

MODULE IV: Medications

Problem Solving Exercise

To the instructor

At the end of the lecture, have large group form smaller groups of 4-6 individuals for the problem-solving exercise. The groups will have about 20 minutes to address the problem raised in this scenario.

Each member of the group should take a turn reading one of the paragraphs aloud. Participants are asked to respond to the question posed at the end of each paragraph before moving on to the next. The instructor reminds the group there is never just one way to respond and that each group may arrive at different solutions and different paths to the solution.

Problem 1

You get to know one of the residents whom you have helped negotiate a membership at the local YMCA. This resident tells s/he is taking medication for his voices, that the medicine is helping and that s/he thinks it is responsible for his/her weight gain. The resident is disappointed that even though s/he is pretty faithful with his/her exercise, s/he still can't seem to lose weight and wants to stop taking his/her medication and asks your opinion.

How do you respond?

To the instructor: There are many possible responses. The key learning point here is that the ombudsman needs to acknowledge that while s/he is not an authority on medications, the resident has raised a good question and offers to meet together with the resident's mental health case manager or the resident's doctor to discuss options.

You set up a meeting with the resident's case manager. In the meeting, the resident tells the case manager s/he wants to come off the medication and why. The case manager tells the resident that the last time s/he went off his/her medication s/he wound up in the hospital and so the case manager doesn't support the request. The case manager reminds the resident s/he has schizophrenia and will always be on medication. The resident shuts down. How do you respond?

To the instructor: Again, there are many possible responses. The key learning point here is that the ombudsman needs to support the resident by acknowledging that the concern about weight gain is legitimate and to ask whether there are any alternatives.

The resident states that s/he would be willing to try another medication. The case manager tells the resident and the ombudsman that the doctor knows best and that if there were any alternatives, s/he would have already changed the medication. The resident is becoming less able to or willing or able to negotiate and states: "then I won't take any medication" and leaves the room. The case manager says, "See? S/he's always been non-compliant!" How do you respond?

To the instructor: As always, there are many possible responses. The key learning point here is that the ombudsman needs to continue to support the resident by acknowledging that the concern about side effects is legitimate and to ask for a meeting with the M.D. If the ombudsman has sufficient experience and is comfortable doing so, the ombudsman may want to point out the case manager may have contributed to the resident's frustration and apparent loss of confidence by dismissing his/her own opinion.

You and the resident decide to set up a meeting with the physician to discuss the resident's concern about side effects and to discuss alternatives to care. Although the physician appears to listen and to approach the resident more thoughtfully, the bottom line is the same: "I prescribe this because it is the best for you. You been on many other drugs and they haven't worked. I won't support going down that road again". The resident, who has been silent, says, 'then I won't take any medication.' The psychiatrist replies that if the resident doesn't take his medication, s/he will lose his placement in the group home and be forced to live in a shelter.

How do you respond?

To the instructor: The key learning point here is that the ombudsman needs to be clear that residents have the right to refuse treatment and at the same time to keep everyone on track that the resident says s/he WANTS treatment, thinks it helps but doesn't want side effects. The ombudsman should continue to support the resident by acknowledging that the concern about side effects is legitimate and to ask for a second opinion.

The psychiatrist encourages the resident to get a second opinion from an expert in psychopharmacology (though clearly conveys s/he anticipates the 2nd doctor will agree with him/her). The "expert" reviews the case and helps the resident weigh the risks and benefits. They conclude it is worth the risk to try one of the newer drugs that have come out since the last failed trials on other medications. The two doctors talk and doctor number one says, "I disagree" and won't make the switch. The "expert" expresses regret s/he cannot take any new patients. The resident has had it and quits participating in any aspect of treatment. The ACF operator gives the resident an eviction notice saying, 'I know you will decompensate. I can't have you here if you're not in treatment.' Now what? What rights and responsibilities does the operator have? What are the resident's rights and responsibilities?

To the instructor: The key learning point here is that the ombudsman recognizes there are several options for "appeal".

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Problem Solving Exercises Handout

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How do you respond?

You set up a meeting with the resident's case manager. In the meeting, the resident tells the case manager s/he wants to come off the medication and why. The case manager tells the resident that the last time s/he went off his/her medication s/he wound up in the hospital and so the case manager doesn't support the request. The case manager reminds the resident s/he has schizophrenia and will always be on medication. The resident shuts down. How do you respond?

The resident states that s/he would be willing to try another medication. The case manager tells the resident and the ombudsman that the doctor knows best and that if there were any alternatives, s/he would have already changed the medication. The resident is becoming less able to or willing or able to negotiate and states: "then I won't take any medication" and leaves the room. The case manager says, "See? S/he's always been non-compliant!" How do you respond?

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How do you respond?

The psychiatrist encourages the resident to get a second opinion from an expert in psychopharmacology (though clearly conveys s/he anticipates the 2nd doctor will agree with him/her). The “expert” reviews the case and helps the resident weigh the risks and benefits. They conclude it is worth the risk to try one of the newer drugs that have come out since the last failed trials on other medications. The two Doctors talk and doctor number one says, “I disagree” and won’t make the switch. The “expert expresses regret s/he cannot take any new patients. The resident has had it and quits participating in any aspect of treatment. The ACF operator gives the resident an eviction notice saying, ‘I know you will decompensate. I can’t have you here if you’re not in treatment.’ Now what? What rights and responsibilities does the operator have? What are the resident’s rights and responsibilities?