

DO YOU HAVE THE TOOLS?
ESSENTIAL TOOLS FOR ASSESSMENT, PSYCHOEDUCATION
AND TREATMENT NEEDED BY BEHAVIORAL HEALTH CONSULTANTS
IN INTEGRATED PRIMARY CARE MEDICAL SETTINGS

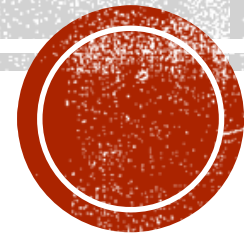
Presented by: Jim Messina, Ph.D., CCMHC, NCC, DCMHS

Assistant Professor, Troy University Tampa Bay Site

Website: www.coping.us

Specific site for this Webinar: Integrated Primary Care Tools at:

<http://www.coping.us/behavioralmedicine/integratedprimarycaretools.html>



LET'S SEE IF YOU HAVE WHAT IT TAKES?

Before we begin take the Brief Intervention Competency Assessment Tool (BI-CAT) to determine if you have the competencies needed to be a Behavioral Medicine Consultant in a Primary Care Setting

The BI-CAT measures:

- **PRACTICE CONTEXT.** This area concerns your ability to consistently promote optimal behavior change opportunities for your clients in the setting where you work
- **INTERVENTION DESIGN.** This area concerns your ability to design strong brief interventions.
- **INTERVENTION DELIVERY.** This area concerns your ability to integrate brief interventions into your system of care, so that more clients benefit from your brief services.
- **OUTCOMES-BASED PRACTICE.** This area concerns your ability to use outcomes to plan and evaluate treatment.

It is available for download at: <http://cabhp.asu.edu/presentations/other-center-hosted-presentations/media-and-pdfs/robinson-handouts>



Use this scale to assign a “rating” to your competence level at this time.

0 = not adequate 5 = adequate 10 = exemplary

PRACTICE CONTEXT. This area concerns your ability to consistently promote optimal behavior change opportunities for your clients in the setting where you work.

Do you . . .

_____ 1. Understand the most common problems of clients in your setting and promote their access to your services for these problems?

_____ 2. Address barriers to client access of your service (e.g., minimize stigma, select optimal location)?

_____ 3. Work to share your skills with other members of your team so that they can support your interventions?

_____ 4. Define the demands of your practice setting and make necessary adjustments to your practice (e.g., numerous clients and limited providers / shorten visit times)?



0 = not adequate 5 = adequate 10 = exemplary

INTERVENTION DESIGN. This area concerns your ability to design strong brief interventions.

Do you . . .

- _____ 5. Introduce yourself and your services in ways that promote change (e.g., My job is to help you help yourself, I may only see you once; we will come up with one or more strategies to help you today)?
- _____ 6. Target problem of concern to client at time of visit?
- _____ 7. Identify and use client strengths in intervention design?
- _____ 8. Normalize the client's problem or avoid pathology explanations of the problem?
- _____ 9. Complete assessment prior to beginning behavior change planning
- _____ 10. Offer client a case conceptualization in a problem summary statement
- _____ 11. Focus on small changes ("one step at a time")?
- _____ 12. Frame intervention as "an experiment to see what happens" (i.e., create permission to fail)?
- _____ 13. Assess confidence in behavior change plan at all visits
- _____ 14. Identify and address barriers to client's follow through with behavior change plans?
- _____ 15. Encourage client to take ownership of behavior changes?



0 = not adequate 5 = adequate 10 = exemplary*

INTERVENTION DELIVERY. This area concerns your ability to integrate brief interventions into your system of care, so that more clients benefit from your brief services.

Do you . . .

_____ 16. Establish a care pathway (or routine procedure) for consistent delivery of acceptable, effective interventions for common client problems (e.g., skill groups for clients with depression, lifestyle problems or chronic disease; workshops for clients with high stress, parenting concerns, or sleep problems)?

_____ 17. Offer open access groups to clients to enhance access to skill practice and social / emotional support?

OUTCOMES-BASED PRACTICE. This area concerns your ability to use outcomes to plan and evaluate treatment.

Do you . . .

_____ 18. Use outcomes tailored to delivery of brief interventions (e.g., problem severity rating)?

_____ 19. Demonstrate willingness and ability to change intervention based on assessment results (e.g., confidence rating)?

_____ 20. Use outcomes in aggregate to evaluate the effectiveness of your practice (e.g., client change in mental health or health-related quality of life scores from initial to last follow-up visits)?

*To relate item scores to BI-CAT behavioral anchors (described in this chapter,) use these category labels: “low” for scores of 0-3 , “adequate” for scores of 4-6 and “exceptional” for scores of 7-10.



WHAT ASSESSMENTS WILL YOU USE?

There is a comprehensive list of Assessment which you can use in the Clinical Assessment Tools at <http://www.coping.us/cliniciantreatmenttools/assessmenttools.html>

The Assessments available for download cover the following areas:

1. Overall Client's Self-Assessment of Personal Functioning
2. Depression
3. Anxiety
4. Physical Symptoms
5. Sleep Disturbance
6. Physical Pain Assessment

Also listed are the organizations which offer these assessments:

1. DSM-5 Assessments
2. Patient Health Questionnaire (PHQ)
3. PROMIS (Patient-Reported Outcome Measurement Information System)

Most of the assessments are short, quick and to the point-Have a look:



PROMIS: EMOTIONAL DISTRESS – DEPRESSION – SHORT FORM 8A

Please respond to each question or statement by rating it 1-5:

1-Never 2-Rarely 3-Sometimes 4-Often 5-Always

In the past 7 days...

1. I felt worthless
2. I felt helpless
3. I felt depressed
4. I felt hopeless
5. I felt like a failure
6. I felt unhappy
7. I felt that I had nothing to look forward to
8. I felt that nothing could cheer me up

Scoring: add up value on 8 items= Raw Sum then multiple by number of items on form and divide by 8 which gives a T Score: T Score of 50 = average anything over 50 is a sign of some depression, the higher the T Score the greater the depression



TOOLS YOU CAN USE

Health Anxiety Thought Record

Situation Date & Time	Trigger for health anxiety Did you notice a symptom, have a thought, or hear about an illness?	Emotion (Rate intensity 0-100%)	Negative thought (Rate belief 0-100%)	How I responded How did you respond to the negative thought?	Rational response to negative thought Ask yourself: Am I making a thinking error? Am I catastrophizing? Am I focusing on the worst case?	Outcome (Re-rate belief in negative thought) How does the rational thought make you feel? Was there anything else you found helpful?
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Thought Records

Situation Who, what, when, where?	Feelings What did you feel? Rate your emotion 0 -100%	Thoughts What was going through your mind as you started to feel this way? (Thoughts or images)
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Tools Information available at:

<http://www.coping.us/cliniciantreatmenttools/worksheetsforclinicians.html>



TOOLS TO USE

1. Daily Activity Diary

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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2. Daily Monitoring Form

Time of Day	Activity	Enjoyment (1-10)	Importance (1-10)
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3. Pain Diary (rate pain 0-10, time of day, day of week for entire week)

4. **Panic Diary** (Answer: Situation; Body sensations/mental events (e.g. racing heart, breathless, dizzy, racing thoughts); Negative Thoughts; Answers to Negative Thoughts; Total Number of Panic Day each day and total for the week)

5. Sleep Diary (complete each day of week)

- In Morning answer: I went to bed last night at (time); I got up this morning at (time); I slept for a total of (hours); I woke up during the night (# times)
- In Evening answer: Number of caffeinated drinks today; Time of last caffeinated drink; Exercise completed today (minutes); What I did in the hour before I fell asleep; Mood today? (0=awful, 10=great)



INFORMATION SHEETS TO USE

1. Guidelines for Better Sleep
2. Stages of Change
3. Values
4. What is CBT?
5. How Breathing Affect Feelings
6. Safety Behaviors
7. Thoughts and Depression
8. Unhelpful Thinking Styles
9. What is Rumination
10. Core Belief Magnets
11. Thought Suppression and Intrusive Thoughts
12. Fear of Bodily Sensations

These and more handouts are available at:
<http://www.coping.us/cliniciantreatmenttools/worksheetsforclinicians.html>

The following are the primary source of most of the worksheets listed above:

- Psychology Tools at:
<http://psychology.tools/download-therapy-worksheets.html>
- Therapist Aid at:
<http://www.therapistaid.com/therapy-worksheets/cbt/none>
- Morning Light Counseling's "Handouts on CBT Skills and Strategies" on their website at:
<http://www.morninglightcounseling.org/healing-a-recovery/tools-for-recovery/handouts-cbt>
- Cognitive Behavior Therapy Self Help Resources at:
<http://www.getselfhelp.co.uk/freedownloads2.htm>



APPS TO BE USED IN PRIMARY HEALTH SETTINGS

You can links to Apps by going to:

<http://www.coping.us/cliniciantreatmenttools/appsthatwork.html>

There are APPs for:

1. Behavioral Change and Resilience Building
2. Breathing and Relaxation Training
3. Sleep Problems
4. Weight Management
5. Suicide Prevention
6. For Kids

Apps have made 24/7 mental health intervention possible and it is important for Behavioral Health Consultants to be aware of these free tools which can be downloaded to patients iPhone or Smartphones



STRATEGIES FOR SUCCESS IN HEALTH MANAGEMENT: A PATIENT SUPPORT GROUP MODEL

There is are PowerPoints and handouts to be used by Behavioral Health Consultants in conducting Support groups with patients in their Integrated Primary Care Settings. **The Topics are:**

1. What do these Terms (medical) Mean?
2. Tips from "Eat, Drink and Be Healthy"
3. Benefit of Exercise over the Lifespan
4. Introduction to the Use of Exercise in Your Life
5. Rationale for Exercise for Weight Management
6. All About Heartrate in Exercise
7. Tips on Walking
8. Stretching
9. Sustaining a Healthy Outlook.
10. Overcoming Perfectionism in Changing Your Lifestyle.

The materials can be downloaded from:
<http://www.coping.us/behavioralmedicine/integratedprimarycaretools.html>

11. Making Peace with Food
12. Your Support Team
13. Open Admission to Support Team .
14. Support Team as a Healing Environment
15. Strengthening Your Support Team
16. The Importance of Sleep
17. What is Stress
18. What are the Sources of Stress
19. Tips for Relaxation of Stress Response
20. Tips for Pain Management



SO YOU NOW KNOW WHERE TO GET TOOLS

Hope is that you now know how to access available tools to help you become strong Behavioral Health Consultants.

Next Two Webinars we will be discussing:

WEBINAR TWO: Wednesday February 11, 2015 Do You Have the Language? Essential Knowledge, Terminology and Communication Skills Needed In Integrated Medical Settings

WEBINAR THREE: Wednesday February 25, 2015 So What Say You? Problem Solve Treatment Interventions in a Hands On Case Conference concerning Behavioral Health Interventions for Patients in Integrated Medical Settings

