AGENDA

- What’s Next After A Positive Screen?
- Importance of Tracking Progress and Setting Stage for Measurement Based Care
- Care Management Role
- Motivational Interviewing and Readiness for Change
- Behavioral Activation
- Adapting CBT and Dialectical Behavior Therapy (Emotion Regulation and Distress Tolerance)
- Problem Solving Therapy

Related PCMH PRIME Elements:
D 1-6: Screening for BH conditions
C-1: Practice has a care manager qualified to identify and coordinate BH needs
**SCREENING: USE VALIDATED TOOLS**

- **Mood Disorders**
  - (Criteria D-3, D-6)
  - PHQ-9 Depression
  - MDQ: Bipolar Disorder
  - CIDI: Bipolar Disorder
  - EPDS: Postnatal Depression

- **Anxiety Disorders**
  - (Criteria D-4)
  - GAD-7: Anxiety
  - PCL-C: PTSD
  - Young-Brown: OCD
  - Mini Social Phobia: Social Phobia

- **Psychotic Disorders**
  - Brief Psychiatric Rating Scale
  - Positive and Negative Syndrome Scale

- **Substance Use Disorders**
  - (Criteria D-5)
  - CAGE-AID
  - AUDIT
  - DAST
  - CRAFFT
  - Alcohol Screening and BI for Youth

- **Developmental Screening**
  - (Criteria D-2)
  - ASQ
  - SWYC
  - CHAT
  - PEDS

---

**PCMH PRIME Criteria D 1-6 requires regular comprehensive health assessments including use of validated screening tools**
COLLABORATIVE CARE CYCLE FOR BH INTEGRATION

**Diagnosis**
- Initial screening
- Diagnostic confirmation

**Establish Treatment Plan and Goal**
- Establish goal
- Treatment plan including internal (PCP, CM and consult) and external (referral) resources
- Brief interventions by CM or PCP
- Entry into registry for tracking

**Ongoing engagement until goal reached**
- Re-screening by CM at established intervals
- Is patient progressing toward goal?
- Ongoing brief interventions by CM, BHP, or PCP
- Follow-up on referrals
- Adjustments to treatment plan to meet goal

Note: PCMH PRIME criteria does not define the role of the BH care manager. These are suggested roles based on the Collaborative Care Model.
SCREENING TO IDENTIFY PATIENTS WITH NEEDS – WHAT TO DO NEXT?

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

<table>
<thead>
<tr>
<th>NAME: John Q. Sample</th>
<th>DATE:</th>
</tr>
</thead>
</table>

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use “✓” to indicate your answer)

1. Little interest or pleasure in doing things
   - None of the time
   - Some of the time
   - Much of the time
   - All of the time
   - 0
   - 1
   - 2
   - 3

2. Feeling down, depressed, or hopeless
   - None of the time
   - Some of the time
   - Much of the time
   - All of the time
   - 0
   - ✓
   - 2
   - 3

3. Trouble falling or staying asleep, or sleeping too much
   - None of the time
   - Some of the time
   - Much of the time
   - All of the time
   - 0
   - 1
   - ✓
   - 3

4. Feeling tired or having little energy
   - None of the time
   - Some of the time
   - Much of the time
   - All of the time
   - 0
   - 1
   - 2
   - ✓

5. Poor appetite or overeating
   - None of the time
   - Some of the time
   - Much of the time
   - All of the time
   - 0
   - ✓
   - 2
   - 3

6. Feeling bad about yourself— or that you are a failure or have let yourself or your family down
   - None of the time
   - Some of the time
   - Much of the time
   - All of the time
   - 0
   - ✓
   - 2
   - 3

7. Trouble concentrating on things, such as reading the newspaper or watching television
   - None of the time
   - Some of the time
   - Much of the time
   - All of the time
   - 0
   - 1
   - ✓
   - 3

8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual
   - None of the time
   - Some of the time
   - Much of the time
   - All of the time
   - 0
   - 1
   - ✓
   - 3

9. Thoughts that you would be better off dead, or of hurting yourself in some way
   - None of the time
   - Some of the time
   - Much of the time
   - All of the time
   - ✓
   - 1
   - 2
   - 3

(add columns: 2 + 10 + 3 = 15)

(Helpful to professional: For interpretation of TOTAL please refer to accompanying scoring card)

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

   - Not difficult at all
   - Somewhat difficult
   - Very difficult
   - Extremely difficult

PCMH PRIME Criteria D 1-6 requires regular comprehensive health assessments including use of validated screening tools. This webinar will review next steps in getting patients appropriate treatment and care management.
REGISTRIES TO TRACK PROGRESS, PROACTIVE OUTREACH, IDENTIFY FOLLOW-UP GAPS

<table>
<thead>
<tr>
<th>MHTS ID</th>
<th>Population</th>
<th>Date Enrolled</th>
<th>Status</th>
<th>ENROLLED</th>
<th># of Sessions</th>
<th>Was in Ta</th>
<th>DATE</th>
<th># of DEP</th>
<th>GAD-7</th>
<th>ANX</th>
<th>Med</th>
<th>Continued Care Plan</th>
<th>Psych. Note</th>
<th>Psych. Eval</th>
<th>Next Apppt.</th>
</tr>
</thead>
<tbody>
<tr>
<td>340011</td>
<td>U</td>
<td>12/14/2010</td>
<td>L1</td>
<td>12/14/2010</td>
<td>17</td>
<td>13</td>
<td>10</td>
<td>4/14/2011</td>
<td>9</td>
<td>8</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>12/20/2010</td>
</tr>
<tr>
<td>340016</td>
<td>U</td>
<td>1/20/2011</td>
<td>L1</td>
<td>1/20/2011</td>
<td>19</td>
<td>10</td>
<td>5</td>
<td>4/21/2011</td>
<td>2</td>
<td>5</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>5/2/2011</td>
</tr>
<tr>
<td>340029</td>
<td>U</td>
<td>5/2/2011</td>
<td>L1</td>
<td>5/2/2011</td>
<td>24</td>
<td>16</td>
<td>3</td>
<td>5/24/2011</td>
<td>7</td>
<td>5</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>6/16/2011   8:30 AM</td>
</tr>
</tbody>
</table>

1 - 24 of 24

Population (s) included:  GL-U  Uninsured  Veterans  Veteran Family Members  Moms  Children  Older Adults  CMI
FULFILLING THE CARE MANAGER ROLE – IMPORTANT HIRE!

Who are the CMs?

- Typically MSW, LCSW, MA, LPN, RN
- Variable clinical experience – leverage expertise in brief intervention skills

What makes a good CM?

- Organization
- Persistence- tenacity
- Creativity and flexibility
- Enthusiasm for learning
- Strong patient advocate
- Willingness to be interrupted
- Ability to work in a team

PCMH PRIME Element C 1: Practice has at least one care manager qualified to identify and coordinate BH needs
COMMON BH CARE MANAGER TASKS IN COLLABORATIVE CARE

- Facilitates patient engagement
- Performs systematic initial and follow-up assessments
- Systematically tracks treatment response using registry
  - Includes tracking referrals to outside providers
- Supports treatment plan with PCP
- Reviews challenging patients with the psychiatric consultant weekly

Note: PCMH PRIME Element C does not define the responsibilities of a BH Care Manager. Practices are able to define priorities for the role and staff qualifications.
EXPERTS IN BEHAVIOR CHANGE
**TREATMENT OPTIONS**

- **Bio**
  - Evidence-based Medications

- **Psycho**
  - Evidence-based Psychotherapy

- **Social**
  - Social support

- Make BOTH medication and non-medication recommendations
- Supporting whole person treatment is important
- The treatment that WORKS is the best one
- Review all evidence-based treatment options available
- Discuss pros and cons of each option
“People are generally better persuaded by the reasons that they themselves discovered than by those which have come into the mind of others.”

17th Century French Polymath Blaise Pascal – in Pensées

Motivational Interviewing as the Foundational Approach
Do (ACE)

Honor Autonomy: Allow the freedom not to change
“How ready are you to change?”

Collaborate
“What do you think you’ll do?”

Elicit Motivation
“What would you like to change about your drinking?”

Avoid

Making judgmental statements
“You really need to stop drinking”

Push for commitment
“If you delay getting sober, you could die.”

Dictate
“I would urge you to quit drinking.”
BE PRESENT AND OPEN TO INDIVIDUAL LEVELS OF CHANGE

Pre-Contemplation
Contemplation
Action
Maintenance
Pre-Contemplation
HOW TO ASSIST IN CHANGE

- Take Interest
- Concern
- Values
- ASK WHY

- LISTEN
- W.A.I.T.* - Listen= Inform
- Empathy

- *WAIT – Why am I talking (instead of listening)

- Explore
- Use Excitement
- What are fears?
- Be Creative
**RESIST THE RIGHTING FEELING**

+ Ambivalence is normal and important
+ Don’t lecture
+ Natural to resist persuasion “It’s not that bad...I feel fine.” “I know I should exercise, BUT...”
+ Informing versus guiding:
  + Informing: “Your best option is to take these tablets.”
  + Guiding: “Changing your diet would make sense medically, but how does that work for you?”
LISTEN FOR CHANGE TALK

**Desire** to Change: “I wish” “I want” “I like the idea.”

**Ability** to Change: “I could probably take a walk every morning.” “I think I can come next week for group.” “I might be able to cut out soda at lunch.”

**Reasons** for Change: “I’m sure I’d feel better if I exercised.” “This anxiety keeps me from gardening, which I love.”
**LISTEN FOR CHANGE TALK**

**Need** to Change: “I **must** get some sleep.” “I’ve **got** to get back to work.”

**Commitment** to Change: “I **will** try getting out of bed when I first wake up.” “I **promised** my friend we would walk twice this week.” “I **plan** to try those exercises.”

Commitment at **Lower Level**: “I **will** think about what you said.” “I’ll **consider** taking anti-depressants.” “I **hope** I can learn to manage my anxiety.”
# EVIDENCE-BASED APPROACHES

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Evidence-Based Behavioral Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Depression</td>
<td>Problem-Solving Treatment</td>
</tr>
<tr>
<td></td>
<td>Behavioral Activation</td>
</tr>
<tr>
<td></td>
<td>Cognitive Behavioral Therapy</td>
</tr>
<tr>
<td></td>
<td>Interpersonal Therapy</td>
</tr>
<tr>
<td>Anxiety Disorders</td>
<td>Modular Anxiety Treatment (CALM)</td>
</tr>
<tr>
<td></td>
<td>Cognitive Behavioral Therapy</td>
</tr>
<tr>
<td>PTSD</td>
<td>Cognitive Processing Therapy</td>
</tr>
<tr>
<td></td>
<td>Prolonged Exposure</td>
</tr>
<tr>
<td>Substance Use Disorders</td>
<td>Harm Reduction</td>
</tr>
<tr>
<td></td>
<td>Motivational Interviewing</td>
</tr>
<tr>
<td></td>
<td>Brief Interventions</td>
</tr>
<tr>
<td>Chronic Pain</td>
<td>Cognitive Behavioral Therapy</td>
</tr>
<tr>
<td></td>
<td>• Negative thoughts about chronic pain</td>
</tr>
<tr>
<td></td>
<td>• Pain interference in life</td>
</tr>
<tr>
<td></td>
<td>• Acceptance of chronic pain</td>
</tr>
<tr>
<td></td>
<td>• Pain self management strategies</td>
</tr>
</tbody>
</table>
BRIEF INTERVENTIONS – WHERE DO THEY FIT

Feel Bad

Do Less

Medications

Brief behavioral intervention
CONFIRM THE BEST TYPE OF TREATMENT FOR INDIVIDUAL PATIENTS

Stepped Care Approach

+ Uses limited resources to their greatest effect on a population basis
+ Different people require different levels of care
+ Finding the right level of care often depends on monitoring outcomes
+ Increases effectiveness and lowers costs overall

Self-Management

1° Care

1° Care + BH CM

Psychiatric consult (Face-to-face)

Psychiatric specialty short term tx

Psychiatric specialty long term tx

BH specialty short term tx

BH specialty long term tx

Psychiatric inpatient tx

Care management brief interventions

​
BRIEF INTERVENTIONS

Adapted Cognitive Behavioral Therapy (CBT)

Behavioral Activation

Adapted Dialectical Behavior Therapy (DBT)

Problem Solving Therapy
BEHAVIORAL ACTIVATION

Hibbard et al., (2004) describe four stages of activation. Patients:

+ Believe they have an important role in their own health care;

+ Develop both the knowledge and confidence needed to take an active role in their care and health management, including an understanding of how to access and use the health care and supportive services available to them;

+ Translate this confidence and knowledge into action; and

+ Maintain an active role in their health care, even when faced with challenges to doing so.
**DEPRESSION BEHAVIORAL ACTIVATION SKILL**

Life Events ➔ Less Rewarding Life ➔ sad, tired, feel worthless, indifferent, etc. ➔ loss of friendships, conflict with supervisor at work, financial stress, poor health, etc. ➔ stay home, stay in bed, watch TV, withdraw from social contacts, ruminate, etc.

**SOURCE:** Anna Ratzliff, MD
BEHAVIORAL ACTIVATION

+ CBT-Changing Behavior = changes in cognition and emotion
+ DBT “Opposite action”
+ Tangible “prescription” to improve based on a next step identified together
+ Fast and empathic
+ Pick something achievable so that momentum is built
+ Best ideas come from patient—listen for what will work
+ Increase positive goal setting and achieving goals—self-actualizing
**BEHAVIORAL ACTIVATION AND SELF-MANAGEMENT**

- Process of sharing information, asking questions, offering suggestions, and engaging patients in the management of their clinical issues to achieve their personal goals.
- Patients with behavioral health conditions are taught to increase their involvement in pleasant activities and to increase their positive interactions with the environment.
- Review list of pleasurable activities.
- Write down goals.
  - Pick limited targets (1-3) and check on assigned homework (soon after setting goal – do not wait too long).

**Adapting DBT Mindfulness of Pleasurable Activities**
**BRIEF PSYCHOTHERAPEUTIC INTERVENTIONS: BEHAVIORAL ACTIVATION**

+ Behavioral Activation for depression
  + Set goals – social/physical are typically best mood boosters
  + Set follow-up to see if goal accomplished
  + Establish next goal

---

**Approach:**

Outside → In

Typically we think of acting from the “inside → out”
(e.g., we wait to feel motivated before completing tasks)

In Behavioral Activation, we ask people to act according to a plan or goal rather than a feeling or internal state.
EXCERPT FROM “172 FUN ACTIVITIES CATALOG”

1. Soaking in the bathtub
2. Planning my career
3. Collecting things (coins, shells, etc.)
4. Going for a holiday
5. Recycling old items
6. Relaxing
7. Going on a date
8. Going to a movie
9. Jogging, walking
10. Listening to music
11. Thinking I have done a full day’s work
12. Recalling past parties
13. Buying household gadgets
14. Lying in the sun
15. Planning a career change
16. Laughing
17. Thinking about my past trips
18. Listening to others
19. Reading magazines or newspapers
20. Spending an evening with good friends
22. Planning a day’s activities
23. Hobbies (stamp collecting, model)
23. Meeting new people
24. Remembering beautiful scenery
25. Saving money
26. Card and board games
27. Going to the gym, doing aerobics
28. Eating
29. Thinking how it will be when I finish school
30. Getting out of debt/paying debts
31. Practicing karate, judo, yoga
32. Thinking about retirement
33. Repairing things around the house
34. Working on my car (bicycle)
35. Remembering the words and deeds of loving people
36. Wearing sexy clothes
37. Having quiet evenings
38. Taking care of my plants
39. Buying, selling stocks and shares
40. Going swimming
41. Going to a party
42. Thinking about buying things
43. Playing golf
44. Playing soccer
45. Flying kites
46. Having discussions with friends
47. Going to clubs (garden, sewing, etc.)
48. Thinking about getting married
49. Going birdwatching
50. Singing with groups
51. Riding a motorbike
52. Sex
53. Playing squash
54. Going camping
55. Singing around the house
56. Arranging flowers
57. Going to church, praying (practicing religion)
58. Losing weight
59. Going to the beach
60. Thinking I’m an OK person
61. A day with nothing to do
62. Having class reunions
63. Going ice skating, roller skating/blading
64. Going sailing
65. Travelling abroad, interstate or within the state
66. Sketching, painting
67. Doing something spontaneously
68. Entertaining
69. Going to plays and concerts
70. Dinner
71. Early morning coffee and newspaper
72. Going to school
73. Going to the beach
74. Playing musical instruments
75. Playing squash
76. Going camping
77. Singing around the house
78. Arranging flowers
79. Going to church, praying (practicing religion)
80. Losing weight
81. Going to the beach
82. Thinking I’m an OK person
83. A day with nothing to do
84. Having class reunions
85. Going ice skating, roller skating/blading
86. Going sailing
87. Travelling abroad, interstate or within the state
88. Sketching, painting
89. Doing something spontaneously
90. Entertaining
91. Going to plays and concerts
92. Dinner
93. Early morning coffee and newspaper
94. Playing musical instruments
95. Playing squash
96. Going camping
97. Singing around the house
98. Arranging flowers
99. Going to church, praying (practicing religion)
100. Losing weight
101. Thinking I’m an OK person
102. A day with nothing to do
103. Having class reunions
104. Going ice skating, roller skating/blading
105. Going sailing
106. Travelling abroad, interstate or within the state
107. Sketching, painting
108. Doing something spontaneously
109. Entertaining
110. Going to plays and concerts
111. Dinner
112. Early morning coffee and newspaper
113. Playing musical instruments
114. Playing squash
115. Going camping
116. Singing around the house
117. Arranging flowers
118. Going to church, praying (practicing religion)
119. Losing weight
120. Thinking I’m an OK person
121. A day with nothing to do
122. Having class reunions
123. Going ice skating, roller skating/blading
124. Going sailing
125. Travelling abroad, interstate or within the state
126. Sketching, painting
127. Doing something spontaneously
128. Entertaining
129. Going to plays and concerts
130. Dinner
131. Early morning coffee and newspaper
132. Playing musical instruments
133. Playing squash
134. Going camping
135. Singing around the house
136. Arranging flowers
137. Going to church, praying (practicing religion)
138. Losing weight
139. Thinking I’m an OK person
140. A day with nothing to do
141. Having class reunions
142. Going ice skating, roller skating/blading
143. Going sailing
144. Travelling abroad, interstate or within the state
145. Sketching, painting
146. Doing something spontaneously
147. Entertaining
148. Going to plays and concerts
149. Dinner
150. Early morning coffee and newspaper
151. Playing musical instruments
152. Playing squash
153. Going camping
154. Singing around the house
155. Arranging flowers
156. Going to church, praying (practicing religion)
157. Losing weight
158. Thinking I’m an OK person
159. A day with nothing to do
160. Having class reunions
161. Going ice skating, roller skating/blading
162. Going sailing
163. Travelling abroad, interstate or within the state
164. Sketching, painting
165. Doing something spontaneously
166. Entertaining
167. Going to plays and concerts
168. Dinner
169. Early morning coffee and newspaper
170. Playing musical instruments
171. Playing squash
172. Going camping

ANXIETY: ADAPTED DIALECTICAL BEHAVIOR THERAPY DISTRESS TOLERANCE

- Distraction Techniques
- Self-Soothe
- IMPROVE the Moment
- Pros and Cons

Can be used to boost general skills for reducing anxiety or tolerating moments of crisis
Diaphragmatic Breathing Skill

Relaxed Breathing
- Breathing in
  - air inhaled
  - chest expands
  - diaphragm contracts
  - abdomen expands
- Breathing out
  - air exhaled
  - chest contracts
  - diaphragm relaxes
  - abdomen contracts

Care Manager As Trainer

- Short educational training sessions that can be spontaneous or planned (appointment for practice)
- Don’t need to have full assessment or long time in rapport building
- Focus on skill development
HOW TO DO A DIAPHRAGMATIC BREATH

✚ Sit or stand in a comfortable position with your back straight and your feet flat on the floor
✚ Slowly inhale through your nose, counting slowly to 4
✚ Place one hand on your chest and one on your stomach if you want
✚ Slowly exhale through the mouth, counting slowly to 6
✚ That’s it! Repeat several times
✚ Let’s practice over the phone with Dr. Naha
  https://www.youtube.com/watch?v=Um2Whbdhy-c
**Tips on Diaphragmatic Breathing**

- Place one hand on the abdomen and the other on your upper chest. If you do a diaphragmatic breath, you should feel the lower hand on your abdomen move out with the inhalation and in with the exhalation. The top hand on the chest should remain relatively still. If you find it hard to do sitting down, then try lying on the floor. (4 count)

- When exhaling, try to slightly sigh with exhalation as this can provide extra tension relief. (6 count)

- The inhale stimulates the sympathetic nervous system and when you exhale it stimulates the parasympathetic nervous system. So put more emphasis on exhaling a little longer than inhaling.

- Put more emphasis on breathing rhythmically rather than deeply.

- Diaphragm breathing allows you to relax and reap the stress-related benefits of breathing better.
Problem Solving Therapy in Primary Care (PST-PC)

Structure of PST-PC Treatment

- 30 minutes each
- Work through at least one full problem per session
- Action between sessions

Seven Steps of PST-PC

1. Clarify and Define the Problem
2. Set Realistic / Achievable Goal
3. Generate Multiple Solutions
4. Evaluate and Compare Solutions
5. Select a Feasible Solution
6. Implement the Solution
7. Evaluate the Outcome
EXAMPLE OF PROBLEM SOLVING THERAPY

Problem Solving Therapy typically used to promote effective management of the negative effects of stressful events.

✚ Define the Problem: not enough money
✚ Realistic Goal: additional $50/week
✚ Generate List: borrow from family/friends, get a job, spend less, rob a bank, sell some of my artwork
✚ Pros and Cons of each
✚ Select one: look for a part time (10 hours) job
✚ Implementation: want ads
✚ Outcome: check-in next week
✚ Go on to next problem: no transportation to job

**MATCH INTERVENTION TO PATIENT PRESENTATION**

**Engagement**
Build rapport rapidly and engage individual in choosing next step for them that is a natural fit. **Motivational Interviewing**

**Support and Intervene in Crises**
Have lots of tools in your tool box so that you are ready to offer various forms of support or respond to crisis if needed. **Distress Tolerance Skills**

**Treatment**
Engage various treatment approaches to match individual need and readiness. **Behavioral Activation, Problem Solving Therapy, and Other EBPs**

---

**Keep the Person at the Center of the Intervention**
Pay attention to cues on learning style, readiness for change, and culture
MAINTAIN REGISTRY AND REVIEW WITH PSYCHIATRIC CONSULTANT & CIRCLE BACK WITH PCP

FREE UW AIMS Excel® Registry (https://aims.uw.edu/resource-library/patient-tracking-spreadsheet-example-data)
RESOURCES

- Motivational Interviewing Demonstration: https://www.youtube.com/watch?v=URiKA7CKtfc
- MASBIRT Resources http://www.masbirt.org/products
EVALUATION

Please complete an evaluation of this webinar, located here:

https://www.surveymonkey.com/r/JGZCB5X