IBH Basics Webinar #2 Integrated Behavioral Health: Functional Assessment & Brief Intervention

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Agenda

- Why Brief Assessment/Intervention?
- Components of a Consult
- Functional Assessment
- Intervention
- Documentation

Behavioral Health Consultant Model

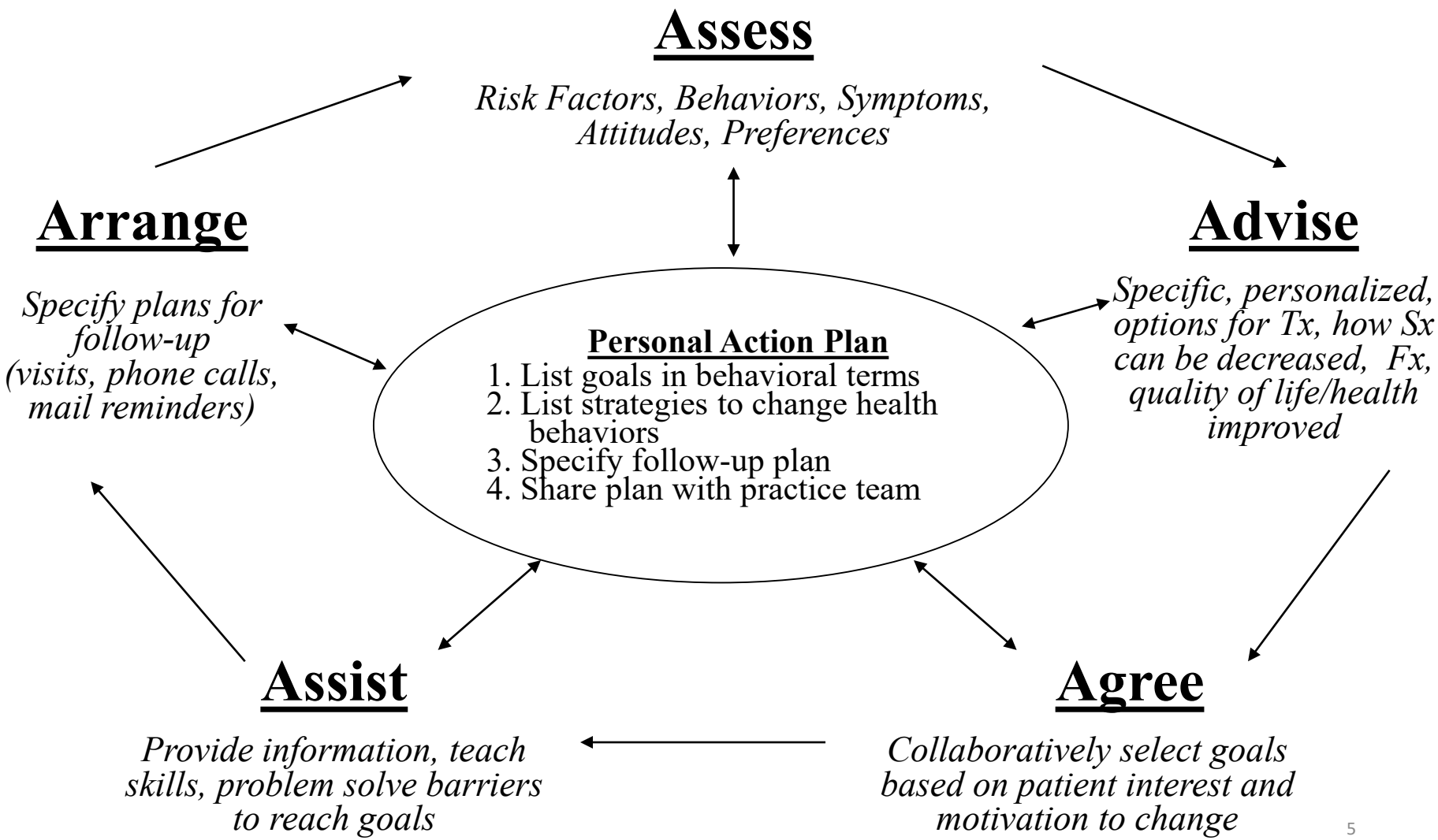
- 25-30 minute visits
- Structured
- Focus: Current functioning and Plan/Intervention
- Population and team based approach

Components of a Consult

Components of a Consult	Approximate Timing
Introduction	2 minutes
Functional Assessment	10-15 minutes
Summary	2 minutes
Patient's Ideas on the Intervention Target	2 minutes
Behavioral Change Plan	10 minutes

5A's: Assess, Advise, Agree, Assist, Arrange

(Hunter et al., 2017.)



Case Example: "Jenny"

Warm handoff from PCP:

- 45-year-old single, White female; lives with her 17 year old daughter
- Works in medical billing at a hospital
- She has Type 2 diabetes
- She has been "feeling down" for the past six months; She has been calling in sick to work

Case Example: "Jenny"

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several Days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	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	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

Total Score: 1-4 Minimal depression; 5-9 Mild depression; 10-14 Moderate depression; 15-19 Moderately severe depression; 20-27 Severe depression

Assess: Introduction

SET THE STAGE (1-2 min):

- Who you are
  - BHC, profession
- Consultant role/Part of team
- Duration of visit (15-30 min)
- Structure of visit
  - Focus on health
  - Make a game plan
  - May only be one visit
- Share information with PCP, Document EMR

Introductions

- To Patient from BHC:
  - "Hi, my name is Holly. I'd like to explain who I am and what I do in the clinic. I'm a behavioral health consultant and I'm a psychologist [insert profession]. I work with primary care providers in situations where good health care involves paying attention to physical health, habits, behaviors, emotional health and how those things interact with each other. I'm going to spend about 25 minutes with you and get an idea of what's working well and what's not working so well. We'll come up with a plan together to help you best manage your current problems or concerns. Sometimes patients get what they need in a single visit; other times patients return for a few visits to learn new skills. As we go through the visit today, I'll be writing a note that will go into your EMR and I'll be giving your provider feedback. Do you have any questions?"
  - Billing: "You may or may not receive a separate bill for this visit. It's complicated to know who will/will not receive a visit a bill, but what I do know is that if you do receive a bill we are committed to working with you so this service is available."
- To Patient from Provider:
  - "I have a team member in the clinic who helps me address [these types of problems; how physical health and emotional health interact] so that I can provide you with the best care. She is a Behavioral Health Consultant and can meet with you briefly today to provide assistance and help build a plan for your [insomnia, chronic pain, stress, depression, etc]. Can I introduce you to her today?

Modified from Hunter, 2017

Assess: Functional Assessment

Resources: PCP, EMR, Screening & Assessment Measures

1. Nature of Problem: Clarify the target problem
2. Duration
3. Triggering Event
4. Frequency/Intensity
5. Associated factors that may be getting better or worse. *What makes it better/worse?*
   - Physical, emotional, behavioral, environmental/social, cognitive
   - Sleep, pain, blood glucose, depression, avoidance of activities, negative thoughts
6. Functional Impairment
   - Changes in work, family, social
   - Changes in sleep, energy, concentration, social
7. Caffeine, Drug, and Alcohol Use
8. Medication Compliance
9. Suicide or homicide risk (if necessary)

Assess: Other Questions

- What does a typical weekday look like? Weekend?
- What makes it better/worse?
- Is there anything I haven't asked you about that you think is important for me to know?
- What have you tried to do so far to make things better or to help yourself through this situation?

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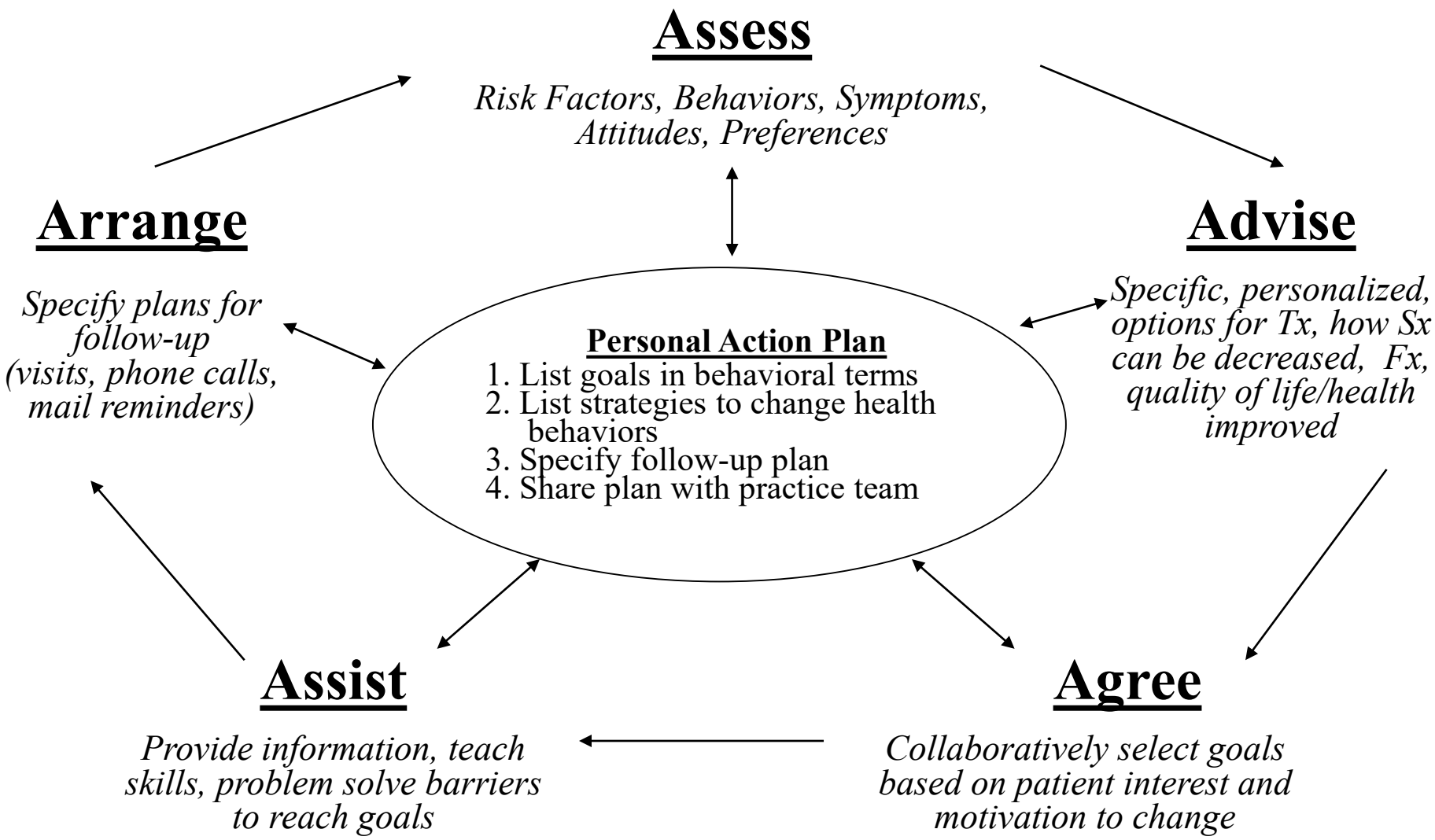

Assess: Key Transitions

- Assess: Problem Summary
  - Clarify the patient's problem, show understanding
  - This is your conceptualization of the context of the problem
- Assess: Patient Goals (patient=expert)

Jenny:
-Low motivation, lack of interest primary & daily; fleeting SI, no plan or intent
-Hypersomnia; difficulty getting up in the morning; sleeping 10-12 hrs/day
-Self care decreased (not washing her face or brushing her teeth at night)
-Work – problems with concentration, motivation and sleep = calling in sick
-Romantic relationship ended close to a year ago, related loneliness and negative self-talk
-One good friend, but less interaction; less engaged with daughter
-No psychotropic medication
-Difficulty managing her diabetes (decreased exercise, not checking her blood sugars)

Assessment to Intervention

- Advise: Possible change plan options
- Agree: Defining a change plan
- Assist: Psychoeducation, teach new skills
  - Psychoeducation
  - Mindfulness, Relaxation
  - Motivational Interviewing
  - SMART goal planning
  - CBT or FACT
- Arrange: What is next?

Sample Template

- **Time, Trigger, Trajectory**
  - Onset of problem?
  - Recent change?
  - Triggers?
  - What makes better/worse?
- **Functional Impact (effect on…)**
  - Work
  - Relationships (friends, family, sig other)
  - Social/recreational activities
  - Other
- **Health & Behaviors**
  - Caffeine
  - Tobacco
  - Alcohol, marijuana, street drugs
  - Diet, exercise, sleep

Adapted from Beachy, Bauman & Aquilino, 2017

Documentation

- Communicate with PCP
- Write a brief note in the Chart (SOAP note – one option)
  - S: Subjective (Fx assessment, Sx, concerns, motivation)
  - O: Objective (mental status, behavioral observations, PHQ-9 results)
  - A: Assessment (brief conceptualization and how care needs to proceed)
  - P: Plan (recs for the patient and PCP)
- HPI, drop down menu for interventions, drop down menu for functional impairment, etc.

SOAP Note

- S: Pt reports the following sxs: anhedonia, depressed mood, hypersomnia, low energy, concentration difficulties, negative self-talk, and fleeting suicidal ideation for the past six months nearly daily. Sxs related to a relationship break-up one year ago. Associated problems/impact: reduced social contact, missed work, no exercise, not checking her blood sugar, poor self-care (not washing her face or brushing her teeth before bedtime).
- O: Pt appears tired and evidences flat affect. She is oriented x4. PHQ-9=19.
- A: 45 yr old, single White female presenting with depression within the context of a relationship break-up. She evidences impairment in work, social, and personal domains.
- P:1) Practice relaxation prior to bedtime; get out of bed if not sleeping 2) get into bed at 10pm, get up at 6am (put alarm across the room) 3) f/u with BHC in 2 weeks.

Video Resources

- Core Components of Primary Care Consult (Neftali Serrano, PsyD)
- https://www.youtube.com/watch?v=xmiXvRIRWFE

- Screening, warm handoff, introduction to BHC (HTN, Mood, Alcohol Use). Really good example of how PCP can introduce BHC to patient and how to bring BHC into the room. Also good example of BHC introduction.
- https://www.youtube.com/watch?v=qbyb-B6sv00&feature=relmfu%3A%2F%2F

Challenges

- Time-management
- Paradigm shift
  - Less reflections, more closed-ended questions
- Guiding style
- Thinking like a consultant, not a therapist
- Others?

References & Resources

- Curtis, R. & Christian, E. (2012). A screening and assessment primer. *Integrated Care: Applying Theory to Practice*. New York, NY: Routledge.
- Hunter, C.L., Goodie, J.L., Oordt, M.S., & Dobmeyer, A.C. (2017). *Integrated Behavioral Health in Primary Care: Step-by-Step Guidance for Assessment and Intervention*. (2nd Ed.). Washington, DC: American Psychological Association.
- Robinson, P.J. & Reiter, J.T. (2016). *Behavioral Consultation and Primary Care: A Guide to Integrating Services*. (2nd Ed.). New York, NY: Springer.
- MTHCF Webinars: https://mthcf.org/2017/03/integrated-behavioral-health-webinars/
- SAMHSA-HRSA Center for Integrated Health Solutions: https://www.integration.samhsa.gov/integrated-care-models
- National Council: https://www.thenationalcouncil.org/
- Billing Codes: https://mthcf.org/wp-content/uploads/2017/03/Billing-for-Primary-Care-2018.05.01.pdf

Homework

- Write out your introduction and role play with a staff member, friend, family member, or patient.
- Create a functional assessment template and role play with a staff member, friend, or patient. Aim for 25 minutes!