Salish Behavioral Health Organization Clinical Practice Guidelines

- Child and Youth Trauma Disorders
- Schizophrenia Disorder (Adult)
- Bipolar Disorder (Adult)
- PTSD (Adult)
- SUD Assessment and Coordination of Alcohol and Other Drugs (AOD) Treatment

The intent of the SBHO clinical practice guidelines is to provide a foundation to assist its mental health system in the delivery of high quality, consistent clinical services. They promote the delivery of consistent clinical care on a regional basis. These clinical guidelines are not to be construed to limit the individualization of treatment, clinician judgment or the ability of the clinician to provide treatment in the best interests of the individual. Provision of some treatment interventions may be tempered by limitations in the *payment sources and funding.*

The basis for these guidelines is the Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition (DSM 5); however, the Salish BHO recognizes that symptoms and clinical presentation do not always meet clear DSM 5 diagnostic criteria and response to clinical intervention is not uniform.
Any clinical intervention requires the clinician to adapt services based on medical necessity for an individual. The Clinical Practice Guidelines are based on evolving scientific research and experience. Consequently, the Clinical Practice Guidelines will be reviewed and updated periodically.

The Clinical Practice Guidelines should be considered guidelines only, and the Salish BHO realizes that adherence to them does not guarantee a successful outcome, nor should the Clinical Practice Guidelines be construed as including all the proper methods of care or excluding other acceptable methods of care aimed at the same results. The practice guidelines are used only for the primary diagnosis of the treating individual. It is clinically recommended, not required by the SBHO, to take into consideration the practice guidelines if an individual has more than one diagnosis listed in the practice guidelines.

The Salish BHO's Clinical Practice Guidelines Workgroup recommended to utilize the American Psychiatric Association (APA), the American Academy of Child & Adolescent Psychiatry (AACAP), and Substance Abuse and Mental Health Services Administration (SAMSHA) websites are self-updating. Therefore, the Clinical Practice Guidelines includes internet addresses to the APA, AACAP, and SAMSHA clinical practice guidelines as available for each diagnosis included herein.

Please note that the APA, AACAP, and SAMSHA are currently in the process of updating their clinical guidelines, some of them have been suspended temporarily.

For full Practice Guidelines see:

https://psychiatryonline.org/guidelines

http://www.aacap.org/AACAP/Resources for Primary Care/Practice Parameters and Resource Centers/Practice Parameters.aspx

https://www.store.samhsa.gov/term/Practice-Guidelines

Child and Youth Trauma Disorders

- *Establish an accurate diagnosis,* considering other differential diagnosis.
- *Assess and treat any co-occurring disorders,* particularly substance use disorders, anxiety, ADHD, ADD and/or medical condition which may precipitate behavioral or mood instabilities and episodes that may complicate the diagnosis and treatment.
- *Select appropriate psychosocial treatments* based on the circumstances of the individual client's needs and social context.
- *Trauma-Informed Approach*, consideration of the following factors: age of client, family involvement, social-economic, cultural and diversity. Such as age, gender, race, ethnicity, spirituality, limited supports, homelessness, poverty, incarceration, complexity of trauma, etc.
    - The focus of therapy (group or individual) is on resolving the trauma, through use of cognitive behavioral techniques such as uncovering, exposure, and desensitization or there is documentation that it was considered with a rationale for why it is not being offered.
- *Psychoeducation with client, family and support system* regarding diagnosis, informed consent, such as treatment options to include medications or other supports.

Schizophrenia

- *Establish an accurate diagnosis,* considering other psychotic disorders in the differential diagnosis.
- *Treat co-morbid conditions*, especially major depression, substance use disorders, post-traumatic stress disorder, and/or medical conditions.
- *Initiate anti-psychotic medication* as soon as feasible. Assess baseline levels of signs, symptoms, and laboratory values (metabolic review) as relevant to monitoring effects of antipsychotic therapy. APA practice guidelines have complex recommendations for medication prescribing and monitoring which are not assessed on the SBHO review tool.
- *Consider assertive outreach* (including telephone calls and home visits) for patients who consistently do not appear for appointments or are non-adherent in other ways.
- *Select appropriate psychosocial treatments* based on the circumstances of the individual patient's needs and social context. *Aim to enhance stress management* and promote the process of recovery.

Bipolar Disorder

- *Establish an accurate diagnosis*.
- *Assess and treat any co-occurring disorders*, particularly substance use disorders, anxiety, ADHD, and/or medical condition which may precipitate manic or depressive episodes and complicate diagnosis and treatment.
- *Initiate mood stabilizer* such as lithium, divalproex sodium, and lamotrigine, and anti-psychotic medication, such as olanzapine. if needed. Anti-depressants should be tapered and discontinued if possible. Discuss need for adherence to medications as a part of treatment.

- *Carefully evaluate for risk of suicide or high-risk behaviors*; lifetime rates of completed suicide for people with Bipolar Disorder is 4 percent, often occurring during depressive episodes of the disorder. Complete crisis plan, if appropriate.
- *Educate the client, family, and support network about the potential effects of sleep disruption* in triggering mania. Stressors and disrupted sleep-wake cycles may specifically trigger manic episodes. Regular patterns for daily activities should be promoted, including sleeping, eating, physical activity, and social/emotional stimulation.
- Be aware that *small changes in mood or behavior may herald the onset of a manic episode.* Early markers of episodes are often predictable across episodes for an individual client. Assist client and his or her family or support network in identifying and recognizing early signs and symptoms of episodes.

PTSD

- *Establish an accurate diagnosis*.
- *Assess and treat any co-occurring disorder*, particularly substance use disorders and/or medical condition which may complicate diagnosis and treatment.
- *Review individualized need for pharmacotherapy treatments*, such as fluoxetine, paroxetine, sertraline, and venlafaxine. Medications need to be reviewed individually and seek patient preference regarding the use of medications for treatment of PTSD.
- *Select appropriate psychosocial treatments* based on the circumstances of the individual patient's needs and social context.
- *Trauma-informed approach*, consideration of the following factors: socio-economic, cultural, and diversity. Such as age, gender, race, ethnicity, spirituality, limited supports, homelessness, poverty, incarceration, complexity of trauma, etc.
- *Psychoeducation* with client, family, and support system regarding diagnosis and informed consent, such as treatment options.

SUD Assessment and Coordination of Alcohol and Other Drugs (AOD) Treatment:

- *A Substance Use Disorder assessment* is completed by an appropriately credentialed Chemical Dependency Professional (CDP), or CDP Trainee (CDPT) under the supervision of an approved CDP supervisor.
- *An individual receives a comprehensive ASAM assessment* supported by documentation of DSM-5 diagnostic criteria and diagnosis.
- *Attempts to identify co-occurring mental health issues and/or co-morbid medical issues are documented*.
- *Referrals for issues outside CDP/CDPT scope* of professional responsibility are coordinated.
- *CDP /CDPT determines and documents appropriate ASAM Level of Care* as indicated by assessment.
- *CDP/CDPT reviews assessment results with individual* and explains all appropriate treatment options.
- *CDP/CDPT coordinates referral to treatment based on individual's choice*.