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Case Study

Psychiatric Deprescribing: Case Studies and Clinical Implications in Forensics

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Abstract

Psychiatric deprescribing occurs when a psychotropic medication is either decreased or discontinued to reduce potential risks for the individual. There is a gap in the literature related to deprescribing in correctional settings. The aim of this paper is to use case studies to illustrate challenges and opportunities for psychiatric deprescribing in a correctional environment. Three case studies were selected based on their relevance to common issues encountered in forensic psychiatric practice, such as cultural competence, dual diagnosis, and treatment resistance. The case studies were analyzed using thematic analysis to identify recurring patterns and challenges in psychiatric deprescribing within correctional settings. Themes were extracted and discussed to derive clinical implications and best practices.

Keywords: Psychiatric, Deprescribing, Treatment, Corrections, Forensic Nursing

Psychiatric Deprescribing: Case Studies and Clinical Implications in Forensics

Psychiatric deprescribing occurs when a psychotropic medication is either decreased or discontinued to reduce potential risks for the individual, especially when those risks are greater than the potential benefits (Paudel et al., 2020). It is a nuanced process that combines clinical expertise with evidence-based guidelines and client preferences (Gupta et al., 2019). The unique nature of mental health care necessitates individualized treatment plans, rather than a one-size-fits-all approach. Forensic nurses and advanced practice nurses must skillfully navigate this complex terrain, drawing from practice guidelines and their own clinical experience to partner with individuals who are incarcerated to meet their needs.

Deprescribing in correctional settings presents a critical gap in the literature within the United States (U.S.), particularly concerning the mental healthcare of incarcerated individuals. In 2020, one in four adults in the United States experienced mental illness and many of those utilized psychiatric medications (SAMHSA, 2021). However, among incarcerated populations, these rates are significantly higher. Roughly half of individuals detained in U.S. jails and over a third of the nation's prison population have received a mental health diagnosis (Taylor, 2022). In forensic environments, it is imperative for advanced practice nurses and forensic nurses to develop keen assessment skills. Their proficiency in diagnosing, treating, prescribing, and continuously evaluating patients is vital, particularly considering the distinctive cultural dynamics present among incarcerated populations (American Academy of Psychiatry and the Law, AAPL, 2018).

Transition into carceral settings can disrupt the continuity of psychiatric treatment, often due to care fragmentation within the community. However, this transition also offers a unique opportunity to reassess and optimize treatment plans. This discontinuity is documented in the findings of Jennings et al. (2021), which reflect how varied and sometimes disjointed treatment histories compounded by factors like inconsistent communication and incomplete records from previous healthcare providers pose significant barriers. Community-based treatment plans are further complicated by undisclosed factors such as patient non-adherence, substance use issues not reported to clinicians, or inconsistent symptom reporting (Gonzalez and Connell, 2014). Additionally, tendencies to doctor-shop or feign illness can lead to convoluted medication regimens not aligned with actual clinical needs (AAPL, 2018; Fay et al., 2023).

In this context, correctional facilities serve as a pivotal point for reassessing psychiatric medication regimens. The controlled environment of incarceration allows for a comprehensive review and potential shift towards deprescribing, supporting a systematic approach to tapering or discontinuing medications when appropriate and beneficial—something less feasible in community settings. Appelbaum (2010) notes the opportunity within correctional settings for healthcare professionals to observe patients longitudinally, thus fostering a more accurate assessment of psychiatric needs and the development of evidence-based treatment plans. The deprescribing goal is to reduce polypharmacy, mitigate side effects, and ultimately improve mental health outcomes, thereby promoting an improved quality of life during and post-incarceration—a potential documented in the long-term observation advantages (AAPL, 2018).

In a correctional setting, the constant supervision of individuals creates an environment conducive to comprehensive health assessments. Integrated healthcare teams in these facilities are uniquely positioned to observe patients' behaviors, such as sleep/wake cycles, social interaction, dietary patterns, and mood fluctuations. These observations are invaluable for clinicians to refine

diagnoses and optimize treatment plans, which may include adjusting medication regimens. While psychiatric medications are instrumental in managing mental health symptoms, they are not without risks. In correctional populations, adverse effects can be particularly concerning, especially when previous diagnoses have been based on subjective reports or heuristic approaches, which may lead to imprecise treatment (Hiber et al., 2020; Lin, 2020; Stutzman, 2021: Berg & Moss, 2022). The prevalence of substance misuse and personality disorders among forensic populations adds layers of complexity to the task of accurately determining medication needs (AAPL, 2018). Thus, the structured environment of correctional facilities can serve as an essential backdrop for the careful re-evaluation of current medication regimens, with an emphasis on deprescribing when appropriate to minimize harm and enhance overall treatment efficacy.

Forensic nurses and advanced practice nurses must monitor and respond to multiple risks. Diagnostic clarity is essential to guide the judicious use of psychiatric medication in forensic settings. For example, treating self-reported serious mental illness that has been diagnosed solely in the context of past active substance use may not only prove ineffective, but dangerous (AAPL, 2018). Forensic nurses and advanced practice nurses play an integral role in assuring that medication benefits and risks are re-evaluated regularly. This is especially pertinent as an individual adapts to incarceration and their symptoms evolve over time. Psychiatric deprescribing is a core competency for clinicians in these settings and is as important as prescribing.

Despite the recognized importance of psychiatric deprescribing, current literature lacks sufficient evidence to inform clinical practice (Harding et al., 2023). Key gaps include the absence of best practices for identifying candidates, specific guidelines, and managing discontinuation concerns (Gupta & Cahill, 2016; Harding et al., 2023). Effective communication, trust, and collaboration with individuals, families, and the interdisciplinary team are vital facilitators of psychiatric prescribing and deprescribing (Magola-Makina et al., 2022; Harding et al., 2023). Within carceral settings, there can be additional challenges to establishing a supported decision-making relationship such as security and facility protocols and internal conflicts of interest for some incarcerated individuals between recovery, possible pending litigation, and responses to being incarcerated (AAPL, 2018). Other barriers to psychiatric deprescribing exist including client and clinician apprehension, lack of validated tools, time constraints, perceived benefits of ongoing medication use, and a clinical culture favoring medication addition or titration (Barnett et al., 2020; Scholten, Batelaan, Van Balkom, 2020; Harding et al., 2023). Nevertheless, incarceration can also provide an opportunity for safe deprescribing with ongoing monitoring and nursing care (Appelbaum, 2010).

Methods

The aim of this paper is to use case studies to illustrate challenges and opportunities for psychiatric deprescribing in a correctional environment. Case studies are a valuable method for explicating concepts related to psychiatric deprescribing and identifying themes to support this emerging area of clinical importance (Harding et al., 2023; Paudel et al., 2020; Tomova et al., 2021). Through the sharing of clinical expertise and insights gained from real-world experiences, a deeper understanding of psychiatric deprescribing can be achieved, while discussing themes encountered in clinical practice.

Selection Criteria and Analysis

Three case studies were selected based on their relevance to common issues encountered in forensic psychiatric practice, such as cultural competence, dual diagnosis, and treatment resistance. The cases were drawn from the authors' clinical practice, ensuring that each vignette provided a unique perspective on the deprescribing process. To protect patient confidentiality, fictional names were used and personal details omitted or changed. The case studies were analyzed using thematic analysis to identify recurring patterns and challenges in psychiatric deprescribing within correctional settings. Themes were extracted and discussed to derive clinical implications and best practices.

Case Studies

Vignette 1: The Misunderstood Believer

Mr. Jean Baptiste, a 45-year-old man of Haitian descent, became involved in the criminal justice system due to an incident stemming from his deeply held religious beliefs rooted in Vodou. Upon his arrest and prior to transfer to the county jail, he was evaluated at an emergency room. At that time, he was diagnosed with a psychotic disorder and a treatment plan including antipsychotics was initiated. Despite attempts to explain his actions at the emergency room and upon arrival at the county jail, Mr. Baptiste's behavior was continuously interpreted by his evaluators as psychotic symptoms and the antipsychotic medication treatment continued. Over the following months in the county jail, Mr. Baptiste experienced significant weight gain and excessive sedation, side effects that not only compounded his distress but also did nothing to alter his religious expressions, which were consistently misinterpreted as psychotic symptoms. His treatment, devoid of cultural competence, failed to recognize the spiritual context of his behaviors, leading to a continuation of the pharmacological intervention without any meaningful engagement with Mr. Baptiste's actual needs or beliefs.

Concerned by the lack of improvement and the adverse effects of the medication, a newly appointed psychiatric nurse practitioner, specializing in forensic settings, reviewed Mr. Baptiste's case. The psychiatric nurse practitioner requested daily logs from security personnel capturing Mr. Baptiste's functioning, so they could carefully assess for neurovegetative symptoms, overall functioning, self-care, hygiene, and signs of overt psychosis. Recognizing the cultural underpinnings of the patient's behavior, the practitioner initiated a thorough re-evaluation, employing tools such as the Cultural Formulation Interview (CFI) to gain a deeper understanding of Mr. Baptiste's background, beliefs, and the contextual factors influencing his current situation (Aggarwal & Lewis-Fernández, 2015). The re-assessment highlighted the need for a drastic shift in the treatment approach. The psychiatric team, led by the nurse practitioner, embarked on a deprescribing protocol to gradually withdraw the antipsychotics, closely monitoring Mr. Baptiste for any withdrawal symptoms or distress. Concurrently, the team sought the expertise of a cultural liaison to facilitate a more culturally sensitive approach to care.

Vignette 2: Refining Diagnosis and Treatment in a Complex Case

Ms. Alicia Ramirez entered prison with multiple psychiatric diagnoses and corresponding medications. However, a comprehensive evaluation by the forensic psychiatric team identified her symptoms as closely aligned with borderline personality disorder (BPD), including impulsive behaviors, unstable relationships, identity issues, self-harm, emotional instability, emptiness, intense anger, and stress-induced paranoia. Furthermore, the team determined these

manifestations could be intrinsic to BPD while also being potentially exacerbated by her substance use. This dual factor understanding underscored the intertwined nature of Alicia's psychiatric condition and substance abuse, necessitating a nuanced approach to her treatment. It became evident that the polypharmacy approach, heavily reliant on self-reported symptoms alone, might not only be ineffective but potentially harmful, given the context of a correctional environment and the high risk of medication misuse and diversion.

Confronted with Alicia's staunch resistance to changing her established medication regimen, underscored by threats of self-harm and legal action, the team faced a delicate situation. The decision was made to proceed with a judiciously monitored tapering off non-essential medications, particularly those with a high potential for abuse. This process was to be underpinned by strict detox protocols to safeguard Alicia's physical well-being while attentively observing her psychological adjustment to the changes. In parallel, the introduction of Dialectical Behavior Therapy (DBT) aimed to address the core symptoms of BPD and equip Alicia with more adaptive coping mechanisms. This therapeutic pivot was carefully communicated to Alicia, emphasizing its direct relevance to her diagnosed condition and its potential to offer more meaningful and sustainable mental health outcomes.

Vignette 3: Navigating Treatment Dynamics in a Forensic Hospital

Mr. Ethan Clarke, a 38-year-old patient with a diagnosis of schizoaffective disorder, resides in a high-security forensic hospital following a court mandate for treatment. His complex psychiatric needs are managed with high doses of olanzapine and risperidone, a regimen prescribed to mitigate the severe fluctuations in mood and psychosis characteristic of his condition. The court's stipulation is clear: should Ethan refuse oral medication, he would be administered antipsychotics intramuscularly, a directive aimed at ensuring compliance but one that significantly impinges on his autonomy. Central to Ethan's care management is his court-appointed guardian, an attorney with no personal ties to Ethan and a caseload too heavy to allow for deep engagement with any single client. This guardian operates under a philosophy where "more is more" concerning medication, equating higher doses with better control of psychiatric symptoms, an approach not uncommon in high-stakes forensic settings.

Recently, Ethan has voiced complaints about the debilitating side effects of his medication regimen, particularly the profound lethargy and sedation that hamper his participation in therapeutic activities and diminish his quality of life. These grievances, however, hit a wall when presented to his guardian, whose focus on medication compliance overshadows concerns about Ethan's subjective well-being. The guardian's reluctance to adjust the medication, driven by a cautious stance towards treatment alterations in a forensic context, leaves Ethan feeling unheard and trapped in a cycle of excessive medication with minimal consideration for his personal experience.

Discussion and Clinical Implications

In all settings, the use of psychiatric medications entails risks, particularly in forensic settings where these risks must be carefully balanced with concerns for the safety of incarcerated individuals and staff. For instance, excessive medication use heightens the risk of diversion and misuse, posing dangers to everyone involved (AAPL, 2018). While antipsychotic medications are commonly prescribed for impulsive behaviors or agitation associated with various disorders, including personality disorders, their use carries potential metabolic complications such as weight gain, hyperglycemia, and dyslipidemia, as well as drug-induced movement disorders (AAPL,

2018; Stutzman, 2021). Furthermore, these medications, along with certain antidepressants, can elevate the risk of cardiovascular events like stroke or QT prolongation, which may result in cardiac arrest (Einoff, et al, 2020). Sedation, weight gain, and apathy are prevalent side effects that can lead individuals to discontinue treatment (Einoff, et al, 2020; Hiber et al, 2020; Lin, 2020). Importantly, the risk of medication-related adverse events escalates with the number of psychiatric medications prescribed to an individual (Tomova et al., 2021). The use of real-life experiences can aid in the decision making for clients in the forensic setting needing mental health care.

The case vignettes portray clinical experiences that closely correspond to the literature emphasizing the obstacles to psychiatric prescribing and deprescribing in forensic environments (Jennings et al., 2021). Numerous factors impede inmates from accessing essential mental health care, including appropriate medications, monitoring, and non-pharmacologic interventions (AAPL, 2018). Moreover, the lack of proficient providers impedes accurate assessments distinguishing genuine mental health disorders from cultural norms or malingering.

Cultural Competence and Deprescribing in Forensic Psychiatry

In Mr. Baptiste's case, the importance of cultural competence in deprescribing cannot be overstated. Initially diagnosed with a psychotic disorder and prescribed antipsychotics, his deeply held religious beliefs, rooted in Haitian Vodou heritage, were mistaken for symptoms of psychosis. This misinterpretation not only failed to address his true needs but also led to adverse effects like significant weight gain and excessive sedation. The intervention by a psychiatric nurse practitioner specializing in forensic settings and cultural competence marked a turning point. Through tools like the Cultural Formulation Interview, a deeper understanding of Mr. Baptiste's cultural context was gained, revealing the inadequacy of the initial diagnosis and treatment approach (Aggarwal & Lewis-Fernández, 2015). Informed by this cultural awareness, a deprescribing protocol was initiated, gradually withdrawing antipsychotics. This holistic approach acknowledged Mr. Baptiste's cultural identity and spiritual needs, aiming to treat him comprehensively rather than solely focusing on psychiatric symptoms. The integration of a cultural liaison further enhanced the cultural sensitivity of Mr. Baptiste's care, ensuring his perspectives were respected and incorporated into the treatment plan.

Complexities of Dual Diagnosis and Resistance to Treatment

Ms. Alicia Ramirez's case illustrates the intricate challenges posed by dual diagnosis, personality disorders, substance abuse, and treatment resistance within the forensic setting. Initially diagnosed with multiple psychiatric conditions and prescribed corresponding medications, a comprehensive evaluation by the forensic psychiatric team revealed a closer alignment with BPD (Fineberg, Gupta, & Leavitt, 2019). Her symptoms, characterized by impulsive behaviors, unstable relationships, self-harm, emotional instability, and intense anger, highlighted the complex interplay between her psychiatric condition and substance use. This dual diagnosis understanding emphasized the need for a treatment approach that considers both aspects of her presentation. However, Alicia's firm opposition to changing her medication regimen, coupled with threats of self-harm and legal action, posed a significant challenge for the treatment team. In response, a judiciously monitored tapering off non-essential medications, particularly those prone to abuse, was initiated alongside strict detox protocols. Simultaneously, DBT was introduced to address the core symptoms of BPD and provide Alicia with adaptive coping strategies. This therapeutic intervention was carefully communicated to Alicia, highlighting its relevance to her diagnosed condition and its potential for more meaningful and sustainable mental

health outcomes. The complexities in Alicia's case emphasize the need for a personalized, interdisciplinary approach to address dual diagnosis and treatment resistance in forensic psychiatry. Additionally, the potential for malingering or feigning behaviors adds further complexity to the clinical assessment.

Re-evaluating Psychiatric Care and Treatment Individualization

Mr. Ethan Clarke's case emphasizes the vital need for patient-centered psychiatric care in forensic settings, stressing the significance of integrating the patient's perspective and customizing treatment approaches to meet individual needs. Despite his diagnosis of schizoaffective disorder, Ethan's experience with excessive sedation and lethargy from his medication regimen highlights the necessity for careful consideration of subjective well-being alongside symptom management (Kouijzer, Kip, & Kelders, 2024). The rigid adherence to medication compliance, as mandated by the court and enforced by Ethan's guardian, neglects Ethan's autonomy and exacerbates his feelings of being unheard (Kouijzer et al., 2024). This case offers valuable lessons for other care teams in forensic settings, highlighting the importance of fostering open communication with patients, actively involving them in treatment decisions, and prioritizing their quality of life alongside symptom control (Clercx & van Pinxteren, 2024). By adopting a more collaborative and personalized approach to care, care teams can better address the complex needs of clients like Ethan, ultimately leading to improved treatment outcomes and client satisfaction (Kouijzer et al., 2024).

Diagnostic Accuracy and the Opportunity for Deprescribing

In forensic settings, ensuring diagnostic accuracy is paramount not only for legal proceedings but also for guiding appropriate treatment interventions (Clercx & van Pinxteren, 2024). By providing clinicians with access to comprehensive assessment tools, ongoing training, and interdisciplinary consultations, forensic settings can support the accurate diagnosis of psychiatric conditions (Machetanz et al., 2023). This precision in diagnosis serves as a critical antecedent for effective deprescribing initiatives (Neumann & Neumann, 2024). With a clear understanding of the client's psychiatric profile, including any comorbidities or underlying factors contributing to their presentation, clinicians can develop targeted deprescribing strategies tailored to the individual's needs (Machetanz et al., 2023). Moreover, fostering a culture of evidence-based practice and regular case reviews can further enhance diagnostic accuracy and facilitate the identification of opportunities for deprescribing (Clercx & van Pinxteren, 2024). By leveraging these resources and promoting a collaborative approach to client care, forensic settings can optimize clinical outcomes while minimizing the risks associated with unnecessary medication use (Neumann & Neumann, 2024).

Integrating Behavioral Therapies and Facilitating Collaborative Deprescribing

Non-pharmacologic interventions like Dialectical Behavior Therapy (DBT) are essential alongside deprescribing in forensic settings, offering alternative strategies for managing psychiatric symptoms and promoting holistic recovery (Soler et al, 2022). Additionally, focusing on skills training, emotion regulation, and interpersonal effectiveness, equips incarcerated individuals with adaptive coping mechanisms, reducing reliance on medication. The structured environment of correctional settings supports other interventions like vocational training, education, and mindfulness-based programs, fostering skill-building and behavior change. Integration of support networks, collaborative decision-making, and continuous evaluation further enhance deprescribing efforts, promoting client empowerment, engagement, and successful

reintegration into society. This comprehensive approach in the correctional healthcare framework optimizes clinical outcomes and enhances overall well-being.

Medication Reconciliation

Ensuring medication access and continuity for incarcerated individuals is critical for maintaining their health and well-being. A key strategy is to perform a thorough medication reconciliation at the time of admission to any facility. The Agency for Healthcare Research and Quality's (AHRQ, 2022) Medications at Transitions and Clinical Handoffs (MATCH) Toolkit for Medication Reconciliation is one resource that facilities could adopt. This toolkit provides a standardized format that can be completed electronically by any team member in real time during transfers between facilities, ensuring accurate and timely medication reconciliation. Given the reality of staffing and resource limitations among carceral settings, standardization with such a tool enhance efficiency and communication during transitions in case. Furthermore, this would allow the team to identify potential polypharmacy, contraindications, and unnecessary or harmful prescriptions.

Structured Deprescribing Protocols and Team-Based Care

Facilities could develop and implement structured protocols for evaluating the necessity of each psychotropic medication. These protocols should guide healthcare clinicians in systematically tapering or discontinuing medications that are not clinically justified, with an emphasis on safety. Protocols should be designed with an emphasis on identifying potentially unsuitable medications and then safely deprescribing while monitoring for any withdrawal symptoms or worsening of primary mental health symptoms. It is essential to appreciate that deprescribing may not always be appropriate, nor is the goal always to be entirely free of any particular medication. Tapering to a lowest effect dose or reducing polypharmacy are also deprescribing interventions. An interdisciplinary team approach is key to ensure individualized care. This team could include pharmacists, physicians, advanced practice nurses, and nursing staff to oversee the deprescribing process. Telehealth and teleconferencing may be necessary in order to leverage the expertise of multiple disciplines within the carceral setting. Incarcerated individuals may use telepsychiatry to engage in specialty evaluations, especially in facilities with limited on-site mental health professionals. These teams would review incoming cases, prioritize individuals with the most concerning medication regimens, and coordinate care plans. Team-based care enhances the ability to monitor and respond to clinical changes over time.

Education and Outcomes Monitoring for Correctional Staff

Deprescribing is an individualized process and the carceral setting introduces additional benefits and complexities. Incarcerated individuals are a vulnerable population for whom additional vigilance and care are required when deprescribing. Specialized training for healthcare clinicians in correctional settings on the principles of deprescribing, including how to recognize inappropriate polypharmacy and safely manage medication reduction is key. This training could be incorporated into ongoing professional development programs. Discussing individual cases as a team and having a structured review of outcomes of deprescribing cases can help develop the team's knowledge, skills, and confidence in this area.

Conclusion

In correctional settings, psychiatric deprescribing is crucial due to various factors such as limited access to healthcare, potential for medication misuse, and the higher prevalence of certain

conditions among incarcerated populations. However, there is limited literature identifying best practices for psychiatric deprescribing in forensics. Case studies serve as invaluable tools for forensic psychiatric nurses in emerging areas of evidence-based practice. Analyzing real-life scenarios demonstrates key themes of psychiatric deprescribing in forensics, individual response variations, and the impact of comorbidities such as substance use disorders. Integrating case studies into practice and sharing client and clinician experiences can help shape priority areas for further research to support development of a knowledge base to support evidence-based practice. Furthermore, implementing standardized medication reconciliations, such as the MATCH toolkit, at time of transfer in and out of corrections, deprescribing protocols when an individual has been identified as meeting criteria for decreasing, or deprescribing medication will improve patient quality and safety during their time in corrections. Forensic nurses and advanced practice nurses can collaborate with each other and with clients to build momentum and prioritize improving evidence for forensic psychiatric deprescribing.

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