



VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES



**VCU**

Gerontology  
College of Health Professions

# Medication Best Practices in ALFs

## Part III: Changing the Culture of Antipsychotic use in ALFs

**Developed by Tyler Corson, PhD**

*for the VCU Department of Gerontology &  
Virginia Department of Social Services, Division of Licensing Programs*

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# PART III: Responding to residents' needs: non-pharma approaches

## Presenter:



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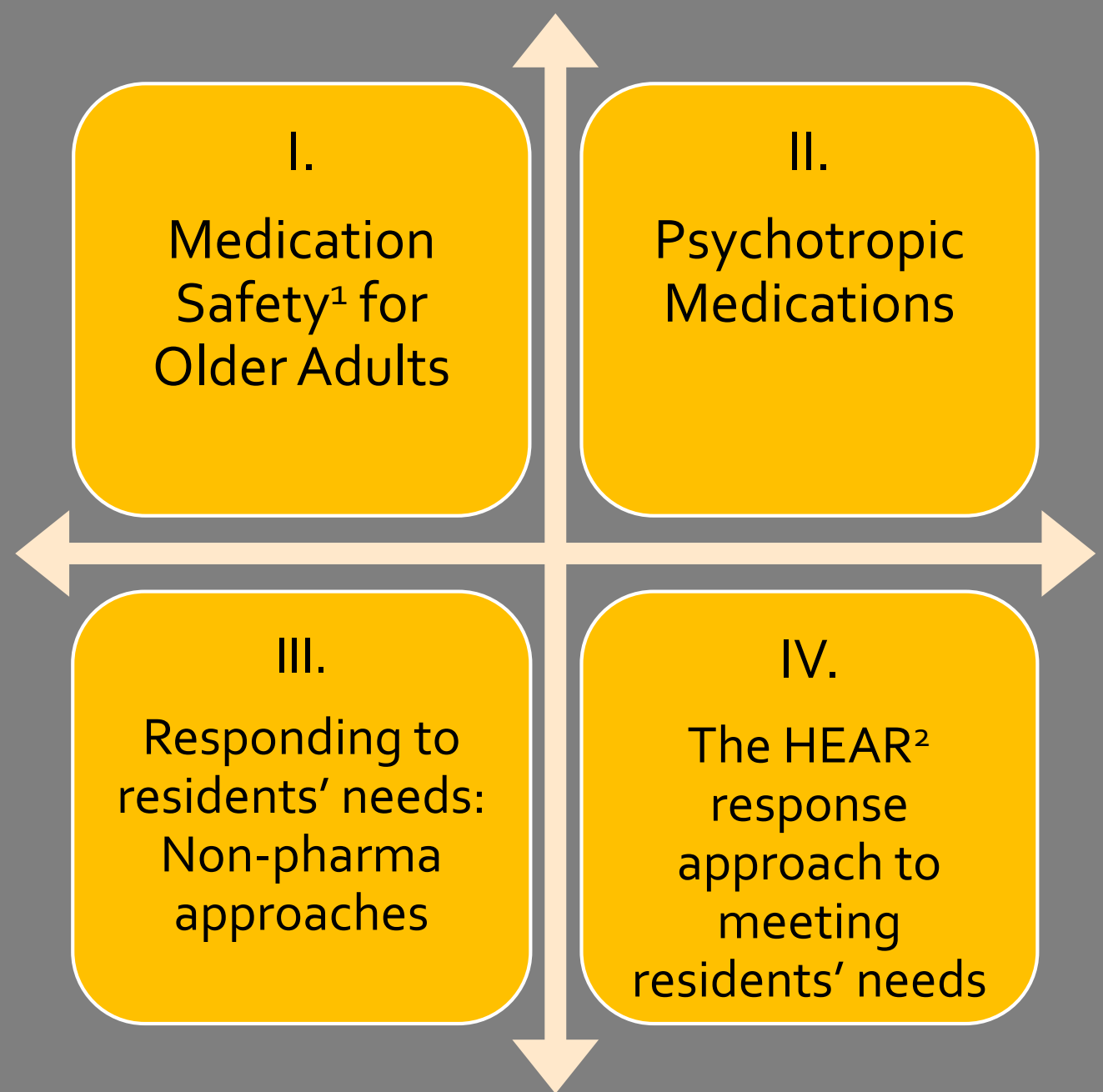
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# Series Overview



<sup>1</sup>The Medication Safety Curriculum is based on a revision of Dr. Patricia Slattum's DSS training PowerPoint, "Nutritional Needs of Older Adults and Medication Safety"

<sup>2</sup>The HEAR approach was developed by Dr. Andrew Heck, Geropartners. Used with permission.

# AT the end of this series, you will have an increased understanding of :

**Strategies** to prevent medication-related problems

Healthcare providers' **role** as partners in maintaining and improving medication safety

**Resources** for improving medication safety in ALFS

**Psychotropic medications** and why they are used.

The **warnings** concerning antipsychotic use, especially in persons living with dementia.

Antipsychotics as part of a **comprehensive care plan** for persons with diagnosed mental illness.

Behaviors and psychological **symptoms of dementia** (BPSD) as communication efforts

Underlying causes of people's **behaviors**

The impact of approaches/attitudes when **responding** to residents' needs

Person-centered, non-pharma **techniques** for responding to residents' needs

# Webinar 3: Changing the Culture of Antipsychotic use in ALFs

**As a result of attending this webinar, you will:**

1) Recognize that behaviors and psychological symptoms of dementia (BPSD) are attempts to communicate.

2) Be able to identify underlying causes of agitated and aggressive behaviors

3) Understand the regulations concerning PRN (as needed) medications

4) Understand that non-pharma strategies should be the first-line approach to responding to residents' behaviors and needs



# CHANGING THE CULTURE OF APM USE IN ALFS

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Behaviors as communication

Planned Interventions

Staffing

Ethical issues



**SUPPORTING  
PERSONHOOD:**

**D E M E N T I A**

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## Barriers to Clear Communication

Decreased  
attention span

Impulsive behavior

Poor judgment

Unstable or  
unpredictable  
emotion

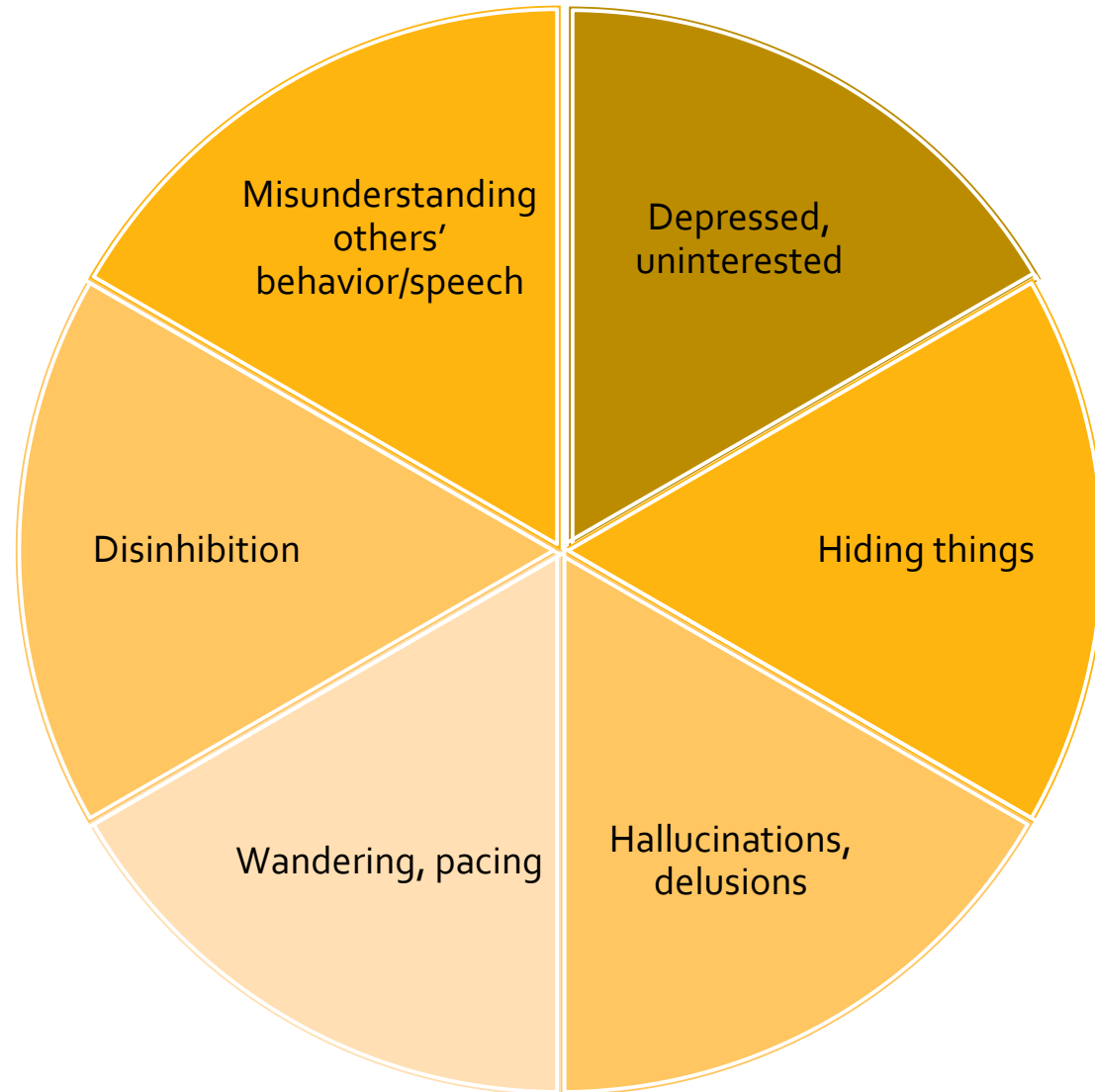
Diminished ability  
to learn new  
things

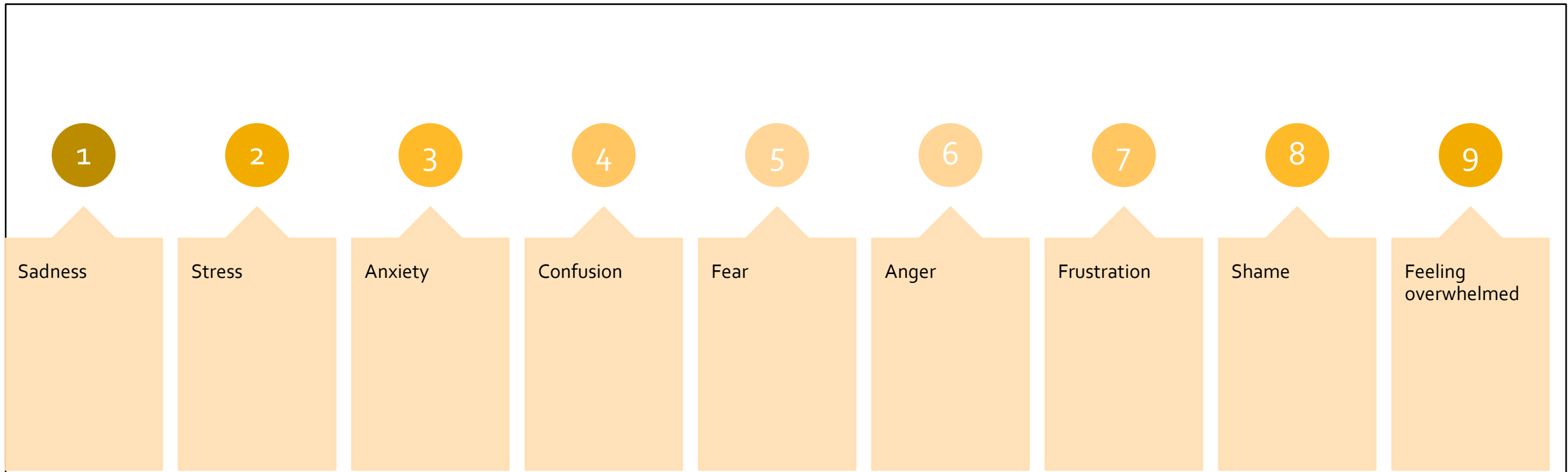
Problems with  
memory

Problems with  
speaking and  
understanding  
words



# Potential Changes Due to Dementia





**Feelings that may accompany these changes**

# Behaviors as communication: Are we listening?



**Have you seen individuals using behavior to communicate?**

**Why were they using behaviors instead of verbal communication?**

**What types of behaviors?**

**What might the person have been trying to communicate?**

# Teepa Snow: A positive approach



[https://www.youtube.com/watch?time\\_continue=39&v=ZpXeefZ2jAM](https://www.youtube.com/watch?time_continue=39&v=ZpXeefZ2jAM)

# Finding And Filling Unmet Needs

## Identifying triggers for emotional and behavioral responses

- Difficult encounters
- Enjoyable encounters

## Cracking the code to:

- Identify causes
- Correctly interpret communication
- Fulfill unmet needs



Investigating residents' behaviors to determine their needs requires:

- Patience
- Detective work
- Persistence
- Trial and error

# Fully explore the specific behavior(s)

Carefully observe:



Type of behavior

- Duration
- Frequency
- Intensity



Triggers, or times the  
behavior DIDN'T happen



Result

- What function did the behavior have?
- Was there a consequence?



# Hit Pause and Practice



<https://www.youtube.com/watch?v=VXko5uWdPio&feature=youtu.be>









# Barriers to Clear Communication

Taking it personally

Lack of awareness

Pressure from other stakeholders:

- Medical professionals
- Family members
- Corporate interests

Resources: Need mental health partnerships

# Community Support

- Alzheimer's Association
- Mental Health Advocacy Groups
- Faith-based Groups
- Hospitals
- Private Practices
- Community CSBs/Behavioral Health Authorities
- Online communities/organizations



Educational Classes

Support Groups

Coping Skills

Links to Resources

Advocacy

# Staff Self Care



<https://www.youtube.com/watch?v=WBYYFbStfHM>

In order to provide person-centered behavior responses, we need:



**Comprehensive care  
plans**

**Commitment to staff  
training**

**Knowledge of DSS  
regulations for PRN  
medication  
administration**

**Non-pharmacological  
behavior responses**

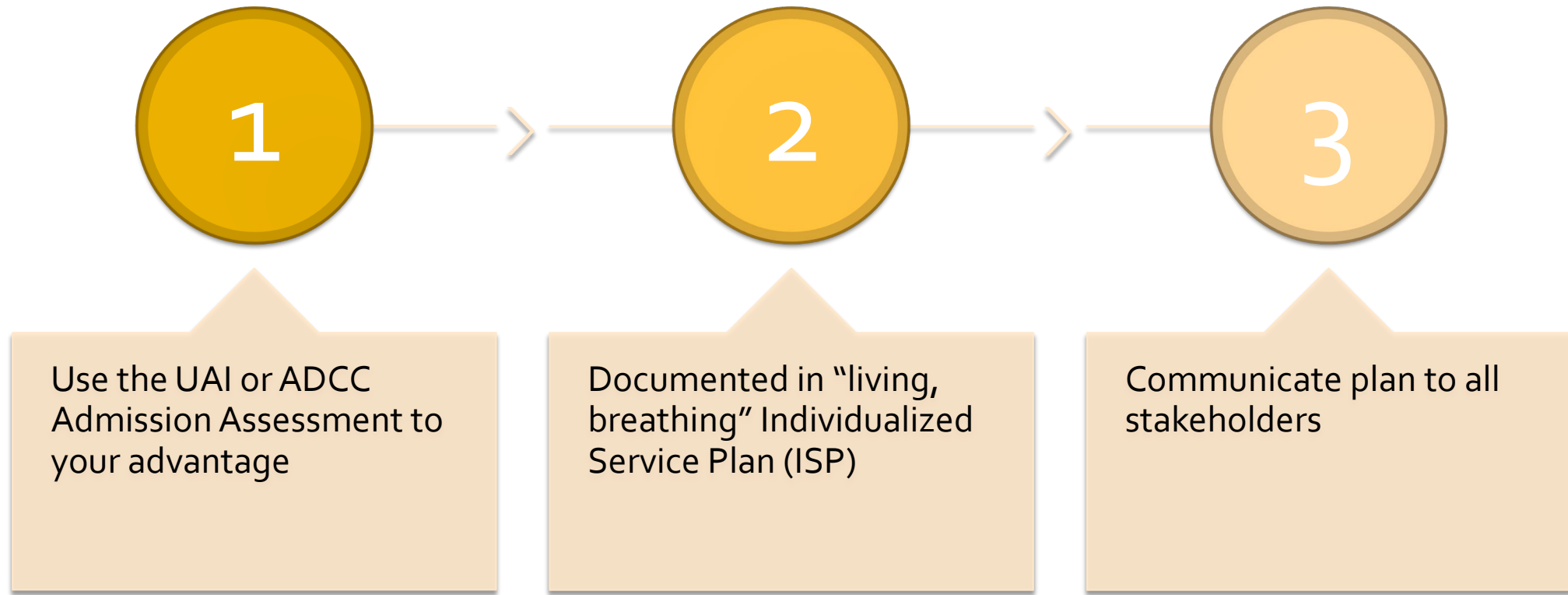
- Organizational buy-in
- Pre-planning
- Protocols



# Comprehensive care plans

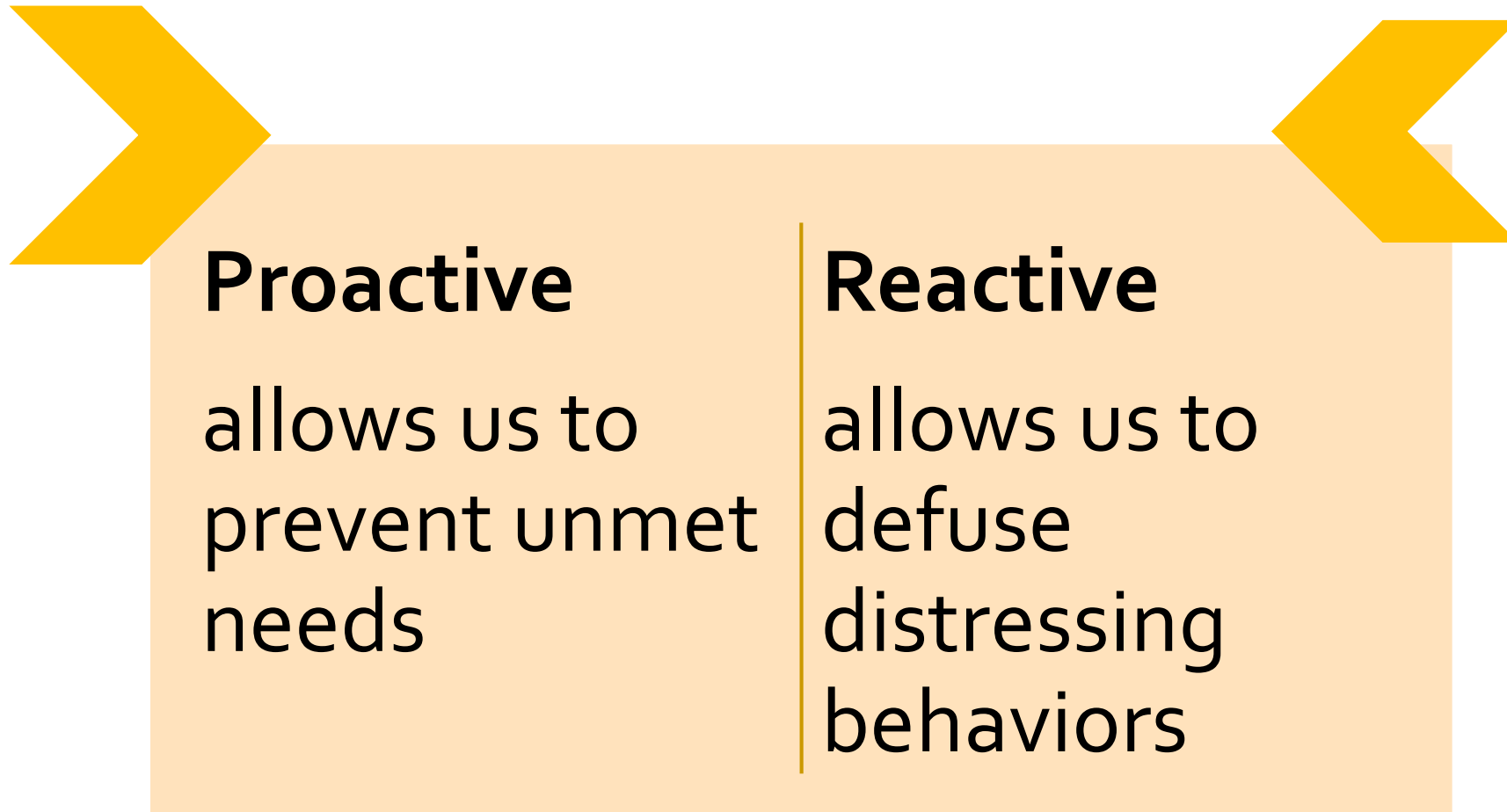
- Focusing on each person and his/her individual needs
- Get to know the person
- Systematic review of whole-person care
- Periodic medication reviews

# Invest in the Process: UAI and ISP





We need to have planned approaches<sup>1</sup> to respond to people's behaviors and their underlying needs.



<sup>1</sup>de Oliveira, A., Radanovic, M., Homem de Mello, P. et al., "Nonpharmacological Interventions to Reduce Behavioral and Psychological Symptoms of Dementia: A Systematic Review," BioMed Research International, vol. 2015, Article ID 218980, 9 pages, 2015. doi:10.1155/2015/218980

# Activities and Alternative Therapies



<https://youtu.be/fyZQfop73QM>

# Caring responses



- Physical and relaxation exercises
- Redirection
- Teamwork

# PRN Medications Regulations:

22 VAC 40-73-680-K

The use of PRN (as needed) medications is prohibited, unless one or more of the following conditions exist:

1) The resident is capable of determining when the medication is needed;

2) Licensed health care professionals administer the PRN medication;

OR

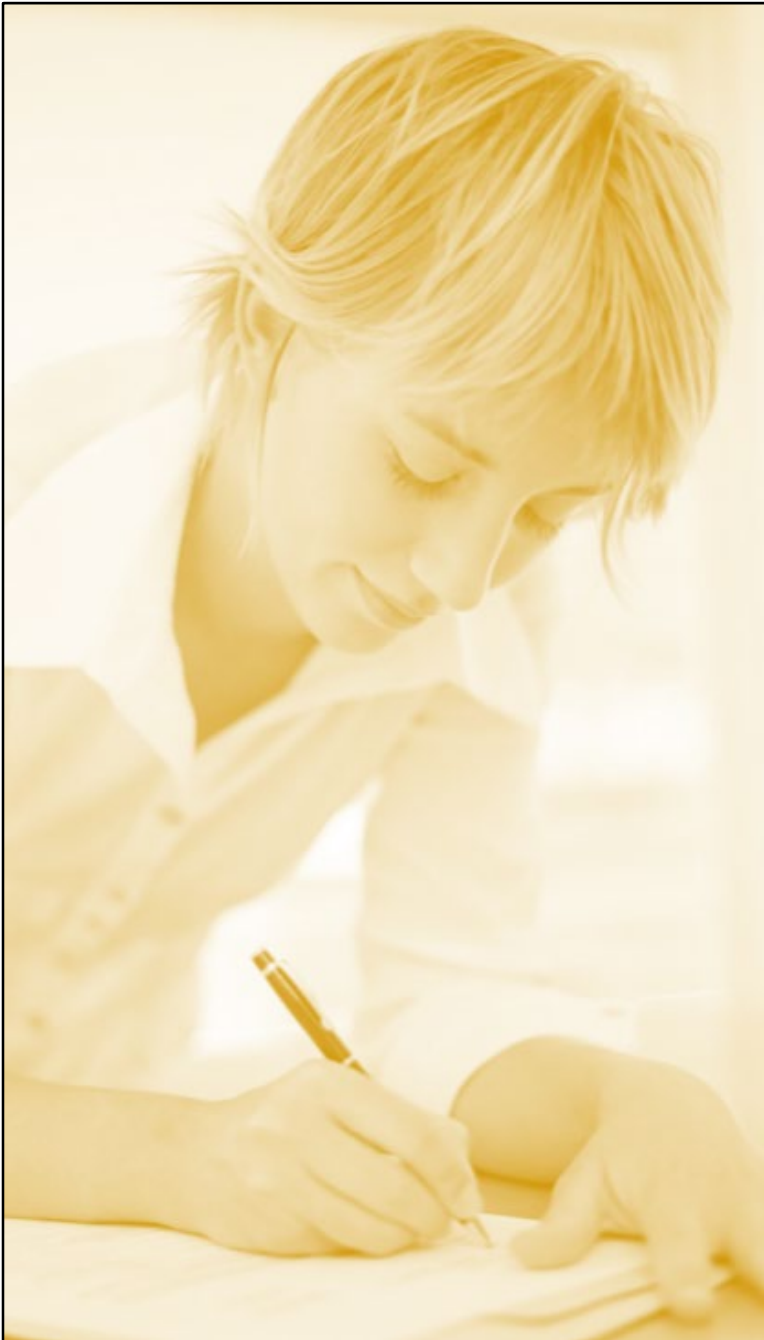
# As Needed Medications

3) Medication aides administer the PRN medication when the facility has obtained from the resident's physician or other prescriber a detailed medication order. The order shall include

**Symptoms that indicate the use of the medication**

**Exact dosage, the exact time frames the medication is to be given in a 24-hour period, and**

**Directions as to what to do if symptoms persist.**



# PRN: Write it down!

Documentation of “as needed” medication use is very important to:

Avoid excessive  
dosing of as  
needed  
medications

Comply with state  
regulations

Evaluate drug  
regimen

# Hit Pause and Reflect: Case Study



Mrs. Jones has been widowed for five years.

She has mild cognitive impairment from vascular dementia. She is in relatively good physical health. While she has not been formally diagnosed with bipolar disorder, she has had some episodes of high energy in the past (prior to the ALF) where she exhibited reckless behavior (online gambling, overspending her credit cards).

Mrs. Jones' daughter took her to the family doctor, who prescribed "as needed" (PRN) Seroquel, a prescription that she brought with her into your ALF.

For the past 4-5 months, she has been mistaking many of the men living in the ALF for her husband. Mrs. Jones often holds hands with those men, or kisses them on the cheek if she is sitting near them in the dining room (so far, the men have been good-naturedly accepting it, as they are friendly with Mrs. Jones).

However, Mrs. Jones' daughter came in during dinner one evening and saw her mother flirting loudly with a man. The daughter is embarrassed and tells the RN on duty that she wants her mother to take the PRN Seroquel to stop "these shameless behaviors."

**How might the RN respond using person-centered practices?**

# Potential Case Study Responses

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Medical assessment: physical and mental health

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Medication review

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Neurological screening/assessment

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Ask team about their observations

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Be sure PRN regulations are met

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Talk to the male  
residents

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Arrange meeting with  
resident/family

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to discuss use of APM meds

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Discuss Mrs. Jones' behaviors

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# COMMITMENT TO STAFF TRAINING

Improvement  
Education  
Practical  
School  
Capacity  
Qualification  
Job  
Feedback  
Vocation  
Professional Training  
Knowledge  
Acquisition

# Ethical issues



Promote quality of life

Treat people with  
dignity

Respect ethical  
principles

- Beneficence: "Do good"
- Non-maleficence: "Do no harm"

# Hit Pause and Reflect



## **Abuse, Neglect, and Exploitation**

If we use drugs to control someone's behavior, do you think we are unconsciously neglecting their needs?

Are we neglecting a person's health care needs by giving them medications that we know have serious side effects, including stroke, aspiration that can lead to pneumonia, increased fall risk, and higher risk of death?

Could this be considered abuse?

# Homework: Case Study

## Meet Maria

Maria has mid-stage dementia and compromised comprehension and communication skills. Maria has a doctor's order to toilet every 2 hours.

She needs help with toileting, and is consistently combative when staff helps her in the bathroom.

She deeply scratched a staff member on the face. Even with 2 staff members assisting, the problems remain.

Staff members are afraid of Maria's assaults. As a result, her disposable briefs are always soaked, leading Maria to have painful rashes and broken skin.

Because the area is so sensitive, it makes toileting even more traumatic, and there is a vicious cycle of combativeness every 2 hours.

Maria has a prescription for "as needed" Risperidone, which staff have been giving her more and more frequently in response to her aggressions.



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# THANK YOU!

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