

# PROS Academy

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# Why we do assessments?

- Role of the assessment
  - Information
  - The wheel was already invented
  - Therapeutic
- Role of the psychiatrist
  - Consultant
    - Individual job
    - Symptom management
    - Stabilization of the patient
  - Team member
    - Goal directed
    - Life promoter (a house, a job, and a date on the weekend)

# Team's Role

- My psychiatrist doesn't believe in recovery
  - Does your team believe in recovery?
    - How do they communicate with the psychiatrist? Strengths vs deficits or achievements vs crisis
    - Rounds structure and language

# Administration's Role

- Is he familiar with the model? (Personal contact with CEO, training)
- What outcomes are you are measuring?
- Clients satisfaction
- How do you see the psychiatrist role? Expectations,
- Liability (suicide, IM, clozapine)
- What would he need in order to adopt the model?
- The role of networks

# Role of Treatment

- Stabilization of the patient vs a tool to achieve life goals
- Stay out of the hospital vs being in charge of your life
- Compliance with medication vs medication as a *flexible* tool that respond to the needs of the treatment plan (if desired by the person)
- Avoid/prevent adverse events

# Psychiatric Assessment Components

- CC
- HPI
- Past psychiatric history
- Family history
- Medical history
- Formulation
- Diagnosis
- Plan

# Psychiatric Assessment Components

- CC
- Read previous assessment(s)
- Why are you here?
  - I was told I had to see you
  - I need a refill of my meds
  - I am fine, but they want me to take this medication
- Symptoms vs goals
- Learned helplessness
  - Auditory hallucinations and delusions
- Bringing both together

# Psychiatric Assessment Components

- HPI
- What happened to you?
- How is that affecting your life?
  - Social
  - Work
  - Academic
- What if you wouldn't have those symptoms?

# Past psychiatric history

- Context in which your struggles started
  - Already part of intervention by reconstructing person's life
  - Helps to start to connect the dots
- What helped?
  - Medications
    - You liked vs your psychiatrist like
    - Side effects (sexual, metabolic syndrome)
  - Non-medical interventions
  - People around you

# Past psychiatric history

- What didn't help?
- Substance use
  - Timeline (teamwork)
  - What you like/don't like
  - Relationship with other life events
  - Relationship with psychiatric events
- Crisis
  - Context
  - How did it start?
    - Early signs and symptoms
    - Role of medication, including PRN
  - How were they handled?
  - Where you hospitalized?
    - Was it helpful?
    - How could have been different?
    - Risk assessment (violence, suicidality, homicidality)

# Medical History

- The podiatrists of mental health
- Medical etiology
- The infamous 25 years gap
- Relationship between psychotropic medication and health
- Barriers to access medical care
- What would make you more likely to see a PCP?

# Formulation

- 37 y.o. single man, long h/o sz paranoid type, some drug abuse in the past (current?), multiple hospitalizations, poor compliance w tx, limited insight just d/c from local hosp 2 to barricading himself at home. He is currently stable, doing well on Risperidone 1 mg bid, Depakote 500mg 1 am and 2 hs, and Klonopin 1mg q 12 prn anxiety/agitation

# Diagnosis

- Why do we need a diagnosis?
- Sharing the rational of the diagnosis

# Plan

- What the person wants (it's okay to agree to disagree)
- Discuss in detail medications options, risk/benefit analysis, target symptoms, time span
- How medications will help the person to achieve her goals
- Crisis plan, including early signs and symptoms and actions
- Who, how, and when other people will be involved with the person's treatment
- Care coordination plan