Workshop: Use of Medication within a Positive Behaviour Support Framework

Co-facilitators: Samantha Stallard – Behaviour Support Advisor, Dimensions

Dave Robinson – Project lead for STOMP, Dimensions

The aim of this workshop was to have an overview of how psychotropic medication can be used in conjunction to PBS (positive behaviour support plans) and how PBS can be used to reduce the need for restrictive interventions such as psychotropic medication.

The objectives were to:

- Recap on challenging behaviour and discuss PBS in practice in the context of this work
- Explain how medication and PBSP (positive behaviour support plans) link into the time intensity model
- Share the how Dimensions are putting guidance from STOMPwLD (Stop the Over Medication of People with a Learning Disability) into practice and the actions we have taken to do this
- In groups discuss the following points:
  - How are we addressing medication withdrawal effects when reducing psychotropic medication?
  - For the behaviour support plan (BSP) to incorporate the use of medication (especially PRN), what do the stakeholders need to do?
  - How are we measuring success of an intervention?
  - The appropriate use of medication

Background

PBS is a holistic approach which looks at bringing all the elements of a person’s support together. PBS looks at the function of the behaviour and the bespoke interventions focus both on the long term and short term goals for the person.

Sometimes there can be discrepancies between the prescriber of the medication, front line staff administering the medication, and the daily protocols. On occasion the person being supported has never met the clinician prescribing medication.

There is guidance from NICE (national institute for health and clinical excellence) and the Royal College of Psychiatrists which advice against this practice, in the session we’d like to address common barriers to following this guidance.

We will discuss how to incorporate medication into someone’s behaviour support plan and how to write clear operationally defined protocols for PRN medication.

Workshop Discussion

The group discussed setting events for an individual to take medication, for example there are cases where individuals with learning disabilities are prescribed medication in response to a specific event, such as a placement breakdown, to support them to cope with the
situation they are in. It is not uncommon for individuals to continue to be prescribed and take medication years after the setting event, and also following a change in the situation. This is not acceptable and there is a lack of medication reviews. It was highlighted that professionals should challenge the use of medication, no matter what their role is. It was suggested that key questions, for professionals or family carers, could be drafted in order to support individuals to question and challenge medication that is prescribed. These may include why the individual was first prescribed the medication in the first case and specific reasons why they are still being prescribed it.

Samantha discussed PBS, which aims to increase quality of life for people with learning disabilities and those who support them. As part of PBS, there is a quality of life assessment and an individual’s behaviour is closely linked with this. For example, if an individual is living in an environment they do not feel safe and comfortable in, and they do not have opportunities to engage in meaningful activities, they may display challenging behaviour as a result. PBS involves increasing quality of life, thus reducing challenging behaviour. We should be monitoring quality of life measures, not just measure of frequency/intensity of challenging behaviours.

The use of medication in a BSP is not straightforward. All stakeholders need to be involved in the development and implementation of a BSP for it to be effective. The use of PRN medication should only be as a last resort. The proper use of a BSP should recue the need for PRN medication. There is usually a requirement for frontline staff to be trained in certain areas, such as medication and first aid. It may be worth each provider organisation looking into their training to ensure that this covers the issue of inappropriate medication and how to challenge prescriptions and PBS. If an individual has been on medication for a long time then it would not be appropriate to stop it straight away and this will usually need to be reduced over time.

Dimensions have been completing work around the STOMP campaign. Each individual who is prescribed psychotropic medication is considered potentially at risk of being wrongly or overmedicated. There has been a survey into medication within Dimensions, and they have been shocked at the results. For example, NICE guidelines state that an individual will need MDT meetings 3/6 months after prescribed medication, which does not always happen. They are willing to share the results in a short summary. They found the survey worthwhile, maybe other organisations can do the same. More collaboration work is needed.

**Actions**

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<tr>
<th>Action</th>
<th>Who?</th>
<th>When?</th>
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<tr>
<td>1. Update the health charter to include STOMP</td>
<td>Sue Turner Share with VODG and CBF for dissemination Sam to make easy read version Dan Scorer to email the pharmacy care review guides</td>
<td>August 2017</td>
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<td>2. Dimensions to provide a case study/short summary of their survey results.</td>
<td>Community of Practice and Dave Robinson</td>
<td>July 2017</td>
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<td>3. Draft question prompts to ask GP’s about medication prescription</td>
<td>Community of Practice and Dave Robinson</td>
<td>July 2017</td>
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<td>Providers to look at their own training to ensure it adequately covers medication (not just how to give medication)</td>
<td>Each provider organisation at CB-NSG CBF to follow up</td>
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<td>Dissemination of information on the MCA and NICE Guidelines</td>
<td>Dimensions, LD Professional Senate, CBF, ARC to share amongst their networks</td>
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**Further information/guidance/ background reading**

NICE: national institute for health and clinical excellence: Psychotropic medicines in people with learning disabilities whose behaviour challenges

[https://www.nice.org.uk/advice/ktt19/chapter/evidence-context](https://www.nice.org.uk/advice/ktt19/chapter/evidence-context)

Stopping Over-Medication of People with Learning Disabilities


The Positive Behavioural Support (PBS) Academy


Information on Dimensions

[https://www.dimensions-uk.org/about/](https://www.dimensions-uk.org/about/)