Responding to the IOM Report on Psychosocial Interventions: Application of the Perspectives of Psychiatry

Karan Kverno, PhD, PMHNP-BC and Tamar Rodney, MSN, PMHNP-BC

The speakers have no conflicts of interest to disclose.

Learning Objectives

• Upon completion of this presentation, participants will be able to:
  – Describe key explanatory concepts from each of the four Perspectives of Psychiatry.
  – Utilize the Perspectives of Psychiatry conceptual framework to match elements of evidence-based psychotherapeutic interventions to the needs of individual patients.
  – Discuss ways to take part in the recommendations of the IOM (2015) report on psychosocial interventions for mental and substance use disorders.
The Need for an Elements Approach to Evidence-based Psychosocial Interventions

- Psychopharmacology alone is often insufficient for complete recovery.
- Psychosocial interventions are effective, yet there has been a decline in their use.
- Evidence based, psychosocial interventions are made up of multiple elements.
- We don’t know what elements are effective at improving specific symptoms, functioning or well-being.

(Delaney & Handrup, 2011; Institute of Medicine, 2015; Janicak, Marder & Pavuluri, 2011)

Psychosocial Intervention Concepts

- Elements: activities, techniques or strategies
  - Non-specific elements
  - Specific elements
- How change is affected:
  - Mechanisms: Biological, behavioral, cognitive, emotional, interpersonal
  - Moderators: Person-specific factors such as sex, race, class
- Outcomes:
  - Symptoms, functioning and well-being

(IOM, 2015)

IOM Framework for Developing Standards for Psychosocial Interventions

Strengthen the evidence-base

Implement interventions and improve outcomes

Engage Consumers

Identify elements of interventions

Develop quality measures

Conduct systematic reviews to inform clinical guidelines

(IOM, 2015)
Application

The application of effective interventions involves assembling combinations of elements that, based on evidence, are targeted to particular disorders and other patient characteristics. (IOM, 2015, p. 10)

Case formulation is key in matching elements to patient characteristics.

Case Formulation and Treatment Implications

DSM-5 Approach
• Considers whether symptoms fit into a recognizable disorder or syndrome - or not.

Perspectives of Psychiatry
• Considers the presentation from each of four perspectives.


(APA, 2013; Chisolm & Lyketsos, 2012; McHugh & Slavney, 1998)

HIDE
• Diseases—what a patient . . . Has
• Dimensions—what a patient . . . Is
• Behaviors—what a patient . . . Does
• Stories—what a patient . . . Encountered

(McHugh & Slavney, 1998)
Disease Perspective

(Pathogenesis) \rightarrow (Pathophysiology)

Etiology \rightarrow Pathological Entity ("broken part") \rightarrow Clinical Syndrome

Example: Schizophrenia
Treatment: Medication

(McHugh & Slavney, 1998)

Dimensional Perspective

Potential \rightarrow Provocation \rightarrow Response

(Personality) \rightarrow (Life Circumstances) \rightarrow (Neurotic Symptoms)

Example: Wild Boy of Aveyron (circa 1798)
Treatment: Guidance

(McHugh & Slavney, 1998)

Behavior Perspective

Choice

Physiologic Drive \rightarrow Conditioned Learning

• Example: Anorexia
• Treatment: Interruption

(McHugh & Slavney, 1998)
**Life Story Perspective**

Setting → Sequence → Outcome…

Example: Bandura’s Bobo Doll Experiment (1961)

Treatment: Rescripting

(Bandura, Ross & Ross, 1961; McHugh & Slavney, 1998)

---

**Examples of Disorders and Syndromes Across the Perspectives**

<table>
<thead>
<tr>
<th>Diseases</th>
<th>Behaviors</th>
<th>Dimensions</th>
<th>Life Stories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delirium</td>
<td>Alcohol dependency</td>
<td>Subnormal IQ</td>
<td>Demoralization</td>
</tr>
<tr>
<td>Dementia</td>
<td>Drug dependency</td>
<td>Personality disorders</td>
<td>Grief</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>Paraphilias</td>
<td>Excessive emotional responses (“neurosis”)</td>
<td>Adjustment disorder</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>Anorexia / bulimia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Panic disorder</td>
<td>Sleep disorders</td>
<td>False memory syndrome</td>
<td></td>
</tr>
</tbody>
</table>

(McHugh & Slavney, 1998)

---

**Case Example: Personalizing Treatment**

- **Disease**
  - Bipolar

- **Behavioral**
  - Risky alcohol use

- **Dimensional**
  - Unstable extroversion

- **Life Story**
  - Demoralization

- **Medicate**

- **Guide**

- **Interrupt**

- **Rescript**
Case Example: Evidence-based Psychosocial Elements

<table>
<thead>
<tr>
<th>Behavior: Risky alcohol use</th>
<th>Dimensional: Unstable extroversion</th>
<th>Life Story: Demoralization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonspecific (Examples)</td>
<td>Therapeutic alliance</td>
<td>Therapeutic alliance</td>
</tr>
<tr>
<td></td>
<td>Engagement</td>
<td>Engagement</td>
</tr>
<tr>
<td></td>
<td>Health literacy</td>
<td>Health literacy</td>
</tr>
<tr>
<td>Specific (Examples)</td>
<td>Brief intervention (SBIRT)</td>
<td>Problem solving for</td>
</tr>
<tr>
<td></td>
<td></td>
<td>conflict resolution</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Use of thought</td>
</tr>
<tr>
<td></td>
<td></td>
<td>records to identify</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and reframe distorted</td>
</tr>
<tr>
<td></td>
<td></td>
<td>cognitions</td>
</tr>
</tbody>
</table>

LEADERSHIP

Do not wait to ‘be invited to have a seat at the table,’ find ways to be an active participant and take full advantage of the opportunities to establish psychiatric mental health nursing’s expertise in psychosocial interventions.

(Susie Adams, PhD, PMHNP/CNS-BC, FAANP, 2015, p. 347)

Take Part in Building an Element Based Framework

- Consider the nonspecific and specific interventions that you provide for patient-specific problems.
- Do a systematic review of the literature to strengthen the evidence base.
- Conduct clinical studies to identify and validate elements of psychosocial interventions. Use quality measures to track effectiveness.
- Participate in developing an elements framework, with a common language, whereby strategies and techniques can be applied across target problems, disorders, or contexts.
Future: Implications for Teaching and Practice

- An elements framework will:
  - advance training in and implementation of evidence-based psychosocial interventions.
  - provide guidance as to what models of training are most effective
  - determine how the acquisition of core competencies should be assessed.

(IOM, 2015)

Conclusions

- The IOM committee recommends that psychosocial interventions be elevated to a position of equal regard as physical health care.
- Nurses have an important role in identifying key elements and examining the evidence to build a framework to improve the outcomes of psychosocial interventions.
- The Perspectives of Psychiatry provide an approach for matching elements of evidence-based psychosocial interventions to the needs of individual patients.

Participant Discussion

- What is your system of case formulation?
- How do you determine the appropriate elements of psychosocial care?
- How can we work together to contribute to an elements based framework to improve the outcomes of psychosocial interventions?
- How will this framework inform nursing practice?
References


Karan S. Kverno, PhD, PMHNP-BC, PMHCNS-BC
Tamar U. Rodney, MSN, PMHNP-BC