

Evidence-Based Model Providing Mental Health Care

INFORM AND ACHIEVE UNDERSTANDING

- 1) Identify patient's explanatory model and other interests; e.g., what they think is wrong and why, what evaluation and treatment expected.
- 2) Correct any misattribution (reorientation and reattribution work may later be necessary in some)
- 3) Emphasize in patients with chronic medically unexplained symptoms: ominous conditions not found; surgery, further testing, and consultation not needed; problem is somatic and real; their somatic diagnosis (e.g., irritable bowel) and its mechanism; stress, depression, and anxiety part of the problem and can be helped with medications; they are not a "psych case;" narcotics and tranquilizers aggravate the problem; and cure is not likely.

OBTAIN A COMMITMENT

- 1) Provide overview of proposed treatment and any options available in it
- 2) Obtain explicit commitment, verbally, from the patient that they want to negotiate a program; where possible, obtain commitment from significant relatives or relationships

SET GOALS

- 1) Long-term; e.g., decreased symptoms, improved functioning and well-being, less disruptive behavior, improved work/school record, improved relationships
- 2) Short-term: these are individualized and represent the specific behaviors needed to achieve the immediate next step in the treatment plan; e.g., take medications in way

negotiated, do exercise as negotiated. No more than 2-3 are negotiated at a time, and they should be achievable. Short term goals actualize the long-term goals.

SET A SPECIFIC PLAN (use as needed according to particular problems)

- 1) Full-dose antidepressants where indicated for depression/anxiety; follow plan outlined by current depression trials using multiple antidepressants and monitor dose and type of antidepressant with the 9-item Patient Health Questionnaire (PHQ-9).
- 2) Prescribe non-narcotic analgesics and other symptomatic medications on a non-prn basis; e.g., nonsteroidals, low dose antidepressants in the non-depressed
- 3) Taper and discontinue addicting medications; do not initiate or increase addicting medications at least until all other aspects of the program have been implemented and been ineffective
- 4) Use symptom diary to foster symptom reattribution work; infrequently needed
- 5) Obtain baseline physical exercise capacity and prescribe regular, progressively increasing activity
- 6) Deep breathing relaxation techniques
- 7) Dietary counseling, especially around overweight
- 8) Physical therapy and reconditioning
- 9) Family visit with significant other
- 10) Referral for specific, refractory problems: counseling, osteopathic manipulative treatment, medication recommendations from a mental health professional
- 11) Attend actively to almost always present comorbid medical conditions, a key determinant of long-range outcome
- 12) Provide support and common-sense advice

13) Investigation and referral only with new, objective evidence of organic disease

