

## **AN OUTLINE OF NEUMANN ASSOCIATION'S BEHAVIOR MANAGEMENT COMMITTEE AND MEDICATION REDUCTION PROCEDURES FOR DD CLIENTS**

- **The committee meets twice each month and is composed of the facility psychologist (who coordinates behavioral intervention planning), the consulting psychiatrist (who prescribes the client's psychotropic medication), the client's residential QMRP, the client's day program QMRP, the client's Career Services QMRP, and the DD Administrator.**
- **The client's behavioral intervention plan and psychotropic medications are reviewed by the committee every three months.**
- **Each client has an objective to reduce their medication based on their behavioral progress. The client's target behaviors are based on the client's psychiatric evaluation and the reports and observations of the client's staff. Problem behaviors may be "behavioral" or "psychiatric", but all are defined in behavioral terms (including "anxious", "depressive" and "psychotic" behaviors). The behavior plan specifies interventions for every type targeted. Severity of the behaviors is measured and tracked in addition to the frequency of the behaviors.**
- **Psychotropic medication objectives typically specify a small amount of psychotropic to be reduced given 0 incidents of a targeted behavior over a period of 6-12 months. However, the committee and the psychiatrist may decide not to reduce or even to increase medications at any time. The psychiatrist also meets with the clients personally and may change medication based on his experience with the client and reports from staff in general. The psychiatrist seeks the assent of the client before making changes.**
- **In some cases, when we know that further reductions will result in problem behaviors, the psychiatrist will write a plan not to reduce medications any further. However, the client will continue to receive a behavioral intervention plan and monitoring by staff and the committee.**
- **As indicated previously, the client's progress is discussed during meetings and sometimes the discussion leads to a change in programming, such as a change in the client's behavioral intervention plan, a change in the client's service plan, or a change in how staff align goals with the client.**
- **Reasons why we have found the system to be helpful:**
  - **It makes each of the team members accountable for their role in the care of the client.**
  - **In a relatively objective manner, it documents types of medications attempted, changes of medications, and the relative effectiveness of medications.**
  - **It documents the client's reaction to a newly introduced medication which may have fewer side effects and more effectiveness than an older medication. In other words, it compares the new medication to the old medication.**
  - **It provides everyone, especially the psychiatrist, with several different perspectives on the client's progress.**
  - **It provides a voice to the client who is vulnerable by being unable to fully communicate his or her reactions to medications and programming. It recognizes that it is in the client's best interest not to have side effects or long term negative effects of medications.**
  - **Also, we have learned that as clients show progress and/ or become older, they generally need less medication. Without the behavioral tracking and staff communicating, their progress might be ignored.**
  - **Because of the team process, we are able to assess outcomes other than behavioral and symptom oriented outcomes. These additional outcomes include decreased medication side effects, progress in programming such as increased cooperation and skill acquisition, improved socialization, and developing or maintaining vocational potential.**