Where’s the Data?: Developing an Evidenced-Based Approach to Psychotropic Medication Treatment

Greg Handel, Ph.D.

Paradigm Change

- History of aberrant behaviors
  - Almost always = Psychotropic Medications
- Institutional Experience – No distinction between
  - Treatment vs. Sedation

In 60’s conventional thought
- People with MR did not have psychiatric disorders

- At least as prevalent as general population
Paradigm Change

Ludwig Szymanski (1988) – DSM-III criteria

- 14% of MR children had depression
- 13% of MR adults had depression
- Sited difficulty using DSM due to communication deficits

Paradigm Change

Menolascino & Sovner

- Diagnosis needed
- Inappropriate or over medication widespread
- Psychiatric disorder NOT aberrant behaviors

Paradigm Change

MISDIAGNOSIS

Self-abuse

How would some one with speech deficits express...

- Inappropriate guilt,
- Sense of worthlessness,
- Suicidal ideation?
### Paradigm Change

#### Over Medication

- Lowry – Masking symptoms
- Sovner & Pary – sedative effects hiding
  - Sleep difficulties
  - Appetite changes
  - Psychomotor agitation

### Paradigm Change

#### Case Study

- State institutional setting
- Continued aggressive behavior "treated" with increased doses of Navane
- No Axis I diagnosis

### Paradigm Change

#### Assaults During Trial of Navane

<table>
<thead>
<tr>
<th>Months</th>
<th>01</th>
<th>02</th>
<th>03</th>
<th>04</th>
<th>05</th>
<th>06</th>
<th>AVG</th>
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<td>Baseline</td>
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**Graph:**

- Frequency
- Months

**Legend:**
- ASSAULTS
- AVG
Paradigm Change

- Is the medication really treatment?
  - Is the medication “treating” a psychiatric syndrome or simply sedating a behavior?
  - Is there an Axis I diagnosis
  - Does the medication prescribed match the Axis I diagnosis?
  - Are the symptoms of the diagnosis being tracked via data collection?

Evidence-Based Approach

Data – The Great Equalizer
- Neutralizes “credentials”
- Can address subjective fears

Medical Concerns
- SIB may be pain attenuation
- Complaints of illness at face value

Evidence-Based Approach

Not any one symptom – CONVERGENCE EFFECT
- Preferred activities
- Eating
- Sleeping
- Body movements
- Eye contact
- Crying
- Attention to task
- Self – injurious behavior
Monitoring Systems

- Event Recording
  - Examples
    - ABC chart
    - DBRs
    - Staff Logs
  - Pros & Cons
    - Most information
    - Not always reliable

Monitoring Systems

- Momentary Time Sampling
  - Shared Living placements
  - More independent living situations
  - More frequent the symptoms the smaller the interval

Monitoring System

- INTERVAL SPOILAGE
  - Good in 24-hour staffing situations
  - More accurate than event recording
  - More sensitive to change that Momentary Sampling
  - More frequent the symptom the smaller the interval
# Monitoring System

**INTERVAL SPOILAGE**

<table>
<thead>
<tr>
<th>Date: ___________</th>
<th>Target Behaviors</th>
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<tbody>
<tr>
<td><strong>PA</strong></td>
<td>Participating in a preferred activity</td>
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<tr>
<td><strong>EAT</strong></td>
<td>Attempting to access food other than during a scheduled meal</td>
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<tr>
<td><strong>SLEEP</strong></td>
<td>Sleeping during day time hours</td>
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<tr>
<td><strong>MOVE</strong></td>
<td>Exhibiting extremely slow movements</td>
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<tr>
<td><strong>EC</strong></td>
<td>Not maintaining eye contact during a conversation</td>
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<tr>
<td><strong>CRY</strong></td>
<td>Spontaneously crying without provocation</td>
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<tr>
<td><strong>ATT</strong></td>
<td>Not attending to the present task</td>
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<tr>
<td><strong>SIB</strong></td>
<td>Self-injurious behavior</td>
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## Interval Spoilage

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<thead>
<tr>
<th>Time</th>
<th>PA</th>
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- Please place a checkmark (X) in the respective box if that target behavior occurred during the corresponding hour.
- Place a zero (0) in the respective box if that target behavior did not occur during the corresponding hour.

**Comments:**

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# EXPERIMENTAL DESIGN

- **Withdrawal**
  - Not always possible
  - Resistance to withdrawal effective treatment

- **Changing Criteria**

- **Convergence Effect**
Medication Treatment Plan

- AXIS I Diagnosis
- Identify overt symptoms
- Develop appropriate monitoring system
- List past medications
- List present non-psychotropics
- Present current regime with dosage & side effects
- Signatures for informed consent

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Medication Treatment Plan

**Date of Plan:**

**Identifying Information**

**Name:**

**Address:**

- Prescribing Clinician:
- Primary Care Physician:
- Service Coordinator:
- Guardian:
- Residential Manager:
- Therapist:

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Medication Treatment Plan

**Diagnosis:**

- Axis I:
- Axis II:
- Axis III:

**Targets of Treatment:** Overt symptoms of Axis I Dx

**Method of Measurement:**

**Recent Data:** Give charts and graphs when available

**Goals of Treatment [Success Criteria]:**

Give in measurable terms
**Medication Treatment Plan**

**Treatment History:**
- Medications, Dosages, Dates of Trials and Results:
- Identified Medication Allergies/Intolerance:

**Current or Proposed Psychotropic Medication(s):**
- Name:
- Reason for Using This Medication with This Person:

**Dosage Schedule**
- Current Dose:
- Factors which may effect decision to adjust medication:

**Side Effects**
- Type and chance of occurrence: Side effects which would lead to discontinuation of medication:
- Monitoring:

**Other Current Non-Psychotropic Medications**

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**Medication Treatment Plan**

Name: Date of Birth: Date of Plan:

This Medication Treatment Plan reviewed and approved by:

Prescribing Clinician Date

Individual / Guardian Date

Therapist Date

Other Date

Other may include: Social Worker, Service Coordinator, Residential Manager, Human Rights Officer or Advocate, etc.

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**DATA**

**TARGET SYMPTOMS**

- [Graph showing data over time]
REFERENCES


References

References