“Everything, Everywhere, All At Once”: A Brief Overview of Strategies to Support Use of Psychiatric Medications In Individuals with Intellectual and Developmental Disabilities

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Disclosures

I have no financial relationships with any company relevant to this presentation to disclose.

I and none of the planners have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients

I will not be discussing off-label use of medications.

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Objectives

The use of psychotropic medications in children and adolescents with ID and DD is increasingly common.

To be used effectively and safely, medications most often need to be combined with other forms of therapy and support for patients and caregivers.

Wraparound programs are in a unique position to directly provide and facilitate access to a broad range of therapies and supports depending on an individual needs.

This presentation will provide suggestions on how to identify and facilitate access to therapies and supports frequently utilized to augment the use of psychotropic medications.

After this presentation, attendees with be more familiar with the broad range of non-medication strategies used to support the prescribing of psychiatric medications in individuals with intellectual and developmental disabilities.

Introduction

- Discussing and supporting non-medication strategies may be where most of your time is spent.
- You may find that this only increases with experience as you realize the limitations of the medication strategies available and the importance of JUST ABOUT EVERYTHING ELSE in a child's life
- The menu of treatments is as varied as the kids you see
- Treatment plans should reflect individual needs, deficits, and goals.
- Use as wide a lens as necessary – psychiatry, social work, pediatrics, and public health each has their own approach

Public Health/Social Determinants of Health

When appropriate, you may need to address any number of health-related behaviors that affect "mental health" – the mental health – physical health distinction quickly fades!

Psycho-education is a major intervention !!!

- Information about symptoms – cause, meaning, prognosis; normalize or "de-pathologize" as appropriate
- The distinction between "symptoms" and "diagnosis" aka "diagnostic thresholds"
- Defining and navigating different ideas of [mental] illness and disability
- Navigating cultural factors that may impact understanding, acceptance, and implementation

Don't miss opportunities to address social determinants of health! – environmental safety, financial/employment stability, access to healthcare, food security, education access/advocacy, community building/connectedness

Culture and Mental Health

Culture influences the *illness* experience – language, idioms of distress, etc.;

Culture determines how, when, and where an individual seeks care

Medical [belief] systems define the *disease* and often dictate treatment

Cultural understanding can be an important bridge to treatment

Lack of cultural understanding can be a barrier to care

Don't let "understanding" lead to "assumptions" – intragroup diversity, stages of assimilation, blended cultures

Cultural literacy promotes engagement

Cultural awareness may lead you to unique interventions – Hmong, Senegal

Good Assessment Leads to Good Treatment

- Symptom History –onset, duration, severity, perpetuating factors
- Be focused but also be as comprehensive as necessary – screen for “adjacent” symptoms; appreciate limitations of screening tools in ID/DD
- Consider physical/medical factors – PE, ROS; facilitate care for known issues
- Ask about the *social* determinants of [mental] health

  …and basic health-related behaviors – sleep, exercise and diet
- Consider trauma and environmental stress – bullying, hostile social media/gaming environments
- Screen for recent changes in routine or supports – sleep, parent work schedules, school team, therapists, housing (insecurity)
- Assess expectations of medications – readiness, biological reductionism, “silver bullet”
- Utilize collateral sources – take the time you need!
- THEN…develop a hypothesis and get to work creating a plan

Spaghetti Party

- Safety – accessing crisis support, alarms, lock box, firearms, splints/braces/helmet
- Health Related Behaviors – sleep, physical activity, diet, substance use (impressionability), sexual behavior(risk of exploitation), health seeking behaviors (transportation), barrier to adherence to treatment
- Social Determinants of Health
- Psychological EBT - can they be adapted?
- Behavioral Therapy - ABA, PBS, less intense skill building
- Functional communication – SLP, social skills groups, normative activities
- Adaptive functioning – OT, PT, vocational habilitation (DVR)
- School accommodations
- Community Building/Normative activities – advocate/facilitate participation is sports, arts; mentoring, explore natural supports, church/community groups

Acknowledge Limitations/Compassionate Acts of Omission

Acknowledge the Known Unknowns – scientific/clinical knowledge gaps, diagnostic uncertainty, defer until collateral information is available

Manage expectations - be prepared to coach parents on adjusting their perception of the child's abilities and disabilities

Know When to Say When – recognize it may be appropriate to recommend against medication

Consider that there *may just* be a geographical solution to a psychological or behavioral problem – trauma, family support

Use Your Position of Authority With Care - your voice is powerful when recommending *against* a particular treatment e.g. "It would be helpful if *you* told caregivers…"

Clear the Field – broker *time-limited* breaks from negative influences - drugs, social media, specific relationships

1. Take a curious stance
2. Set a tolerable time frame
3. Propose an experiment – let's see what we learn?

General Recommendations

- Build a team – no one can do it alone
- Bring yourself into the process - resist being siloed, you are more than your credential
- Consider the role of adaptive deficits – request assessment of adaptive function (ABAS, Vineland)
- Refer to medical specialists as appropriate

  Generalists → medical subspecialties INCLUDING CHILD AND ADOLESCENT PSYCHIATRY!

  Psychiatric providers → neurology, developmental peds, sleep medicine
- Periodically (re)confirm basic needs are met– housing, food security, safety

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General Recommendations

- Check-in frequently about the need for caregiver support – relationships changes quickly!; intensive caregiving can be isolating; parents and caregivers often defer their own needs to their detriment (oxygen mask on an airplane)
- Follow-up and follow-through ON ALL ASPECTS of the treatment plan – can be time/energy drain but very important messaging
- Continue to encourage, monitor and support access and utilization
- Use your voice to advocate and steer treatment – your professional credential, experience and roll can amplify your influence even with the most basic interventions!

Questions

THANK YOU!

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