Psychopharmacology, Recovery, and Trauma-Informed Care: Opportunities, Challenges, and Pitfalls

Mary Ann Nihart, MA, RN, PMHNP-BC, PMHCNS-BC
Nurse Manager, San Francisco Veterans Administration Medical Center
Clinical Faculty, University of California, Davis

Objectives

- Identify key principles of recovery as they relate to prescriptive practice.
- Explain how common prescriber behaviors conflict with recovery principles.
- Utilize methods for implementing recovery principles in prescriptive practice.
Disclosures

• This presenter has no financial relationship or interest in any product discussed in this presentation.

• Any incidental mention of off label uses of medication will be identified as “off label” during the lecture. Discussion of specific medication uses is not the primary focus of this presentation.

Case Study: “Sara”

• 21 y/o mother of a toddler, living with 2 female roommates attending college in criminal justice and plans on attending law school

• Presentation
  • Wants help concentrating at school, states she is having problems with sleeping and focusing

• Symptoms
  • Waking frequently during the night, sometimes can not return to sleep
  • Complains of less energy and enjoyment
  • Feels irritable and “moody” – “I get mad for no reason.”
  • Feels edgy, jumpy, and nervous. C/o racing thoughts and difficulty concentrating
Quick show of hands

- How many people suspect Sara has
  - Bipolar spectrum disorder?
  - Borderline Personality disorder?
  - PTSD?
  - Major Depression?
  - All of the above?
  - Other Diagnosis?

“Sara” continued

- History
  - Spent most of her teens in foster placement and group homes, where she cut herself, ran away, and got into fights
  - Has been told in the past that she is bipolar and received “a lot” of medication in group homes
  - When she “aged out” at 18, she stopped all of her meds
  - Reports “taking up” with a guy she knew, getting pregnant and then feeling like she had no life - “CYC (California Youth Connection) saved my life”
  - She was able to live in a home for single mothers, received her GED and received grants for college and has been doing well in school
  - She lives with other women she has met through CYC who help her care for her child
Quick show of hands

- How many people suspect Sara has
  - Bipolar spectrum disorder?
  - Borderline Personality disorder?
  - PTSD?
  - Major Depression?
  - All of the above?
  - Other Diagnosis?

Discussion

- Why is the Diagnosis important?
- What happened to Sara?
- Would what happened to Sara make the diagnosis difficult or unclear?
- Any thoughts about all the medications?
- Did Sara’s past treatment help her Recovery?
- How would you implement Recovery Principles in response to Sara’s current concerns?
Psychiatric Medication Use on the Rise

- 73% increase in prescriptions for adults from 1996 to 2006
- 50% increase in same time period for children
- Researchers site increase in availability of insurance for psych meds, and
- More drugs to treat more psychiatric disorders

Rise in Prescription of Antidepressants

- Examined the records of 233,144 adults seen in primary practice office from 1996 to 2007.
- 9.3% of the visits led to prescription of an antidepressant.
- 3rd most commonly prescribed class of medications.
- 3/4ths of the antidepressants prescribed by primary care.


Rise in Prescription of Antipsychotics

- Stanford researchers found that antipsychotic prescriptions nearly tripled from 1995 to 2008.
- 1 generation antipsychotic use decreased from 5.2 million to 1 million.
- In 2008, 54% of surveyed prescriptions had uncertain evidence.
- $6 billion spent in 2008 on off-label uses with $5.4 billion with uncertain evidence.

Consumer Comments about Medications

- “The worst bout of them overdoing it on medication led me to be crawling around like an animal on the hospital floor”
- “I was toxic. I couldn’t walk, couldn’t control my legs, couldn’t see – other than the hallucinations”
- “When I was on this stuff my IQ just crashed and burned. …having tremendous difficulty with relatively simple tasks. …my creative stuff went down hill, which is part of the wholeness of who I am”
- “I am Buddhist, I love to meditate. When I told the doctor I could not sit still and my legs just keep moving, he thought I would adjust. I didn’t and I never went back.”

Consumer comments continued...

- “One time my arms got stiff and my eyes rolled up. I couldn’t talk. I didn’t know what was going on. I was so scared. After a couple of hours they gave me a shot and I was okay, but I still don’t know what happened. I think they were just experimenting. I’ve learned to avoid the police so they won’t take me back there.”
- “I gained so much weight, I can’t stand myself. The voices are less and my thinking is better but now I have to take drugs for my high cholesterol and blood pressure. I feel defeated.”
- “I look in the mirror and I do not know who the person is in there. I don’t recognize her. I told my doc that I feel better but I can not stand the weight gain. He said better weight gain than being suicidal. I am not so sure.”
Consumer comments continued...

- “After about a month on Wellbutrin, I felt like I was jumping out of my skin. Everything was all mixed up. I had no idea I was yelling at people until a good friend told me. I stopped that drug and never went back to a doctor.”

- “I felt a huge weight on my shoulders. I couldn’t sleep. I was worrying my way through the night. I wanted to talk to some body. My insurance company sent me to 3 different psychiatrists who all wanted me to take medications. I finally gave up and took them. It has been a few months and I am sleeping, but I still want to just talk with someone.”

Consumer Response
Adherence to Medication Treatment

- Average non-adherence rates 50%
- CATIE study demonstrated non-adherence rates of 80 to 85% in schizophrenia
- Reasons for non-adherence:
  - Feeling their prescribe was not listening to their concerns
  - Opposition to the idea of medications
  - Feeling that medications did not work
    - Unrealistic expectations
    - Side effects

Trauma
What is Trauma?

- Traumatic event - one in which “a person experienced, witnessed or was confronted with an event(s) that involved actual or threatened death or serious injury or threat to the physical integrity of self or others”
- The person’s response involved intense fear, helplessness or horror

DSM-IV-TR (APA, 2000)

Exposure to Trauma
General Population

- Until recently, trauma exposure was thought to be unilaterally rare (combat violence, disaster trauma)
- Recent research has changed this. Studies done in the last decade indicate that trauma exposure is common even in the middle class
- 56% of an adult sample reported at least one event

(Kessler et al., 1995)
Exposure to Trauma
Mental Health Population

- 90% of public mental health clients have been exposed
  (Muesar et al., 2004; Muesar et al., 1998)
- Most have multiple experiences of trauma
- 34-53% report childhood sexual or physical abuse
  (Kessler et al., 1995; MHA NY & NYOMH 1995)
- 43-81% report some type of victimization (ibid)

Adverse Childhood Events (ACE) Study

<table>
<thead>
<tr>
<th>ACE Category*</th>
<th>Women (N = 9,347)</th>
<th>Men (N = 2,970)</th>
<th>Total (N = 12,317)</th>
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<tr>
<td><strong>Abuse</strong></td>
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<td>7.6</td>
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<td>Physical Abuse</td>
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<td>11.5</td>
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<td>Household Substance Abuse</td>
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<td>Household Mental Illness</td>
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<td>Parental Separation or Divorce</td>
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<td>Incarcerated Household Member</td>
<td>5.2</td>
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</tbody>
</table>

Only 34.5% of women and 38% of men had no history of childhood trauma

Adapted from http://www.cdc.gov/ace/prevalence.htm
Trauma and Medications

- Force or coercion are re-traumatizing
- Involuntary medications carry the largest risk
- Problem Prescriber Behavior
  - If you don’t…
    - “I can’t see you as a patient”
    - “I will have to hospitalize you”
    - “I am not responsible for what might happen”
  - “I was angry and yes I raised my voice, but does that mean three big guys should grab me, take me to an empty room, hold me down on a dirty mat, and shove a needle in me. I cried for an hour on that cold mat. I had been raped once again.”

Recovery and Trauma-Informed Care
Defining Recovery

“Recovery is rediscovering meaning and purpose after a series of catastrophic events which mental illness is. It is a process, a way of life, an attitude, and a way of approaching the day’s challenges. It is not a perfectly linear process. At times our course is erratic and we falter, slide back, regroup and start again. . . .The need is to meet the challenge of the disability and to reestablish a new and valued sense of integrity and purpose within and beyond the limits of the disability; the aspiration is to live, work, and love in a community in which one makes a significant contribution.”

Patricia Deegan is a psychologist and ex-patient who is now director of training at the National Empowerment Center in Lawrence, Massachusetts.

Defining Recovery

"Recovery is a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness."

William Anthony, Director of the Boston Center for Psychiatric Rehabilitation (1993)
Defining Recovery

Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual’s recovery.

Achieving the Promise: Transforming Mental Health Care in America, The President’s New Freedom Commission Report on Mental Health

SAMSHA
10 Fundamentals of Recovery

- Self- Direction
- Individualized & Person-Centered
- Empowerment
- Holistic
- Non-linear
- Strengths-based
- Peer Support
- Respect
- Responsibility
- Hope
Trauma-Informed Care

- Recognizes the frequency of trauma histories among the individuals served
- Uses interventions based on current literatures
- Is informed by research and effectiveness of practice
- Understands that coercive interventions cause traumatization and re-traumatization and are to be avoided
- Based on respect for all individuals served
- Operates on the belief that individuals served are more important than rules

Applying the Principles to Practice
Role of Medication in Recovery

- Recovery is a unique, individual process, the role of medication is different for each person
- A tool to achieve personal recovery goals
- A way to achieve stability to use other tools of recovery
- Medications can interfere with recovery through untoward effects
- Adverse effects can be worse than the problem they intended to relieve
  - Need a balanced view of benefits and costs

Relationship with Mental Health Provider

- Being listened to and understood
- Choice, including access to alternative treatments and therapies
- Feeling part of the decision-making process
- Having access to reliable information
- Being supported in making their own choices
- Careful monitoring of medication
- Trust
What all Nurses Can Do

• Be aware many persons served do not feel able to be honest about their experience of medication because they fear the consequences

• Give the message that people can take control of their medication use
  • Share recovery stories from people who have reduced medication or used it in a targeted way

• Explore people’s experiences taking medication
  • Take their concerns seriously and explore ways to address them

What all Nurses Can Do
(continued)

• Explored preferred way of understanding their challenges and how medications fit

• Discuss how medications support their recovery goals, e.g., feeling calmer, improved sleep, etc.

• Support people in getting and understanding adequate information
  • Encourage a range of sources, such as personal accounts, results of research, and manufacturer’s information
  • Support understanding limitations and biases to all sources of knowledge
What all Nurses Can Do (continued)

- Support connections with peers around their experiences with medication
- Support people to access expertise in medication so they have an opportunity to talk
  - Workers might share their own experience with medication, briefly with focus on the person served
- Support people to prepare for meetings with prescribers
  - Identify concerns and questions in advance

What Prescribers Can Do

- Adopt a shared decision making approach to prescribing
- Make people aware of all the options available including costs and benefits
- Give people an opportunity to think about options and ask questions, possibly over several meetings
- Respect the person's choices
  - Be clear about the circumstances under which it will no longer be possible to respect their choices
- Treat people's choice to stop medication or change dose as an experiment
- Introduce a simple measuring scale or developing on with the person to track their experience over time.
Prepare for When the Person Can Not Make Choices for Themselves

- Develop Advanced Directives, develop a WRAP plan, develop a Crisis Plan include de-escalation preferences
- Communication and record the plan
- Even when having difficulty they should be involved in making choices
  - Support to understand concerns, give information about options, ask what they find helpful, involve in choice
- Find someone who can act as an advocate
- Following the crisis, discuss the action taken with the person and how this can inform how they use medication and manage crisis in the future

Informed Consent

- To give “Informed Consent” a person must have:
  - Explanation of diagnosis/prognosis with and without medications
  - Information on proposed medications, purpose, methods, dosage, side effects, and benefits
  - How to manage the side effects
  - Adverse effects including Tardive Dyskinesia
  - Interactions with other medications
  - Information on alternative treatments and nontreatment, including risks, benefits, side effects
Best Practice in Prescribing

- Listen mindfully
- Make sure the diagnosis is accurate and don’t be afraid to change
- Discuss possible side effects in as open and complete manner as possible; then discuss them again...and again; answer any and all questions
- Increase trust and a strong therapeutic relationship
- Make sure to discuss alternatives to medications

Tools for Developing Recovery Oriented Practice
Agency for Healthcare Research and Quality (AHRQ)

http://www.effectivehealthcare.ahrq.gov/index.cfm/what-is-the-effective-health-care-program1/

WRAP Planning

Key Elements

- Wellness Toolbox
- Daily Maintenance Plan
- Identifying Triggers and an Action Plan
- Identifying Early Warning Signs and an Action Plan
- Identifying When Things Are Breaking Down and an Action Plan
- Crisis Planning
- Post Crisis Planning.

http://www.mentalhealthrecovery.com/wrap/
Wellness Toolbox Examples

- eat three healthy meals per day
- take a nap
- exercise
- stretch
- watch my fish
- play with my dog
- write in a journal
- make my bed
- do something nice for someone else
- watch a video
- listen to music
- see my counselor
- ask for a medication check
- make music

Programs for Improving Medication Adherence

www.AdultMeducation.com
NMHA resources

- Consumer information for preparing for office visit
- Medication checklists for monitoring side effects
- Contact information for Major Pharmaceutical companies [http://www.nmha.org/go/med_info](http://www.nmha.org/go/med_info)

A program to encourage consumers to develop a collaborative relationship with their provider

From the National Mental Health Association [www.nmha.org](http://www.nmha.org)
Pfizer Settlement: $21 million Consumer and Prescriber Education Program administered by a special committee of the State Attorneys General pursuant to the Oregon Court Order
CommonGround

- A web based application to help individuals prepare for their visit with their mental health prescriber and arrive at a shared, supported and best decisions for their treatment and recovery
- Developed by Patricia Deegan and Associates
- [http://www.patdeegan.com/commonground](http://www.patdeegan.com/commonground)

Clinical Examples of Application
A Final Hope Story

The human body experiences a powerful gravitational pull in the direction of hope. That is why the patient's hopes are the physician's secret weapon. They are the hidden ingredients in any prescription. - Norman Cousins

References

**References (continued)**