Understanding Evidence-Based Treatments for Individuals with Mental Illness

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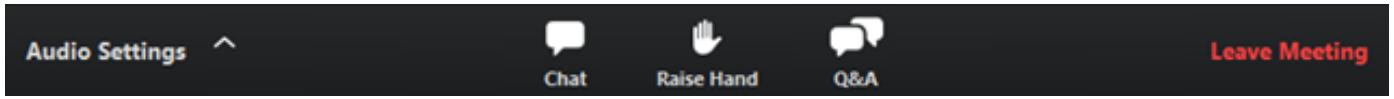

CHAT

Use the drop down button to select who to chat with.
Attendees can send a chat message to either:

- Panelists Only (only to folks in the video grid; not to other Attendees)
- All Participants (Panelists + Attendees)

RAISE HAND

- To minimize audio issues, **all attendees will be on Mute throughout the call.**
- To join in the conversation, please use Raise Hand.
- Moderators will mute/unmute folks individually.

Q&A

- Submit questions to facilitators using Q&A. You can choose anonymous or not.
- Discussion facilitators will type a reply or address questions verbally.

Understanding Evidence-Based Treatments for Individuals with Mental Illness

Webinar #4

IMJusticeBH@ucf.edu

Disclosures (Funding)

The National Institute of Mental Health, National Institute of Health (R01 MH118680, MPIs Taxman and Johnson).

All opinions are those of the research team and not of the funding agency.

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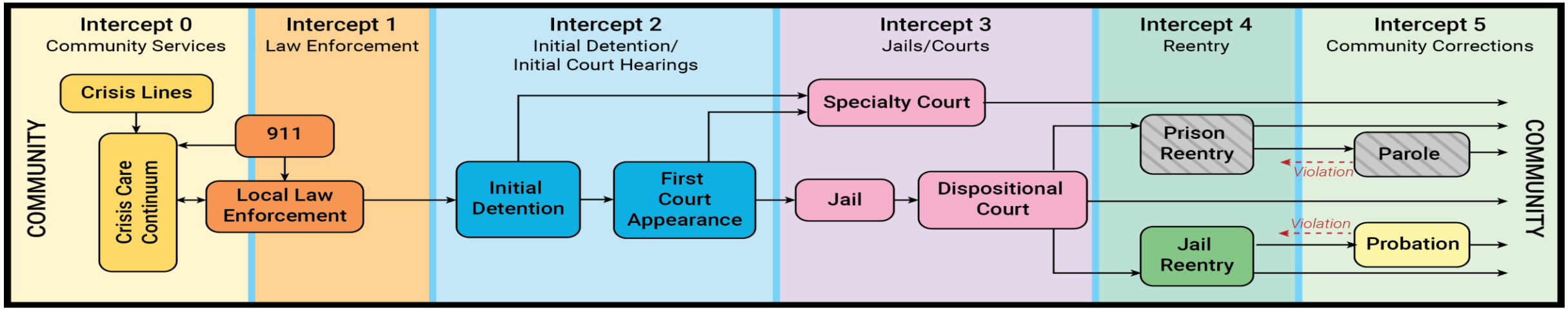
Justice Involvement Phases Where Individuals Can Receive Care



EACH YEAR

- 911 calls: **240** million
- Police contacts: **53** million
- Arrest & jail detention (3-7 days): **10.9** million
- Jail sentence: ~ 1 million
- Probation: 5.8 million
- Prison: ~2.2. million
- Parole: 1.3 million

****Intercepts = potential places to intervene**

What are evidence-based treatments and practices (EBPPs) for justice-involved populations?

- **NIDA** published *Principles of Drug Abuse Treatment for Criminal Justice Populations - A Research-Based Guide* (2014). https://www.drugabuse.gov/publications/principles-drug-abuse-treatment-criminal-justice-populations-research-based-guide/principles

- No comparable document exists for mental health treatments and practices for justice-involved individuals

I.M. JusticeBH developed a list evidence-based practices, treatments, and policies for individuals with justice involvement

What does “evidence-based” mean and why does it matter?

More information on these practices/treatments and the supporting evidence can be found at:

- American Foundation for Suicide Prevention: https://afsp.org/about-suicide/preventing-suicide/
- American Psychiatric Association: Psychiatryonline.org/guidelines.aspx
- American Psychological Association: https://www.div12.org/diagnoses/
- UK National Institute for Health and Care Excellence (NICE):
  - NICE_Guidelines. Mental health of adults in contact with the criminal justice system [NICE Guidline NG66]. 2017; https://www.nice.org.uk/guidance/NG66/chapter/Recommendations#psychological-interventions.
  - NICE. Psychosis and schizophrenia in adults: Quality standard. 2015; https://www.nice.org.uk/guidance/qs80/resources/psychosis-and-schizophrenia-in-adults-pdf-2098901855941.
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  - Canadian Network for Mood and Anxiety Treatments (CANMAT) and International Society for Bipolar Disorders (ISBD) 2018 guidelines for the management of patients with bipolar disorder. Bipolar Disorders. 2018;20:97-190.
- US Agency for Healthcare Research and Quality (AHRQ). Comparative effectiveness review: Interventions for adults with serious mental illness who are involved with the criminal justice system. 2013. www.ahrq.gov
- American Correctional Association: CCHA Behavioral Health Resource Guide, 2017. www.aca.org
- Substance Abuse and Mental Health Services Administration (SAMHSA). www.samhsa.gov
  - SAMHSA. *Principles of Community-based Behavioral Health Services for Justice-involved Individuals: A Research-based Guide.* Rockville, MD: Office of Policy, Planning, and Innovation. Substance Abuse and Mental Health Services Administration;2019.
  - SAMHSA recommendations for serious mental illness

Evidence-Based Practices (to be highlighted next month)

- Diversion
- Problem-Solving Court
- Therapeutic Walk-In/Crisis Centers
- Crisis Intervention Teams
- Crisis Call-In Centers
- Mental Health Treatment Required by Court
- Building Alliance with Patient
- Integrated Dual Disorder Programs
- Coordination between Jail and Community Mental Health
- Eligibility Continuity
- Mental Health Peer Navigators
- Permanent Supportive Housing
- Supported Employment
- Assertive Community Treatment, Forensic Assertive Community Treatment, or Forensic Intensive Case Management
- Family/Caregiver Education
- Trauma-Informed Care
- Mental Health Training for Correctional Staff

Evidence-Based Mental Health Treatments

for justice-involved populations:

25 recommendations

Treatments for Depression

Major depressive disorder is characterized by a persistent feeling of sadness or loss of interest and a range of behavioral and physical symptoms. These may include changes in sleep, appetite, energy level, concentration, or self-esteem. Depression can also be associated with thoughts of suicide.

1. Cognitive-Behavioral Therapy (CBT) or Behavioral Activation for Depression

Treatments that work to increase pleasant activities and/or change thinking to reduce depression

2. Interpersonal Psychotherapy (IPT) for Depression

Treatment that ties the current depressive episode to a life change, grief, conflict with an important other, or isolation, and then works to address the problem by improving social support, communication, and adjustment to life after the change

3. Selective Serotonin Reuptake Inhibitors (SSRIs) for Depression

A class of medications often used as a first-line pharmacotherapy for depression:

- Fluoxetine (Prozac)
- Sertraline (Zoloft)
- Paroxetine (Paxil)
- Escitalopram (Lexapro)
- Fluvoxamine (Luvox)
- Citalopram (Celexa)
- Volazodone (Viibrid)
- Vortioxetine (Brintellix)

Treatments for Bipolar Disorder or Mania

- Bipolar disorder/mania are characterized by changes from the person's normal state that last at least 4-7 days that include at least 3 of the following:
- Abnormally upbeat, jumpy or wired
- Increased activity, energy or agitation
- Exaggerated sense of well-being and self-confidence (euphoria)
- Decreased need for sleep
- Unusual talkativeness
- Racing thoughts
- Distractibility
- Increased risk-taking— for example, going on buying sprees, taking sexual risks or making foolish investments

4. Mood Stabilizers for Bipolar Disorder or Mania

- Medications that help to reduce mood swings and prevent manic and depressive episodes:
  - Lithium (Carbolith, Duralith, Lithane)
  - Divalproex (Valprioc Acid, Valproate)
  - Carbamazepine (Tegretol)
  - Lamotrigine (Lamictal)

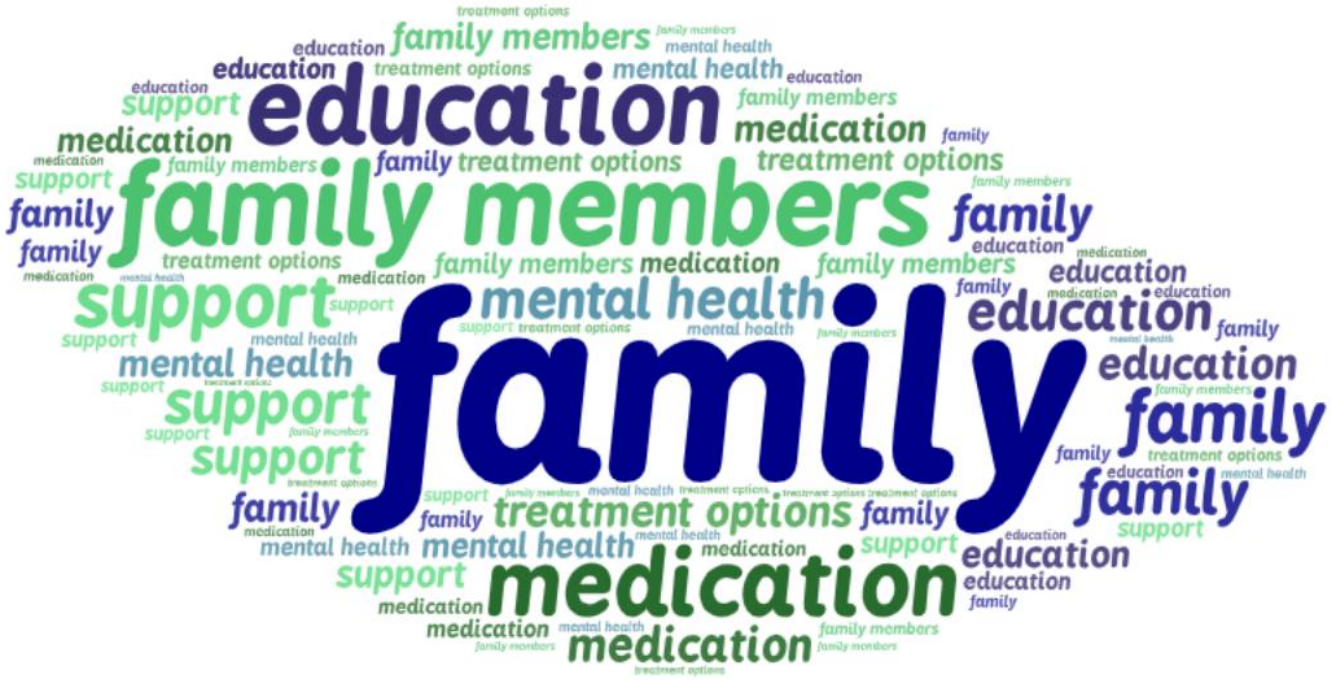
5. Education about Bipolar Disorder or Mania

PROVIDING PATIENTS WITH INFORMATION ABOUT BIPOLAR DISORDER AND ITS TREATMENT TO IMPROVE ADHERENCE TO PHARMACOLOGICAL TREATMENT BY HELPING PATIENTS UNDERSTAND THE BIOLOGICAL ROOTS OF THE DISORDER AND THE RATIONALE FOR PHARMACOLOGICAL TREATMENTS.

- Patients are also taught the early warning signs for episodes, and common triggers for symptoms.
- Psychoeducation interventions are typically—but not always—held in group format. The best tested approach consists of 21 group sessions

6. Family Education about Bipolar Disorder or Mania

- Meeting with family members for at least 1-2 sessions (often more) to educate them about bipolar disorder, treatment options, and how best to support the client's mental health and functioning.
- Often includes the importance of adherence to psychiatric medications



Treatments for Schizophrenia or Psychosis

Psychosis includes hallucinations (hearing, seeing, feeling, tasting things that others don't; often voices whispering or talking) and/or delusions (an unshakeable belief in things that are not true, despite evidence to the contrary; for example, extreme paranoia)

7. Cognitive-Behavioral Therapy (CBT) for Schizophrenia or Psychosis

- CBT for schizophrenia involves establishing a collaborative therapeutic relationship, developing a shared understanding of the problem, setting goals, and teaching the person techniques or strategies to reduce or manage their symptoms.
  - Specific CBT approaches used in treating schizophrenia include cognitive restructuring, behavioral experiments / reality testing, self-monitoring and coping skills training.

8. Family Education about Schizophrenia or Psychosis

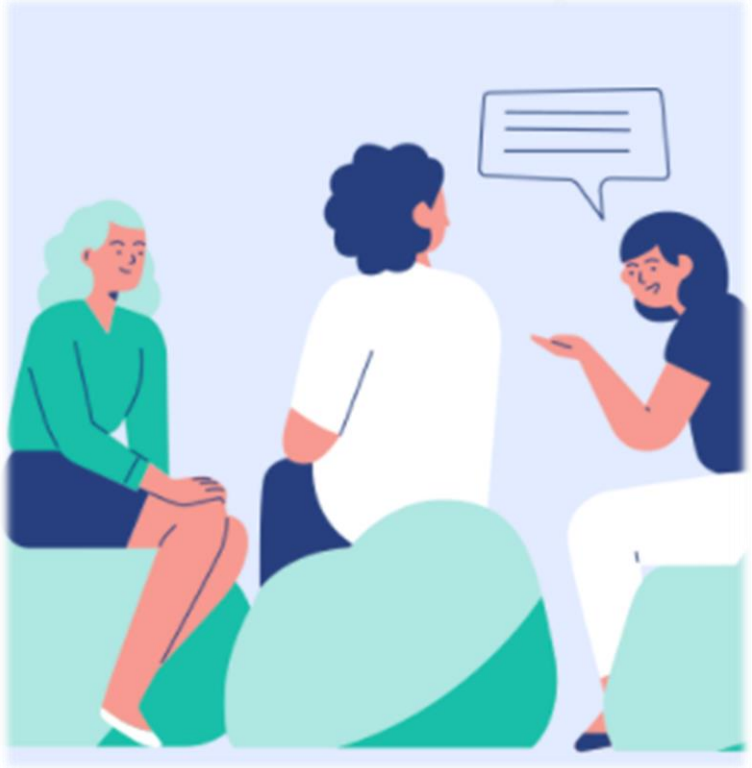
Provision of family education about schizophrenia or psychosis, including assistance with crisis intervention, problem solving training, emotional support, and communication skills training.

Patient-centered goals: reduced relapse, fewer hospitalizations, and improved outcomes for the person with schizophrenia

Family-centered goals: reduce distress of dealing with a family member's mental illness, improve patient-family relations, and decrease the burden of mental illness on family members

9. Social Skills Training for Schizophrenia or Psychosis

- Uses the principles of behavior therapy to teach communication skills, assertiveness skills, and other skills related to disease management and independent living.
  - Conducted in small groups that are ideally led by two co-therapists.
  - Skills are broken down into several discrete steps. After reviewing the steps of the skill, the therapist models the skill by demonstrating a role play. Participants then do role-plays to learn and practice the skill.



10. First Generation Antipsychotics for Psychosis

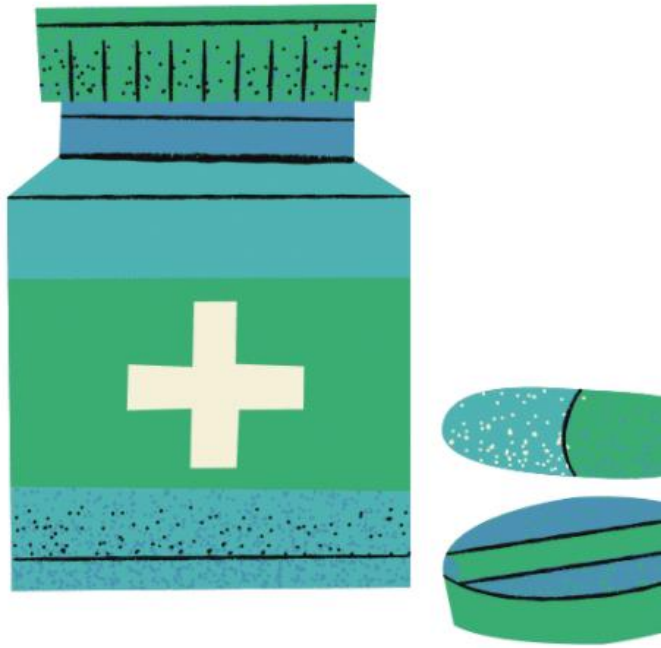
Medications used to treat acute psychosis and to manage chronic psychotic disorders by blocking dopamine receptors in the brain to prevent signaling:

- Phenothiazines (chlorpromazine, Fluphenazine, Mesoridazine, Perphenazine, Thioridazine, Trifluoperazine)
- Haloperidol
- Loxapine
- Molindone
- Thiothixene

11. Second Generation Antipsychotics for Psychosis

Medications used to treat acute psychosis and to manage chronic psychotic disorders that disrupt dopamine signaling but also affect serotonin levels:

- Aripiprazole
- Clozapine
- Olanzapine
- Quetiapine
- Resperidone
- Ziprasidone



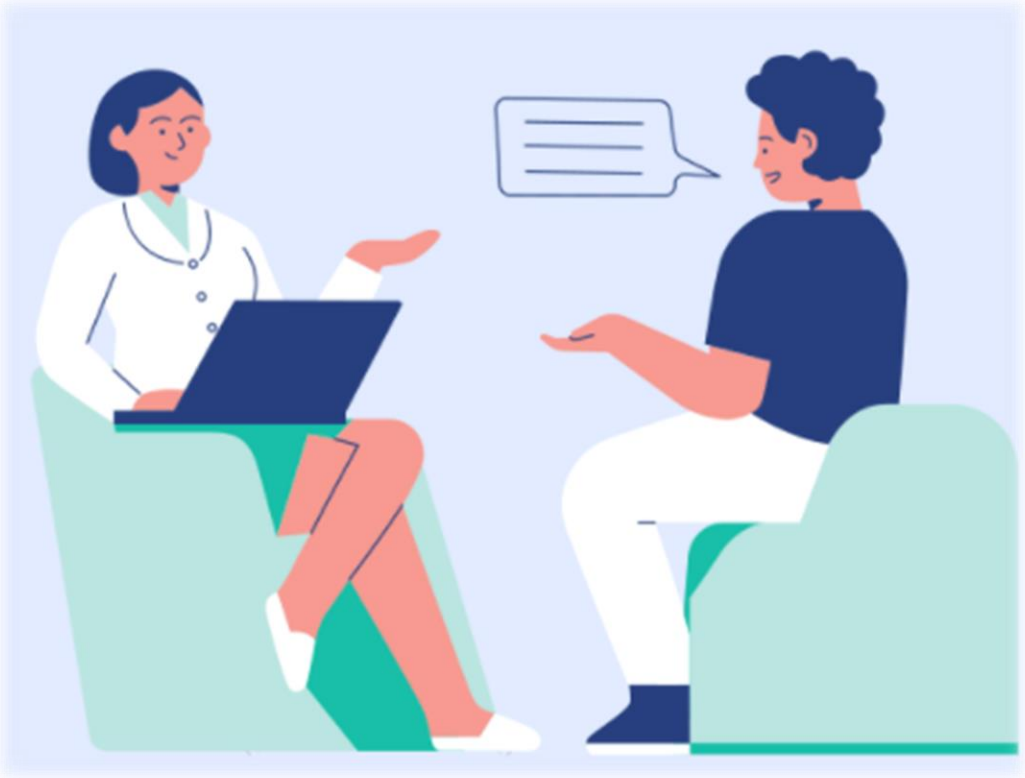
Treatments for Borderline Personality Disorder

Borderline personality disorder is an illness marked by an ongoing pattern of varying moods, self-image, and behavior. These symptoms often result in impulsive actions and problems in relationships. People with borderline personality disorder may experience intense episodes of anger, depression, and anxiety that can last from a few hours to days. It may also include:

- Efforts to avoid real or imagined abandonment, such as rapidly initiating intimate (physical or emotional) relationships or cutting off communication with someone in anticipation of being abandoned
- A pattern of intense and unstable relationships with family, friends, and loved ones, often swinging from extreme closeness and love (idealization) to extreme dislike or anger (devaluation)
- Distorted and unstable self-image or sense of self
- Impulsive and often dangerous behaviors, such as spending sprees, unsafe sex, substance abuse, reckless driving, and binge eating.
- Self-harming behavior, such as cutting
- Recurring thoughts of suicidal behaviors
- Intense and highly changeable moods, with each episode lasting from a few hours to a few days
- Chronic feelings of emptiness
- Inappropriate, intense anger or problems controlling anger
- Difficulty trusting, which is sometimes accompanied by irrational fear of other people's intentions
- Feelings of dissociation, such as feeling cut off from oneself, seeing oneself from outside one's body, or feelings of unreality

12. Dialectical Behavior Therapy (DBT) for Borderline Personality Disorder

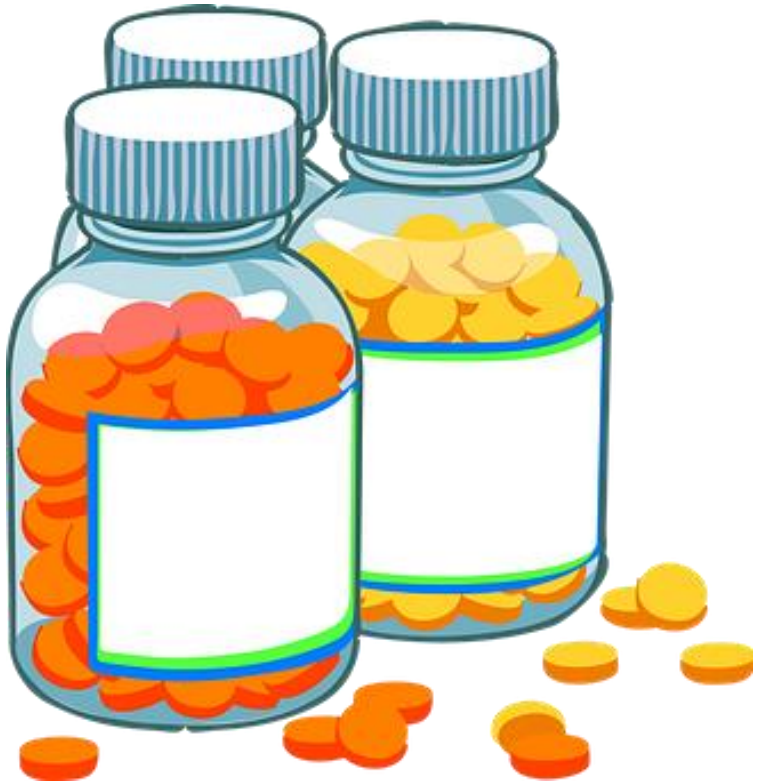
- DBT teaches clients behavioral skills in mindfulness, distress tolerance, interpersonal effectiveness, and emotion regulation.
  - Usually lasts 1-1.5 years and includes individual therapy and skills groups



13. Psychopharmacology for Borderline Personality Disorder

The use of medication to treat Borderline Personality Disorder:

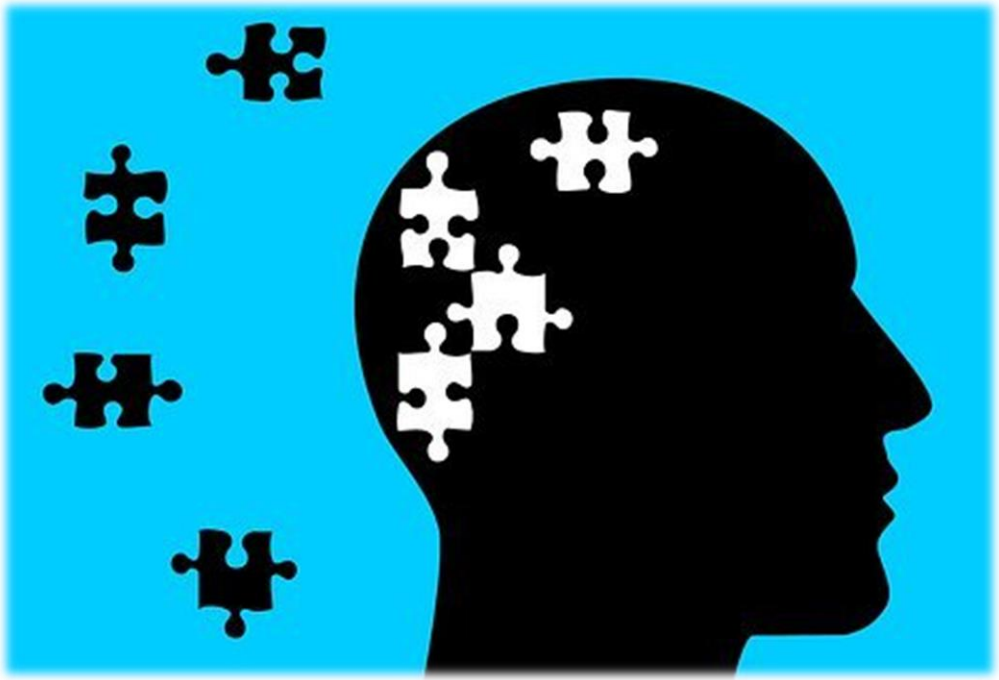
- SSRIs
- Mood stabilizers
- Low-dose antipsychotics



Treatments for Post-Traumatic Stress Disorder

After experiencing a life-threatening trauma, people with PTSD have intense, disturbing thoughts and feelings related to their experience that last long after the traumatic event has ended. They may relive the event through flashbacks or nightmares; they may feel sadness, fear or anger; and they may feel detached or estranged from other people. People with PTSD may avoid situations or people that remind them of the traumatic event, and they may have strong negative reactions to something as ordinary as a loud noise or an accidental touch.

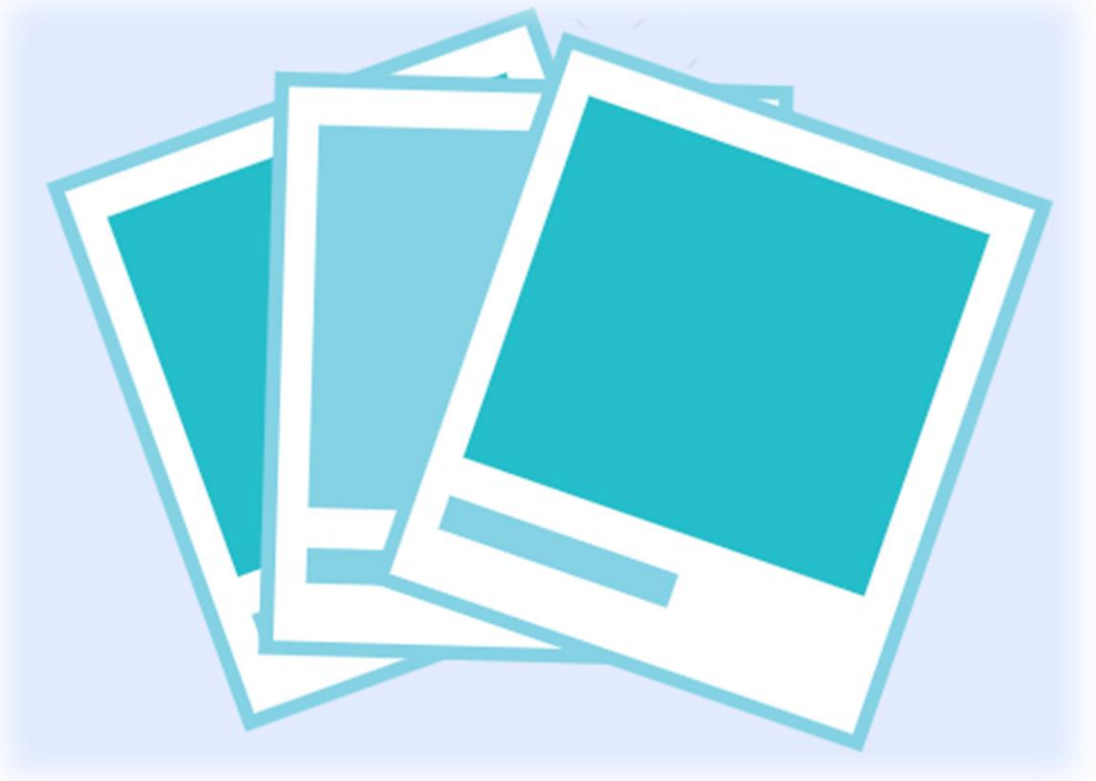
14. Cognitive-Behavioral Therapy (CBT) or Cognitive Processing Therapy (CPT) for PTSD



CBT focuses on the relationships among thoughts, feelings and behaviors; targets current problems and symptoms; and focuses on changing patterns of behaviors, thoughts and feelings that lead to difficulties in functioning.

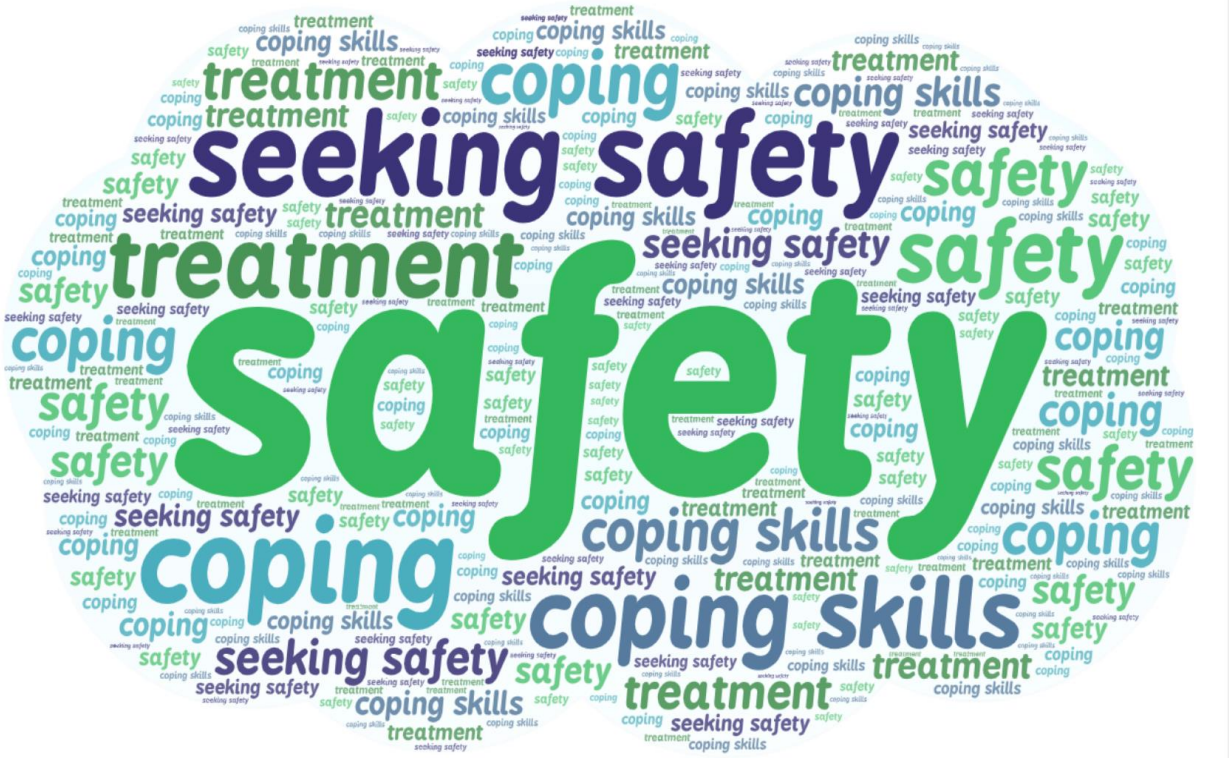
15. Prolonged Exposure for PTSD

- Consists of imaginal exposures, which involve recounting the traumatic memory and processing the revisiting experience, as well as in vivo exposures in which the client repeatedly confronts trauma-related stimuli that were safe but previously avoided.



16. Seeking Safety for PTSD

- A present-focused, coping-skills approach to help people attain safety from trauma. The goals of this program are to help clients attain safety in thinking, emotions, behaviors, and relationships; provide integrated treatment of substance use and trauma conditions; and counteract loss of ideals experienced from substance use and trauma.



17. SSRIs or Tricyclic Antidepressants for PTSD

SSRIs are a class of medications often used as a first-line pharmacotherapy for depression:

- Fluoxetine (Prozac)
- Sertraline (Zoloft)
- Paroxetine (Paxil)
- Escitalopram (Lexapro)
- Fluvoxamine (Luvox)
- Citalopram (Celexa)
- Volazodone (Viibrid)
- Vortioxetine (Brintellix)

18. Anticonvulsants for Re-Experiencing for PTSD

Medications prescribed for the treatment of PTSD based on their mood-stabilizing characteristics:

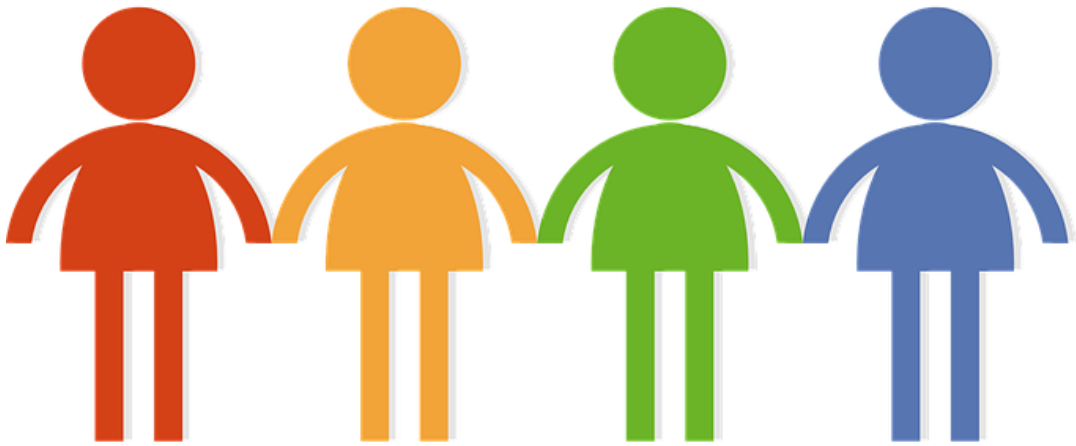
- Tiagabine
- Lamotrigine
- Pregabalin
- Divalproex
- Topiramate

Treatments for Anxiety Disorders

Anxiety disorders can include chronic worry, panic attacks, phobias, fears of leaving the house or being around a large group of people, obsessive-compulsive disorder

19. Exposure Therapies or Cognitive-Behavioral Therapy for Anxiety

Therapy that helps the person identify, challenge, and modify dysfunctional ideas related to anxiety symptoms, and reduces anxiety through exposure to anxiety-provoking situations (e.g., crowds for panic disorder, exposure and response prevention for obsessive-compulsive disorder).



20. SSRIs or Tricyclic Antidepressants for Anxiety

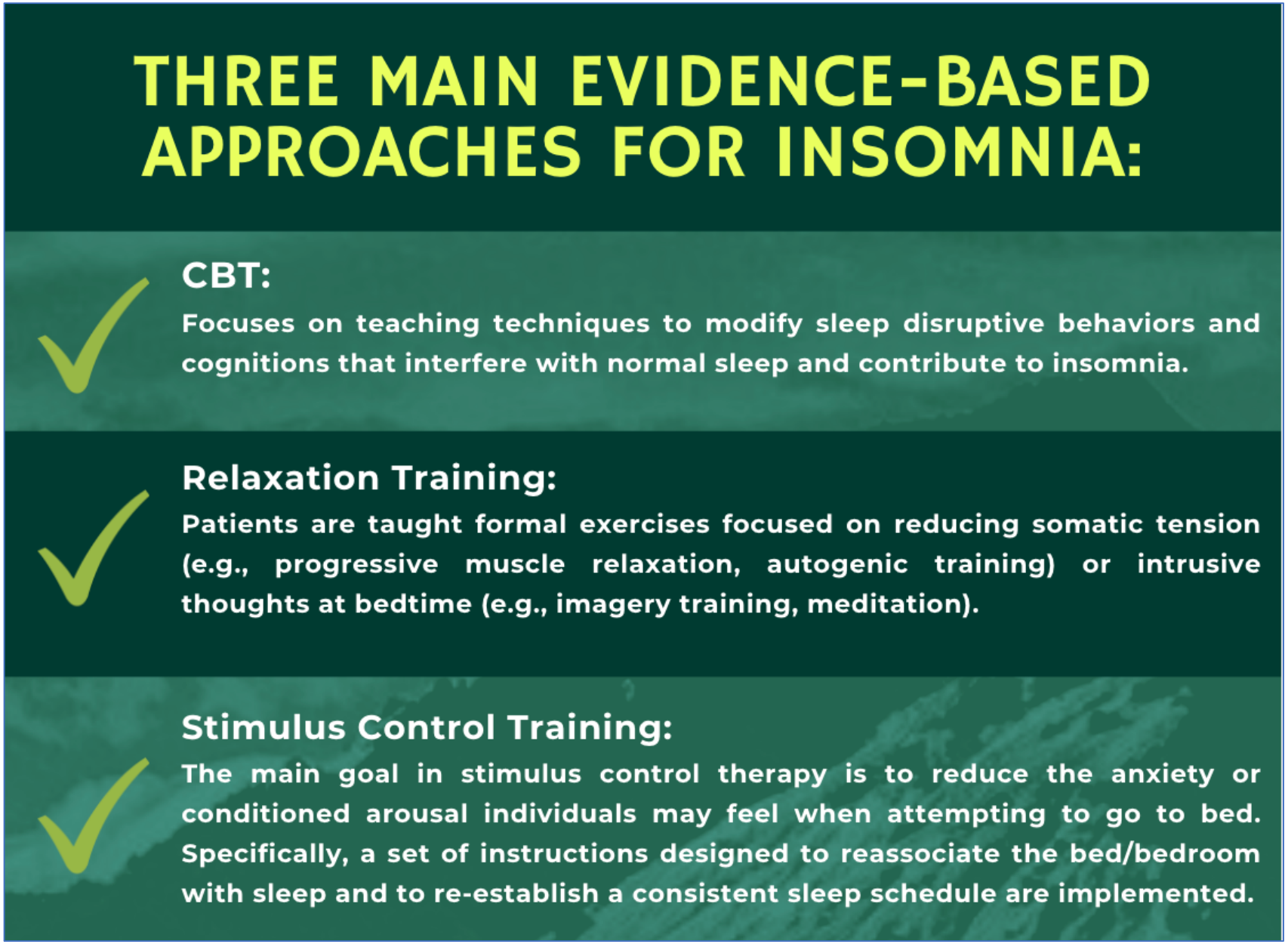
SSRIs include

- Fluoxetine (Prozac)
- Sertraline (Zoloft)
- Paroxetine (Paxil)
- Escitalopram (Lexapro)
- Fluvoxamine (Luvox)
- Citalopram (Celexa)
- Volazodone (Viibrid)
- Vortioxetine (Brintellix)

Tricyclic antidepressants include

- Make another column and I'll add tricyclic antidepressants

21. Any Group/Individual Counseling for Insomnia



22. Any Group/Individual Counseling for Physical Pain

THERAPIES SEEK TO HELP THE PATIENT WITH PAIN REDUCE SYMPTOM INTENSITY, REGAIN FUNCTIONING, AND REDUCE SUFFERING.

- Techniques can include: time-contingent pacing, spouse involvement and reinforcement of adaptive responding, use of quotas and goals for gradual return of functioning, reframing of affective and cognitive responses, learning of coping skills, and relaxation/mindfulness skills.
- Interventions include self-monitoring, skill rehearsal, and social reinforcement, stress management, and/or goal setting.

Interventions Addressing Suicidal Thoughts or Behaviors

Gold standard definition of a suicide attempt is anything one does with non-zero intent to die. Suicide behaviors include writing notes, collecting materials for a suicide attempt, starting and then changing one's mind.

23. Dialectical Behavior Therapy (DBT) for Suicidal Thoughts or Behaviors

Targets the issue causing distress and teaches skills to deal with them without having to resort to self-defeating behaviors.

- Emphasizes four basic sets of skills: mindfulness, distress tolerance, interpersonal effectiveness, and emotion regulation

24. Cognitive-Behavioral Therapy for Suicide Prevention

Teaches patients skills to use alternative ways of thinking and behaving during episodes of suicidal crises and assists them in building a network of mental health services and social supports to prevent future suicide attempts.

25. The Safety Planning Intervention for Suicidal Thoughts or Behaviors

WORKS WITH THE PATIENT TO IDENTIFY TRIGGERS FOR SUICIDE CRISES AND THEN TO CREATE A WRITTEN SAFETY PLAN IDENTIFYING:

Warning signs

Internal coping strategies

People and social settings that can be a distraction

People to ask for help

Professionals or agencies to contact

Ways to make the environment safe

Evidence-Based Practices: *Which would you like highlighted next webinar?*

- Diversion
- Problem-Solving Court
- Therapeutic Walk-In/Crisis Centers
- Crisis Intervention Teams
- Crisis Call-In Centers
- Mental Health Treatment Required by Court
- Building Alliance with Patient
- Integrated Dual Disorder Programs
- Coordination between Jail and Community Mental Health
- Eligibility Continuity
- Mental Health Peer Navigators
- Permanent Supportive Housing
- Supported Employment
- Assertive Community Treatment, Forensic Assertive Community Treatment, or Forensic Intensive Case Management
- Family/Caregiver Education
- Trauma-Informed Care
- Mental Health Training for Correctional Staff

More information on these practices/treatments and the evidence behind them can be found at:

- American Foundation for Suicide Prevention: https://afsp.org/about-suicide/preventing-suicide/
- American Psychiatric Association: Psychiatryonline.org/guidelines.aspx
- American Psychological Association: https://www.div12.org/diagnoses/
- UK National Institute for Health and Care Excellence (NICE):
  - NICE_Guidelines. Mental health of adults in contact with the criminal justice system [NICE Guidline NG66]. 2017; https://www.nice.org.uk/guidance/NG66/chapter/Recommendations#psychological-interventions.
  - NICE. Psychosis and schizophrenia in adults: Quality standard. 2015; https://www.nice.org.uk/guidance/qs80/resources/psychosis-and-schizophrenia-in-adults-pdf-2098901855941.
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  - SAMHSA. *Principles of Community-based Behavioral Health Services for Justice-involved Individuals: A Research-based Guide.* Rockville, MD: Office of Policy, Planning, and Innovation. Substance Abuse and Mental Health Services Administration;2019.
  - SAMHSA recommendations for serious mental illness

Stay Tuned for More Webinars

#5

- Evidence-based mental health *practices* for justice-involved individuals. Webinar on Wed, 10/20 at 1pm EDT.

#6

- Lessons about effective strategic efforts to address incarceration of individuals with mental illness. Webinar in Nov TBD

**Missed a webinar? No problem! View recordings of the previous 3 webinars at our website: https://www.gmuace.org/major-projects/nimh/

The I.M. Justice BH Study

Our Goals

1. Determine the effect of counties' use of evidence-based treatments and practices for people with mental illness
2. Determine how/why that is or is not taking place
3. Draw generalizable lessons for CJ and MH implementation efforts

Our Study Will:

- Conduct online survey of 4 people each from 950 counties
  - Behavioral health administrator
  - Jail administrator
  - Probation chief
  - Substance abuse administrator
- Surveys will take place at study baseline, 18 months, and 36 months later
  - Interview 90 people each year

How can you help….

- **Contact us at IMJusticeBH@ucf.edu to see if you are part of this study**
- If you receive a survey in the mail, please complete it!
- If you receive an invitation to be part of the study….
  - **Complete the Survey**
  - Tell us who else in your county is active in your efforts
- If you are asked to be interviewed, join us--
  - **Tell us your story**