This How-to guide offers actionable, evidence-based best practices on psychopharmacology enabling primary care providers and other members of the care team to overcome key barriers to operationalizing integrated behavioral health care in their practice. This resource is reflective of the generous time and direction provided by numerous psychopharmacology subject matter experts with firsthand experience effectively integrating behavioral health care within primary care practices.
Individuals diagnosed with behavioral health conditions can lead fulfilling and productive lives when provided appropriate treatment.

There are many different options for treating patients with behavioral health issues, with no one solution working for everyone. Treatments can include non-pharmacological interventions (such as provision of social services, wellness programs, psychotherapy, etc.), psychotropic medications, or both. Despite the growing behavioral health needs of patients, primary care providers (PCPs) often feel ill-equipped to provide behavioral health care treatment, particularly the prescription of psychotropic medications.

To help address this challenge, this Psychopharmacology How-to Guide offers guidance to primary care practices regarding when and how to treat patients with psychotropic medications.
Align the Team

When treating patients with psychotropic medications, it is important that all members of the team have a common understanding of each person’s roles and responsibilities.

Establishing and memorializing (documenting so others may see) this shared understanding should be a top priority during the BH Orientation.

Clear communication of roles and responsibilities should eliminate confusion about who is responsible for treatment decisions. Here’s an example of what the team roles and responsibilities may look like:

**Primary Care Provider (PCP)**
- Perform ongoing assessments at future visits.
- Deliver brief intervention using motivational interviewing (MI) techniques for patients who screen positive for behavioral health challenges.
- Review the patient’s medical history, drug history, family history, and social history.
- Identify patients for further examination by behavioral health (BH) specialist.
- Consult with BH specialist on treatment plan.
- Provide patient education (symptoms, treatment plans, medications, side effects, etc.) to help integrated team and patient make an informed treatment decision.
- Prescribe psychotropic medication (if deemed appropriate).
- Manage case through notes/follow-up calls.
- Determine and facilitate changes in treatment plan with BH specialist and patient, as clinically indicated.

**Behavioral Health Specialists (on-site/virtual)**
- Conduct further assessment, if needed.
- Diagnose and develop treatment plans in consultation with the PCP.
- Conduct psychotherapy (if deemed appropriate).
- Manage case through notes/follow-up calls.
- Follow up with patient to assess adherence and response to treatment.
- Determine and facilitate changes in treatment plan with PCP and patient, as clinically indicated.
- Utilize measurement-based care tools for discharge planning criteria.

**Psychiatric Consultants (MD/DO)**
- Prescribe psychotropic medication if deemed appropriate and if the PCP is not comfortable prescribing the recommended medication.
The following are guiding principles when considering whether psychopharmacology is indicated as treatment for a patient with a behavioral health condition(s):

- **Assess the medical aspects of a behavioral health issue.** Investigate potential underlying metabolic issues and medical causes via lab workup (e.g., hormones, nutritional deficiencies, etc.). Use open-ended inquiry to help patients identify triggers of their current symptoms or emotional discomfort.

- **Always weigh the risk versus benefit.** Although psychotropic medications may be indicated to treat many behavioral health conditions, they should only be prescribed after considering potential side effects, risk factors of adverse outcomes, and the risks, if any, of prolonged usage. If the patient is taking other medications for comorbidities, consider potential medication interactions and potential contraindications, as the risk profile may change, requiring additional monitoring. It is also important to consider alternatives to psychotropic medication, weigh the risk of not prescribing the psychotropic medication, and the potential impact on the patient’s outcomes.

- **Practice prescriptive parsimony.** Attempt to use as few medications as possible to treat the behavioral health condition(s) and comorbidities to help with adherence and tolerability.

**TIP:** Treatment escalation may be necessary if a patient is non-adherent, experiencing exacerbation of a current condition(s), diagnosed with a more severe illness, or is a danger to themselves or others. It is recommended that practices create and maintain a referral list with information about clinicians and facilities that can provide higher levels of treatment as needed. The National Alliance on Behavioral Illness (NAMI) provides resources that help inform what support services are available within designated regions.
Best Practices

The following are best practices to keep in mind when psychotropic medication is deemed appropriate:

Document the decision-making process. Capture the rationale for prescribing psychotropic medication, potential side effects, and patient consent (ideally within the EMR notes when available); if the patient declines recommended therapy, their decision should be similarly documented.

Titrate medications appropriately. Proper titration allows for an adequate trial of the psychotropic medication. If not properly titrated (e.g., by starting at or continuing too low a dose), efficacy cannot be determined, nor whether different treatment is indicated. Follow FDA dosing recommendations by starting at the appropriate dose and titrate by the recommended amount and frequency.

Follow the clinical trial follow-up schedule. The schedule of follow-up tests used in clinical trials should be mirrored in practice to monitor patient response and decide if dose modification is indicated.

Be proactive while monitoring. Track the patient for response, remission, recovery, and relapse.

Be mindful when prescribing controlled substances. Psychotropic medications that are controlled substances (such as benzodiazepines for anxiety, stimulants for ADHD, and other potentially habit-forming or diverted medications) require extra precaution. A thorough substance use history should be taken before prescribing.

TIP:
Confirm and document the rationale for usage and the patient’s consent when prescribing medications off-label. Ensure the patient is provided adequate education about the psychotropic medication and why it is being used off-label.
The range of behavioral health conditions treated within a primary care practice will depend largely on the comfort level of the PCPs, based on competence, experience, and capacity and the degree of behavioral health integration and associated support from specialized clinicians.

When deciding upon psychiatric medication, collaboration with the BH specialist and psychiatric consultant is key, as well as referencing psychopharmacology resources, such as The Waco Guide to Psychopharmacology in Primary Care. The five classes of psychotropic medications most likely to be considered and prescribed are antidepressants, anti-anxiety medications, stimulants, antipsychotics, and mood stabilizers.¹

### Antidepressants

- Depression
- Other related symptoms (e.g., anxiety, pain, and insomnia)

### Anti-anxiety medications

- Generalized anxiety disorder
- Phobias
- Obsessive-compulsive disorder (OCD)
- Obsessive-compulsive personality disorder (OCPD)
- Post-traumatic stress disorder (PTSD)
- Other related symptoms (e.g., panic attacks, insomnia, nervousness, etc.)

### Screeners used to diagnose

- Patient Health Questionnaire-9 (PHQ-9)
- Montgomery-Asberg Depression Rating Scale (MADRS)
- Mood Disorder Questionnaire (MDQ) – used to rule out bipolar disorder
- Columbia Suicide Severity Rating Scale (C-SSRS Screener)
- General Anxiety Disorder-7 (GAD-7)
- Yale-Brown Obsessive-Compulsive Scale (Y-BOCS)

### Drug class/medication types

- Selective serotonin reuptake inhibitors (SSRIs)
- Serotonin and norepinephrine reuptake inhibitors (SNRIs)
- Norepinephrine and dopamine reuptake inhibitors (NDRIs)
- Tricyclic Antidepressants (TCAs)
- Bupropion – more often used to treat seasonal affective disorder (SAD) or to help patients quit smoking
- Selective serotonin reuptake inhibitors (SSRIs)
- Beta-blockers
- Benzodiazepines – used episodically and not as first line; if used chronically, causes dependency
STIMULANTS

CONDITIONS ADDRESSED
- Attention-deficit hyperactivity disorder (ADHD)
- Narcolepsy

ANTIPSYCHOTICS
- Bipolar disorder
- Depression
- Eating disorders
- Post-traumatic stress disorder (PTSD)
- Obsessive-compulsive disorder (OCD)
- Schizophrenia
- Schizoaffective disorder
- Generalized anxiety disorder (GAD)
- Attention-deficit hyperactivity disorder (ADHD)

MOOD STABILIZERS
- Bipolar disorder
- Depression
- Schizoaffective disorder
- Disorders of impulse control and certain behavioral health conditions in children

SCREENERS USED TO DIAGNOSE
- NICHQ Vanderbilt Assessment Scales
- Adult Self-Report Scale (ASRS v. 1.1) for ADHD – recommended for BH specialist to conduct
- Mood Disorder Questionnaire (MDQ) – used to assess for bipolar disorder
- Positive and Negative Syndrome Scale (PANSS)
- Diagnostic and Statistical Manual of Mental Disorders (DSM-5) – used to aid in assessment of comprehensive mental status, disorder-specific severity measures, patient ability to perform activities, and maladaptive personality traits
- Abnormal Involuntary Movement Scale (AIMS)

DRUG CLASS/ MEDICATION TYPES
- Short-acting amphetamine stimulants
- Short-acting methylphenidate stimulants
- Intermediate-acting methylphenidate stimulants
- Long-acting amphetamine stimulants
- Long-acting methylphenidate stimulants
- Long-acting non-stimulants
- Typical antipsychotics
- Atypical antipsychotics
- Carbamazepine (Carbatrol, Epitol, Equiset, Tegretol)
- Divalproex sodium (Depakote)
- Lamotrigine (Lamictal)
- Lithium
- Valproic Acid (Depakene)

TIP:
Consultation with and referral to specialty care may be indicated when individual patient factors complicate diagnosis and treatment. As with all diseases and disorders, patients may present medical complexities beyond a primary care provider’s expertise or comfort level. For example, certain adolescents, individuals who are pregnant, older adults, or those who have co-occurring psychiatric disorders may require specialty care.

WATCH OUT:
Avoid more than one month of medication refills as it may result in too few follow-up appointments, which are necessary to evaluate treatment effectiveness.
Collaboration

Talking with patients about behavioral health conditions and psychotropic medication requires sensitivity and particular care. If done abruptly or in an insensitive manner, patients may feel defensive or put off by the idea of behavioral health treatment, including psychotropic medication.

When clinicians are comfortable having these conversations, patients will feel more at ease. Here are some ways to have these conversations so patients feel supported and the members of the integrated care team are similarly confident and grounded:

- Establish an environment of trust. Share appreciation for the patient being there, and describe your commitment to providing comprehensive, integrated care by discussing your policy of screening all patients for a variety of conditions; express gratitude and appreciation for responses shared and remind them that sharing information helps you work together to ensure the best care.

- Engage in reflective listening. Validate the patient’s feelings and emotions so they feel understood; maintain good eye contact.

- Communicate on a “person-to-person” level. Build rapport and trust by using language the patient clearly understands; avoid clinical and pathological terminology, and avoid projecting judgment.

- Suggest treatment options, not directives. Ensure that the patient is a part of the treatment decision-making process while providing recommendations based on facts of diagnosis and history, not solely on the patient’s request.

-Positively frame pharmacology. Provide encouragement that adhering to the psychotropic medication that is predicted to best address their behavioral health condition is the first step to a more fulfilling and productive life and that adjustments will be made based on their response to treatment.

TIP: Reference the AACAP Resource Center for useful definitions, resources, and videos to help facilitate the conversation when discussing behavioral health challenges with pediatric patients and caregivers.
Setting Expectations

In addition to partnering with patients, it is crucial to set and manage expectations. This helps the patient know what to watch for in terms of side effects and progress, remain confident in the approach, and adhere to treatment. Topics to discuss when setting expectations include:

**Medication capacity.** This is how well the medication can be expected to work. For example, if a patient struggles with ADHD, clearly describe what a full response may be, as 40% of symptom reduction is considered a full response to ADHD treatment.

**Treatment plan.** Share what will be tried first, the likelihood of it working, and what the next steps may be if the first treatment is not working. It can be helpful to share that not all psychotropic medications work to the same degree for everyone, and therefore, the plan may require some adjustments.

**Side Effects.** This helps prepare the patient to recognize side effects and know what to do should they arise.

**Individual success metrics.** These should be customized for and agreed upon with the individual patient to measure treatment success. For example, if treating a pediatric patient, completing a certain grade level may be a metric to strive for.

Address Stigma

While stigma around behavioral health conditions is lessening, it can still keep patients from seeking and receiving appropriate care, including psychotropic medication when needed. Negative consequences of stigma include delays in seeking help, discontinuation of treatment, suboptimal therapeutic relationships, patient safety concerns, and poorer care outcomes.

While difficult to address head-on, there are strategies that can help reduce stigma, specifically stigma that may be present within the primary care team, which can have a compounding impact on patient and societal perception around behavioral health and acceptance of psychotropic medication. Such strategies include:

**Uncovering unconscious bias.** Address false beliefs that may exist within the care team, the community, or culture that impact perceptions around behavioral health conditions.

**Letting patients be the educators.** Create space for the primary care team to listen to testimonies from people with behavioral health challenges and connect with them on a more personal level.

**Showing that recovery is possible.** Empower the primary care team to be a part of the solution, highlighting how recovery can happen, particularly because of their role in it.

**TIP:**

NAMI Provider offers an educational program to help train health professionals on how to better recognize and support people with behavioral health conditions.
In recent years, Waco Family Medicine (WFM) has successfully integrated behavioral health care and renewed its efforts, in part due to a federal mandate, to screen all patients 12 years of age or older for depression. However, the practice also recognized that many of its primary care clinicians lacked clinical support tools to navigate the challenges of a growing caseload of behavioral health conditions.

With these needs in mind and support from the highest level of the organization, the WFM team sought to improve the quality of behavioral health care in the primary care setting by providing clinicians with point-of-care decision support. In consultation with the Massachusetts General Hospital Psychiatry Academy faculty, the Waco team synthesized available evidence-based guidelines, high-impact literature, and expert opinion to develop psychopharmacology clinical decision support tools tailored for use by primary care clinicians. The team prioritized the mental and behavioral disorders most commonly seen in the primary care setting, including depressive disorders, anxiety and trauma-related disorders, bipolar disorder, substance use disorders, and psychotic disorders. The resulting collection of tools is now referred to as The Waco Guide to Psychopharmacology in Primary Care.

After several iterations and refinements, The Waco Guide was distributed to community clinicians and is credited with rising clinician confidence and their propensity to screen in primary care clinics. The guide is now being adopted by practices across the country. It is also credited with increasing patient and provider satisfaction. For example, one OB/GYN reported that the clinical decision support tool allowed her to navigate a particularly challenging case involving an expectant patient with bipolar disorder. The physician and patient discussed the relevant risks and benefits of treatment and formulated a plan that was aligned with the patient’s values. Use of The Waco Guide set them on a course of treatment that contributed to a healthy pregnancy outcome and a delighted mom, baby, and physician.

Case Study
For information regarding billing and coding that will help with BHI and Psychopharmacology, check out the BHI Collaborative’s Compendium for a list of resources and SAMHSA for a list of grants available by state to help get started.