EVIDENCE-BASED PRACTICES IN SCHIZOPHRENIA CARE

Schizophrenia Spectrum Disorders
& Evidence-based Care for Volunteer Supporters

[Slide Image Description: This cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services and Health Management Associates.]

This is the second training in a 3-part series on Schizophrenia Spectrum Disorders & Evidence-based Care. In the first training, we talked about basic features of schizophrenia. In this training, we will discuss evidenced-based practices in schizophrenia care. This training is meant for individuals supporting individuals with schizophrenia. That could be a volunteer supporter, a family member, or other natural supports.

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Presenters

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[Slide Image Description: This slide includes images of the presenters of this training on a light blue background.]

Deborah Rose, PsyD from Health Management Associates, is a New York State licensed clinical psychologist with a history of designing and scaling new initiatives in behavioral health services. She has extensive experience working with social service agencies, behavioral health centers, care coordination, supported housing, and homeless services. Dr. Rose has broad clinical experience with a variety of underserved populations in human services and has held executive leadership positions in community-based agencies and carceral settings. Earlier in her career, Dr. Rose oversaw Kendra's Law, and Assisted Outpatient Treatment (AOT) program in NYC. She was also Deputy Director of Behavioral Health across the Rikers Island jail system. She has strived to improve access to and delivery of person-centered services for adults living with mental illness, substance use disorders, and cooccurring conditions.

Marc Avery, from Health Management Associates, is a board-certified psychiatrist and a recognized national leader in the subject of person-centered, integrated psychiatric care for high-needs and safety-net patients. He has had the privilege of providing (and overseeing) behavioral health care services to many hundreds of individuals with

schizophrenia spectrum disorders and psychotic conditions including working with families, supporters, peer service providers and other persons who assist the in the care and treatment of persons with schizophrenia and related conditions.

Dave Leon has been a social worker in Los Angeles for 20 years. He has extensive experience in front line social work within the public mental health system, psychotherapy within the college system and as an adjunct professor. Dave is also a musician. Now a Co-Exectutive Director of Painted Brain, he inaugurated the project with a group of artists in 2006 by launching issue one of The Painted Brain magazine.

Objectives

At the end of the session, participants will have an increased ability to:

- Describe principles of taking a person-centered approach
- Identify important aspects of evidenced-based practices
- Understand the role of medication

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[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

At the end of the session, participants will have an increased ability to:

- Describe principles of taking a person-centered approach
- Identify important aspects of evidenced-based practices
- Understand the role of medication

Agenda

Evidence-Based Practices in Schizophrenia Care

- Orientation to taking a person-centered approach
- Introduction to evidenced-based practices and models of care, including Assertive Community Treatment
- High-level overview of medications, including considerations, role in the CARE Act, and promoting adherence

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[Slide Image Description: This slide shows the major sections of this training on a light blue background.]

In this training we provide an overview of a person-centered approach, introduce evidence-based practices and models of care, and highlight medications.

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Evidence-based Practices in Schizophrenia Care

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[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

In part 1 of this series, we reviewed what schizophrenia and other spectrum disorders are and how they can affect someone. The good news is that many people with schizophrenia spectrum disorders lead meaningful and successful lives. There are many services and practices that are available. The goal of this session is to familiarize you with the evidence based and promising practices that are available in order to be able to support someone who may be receiving them.

Note: We will be referring to “supporters” throughout this training. This is in reference to those individuals that provide support to CARE participants, inclusive of volunteer supporters, family members, friends, neighbors, colleagues, etc.

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What is Carl's situation?

- 64-year-old, single man
- Diagnoses of schizophrenia, alcohol use disorder, type II diabetes
- Currently not engaged with a MH provider; history of inconsistent use of antipsychotics
- Currently unhoused
- Referred for CARE Act proceedings by a Homeless Outreach worker
- Enjoys classic rock, has a few friends, and has a small dog
- Elects his older sister as his volunteer supporter

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Case Example: Meet Carl

Disclaimer: This is a hypothetical case example. Any resemblance to an actual person is purely coincidental, including race, nationality, and gender.

[Slide Image Description: This slide shows an image of an individual depicting Carl and a description of Carl's situation.]

We are going to use a hypothetical case example to describe what this looks like for an individual.

What is Carl's situation?

- Diagnoses of schizophrenia, alcohol use disorder, type II diabetes
- Currently not engaged with a MH provider
- History of inconsistent use of antipsychotics
- Currently unhoused
- Referred for CARE Act proceedings by a Homeless Outreach worker who checks in with him regularly
- Enjoys classic rock, has a few friends, and has a small dog
- Carl elects his older sister as his volunteer supporter

Disclaimer: This is a hypothetical case example. Any resemblance to an actual person is purely coincidental, including race, nationality, and gender.

Person-Centered Approach

- Emphasizes a humanistic approach to care and promotes self-determination and self-management.
- A person-centered approach facilitates a strong therapeutic alliance between the individual and their provider.

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[Slide Image Description: This slide shows an image of Carl with circles surrounding the image that detail factors of a person-centered approach.]

There are many different ways to approach treatment for an individual with schizophrenia. Regardless of the particular approach (and we will discuss some of those approaches next), there are some principles that should be considered.

An important practice to call out is the person-centered approach to care. It emphasizes a humanistic approach to care – like we would desire for ourselves, family members, or other loved ones. It promotes the idea that the person with schizophrenia is an integral and central part of the care team – and that self-determination and self-management should pervade all services and care. Person-centered care involves observing a person and thinking about what it is they are trying to show others. Think about an individual's mental health, culture, strengths, and hobbies.

We have been talking a lot about Carl in the context of his schizophrenia, but there are many parts of Carl that makes him *him*. He has a pet dog, who he cares a great deal about. He enjoys classic rock. Even though he has experienced some isolation, he has

maintained some relationships, including with his sister, Sarah. Carl is an individual with joys and uniqueness.

What does taking a "person-centered approach" look like? It looks like treating Carl like a human rather than a combination of his symptoms. It looks like intentionally reflecting his needs and preferences into his CARE agreement/plan. It looks like involving him in his treatment decisions. Consider, for example, how you can approach a discussion about medication with a person-centered approach. Particularly with antipsychotic medications, every person is different with every person with a schizophrenia spectrum condition. As a result, it is a best practice that medication decisions should be made in partnership between the provider and the person receiving care, along with their chosen family or other support persons. This can be part of a "therapeutic alliance," which is a relationship between a provider and an individual built on respect.

This is also an ongoing process; needs and symptoms often change over time and so can medications. This is a key component of the person-centered care approach, to consider how medical decisions impact a whole person and to approach someone's care with respect and collaboration.

Note that there are helpful tools and approaches that can assist these discussions. For example, we highlight supported decisionmaking throughout our trainings. Supporters can use supportive decisionmaking to ensure the person has all of the relevant information needed to make a decision, helping a person understanding the range of choices, and also helping them understand what consequences may occur as a result of making or not making a decision. In this case, maybe you can help them list their medication options or provide relevant medication information in a way that's easiest for the person to understand. For more information on supported decisionmaking, please see our training on CARE-Act.org.

As you will hear in Part 3 of this series, person-centered approaches require us to be very careful in our use of language. We should use terms like "Person with schizophrenia" over other outdated labels like "schizophrenic."

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Psychiatric Advance Directive (PAD)

Psychiatric Advance Directive

Published: 08/28/2023
Training Slides & Video

Psychiatric Advance Directive on 8/28/23

Topics:
Behavioral Health, CARE Act Process, Case Worker / Case Manager, Counsel/Courts, Equitable & Person Centered Care, Serious Mental Illness & Evidenced-based Care

Resource Details

Background & Purpose

- Background, purpose, and evidence of PADs
- The PAD as a blueprint for person-centered care
- Activating and changing a PAD
- Update on Mental Health Services Act Multi-county Innovations Project

PADs in Practice

- PADs in the CARE process
- When, who, how, and what of PADs
- Example PADs

For more information, see the Psychiatric Advance Directives training on the CARE Act Resource Center.

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[Slide Image Description: This slides shows an image of the PAD training resource with a detailed description of the background, purpose, and use of PADs.]

Another best practice that can be used in combination with the evidenced-based practices we discussed earlier is the best-practice of using Psychiatric Advance Directives (PADs). PADs can be a very effective way of helping people to feel more in control of their care, even during times when their condition makes it difficult for them to advocate for themselves. It is an opportunity to create a legal document that outlines what an individual wants when they are in crisis.

When used to empower an individual, a PAD can be a good way for a person to communicate who to contact in times of psychiatric crisis; to carry forward medication preferences in times of crisis; or even what to do to care for a pet; or other personal need. It can also be used to inform treatment preferences before a crisis even occurs.

For more information on PADS, please see our training on CARE-Act.org: https://care-act.org/training-material/psychiatric-advance-directives/

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Evidence-Based Practices

Definition

» Programs, services, therapy, medication, or other type of treatment that has received enough positive research results that the practice is felt by experts to be supported by evidence

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[Slide Image Description: This slide shows an image of Carl with circles surrounding the image that detail factors of a evidence-based practices.]

When we talk about treatments for mental health conditions, you will often hear the terms “evidence based” what does this term mean?

An evidence-based practice refers to a program, services, therapy, medication, or other type of treatment that has enough experience, research, and professional peer review to support its implementation.

The list of evidence-based practices changes over time as new research and practice data become available. Some practices might get added to the list, whereas others might be dropped if new information suggests that other care options are more effective. The list of practices I will be covering today were selected for those that are most relevant to persons under consideration for the CARE Act. There are other practices that you may hear about in your work in this program.

It’s also important to recognize that just because a practice is thought to be evidence-based – it does *not* mean that practice works in all persons and in all situations. It’s

often not possible to test any one practice or treatment in *all* potential situation where that care option might be considered. Practice research and evidence is often lacking for *many* locations, communities, and groups. Through a partnership with care providers, a person with schizophrenia spectrum disorder often has to consider the various merits of a different care options when considering which are right for them. This is particularly true when selecting among the medication options for treatment.

Here is a list of many of the better-known, evidence-based practices for schizophrenia spectrum conditions. I'll be reviewing each of these in order.

- **Illness Self-Management:** refers to the idea that people can and should receive services to help educate them about their condition, and how they can best adjust, accommodate, compensate, and recover from the experiences and challenges of their condition. This service often takes the form of psychoeducation – a specialized form of teaching that provides information in a pace and style that recognizes the learning challenges that persons with schizophrenia spectrum conditions may face. This modality is ongoing – as needs and challenges change over time.
- **Family-based psychoeducation and services:** refers to the support, information, and other services aimed at maintaining strong ongoing family and community supports. I will simply mention this topic for now and refer you to the upcoming training on this important subject for more information.
- **Social Skills Training and Cognitive Behavioral Therapy (CBT):** are both types of talking therapy that help to assist the person with maintaining and improving interpersonal skills and behaviors. As in the illness self-management SS Training and CBT are tailored to accommodate the individual person's emotional, cognitive, and behavioral presentation.
- Persons with schizophrenia spectrum disorders are at higher risk of also developing a substance use disorder. Thus, it is important to know that **Psychosocial Interventions for Alcohol and Substance Use Disorders** may be a likely additional component to a person's care plan and has strong evidence-base in the literature.
- As mentioned earlier – it is important to understand and emphasize that persons with schizophrenia spectrum disorders can and do go on to lead productive and meaningful lives. One aspect of feeling productive for all of us is the prospect feeling productive through some sort of employment or occupation. **Supported Employment** is an evidence-based practice where persons with serious mental conditions are able to maintain ongoing employment via specialized placement, support, and job-focused case management. The benefits of employment in this instance go far beyond the idea of being financially more self-sufficient.
- Like we've discussed, persons with schizophrenia spectrum disorders are at higher risk of suffering from the complications of cardiovascular illness, diabetes, high blood pressure, obesity, and other medical conditions. There is research evidence that

persons with schizophrenia can and do respond well to even modest reductions in weight via specialized **Psychosocial Interventions for Weight Management**. This, in turn, is thought to help in reducing the overall health risk factors that overweight persons with schizophrenia spectrum disorders may face.

- **Assertive Community Treatment**, abbreviated as ACT (and sometimes PACT). Whatever the label, this evidence-based program provides a team-based approach to care – with the team "wrapping around" the enrolled person – providing care where and when is most effective, and emphasizes community based (rather than clinic-based) services. The ACT team itself may be made up of a mental health counselor, substance abuse counselor, psychiatrist or nurse practitioner, nurse, or others.

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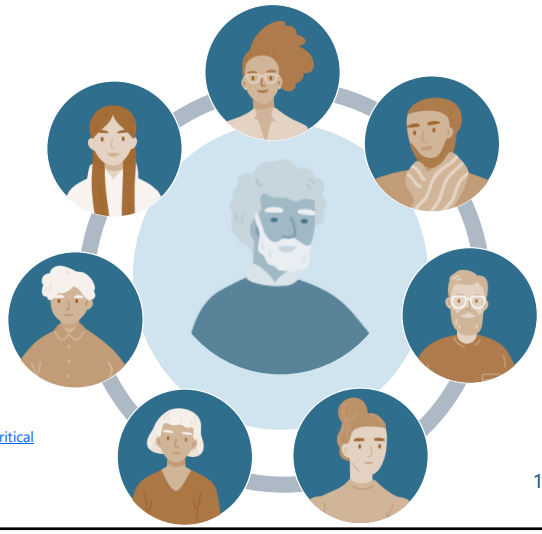
Assertive Community Treatment

- A team-based approach to care – with the team "wrapping around" the individual.
- Providing care where and when is most effective, in the community.
- Focus on independence, recovery, and wellness.
- Evidence indicates positive impacts, including reduced hospitalization, and improvements in symptom management, housing stability, and quality of life.



For more information, including research on effectiveness, see The Critical Ingredients of Assertive Community Treatment article.

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[Slide Image Description: This slide shows an image of Carl circled by images of other individuals that represent the team caring for Carl.]

Like we just mentioned, **Assertive Community Treatment (ACT)** is an evidence-based program that provides a team-based approach to care – with the team "wrapping around" the enrolled person – providing care where and when is most effective, and emphasizes community based (rather than clinic-based) services.

The ACT team itself may be made up of a mental health counselor, substance abuse counselor, psychiatrist or nurse practitioner, nurse, peer, and others.

We mentioned taking a "person-centered" approach and considering the holistic mental/physical needs, preferences, experiences, and strengths. ACT can be a vehicle for taking a person-centered approach. Instead of the individual coming to a medical clinic to be treated, for example, a mobile team will support an individual living in the community.

The focus of many ACT programs are building independent (through skills training, building emotional resilience, etc.), recovery (through using recovery-focused approach

to serious mental illness), and wellness (through prevention, integration of physical and mental healthcare, taking a strengths-based approach, etc.)

How ACT works in your county may look different, but there will be commonalities: an emphasis on holistic needs, a multi-disciplinary team, and meeting the individual where they are.

What is the evidence that ACT can work?
Evidence indicates positive impacts, including reducing hospitalization, and improvements in symptom management, housing stability, and quality of life.

Looking towards the case example, Carl is very resistant to substance abuse treatment and feels that he has alcohol use under control. He is also very interested in family counseling and family support. He's close to his older sister, and a lot of times when he's making bigger decisions about his psychiatric care, future treatment, or planning his psychiatric advance directives, he'll involve his older sister in the decisions. The takeaway is to really see that for each individual person having hope, having ideas, and having options is really a key in the supporter role. It's really based on that person's needs and individual use and interest.

For more information, including research on effectiveness, see The Critical Ingredients of Assertive Community Treatment article.

Medication Support and Considerations

- The goal of antipsychotic medications is both to *reduce active symptoms* and to *maintain remission* from psychosis.
- Antipsychotic medications are effective at reducing symptoms such as hallucinations, delusions, and disorganized thinking or behavior.

Keep in mind that…

- People react to medication differently.
- People may continue to experience symptoms.
- Antipsychotic mediations are less effective for cognitive impairment and social detachment.
- There often can be significant side effects.

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[Slide Image Description: This slides shows an image of Carl as well as an individual representing a doctor. A bottle of pills is shown with a description of medication support and considerations.]

Now I will turn to another important evidence-based practices – and that's the use of antipsychotic medications.

Antipsychotic medication is an important in offering persons relief from their symptoms and in making it possible for gains in other aspects of their recovery.

A person with a schizophrenia spectrum disorder may be prescribed various types of psychiatric medications, and it can often be confusing to the outside viewer about the purpose and benefit of each of them.

Psychiatric medications are clumped into different classes—each for different purposes. The class of medications that are used to treat the psychotic symptoms of schizophrenia are called "antipsychotic medications," and there are over a dozen antipsychotics that are available, though some are prescribed more often than others.

The main goal of antipsychotic medication use is to both reduce active symptoms and to maintain remission from psychosis, even once those symptoms are in better control.

In general, these medications are most effective at reducing symptoms including hallucinations, delusions, and disorganized thinking or behavior that persons with schizophrenia spectrum conditions may face.

However, although antipsychotic medications are an important evidenced-based practice for schizophrenia, keep in mind that:

- People may react to medication differently,
- Some persons may continue to experience symptoms,
- Antipsychotic medications are less effective for cognitive impairment and social detachment,
- Finally, many of the antipsychotic medications have significant risks of side effects – including weight gain, worsening diabetes, sleepiness, neurological and others.

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Medication & the CARE Act

- "Medically necessary stabilization medication" is a component of the CARE plan and so may be court-ordered.
  - Involves a clinical evaluation and hearing from all parties
  - Court will determine if an individual has **legal capacity** to give **informed consent**
- As a part of CARE Act proceedings, medication "shall not be forcibly administered," and failing to comply with a medication order will not result in a penalty.
- Scenarios outside of the CARE process could result in the forcible administration of antipsychotic medication.

- **Capacity:** Whether an individual has the capacity to provide consent requires a determination of whether the individual has the ability to understand the information provided and to make a reasoned decision.
- **Informed Consent:** For an individual's consent to be "informed," the individual must receive sufficient information to base their consent on (e.g., understand their condition, the role of medication, and risks of not taking medication).

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[Slide Image Description: This slide shows an image of a gavel with a description of how Medication works with the CARE Act. An orange text box gives the definitions of capacity and informed consent.]

- The CARE Act is a new civil court process that gives eligible adults access to services, including medication.
  - Although CARE Act is new, there is evidence that court-ordered treatment can contribute to improved outcomes. For example, the 2022 Assisted Outpatient Treatment Statewide Factsheet for the California demonstration project found there was a 32% reduction in homelessness, 72% reduction in victimization, and 42% reduction in contact with law enforcement.
  - The goal of CARE proceedings is to create a process that capitalizes on that success while being an up-stream intervention compared to other more "restrictive" options, like conservatorships or Assistive Outpatient Treatment.
- Medication is one of the components of the CARE Act and the CARE plan.
  - A court can determine that medication is medically necessary when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain. (WIC Code §14059.5(a)).
  - The statute defines medically necessary stabilization medication as

antipsychotic medications given to reduce symptoms of hallucinations, delusions, and disorganized thinking. (WIC section 5971(p)).

- As part of a CARE plan, a court may order the administration of a "medically necessary stabilization medication." The court will review a clinical evaluation and hear from the parties in order to make a decision. This evaluation will address whether the respondent has the legal capacity to give informed consent regarding psychotropic medication. (WIC Section 5977.1(b)(2)).
    - The concepts of "capacity" and "informed consent" are separate but related. The CARE Act does not define these concepts. However, these concepts are applicable to many areas of California mental health law.
    - **Capacity:** Whether an individual has the capacity to provide consent requires a determination of whether the individual has the ability to understand the information provided and to make a reasoned decision.
    - **Informed Consent:** For an individual's consent to be "informed," the individual must receive sufficient information to base their consent on. For example, understanding the basic elements of the condition being treated, reasons for treatment, how medication could assist with treatment, the risks of the medication and the consequences of not taking the medication.
- However, to the extent the court orders such medication, the CARE Act says that medication "shall not be forcibly administered." It also says if the individual doesn't comply with a medication order, it won't result in any penalty, which includes being found in "contempt" of the CARE plan or terminating the CARE plan altogether. (WIC section 5977.1(d)(3)).
    - This means that not taking their medication would not result in the CARE plan being ended by the court, and they could continue to receive the services outlined in the CARE plan.
- There are scenarios in the mental health system outside of the CARE process which could result in the forcible administration of antipsychotic medication.
    - Take, for example, the respondent going through the CARE process experiences an acute mental health crisis and is admitted to a hospital on an emergency basis. In that situation, the hospital may be allowed to forcibly administer medication if the individual's condition meets the requisite criteria. In this instance, the hospital would follow the normal clinical procedures to make this decision. WIC 5332(e).

Promoting Medication Adherence

Why

- Following the recommended medication guidance can impact how effective it is.

How

- Open dialogue between a person and their health care provider (and other supports).
- Withholding judgement and take an attitude of curiosity, understanding, and problem-solving around this issue.

Withholding Judgement Regarding Medication Adherence

There are many reasons why someone may not take any medication as prescribed. If we can talk about it without judgement, we can better find solutions.

For more information on medication adherence, see the articles patient adherence measures, risk factors for nonadherence, contributing factors for noncompliance, connection between nonadherence and emergency department use.

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[Slide Image Description: This slide shows an image of pills with a description of why and how to promote medication adherence.]

The Why of Promoting Medication Adherence

"Adherence," in a clinical context, means that a person's behavior aligns with the treatment, medication, or other guidance provided by a health care professional. For any treatment related to physical or mental health, following the recommended guidance for a medication can impact how effective it is. Particularly with antipsychotic medications, they tend to work best when a person takes that medication regularly over time. For instance, ongoing use of antipsychotic medication can be very important in maintaining clinical stability, including staying out of a psychiatric hospital. However, research suggests that adherence to antipsychotic medication can be challenging – up to half of persons fail to take their medication regularly even after a psychiatric hospitalization – often leading to relapse of psychosis, and re-hospitalization.

The How of Promoting Medication Adherence

One particular challenge of the pill-form of antipsychotic medications is the need to

take the pill by mouth every day. This requires a fair amount of determination, preparation, and a regular routine -- to be successful. These are all challenging in some persons with schizophrenia spectrum conditions. For those persons, there is an option for long-acting injection antipsychotic medications. In individuals who choose this option, injections that occur every 1-3 months replace the need for a daily pill. The decision whether to use a long-acting injectable is just like any other medication decision, and should be made in partnership between the provider, the person, and their support system. This is especially true because in many instances there is a protocol for transitioning from the pill to injection format that needs careful attention.

It's important to advocate for an open and honest dialog between individuals and providers about medication adherence. Lack of adherence is VERY common with all types of medications, not just psychiatric. And the list of potential reasons for non-adherence is very long – and includes troubling side effects or perception that the medication isn't working or that it's not a part of their daily routine or that they can't afford medication. We should avoid BLAMING individuals about adherence problems and instead take an attitude of curiosity, understanding, and problem-solving around this issue.

For more information on medication adherence, see the articles patient adherence measures, risk factors for nonadherence, contributing factors for noncompliance, connection between nonadherence and emergency department use.

Other Medications

» Individuals living with schizophrenia-spectrum conditions are often prescribed medications other than antipsychotics. This is often done to:

Provide relief to other psychiatric conditions that the person might experience, such as depression or bipolar disorder.

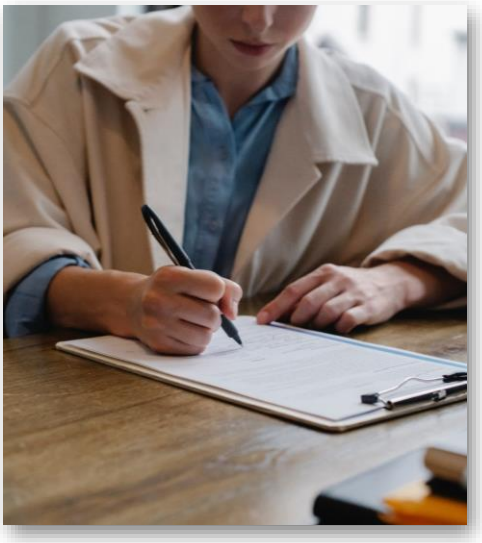
Treat a symptom of schizophrenia that the antipsychotic did not help with, such as insomnia.

Treat side effects of the antipsychotic medication, including weight gain, worsening diabetes, sleepiness, neurological side effect and other indications.

[Slide Image Description: This slide shows three bullet points that describe reasons why an individual with Schizophrenia could be prescribed medication other than antipsychotics.]

Finally, and individual living with schizophrenia-spectrum conditions are often prescribed medications other than antipsychotics. This is often done to

- Provide relief to other psychiatric conditions that the person might experience, such as depression or bipolar disorder
- Treat a symptom of schizophrenia that the antipsychotic did not help with – such as insomnia
- Treat side effects of the antipsychotic medication.



Schizophrenia Basics at a Glance

- Take a person-centered approach regardless of the treatment plan.
- Wrap-around practices, such as the ACT model, can be especially effective.
- Antipsychotic medications are important and should be approached in collaboration with the person without placing judgement on their needs and preferences.

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[Slide Image Description: This slide shows an image of an individual signing a paper on a clipboard with a summary Schizophrenia basics.]

In this presentation, we defined and discussed a number of evidence-based practices and approaches to care for individuals with schizophrenia. Some of the main takeaways we hope you live with are:

- Take a person-centered approach regardless of the treatment plan.
- Wrap-around practices, such as the ACT model, can be especially effective.
- Antipsychotic medications are important and should be approached in collaboration with the person without placing judgement on their needs and preferences.

Ideas in Action

» How might you apply principles from Evidence-Based Practices when supporting CARE participants?

[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

The volunteer supporter role within all of this is to stay aligned with the person with schizophrenia who is the focus of all these services.

As related to all of these avenues for treatment and support, the volunteer is an advocate to help the person choose what will work best for them individually, and support them through the process of connecting with these other services.

All of these things take time and there can easily arise conflicts or concerns between the person and the various agencies and services. For example, having a bad session with a psychiatrist might make someone want to ditch them and stop meds or see someone else. The supporter is there to listen and help the person make the best choice possible, which sometimes means working through frustrations with a provider.

We will talk more about these, and other, strategies in part 3 of this series on Schizophrenia Spectrum disorders and evidence based practices.

Objectives

At the end of the session, participants will have an increased ability to:

- Describe principles of taking a person-centered approach
- Identify important aspects of evidenced-based practices
- Understand the role of medication

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[Slide Image Description: This slide recaps the learning objectives for this training with a light blue background.]

At the end of the session, participants will have an increased ability to:

- Describe principles of taking a person-centered approach
- Identify important aspects of evidenced-based practices
- Understand the role of medication

Next Steps

- Visit CARE-Act.org for resources (including recordings of past trainings) and to submit questions/TA requests.
- View the other trainings in this series.
  - Part 1: Schizophrenia Basics
  - Part 3: Supporting Persons with Schizophrenia

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[Slide Image Description: This slide shows bullets with next steps. It contains decorative arrows.]

Please let us know how we can best support your teams. Contact info@CARE-Act.org with questions, join the communications listserv, and submit requests and feedback for CARE Act TTA. Please also visit the CARE Act Resource Center website for training decks and recordings, which will be added two weeks after each training.

View the other trainings in this series.

- Part 1: Schizophrenia Basics
- Part 3: Supporting Persons with Schizophrenia

Questions?

CARE-Act.org | info@CARE-Act.org

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[Slide Image Description: This slide shows the CARE-act website and the email address.]

We are here to support you and provide you with those opportunities to connect and hear about implementing the CARE Act. The website is **CARE-Act.org** and our email address is **info@CARE-Act.org**.