WEBVTT

1
00:00:02.185 --> 00:00:15.085
And a couple of housekeeping items before we do turn it over, you do have
the chat box available for any questions or comments that you may have
throughout the webinar because it is through the events and our platform.

2
00:00:15.085 --> 00:00:27.565
You will not have the ability to mute yourself. So make sure that when
you submit those questions via the chat at a minimum, please send them to
all panelists be nice. If you could share them with all are all
participants.

3
00:00:27.565 --> 00:00:41.515
So, Derek 1 can see what those questions are being asked. They may have
additional questions based on what your ask is 1 thing. Please don't do.
Unless it's a technical issue or something like that. Don't just send
your questions to the host.

4
00:00:41.575 --> 00:00:52.075
That comes to me and I can probably make up some really good answers for
you. But I think our experts will do a little bit better job, giving you
the right answer.

5
00:00:52.494 --> 00:00:58.344
And with that said, I am going to turn it over to introduce themselves
and get this started.

6
00:01:02.820 --> 00:01:12.989
Thank you. Hi. Good morning. Everybody my name is free Evans, and I am
the statewide risk prevention coordinator. I'm also a licensed behavior
analyst.

7
00:01:12.989 --> 00:01:16.859
With me, I have Lucas sevens and I'll let him introduce himself.

8
00:01:16.859 --> 00:01:26.430
Good morning everyone I'm Luca 7. I am also a licensed behavior analyst,
and I am the central error behavior analyst for.

9
00:01:26.430 --> 00:01:35.159
Covered our half keeping wonderfully forest.

10
00:01:35.159 --> 00:01:43.260

Again, just use the chat box if you have any questions and make sure you send it to all of the panelists for those of you that are just joining.

11
00:01:46.079 --> 00:01:49.739
So, today we're really going to talk about.

12
00:01:49.739 --> 00:01:56.670
Learning your role when it comes to psychotropic medications and ways you can.

13
00:01:56.670 --> 00:02:05.760
The person receives the care that they need and learn of things that you could be doing to better help.

14
00:02:05.760 --> 00:02:11.699
The treatment team and medical doctors know what's going on.

15
00:02:11.699 --> 00:02:22.379
Okay, so let's let's start from a spot of why this is an important topic.

16
00:02:22.379 --> 00:02:32.639
And before I talk about why it's an important topic, let me just give a quick disclaimer ran in. And I are not medical doctors.

17
00:02:32.639 --> 00:02:36.569
We don't even pretend to play 1 on TV so we're.

18
00:02:36.569 --> 00:02:42.030
This isn't medication prescribing advice. This is just information about.

19
00:02:42.030 --> 00:02:53.039
Secretary many medications in the context of residential supports though, even though Rana, and I are not medical doctors, we have.

20
00:02:53.039 --> 00:03:05.159
Worked in a forensic for a number of years, working with individuals with development, disabilities and mental health concerns, taking lots of medications and we also routinely.

21
00:03:05.159 --> 00:03:14.490
Consult on cases that involves medications so we have some knowledge of.

22

00:03:14.490 --> 00:03:21.449
Um, the use of medication in this population again, we're not medical doctors, so just want to make that quick disclaimer.

23
00:03:21.449 --> 00:03:29.639
So, let's talk about why is taking psych meds risky. So, the 1st thing to note is that.

24
00:03:29.639 --> 00:03:34.560
We aren't saying that people should never take segments. That's not what this is about.

25
00:03:34.560 --> 00:03:40.830
But we are saying that when you take Cyc meds, you invite some additional risk.

26
00:03:40.830 --> 00:03:44.430
That could be in.

27
00:03:44.430 --> 00:03:55.860
Regards to long term side effects. It could be short term side effects. So there's lots of health things that go along with using psychotropic medications. So some of those are like.

28
00:03:58.194 --> 00:04:09.655
Some of the ones that are most easily visible when you have seen someone who's over use is kind of an uncontrollable are shaking sometimes called extra pyramidal symptoms.

29
00:04:10.194 --> 00:04:14.034
That's a serious side effect of using some.

30
00:04:14.370 --> 00:04:22.379
Anti psychotic medications other things you may not connect like, metabolic issues so.

31
00:04:22.379 --> 00:04:32.038
People gaining a lot of weights another thing that can happen and we'll talk more about side effects a little bit later, but I'm just saying, so there's lots of medical side effects. We're taking.

32
00:04:32.038 --> 00:04:35.788
Medications the other thing that.

33
00:04:35.788 --> 00:04:39.298
Is true.

34
00:04:39.298 --> 00:04:44.488
Is that the, the common recommendation from psychiatry?

35
00:04:44.488 --> 00:04:50.879
Is that therapy is desirable? So using 1 med, if that's effective is the most.

36
00:04:50.879 --> 00:04:58.918
Prudent course of treatment again, we're not medical doctors, but the literature supports the use of 1 medication. Sometimes.

37
00:04:58.918 --> 00:05:04.889
There are benefits using additional medications and that's really up to the characters. But 1 of the things that is clear is that.

38
00:05:04.889 --> 00:05:10.228
Any time you're adding more and more medication more and more psychotropic medication. You're increasing those risks.

39
00:05:10.228 --> 00:05:21.298
And so, 1 of the, the big dangers of what's called poly pharmacy or lots of med is that you're, you're getting all of these kind of risk.

40
00:05:21.298 --> 00:05:24.418
A side effects or outcomes.

41
00:05:24.418 --> 00:05:35.158
Compounded and made even worse. So it's, it's not uncommon for people that take a lot of segments actually have a significantly shorter lifespan. So they tend to die earlier. They tend to be.

42
00:05:35.158 --> 00:05:41.399
Significantly overweight, they tend to have lots of other medical issues that are.

43
00:05:41.399 --> 00:05:45.778
contributable or related to the use of the segment. So there are some risks.

44

00:05:45.778 --> 00:05:57.028
So, the use of again is not something we're saying don't do, but we're
definitely needs to be a cost benefit done to determine if this is the
least risky, least restricted thing.

45
00:05:57.028 --> 00:06:03.149
To do, and then the last part about restrictiveness is if people are
taking medication and they don't want to.

46
00:06:03.149 --> 00:06:11.428
Then we have to recognize that we may be limiting the right to choose
because maybe they need the medication, but if we have.

47
00:06:11.428 --> 00:06:22.079
If we're kind of putting them in a position where they're taking it
really against what they waste and then we also need to recognize that
we're limiting the rights to choose.

48
00:06:22.079 --> 00:06:26.098
And we need to follow the, the relevant processes that are in place for.

49
00:06:26.098 --> 00:06:32.369
When we limit people's rights to just do process anyway, I've talked
enough, but that's the gist of why segments are risky.

50
00:06:40.769 --> 00:06:46.439
So just real quickly I wanted to overview what psychotropic medications
are.

51
00:06:46.439 --> 00:06:53.939
So, typically, we think of things like anti psychotics, anti, anxiety,
medication, mood, stabilizers.

52
00:06:53.939 --> 00:07:06.988
Antidepressants that it is stimulants, they're non stimulants, but
really, the point we want to make is that any time medication is used to
change behavior.

53
00:07:06.988 --> 00:07:10.798
We see it as we consider it psychotropic.

54
00:07:10.798 --> 00:07:21.624
So, it could include over the counter medications, things like Benadryl
to help calm a person down or help them sleep things like cough medicine.

55
00:07:22.704 --> 00:07:28.913
Some nasal sprays even so really if, if it's used to change behavior.

56
00:07:29.249 --> 00:07:33.778
That's what makes it psychotropic medications in our discussion today.

57
00:07:34.858 --> 00:07:43.619
So Here's a list of common reasons that meds are prescribed.

58
00:07:43.973 --> 00:07:55.314
Some of these has kind of already been touched on, but insomnia. So you
can't sleep. So you take something to fall asleep. You can't concentrate.
So you take something to help you focus. You're really irritable. So you
take something to calm me down.

59
00:07:55.793 --> 00:08:05.903
You are really sad, or you're crying a whole bunch so you take something
to pick you up. You can't get motivated. Maybe you're depressed. And so
you take something to kind of help you.

60
00:08:06.209 --> 00:08:14.608
Become more active maybe you're having or a person is having suicidal
thoughts that take some medicine.

61
00:08:14.608 --> 00:08:18.059
People have poor memory or concentration.

62
00:08:18.059 --> 00:08:27.209
Think their moves are all over the place, or they are hurting themselves
or other people. Those are common reasons. Why things get prescribed.

63
00:08:36.658 --> 00:08:39.808
So, the.

64
00:08:39.808 --> 00:08:48.389
Problem with those common reasons Lucas talked about is it's really hard
to know what that looks like. And so.

65
00:08:48.389 --> 00:09:00.629
We need to really figure out what actions are occurring. What is the
person doing specifically? That leads to medication? Prescription?
Everything Lucas talked about are big old categories.

66
00:09:00.629 --> 00:09:03.839
And we need to narrow it down to what's the specific behavior.

67
00:09:03.839 --> 00:09:12.269
How would I know what's happening if I saw it? So if I was a stranger observing.

68
00:09:12.269 --> 00:09:18.389
Lucas is anxiety for the 1st time how would I figure out that Lucas has anxiety?

69
00:09:18.389 --> 00:09:24.778
It looks different for everybody so, is he pulling his hair? The pacing? Is he talking really quickly?

70
00:09:24.778 --> 00:09:31.859
Or is he going on the Internet? Most of the day anxiety can look different for for anybody. So we need to make sure.

71
00:09:31.859 --> 00:09:35.729
That we're looking at observer, observable and measurable.

72
00:09:35.729 --> 00:09:41.639
Behavior that's defined in a way that anybody could go and observe that.

73
00:09:41.639 --> 00:09:55.288
Um, in addition to thinking about, what are the, what are the.

74
00:09:55.288 --> 00:10:03.269
Correlated behaviors are related behavior that's happening. That helps us know about that mental health concern. We also need to recognize what are some.

75
00:10:03.269 --> 00:10:06.448
Common side effects the medication has.

76
00:10:06.448 --> 00:10:10.499
These range from annoying.

77
00:10:10.499 --> 00:10:24.119

Too uncomfortable to life threatening and so any time we're taking any medications need to be aware of side effects that could happen, but specifically for psychotropic medications. So, 1 of the things can be swallowing or choking issues.

78
00:10:28.739 --> 00:10:40.288
Hold on, we had a comment from Matt he says anxiety can manifest itself is anger or aggression. It's important to get to the root cause of the behavior. Correct? Well.

79
00:10:40.288 --> 00:10:44.278
I would say.

80
00:10:50.339 --> 00:10:58.198
So, my personal opinion is that the root causes likely something happening in the environment around the person.

81
00:10:58.198 --> 00:11:01.259
I think that we have lots of ways that we describe.

82
00:11:01.854 --> 00:11:16.464
Mental health concerns, let's take anxiety for 1. I think the most important piece is figuring out what it looks like for that person, because that's how you communicate it. And that's how you can determine if it's getting better or not. But I would definitely support that.

83
00:11:16.464 --> 00:11:18.323
You want to figure out what the reason.

84
00:11:18.629 --> 00:11:25.859
For the, the challenges and address the reason. So I would agree with that. And then cane I'll get to your question in a 2nd.

85
00:11:25.859 --> 00:11:31.288
Okay, so swallowing and choking issues are important.

86
00:11:31.288 --> 00:11:41.729
So, sometimes things medications will increase the amount of drilling that people have. And if it also makes them very lethargic or kind of.

87
00:11:41.729 --> 00:11:46.469
So dates them a little bit and they're drilling a lot. You can show you can aspirate.

88
00:11:46.469 --> 00:11:53.308
Those are common concerns with some medications specifically if the dosage is too high.

89
00:11:53.308 --> 00:12:00.089
Dizziness is another 1 so balance problems over specifically when you're, you're getting out from sitting.

90
00:12:00.089 --> 00:12:12.599
Which could be related to a blood pressure issue, or it just could be the medication, make your vision. Blurry could make you have sleep problems. So you may sleep too much. You may not sleep enough.

91
00:12:12.599 --> 00:12:16.558
You may get constipated and this is 1 of those things that.

92
00:12:16.558 --> 00:12:21.989
Um, can be extremely life threatening so 1 of the 1 of the, the.

93
00:12:21.989 --> 00:12:36.053
Major concerns with the use of medication is that it can cause you to become not just constipated or kind of make your balance luggage, but it can actually cause something called an impaction or an obstruction, which means that your your bowels are no longer moving.

94
00:12:36.683 --> 00:12:39.774
And if that's not treated, immediately people will die.

95
00:12:40.109 --> 00:12:46.379
I actually personally have worked with people that have died from constipation as a side effect from.

96
00:12:46.379 --> 00:12:50.249
Side medications it's incredibly.

97
00:12:50.249 --> 00:12:54.839
Important that we understand that people's valves are moving and.

98
00:12:54.839 --> 00:12:57.958
I know it's not the best most.

99
00:12:57.958 --> 00:13:01.889

Comfortable conversation to have, but it is definitely is an important 1 every.

100
00:13:01.889 --> 00:13:05.308
Everybody needs to P*** like, that's we need to do that so they don't die.

101
00:13:05.308 --> 00:13:10.889
Mood instability is another thing. So, medication to make people's moves to go up and down.

102
00:13:10.889 --> 00:13:23.068
1 of the things you might be detecting as you read these side effects and some of these side effects are the same sorts of reasons that people get segments in the 1st place. So sometimes segments can actually.

103
00:13:23.068 --> 00:13:29.399
Make you have more mental health concerns as a, as a side effect.

104
00:13:29.399 --> 00:13:35.578
Memory problems, it can make you forgetful can make you agitated. It can.

105
00:13:35.578 --> 00:13:48.808
It can make you less hungry or less likely to eat so you don't have an appetite. It might do the opposite and make you have a veracious appetite. You make too much. They make you have dry mouth.

106
00:13:48.808 --> 00:13:55.979
Which, in addition to being uncomfortable is related to lots of dental issues. If you have a dry mouth.

107
00:13:55.979 --> 00:14:02.938
And cause your stomach to feel upset and to be nauseous now headache. So there's lots of side effects and 1 of the 1 of the.

108
00:14:02.938 --> 00:14:09.058
Reasons sometimes that people end up on poly pharmacy is they start taking a site med.

109
00:14:09.058 --> 00:14:15.989
Um, it helps with 1 issue that causes another. So then they get another segment to take care of the new issue.

110

00:14:15.989 --> 00:14:20.369
Which meant turn causes another 1 and another and another and now you've got.

111
00:14:20.369 --> 00:14:26.399
You know, 4 or 5, 6 different 2nd, certain medications that are being taken and most of them are just trying to counteract.

112
00:14:26.399 --> 00:14:29.849
Side effects from from the others.

113
00:14:29.849 --> 00:14:39.599
Um, okay, so Kena a** aren't medications meant to incapacitated person, a chemical restraint and not allowed.

114
00:14:39.599 --> 00:14:45.328
Great question so, medications and please refer to.

115
00:14:45.328 --> 00:14:51.149
The the official definition, which can be found in.

116
00:14:51.149 --> 00:15:04.198
A door that we can link to everybody in the queue that comes out after this but there's a specific definition for chemical restraint. But yes, if somebody is becomes incapacitated after the medication is administered.

117
00:15:04.198 --> 00:15:08.399
That's typically considered a chemical restraint and.

118
00:15:08.399 --> 00:15:12.239
Those are allowable under very.

119
00:15:12.239 --> 00:15:16.168
Specific circumstances Please see.

120
00:15:16.168 --> 00:15:26.038
9 CSR 45 3.090T for the things that have to happen in order to use a chemical restraint. They are.

121
00:15:26.038 --> 00:15:29.908
Prohibited and less Pre approved, and there's a lot of stuff that goes with.

122
00:15:29.908 --> 00:15:35.519
I'm using those things, we typically would not recommend using a chemical
restraint.

123
00:15:35.519 --> 00:15:50.033
Um, and the other thing too is even if you're not intending to chemically
restraints somebody, if, if they become incapacitated after they take the
med, you have chemically restrain them. And that's why, you know, all the
things that we're going to talk about are so important.

124
00:15:50.033 --> 00:15:55.134
And the communication is so important so that you can get those
medications adjusted. So, as an example, so.

125
00:15:55.948 --> 00:16:08.009
Out of van is a common Bento diazepam medication that people take for
anxiety and for some people, it has a really strong reaction.

126
00:16:08.009 --> 00:16:11.879
And make some almost.

127
00:16:11.879 --> 00:16:16.438
Catatonic or very, very sleepy and that would be.

128
00:16:16.438 --> 00:16:19.649
Could be an example if it, if it does that to them, that would be.

129
00:16:19.649 --> 00:16:29.514
A chemical restraint, McCain added so, like, Benadryl to be used to make
a person go to sleep. So that's hard. So you have to think about the
reason the medication is being used.

130
00:16:29.514 --> 00:16:35.993
So, if a doctor says, hey, I know you complain about having trouble
sleeping, if you take a bender before bed, it'll help you sleep.

131
00:16:36.298 --> 00:16:43.438
Well, then the purpose of the medication is to help the person sleep and
that's not necessarily a chemical restraint. It's about the reason for
the medication.

132
00:16:43.438 --> 00:16:48.928

So, if if the purpose is to help people sleep, then.

133
00:16:48.928 --> 00:16:57.928
Taking the medication, having the person go to sleep would be the intended effect. So it's important to think about what, what's the reason.

134
00:16:57.928 --> 00:17:08.578
And we'll get into the other 1, so I don't want to keep holding up the talk, but we'll get this. There's a lot of good questions coming in. Sorry?

135
00:17:10.138 --> 00:17:14.159
No, these are all great, great questions.

136
00:17:14.159 --> 00:17:18.808
So, just to make sure we hit on on.

137
00:17:18.808 --> 00:17:28.108
Common side effects is really sometimes we don't recognize the side effects and so we think meds aren't working or we end up adding more minutes. Like Luka said.

138
00:17:28.108 --> 00:17:34.229
To address the new problems that are occurring and that's how how we often end up with.

139
00:17:34.229 --> 00:17:39.269
Folks that are on multiple psychotropic medications, which increases their risk.

140
00:17:39.269 --> 00:17:48.058
And so now we're going to talk about really what's your scope as residential providers? So knowing your role.

141
00:17:48.058 --> 00:17:59.009
At the beginning, you're going to be gathering information gathering data about what's going on about those specific behaviors that are happening so that you can give that.

142
00:17:59.009 --> 00:18:06.778
Data to the doctor so that they might better know what medication is needed. If medication is needed.

143
00:18:06.778 --> 00:18:11.699
You're going to make sure that the men are taken as prescribed.

144
00:18:11.699 --> 00:18:23.939
We're going to take data to track, continue, taking data to track those
specific behaviors to see if they're getting better they getting worse or
new behaviors or side effects occurring.

145
00:18:23.939 --> 00:18:28.739
And you're also going to track when the meds are taken.

146
00:18:28.739 --> 00:18:41.818
And then you're going to share that data with the doctor, with the
behavior analyst with other team members so that everybody has the
information. They need to know big picture what's going on.

147
00:18:41.818 --> 00:18:49.648
So, what what kind of data do you.

148
00:18:49.648 --> 00:18:53.038
Do you need what you need to know when you gave the meds?

149
00:18:53.038 --> 00:18:56.669
And hopefully that lines up to when.

150
00:18:56.669 --> 00:18:59.759
The the window for when they should be taken.

151
00:18:59.759 --> 00:19:04.798
Um, and then a quick note on taking medication. So if a person refuses to
take meds.

152
00:19:04.798 --> 00:19:10.949
We're not saying that you should hold them down and make them take it.
You should then you should be taking data about.

153
00:19:10.949 --> 00:19:22.259
What they refused, and when they refused it and then taking that back to
the treatment team, the planning team, whoever it is, that is working on
these issues to together, figure out a way to.

154
00:19:22.259 --> 00:19:31.499

Figure out either the reason why the person doesn't want to take the meds because there might be a really good reason. We just went through a whole bunch of really bad side effects that they might be experiencing.

155
00:19:31.499 --> 00:19:35.548
Or there may be something else that can be done to, to arrange.

156
00:19:35.548 --> 00:19:40.138
A situation that the person's more likely to follow their, their medical treatment.

157
00:19:40.138 --> 00:19:44.429
You want to know what behavior is happening?

158
00:19:44.429 --> 00:19:47.429
Both before and after, because before.

159
00:19:47.429 --> 00:19:57.179
Um, is probably related to why their behavior are, but why the medicine's being prescribed specifically if it's an, as needed are appearing medication, but you also want to know what's happening afterwards. So.

160
00:19:57.179 --> 00:20:00.929
If the medication is a.

161
00:20:00.929 --> 00:20:11.219
That's been prescribed to deal with agitation and agitated. Looks like high pitched really pushed speech person, you know.

162
00:20:11.219 --> 00:20:14.999
Pacing really quickly back and forth while they're shaking their 5th. Mayor.

163
00:20:14.999 --> 00:20:19.019
And then you give that medication when that's happening and that never stops.

164
00:20:19.019 --> 00:20:23.308
Well, that's good information though, because that means that the PR is not having the desired effect.

165
00:20:23.308 --> 00:20:31.769

Or, on the other hand, if the person who becomes so slow, they're drooling, and they can't stand up straight.

166
00:20:31.884 --> 00:20:44.634
And they can't keep their mouth closed and their tongues protruding from their mouth. Well, then those are other things that you also need to take data on. So that you can convey that back to the position that yeah. The agitation gone.

167
00:20:44.634 --> 00:20:47.574
But now we've got a whole bunch of other really concerning things that are happening.

168
00:20:47.878 --> 00:20:52.378
And so that would give the position more information to help him or her.

169
00:20:52.378 --> 00:21:01.499
Figure out what the most effective dosages and again, we're non doctors we would want to know and you should want to know.

170
00:21:01.499 --> 00:21:09.239
Um, what other things are happening around the person are they continuing to engage in their daily life as they had before? Are they.

171
00:21:09.239 --> 00:21:16.378
Isolating away from everyone or the eating or sleeping more than normal or less than normal.

172
00:21:16.378 --> 00:21:20.368
Have they started having weird.

173
00:21:20.368 --> 00:21:29.848
Kind of obsessive ticks or obsessions over certain things. So just anything that's different. Those are all the kinds of data that you would want to know.

174
00:21:29.848 --> 00:21:35.638
Both prior to going to the doctor for, um, to talk about medication and also after medication is.

175
00:21:35.638 --> 00:21:40.348
On board, so that you can make sure that, you know.

176

00:21:40.348 --> 00:21:43.949
That the behavior associated for the reason for the Matt is.

177
00:21:43.949 --> 00:21:49.769
Is actually improving so that, you know, the behaviors, the medications
working and also so that you can detect any of those.

178
00:21:49.769 --> 00:21:57.929
Problematic side effects that come up so that you can make sure the
doctor knows how the person's actually doing.

179
00:22:04.979 --> 00:22:18.239
So, we just want to really make sure we repetitions key to memory. So we
want to make sure we repeat over and over that. It's more than just
taking the data. You've got to share the data with all.

180
00:22:18.239 --> 00:22:23.969
Team members, so the medical provider, the behavior analyst, anyone
really working to help.

181
00:22:23.969 --> 00:22:34.169
The person be more successful, so share that data with all members,
involved in care and do it regularly. And frequently.

182
00:22:34.169 --> 00:22:42.328
So, I'm going to quickly go through.

183
00:22:42.328 --> 00:22:51.659
A few things that we think might help, and then we'll kind of take a
little bit deeper dive in each 1 of these intern. So, safety crisis plan.

184
00:22:51.659 --> 00:22:58.378
If you weren't expecting that to be on there, then now you've seen it. We
always talk about them.

185
00:22:58.378 --> 00:23:13.223
They're really helpful and often required when dealing with behavioral
challenges skills, teaching we're going to keep talking about data
because that's the only way we know if anything's working or not working
and then communication. So, those are the, those are the 4 areas.

186
00:23:13.558 --> 00:23:19.588
That we think would help and we're gonna go through each 1 in turn.

187
00:23:24.989 --> 00:23:36.778
So, again, we've talked lots about safety crisis plans and so I won't go to in debt for it. A lot of you were on our previous webinar, but just in case, you weren't.

188
00:23:36.778 --> 00:23:47.189
The safety crisis plan is a tool to really help staff know what exactly they need to do, how they need to respond when certain behaviors are happening.

189
00:23:47.189 --> 00:23:51.959
For specific command, this might mean that you include.

190
00:23:51.959 --> 00:24:01.199
This means that you should include in the safety crisis plan whenever something like a PR and medication should be given, or or offered.

191
00:24:01.199 --> 00:24:05.548
And then also, what's the plan is meds are refused.

192
00:24:05.548 --> 00:24:12.568
That should be included in the safety crisis plan and we've linked the resources again. Here.

193
00:24:12.568 --> 00:24:17.128
It will be available for you when the webinar is posted.

194
00:24:17.128 --> 00:24:26.638
And 1, last note about safety crisis plan. So another thing specifically about.

195
00:24:26.638 --> 00:24:32.098
Pr in medications, it's really important and this is something the doctor can help you figure out is.

196
00:24:32.098 --> 00:24:38.759
There's a certain time period that happens after a person ingest the medication before it starts to take effect.

197
00:24:38.759 --> 00:24:44.519
And that's really important to consider when you determine what's the, what's the most beneficial.

198
00:24:44.519 --> 00:24:51.568
Place in the crisis cycle that that medication should be applied. And so
even though.

199
00:24:51.568 --> 00:25:01.648
Medication shouldn't be our 1st, line of defense. We should have other
things that we're working on and I'm going to talk about some of those on
this slide. But if it's a medication that is.

200
00:25:01.648 --> 00:25:06.929
Been prescribed that could be helpful in those moments, and it takes 30
minutes to take it.

201
00:25:06.929 --> 00:25:16.019
Take effect, you don't want to wait all the way until the person is
punching holes in the wall and a.

202
00:25:16.019 --> 00:25:23.759
Beating people up before you give it, because now it's probably too too
late. Um, the other thing is sometimes when people are.

203
00:25:23.759 --> 00:25:27.808
Um, escalated at a certain point the medication doesn't.

204
00:25:27.808 --> 00:25:33.509
Doesn't bring them down that much and so being able to catch it early.
And again, this is where the data is important.

205
00:25:33.509 --> 00:25:38.608
About kind of how things escalate and this is when the doctor.

206
00:25:38.608 --> 00:25:46.769
Can use that information to determine when is the, how, how much in
advance does that as needed vacation need to be given in order to have
the the.

207
00:25:46.769 --> 00:25:55.048
Best benefits to the person to help them maintain control and to continue
to have that the meaningful day that they presumably want.

208
00:25:55.048 --> 00:26:02.489
The other thing that you should be working on as part of any that a
person would have in our system.

209
00:26:02.489 --> 00:26:10.378
Is a set of skills that address the needs that they've that the team has determined during their needs assessment.

210
00:26:10.378 --> 00:26:15.898
And there's a, there was a really good question for Kathy.

211
00:26:15.898 --> 00:26:21.298
Then I purposely saved to this part because she asked how any suggestions on how to.

212
00:26:21.298 --> 00:26:24.298
Help consumers accurate accurately.

213
00:26:24.298 --> 00:26:28.888
Report bowel movements for monitoring constipation and so that might be 1 of the skills.

214
00:26:28.888 --> 00:26:35.249
So, the 1st thing to think about is is what, what is currently the barrier for them communicating? It is it because.

215
00:26:35.249 --> 00:26:41.578
They struggled to communicate in general, is it? Because they don't want to talk about it because it's embarrassing.

216
00:26:41.578 --> 00:26:50.128
Those are those are 2 separate things that you would do. So, if they just struggle to communicate in general well, then 1 of the things that you should be working on.

217
00:26:50.128 --> 00:27:03.689
Generally is increasing their communication. There are lots of ways to help people communicate more effectively. 1 could be just to teach them to talk. Sometimes people haven't had the opportunity to learn how to have.

218
00:27:03.689 --> 00:27:07.588
Um, typical verbal language, there's also.

219
00:27:07.588 --> 00:27:13.409
Devices augmented communication devices, which can be helpful.

220
00:27:13.409 --> 00:27:18.568
To help people that are able to develop regular verbal language.

221
00:27:18.568 --> 00:27:24.628
Like, like as typical and so essentially it's just a tablet.

222
00:27:24.628 --> 00:27:28.318
Or some sort of electronic device that has buttons are.

223
00:27:28.318 --> 00:27:35.429
Cards that can be touching the screen that are related to words and can people can use those to communicate their wants and needs.

224
00:27:35.429 --> 00:27:49.318
You could go super old school, which you did before there were tablets and electronic devices, and you could use something called pecks, which is just a picture version of that augmented device where you're just handing cards are pointing to things on a piece paper.

225
00:27:49.318 --> 00:27:55.318
Sign language is another thing there are lots of ways that people can communicate.

226
00:27:55.318 --> 00:28:04.259
If you are, if you are supporting a person that has no communication, that should be your primary concern is how to help them communicate better.

227
00:28:04.259 --> 00:28:15.388
Not only because it would increase their quality of life tremendously to be able to actually communicate with other people. It'll also help you identify. What is the reason for any problem they may be experiencing.

228
00:28:15.388 --> 00:28:28.229
1 of the most common reasons for challenging behavior are medical reasons. And if a person can't communicate to you that they're having a medical problem, you're creating a recipe for them to suffer. And for.

229
00:28:28.229 --> 00:28:32.608
Them to continue to medically decline while.

230
00:28:32.608 --> 00:28:36.959

We try to do some sort of behavioral strategies that probably aren't relevant.

231
00:28:36.959 --> 00:28:42.509
The other thing.

232
00:28:42.509 --> 00:28:47.669
That might be true is that they don't want to tell other people, because it's embarrassing.

233
00:28:47.669 --> 00:29:00.749
1 thing that you could do in those circumstances is 1, recognize that it is embarrassing to talk to other people about your bound movements and think about where you're having those conversations. Is it in the middle of the living room with the other house.

234
00:29:00.749 --> 00:29:04.409
And where it would be a more appropriate place to have it.

235
00:29:04.409 --> 00:29:14.338
So, if let's say the person can can write, just leave a notebook in the bathroom and they can just kind of record what they did in there.

236
00:29:14.338 --> 00:29:22.138
You could also have 1 of those um, I think they're called a Bristol miles chart, which kind of has little illustrations of different.

237
00:29:22.138 --> 00:29:33.118
Types of stool again, this isn't the best conversation or most fun conversation to ever have to have. It's just really important but if you could get 1 of those laminated with a dry race marker, they could just kind of mark.

238
00:29:33.118 --> 00:29:43.888
What happened and so long as you have reason to think that that's pretty accurate. So, you know, they're not saying everything's all good and their belly looks really distended.

239
00:29:43.888 --> 00:29:51.568
Um, or you, you aren't hearing kind of the discomfort or grunting from the bathroom that would indicate that maybe that's not working. So well.

240
00:29:51.568 --> 00:29:59.249

Then that's fine. Kathy, asked a really good follow up question is what if they're changing their response.

241
00:29:59.249 --> 00:30:06.269
Well, you know, I don't know it could be. So here's 1 thing to ask to find out is.

242
00:30:06.269 --> 00:30:11.398
Do they really know how to describe what kind of bowel movement.

243
00:30:11.398 --> 00:30:15.388
That they had, so, you know, if you say.

244
00:30:15.388 --> 00:30:24.808
Is everything moving okay. Do they even know what that means? Or if you say, are you constipated? Do they know what that means? So again that that Bristol might help them.

245
00:30:24.808 --> 00:30:30.689
Be able to connect what a typical or normal or a healthy album that looks like versus.

246
00:30:30.689 --> 00:30:36.419
What a non healthy non typical 1. so that might be some education that the nurse can provide.

247
00:30:36.419 --> 00:30:40.709
Other skills that might be important.

248
00:30:40.709 --> 00:30:45.598
That aren't related to all right. Could be just general social skills.

249
00:30:45.598 --> 00:30:55.739
So, if somebody has struggling with social anxiety, so they, they have a hard time talking to other people building up. Their social skills can help them feel more.

250
00:30:55.739 --> 00:30:59.038
Confident and competent being able to talk to other people.

251
00:30:59.038 --> 00:31:03.659
Um, being able to do something to help them.

252
00:31:03.659 --> 00:31:08.308
Calm down, so we all get in those situations where something happens. We get really mad and we can.

253
00:31:08.308 --> 00:31:12.148
And we even say things, like, I can send my blood pressure just going through the roof like, what it.

254
00:31:12.148 --> 00:31:25.048
What sort of things can we do and other people do to help bring their pulse down bring your blood pressure down could be breathing. It could be walking away. It could be listening music. So there's lots of skills that people could.

255
00:31:25.048 --> 00:31:28.979
Learn that would address the reasons.

256
00:31:28.979 --> 00:31:37.558
For the medication helped them cope through uncomfortable situations and just generally have a good quality of life to the best of their ability.

257
00:31:37.558 --> 00:31:42.239
And if you are thinking to yourself, well, gosh, I don't know how to teach those.

258
00:31:42.239 --> 00:31:48.778
That's great because we have services that a person can receive to help work specifically on those things.

259
00:31:48.778 --> 00:31:56.699
And we'll talk a little bit more about those in a minute, but there are there are people often that can help you and the person.

260
00:31:56.699 --> 00:32:05.548
Acquire these skills and last, but not least if somebody's doing something that they should be. That's desirable. That is skillful.

261
00:32:05.548 --> 00:32:08.848
So, that moment, that typically would have made them.

262
00:32:08.848 --> 00:32:13.888
Get really upset and break something and they didn't make sure you recognize that and make sure that when they are.

263
00:32:13.888 --> 00:32:24.479
Um, acting effectively and appropriately that we're making sure that that pays off and they recognize that they did a good thing, and they know that we know that they did a good thing because.

264
00:32:24.479 --> 00:32:28.769
A lot of times what happens is we only notice things.

265
00:32:28.769 --> 00:32:36.719
When they don't happen, and then we call attention to them not happening. And we don't recognize when people are are spending most of their time doing.

266
00:32:36.719 --> 00:32:43.769
Pretty well, throughout the day, even if it's just a nothing particularly.

267
00:32:43.769 --> 00:32:52.469
Significant about what's happening just that things are going normal. That would be something to recognize for somebody who has some significant troubles. So.

268
00:32:52.469 --> 00:33:00.959
I'm making sure that you recognize the skillful things that people are doing on a day to day basis because even even folks who struggle the most are probably still spending 80% of their day.

269
00:33:00.959 --> 00:33:04.439
Doing just fine and we just need to make sure we recognize those times.

270
00:33:10.288 --> 00:33:13.679
All right, so just to recap I want to.

271
00:33:13.679 --> 00:33:17.878
Note that psychotropic medication.

272
00:33:17.878 --> 00:33:23.909
Um, by itself typically is not enough to help.

273
00:33:23.909 --> 00:33:34.798
The person reach their full potential is how word it so teaching those replacement skills are really, really important to.

274
00:33:34.798 --> 00:33:39.568
Help the person know ways that they can.

275
00:33:39.568 --> 00:33:44.848
Behave differently, so, Lucas talked about.

276
00:33:44.848 --> 00:33:54.749
If Lucas pulls out his hair right before he has to talk to a certain person and now he's got these bald patches because he just keeps within here out.

277
00:33:54.749 --> 00:34:02.969
Teaching him some ways he can talk to the person and maybe prepping for conversations ahead of time.

278
00:34:02.969 --> 00:34:08.009
That might help him be more skillful when he does have to talk to someone that he.

279
00:34:08.009 --> 00:34:11.969
Would normally ripped his hair out if he had to speak to them?

280
00:34:11.969 --> 00:34:17.938
So, teaching those replacements skills is probably the most important thing you could be doing.

281
00:34:22.012 --> 00:34:34.614
And again, I'm going to be a parrot and say data data data because, like Luka said, we won't know whether things are working, whether they're getting better or worse. If we don't have the data to support that.

282
00:34:34.614 --> 00:34:37.014
So, we need to be looking at.

283
00:34:37.349 --> 00:34:44.668
Um, are being taken as prescribed? Are they being refused the behavior for which they're prescribed are getting better.

284
00:34:44.668 --> 00:34:49.588
I'm just failing to get better so if the behavior is getting worse.

285

00:34:49.588 --> 00:34:56.278
Where you're seeing lots of side effects that might make it seem like the behavior is getting worse. Medications should be.

286
00:34:56.278 --> 00:35:02.489
Reevaluated by the doctor to see what else might be.

287
00:35:02.489 --> 00:35:13.588
Try so Here's a list of some other services that could be helpful.

288
00:35:13.588 --> 00:35:17.068
And just to kind of.

289
00:35:17.068 --> 00:35:21.179
Hit these really briefly, but we do have a console.

290
00:35:21.179 --> 00:35:27.748
Consultative service that we offer residential and non residential service providers called tiered supports.

291
00:35:27.748 --> 00:35:35.849
And that is a service for your whole agency that will help you.

292
00:35:35.849 --> 00:35:42.688
Set up the systems to, among other things, take data and to help ensure staff know how to do.

293
00:35:42.688 --> 00:35:47.099
The daily things that they're supposed to do, and the.

294
00:35:47.099 --> 00:35:57.599
And that they're taking the data the way that they're supposed to do, and that you're also recognized when they do. Well, and so it's a way to supervise and manage staff.

295
00:35:57.599 --> 00:36:07.469
Help you set up systems to take the data, maybe even help you with how you communicate that data to other people. Um, and it's just generally some consultation to help you.

296
00:36:07.469 --> 00:36:12.478
Um, help your whole agency be more effective in the supports that they provide to individuals with.

297
00:36:12.478 --> 00:36:16.918
And all disabilities, there's also technology supports.

298
00:36:16.918 --> 00:36:21.809
So this might for for somebody with a mental health concerns, that could
be.

299
00:36:21.809 --> 00:36:26.878
Do you have a counselor or.

300
00:36:26.878 --> 00:36:31.528
A social worker, or somebody that you could.

301
00:36:31.528 --> 00:36:35.668
Have a phone call with quickly like, when you're in a.

302
00:36:35.668 --> 00:36:39.358
Um, a really particular rough patch, and the person needs to talk to
somebody.

303
00:36:39.358 --> 00:36:48.148
Can they make we, I've heard them called coaching calls of being able to
reach out to find somebody with expertise really quickly.

304
00:36:48.148 --> 00:36:52.108
Hopefully, it's a, somebody that they've already been working with could
be helpful.

305
00:36:52.108 --> 00:36:56.309
If you are.

306
00:36:56.309 --> 00:37:02.159
Needing to do some additional monitoring there's also some technological
stuff that could help with that.

307
00:37:02.159 --> 00:37:11.849
So that you can help support people become more independent, but also
continuing to provide any kind of necessary oversight that they might
need. While they demonstrate success.

308
00:37:11.849 --> 00:37:16.739

Without somebody specifically in the room with them, any integration is a service that can help.

309
00:37:16.739 --> 00:37:19.889
Teach skills related to being out in about, in the community.

310
00:37:19.889 --> 00:37:26.998
Behavior services or apply behavior analysis services is a is a service that can help teach really any skill.

311
00:37:26.998 --> 00:37:33.958
And this is where if a person doesn't know how to communicate, or is struggling with lots of daily living skills, or.

312
00:37:33.958 --> 00:37:37.889
Um, responses to do, instead of.

313
00:37:37.889 --> 00:37:46.469
Hurting people or hurting themselves or breaking things. Um, this can be a really helpful service to teach those skills that meet the needs that they have.

314
00:37:47.579 --> 00:37:58.409
Other services that aren't on here related to communication specifically, but speech language pathologist are also really good services to help people with communication.

315
00:37:58.409 --> 00:38:12.300
Behavior support review committee is a place to get help. If you are a team, helping a person, and you're really stuck with them. Some are really challenging situation that just keeps happening or you just can't find a way to get past it.

316
00:38:12.300 --> 00:38:18.150
That's the place to go to get some free consultation. It's made up of behavior analyst that.

317
00:38:18.150 --> 00:38:22.320
Provide services to the to community members.

318
00:38:22.320 --> 00:38:30.840
Are other members in the system, and they volunteer their time each month to come in and give free consultation. It's shared.

319
00:38:30.840 --> 00:38:37.710
By 1 of the behavior team members, there's also employment services,
employment services.

320
00:38:37.710 --> 00:38:44.190
Can be very helpful, not just because it helps teach people skills that
help them.

321
00:38:44.190 --> 00:38:51.389
Earn money, but it also is, is, uh, 1 of the most common places that
people socialize. So, if you think about your life.

322
00:38:51.389 --> 00:38:56.789
Thinking about my life right now. Most of the places that I have, my
social interactions are workplaces.

323
00:38:56.789 --> 00:39:05.610
Especially now with everything closed down, so giving people helping
people get a job isn't just helping them to earn money.

324
00:39:05.610 --> 00:39:16.289
And to be independent that way, but it's also helping them to have
typical places where they talk to other people and also having to develop
the social skills to thrive in those situations as well.

325
00:39:16.289 --> 00:39:29.280
Counseling is a great service to help people with mental health concerns
and would be, I would think mandatory to go along with any quote, his
site medication that's being prescribed for mental health.

326
00:39:29.280 --> 00:39:37.619
Diagnosis 1 of the things that seems to be true is that people who.

327
00:39:37.619 --> 00:39:43.530
Get psychotherapy and medication do better than people that just get
medication and people that.

328
00:39:43.530 --> 00:39:49.349
Um, use or continue to.

329
00:39:49.349 --> 00:39:53.610
Have helped developing skills, live better lives.

330
00:39:53.610 --> 00:39:56.909
Um, and or overall more healthy over time and.

331
00:39:57.684 --> 00:40:06.744
1 of the reasons for that is because as people become more skillful and learn more skills and get these community supports in place they don't need is they don't need to rely on the medication as much.

332
00:40:06.744 --> 00:40:15.204
And that allows for medication to be either discontinued or to be kind of titrate down to the lowest effective dose, which minimizes the amount of.

333
00:40:15.510 --> 00:40:20.429
Side effects, the person has, and also, you know.

334
00:40:20.429 --> 00:40:25.710
Being socially connected to other people is 1 of those things that, that helps people level a, a good long life.

335
00:40:25.710 --> 00:40:31.619
I do have 1 caveat with counseling just so everybody is aware and this has been sent out.

336
00:40:31.619 --> 00:40:38.730
Um, I believe the DD blasts, but pretty soon counseling will no longer be a service in the waiver. It doesn't mean that people still.

337
00:40:38.730 --> 00:40:48.690
Can't get counseling, they still can counseling is still covered under state plan so they can get it through straight Medicaid. It will not be in the waiver shortly.

338
00:40:48.690 --> 00:40:57.420
Um, but I think March 2021 is the, the month and year in which it will no longer be in the waiver. The other thing that is important.

339
00:40:57.420 --> 00:41:00.480
Is medical evaluation so sometimes people have.

340
00:41:00.480 --> 00:41:08.280
Mental health like concerns, because they have an ongoing medical problem. So a common example of this.

341
00:41:08.280 --> 00:41:13.230
Is thyroid problems that seem to present.

342
00:41:13.230 --> 00:41:17.340
As anxiety and abilities sleep.

343
00:41:17.340 --> 00:41:24.659
Inability to concentrate other things could be like urinary tract
infections be related to irritability.

344
00:41:24.659 --> 00:41:28.619
No wonder, you're in a train pain, but also things like.

345
00:41:28.619 --> 00:41:33.570
What people would describe as psychotic episode so people becoming.

346
00:41:33.570 --> 00:41:38.280
Kind of detached from reality related to serious.

347
00:41:38.280 --> 00:41:41.849
Urinary tract infections, or just infections all together.

348
00:41:41.849 --> 00:41:47.280
Other things that you might consider as well is sometimes when people
take medical.

349
00:41:47.280 --> 00:41:53.909
Medication to treat medical problems, like infections and antibiotics.
They also develop some sort of.

350
00:41:53.909 --> 00:42:04.920
Side effects that are behavioral in nature, so irritability and all sorts
of things. So, having somebody who is medically following a person is
always a really good thing.

351
00:42:04.920 --> 00:42:09.780
I'm just in general, but specifically whenever there's psychotropic
medications or.

352
00:42:09.780 --> 00:42:14.670
A mental health concerns or behavioral concerns happening.

353
00:42:23.519 --> 00:42:29.760
I wanted to get that out to be a training that until the weather's.

354
00:42:29.760 --> 00:42:33.329
Did it's a recorded webinar on monitoring.

355
00:42:33.329 --> 00:42:44.280
Psychotropic medications, so we talked a lot about taking data around and
I think her goes into more detail about how you can take good data and
monitor.

356
00:42:44.280 --> 00:42:49.349
Use of psychotropic medications and that's recorded already on our
website.

357
00:42:49.349 --> 00:42:53.820
Hello.

358
00:42:53.820 --> 00:42:57.420
We have some upcoming opportunities.

359
00:42:57.420 --> 00:43:09.630
For everybody to learn more about this subject and other things and so
we've linked additional some virtual workshops and then the provider
support committee where.

360
00:43:09.630 --> 00:43:13.500
Um, residential providers can come together and.

361
00:43:13.500 --> 00:43:21.210
It's really like a learning community. We'll, we'll have a theme each
time in an open discussion around the scene.

362
00:43:21.210 --> 00:43:25.170
Guess were you going to say something.

363
00:43:25.170 --> 00:43:29.940
No, you covered it I was just going to remind people that when they get
access to this.

364
00:43:29.940 --> 00:43:37.679

These slides that there are links with throughout the document that will take them to the resources that we're talking about. So, if you're.

365
00:43:37.679 --> 00:43:41.369
If you were worried that you didn't know where all these things were don't worry.

366
00:43:41.369 --> 00:43:45.420
Links are in there.

367
00:43:52.764 --> 00:44:00.505
Ruth asks, wouldn't you agree that medical conditions should be rolled out? 1st before psychotropic are prescribed.

368
00:44:00.900 --> 00:44:05.159
Lucas, I don't know how you feel about this, but I.

369
00:44:05.159 --> 00:44:10.320
Agree that yes, we should always roll out medical conditions before.

370
00:44:10.320 --> 00:44:18.360
Anything else? Yes, I would agree that as well. So we should always be thinking about what.

371
00:44:18.360 --> 00:44:33.000
What medical conditions could be causing what we're seeing and we should be addressing those 1st and the ideal world. And if there are, if what's happening is serious enough, and there has to be so a psychiatrist feels like he has to.

372
00:44:33.000 --> 00:44:37.710
He or she has to prescribe medication right away or there are.

373
00:44:38.155 --> 00:44:53.005
The significant need for behavioral strategy is I think those things should happen too, but we should continue to work on figuring out what the medical problem is. So, sometimes it's ideally it's medical. 1st, then everything else. But sometimes it needs to be medical while you do some kind of preventative things.

374
00:44:53.005 --> 00:44:53.844
So, for example.

375

00:44:55.019 --> 00:45:07.525
There are lots of behavioral things that you can do in in the short term, while you're ruling out medical problems, like removing excessive amounts of demands in a person's life. Just generally increasing kind of the good things that are happening.

376
00:45:07.525 --> 00:45:10.195
And the amount of what we call reinforcement or.

377
00:45:10.829 --> 00:45:20.159
Good outcomes for non contingently. So there's no, they're not having to work to earn good things. We're just trying to make them comfortable in their life. Pretty good.

378
00:45:20.159 --> 00:45:27.690
Um, why you try to figure out what medical things are happening for them in the same way that, you know, what, if you are having a lot of.

379
00:45:27.690 --> 00:45:31.769
Anxiety you've got a thyroid problem and the doctor's saying, well, you know.

380
00:45:31.769 --> 00:45:34.860
I'm I've given you what I think is the right dosage of.

381
00:45:34.860 --> 00:45:43.530
Replacement hormone, but this is going to take 3 weeks to 3 months before that hormone level comes up to what it's at. So I'm going to prescribe you some.

382
00:45:43.530 --> 00:45:47.039
Um, some anxiety medication for you to take short term.

383
00:45:47.039 --> 00:45:50.460
While that formal comes up and then after that.

384
00:45:50.460 --> 00:45:57.809
Hormone is that normal level? You shouldn't need it anymore so all those things are are considerations, but yes, definitely addressing medical things.

385
00:45:57.809 --> 00:46:01.199
1st, or as quickly as possible and.

386
00:46:01.199 --> 00:46:04.710
Not just in the beginning of treatment, but if some.

387
00:46:04.710 --> 00:46:11.099
Drastic change happens with a person. The 1st thing we should always
think is medically what what's what's going on.

388
00:46:11.099 --> 00:46:18.179
So, if all of a sudden somebody who's doing, okay, just completely
compensates or things just kind of go.

389
00:46:18.179 --> 00:46:30.630
Downhill really quickly and now they're doing things that look crazy or
they just stop eating and they started sleeping all the time. The 1st
thing that we should we should think of is medically what, what can be
going on that could account for this.

390
00:46:30.630 --> 00:46:35.489
And then move on to other things.

391
00:46:35.489 --> 00:46:47.730
Ruth asked another great question. How long does it really take to
determine that a medication is working or not working before you try
something else or try something in addition? That is a great question. So
I'm going to give you.

392
00:46:47.730 --> 00:46:51.900
My opinion, and then I would recommend that you talk to a doctor.

393
00:46:51.900 --> 00:46:56.489
Um, again it depends on the medication, so.

394
00:46:56.489 --> 00:47:00.929
Each medication has a particular period of time.

395
00:47:00.929 --> 00:47:07.469
Where the dosage gets to whatever level they this quote unquote
therapeutic in the bloodstream.

396
00:47:07.469 --> 00:47:16.079
Not a doctor, so that's as much detail as I want to share on that. So it
really depends on the medication. So, the key thing is talking with the
doctor about.

397
00:47:16.079 --> 00:47:22.920
And asking that question specifically, that's 1 of that's 1 of your roles is to ask the doctor. How long should I expect.

398
00:47:22.920 --> 00:47:35.610
Until I see some improvement so, at what point should I know that the medication is working? You might say a week, you might say several months. That's that's really dependent on the medication.

399
00:47:35.610 --> 00:47:42.719
And also how the person metabolizes the medication. So that's really going to depend on the medication.

400
00:47:42.719 --> 00:47:45.840
And I would recommend that people talk to doctors about that.

401
00:47:45.840 --> 00:47:53.820
I want to add to because rick's question also mentions in addition that.

402
00:47:53.820 --> 00:48:02.909
My professional opinion is that psychotropic medications should shouldn't be used alone so we should be working on those skill building.

403
00:48:02.909 --> 00:48:14.280
Behaviors that we talked about and so what what replacement behaviors should be happening and so there should always be something in addition to the, the psychotropic medication.

404
00:48:14.280 --> 00:48:24.659
There was also a good question about I'm experience using gene site, which is a genetic testing.

405
00:48:24.659 --> 00:48:32.429
That is supposed to help Dr. is determine, which are.

406
00:48:32.429 --> 00:48:37.289
Least likely or most likely be helpful for a person based on their genetics.

407
00:48:37.289 --> 00:48:41.219
You know.

408
00:48:41.219 --> 00:48:47.099
And talking with some psychiatry, a lot of what I hear is that.

409
00:48:47.099 --> 00:48:52.949
The data is just too, there's not enough data really to say whether it is or isn't.

410
00:48:52.949 --> 00:49:06.989
Helpful thing to do some people think that it has been really helpful for them. And some people say that there's just not enough research to support that. It's effective. So, again, I would leave that up to psychiatry. They've, they've used it and had good success with it. I think that's great.

411
00:49:06.989 --> 00:49:13.829
I don't want to I don't want to provide any more of an opinion on it because it's just again it's be outside of my.

412
00:49:13.829 --> 00:49:17.159
My scope as a professional, but.

413
00:49:17.159 --> 00:49:21.300
It is something that happens. It is a common thing that people are doing.

414
00:49:21.300 --> 00:49:26.699
And if the psychiatrist believes it to be effective, and they've had some good success with it.

415
00:49:26.699 --> 00:49:29.940
Then seems reasonable.

416
00:49:42.360 --> 00:49:48.750
All right, I'm looking through the chat box. I think we covered all of your questions. If anybody else has.

417
00:49:48.750 --> 00:50:02.789
Any questions to ask, please send those to all of the panels and now's the time for us to answer anything you've got. There was 1 question asking will, how will you guys get this?

418
00:50:02.789 --> 00:50:09.059
This will be sent out via email, whatever email you provided when you.

419
00:50:09.059 --> 00:50:15.929
Logged into the webinar and then it will also be posted on the divisions previous webinar page with.

420
00:50:15.929 --> 00:50:19.920
Links to all the resources we discussed.

421
00:50:26.909 --> 00:50:39.599
And I just want to say, thank you everyone for joining us today. I know mornings are kind of hard to jump on trainings like this. So we really appreciate you taking the time to come and listen to us and ask questions.

422
00:50:39.599 --> 00:50:50.070
And it looks like we have a question from Matt asking what efforts are being made towards collaborative care with analysts and psychiatry.

423
00:50:51.565 --> 00:50:58.644
So 1 of the big efforts of collaboration and Lucas feel free to add to, this is sharing of data.

424
00:50:58.644 --> 00:50:59.244
So,

425
00:50:59.485 --> 00:51:00.144
again,

426
00:51:00.144 --> 00:51:14.034
behavior analysts are really good at knowing what data to take when it comes to those reasons for which measure prescribed and then seeing if the medication has an effect on that behavior,

427
00:51:14.034 --> 00:51:17.005
info sharing that data with the psychiatry.

428
00:51:17.094 --> 00:51:24.775
And then the psychiatrist sharing, when meds have been changed, that's a big key towards that collaborative care. You talk about that.

429
00:51:26.369 --> 00:51:32.250
I will add to that. So there there are multiple prongs and things that we've been trying to do over the last.

430
00:51:32.250 --> 00:51:39.090
Several years to to help this area. So, 1 of 1 of the ways that we've tried to help is.

431
00:51:40.135 --> 00:51:50.244
Specifically related to behavior analysts and how they provide treatment. So if you, if you look at the behavior support CSR, that is in effect.

432
00:51:50.244 --> 00:52:00.925
Now, which again is 9, CSR, 45 3.090T, you'll, you'll find a session in there that describes all the things that need to be in a behavior support plan. So that's the treatment document that the behavior analyst completes to help the person.

433
00:52:04.260 --> 00:52:07.590
Address the reason for their their problem.

434
00:52:07.590 --> 00:52:13.619
Behavior and you'll actually find that 1 of the things that the behavior support plan has to do is.

435
00:52:13.619 --> 00:52:28.170
Have a way to track data for behavior related to the reason for psychotropic medications. So we're working with behavior analysts to recognize that they need to be concerned about medications because it's actually part of our ethical.

436
00:52:28.170 --> 00:52:36.510
A compliance code that says that we have to be concerned about anything in the environment that affects the person's behavior and medication.

437
00:52:36.510 --> 00:52:47.760
Is specifically being prescribed to affect people's behavior so we have to be concerned about that. And so we have to take data on it. That's part of a comprehensive page support plan. We don't have to.

438
00:52:47.760 --> 00:52:53.789
Um, be doctors, we don't have to, we shouldn't be making prescribing decisions, but we should be.

439
00:52:53.789 --> 00:53:01.619
Paying attention to the things that affect people's behavior and medication is 1 of those other thing that we've been doing is we actually have created.

440
00:53:01.619 --> 00:53:16.110
A professional organization called the Missouri alliance for the newly diagnosed or Co, occurring diagnosis or multiple diagnosis, but it's a professional association that.

441
00:53:16.110 --> 00:53:20.730
Includes.

442
00:53:20.730 --> 00:53:28.440
Multiple disciplines, so, behavior analysis, psychology, social, or counseling psychiatry, medical doctors.

443
00:53:28.440 --> 00:53:31.889
I really just everyone.

444
00:53:31.889 --> 00:53:40.380
Advocates for individuals with Co, occurring diagnoses to come together and create learning communities where.

445
00:53:40.380 --> 00:53:45.210
These various groups can get together meet each other, find out that.

446
00:53:45.210 --> 00:53:53.550
Each side is also just like them a regular person, and they can communicate and start to build those networks and build report with 1 another.

447
00:53:53.550 --> 00:54:03.480
Work together to get training and problem solve challenging cases and then we've also launched a task force actually.

448
00:54:03.480 --> 00:54:07.889
Mark Stringer, the director launched it.

449
00:54:07.889 --> 00:54:19.139
A little over a year ago to come, come together all of these, these various groups of, of of folks and come together and define some best practice standards for the treatment of people with Co occurring.

450
00:54:19.139 --> 00:54:25.500
Mental health concerns and development capabilities, and we actually have a treatment manual.

451
00:54:25.500 --> 00:54:29.820
Treatment recommendation guide and an app.

452
00:54:29.820 --> 00:54:34.920
For clinicians to help them think about all the considerations 1 of which
is medication.

453
00:54:34.920 --> 00:54:41.340
And so those, we are working very hard to help people recognize their,
their responsibilities.

454
00:54:41.340 --> 00:54:52.195
With collaborating and how to collaborate and what things should think
about to to be better collaborators Matt, when the, when the app goes
live, it will be free for everybody to access.

455
00:54:52.195 --> 00:55:03.594
It's not currently accessible to anybody right now, because it's, it's
currently being built and it's in testing, but once it's live, it will be
freely available for everyone. It's, it's primarily.

456
00:55:04.920 --> 00:55:11.039
Targeted for clinicians right now, but it's not secret. Everybody can see
it.

457
00:55:15.599 --> 00:55:20.369
There's some more questions and sorry, I'm trying to weed through them.

458
00:55:20.369 --> 00:55:28.050
Bruce ask, do you discuss medications that are not recommended for
persons with ID? D and D.

459
00:55:28.050 --> 00:55:36.480
Again, we're not doctors people should talk to psychiatrists specifically
psychiatry that have.

460
00:55:36.480 --> 00:55:44.670
Experience prescribing and treating mental health concerns, and people
that have intellectual development abilities. 1 of the things that.

461
00:55:44.670 --> 00:55:58.019

Seems to be true. Is that on medications that are effective for typical populations? Don't necessarily have the same sorts of effects in populations that have disabilities or better children. And then when you have people that are children and.

462
00:55:58.019 --> 00:56:02.039
Have developed disabilities and it gets even more wonky. So again.

463
00:56:02.039 --> 00:56:13.500
Looking looking to the psychiatry with that experience to provide that information. I will say that there are a few medications that have some empirical support specifically for.

464
00:56:13.500 --> 00:56:19.980
Certain developmental disabilities, like autism spectrum disorder and the use of.

465
00:56:19.980 --> 00:56:32.400
As an adjunct to help with some agitated behavior again, not a doctor just can read a research study like anybody else. So, those are the things that I would ask the psychiatrist about.

466
00:56:32.400 --> 00:56:36.750
Um, let's see if I missed 1.

467
00:56:36.750 --> 00:56:43.800
What what about pharma? Genetic testing? Why isn't the department promoting this?

468
00:56:43.800 --> 00:56:46.980
Well, I'm again.

469
00:56:46.980 --> 00:56:50.579
We're not not promoting it.

470
00:56:50.579 --> 00:56:55.679
So, I don't have any other better answer than that. So there's some mixed.

471
00:56:55.679 --> 00:57:01.619
Professional opinions about formal code, genetic testing on whether or not it's effective or not.

472

00:57:01.619 --> 00:57:15.900
I'll leave it to the professionals, not me to determine whether that's a good thing or not. But I know some psychiatry use it and have found success with it. I know some psychiatry with it, because they don't feel like the the empirical base is strong enough to use it yet.

473
00:57:37.585 --> 00:57:48.324
All right, it looks like we've covered all of the questions and it is 957. so thank you all for joining us and we'll be hosting the next tier 2.

474
00:57:49.679 --> 00:57:54.750
Risk prevention next Tuesday at 9. 0T am. So we hope to see you there.

475
00:57:54.750 --> 00:57:57.480
Thank you everyone.