

# NEW ROLE FOR CMHC'S AS BEHAVIORAL HEALTH CONSULTANTS IN INTEGRATED PRIMARY CARE MEDICINE

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Specific site for this Webinar: Integrated Primary Care Tools at:  
<http://www.coping.us/behavioralmedicine/integratedprimarycaretools.html>

# LEARNING OBJECTIVES

To gain an understanding of the role of Behavioral Health Consultant (BHC) which Clinical Mental Health Counselors will be asked to take on within an Integrated Medical Setting.

At the end of this presentation the participants will be provided information on:

- What knowledge, skills and abilities are needed by BHC's
- What constitutes the role and function of a BHC in an Integrated Medical System
- What interventions will be used by BHC's
- What are the desired outcomes for Behavioral Medical Interventions
- What are some typical medical issues which involve Behavioral Medicine Interventions by BCH's through exploring specific case studies
- What the tools available for CMHC to get ready to become BHC's

# 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

<b>Situation</b> Date & Time	<b>Trigger for health anxiety</b>  Did you notice a symptom, have a thought, or hear about an illness?	<b>Emotion</b> (Rate intensity 0-100%)	<b>Negative thought</b> (Rate belief 0-100%)	<b>How I responded</b>  How did you respond to the negative thought?	<b>Rational response to negative thought</b> Ask yourself: Am I making a thinking error? Am I catastrophizing? Am I focusing on the worst case?	<b>Outcome</b> (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

<b>Situation</b> Who, what, when, where?	<b>Feelings</b> What did you feel? Rate your emotion 0 -100%	<b>Thoughts</b> 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

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 Heart rate in Exercise
7. Tips on Walking
8. Stretching
9. Sustaining a Healthy Outlook.
10. Overcoming Perfectionism in Changing Your Lifestyle.
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



# WHERE YOU CAN GET MORE INFORMATION ON BEHAVIORAL HEALTH CONSULTING

AMHCA has the following three Webinar Recordings to help you grow in your skills to become a BHC:

**WEBINAR ONE:** Do You Have the Tools? Essential Tools for Assessment, Psychoeducation and Treatment Needed by Behavioral Health Consultants In Integrated Primary Care Medical Settings

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

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