SPEAKER NOTES

Treatment Modalities

Summarized by Thomas T. Thomas

For individuals whose diagnosis falls along the continuum of serious mental illness, appropriate therapeutic options vary, and the process of getting help can be daunting. The speakers at our November 18 meeting—**Daniel Sager, Pablo Picones,** and **Elizabeth Hedrick**—helped NAMI members understand these modalities and the current processes.

All three speakers are fifth-year students working toward their Doctor of Psychology (PsyD) degrees at The Wright Institute in Berkeley. Sager specializes in children with identified disabilities and their families. Picones works at UCSF Benioff Children's Hospital on risk assessment for suicide and psychosis. And Hedrick is training as a psychotherapy assistant in substance abuse and chronic pain management.

Hedrick started the talk with a discussion of the different levels of care available for persons with mental illness. At the highest level is **inpatient treatment** or hospitalization. The next level after discharge is **partial hospitalization,** where the person attends for full days, five days a week, and receives different treatments including group and individual therapies. With **intensive outpatient treatment,** the person attends sessions in the evenings or two to three days a week, followed by **outpatient treatment,** involving meeting a therapist once or twice a week. She noted that insurance companies will opt for the least expensive treatment, but families can be powerful advocates about finding the right level of treatment for their loved one. "But sometimes," she said, "a patient can stay in a program longer than is helpful and stagnates, because these are the only relationships in their life."

Sager then helped decipher the various levels of mental health workers that a person and their family will encounter—exclusive of traditional and naturopathic medicine. Each group, he noted, is regulated differently in each state, with its own requirements for board certification. At the top level are **medical doctors** (MD) and **doctors of osteopathy** (DO), who specialize in bone and muscle groups and can do everything a medical doctor can do, including prescribe medications. Psychiatrists are MDs or DOs with specialized training in mental health issues. **Psychiatric nurse practitioners** can also prescribe medications.

Psychologists may be either a PhD with training focused on research, or a PsyD with a focus on clinical treatment. Generally, they cannot prescribe, except in certain states or in the military. Psychologists generally have various different focuses, such as children and families, or general population assessment. And they may take different training, such a neuropsychology with its focus on the brain, forensic psychology and its application in court, or school psychology and assessment of children. Each professional needs to obtain and maintain his or her license with the California Board of Psychology.

A **marriage and family therapist** (MFT) has taken a master's degree in psychology and trained under the supervision of a licensed therapist. This person performs both counseling and assessment. A **licensed clinical social worker** (LCSW) or **licensed mental health counselor** (LMHC) has also taken a master's degree and trained under supervision. **Substance abuse workers** will have a certificate, and it's a good idea to find out where it was issued and whether it was for real, Sager said.

At the next level are **peer and support groups,** such as NAMI chapters and AA meetings—people helping people. And finally, there are **practicum students,** like our speakers, who work under a licensed professional, often move into an internship after schooling, and obtain licensing for themselves.

"But," Sager warned, "the relationship a person forms with a professional is more important to the effect of therapy than letters after the therapist's name."

Picones described treatment for the early stages of crisis in children, generally referred by a school psychologist or a parent for an altered state, suicidal ideation, paranoia, psychosis, or other dysregulation. The process at the hospital emergency room includes an extensive interview with the patient, family members, and support structure such as the school counselor. This determines whether the child should be held or discharged to the parents. The goal is to maintain the child's safety because, for example, a subsequent suicide attempt is likely within 30 days of release. The child is usually discharged with a "safety plan," which might include cartoons of things that can lead to a crisis and how the child can calm down, and with a list of service resources for the parent.

If the risk is too high, the child is forwarded to a crisis stabilization unit in a psychiatric hospital. California has no long-term holds, so the child may be held for 72 hours, or back-to-back holds of three to seven days with a judge's order. But the goal is to return the child to the home. In the crisis unit, the patient is placed in a shared room, will be interviewed by a psychiatrist, and prescribed appropriate medications to reduce psychosis and anxiety. Upon release, the patient will see a psychiatrist every four to six weeks for medication adjustment.

The speakers then described various evidenced-based modalities. Before undertaking one of these, the person should interview the therapist to see if they and the treatment will be a good fit. "There will be no progress if there is not a strong working relationship," Picones said. "This is more important than the type of therapy." Also, a person doesn't have to experience severe mental illness for these therapies to be helpful, and they sometimes work for family members.

Cognitive Behavioral Therapy (CBT) focuses on thoughts and behaviors getting in the way and causing emotional and psychological pain. CBT asks the patient to examine their thoughts and behaviors: what are they doing to resolve stresses in their life, and are those things effective? This is a formulaic, organized, methodical approach.

There are several mindfulness-based therapies, which draw on Buddhism but have been shown to be effective in cultures around the world. One is **Acceptance and Commitment Therapy** (ACT—not to be confused with Assertive Community Treatment), which is driven by values. It asks what kind of life the

patient wants to lead, shows how to recognize symptoms and become grounded in the present, rather than dwelling on the past or worrying about the future, and reduces anxieties about symptoms and their impact or the side effects of medication. ACT has been effective with depression and bipolar disorder.

Mindfulness-Based Stress Reduction (MBSR) deals with pain and stress relief and includes gentle yoga and getting in touch with the patient's body. It works well with chronic illnesses.

Dialectical Behavior Therapy (DBT) is an outgrowth of CBT developed by Marsha Linehan, PhD, who suffered from borderline personality disorder. DBT says that thoughts influence emotions, which influence behaviors that might be unhelpful. So if a person thinks differently, they will feel differently and act differently. Patients in DBT are taught skills related to mindfulness, stress tolerance, and interpersonal effectiveness.

Relational Psychodynamic Therapy deals with people's real and imagined relationships. It is based on a belief in the unconscious and bringing thoughts into conscious awareness.

"A good therapist," Hedrick said, "can combine these modalities skillfully in a way that connects with the person."

When trying to find a therapist, Hager suggested using the resources of Psychology Today. Local community resources are offered at the Family Education & Resource Center. The GritX website also has self-help programs to guide choices in care.

Q. What can a family member do about malpractice, such as overprescribing medication?

The Medical Board of California will take consumer complaints. Every treatment facility should provide the patient with an informed consent form, which shows whom to contact. The patient advocate can also help find a different treatment professional.

Q. What can someone do if the patient has no insurance?

If the patient is disabled and on Supplemental Security Income under Social Security, then they are automatically enrolled in Medicare (MediCal in California). If not, there are other options such as Alameda County Behavioral Health Care Service's ACCESS Program and the City of Berkeley's programs.

Q. Would ACT be better for a person who has bipolar and believes his medications are poisoning him?

Acceptance and Commitment Therapy can be useful for someone who already accepts that they have a mental illness. ACT asks, "How's that working out for you?" This is a form of motivational interviewing that started with substance abuse programs. But if the person has anosognosia and doesn't believe they are ill, it's going to be difficult.

But ACT is good for family members and helps them in recognizing when they get stuck in a recurring form of interaction and in picking their battles. It helps them keep "sacred time" for themselves.