

# Reducing Behavior Modifying Medications

Factors to Consider

# Contraindication Considerations

Have you wondered how to meet regulatory requirements when it is thought that decreasing an individual's behavior modifying drug(s) is contraindicated?

# W317

Federal regulation<sup>1</sup> at W317 states drugs used for control of inappropriate behavior must be gradually withdrawn at least annually “... *in a carefully monitored program conducted in conjunction with the interdisciplinary team, unless clinical evidence justifies that this is contraindicated.*”

<sup>1</sup> *State Operations Manual Appendix J - Guidance to Surveyors: Intermediate Care Facilities for Persons With Mental Retardation.* Retrieved from [http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap\\_j\\_intermcare.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_j_intermcare.pdf)

# W317

Interpretive Guidance at W317 states :

*“In the absence of an annual drug withdrawal program, there must be strong, objective clinical evidence (e.g., results of previous reduction, research-based justification, etc.) which supports that decision. Changes in the individual, his environment or program are taken into consideration in determining the validity of this evidence.”*

# W317

*“In determining whether there is clinical contraindication to the annual drug withdrawal, the physician and interdisciplinary team should consider the individual's clinical history, diagnostic/behavioral status, previous reduction/discontinuation attempts, and current regimen effectiveness.”*

# W317

*“The individual's current clinical status or the nature of a psychiatric illness may indicate that gradual withdrawal of the drug is unwise at this time.”*

# W317

*“It is not acceptable, however, to preclude a gradual drug withdrawal for a person, including a person with a psychiatric impairment, merely because of the possibility that his or her behavior may be exacerbated.”*

# W317

*“Data which shows a direct relationship between past attempts at withdrawal, and an increase in the targeted behavior or symptoms should be available to support the decision not to attempt a gradual withdrawal.”*

# W317

*“This data should reflect the programmatic interventions utilized to respond to the behavior prior to determining that gradual withdrawal is contraindicated.”*

# W317

*“The team should periodically re-evaluate the decision not to attempt a gradual withdrawal based on the individual's progress or other changes in clinical status.”*

# W317

The following checklist may be used when considering gradual withdrawal of a behavior modifying drug. Please be aware this list is not all-inclusive (e.g., significant changes in status).

# Contraindication Considerations

- ❑ The individual's social history and current status including:
  - family members' involvement
  - family illness
  - death of a loved one
  - marriage
  - divorce
  - family moves from the area
  - loss of employment
  - new employment

# Contraindication Considerations

- ❑ The individual's relationships (past and current) within the facility including:
  - staff
  - peers
  - volunteers

# Contraindication Considerations

- ❑ The individual's relationships (past and current) outside the facility including:
  - friends
  - neighbors
  - doctors
  - clergy
  - store clerks
  - veterinarian
  - hairdresser

# Contraindication Considerations

- ❑ The individual's environmental influences (past and current) including:
  - change of roommates
  - transfer to another home
  - change in day programming
  - activity level in the home
  - noise level in the home
  - pets in the home

# Contraindication Considerations

- ❑ The individual's medical history including:
  - surgery
  - allergies
  - adverse reactions
  - stroke
  - illnesses
  - injuries
  - pain

# Contraindication Considerations

- ❑ The individual's current medical status and treatments including:
  - laboratory medication levels
  - seizure disorder
  - insulin-dependent diabetes
  - arthritis
  - ability to ambulate

# Contraindication Considerations

- ❑ The individual's medication history including:
  - current medications and dosages
  - associated diagnoses
  - previous reduction attempts
  - previous discontinuation attempts
  - current regimen effectiveness

# Contraindication Considerations

- ❑ The individual's nutritional influences including:
  - change in weight
  - change in appetite
  - food preferences
  - adverse reactions to food or fluid
  - hydration status

# Contraindication Considerations

- ❑ The individual's diagnostic status including:
  - diagnosis with an operational definition
  - psychiatric evaluation
  - psychiatric progress notes
  - psychological evaluation
  - counseling progress notes

# Contraindication Considerations

- ❑ The individual's behavioral history
  
  - ❑ The individual's current behavioral status including replacement behavior information.
- \* Be sure to include behavior data reflecting programmatic interventions utilized to respond to the targeted behavior prior to determining that gradual withdrawal is contraindicated.

# Contraindication Considerations

- The individual's progress and regression in activities of daily living skills.

Did previous reduction and discontinuation attempts impact the individual's ability to function? If so, how?

Did previous reduction and discontinuation attempts effect the individual's quality of life? If so, how?

# Contraindication Considerations

What did the facility do to support the individual during previous withdraw attempts?

What were the circumstances under which the previous withdraw attempt was made (e.g., an attempt was made within a week of an individual's mother's passing. Grief counseling was not provided, the reinforcement schedule was not revised and the frequency of preferred activities was not increased)?

# Contraindication Considerations

- ❑ Team Meeting minutes including:
  - physician recommendations
  - team recommendations
  - evidence of periodic review by the team to ensure the individual's situation has not changed and contraindication is still warranted

# References

<sup>1</sup> *State Operations Manual Appendix J - Guidance to Surveyors: Intermediate Care Facilities for Persons With Mental Retardation.* (n.d.). Retrieved from [http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap\\_j\\_intermcare.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_j_intermcare.pdf)

*Send your comments or questions  
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