Medication to Manage Behaviours that Challenge

Work in Progress - Draft v.3

The standards of practice outlined in this document are primarily based upon the best practice guidance report - "*Using Medication to Manage Behaviour Problems among Adults with Intellectual Disability*" compiled by Deb & Unwin (2006) and commissioned by The Royal College of Psychiatrists (UK), The University of Birmingham, MENCAP and supported by the Big Lottery Fund. See www.LD-Medication.bham.ac.uk for more details.

Standards of practice were developed as part of LD medications review in order to guide practice and facilitate practice audits. One finding of the LD medications report however was that the when the identified standards were used in a multi-centre audit, it was found that many of these were subject to some interpretation. This was due to the manner in which they were written. It is on the basis of this finding that the standards included in the current document have been developed. The aim is to identifying clearer and more objective criteria and therefore clearer guidance. Another objective of the current document is that these standards of practice can be objectively observed and agreed upon by groups of people involved in the same process and therefore used as a means of effectively auditing current practice.

On occasion additional standards have been added to this document above and beyond those found in the LD Medications report in order to reflect guidance from other sources. These standards have been highlighted in grey. Also, the standards outlined in this document have been re-arranged and grouped differently to the order in which they are found in the original audit standards. These changes have been made to facilitate people's understanding of the guidance and therefore people's adherence to the standards.

Outstanding Work:

- Standards describing the process of ongoing review and attempts at medication withdrawal
- Standards which relate to direct support staff / service manager responsibilities to be described
- Standards which relate to responsibilities of the PBS professional to be described
- Standards relating to good prescribing practice to be described e.g. poly-pharmacy, the indicated use of medications based upon current research, the long term use of benzodiazepines etc.

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Each of the standards on this page relate to a section of standards on the following pages 3 - 7.

Standards of Practice - Summary		
Psychiatric Assessment A written assessment / formulation which considers behaviour, medical, psychological and social factors has been provided to the person and/or their guardian / advocate and the relevant stakeholders.	/ 7	
Decision to use Medication to Manage BTC A clear rationale for the use of medication to treat target behaviours is provided with reference to behaviour, medical, psychological and social factors; how medication is going to address these issues and therefore the behaviour; and why non-drug treatments are not sufficient to manage the impact of the behaviour.	/ 5	
Informed Consent The person or their guardian / advocate has provided informed consent / assent to treatment	/ 6	
Written Treatment Plan A written treatment plan has been written and provided to the person or their guardian / advocate and other relevant stakeholders i.e. staff / MDT etc. and this treatment plan has been integrated into the person's support plan.	/ 6	
Physical & Psychological Examinations The relevant physical & psychological examinations have taken place	/ 2	
Evaluating the effectiveness of medication trial There is a plan to evaluate the effectiveness of the medication trial including objective measures of therapeutic and side effects, appropriate baseline data for comparison, expected timeframes for therapeutic effects, graphical / tabular summaries to evaluate effectiveness.	/ 6	
Treatment co-ordination A key person and other relevant stakeholders have been identified and provided with the appropriate information and resources to co-ordinate treatment including a schedule for review.	/ 6	
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Psychiatric Assessment		
<u>Written formulation / assessment report</u> An assessment has taken place as evidenced by the presence of a written assessment / formulation that explains why the problem is occurring. **The assessment information / formulation may be contained within clinic letters / treatment plans.	Y N	
<u>Behaviour Factors</u> Target behaviours are identified and referred to in the report.	Y N	
<u>Behaviour Factors</u> The frequency and severity of target behaviours are described in the written assessment / formulation.	Y N	
<u>Behaviour Factors</u> The impact of target behaviours on the person and others is described in the written assessment / formulation.	Y N	
<u>Medical Factors</u> Other co-morbid medical conditions are considered e.g. epilepsy or dementia and the effects of medication on target behaviours were considered as evidenced by reference to the presence / absence of these factors in the written assessment / formulation.	Y N	
<u>Psychological Factors</u> An assessment of psychiatric disorder or psychological symptoms has taken place as evidenced by reference to the presence of absence of these factors in the written assessment / formulation.	Y N	
<u>Social Factors</u> The influence of the person's social circumstances on target behaviours has been considered as evidenced by reference to these factors in the written assessment / formulation i.e. day activities, inter-personal relationships and accommodation.	Y N	

Rationale for Prescribing		
Multi-disciplinary working The need for medication to manage behaviour has been evaluated by a multi-disciplinary team involved in supporting the person as part of an over-arching multi-disciplinary approach to addressing the behaviour.	Y N	
Non-drug interventions Non-drug interventions have been considered as evidenced by reference to such interventions in the formulation assessment or a referral to the appropriate clinical support requesting such treatment or other non-drug recommendations.	Y N	
Non-drug interventions Non-drug interventions have been implemented and proven to be insufficient in reducing the impact of the behaviour as evidenced by written records of non-drug treatments e.g. behaviour support plans and periodic service reviews.	Y N	
Rationale for prescribing A clear rationale for the use of medication to treat target behaviours is provided with reference to behaviour, medical, psychological and social factors and how medication is going to address these issues and therefore the behaviour.	Y N	
Rationale for prescribing The rationale for prescribing refers to either a diagnosed psychiatric disorder which may be causing or precipitating the behaviour OR that the medication is prescribed in order to calm the person down in order to implement a psychological therapy or behaviour support plan.	Y N	Extrapolating from the standards
Informed Consent / Assent		
Informed Consent A written assessment/formulation and treatment plan has been provided to the person and/or their guardian / advocate.	Y N	
Informed Consent A written document about the potential adverse side effects of medication has been provided to the person and/or their guardian / advocate.	Y N	
Informed Consent – Accessible Information Documentation provided to the person and/or their guardian / advocate has been written in a format which is accessible to whomever is providing consent / assent.	Y N	
Capacity The capacity of the person to provide informed consent has been considered as evidenced by reference to the person's capacity in the written formulation, assessment report or treatment plan.	Y N	
Consent Consent / assent was sought from the person as evidenced by written reference to when this was sought and the method by which this was sought in assessment reports / treatment plans.	Y N	
Consent / Assent Where it was deemed that the person does not have the capacity to provide informed consent, assent has been secured from the person's guardian / advocate as evidenced by written reference to when this was sought and the method by which this was sought in assessment reports / treatment plans.	Y N	

Medication Treatment Plan		
Written Treatment Plan A written treatment plan has been written and it includes all the following details: • the medication prescribed • the dosage and how the medication is to be administered including clear definitions of when PRN medications are to be administered, the minimum interval between doses and the maximum dose in a 24 hour period. • the planned treatment duration • the follow up schedule • the mechanism to assess therapeutic and adverse side effects medication prescribed	Y N	Added
Staff Involvement A written treatment plan has been provided to the staff who support the person.	Y N	
Staff Involvement A written document about the potential adverse side effects of medication has been provided to the staff who support the person.	Y N	
Integrating Medication Plan with the Person's Support Plan		
Support Plan Integration The treatment plan has been integrated into the person's "Support Plan" as evidenced by reference to this intervention in the medication or mental health support section	Y N	
Support Plan Integration There is reference to medication to manage behaviours that challenge in the person's "Support Plan" and this reference includes the following key factors • the medication prescribed • the dosage and how the medication is to be administered including clear definitions of when PRN medications are to be administered, the minimum interval between doses and the maximum dose in a 24 hour period. • the planned treatment duration • the follow up schedule • the mechanism to assess therapeutic and adverse side effects	Y N	Added
Risk Assessment A risk assessment has been completed evaluating the risks associated with medication treatment and risk controls to reduce these risks.	Y N	Necessary? Informal risk assessment i.e. mention of risks e.g. swimming, driving, cooking etc.
Pre-requisite Physical & Psychological Examinations		
Physical examinations The relevant physical and psychological examinations have taken place e.g. blood tests, brain scans, ECG, EEG as per Appendix 6.	Y N	Could be moved to the assessment section. See appendix 6 in section 2.
Physical examinations The relevant physical and psychological examinations were undertaken *before* the medication was prescribed e.g. blood tests, brain scans, ECG, EEG as per Appendix 6.	Y N	

Medication Trials - Evaluating medication effectiveness		
Measurable outcomes of medication The behaviour targeted with medication treatment has been defined and described in a clear, objective and measurable manner.	Y N	
Evaluation plan There is a written plan which describes how the effectiveness of the medication will be monitored including clearly defined, objective and measurable outcomes.	Y N	
Baseline / Outcome measurement Objective measurement includes daily data collection of the behaviour which is clearly defined, objective and measurable e.g. measuring the frequency, duration etc. Note: Objective measurement does not include rating scales involving subjective judgement of others regarding the severity of the behaviour.	Y N	Clearer description / examples needed.
Baseline / Outcome measurement The medication trial was scheduled for a period when other interventions are not introduced or changed and there are not other extraneous variables which could influence target behaviours and therefore make it difficult to establish the effects of the medication as evidenced by either a stable or deteriorating trend in the behaviour at the time the medication trial was initiated.	Y N	
Expected Timeframes Included in the written plan there is a description of the timeframes within which therapeutic effects should be observed for both daily dose and PRN medications.	Y N	
Data summaries Data is summarised in a manner which can clearly demonstrate the effectiveness of medication on target behaviours as evidenced by the presentation of this information in graphs or in tables so that clear relationships between the onset in medication and changes / no changes in behaviour can be observed e.g. by using clear phase change lines to indicate the onset of the medication trial etc.	Y N	

Medication Trials - Treatment Co-ordination		
<u>Treatment co-ordination</u> A key person has been identified who will implement the medication trial and ongoing treatment plans and liaise with the prescriber / psychiatrist and MDT regarding the medication treatment e.g. the person's guardian / advocate or key worker / service manager / behaviour therapist etc.	Y N	
<u>Treatment co-ordination</u> The key person has been provided all the relevant information to support the implementation of the medication treatment including all of the following • The written assessment / formulation • The written medication plan • The tools to monitor target behaviour, therapeutic and adverse side effects • Dates for review.	Y N	
<u>Treatment co-ordination</u> The treatment plan for the medication trial has been communicated to all of the other relevant stakeholders involved in supporting the person (including the person's family; the person's GP, Psychologist, Neurologist, Behaviour Therapist, Speech and Language Therapist, Occupational Therapist, Service Manager; the staff who support the person etc.)	Y N	
<u>Scheduled reviews</u> A date and schedule of review has been agreed as evidenced by appointments in diaries and a written plan for the schedule of review contained within the medication plan and person's support plan.	Y N	
<u>Scheduled reviews</u> Medication is reviewed within X months?	Y N	What would be best practice?
<u>Evidence Based Practice</u> Each medication has been trialled for it's effectiveness prior to it becoming part of a long term treatment plan as evidenced by references to evidence for the effectiveness of the trial as the rationale for moving to ongoing treatment.	Y N	