Welcome to the Dual Diagnosis Direct Support Curriculum presentation on Psychotropic Medication.
The Commonwealth of Pennsylvania’s Office of Mental Health and Substance Abuse Services (OMHSAS) and the Office of Developmental Programs (ODP) have undertaken a joint initiative to address the needs of people who have an intellectual disability as well as mental health challenges. People who have both of these challenges are commonly referred to as those who have Dual Diagnosis. For the purpose of this training, Dual Diagnosis is not referring to co-occurring mental health challenges and substance abuse or dependence, although people can have substance abuse or dependence issues as well as a Dual Diagnosis of an intellectual disability and mental health challenges. The curriculum was designed for Direct Supporters, Supports Coordinators and others who work in either the intellectual disability field or the mental health field.

The ultimate goal of this training curriculum is to provide information that can aid in the understanding of the struggles and the triumphs of those you support or will support. This curriculum was designed to demonstrate the complexity of Dual Diagnosis and the factors that need to be considered to best support those with whom you come into contact. The Pennsylvania Dual Diagnosis Direct Support Curriculum was also designed to demonstrate that all people in this world, regardless of their challenges, are much more alike than they are different.
The information in this presentation is intended to increase your awareness of psychotropic medications.

It is not intended to replace medical advice.

If you believe you or someone you support has any of the conditions or concerns addressed in this presentation, please seek the advice of a physician.
The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition or “DSM-5” was released in May 2013, and it has a significant number of new chapters and changes in the organization of some mental health disorders.

For example, Obsessive Compulsive Disorder had historically been considered an Anxiety Disorder but it is now its own classification of disorders entitled Obsessive Compulsive and Related Disorders. Since Obsessive Compulsive Disorder is not listed in Anxiety Disorders, the slide on Anxiety Disorders does not include it.

Post Traumatic Stress Disorder is another good example. Post Traumatic Stress Disorder was also previously listed in the Anxiety Disorders category, but it is now its own classification entitled Trauma and Stressor Related Disorders.

The good news is that most of the diagnoses you know are still there. The other good news is there may have been changes to where some diagnoses are located, but the treatment for them, including psychotropic medications, has remained the same.

If you want specific information on any mental disorder, the index at the back of the DSM-5 can be used for the location of the information on that disorder in the DSM-5.

New psychotropic medications are approved by the Food and Drug Administration (FDA) fairly often, so please make sure to consult reliable sources for information about newer medications.
By the end of this training the learner will know:

• What psychotropic medications are and what they are used to treat
• Some common types of psychotropic medications
• Some common adverse side effects associated with psychotropic medications
• The concept of baseline and why it is important
Psychotropic medications are medications that are used to treat mental health disorders.

They are capable of affecting mood, consciousness, cognition and behavior.

They do this by altering the level of chemicals or neurotransmitters in the brain.
• Only certain health care professionals are permitted to make diagnoses and prescribe medications.

• All medications should be taken exactly as prescribed.

• Notify the prescriber immediately if someone seems to be having an adverse side effect from a prescribed medication.

• Never stop taking a medication before checking with the prescriber.

• Only certain health care professionals are permitted to make diagnoses and prescribe medications.

• This slide gives the basics regarding medication and what we should know and do for both ourselves and those we support. This includes:

  • Taking medications exactly as prescribed

  • Notifying the prescriber immediately of any side effects

  • Never stop taking a medication before checking with the prescriber
• Psychotropic medications are used to treat mental health disorders.
• Anyone prescribed a psychotropic medication should have a psychiatric diagnosis to support the use of the psychotropic medication prescribed. It is important that a psychotropic medication is not used to manage behavior but is used to treat a mental health disorder.
• Throughout this presentation, psychiatric diagnosis, mental health disorder and mental health challenge will be used synonymously to describe health conditions that psychotropic medications are used to treat.
• The standard reference for psychiatric diagnoses/mental health challenges in the United States is the Diagnostic and Statistical Manual of Mental Disorders or DSM. The current version, the DSM-5, describes 157 mental health disorders. The diagnosis or reason a medication is prescribed should be referenced to a mental health disorder found in the DSM.
• While medications can be very helpful for people with mental health challenges, other interventions should also be employed such as cognitive behavioral therapy or CBT.
• Positive health practices such as maintaining a healthy weight through diet and exercise should also be encouraged. There is data that supports the value of regular exercise in maintaining good physical and mental health. No one, however, should be started on a diet and exercise program without the permission and guidance of the person’s primary care practitioner (PCP).
• Like all medications, psychotropic medications can have adverse, and sometimes serious, side effects. The prescriber of any new medication should always share any serious adverse effects associated with the medication prescribed with the person and their caregivers. The person’s pharmacist is also a good source of information on any medication and possible side effects associated with any medication. The pharmacist should provide a “fact” sheet about any prescribed medication which will include information about possible adverse side effects.
• Your job is to observe the person for potential adverse side effects and to track target symptoms that support the person’s mental health challenge. You need to bring this information to each medication review to share with the person’s psychiatrist. The psychiatrist will then be in a better position, based on your information and his/her observation, to know if the person being treated is getting better or worse. This information may lead to a change in the dosage of the medication currently prescribed or to a new medication being prescribed.
• The Team Review Form for Psychotropic Medications was developed to help in this process and can be found on the Philadelphia Coordinated Health Care (PCHC) website. Please see the Resources section for how to access this document.
• No matter what medication is prescribed, it is always necessary to monitor for adverse side effects.
The more your health practitioner knows about the person you help support, the better he or she will be able to help the person. To help the health care practitioner, you should:

- Provide a good medical history with current chronic health problems.
- Provide a list of all current medications.
- Report what you are seeing.

State why you are there and what you have been seeing you are trying to understand, such as challenging, puzzling, or bizarre behavior. You can ask the psychiatrist what he or she thinks might be the reason the person is acting “different” or engaging in behaviors that are new and difficult to manage.
• If a new medication is prescribed ask questions such as:
  • What is being treated (diagnosis)?
  • What are the goals of treatment?
  • What are the common side effects associated with the medication being prescribed?
  • What if the person refuses or misses a medication dose?

• The psychiatrist should also review any current medications, including Over The Counter or OTC medications and supplements the person is currently prescribed, for possible adverse interactions between them and the new medication being considered for treatment.

• Your pharmacist can also provide information about possible adverse interactions between currently prescribed treatments and any newly prescribed medication.
Psychotropic medication is the broad term used to describe any medication used to treat any mental health challenge.

We will be discussing four specific types of psychotropic medications:

- Antidepressants
- Mood stabilizers
- Anti-anxiety medications
- Antipsychotics

The four types of medications and specific mental health challenges they are often used to treat will also be discussed.
• Mental health medications is another way to describe psychotropic medications.

• The Guide, *Mental Health Medications* by the National Institute of Mental Health - U.S. Department of Health and Human Services, is a brief, reliable source of information on common medications used to treat mental health challenges and/or mental health disorders. Please see the Resource section for information on how to access the Guide.

• *Mental Health Medications* is a very good resource. It was most recently updated in October 2016.

• It is not in the scope of this presentation to give information on all medications classified as antidepressants, mood stabilizers, anti-anxiety medications and antipsychotics. *Mental Health Medications* lists popular types of these medications, but does not give information on all psychotropic medications. If you want more information on a medication not discussed here or in *Mental Health Medications* go to the Food and Drug Administration (FDA) website at [www.fda.gov](http://www.fda.gov) for a complete list of currently approved medications in the United States.

• Whoever prescribed the medication and the pharmacy used to obtain the medication should be able to share information about the medication.
Depression is a very common mental health challenge. Sometimes people may have symptoms of a physical health problem that look like those associated with depression. If the possible physical causes of these symptoms are not ruled out, a person could get a diagnosis of depression by mistake.

Many physical illnesses have symptoms similar to those of depression. Two examples are hypothyroidism and anemia:

- Many people with intellectual disabilities suffer from the physical health problem called hypothyroidism. People with hypothyroidism often seem tired and sad like people suffering from depression.

- Another common physical illness is anemia. Many people with intellectual disabilities suffer from anemia. People with anemia also often seem tired and sad.

For this reason, if anyone seems listless or sad, the first medical practitioner the person should see is the person’s primary care practitioner to rule out any possible physical health problem that might be making the person act differently.

Physical pain can also cause people to act in challenging or puzzling ways. Any significant behavioral change may be caused by a physical health condition. Possible painful physical health conditions that might cause pain include: gastro-esophageal reflux disease or GERD which causes heartburn, arthritis, dental problems, constipation, headaches, backaches, stomach aches, etc.
• Any possible physical health condition that could be causing pain should be carefully assessed before assuming that the behavior is based on a mental health diagnosis.
The primary symptoms of depression are sadness and a lack of interest in the activities the person always seemed to enjoy.

• Person says he/she is sad
• Person looks sad
• No interest in activities the person always seemed to enjoy
• No or low energy level
• Wants to be alone
• Poor concentration

The person’s energy level is low and it may be difficult to get the person out of bed or to leave his or her room.

The person may say they are thinking a lot about death and dying.

The person may express feelings of being worthless; the person may feel unable to do anything to feel better; and the person may feel hopeless about ever feeling better.

The person may have difficulty completing tasks because of poor concentration. Sometimes the person’s poor concentration may lead to a wrong diagnosis such as delirium or dementia.
• Depression is commonly treated with anti-depressant medications.

• There are many types of antidepressant medications.

• Hopefully, we will discuss some types of antidepressant medications, with names you may know.

• Cognitive Behavioral Therapy (CBT) is an effective form of treatment for depression.

• Depression is commonly treated with anti-depressant medications.

• Cognitive behavioral therapy or CBT is a type of therapy that focuses on examining the relationships between thoughts, feelings and behaviors. By exploring patterns of thinking that lead to self-destructive actions and the beliefs that direct these thoughts, people with mental illness can modify their patterns of thinking to improve coping.

• Cognitive behavioral therapy is an effective form of treatment for depression. Unfortunately, finding practitioners that provide cognitive behavioral therapy for people with an intellectual disability is difficult.
Before we begin to talk about common antidepressant medications, please note that two names for each medication will be given. The first name will be the generic or chemical name and the second name in parentheses will be the trade name. For example: citalopram is the generic form of Celexa. The trade name is the name you will see most often because it is used in marketing the medication. You should be aware that all medications generally have at least two names used to describe them.

Let’s first talk about Selective Serotonin Reuptake Inhibitors or SSRIs. SSRIs are prescribed for two good reasons: they are effective and they have a low incidence of adverse side effects.

Serotonin Norepinephrine Reuptake Inhibitors or SNRIs are prescribed for three good reasons: they are effective, they have a low incidence of adverse side effects, and they sometimes help with the physical pain associated with depression.

Some other antidepressants you may be familiar with include: buproprion (Wellbutrin), mirtazapine (Remeron) and trazodone (Desyrel).

There are many other types of antidepressants which include: tricyclics such as amitriptyline (Elavil) and Monoamine Oxidase Inhibitors (MAOIs) such as phenelzine (Nardil). These medications are not prescribed as often as the SSRIs and SNRIs because they are more likely to cause adverse side effects. However, sometimes these medications are the only effective treatment for someone’s depression.

- Selective Serotonin Reuptake Inhibitors or (SSRIs)
  - citalopram (Celexa)
  - escitalopram (Lexapro)
  - sertraline (Zoloft)
  - paroxetine (Paxil), and
  - fluoxetine (Prozac)

- Serotonin Norepinephrine Reuptake Inhibitors or (SNRIs)
  - venlafaxine hydrochloride (Effexor)
  - duloxetine (Cymbalta), and
  - desvenlafaxine (Pristiq)
If someone is being prescribed any medication, side effects should always be a consideration. The most common side effects for antidepressants listed by the FDA include:

- Nausea and vomiting
- Weight gain
- Diarrhea
- Sleepiness
- Sexual problems

Some antidepressants cause more side effects than others. A person may have to try several antidepressants before finding one that improves symptoms without causing unmanageable side effects.

Reasons to call the prescriber right away include:

- The person says he/she is thinking about suicide or dying.
- The person attempts to commit suicide.
- The person seems to have new or worsening depression.
- The person seems to have new or worsening anxiety.
- The person has other unusual changes in behavior or mood.
Bipolar Disorder is a fairly common diagnosis in people with ID. This includes periods of depression and mania. We have already talked about depression. So let’s talk about mania.

- When someone is manic or hypomanic the person has excessive energy. They may not feel tired and sleep very little.
- Other symptoms of mania may include: pressured speech (the person can not stop talking), an elevated mood, or racing thoughts.
- The person may say they can do anything better than anyone else and the person may be willing to take on any task. However, the person may be unable to complete even simple tasks because the person is hyperactive and has a very short concentration span.
- The manic person is often intrusive and disruptive.
- The person may think he or she is famous.

A person in a manic state may be very difficult to help because the person does not think that he or she has a problem. The person may say, “I feel great. I don’t need any medication.”

- A non-verbal person with a bipolar disorder may laugh or cry for no apparent reason. They may also hum, yell, make sounds, etc. They may do that louder and faster than usual.
- The non-verbal person may also invade other people’s personal space.
- The person may become hypersexual and actually grab or grope other people. The manic person may take off his or her clothing or even engage in public masturbation.
• Bipolar disorder is almost always treated with mood stabilizers.

• Lithium is an old but very effective mood stabilizer.

• Antiepileptic medications are also often used as mood stabilizers.

• Bipolar disorder is almost always treated with mood stabilizers.

• Lithium is an old but very effective mood stabilizer.

• Antiepileptic medications also are used as mood stabilizers. Antiepileptic medications were developed to treat epilepsy and the seizures associated with epilepsy, but this medication was found to help control and stabilize mood as well.

• One commonly prescribed antiepileptic medication often used as a mood stabilizer is valproic acid or divalproex sodium (Depakote). Many people with an intellectual disability also have seizure disorders. A person who has a seizure disorder and bipolar disorder may be able to take one medication to help manage both problems.

• Other antiepileptics used as mood stabilizers include: carbamazepine (Tegretol), lamotrigine (Lamictal), and oxcarbazepine (Trileptal).

• Based on the person’s presenting symptoms, antidepressants and antipsychotic medications may also be used to treat bipolar disorder.
Anxiety disorders include:

- Generalized anxiety disorder (GAD)
- Panic disorder
- Social phobia
- Agoraphobia

- Anxiety is a feeling of fear, unease and worry. The source of these feelings is not always known.

- Generalized anxiety disorder or GAD is the most common type of anxiety disorder. The person experiences fear and anxiety most of the time. The source of these feelings are not always known.

- The primary symptom of Panic disorder is recurrent unexpected panic attacks. The person experiences intense fear and discomfort when having a panic attack.

- Social phobia is when a person experiences intense fear and anxiety about social situations such as meeting new people or making a speech.

- A person with agoraphobia experiences intense fear and anxiety about being in an open space, being outside, using transportation, being in an enclosed space or being in a crowd.
Antidepressant and anti-anxiety medications are the most common medications used for anxiety disorders. Cognitive Behavioral Therapy (CBT) is sometimes a more effective treatment for anxiety disorders than medications.

- **Antidepressant and anti-anxiety medications**
  - The SSRIs and SNRI antidepressants are used most frequently to treat anxiety disorders, but it takes some time before they are effective.
  - Benzodiazepines are often used initially because they work quickly. They are supposed to be a short term intervention used only until the anti-depressant, which is usually prescribed at the same time, becomes effective.
  - Common benzodiazepines used to treat anxiety disorders include:
    - clonazepam (Klonopin), which is used for social phobia and generalized anxiety disorder
    - lorazepam (Ativan), which is used for panic disorder, and
    - alprazolam (Xanax), which is used for panic disorder and generalized anxiety disorder.
  - We will speak more about the benzodiazepines because of the serious side effects associated with them, especially when they are used for someone with an intellectual disability.
  - Buspirone (Buspar) is an antianxiety medication used to treat generalized anxiety disorder. Unlike the benzodiazepines that work almost immediately, it takes at least 2 weeks for Buspar to begin working.
  - The most commonly prescribed antidepressants used for the long term treatment of anxiety disorders are the SSRIs and SNRIs. For example: citalopram (Celexa) is an SSRI commonly used to treat panic disorders and social phobia. Venlafaxine (Effexor) is an SNRI commonly used to treat generalized anxiety disorder.
  - Cognitive behavioral therapy or CBT is sometimes more effective in treating anxiety disorders than medication, but often both medication and cognitive behavioral therapy are needed for the person to get better.
  - As stated in our discussion of depression, it can be difficult to find a cognitive behavioral therapist to work with a person who has an intellectual disability.
Benzodiazepines are an effective treatment for anxiety and they work quickly, but as previously stated, they are supposed to be a short term intervention used only until an anti-depressant, which is usually prescribed at the same time, becomes effective.

Unfortunately, there are many adverse side effects associated with long term use of benzodiazepines:

- The most common side effects for benzodiazepines are drowsiness and dizziness.
- They all have addictive and abuse potential.
- They may cause withdrawal symptoms that may include:
  - heightened **anxiety** (which means that they can **cause** the very condition for which they are prescribed)
  - increased pulse, blood pressure, somatic complaints such as headache, back ache and stomach pain
  - drug seeking behavior.
- Because of possible withdrawal symptoms it generally takes a long time to safely stop taking these medications.
- Another problem is that the benzodiazepines can be disinhibiting. This means that people may become very impulsive and not care about consequences when they are taking benzodiazepines. Think about what alcohol does to some people when they drink too much.
- They also have a negative effect on cognitive ability, learning and memory. Certainly these effects would not be helpful for someone who already has an intellectual disability.
- They can be the source of a fatal overdose.
- Given all of these potential adverse side effects, the risks may outweigh the
benefits of using these medications, except in emergency situations.
Psychotic disorders and schizophrenia represent the smallest percentage of mental health disorders.

Schizophrenia is a psychotic disorder that is chronic, severe, and disabling.

Psychotic symptoms include delusions, hallucinations, paranoia, disorganized speech, bizarre dress and bizarre behavior.

A person with a psychotic disorder may believe that other people can read his/her mind or that another person can control the person’s thoughts. These are two examples of a person experiencing delusions.

A person with a psychotic disorder may hear voices, also known as auditory hallucinations. The person hears voices that no one else hears.

A person with a psychotic disorder may also feel that other people are plotting to harm the person. This is an example of paranoia.

These symptoms can terrify a person with a psychotic disorder and make the person extremely agitated or fearful of other people.

A person with a psychotic disorder may also have significant deficits in expressive and receptive communication. What the person says might not make sense to anyone, which is an example of disorganized speech. The person may also be unable to understand what you are saying.

The person’s personal space and belongings may appear totally disorganized. The person may dress and look different than people without a psychotic disorder.

Flat affect, poor grooming and poor eye contact are also considered symptoms of a psychotic disorder. However, these symptoms are not good indicators of a psychotic disorder in a person with an intellectual disability or an autism spectrum disorder.

Although psychotic disorders represent the smallest percentage of mental
health disorders, any mental health disorder may have psychotic features and/or symptoms.
Two types of antipsychotic medications are most often used: The “typical” antipsychotic medications have been available since the mid-1950’s. For many people suffering from psychotic disorders these medications provided a huge improvement in their lives. Unfortunately, some serious, even life threatening, side effects were discovered with the use of these medications.

The “atypical” antipsychotics started to be used in the 1990’s. These newer medications generally have less of the traditional severe side effects of the older medications but there are some serious, even life threatening, side effects associated with them as well.

Side effects may include: extrapyramidal symptoms such as dry mouth, tardive dyskinesia or TD. Tardive dyskinesia is a condition of abnormal involuntary movements that are primarily associated with the older “typical” medications. An abnormal involuntary movement screening should be performed periodically for anyone taking any antipsychotic medications.

Metabolic changes which include weight gain, new onset diabetes and high cholesterol can be seen in people taking the newer “atypical” medications. A
person taking these “atypical” medications needs weight, glucose and lipid levels monitored on a regular basis, as well as screening for tardive dyskinesia.
A person may have side effects when the person starts taking an antipsychotic medication, but most side effects go away after a few days or are manageable. In fairly rare instances adverse side effects can be life threatening and the prescribed antipsychotic medication needs to be immediately discontinued.

Most antipsychotic medications are sedating. Some people will report agitation or a worsening of symptoms when they first start taking an antipsychotic medication.

Other side effects of many antipsychotics include:
- Sedation
- Dizziness
- Blurred vision
- Rapid heartbeat
- Sensitivity to the sun
- Skin rashes
- Constipation
- Menstrual problems
- Dry mouth
- Heat exhaustion/heat stroke

And as stated previously, tardive dyskinesia is associated primarily with the older “typical” antipsychotic medications, whereas, metabolic problems are primarily
associated with the newer “atypical” antipsychotic medications.
Tardive Dyskinesia

A person prescribed antipsychotic medication should be evaluated for abnormal involuntary movements or tardive dyskinesia on a regular basis.

The AIMS test is often used for this purpose and the following areas are assessed:
- Facial and oral movement
- Extremity movements
- Trunk movements
- A global judgment is made on the severity of the movements, their impact, and the patient’s awareness of the movements

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- Tardive dyskinesia or TD, is an adverse side effect of some antipsychotic medications. It usually does not present until a patient has been on an antipsychotic medication for sometime. It is less of a problem with the newer “atypical” antipsychotic medications but some people taking an “atypical” medication may still experience symptoms of TD. TD causes muscle movements a person can’t control. The movements are usually most often seen around the mouth and face. TD can range from mild to severe and is usually treatable, but, in some people, treatment is not effective.

- A person with tardive dyskinesia may engage in repetitive, involuntary movements without purpose. These may consist of any or all of the following:
  - Movement of the lips and tongue (grimacing, smacking, pursing, sticking out the tongue)
  - Rapid blinking
  - Facial “tics”
  - Random hand or finger movements
  - Rapid movements of the arms
  - Toe tapping, moving the leg up and down
  - Twisting and/or bending of the torso

- The next slide continues our discussion of TD and offers some information on one way to assess TD symptoms.
This is a slide of the abnormal involuntary movement scale or AIMS. If it is difficult for you to read, you can get a clear copy of the AIMS Test by going to the Resource section at the end of this presentation.

AIMS stands for abnormal involuntary movement scale.

The AIMS is an assessment tool that should be administered periodically, generally at least every 6 months, to detect the presence and severity of TD in patients receiving antipsychotic medications.

The AIMS test is one test used to detect TD. There are other forms of testing available to assess TD. Different doctors use different tools.

While direct support professionals do not have the responsibility for filling out this form, they should know what TD is and be able to report anything that looks like TD to the prescribing physician.

Getting a copy of a completed form or discussing anything that looks like TD with the person’s prescriber should help you in understanding what TD is.
Lab tests are extremely important in the monitoring of many psychotropic medications. Ask for copies of all laboratory test results. All laboratory results, regardless of who orders the test, should be shared with all of the person’s health care practitioners.

The Complete Blood Count or CBC is a broad screening test used to determine an individual's general health status. It provides screening for a wide range of conditions, such as anemia, infection, inflammation, bleeding disorders, leukemia and other physical health problems. When a person has been on psychotropic medications for some time the person may have some abnormal results that may be related to the medications prescribed. The prescribing physician will make a determination if a change in the medication prescribed is necessary, based in part on the results of a person’s CBC.

The Comprehensive Metabolic Panel or CMP is a blood test that measures sugar or glucose level, electrolyte and fluid balance, kidney function and liver function.

The Thyroid Panel is a group of tests that are often ordered together to help evaluate thyroid gland function and to help diagnose thyroid disorders. The tests included in a thyroid panel measure the amount of thyroid hormones in the blood. Thyroid hormones are chemical substances that travel through the bloodstream and regulate the body's metabolism which is how it functions and uses energy. As previously mentioned, a low thyroid level can make a person look like the person has depression.

The Urinalysis or UA test uses urine for a group of chemical and microscopic tests. They detect the byproducts of normal and abnormal metabolism, cells, cellular fragments and bacteria in the urine. It can be used to detect various chemicals and drugs. It is also used routinely to rule out urinary tract infections or UTIs.

The Prolactin Test measures the level of the hormone prolactin in the blood. In women it is used to investigate the unexplained flow of breast milk and abnormal nipple discharge, and/or infertility; in men it is used to help diagnose the cause of decreased libido and/or erectile dysfunction. Some psychotropic medications cause prolactin levels to rise and when they do, usually a change in medication is used to remedy the problem.

How often any of these tests are ordered is up to the prescribing physician. However, if someone has not had any laboratory testing for a long time or there are ongoing
concerns, you should ask the prescriber about possible laboratory testing for the person.
• For some medications therapeutic levels have been established.

• To get an accurate result, the last dose of the medication being tested should have been taken at least 12 hours before the test.

• Lithium, a mood stabilizer we spoke about before, has a therapeutic level between 0.8 -1.2 milliequivalents per liter - various labs list different levels. There is a relatively small difference between a therapeutic and toxic level with Lithium. Lithium levels are also sensitive to a person’s hydration. In the summer or when a person perspires a lot, hydration must be maintained or the person may become toxic on Lithium.

• Depakote or valproic acid has a therapeutic range of between 50-100 micrograms per milliliter - various labs list different levels. There is a relatively large therapeutic range for Depakote and less probability that a toxic level will be a problem.

• Therapeutic levels are taken usually right after a person starts a medication and then each time the dosage of the medication is changed. Once a therapeutic level is established, it is up to the prescriber to determine when additional testing is necessary.
Baseline is a term used to indicate a starting point – it would be what a person looks like on a typical day and not on a day when the person appears ill.

If a person is usually very calm and peaceful, and suddenly they become agitated and aggressive, the person is not at baseline.

If a person is usually outgoing and cooperative, and then suddenly they refuse to leave their bedroom and refuse to participate in any activities, then the person is not at baseline.

There are many possible reasons a person may have a change in baseline:

- The person may have a physical health issue: an acute illness like a cold, the flu, a stomach virus, or feel bad about a chronic health condition like constipation, arthritis or reflux disease. All of these conditions can cause pain, lessen a person’s level of energy or make someone irritable. The person could also be experiencing an adverse medication reaction.
- If the person is non-verbal, the person may have difficulty communicating the pain the person feels and may exhibit challenging behavior. When a person who is non-verbal starts exhibiting challenging behavior, most people assume the person has a mental health problem, when actually most of the time the problem involves physical health concerns.
- Think about something in the person’s environment that might cause a change in baseline behavior.
- Some examples are:
  - there is a new staff person because the staff person the person really liked just left
  - the person has a new housemate because the housemate the person was living with for 12 years just died
  - the person’s mom had been visiting every weekend but she is too ill to visit now
  - the person is acting differently at the day program after a new van driver started
- Finally, the deviation from baseline may be an increase in target symptoms of a mental health challenge. The person may say they feel sad, helpless or hopeless. The person may be crying and can not tell you why they are crying. The person may say they are hearing
voices and the voices are mean to them or telling the person to do things they
normally wouldn’t do. The person may act extremely irritable and respond
aggressively in normal interactions with staff. The person may injure themselves
superficially.
• You need to know how someone usually acts which is the person’s baseline to know if there is something that has changed.
• If a person has no or poor verbal skills, a deviation from baseline behavior communicates something, but often what is being communicated is unknown.
• Does the change in baseline behavior seem to be because of a physical health problem, an environmental problem, a worsening of the person’s target symptoms of a mental health challenge, or some combination of problems?
• Rule out possible physical health causes first.
• Make an appointment to see the person’s primary care practitioner.
• The primary care practitioner should know the person well enough to recognize that the person is acting differently and should try to determine if there is a physical health reason for the change in behavior.
• If you see behavior that you believe is related to a worsening of the person’s mental health challenge. You need to communicate this to the person’s psychiatrist.
• If you feel that the person or the people around the person are in danger, then call emergency services - 911.

• If the person has a mental health challenge, is what the person doing related to that mental health challenge?

• If you think it is related, make sure you communicate this to the emergency department (ED) staff.

• If you think a person may be a danger to him or herself or others and the person has an intellectual disability, then you need to be a very good advocate for the person you help support:
  • In this situation, especially if the person does not have good verbal skills, you need to describe the dangerous behavior the person was engaging in before coming to the emergency room.
  • You must communicate that the person has a mental health disorder, what that disorder is, and what kind of treatment the person is currently receiving.
  • You must make it clear that how the person is acting today is not how the person usually behaves.
  • If the person has a history of acting this way when the person’s target symptoms of their mental health challenge are not under control, communicate this to the emergency department staff.
Your role as a direct supporter is to:

- Know the person you are supporting. Understand the person’s symptoms of the person’s mental health challenge. Look for therapeutic effects of the medication. Are the person’s symptoms improving? Is the person showing any adverse effects from the medication?
- Document verbal and/or behavior manifestations of the person’s symptoms. Collect data on symptoms to share at the next medication review. Use your agency policy and procedures and forms for documentation.
- Assist with psychiatric appointments - help the person prepare to speak to the doctor. Do they have any concerns about their medication and how it is making them feel?
- Communicate with mental health clinicians and the psychiatrist by being prepared with information in writing on how the person is doing. Are you seeing anything that might be an adverse medication effect? Being well prepared with information and any questions you may have is essential since a regular psychiatric appointment is normally 15 minutes or less.
- Advocate for the person – If something important isn’t shared with medical staff, they won’t know. Be an advocate and a positive support for your person.
- Know how to get help when someone exhibits life threatening behavior directed at oneself or others. Whoever is with the person has to decide if the person is having a psychiatric emergency. Know your agency procedures and protocols. If you take someone to a crisis center, emergency room, or call 911 because of a psychiatric symptom, always inform the medical staff about the person’s psychiatric diagnosis, the medication they are taking, and that you are seeing an increase in the person’s symptoms. Give objective and concrete examples of signs and symptoms the
person is exhibiting.
The treating physician needs to know if the person’s symptoms are increasing or decreasing with the medication prescribed for treatment. The staff taking the person to their psychiatric appointment needs to know the person well and know the symptoms of the person’s mental health challenge.

Let’s look at the example above: Every possible physical cause of pain has been ruled out and crying has been identified as a symptom of the person’s depression. The person has been taking an antidepressant at a dosage considered therapeutic for enough time for it to work. People observing the person see that the person is not crying as much. This could mean that the medication is an effective treatment for the person’s depression. However, if the person is crying more or nothing has changed, this could mean the medication probably is not an effective treatment. What you observe and document about the symptoms of the person’s depression is important information to share with the person prescribing his or her antidepressant.

You are the eyes and ears of the psychiatrist. You see the person a lot more than the psychiatrist does.

The health care practitioner prescribing the person’s medication needs to know if the symptoms of the diagnosis are improving in response to the medication. In order to share this information with the prescribing practitioner, the person’s medication symptoms need to be observed, documented and communicated. It is also important to share any other physical or behavioral changes seen. The treating physician weighs all the information to determine if the medication
dosage needs to remain the same or be increased, decreased or discontinued.
To learn more about specific psychiatric disorders, take the Dual Diagnosis Direct Support Curriculum training titled:

**Intellectual Disability and Psychiatric Disorders**

A joint initiative of
The Office of Mental Health and Substance Abuse Services
and The Office of Developmental Programs

To learn more about specific psychiatric disorders, take the Dual Diagnosis Direct Support Training titled: *Intellectual Disability and Psychiatric Disorders.*
Congratulations, you have successfully completed the *Psychotropic Medication* training.

Please complete the online Evaluation Form and click the submit button.

After submitting the Evaluation Form, your training certificate will be e-mailed to you.
Thank you for your participation in this training!