

# Dual Diagnosis Direct Support Curriculum



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A joint initiative of  
The Office of Mental Health and Substance Abuse Services  
and The Office of Developmental Programs

## Psychotropic Medication

# Dual Diagnosis Curriculum



Joint initiative: Office of Mental Health and Substance Abuse (OHMSAS) and Office of Developmental Programs (ODP)

- Address needs of people with Dual Diagnosis - intellectual disability (ID) and mental health (MH) challenges
- Provide information to help you understand:
  - Complexity of dual diagnosis
  - Factors to consider to best support people

# ▶ Disclaimer



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- The information presented to you today is to increase your awareness of psychotropic medications
- It is not intended to replace medical advice.
- If you believe you or someone you help support has any of the conditions or concerns discussed in this presentation, please seek the advice of a physician.

# ▶ DSM-5 and Psych. Meds.



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- The American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition was released to the public in May 2013.
- New Psychotropic Medications become available on a fairly regular basis.
- To stay current on emerging practices and medications, this presentation will need updates on a regular basis.

# Objectives



By the end of this training the learner will know:

- What psychotropic medications are and what they are used to treat.
- Some common types of psychotropic medications
- Some common adverse side effects associated with psychotropic medications
- The concept of baseline and why it is important

# ▶ Psychotropic Medications



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- Psychotropic medications are medications that are used to treat mental health disorders.
  - Capable of affecting mood, consciousness, cognition and behavior
  - They do this by altering the level of chemicals or neurotransmitters in the brain

# Basics for Medications



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- Only certain health care professionals are permitted to make diagnoses and prescribe medications.
- All medications should be taken exactly as prescribed
- Notify the prescriber immediately if someone seems to be having an adverse side effect from a prescribed medication.
- Never stop taking a medication before checking with the prescriber



# ▶ Psychotropic Basics



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- A psychiatric diagnosis is necessary to support the use of any psychotropic medication.
- Prescribed medications should be based on a diagnosis, **not** a behavior
- Psychotropic medications do not work for everybody, but they do help many people.
- There are adverse side effects associated with psychotropic medications and some side effects can be very serious.



# ▶ Help Get Good Outcomes



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- Provide a good medical history with current chronic health problems
- Provide a list of all current medications
- Report what you are seeing



# ▶ New Medication



- Ask what is being treated (diagnosis) and what are the goals of treatment.
- Inquire about possible side effects related to the medication.
- Ask about possible interactions with current medications
- Ask what to do if a person does not get his/her medication as prescribed.

# Psychotropic Medication



## Types:

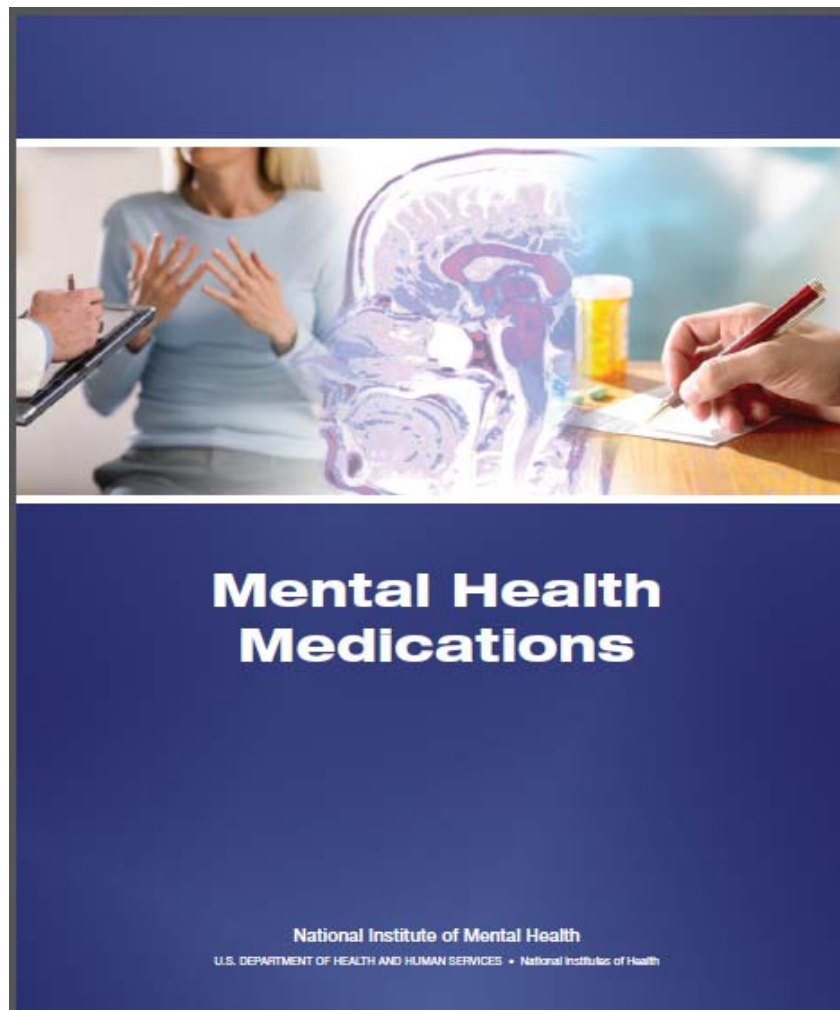
- Antidepressants
- Mood Stabilizers
- Anti-anxiety Meds.
- Antipsychotics



# Mental Health Medications



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# Depression

**Many physical illnesses have symptoms similar to depression**



**All possible physical health diagnoses need to be evaluated before a mental health diagnosis is even considered!**

# ▶ Depression Symptoms



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- Person says he/she is sad
- Person looks sad
- No interest in activities the person always seemed to enjoy
- No or low energy level
- Wants to be alone
- Poor concentration

# Antidepressants



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- Depression is commonly treated with antidepressant medications.
- There are many types of antidepressant medications.
- Hopefully, we will discuss some types of antidepressant medications, with names you may know.
- Cognitive Behavioral Therapy (CBT) is an effective form of treatment for depression.



# Common Antidepressants



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- Selective Serotonin Reuptake Inhibitors or (SSRIs). e.g.: citalopram (Celexa), escitalopram (Lexapro), sertraline (Zoloft), paroxetine (Paxil) and fluoxetine (Prozac)
- Serotonin Norepinephrine Reuptake Inhibitors or (SNRIs). e.g.: venlafaxine hydrochloride (Effexor), duloxetine HcL (Cymbalta) and desvelafaxine (Pristiq)

# Common Side Effects



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## Associated with SSRIs and SNRIs

- Headache
- Nausea
- Sleeplessness/Drowsiness
- Agitation
- Sexual Problems

# ▶ Bipolar Disorder



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- When someone is diagnosed with Bipolar Disorder, the person experiences episodes of depression and mania.
- When someone is manic or hypomanic, the person has excessive energy.
- They may also suffer from sleep deprivation or insomnia during the manic episode.

# ▶ Mood Stabilizers



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- Bipolar Disorder is almost always treated with mood stabilizers.
- Lithium is an old, but very effective, mood stabilizer.
- Antiepileptic medications are also often used as mood stabilizers.

# ▶ Anxiety Disorders



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Anxiety Disorders include:

- Generalized Anxiety Disorder (GAD)
- Panic Disorder
- Social Phobia
- Agoraphobia

# ▶ Anxiety Disorders



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- Antidepressants and anti-anxiety medications are commonly used to treat anxiety disorders.
- Cognitive Behavioral Therapy (CBT) is sometimes a more effective treatment for anxiety disorders than medications.

# Benzodiazepines



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- Have addictive potential
- May disinhibit
- Reduce cognitive ability
- Dosage should be decreased gradually
- Overdose is a medical emergency because, without treatment, death may occur





# Psychotic Symptoms



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- Hallucinations
- Delusions
- Paranoia
- Disorganized speech
- Bizarre dress and behavior
- Flat affect
- Poor eye contact
- Poor grooming and hygiene

# Antipsychotics



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## “Typical”

- Chlorpromazine (Thorazine)
- Haloperidol (Haldol)
- Thiothixene (Navane)

## “Atypical”

- ▣ Clozapine (Clozaril)
- ▣ Risperidone (Risperdal)
- ▣ Olanzapine (Zyprexa)
- ▣ Quetiapine (Seroquel)

# Common Side Effects



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## Antipsychotic

- Drowsiness
- Dizziness
- Blurred vision
- Skin rashes
- Sedation
- Rapid heartbeat
- Sensitivity to the sun
- Menstrual problems
- Dry mouth
- Heat stroke

# Tardive Dyskinesia



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- A person prescribed antipsychotic medication should be evaluated for abnormal involuntary movements or tardive dyskinesia on a regular basis.
- The AIMS test is often used for this purpose and the following areas are assessed:
  - ▣ Facial and oral movement
  - ▣ Extremity movements
  - ▣ Trunk movements
  - ▣ A global judgment is made on the severity impact of the movements and the patients awareness of the movements

# ▶ AIMS Test



## ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

Public Health Service  
Alcohol, Drug Abuse, and Mental Health Administration  
National Institute of Mental Health

NAME: \_\_\_\_\_  
DATE: \_\_\_\_\_  
Prescribing Practitioner: \_\_\_\_\_

CODE: 0 = None  
1 = Minimal, may be extreme normal  
2 = Mild  
3 = Moderate  
4 = Severe

**INSTRUCTIONS:**  
Complete Examination Procedure (attachment d.)  
before making ratings

MOVEMENT RATINGS: Rate highest severity observed. Rate movements that occur upon activation one <u>less</u> than those observed spontaneously. Circle movement as well as code number that applies.		RATER Date	RATER Date	RATER Date	RATER Date
Facial and Oral Movements	1. <b>Muscles of Facial Expression</b> e.g. movements of forehead, eyebrows periorbital area, cheeks, including frowning blinking, smiling, grimacing	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	2. <b>Lips and Perioral Area</b> e.g., puckering, pouting, smacking	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	3. <b>Jaw</b> e.g. biting, clenching, chewing, mouth opening, lateral movement	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	4. <b>Tongue</b> Rate only increases in movement both in and out of mouth. NOT inability to sustain movement. Darting in and out of mouth.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Extremity Movements	5. <b>Upper (arms, wrists, hands, fingers)</b> Include choreic movements (i.e., rapid, objectively purposeless, irregular, spontaneous) athetoid movements (i.e., slow, irregular, complex, serpentine). DO NOT INCLUDE TREMOR (i.e., repetitive, regular, rhythmic)	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	6. <b>Lower (legs, knees, ankles, toes)</b> e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot.	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Trunk Movements	7. <b>Neck, shoulders, hips</b> e.g., rocking, twisting, squirming, pelvic gyrations	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Global Judgments	8. <b>Severity of abnormal movements overall</b>	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	9. <b>Incapacitation due to abnormal movements</b>	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	10. <b>Patient's awareness of abnormal movements.</b> Rate only patient's report No awareness 0 Aware, no distress 1 Aware, mild distress 2 Aware, moderate distress 3 Aware, severe distress 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
Dental Status	11. <b>Current problems with teeth and/or dentures</b>	No Yes	No Yes	No Yes	No Yes
	12. <b>Are dentures usually worn?</b>	No Yes	No Yes	No Yes	No Yes
	13. <b>Edentia?</b>	No Yes	No Yes	No Yes	No Yes
	14. <b>Do movements disappear in sleep?</b>	No Yes	No Yes	No Yes	No Yes

Final: 9/2000

# ▶ Lab Tests



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- Complete Blood Count (CBC)
- Comprehensive Metabolic Panel
- Thyroid Panel
- Urinalysis (UA)
- Prolactin Test

# Therapeutic Drug Levels



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- For some psychotropic medications, therapeutic blood levels have been established
- Lithium and Depakote are examples of medications for which there are established therapeutic levels
- Periodic therapeutic blood levels are usually taken as long as the person is taking a medication that has an established therapeutic level





**Baseline:** What the person looks like on a typical day.

Some possible reasons for deviation from

Baseline:

- Physical health issues
- Environmental issues
- Target symptoms of a mental health challenge

# ▶ Baseline



- Why is knowing someone's baseline important?
- A change in baseline communicates something.
- If you take the person on an appointment to see the person's PCP, you need to tell the PCP exactly what you are seeing.
  - If the PCP knows the person well, the PCP will know that the person is not acting like the person normally acts.

# ▶ Baseline



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- If you feel that the person or the people around the person are in danger, then call 911.
- If the person has a mental health challenge, is what the person doing related to that mental health challenge?
- If you think it is related, make sure you communicate this to the ER staff.

# ▶ Your Role



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- Observe mental health symptoms
- Document/collect data
- Assist with psychiatric appointments
- Communicate with Behavior Specialist and Psychiatrist
- Advocate for the person
- Know when to get help
- Be aware of your employer's procedures and protocols

# ▶ Is the Drug Effective?



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## Is the Person Getting Better?

- **Example:** Person with a diagnosis of depression cries all of the time. After being on an antidepressant, long enough for it to be therapeutic, episodes of crying lessen.
- Document what you see after a new medication is started or an old medication is stopped.

# ▶ Psychiatric Disorders



To learn more about specific psychiatric disorders, take the Dual Diagnosis Direct Support Training titled: *Intellectual Disability and Psychiatric Disorders*

## Dual Diagnosis Direct Support Curriculum



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### **Intellectual Disability and Psychiatric Disorders**

[www.dpw.state.pa.us](http://www.dpw.state.pa.us)



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# Thank You!





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- Please complete and hand in your Post-test.
- Please complete and hand in your Training Evaluation Survey.

# References & Resources



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