

Beyond the Prescription

Reducing Antipsychotic Use Through Emotion-Focused, Person-Centred Care

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About Us

Not-for-profit campus of care located in Guelph, Ontario

- 114 people living in Long Term Care
- 85 people in Supportive Living Retirement
- 39 rooms in Assisted Living Retirement
- 78 suites in Life Lease (independent living)



Our Problem

Clinically focused, task-based model of care

- Risk-averse & task focused

High rate of antipsychotics (AP) without a diagnosis of psychosis

- Dec 2024 - new home area opened & 29 people moved in - large portion on AP
- Bipolar dx added to exclusion criteria April 2026. Significant portion of population using AP for this reason. Adjusted rate for Jan-Mar 2026 = 17.6%



Time Frame	Risk-Adjusted Rate (%)
April-June 2025	26.2
July-Sept 2025	29.9
Oct-Nov 2025	21.98
Jan-Mar 2026	22.3 (17.6)
April-June 2026	Pending (~15)

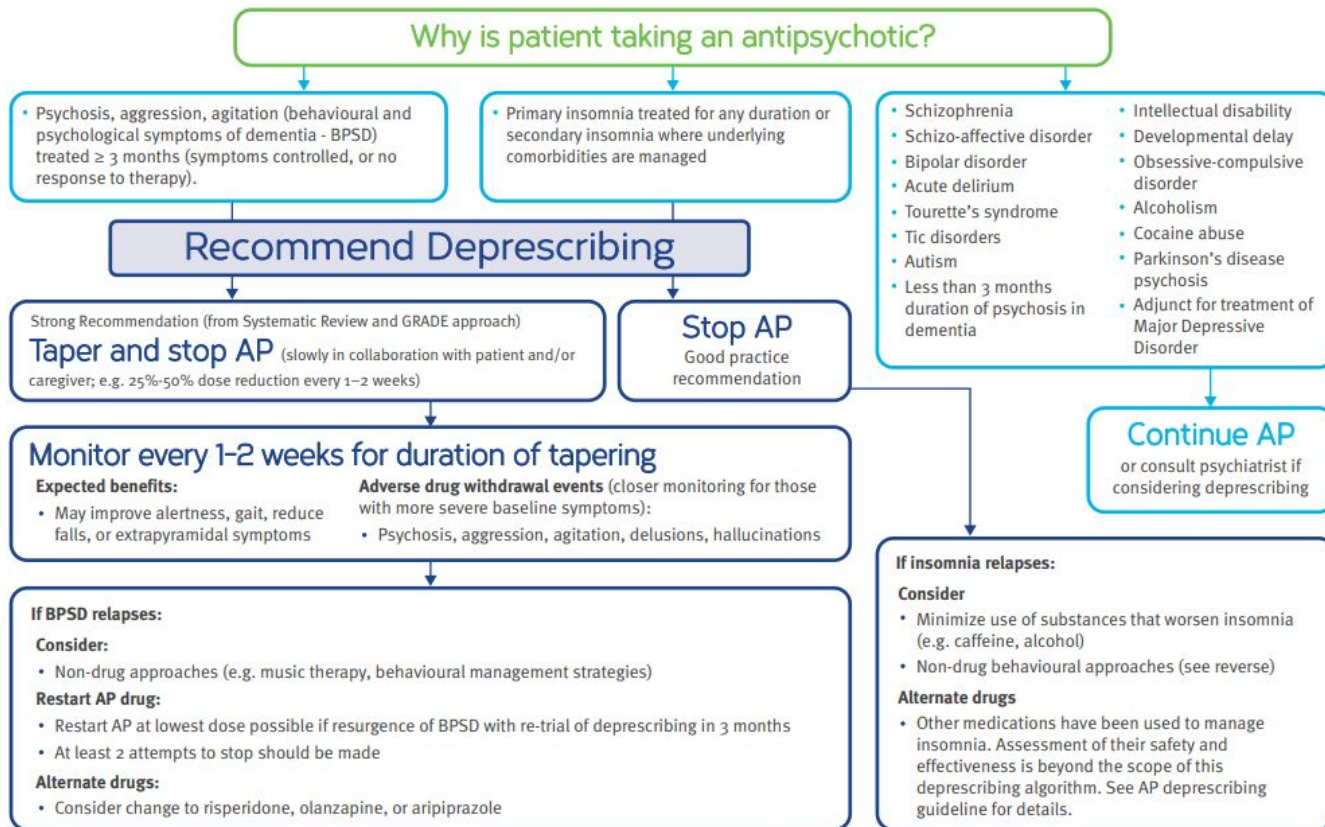
Our Solution

The Butterfly Approach: Person-Centred, Emotion-Focused model of care

- Organization-wide culture change
- Environmental enhancements
- Staff education
- Focus on the individual
- Whole team approach to engagement



Our Solution - Antipsychotic Deprescribing Algorithm



Interdisciplinary Approach

Deprescribing Algorithm

- Appropriate reasons for Antipsychotics (AP): Schizophrenia, Huntington's, Bipolar (April 2026), Delusions/Hallucinations or End-of-Life care
- BSO Lead reviews those on AP meds and makes suggestions to the physician to attempt a reduction (eg. BPSD and/or long term use)
- Entire team will closely monitor for changes in expressions
 - Often will find the person “perks up” or becomes more engaged in their environment
 - Previous expressions may never return, OR may return, but person-centred care approaches can be used to minimize them (safer and targets the actual need)

BSO Huddles bi-weekly on each home area, each shift

- Discuss those being titrated off APs and individualized non-pharm approaches to care

Butterfly Huddles weekly on each home area, days and evenings

Staff education

8 Training workshops

1. BEING Person-centred
2. Restoring choice and reducing control
3. Starting with Self, sharing our stories
4. Making mealtimes meaningful
5. Communication and the language of dementia
6. Changing a moment and meaningful engagement
7. “Challenging behaviours”, sexuality and intimacy
8. Supporting people in the later stages of dementia



Number of Staff Trained

Registered Nurses	10
Registered Practical Nurses	15
PSW's	94
Housekeepers	11
Dietary	9
Recreation	6
Maintenance	5
Allied Health	6
Leadership	23
TOTAL	179



Person-centred approach to care planning

- RNAO Clinical Pathways
- Person-centred Language Guide
- Life Stories



Care Plan Example - Before

<p>FOCUS: Problematic manner in which resident acts characterized by ineffective coping; verbal/physical Aggression related to: Cognitive impairment/phys. changes in brain, Anger, caregiver approach/ communication</p>	<p>GOAL: To reduce incidents of aggression and angry outbursts.</p>	<p>INTERVENTIONS: Do not argue or condemn resident. Be patient with resident as this will help decrease confusion and agitation. Approach slowly and from the front. Avoid asking questions that rely on memory.</p>
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Care Plan Example - After

FOCUS: John may express himself verbally by yelling or swearing and/or physically by hitting or biting during personal care as he has difficulty understanding what is happening and his short term memory is impaired.

GOAL: John's goal is to be comfortable during personal care and understand what is happening as much as possible

INTERVENTIONS: Strategies to use during personal care to increase John's comfort and understanding: Ask permission from John before beginning care. Offer coffee to be provided once care is completed. Start at his feet and keep the rest of him covered until necessary. Explain each step in the moment in simple terms. Validate his feelings if he expresses discomfort or frustration. Repeat explanation several times as you assist him. **Talk to John during care to distract him. Talk about the weather, food, his wife Ann, etc. Acknowledge that he has pain and reassure him that you are not going to hurt him**

What's next?

2026/2027 Goals

- Apply the Antipsychotic Desprescribing Algorithm to all applicable new admissions within 6 months of moving in
- Maintain 10% or less of residents >65 y/o with dementia dx on antipsychotics

Sustainability and Spread of The Butterfly Approach

- Home-wide accreditation by end of 2026

Policy Updates

- Embedding person-centred language and principles into all policies

Thanks!

Contact us

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