



DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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TITLE: USE OF PSYCHOACTIVE MEDICATIONS POLICY 5.16

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Authority: [Chapter 71A RCW](#) *Developmental Disabilities*  
[Chapter 388-101 WAC](#) *Certified Community Residential Services and Supports*  
[Chapter 388-825 WAC](#) *Developmental Disabilities Services*

Reference: DDA Policy 6.19, *Residential Medication Management*

## **BACKGROUND**

Psychoactive medications have proven to be a very effective treatment for many forms of mental illness. As with other prescription medications, psychoactive medications have the potential for unwanted side effects. Regular monitoring for side effects and evaluation of medication effectiveness is especially important for individuals who have a reduced capacity to communicate symptoms of potential side effects.

Psychoactive medications are not necessarily the first or only treatment of choice, particularly for challenging behaviors. Positive behavior support approaches may be equally or more effective and treatment decisions should always be made on an individual basis. Refer to Developmental Disabilities Administration (DDA) Policies [5.14, \*Positive Behavior Support\*](#), and [5.15, \*Use of Restrictive Procedures\*](#), for additional information and requirements.

## **PURPOSE**

This policy establishes guidelines for assisting a client with mental health issues or persistent challenging behavior to access accurate information about psychoactive medications and treatment, to make fully informed choices, and to be monitored for potential side effects of psychoactive medications.

**SCOPE**

This policy applies to the following DDA contracted residential service programs for adults:

- Supported Living (SL)
- Group Homes (GH)
- Group Training Homes (GTH)
- Alternative Living (AL)
- Companion Homes (CH)
- State Operated Living Alternatives (SOLA)
- Crisis Diversion Bed and Support Services

**DEFINITIONS**

**Medication administration** is the direct application of a prescribed medication whether by injection, inhalation, ingestion, or other means, to the body of the client by an individual legally authorized to do so.

**Medication assistance** is assistance with self-administration of medication rendered by a nonpractitioner to a client receiving certified community residential services and supports in accordance with [Chapter 69.41 RCW](#) and [Chapter 246-888 WAC](#).

**Medication service** is any service provided by a certified community residential services and support provider related to medication administration or medication assistance provided through nurse delegation and medication assistance.

**Psychoactive** means possessing the ability to alter mood, anxiety level, behavior, cognitive processes, or mental tension, usually applied to pharmacological agents.

**Psychoactive medications** means medications prescribed to treat a mental illness, improve functioning, or reduce challenging behaviors. Psychoactive medications include antipsychotics/neuroleptics, atypical antipsychotics, antidepressants, anticonvulsants, stimulants, sedatives/hypnotics, anti-mania and anti-anxiety drugs, and medications to treat symptoms of dementia. Anticonvulsants and other classes of drugs are included in this category when they are prescribed for behavioral purposes.

Note: If a psychoactive medication is used solely to treat a non-psychiatric condition (e.g., sleep aid, seizures), and is not also used to treat a mental illness or a challenging behavior, the requirements of this policy do not apply.

**POLICY**

- A. Psychoactive medications are prescribed to enable a person to function better, reduce challenging behavior, or treat a mental illness. Persons with developmental disabilities

and mental illness, and/or persistent challenging behavior shall have appropriate access to information and treatment with psychoactive medications, and reasonable protection from serious side effects or the inappropriate use of these medications.

- B. [DDA Policy 5.14](#), *Positive Behavior Support*, requires that a Positive Behavior Support Plan be developed and implemented for clients who take psychoactive medications to reduce challenging behavior or treat a mental illness that is interfering with the client's ability to have positive life experiences and form and maintain relationships.
- C. Adult residential service providers may not administer medications for a client or assist a client to self-administer medications if consent has not been given. Refer to [DDA Policy 6.19](#), *Residential Medication Management*, for more information and requirements.

## **PROCEDURES**

### **A. Assessment**

1. If the client appears to be displaying symptoms of mental illness and/or persistent challenging behavior, any physical, medical, or dental conditions that may be causing or contributing to the behavior must first be considered. A medical and/or dental examination may need to be conducted to accomplish this. If no physical or other medical condition is identified, then a psychiatric assessment should be conducted. This assessment may be done by one of the following professionals: a psychiatrist, a clinician (such as a psychologist), a physician's assistant, or an advanced registered nurse practitioner (ARNP). The treating professional should have experience in treating people with developmental disabilities with mental illness and/or challenging behaviors.
2. Prior to the assessment, service provider staff will prepare a psychiatric referral summary and send or take this to the treatment professional conducting the assessment. The summary should briefly describe the frequency and severity of the client's symptoms or behaviors and what has been tried previously. [DSHS 13-851](#), *Psychiatric Referral Summary*, may be used for this purpose.

Note: Some clients may prefer to visit their treatment professional independently and without the assistance of residential service provider staff. In such cases, respect the person's choice and document this in the client record. Document in the client record whether the person is assessed as capable of self-monitoring their medications or requires assistance.

### **B. Psychoactive Medication Treatment Plan (PMTP)**

1. After the assessment, if the treatment professional recommends psychoactive medication for ongoing or PRN (*pro re nata: as needed*) use, the prescribing professional or service provider staff will document this in a Psychoactive

Medication Treatment Plan. [DSHS 13-851A](#), *Psychoactive Medication Treatment Plan*, may be used for this purpose. The plan must include the following:

- a. A description of the behaviors, symptoms or conditions for which the medication is prescribed and a mental health diagnosis, if available;
  - b. The name, dosage, and frequency of the medication (subsequent changes in dosage may be documented in the person's medical record);
  - c. The length of time considered sufficient to determine if the medication is effective (i.e., treatment trial);
  - d. The behavioral criteria to determine whether the medication is effective (i.e., what changes in behavior, mood, thought, or functioning are considered evidence that the medication is effective); and
  - e. The anticipated schedule of visits with the prescribing professional.
2. The PMTP must be updated whenever there is a change in medication type, including intraclass changes (e.g., Prozac to Paxil). Changes in dosage of a medication may be documented on the client's medication sheet and does not require an updated PMTP.
  3. The prescribing professional is responsible for obtaining informed consent when necessary from the client or, if applicable, the client's legal representative. Service providers must retain a copy of the signed consent form, if available, in the person's record. If the client's legal representative refuses to give consent, the service provider should encourage the legal representative to meet with the treatment professional to discuss the medication issue. The provider should discuss the matter with the client's Case Resource Manager (CRM), who will consult with the Field Services Administrator (FSA) and/or the Office of the Attorney General as appropriate. DDA will work with the provider to develop a plan to address the situation.
  4. Service provider staff will review with the client and the client's legal representative the name, purpose, potential side effects and any known potential drug interactions of the medication. Service provider staff should base such discussion on the written information supplied by the dispensing pharmacy whenever possible. The *Information Regarding Psychoactive Medication* section of [DSHS 13-851A](#), *Psychoactive Medication Treatment Plan*, may be used to document the medication review.
  5. Agencies must have available to staff and clients an information sheet for each psychoactive medication that is being used by persons served by the service provider. This information sheet should describe potential side effects and

potential adverse drug interactions that may occur from use of the medication. This information sheet should be one provided by the dispensing pharmacy or based on information provided by the dispensing pharmacy whenever possible.

6. When clients require assistance with taking psychoactive medications, staff must follow the procedures in [DDA Policy 6.19](#), *Residential Medication Management*.
7. Non-pharmaceutical supports used to assist in the treatment, reduction, or elimination of the client's symptoms or behaviors must be documented in the client's Positive Behavior Support Plan or another written plan. For more information, refer to [DDA Policy 5.14](#), *Positive Behavior Support*.

### C. **Monitoring Psychoactive Medications**

1. The service provider must monitor the client to help determine if the medication is being effective based on criteria identified in the PMTP. If the medication does not appear to have the desired effects, the service provider must communicate this to the prescribing professional.
2. The service provider must observe the client for any changes in behavior or health that might be side effects of the medication and inform the prescribing professional of any concerns. This includes any observed changes, especially sudden changes, in mood, behaviors, thoughts, or feelings or suicidal thoughts or actions. This is very important when an antidepressant medicine is started or when the dose is changed.
3. The service provider should request that the prescribing professional see the client at least every three (3) months unless the prescribing professional recommends a different schedule. Document the visitation schedule in the client's treatment plan.
4. Continued need for the medication and possible reduction should be assessed at least annually by the prescribing professional. [DSHS 13-851C](#), *Psychoactive Medication Treatment Plan: Annual Continuation of Medication*, may be used for this purpose.

### **EXCEPTIONS**

Any exceptions to this policy must have the prior written approval of the Deputy Assistant Secretary.

### **SUPERSESSSION**

DDA Policy 5.16  
Issued July 1, 2013

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Approved: /s/ Donald Clintsman  
Deputy Assistant Secretary  
Developmental Disabilities Administration

Date: July 1, 2015