NATIONAL REGISTER
OF HEALTH SERVICE PSYCHOLOGISTS

CLINICAL WEBINARS
FOR HEALTH SERVICE PSYCHOLOGISTS

TRANSLATING RESEARCH TO PRACTICE

Integrated Care: Core Competencies for Behavioral Health Professionals

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COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

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About the Presenter

Eboni Winford, PhD, is a Behavioral Health Consultant and licensed psychologist at Cherokee Health Systems in Knoxville, TN. She earned her doctorate in Clinical Health Psychology from the University of North Carolina at Charlotte. Dr. Winford is involved in workforce development as a member of the training committee of CHS's APA-accredited clinical psychology internship and the APPIC-approved postdoctoral fellowship program. She is involved in multiple integrated care initiatives and holds leadership roles in organizations such as the Collaborative Family Healthcare Association where she serves as the co-chair of the Primary Care Behavioral Health Special Interest Group. She was the recipient of CFHA's 2016 Founders' Early Career Professional Award.

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Disclosures/Conflicts of Interest

The presenter has no business relationships, partnerships, or conflicts of interest to disclose.

Learning Objectives

At the conclusion of this presentation, participants will be able to:

- Explain core components of an effective behavioral consultation model in primary care;
- Demonstrate core competencies that should guide the clinical practice of a qualified behavioral health consultant in primary care; and
- Discuss functional competencies that qualified behavioral health consultants must demonstrate to be effective with patients and providers in primary care settings.

BHC Core Competencies: Paradigm Shift

- Integrated practice in primary care is a *qualitatively different* clinical process than specialty mental health.
- It is *not* an abbreviated version of specialty mental healthcare.

Primary care is **action** oriented

Mental health is **reflective**

Communication is foundational in primary care

Confidentiality is foundational in mental health

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Clinician Characteristics

- Match primary care pace and style
- Respect cultural differences
- Be FLEXIBLE
- Communication skills
- Consultant skills
- Team player
- Be visible and available

BHC Clinical Competencies

Assessment, Intervention, and Care Coordination

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The 30-Minute Consult

- **Minutes 1-2 — BHC Introduction**
  i. Introduce your profession and title
  ii. Explain BHC role
  iii. Set the structural frame for the appointment
  iv. Describe coordination with PCP
- **Minutes 3-13 — Functional Analysis**
  i. Identify onset, triggers, and course of problem
  ii. Determine duration, intensity, and frequency of problem
  iii. What makes the problem worse? Better?
  iv. How is the problem impacting functioning?
  v. What are the patient's current coping strategies?
- **Minutes 14-15 — BHC Engages Patient & Family**
  i. Focused summary and strategic reframe
  ii. Empathy, validation, process check
  iii. Treatment recommendations & options
  iv. Doable framework for change
- **Minutes 16-17: Identify target & offer menu of options from BHC Toolkit**
- **Minutes 18-26**: Conduct **intervention**
- **Minutes 27-28:** Set **S.M.A.R.T. goal** & make follow up plan
- **Minutes 29-30**: Give **feedback** to PCP

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Sample CHS BHC Schedule

8am—13 y/o male with obesity, weight management (f/u)
8:30am—12 y/o male with abdominal pain (new)
9am—no show; curbside consult with PCP
9:30am—40 y/o male with chronic depression, DM, HTN, ETOH use(f/u)
10am—supervision with intern
11am—58 y/o female with fibromyalgia, insomnia (new)
11:30am—44 y/o female with chronic pain, suicide attempt (f/u)
12pm—treatment team meeting
12:30pm—no show; curbside supervision with postdoc re: crisis patient
12:45pm—59 y/o female with HTN, DM, CAD, depression, ETOH use (new)
1:15pm—follow up with postdoc re: crisis patient
1:30pm—56 y/o male with panic, obesity (f/u)
2pm—52 y/o female with grief (new)
2:30pm—supervision with postdoc
3:30pm—58 y/o male with post-MI, hx of meth use (f/u)
4pm—19 y/o male with depression and MJ use (new)

Introduction (Minutes 1-2)

- Introduce your role (profession & title “Behavioral Health Consultant”)
- Explain care model (BHC part of PC team, consult on X issue, limits of confidentiality)
- Set the frame for the visit
  - Length of visit
  - What will happen during visit (assess referral concern, impact on functioning, recommendations, & plan)
  - Documentation in record & coordination with PCP

Problem Identification and Functional Assessment (Minutes 3-13)

- Quickly reach agreement on identification of primary problem—HTN, DM, CAD, depression, **ETOH**
- Provide focused assessment of primary problem
- Do not assess other areas until assessment of initial referral question/primary problem has been completed and as time allows
- Keep the visit on track using the 3 Rs
  - **R**estate, **R**eflect, and **R**edirect

Problem Identification and Functional Assessment

- Assessment of Symptoms
  - Onset, Triggers, Course
  - Duration, Intensity, Frequency
  - What makes the problem better? Worse?
  - Assessment of Risk
- Assessment of Functioning
  - Home, Social, School, Recreational
- Current Coping Strategies:
  - What have they already tried to address the problem?

Engage the Patient and Family (Minutes 14-15)

- Focused summary of your understanding of the problem & offer strategic reframe (simplify & reduce magnitude of the problem)
- Express empathy and provide validation
- Process check
- Review treatment recommendations and options
- Create a “do-able” framework for change

Strategic Reframe

- Distill core elements into a workable problem
  - **R**estate, **R**eflect, **R**efocus
- Be mindful of context, but stay focused on target
- Mirror and model the process
- Prioritize

Brief Intervention in Primary Care

- ALWAYS deliver an intervention, even at initial visit. After assessment:
  - ✓ Define a target—HTN, DM, CAD, depression, **ETOH**
  - ✓ Offer menu of options from BHC Toolkit
  - ✓ Conduct brief intervention that is matched to stage of change
  - ✓ Set S.M.A.R.T. goal & make follow up plan
  - ✓ Provide feedback to PCP & coordinate care
- At Follow-up:
  - ✓ Assess response to intervention focusing on functional outcomes not just symptoms
  - ✓ Conduct intervention and set new goal (or adjust previous goal)
  - ✓ Develop follow-up plan & coordinate care

Features of Effective Brief Interventions

- Solution-focused
- Targets specific behavior change
- Active and empathic therapeutic style
- Support increase in quality and meaning in life
- Incorporate patient values and beliefs
- Measurable outcomes
- Enhance self-efficacy
- Patient responsible for change
- Matched to stage of change

Assess Response to Intervention

- Monitor level of motivation and confidence
- Monitor symptoms and functioning
- Actively problem-solve
- Discuss obstacles
- Review and reinforce progress

Flexible Follow-up

- Intervention is unified and congruent with overall primary care plan
- Intervention plan is dynamic and evolves based on ongoing assessment of symptoms, functioning, engagement, and motivation

Close (1-2 weeks)	• Severity & acuity of the problem
Intermediate (1 month)	• Clinical needs of the patient • Overall primary care plan
With PC Visits, PRN, or None	• Level of motivation and engagement • Clinical needs of the patient

Liaison with Specialty Services

- Primary care is first line
- Triage
- Psychoeducation about treatment options
- Build motivation and engagement
- Facilitate access and coordinate care
- Reabsorb

Refer To Specialty Treatment When Brief Intervention Proves Insufficient

- Roles for the integrated behavioral health provider when making a referral to specialty care
  - Assist with scheduling initial appointment for specialty care as needed
  - Serve as liaison for patient, assisting with coordination of care between settings if needed
  - Participate in adjusting treatment plan as necessary to address:
    - Barriers to accessing care
    - Need for social support
    - Changing level of problem severity (whether increased or decreased)

Q & A

- Dr. Sammons will be reading select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.

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Thank You for Joining Us!

- If you have comments or feedback regarding this webinar, please email CESupport@nationalregister.org.

- For more information on working in primary care, see the National Register's Integrated Healthcare Training Series on the CE site. This video series features 42 modules and more than 11 total hours of content.

- We hope you can attend our next webinar on May 9, 2018, at 2:00 ET, featuring Dr. Art Nezu on Motivational Interviewing in Integrative Psychotherapy.

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