THE CENTER
FOR HEALTH CARE SERVICES
Mental Health & Substance Abuse Solutions

Implementing the PCBH Model in the context of Severe Mental Illness

JUNE 7, 2023

PRESENTED BY

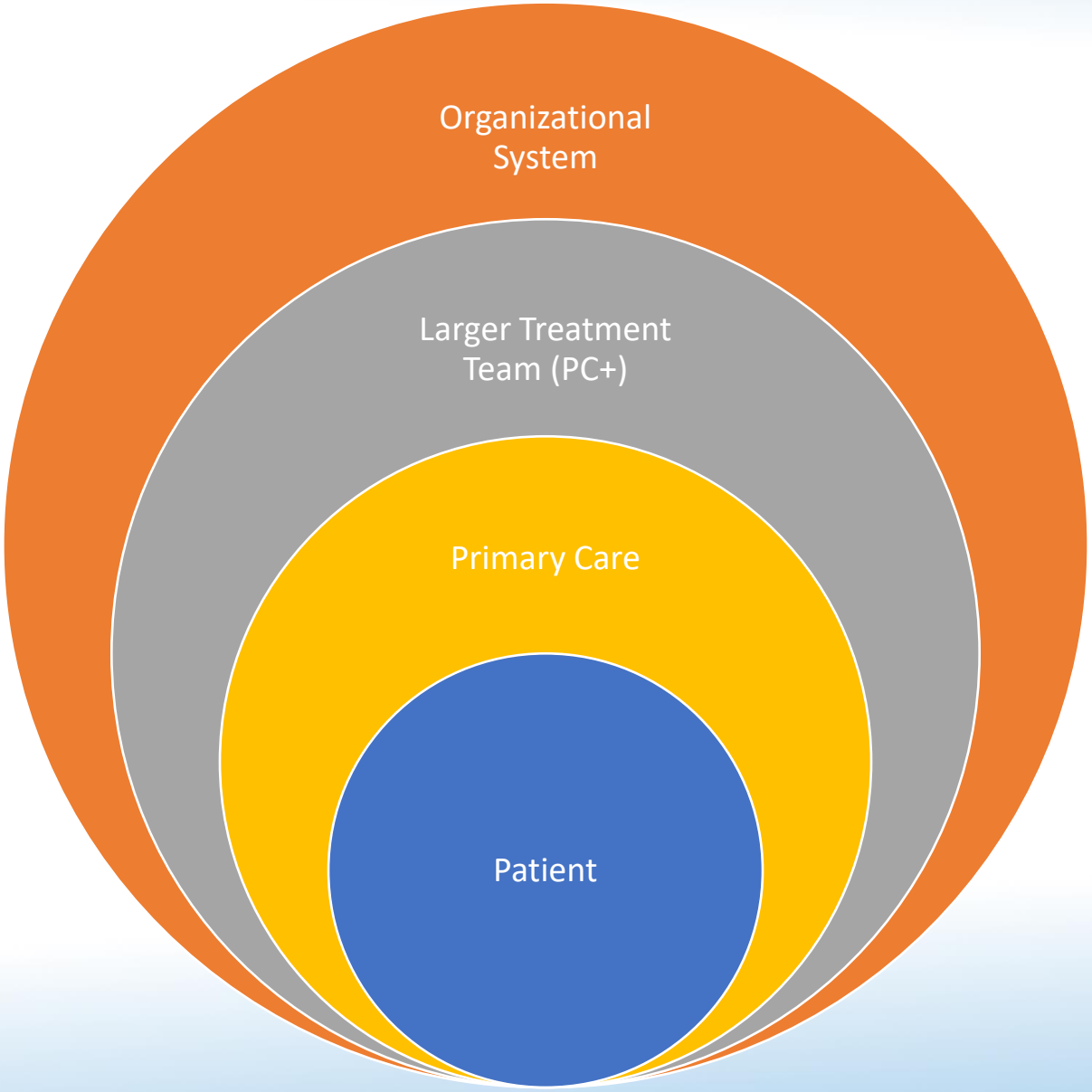
Clarissa Aguilar, Ph.D.

Director of Psychology & Training

Behavioral Health Consultant

Learning Objectives

- Enumerate at least two vital contextual factors to consider when using the PCBH model with patients who have SMI
- Learn and discuss process-oriented tips that help the BHC impact primary care visits with SMI patients
- Identify at least one intervention strategy when managing a schizophrenia spectrum disorder, and/or other SMI during a BHC visit


Organizational System
Larger Treatment Team (PC+)
Primary Care
Patient

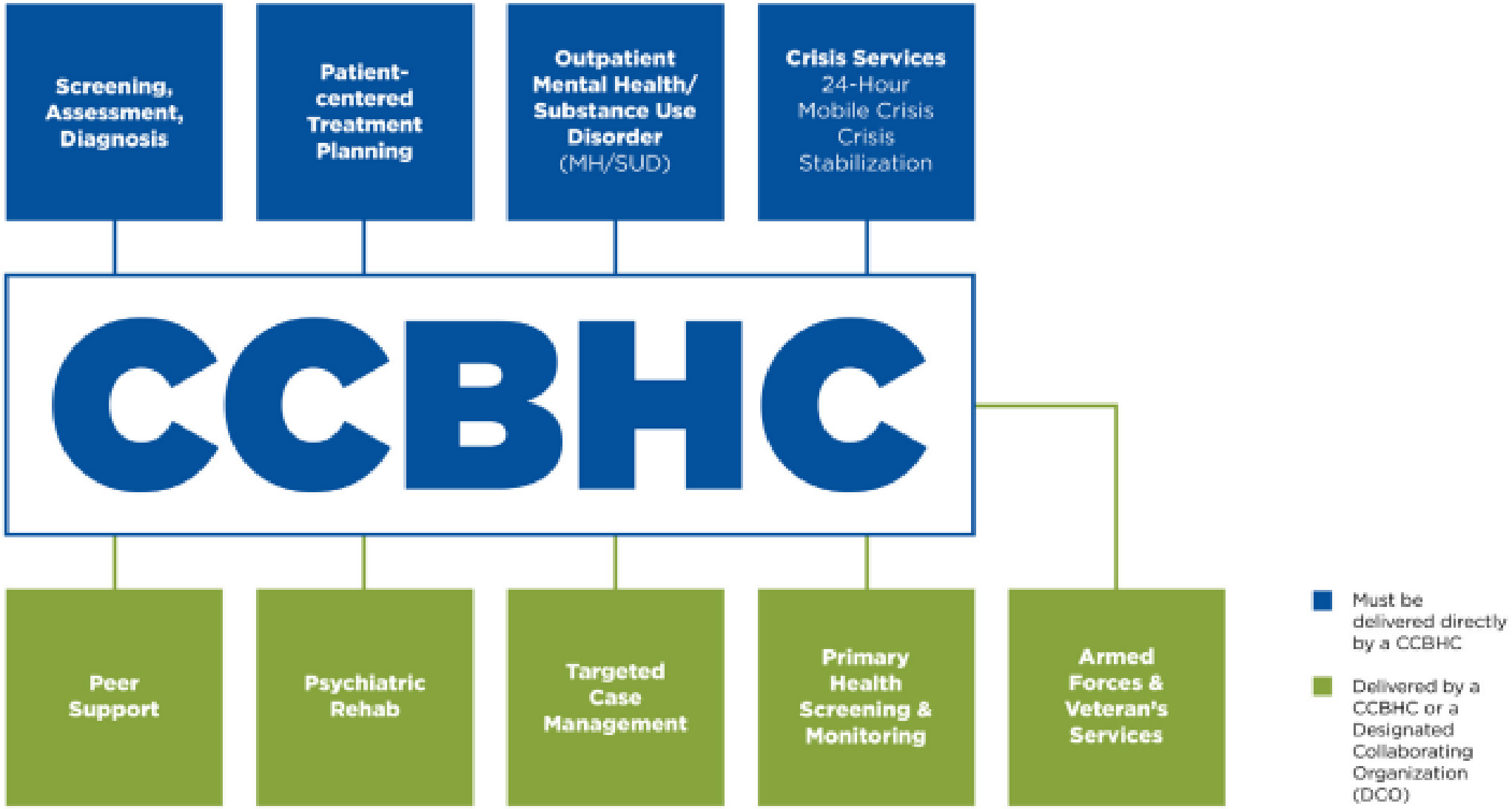
World of Community Behavioral Health

- Psychotropic Medication
- Counseling
- Care Management
- Illness Management & Recovery Skills Training
- Medication Management
- Employment Support
- Housing Support
- Substance Use Treatment/Support

Population Health

Diagnoses considered SMI & Others

- Schizophrenia
- Schizoaffective Disorder, Bipolar Type
- Schizoaffective Disorder, Depressive Type
- Major Depressive Disorders
- Bipolar Disorders
- PTSD
- Substance Use Disorders



https://www.naco.org/sites/default/files/documents/032421_CCBHCs_CountyGovernments_v2.pdf

Care Coordination:
The "Linchpin" of CCBHC

- Partnerships (MOA, MOU) or care coordination agreements required with:
  - FQHCs/rural health clinics, unless the CCBHC provides comprehensive healthcare services
  - Inpatient psychiatry and detoxification
  - Post-detoxification step-down services
  - Residential programs
  - Other social services providers, including
    - Schools
    - Child welfare agencies
    - Juvenile and criminal justice agencies and facilities
    - Indian Health Service youth regional treatment centers
    - Child placing agencies for therapeutic foster care service
  - Department of Veterans Affairs facilities
  - Inpatient acute care hospitals and hospital outpatient clinics

Texas Evidenced-Based Practices

Adult Specific:

- SAMHSA Assertive Community Treatment (ACT)
- Cognitive Behavioral Therapy (CBT) and Cognitive Processing Therapy (CPT)
- SAMHSA Illness Management and Recovery (IMR)
- SAMHSA Integrated Treatment for Co-occurring Disorders
- SAMHSA Supported Employment and Permanent Supportive Housing

Child/Adolescent Specific:

- Nurturing Parent Training
- Trauma Focused CBT
- Case Management using the NWIC Wraparound model, when indicated

Applicable to all populations:

- Screening, Brief Intervention, and Referral to Treatment (SBIRT) model
- Motivational Interviewing
- Person-Centered Recovery Planning
- Seeking Safety

Team Based Care

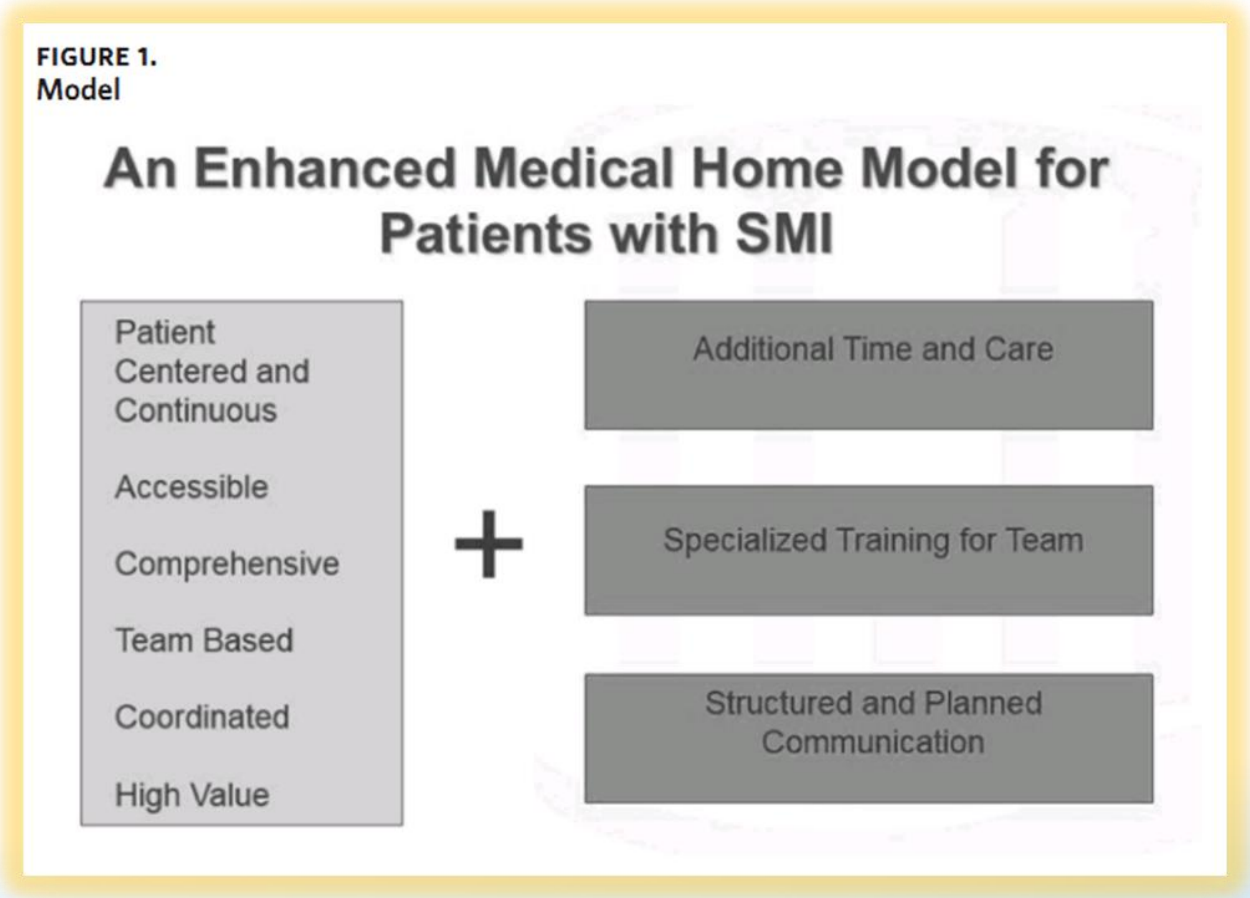
Flags outside Exam Room 2

Evidence-Based Psychosocial Rehabilitation Treatments for Schizophrenia

- Assertive Community Treatment
- Supported Employment
- CBT
- Family based services
- Token Economy
- Skills Training
- Psychosocial Interventions for Alcohol & Substance Use
- Psychosocial Interventions for Weight Management

Kreyenbuhl, J., Buchanan, R.W., Dickerson, F. B. & Dixon, L. B. (2010). The Schizophrenia Patient Outcomes Research Team (PORT): Updated treatment recommendations 2009. Schizophrenia Bulletin, 36, 1, 94-103.

Enhanced Primary Care



Perrin, J., Reinmann, B., Capobianco, J. Wahrenberger, J.T., Sheitman, B., & Steiner, B. (2018) A model of enhanced primary care for patients with severe mental illness. *North Carolina Medical Journal, 79*(4), 240-244.

HEALTH BEHAVIORS

- If a person is taking an antipsychotic, particularly a second-generation one, it is also important for people to practice healthy behaviors, including:
- staying active
- eating healthy
- avoiding alcohol and recreational drugs
- quitting or reducing tobacco use, if applicable

Medication and Pharmacological Management

- SSRIs
- Second generation anti-psychotics
- Mood stabilizers
- Medications to manage side effects
- Sleep medications

Second Generation Anti-Psychotics

- clozapine (Clozaril)
- iloperidone (Fanapt, Zomaril)
- lumateperone (Caplyta)
- lurasidone (Latuda)
- olanzapine (Zyprexa)
- paliperidone (Invega)
- quetiapine (Seroquel)
- risperidone (Risperdal)
- ziprasidone (Geodon, Zeldox)

LAI

Second Generation Anti-Psychotics

- Some second-generation antipsychotics actually work by increasing dopamine signaling in certain parts of the brain. Examples of these include:
- aripiprazole (Abilify)
- brexpiprazole (Rxulti, Rexulti)
- cariprazine (Vraylar)

LAI

Common side effect profiles of population

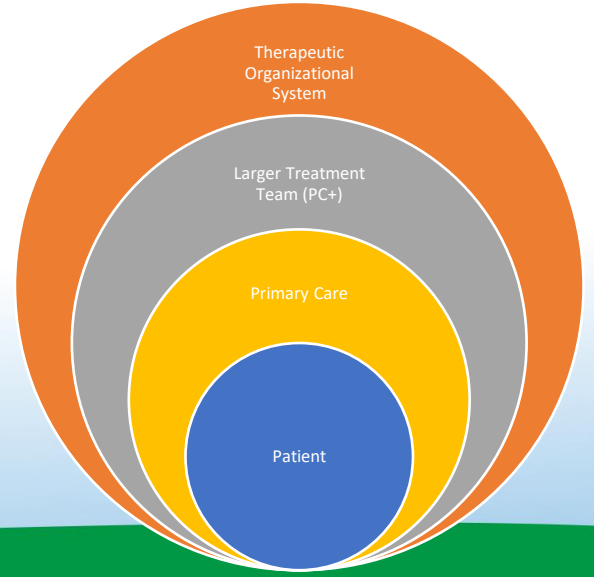
- Akathisia
- Nausea
- Risk of impaired thermoregulation (heat vulnerability)
- Hyperprolactinemia
- Extra pyramidal symptoms
- Somnolence
- **Metabolic Changes**
  - *Hyperglycemia and Diabetes Mellitus*
  - *Dyslipidemia*
  - *Weight Gain*

Serious Side Effect profiles

- Agranulocytosis
- Tardive Dyskinesia
- Cerebrovascular Adverse Reactions, Including Stroke

Important questions to ask:

- Do you know the name of your care manager and how to contact them?
- How often do you get to see them?
- Are you in counseling or therapy?
- Are they helping you find a job? Is that something you're interested in?
- Do you get an injection for your medicine?
- How often do you receive your injections?

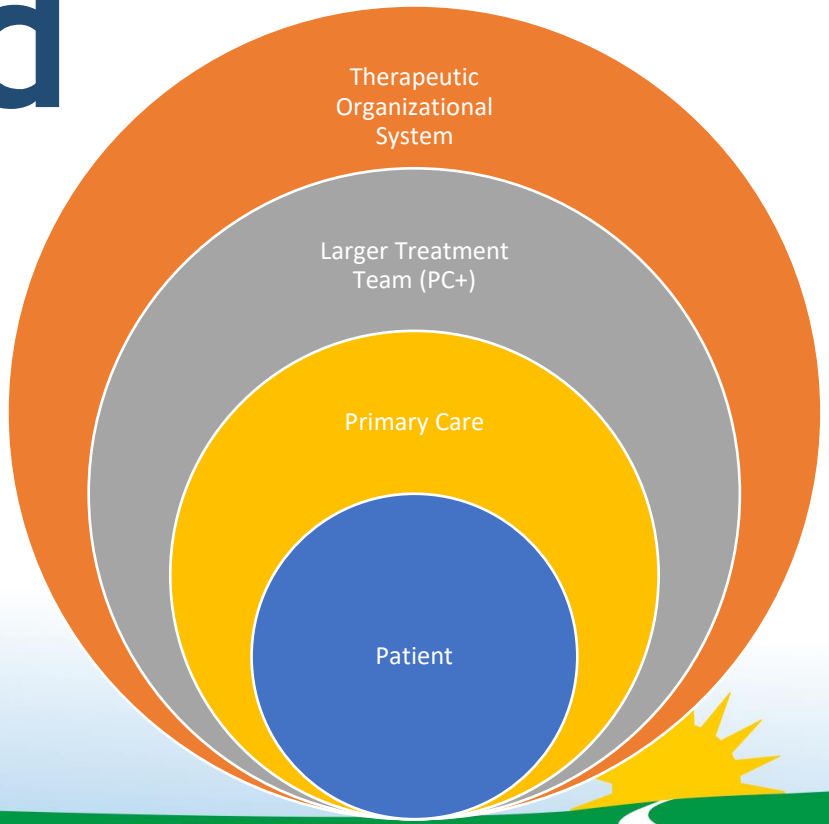


Primary Care in the context of SMI

- Is there ongoing treatment?
- Find your CCBHC or Community Behavioral Health Center
  - “No wrong door” access –
- Ask about a point of contact – Care Coordination is the linchpin of CCBHCs!

THE CENTER
FOR HEALTH CARE SERVICES
Mental Health & Substance Abuse Solutions

Process Oriented Tips!



Process Oriented Tips for Practice/Clinic

- Huddle – set priorities for visit
  - Talk to PC team about setting priorities in the visit
- Concentering visits: BHC first, then PCP
- Interdisciplinary Team Meetings

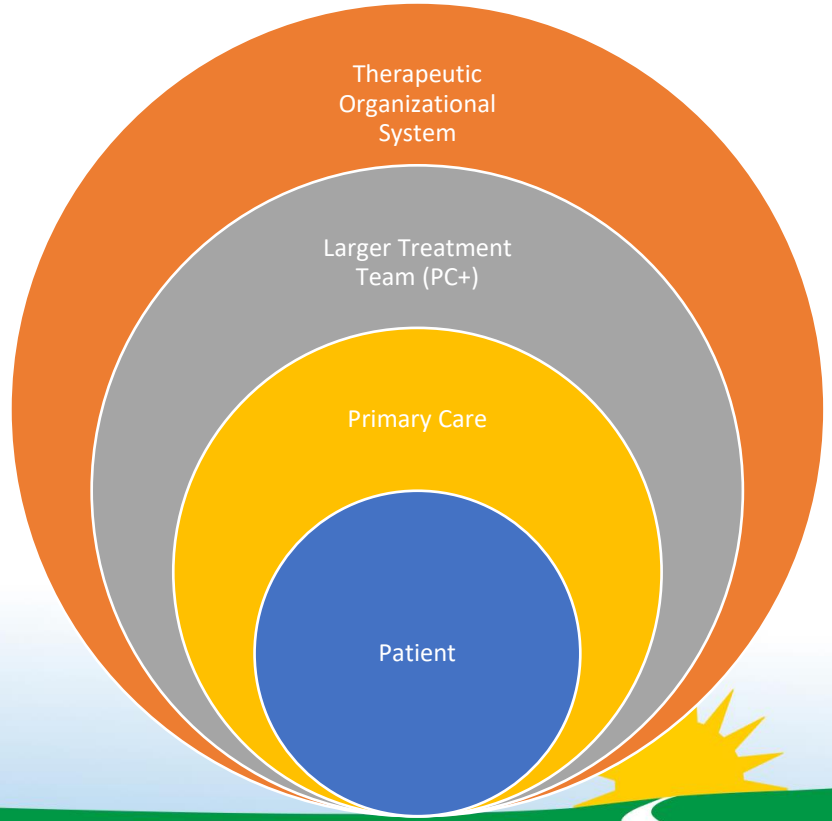
Process-Oriented Tips for PC visits BHC & Patient with SMI

- Provide a Care Team Map
- Coordinate with Care Team
- Schedule the PCP visit in the middle of the LAI cycle
- Constantly assess the window of tolerance
- Use closed-end questions!
- Collaboration is key AND be thoughtful when offering choices
- Drill and practice is helpful


Primary Care Provider
Integrated Care Coordinator
Peer Specialist
Psychiatric Provider
Care Manager
YOU!
Your Care Team

THE CENTER
FOR HEALTH CARE SERVICES
Mental Health & Substance Abuse Solutions

Intervention Strategies



Interventions in PC for SMI populations

- Please note, most individuals with schizophrenia, episodes of psychosis, or experiences with substance use, etc feel…
  - Inadequacy
  - Shame
  - Guilt
  - Discomfort with uncertainty
  - Challenges with distress tolerance

Five Minute First Aid for Psychosis

- Normalization
- Universality
- Collaborative Therapeutic Alliance
- Focus on patient's life goals
- Emphasizes need for CBT

Delusion associated with lack of real world knowledge	Provide real-world knowledge. For example, for delusion that people can read a patient's mind, inform patient that scientific experiments have shown that no one can read complex thoughts of others
Delusion involving physician	For example, say, "It is normal for you to sometimes question my intentions and believe that I am part of the conspiracy. I can assure you that is not the case. Anytime you have those doubts I would like the opportunity to clarify those for you. Can I rely on you to bring those doubts to my attention?"

Pinninti, Stolar, & Temple (2005) Five Minute First Aid for Psychosis

Brief CBT for Psychosis

TABLE 1. **Connect, understand, teach, practice, ask, review (CUT-PAR)**

	Strategies	Outcome
C: The deeper the connection, the more effective the intervention	Engage in water cooler conversation; build on a previous positive interaction you had; identify common interests such as sports, music, etc; validate feelings; use humor, particularly self-deprecating type; appropriate self-disclosure	Enhances engagement
U: Understand and break down the problem	Prioritize problems when there are multiple ones; break a problem into small parts; create different time frames for each problem; identify barriers to action steps and problem solve	Clarifying problems creates an actionable plan and reduces barriers to action
T: Teach	New information; simple CBT skills such as rating emotions, self-monitoring, activity scheduling; teach more adaptive perspective; teach or instill hope	Patient learns self-management and life skills and is more hopeful
P: Practice	Practice work should be manageable; have patient buy-in and ask him or her to help; ask patient for feedback about utility of the work and ability to do the work	Learned skills are generalized to real-world situations
A: Ask	Get feedback about degree of comfort in session, the intervention used, barriers to homework assigned, or therapist's style	Helps collaboration and helps the therapist to fine-tune interventions
R: Review	Patient summarizes and then therapist adds to it	Reinforces what is learned in session

Pinninti & Gogineni (2016). Brief CBT Interventions for Psychosis, Psychiatric Times, Vol 33 (10).

CBT-Psychosis

Ask the question:

“Do the voices or the things you see ever get in the way of you taking your medicine, or checking your blood sugar, going for a walk?”

TABLE 2. Managing hallucinations

Hallucinatory feature	Intervention
Triggers: negative emotions, boredom, lack of structure, difficult interpersonal situations, or stress	Teach coping skills to deal with negative emotions; prepare an activity schedule; avoid stressful interpersonal situations; and learn strategies to deal with stress
Content of hallucinations: benevolent or neutral content; malevolent content, eg, “You are worthless”	Inquire whether patient wants these voices gone because they may be serving socialization purpose; provide evidence for and against distressing content and do a role play to show more adaptive response to voices
Beliefs about voices such as “The voices are omnipotent and can make me homeless”	Set up experiment to document predictions of voices and if any, whether they come true
Command voices with disruptive behaviors	Evaluate the pros and cons of behavior; come up with responses to commands; find substitute adaptive behaviors
Stigma of voices: “Voices mean that I am crazy”	Providing normalizing rationale that voices occur in normal individuals (eg, bereavement, going to sleep), and most voice hearers are fully functioning individuals who do not need treatment

Pinninti & Gogineni (2016). Brief CBT Interventions for Psychosis, Psychiatric Times, Vol 33 (10).

Managing Delusions

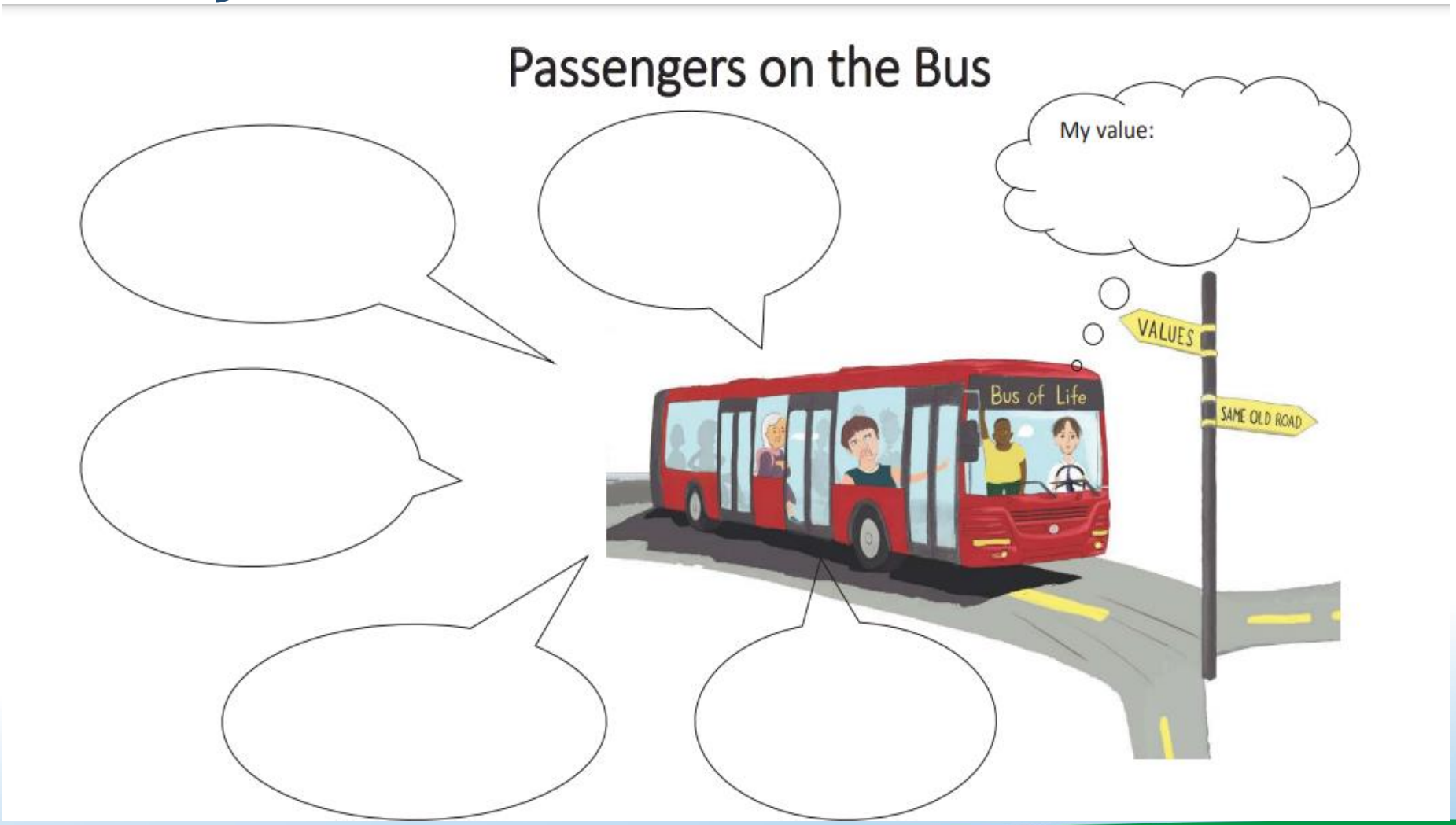
1. Engage DISTRESS of delusion through empathic exploration
2. Lack of real-world information can contribute to problem at times*
3. Narrowing the sphere of the trigger or thinking
4. Understanding/inquiring about origin of the delusion
5. Address the theme related to the delusion (e.g., safety, fear of "weakness" being exposed)
6. (Maintain a stance of seeking to understand, curiosity out of helpfulness, and respect.)

Pinninti & Gogineni (2016). Brief CBT Interventions for Psychosis, Psychiatric Times, Vol 33 (10).

ACT for Psychosis

- Passengers on the Bus
- Leaves on a Stream
- Pushing against the Folder

ACT for Psychosis



ACT for Psychosis

A8. Pushing Against the Folder Exercise

I invite you to take your folder in both hands. I want you to imagine this folder represents all the difficult thoughts, feelings, memories, and sensations you've been struggling with for so long. And I'd like you to take hold of your folder and grip it as tightly as you can. [Pause.]

Now, I'd like you to hold your folder up in front of your face so you can't see me anymore—bring it up so close to your face that it almost touches your nose. Imagine that this is what it's like to be completely caught up with these thoughts, feelings, or memories.

Now, just notice. What's it like trying to have a conversation or to connect with me while you're all caught up in your thoughts and feelings? Do you feel connected with me, or engaged with me? Are you able to read the expressions on my face? See what I'm doing?

And what's your view of the room like, while you're all caught up in this stuff? [Pause.]

So, while you're completely absorbed in all this stuff, you're missing out on a lot. You're disconnected from the world around you, and you're disconnected from me. Notice, too, that while you're holding on tightly to this stuff, you can't do the things that make your life work. Check it out—grip the folder as tightly as you possibly can.

Can you really connect with loved ones while you're caught up with this stuff? Can you do your job properly?

Now, without letting go of your folder, I want you to try and push it away. Try to get rid of all those difficult

DSM-5 Clinician Rated Dimensions of Psychosis Symptom Severity

Clinician-Rated Dimensions of Psychosis Symptom Severity

Name:_____ **Age:** _____ **Sex: [ ] Male [ ] Female** **Date:**_____

Instructions: Based on all the information you have on the individual and using your clinical judgment, please rate (with checkmark) the presence and severity of the following symptoms as experienced by the individual in the past seven (7) days.

Domain	0	1	2	3	4	Score
I. Hallucinations	❑ Not present	❑ Equivocal (severity or duration not sufficient to be considered psychosis)	❑ Present, but mild (little pressure to act upon voices, not very bothered by voices)	❑ Present and moderate (some pressure to respond to voices, or is somewhat bothered by voices)	❑ Present and severe (severe pressure to respond to voices, or is very bothered by voices)	
II. Delusions	❑ Not present	❑ Equivocal (severity or duration not sufficient to be considered psychosis)	❑ Present, but mild (little pressure to act upon delusional beliefs, not very bothered by beliefs)	❑ Present and moderate (some pressure to act upon beliefs, or is somewhat bothered by beliefs)	❑ Present and severe (severe pressure to act upon beliefs, or is very bothered by beliefs)	
III. Disorganized speech	❑ Not present	❑ Equivocal (severity or duration not sufficient to be considered disorganization)	❑ Present, but mild (some difficulty following speech)	❑ Present and moderate (speech often difficult to follow)	❑ Present and severe (speech almost impossible to follow)	
IV. Abnormal psychomotor behavior	❑ Not present	❑ Equivocal (severity or duration not sufficient to be considered abnormal psychomotor behavior)	❑ Present, but mild (occasional abnormal or bizarre motor behavior or catatonia)	❑ Present and moderate (frequent abnormal or bizarre motor behavior or catatonia)	❑ Present and severe (abnormal or bizarre motor behavior or catatonia almost constant)	
V. Negative symptoms (restricted emotional	❑ Not present	❑ Equivocal decrease in facial expressivity, prosody, gestures, or self-initiated behavior	❑ Present, but mild decrease in facial expressivity, prosody, gestures, or	❑ Present and moderate decrease in facial expressivity, prosody, gestures, or self-initiated	❑ Present and severe decrease in facial expressivity, prosody, gestures, or	

Repurposing Interventions!

Repurposing Interventions

- Behavioral Activation
  - Pleasant activity scheduling
  - (Boredom is predictive of relapse)
- SMART Goal Setting (structural engineering)
  - Making a daily schedule
  - Consistent bedtime
- Medication Adherence

Factors to Consider when PCBH - SMI

1. Metabolic Syndrome vulnerability
   A. Current lifestyle behaviors (e.g., poor nutrition)
   B. Family and biological predisposition
   C. Increased vulnerability due to current treatment
2. Interventions in the context of current services
   A. Counseling?
   B. IMR Skills Training? Frequency of CM?
   C. Re-purposing interventions
   D. Understanding psychopharmacology !
   E. Window of Tolerance
3. Lifting out behavior change pattern
   A. Poor insight
   B. Avoidance, non-action
   C. Optimization, preparation
   D. All or nothing

Factors to Consider when PCBH - SMI

- Culture clash?
  - The culture of recovery versus the culture of medicine
- The Recovery Process
  - Substance Use
  - Incarceration
  - Trauma
  - Severe Mental Illness
  - Hole in the Sidewalk Poem

Factors to Consider when PCBH - SMI

1. Metabolic Syndrome vulnerability
   A. Current lifestyle behaviors (e.g., poor nutrition)
   B. Family and biological predisposition
   C. Increased vulnerability due to current treatment

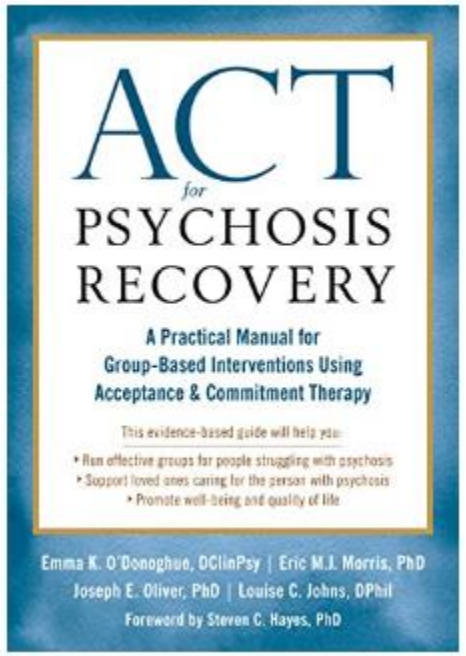
Factors to Consider when PCBH - SMI

1. Interventions in the context of current services
   A. Counseling?
   B. IMR Skills Training? Frequency of CM?
   C. Re-purposing interventions
   D. Understanding psychopharmacology !
   E. Window of Tolerance

Factors to Consider when PCBH - SMI

1. Lifting out behavior change pattern
   A. Poor insight
   B. Avoidance, non-action
   C. Optimization, preparation
   D. All or nothing

Resources, References



http://actforpsychosis.com/resources

SPIRIT
UW Medicine
DEPARTMENT OF PSYCHIATRY
AND BEHAVIORAL SCIENCES

https://uwspiritlab.org/training/cbtp-training-academy/

Comparative Effectiveness Review
Number 198

Treatments for Schizophrenia in Adults: A Systematic Review

Prepared for:
Agency for Healthcare Research and Quality
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857
www.ahrq.gov

https://effectivehealthcare.ahrq.gov/products/schizophrenia-adult/research-2017

EVIDENCE-BASED REVIEWS

5-minute first aid for psychosis

Current Psychiatry. 2005 January;4(1):36-48

Author and Disclosure Information

Current PSYCHIATRY

https://www.mdedge.com/psychiatry/article/59854/5-minute-first-aid-psychosis

Questions? Comments?

EMAIL ME!

caguilar@chcsbc.org

Schedule Scrubbing

Hispanic, Male,
DOB: 02/25/1985
LOC 1
c/o knee pain

CLIENT DIAGNOSES

Ep#	Diagnosis Date	Diagnosis Type	Status	Rank	Diagnosis	Diagnosis Code
1	2022-03-10	Update	Active	Primary	Schizoaffective disorder, bipolar type	F25.0
2	2016-12-05	Update	Resolved	Primary	Schizoaffective disorder, bipolar type	F25.0
2	2022-06-02	Update	Active	Primary	Type 2 diabetes mellitus treated with insulin	E11.9

VITALS / MED INFO

BP 147 / 90
PULSE 88
O2 98%
BMI 44
Hba1C 9

CURRENT HOME AND CLIENT REPORTED MEDICATIONS

Type	DrugName	Dosage	StartDat
OC	Losartan Potassium	Take one (1) tablet by mouth daily	2022-07
OC	amLODIPine Besylate	Take one (1) tablet by mouth daily	2022-07
OC	metFORMIN HCl	Take one (1) tablet by mouth twice a day	2022-07
OC	Insulin Glargine	Insert twenty five (25) units under the skin daily	2022-07
OC	Divalproex Sodium	Take one (1) tablet by mouth at bedtime	2022-08
OC	QUEtiapine	Take one (1) tablet by mouth twice a day	2022-0
OC	Invega Sustenna	Inject two hundred thirty four (234) milligrams into the muscle every 4 weeks	2022-0

PROBLEMS

1 Diabetes
2 High blood pressure
3 Type 2 diabetes mellitus without complications
4 Essential (primary) hypertension
5 Obstructive sleep apnea (adult) (pediatric)
6 Abnormal results of liver function studies
7 Schizoaffective disorder, bipolar type
8 Diagnosis deferred

HEDIS Measures

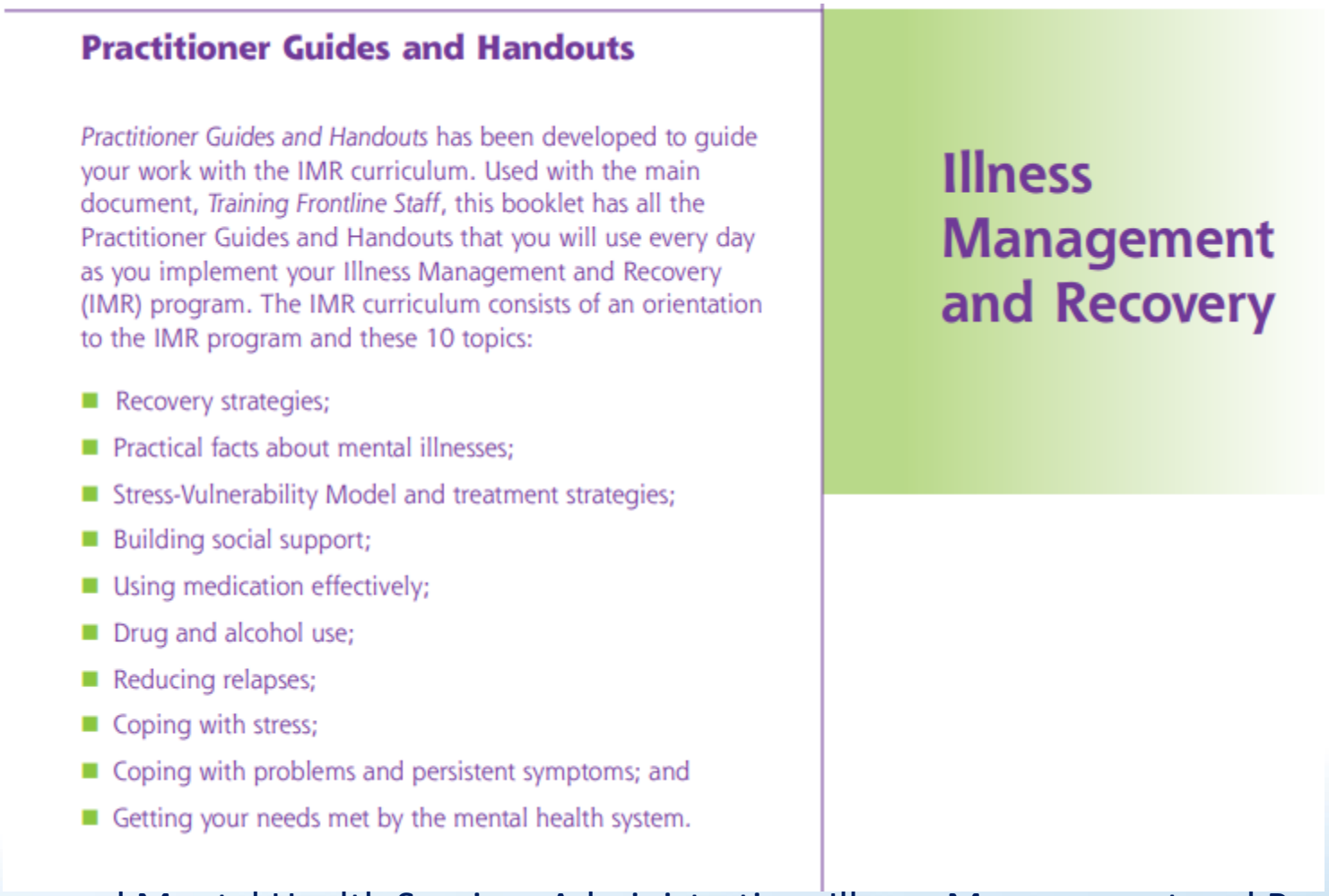
- *Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications:* Assesses adults 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.
- *Diabetes Monitoring for People with Diabetes and Schizophrenia:* Assesses adults 18–64 years of age with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.
- *Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia:* Assesses adults 18–64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year.

Common Complexities in Bidirectional Integrated Care

- Managing the side effects of anti-psychotic medication
- Concretizing and tailoring interventions
- Psychosis in Primary Care visit
- Level of functioning
- The development of neurocognitive disorders
- Social determinants of health
- Death

SAMHSA Wellness Strategies

Illness Management and Recovery



Practitioner Guides and Handouts

Practitioner Guides and Handouts has been developed to guide your work with the IMR curriculum. Used with the main document, *Training Frontline Staff*, this booklet has all the Practitioner Guides and Handouts that you will use every day as you implement your Illness Management and Recovery (IMR) program. The IMR curriculum consists of an orientation to the IMR program and these 10 topics:

- Recovery strategies;
- Practical facts about mental illnesses;
- Stress-Vulnerability Model and treatment strategies;
- Building social support;
- Using medication effectively;
- Drug and alcohol use;
- Reducing relapses;
- Coping with stress;
- Coping with problems and persistent symptoms; and
- Getting your needs met by the mental health system.

Illness Management and Recovery

Substance Abuse and Mental Health Services Administration. Illness Management and Recovery: Practitioner Guides and Handouts. HHS Pub. No. SMA-09-4462, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009.

IMR: Stress Management Module

How can you prevent stress?

Trying to prevent stress can pay off. By eliminating stressors, you are free to enjoy yourself more and to accomplish more goals. Most people find it helpful to be familiar with a variety of prevention strategies like these:

- **Be aware of situations that caused stress before.**

  If you found a situation stressful before, it will probably cause problems again. Knowing that a situation has been stressful will allow you to think of different ways to handle it so it won't be as stressful. For example, if you notice that you become irritable whenever you catch the bus at rush hour, try taking it at a less busy time or practice deep breathing if you become tense on a crowded bus. If large holiday gatherings with your extended family make you feel tense, try taking short breaks away from the larger group or try getting together with family members in smaller groups at times other than holidays.

- **Work to achieve balance in your daily life.**

  Being active and involved is important to keeping stress low. But too much activity can lead to stress. It's important to leave time for sleep and for restful, relaxing activities such as reading or taking a walk.

- **Develop a support system.**

  Seek people who encourage and support you rather than those who are critical and pressuring. It helps to build relationships with people with whom you feel comfortable. Common support systems include friends, family members, peers, professionals, and members of your religious or spiritual group. For more information, see IMR Handout—Topic 4: *Building Social Supports*.

- **Take care of your health.**

  Eating well, getting enough sleep, exercising regularly, and avoiding alcohol and drugs all help prevent stress. These healthy habits are not always easy to maintain, but they really pay off.

- **Schedule meaningful, enjoyable activities.**

  Participating in activities you enjoy makes a significant difference in reducing stress. Some people find work meaningful and enjoyable. Others look to volunteering, art, hobbies, music, or sports for meaning and enjoyment. It all depends on what is right for you.

- **Schedule time for relaxation.**

  It's important to take time to relax each day to refresh your mind and body from tension. Some people find exercise relaxing, while others enjoy reading, doing a puzzle, or participating in some other activity.

- **Talk about your feelings or write them in a journal.**

  Holding in your feelings can be very stressful. It helps to have an outlet for your feelings so that you don't keep them bottled up. These may be positive feelings—like being excited about a new job—or negative feelings—such as being angry at how someone else has behaved. Having someone to talk to such as a family member, friend, or professional can help. It might also help to keep a journal of your thoughts and feelings.

- **Do not be hard on yourself.**

  Some people increase their stress by being critical of themselves and what they are accomplishing. Try to be reasonable about what you expect from yourself. Give yourself credit for your talents and strengths.