

## 12 GENERAL PRINCIPLES

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### **WHY TREATMENT PROGRAMS SOMETIMES DON'T WORK WELL:**

- a. We're treating the wrong thing.
- b. We're treating the right thing, but using the wrong treatment.
- c. We're only treating a part of the problem—many problems are multi-factorial.
- d. Our treatment has significant undesirable side effects.
- e. Treatment for other health conditions has significant undesirable side effects.
- f. We're missing undiagnosed health problems that may be causing behavioral symptoms.
- g. Something unpleasant/significant has happened in the person's life—new health problems, new psychosocial problems.
- h. Even appropriate treatment programs don't work well on everyone.
- i. Perhaps the person being treated doesn't need to be treated—whose problem is this?

### **Principle #1: Check again to see if this person really needs this treatment program.**

- a. Do these symptoms and/or does this behavior interfere with life?
- b. If so, whose life? (Just because someone is a nuisance, he/she does not necessarily need treatment.)
- c. Are the symptoms/behavior really worse, or is this just normal variance?
- d. Has the frequency of the symptoms/behavior gone up, but the intensity gone down?
- e. How dangerous is the behavior?
- f. To whom or what?
- g. Has the person being treated and his/her direct support staff been asked why the treatment program may not be working?

### **Principle #2: Check to see if the program has had time to work and/or is being implemented as outlined.**

- a. Has the treatment program/plan had time to work?
- b. If medication is part of the treatment program, has an adequate dose been achieved, for a sufficiently long period of time, to expect clinical results?
- c. Has the person received the medication as ordered?
- d. Has the treatment program been carried out consistently, according to the outlined plan?
- e. How do you know?

### **Principle #3: Check to see if the right condition(s) is/are being treated.**

- a. Are we treating the right thing(s)?
- b. Has a careful functional assessment of the behavior been done?
- c. By whom?
- d. When?
- e. Does the present treatment program appear to logically address the apparent function of the behavior?
- f. Does this individual have a psychiatric diagnosis?

- g. Who made the diagnosis?
- h. When?
- i. Using what information/what criteria?
- j. Does the diagnosis seem logical?
- k. Does the treatment appear logical/rational for the psychiatric diagnosis?

**Principle #4: Look carefully at the individual's long-term history, including a careful medication history.**

- a. Is a summary of this person's history always kept with current information?
- b. If not, why not?

**Principle #5: Look carefully at all medication/medical issues.**

- a. Have any new medical problems developed which may have been missed, or have existing problems worsened?
- b. Is the person having a drug reaction?
- c. Might adverse drug interactions be occurring?
- d. Is the person having drug withdrawal problems?
- e. Might drug/alcohol problems be developing or worsening?
- f. Does the person have a sleep disorder?
- g. Is the person experiencing significant pain?

**Principle #6: Address current/recent psychosocial issues carefully.**

- a. Have there been any changes in the person's life recently?
- b. Has he/she moved, or has a roommate changed?
- c. Have staff changes occurred?
- d. Have there been any new or worsened family problems?
- e. Are there any new or worsened romantic or other relationship problems?
- f. Have problems occurred at work, perhaps due to circumstances not directly caused by this person's behavioral issues?

**Principle #7: When assessments are completed, re-do functional assessment of the behavior (no matter who did the earlier assessment).**

**Principle #8: Re-do the psychiatric assessment, or do such an assessment if one has not been done previously.**

**Principle #9: Use current assessments and past and recent history to develop new treatment program, or modify present treatment program.**

- a. If additional causative factors have been discovered, be sure these are addressed carefully.
- b. Continue to treat earlier diagnoses, if these are still applicable.
- c. Be sure that all medical/medication issues are completely addressed.

**Principle #10: Carefully determine each item of data to be monitored to assess the impact of the new/improved program.**

- a. Was previous data collection adequate? (If previous data collection only included counts of "target behaviors," it probably wasn't adequate.)
- b. What assessments of activities of daily living can be used to assess treatment response?

- c. Can vocational data be used to assess treatment response?
- d. Can self-monitoring be used, at least partially, in assessment of treatment response?
- e. If this individual responds well to this treatment program, what will his/her life look like?

**Principle #11: Carefully determine and make very clear responsibilities for making sure program is carefully implemented, and that outcome measures are monitored.**

- a. Who's going to do what?
- b. Again, can this individual himself/herself assist with the monitoring, both of implementation and outcomes?

**Principle #12: Make sure that ample time is allowed for determination of effectiveness of the program--remember that "there is no magic bullet," and results probably will take time.**

### **HOW TO AT LEAST PARTIALLY AVOID FAILURE OF TREATMENT PROGRAMS:**

- a. Have an accurate diagnosis or diagnoses.
- b. Know the long term behavioral and treatment history, particularly drug treatment history.
- c. Make treatment decisions based on adequate data, both historical and current.
- d. Have a rational treatment plan, which is logical and related to the diagnosis (-es).
- e. Carefully explain the treatment program to everyone concerned, including the person himself/herself.
- f. Monitor compliance carefully.
- g. Allow time for the treatment program to work. (If behavior is on the basis of learned maladaptive factors, it probably took a while to develop, and will take a while to improve.)
- h. Remember that psychotropic medications should be used in rational, reasonable, adequate doses, and most of these drugs need a while to work.
- i. When medication withdrawal is part of the program, anticipate and allow for drug withdrawal reactions.
- j. Never give up.
- k. Remember that achieving good results, improving the person's life, is worth the work, because the person is of value.

Please remember that all of this stuff is a work in process, and I will be delighted to get feedback from list serve members--I've already gotten some feedback off-list, but other list serve folks probably would like to know what people think--pro and con. This is, of course, personally copyrighted material.

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