivas-Vasquez et al., 1999)

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Effective collaboration with clients, physicians and other providers of care

Traditional

Reflects dominance of medical profession

Characterized by limited, unclear or subservient roles of non-medical professionals

(Bentley & Walsh, 2006, Bronstein, 2003)

Interdisciplinary

Improves services to the client and work satisfaction for professionals

- May not translate in all environments and training in effective models is needed

(Bentley & Walsh, 2006; Bronstein, 2003)

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Transformational

Enhances the contributions of all members of a team

Assumes non-hierarchical relationships where physicians integrate psychosocial aspects of care and involve non-medical professionals in decision-making

(Bentley & Walsh, 2006; Bronstein, 2003)

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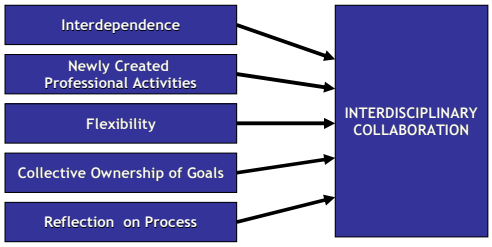
Components of an Interdisciplinary Model



(Bronstein, 2003)

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Elusive qualities of successful collaboration?

- A favorable political and economic climate
- Shared vision, attainable goals
- Open and frequent communication
- Trust, adaptability, respect
- Clear roles but flexibility in assuming them
- Competent, well-trained practitioners
- A leader with strong interpersonal skills

Unfortunately, these qualities may be absent in interdisciplinary settings

(Bentley & Walsh, 2006; Bronstein, 2003)

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Collaboration to enhance client's self-determination

Collaboration between clients, families and professionals as ***partners*** in the helping process is key to respecting the client's right to self-determination

When partnership with other professionals is difficult, focus should be on empowering clients with information so that they make choices in collaboration with prescribers

(Bentley & Walsh, 2006; Cohen, 2007; Slavin, 2004; Weene, 2002)

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Needed—but difficult to accomplish: A balance between…

- ✓the rights of individuals, families and society
- ✓the costs and benefits of using psychotropic medication
- ✓the non-medical practitioner's role in medication management and the legitimacy and uniqueness of other helping professions

(Bentley & Walsh, 2006)

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Integrating drugs and psychosocial treatment introduces complex dynamics that require attention and management

Managing parallel treatment requires navigating

- ✓the relationships among client, prescriber and therapist
- ✓competing ideologies held by providers

(Bentley & Walsh, 2006; Bradley, 2003)

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Dimensions of partnership in medication management

Dimension	Traditional model	Partnership model
Goals of medication	Reduce symptoms	Improve quality of life; emphasis on client priorities
Who selects medication	Physician provider	Client collaboration to help define options
Education focus	Increasing compliance	Improving client's ability to manage recovery
Monitoring and evaluating	Physician evaluates clinical status and compliance	Client and providers evaluate range of outcomes and options
Self-care by client	Largely ignored in mental health	Integrated into consultations with client and family
Control and status	Providers control processes and hold status positions	Emphasis on client control, and client's experiences valued
Refusal and reluctance	Seen as related to denial and paranoia	Seen as a right to be respected in all but emergency situations

(Bentley & Walsh, 2006, p. 223)

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Part C

Tools for Competence

Assessments, Referrals, Court Affidavits and Medication Monitoring

Comprehensive assessments

Understanding the person in the context of their experiences

Working Definition

An ongoing, systematic data collection about a client's functioning

A process of problem selection and specification guided by a person-in-environment, systems orientation

(Jordan & Franklin, 2003)

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An individualized process

views the whole person in context, including all factors contributing to their distress and strengths, and changes required to improve coping and mastery

- the person's own perspective is key to understand their situation

(Austrian, 2005; Jordan & Franklin, 2003)

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Elements of assessment

1. ***Exploration*** of client's unique story and facts
2. ***Inferential thinking*** to evaluate meaning of the facts of their story
3. ***Evaluation*** to assess client functioning, strengths and weaknesses in context
4. ***Problem definition*** based on the first three steps and in collaboration with client
5. ***Intervention planning*** based on preceding four steps and in context of environment

(Austrian, 2005; Jordan & Franklin, 2003)

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Mental status examination

☑Appearance, speech, attitude, motor behavior

☑Mood, range and appropriateness of affect

☑Hallucinations, depersonalization, derealization

☑Remote, recent, and immediate memory

☑Level of consciousness, orientation

☑Impulse control

☑Judgment and insight

(Austrian, 2005; Jordan & Franklin, 2003)

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"Integral" assessment approach requires knowledge of

- the client's experience (the individual viewed subjectively/from within)
- the client's behavior (the client viewed objectively/from without)
- the client's culture (the client's system viewed subjectively/from within)
- the client's social system (the client's system viewed objectively/from without)

(Marquis, 2008; Ingersoll, 2002)

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Referrals

Best practices in referring clients for psychiatric evaluation

Few empirical evaluations

Few researchers have investigated effective referral practices, despite frequency of this activity

Tentative guidelines are offered

(Bentley, Walsh & Farmer, 2005)

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Quality referrals

1. Establish and maintain collaborative relationships with prescribers
2. Share ***up-to-date*** information about medications with clients and families
3. Help clients and families articulate and manage the meaning of medication
4. Prepare clients and families for the medication evaluation
5. Follow up on the referral
6. Manage legal and ethical concerns

(Bentley, Walsh & Farmer, 2005)

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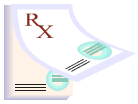
- Prescription
- Reason for the prescription
- Expectations of benefit
- Probability of benefits
- Alternative treatments available
- Risks of the medication
- Expenses involved (direct/indirect)
- Decision



(Chewning & Sleath, 1996, in Bentley & Walsh, 2006)

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A medication evaluation should be requested only if the child's symptoms do not improve or worsen significantly after good psychosocial interventions have been attempted

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If drugs are considered, all practitioners should evaluate if there is clear evidence of favorable benefit-to-risk ratio

Drugs unapproved for that age group cannot be recommended without special consideration

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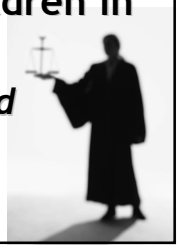
Affidavits to judges regarding medication suggestions for children in state care

A recommended checklist



Psychosocial situation and stressors

1. Describe the observed behaviors of concern & who has observed them, when and where
2. Describe past, recent, or chronic stressors in the child's life that may be contributing to any of the observed behaviors

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Psychosocial assessment

3. Summarize the results of your own assessment of this child's situation: what, in your judgment, could explain how this child is now acting?
4. If the child has been on medication, could the symptoms be adverse effects of the medication? List sources to justify your conclusion

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Assessment of interventions

5. Describe any previous interventions to address the problems identified in your assessment
6. Describe how these interventions have been evaluated, and their results
7. What other interventions might address this child's problems? To what extent are they available for this child? Why or why not?

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Medication history

8. List medications (names, dosages, times per day) the child takes now and over the past 2 years
9. Have you participated in evaluating the child's progress on medication? What specific goals have been expected, how has their attainment been evaluated?

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Medication monitoring, evaluation

10. Have you evaluated for adverse effects, behavioral or other? Have you used any rating scales? How well, <u>in your ***own*** careful, overall judgment</u>, is this child tolerating his or her medication?

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Informed consent

11. Do you have any information on this child's attitude to the medication?
12. How have the risks and benefits of the medication, as well as those of alternate interventions, been assessed and discussed with parents or caregivers?

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Future monitoring

13. If the child is placed on medication, describe your specific role in monitoring its effects.
14. What reasons do you have to expect that the proposed medication will be beneficial to this child?

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Medication monitoring

Attending to anticipated and unanticipated effects

Monitoring helps clients and families

- Keep track of medication effects
- Cope with bothersome effects
- Solve medication-related issues
- Make decisions about treatment using critically-evaluated information
- Prevent medication errors

(Shojania, 2006)

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Clients may not know

Clients typically fail to link behavioral drug effects to their drug, and may incorrectly believe they are suffering from additional unrelated physiological or psychological symptoms

Do not dismiss unusual effects, watch out for amplified usual effects, and educate clients about risk of "prescribing cascade"

(Otis & King, 2006)

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Formal monitoring essential

Without formal monitoring, only a fraction of drug problems are recognized

Structured medication reviews have been shown to be more valid and improve client's quality of life

(Otis & King, 2006; Greenhill et al, 2004; Jordan et al., 2004; Kalachnik, 1999)

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Tools for monitoring

Drug effect checklists — existing or individualized for client's situation *(see checklist handout in website)*

- Use before starting the medication
- Use after starting the medication

(Jordan et al., 2004)

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Adapted from: Kalachnik JE. Measuring side effects of psychopharmacologic medication. *Mental Retardation & Developm. Disability Research Review* 1999; 4, 349-359; 2) Rosenbaum et al. SSRI discontinuation syndrome, *Biological Psychiatry* 1998; 44, 77-87. (3) Baldinnyk-Butler & Jeffries, 2005, *Clinical handbook of psychotropic drugs* (15th rev. ed). Seattle: Hogrefe.

MEDICATION MONITORING—ADVERSE EVENT CHECKLIST

Client's name: _____ **Date of assessment:** ___/___/___ **Assessor** ____

Drug(s) and dosage:

_____

_____

Instructions: *Fill out once a month or more, before, during, and for 3 months after medication use. Inquire about the presence of each event over the past 7 days. If present, score as* ***1*** *(mild),* ***2*** *(moderate), or* ***3*** *(severe). If not present, leave blank. For items listing different or opposite events (e.g., "increased" or "decreased" appetite, circle the appropriate one.)*

Psychological	1, 2, 3	Gastrointestinal	1, 2, 3
1. Agitation (restless, nervous, hyperactive)		43. Increased or Decreased appetite	
2. Confusion, cognitive difficulties		44. Weight Gain or Loss	
3. Memory problems, forgetfulness		45. Abdominal pain or cramps, Stomach bloating	
4. Irritability (easily upset, angry)		46. Increased thirst	
5. Impulsivity		47. Nausea, vomiting	
6. Trouble concentrating or paying attention		48. Diarrhea	
7. Insomnia, trouble falling or staying asleep		49. Constipation	
8. Hypersomnia, trouble waking up		50. High blood sugar	
9. Crying spells, sadness		51. Other:	
10. Anxiety, tension, Panic (racing heart, breathless)		**Musculoskeletal/Neurological**	
11. Lethargy, apathy, drowsiness, sedation		52. Disequilibrium, unsteady gait, poor coordination	
12. Nightmares, intense dreaming		53. Spinning, swaying, lightheaded	
13. Feeling detached or unreal		54. Weakness, fatigue	
		55. Numbness, burning or tingling sensations	
		56. Slowed movements, muscle rigidity	
		57. Muscle cramps, stiffness, twitches, jerks	
		58. Restlessness, pacing, rocking, can't sit still	
		59. Tremor (slight shaking/trembling of limbs or muscles)	
		60. Any abnormal involuntary movements	
		61. Other:	
		Skin	
		62. Increased or Reduced sweating	
		63. Increased sensitivity to sun	
		64. Chills or Feelings of warmth	
		65. Rash, hives / Dry skin, crusty	
		66. Acne	
		67. Easy bruising	
		68. Pale, yellowing skin	
		69. Hair loss or Abnormal hair growth	
		70. Other:	
		Genito-Urinary	
		71. Menstrual disturbances (absent or irregular periods)	
		72. Difficulty urinating / Increased urination	
		73. Enuresis, night bedwetting	
		74. Difficulties with orgasm	
		75. Erectile dysfunction	
		76. High or Low sexual desire / activity	
		77. Other:	
		Cardiovascular	
37. Flu-like aches and pains		78. High blood pressure	
38. Sore throat/Difficulty swallowing		79. Arythmia (irregular heartbeat)	
39. Labored breathing		80. Tachychardia (abnormally fast hearbeat)	
40. Chest pain			

Systematic monitoring must be carried out to evaluate the wide-ranging effects of medications on behavior, mood, as well as physical and emotional development

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Children should be evaluated for

Emotional development (to examine whether the drug induces or worsens certain problems)

Cognitive development

Physical growth (i.e., weight and height)

Pubertal development (to examine drug effects on course of puberty)

(Greenhill et al., 2003)

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Medication guidelines for child welfare

Medication should only be used as part of a comprehensive treatment plan integrating behavioral interventions

- not used in lieu of other treatments or supports
- based on adequate information, including full biopsychosocial and medical assessment
- resting on informed consent

(Bellonci & Henwood, 2006)

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With children (*after rock-solid justification for medication has been provided*)

✓adjust doses to a minimum to minimize side effects

✓periodically attempt to take child off medication

✓avoid polypharmacy

✓continually reassess risk-to-benefit ratio

(Bellonci & Henwood, 2006)

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Medical monitoring schedule

Children on psychotropic medications should be seen no less than every three months *at a bare minimum*

FDA guidelines for antidepressants require more frequent monitoring due to risks

(Bellonci & Henwood, 2006)

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Red flags: Additional monitoring concerns

- ☑Children under five years of age
- ☑Children on 2 or more medications
- ☑Children in state custody

(Bellonci & Henwood, 2006)

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"Psychotropic medications for young children should be used only when anticipated benefits outweigh risks. Parents should be fully informed and decisions made only after carefully weighing these factors. Children and adolescents must be carefully monitored and frequently evaluated as the side effects common to some medications are particularly difficult for children."

National Alliance for Mental Illness (NAMI) Policy Research Institute, 2004

Part D

Conclusions and Recommendations

Beyond biology…

…medications affect the psychological and social concerns of clients, leading non-medical providers to be increasingly involved in medication issues

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What is needed?

Education and training about psychiatric medications for non-medical professionals

Guidelines regarding responsibilities with respect to medication, including dealing with ethical and legal issues such as obligations to report adverse effects

Improved collaboration with *clients as partners* and with medical providers as part of interdisciplinary teams—though key concern remains empowering clients to make their own decisions

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Training on

- ☑ the impact of meanings of medication-taking
- ☑ monitoring clients for adverse effects
- ☑skills in educating clients about risks and benefits of psychotropic medications
- ☑ finding and critically evaluating research on specific medications
- ☑ understanding the strong ideological, economic and political influences on prescription writing in the U.S.

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Research on

- ☑ how medications and psychosocial interventions interact
- ☑ how medications affect child's self-control, self-image, and personal responsibility (autonomy)
- ☑ how medications affect therapeutic relationships

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Module 7

The End

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