



COLORADO ASSOCIATION FOR
SCHOOL-BASED HEALTH CARE

Behavioral Health in Primary Care

April 28, 2021

Presented by Rebecca Gostlin, LPC





Annotation



- Click “view options”
- Select annotation, you will see this menu:



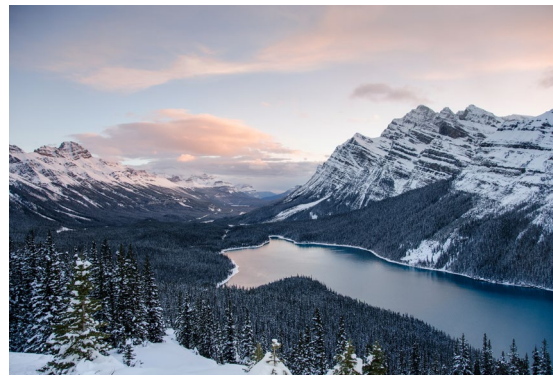
- Select “stamp”
- Select the stamp image you want to annotate with by clicking on it
- Click on the screen in the place where you want the stamp annotation to appear

Welcome



Annotation Practice:

- Place a stamp (of your choice) on the image that best represents where you would like to spend time.



Objectives

Session objectives:

- Understand how to utilize screenings to facilitate conversations and care for mood management
- Identify at least three brief interventions for use by primary care staff to address mood disturbance
- Increase use of motivational interviewing (and resilience building) strategies to engage youth in mood management interventions



Who's here?

- Zoom poll: what is your role?
(select all that apply)
- Common SBHC positions and roles



Integrated Care

Definition: care that results from a practice team of primary care and behavioral health clinicians and other staff working with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population.

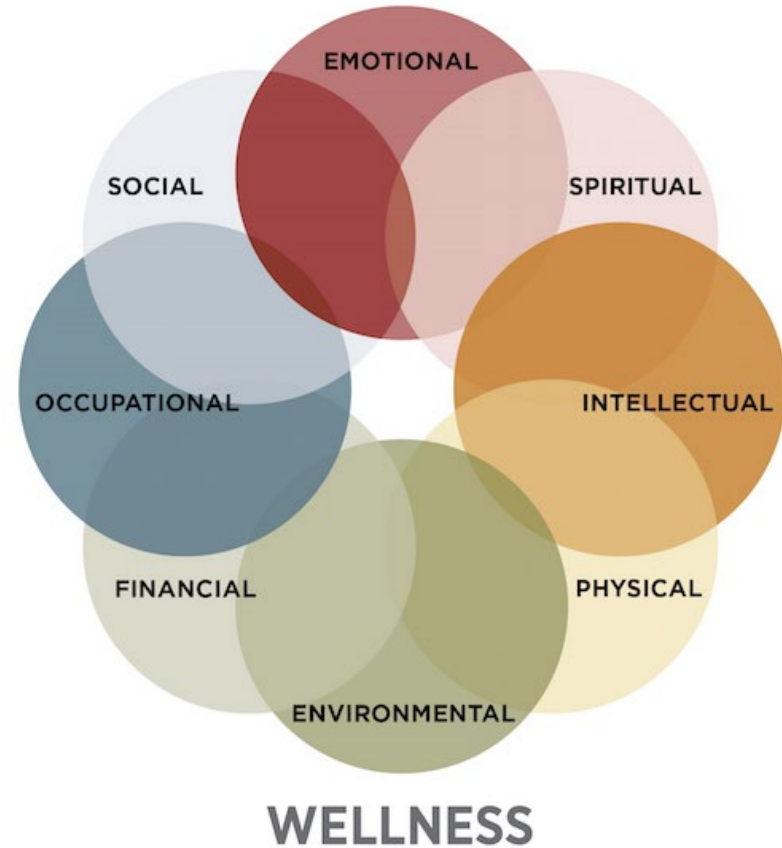
- [6 Levels of Collaboration/Integration \(CIHS Framework\)](#)

Coordinated		Co Located		Integrated	
Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Minimal Collaboration	Basic Collaboration at Distance	Basic Collaboration Onsite	Close Collaboration Onsite with Some System Integration	Close Collaboration Approaching an Integrated Practice	Full Collaboration in a Transformed/ Merged Integrated Practice

What level of integration does your SBHC currently practice?

Addressing Behavioral Health in Primary Care

- **Why is it important?**
 - Established trusted relationship
 - Decreased stigma
 - Life-long impacts on health outcomes (epigenetics and ACES)
- **Who is involved?**
 - Internally
 - External partners
- **How does it work?**



[Promoting Wellness for Better Behavioral and Physical Health](#)

Vitals Check

- Heart rate
- Respiratory rate
- BP



Vitals Check

- Heart rate
- Respiratory rate
- BP



Mood Management in Primary Care

- **Mood:** "a conscious state of mind or predominant emotion" (Merriam-Webster)
 - Mood/Affective Disorders
 - Anxiety Disorders
 - Stress
 - Anger
- **Management:** patient is able to regulate mood and behavior in healthy ways
 - Cognitive Behavioral Therapy (CBT) framework
 - Understand health impacts on mood and of mood on health
 - Brief Intervention (education, skill building, medical intervention)
 - Learn from your patient: what works for them, what are they willing and able to try, apps that might work, existing support to build on, etc
 - Follow-up: just like medication may need to be adjusted, so might a skill or referral



Mood Management in Primary Care

Mood and Physical Health

- **Somatization**
 - headaches
 - stomachaches
- **Impact of behavioral health on all body systems**
 - Neurotransmitters
 - Hormonal imbalances
 - Metabolism
 - Immune system
- **Whole body impacts**
 - Exercise, diet, sleep, risky behaviors



BREAKOUT ROOM DISCUSSION

How do behavioral health concerns present in primary care visits at your SBHC and how does your SBHC respond?

- Think about common concerns, who manages those, when referrals are made, follow-up, etc.

Taking Action

Screening

- Who do you screen?
- What do you screen for?
- When do you screen?

Referral

- Internal
- External
- Clinical
- Support



Interventions*

Have a menu of ideas and solicit patient in-put

- Relaxation techniques
- Sleep hygiene
- Healthy eating strategies
- Positive activity engagement
- Relationship building skills
- Meeting basic needs / ensuring safety
- Medication
- Parenting support

* See handouts for more detailed intervention ideas.

PRACTICE with patient during the visit – identify possible barriers and ways to address them.



5 MINUTE BREAK



Welcome Back



Annotation exercise: select a stamp and place it where you fall for each question below

- Have you participated in Motivational Interviewing (MI) training?



- How comfortable are you in using Motivational Interviewing with patients?



- How often do you use Motivational Interviewing in your work?

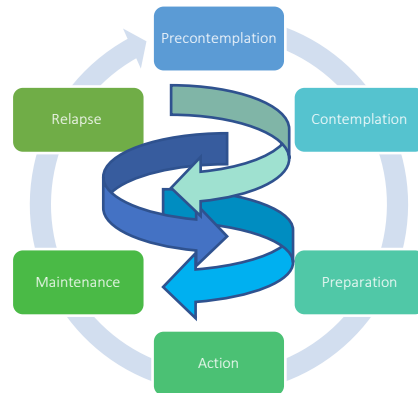


Motivational Interviewing

- **A technique and model** (Miller & Rollnick 1991)
 - Empathy
 - Ambivalence
 - Patient driven goals

- **Stages of Change** (Prochaska and DiClemente)

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse



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Motivational Interviewing: OARS

- **Open-ended Questions:**
 - requires more than a yes/no response
- **Affirmations:**
 - strengths, healthy decisions, positive self concepts, accomplishments
- **Reflections:**
 - share out of what the patient said (reflect back)
- **Summaries:**
 - 1-2 sentences to pull together what you think you heard the patient say

*It's okay to be wrong – a lot of good information can come from it.



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As you watch this video, keep track of OARS skills you see used.

- **Open-ended questions**
- **Affirmations**
- **Reflections**
- **Summaries**

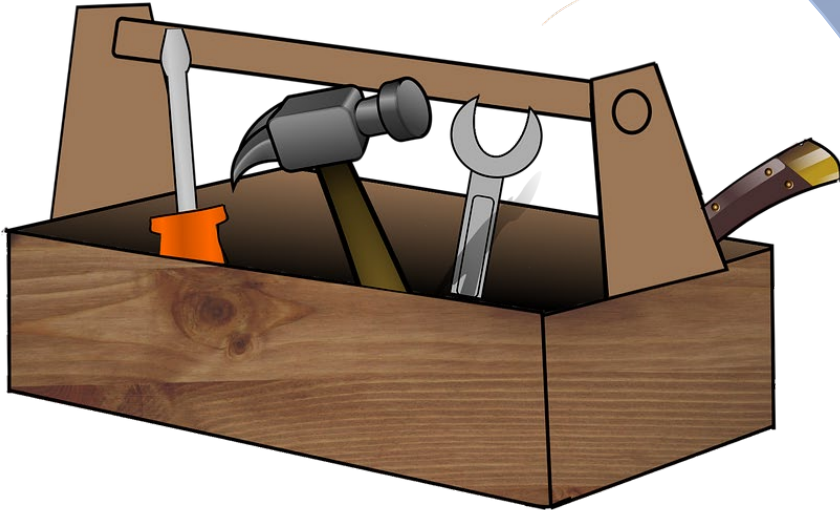
Observe how the patient responds to each.

[The Effective Physician: Motivational Interviewing Demonstration](#)

Produced by University of Florida Department of Psychiatry. Funded by Flight Attendant Medical Research Institute Grant [#63504](#) (Co-PIs: Gold & Merlo)

Other MI Tools:

- Change Rulers
 - scale questions
- Elicit-Provide-Elicit
- Roll with resistance



Using MI to Address Mood Concerns in Primary Care

- **Responding to Screening Tools**
 - Ask permission
 - Feedback information from patient
 - Elicit-Provide-Elicit
 - Look for positive trends, strengths, and resilience in responses: leverage for change talk and affirmations
- **Mood management**
 - Roll with resistance
 - Foster ambivalence and change talk
 - Meet patients where they are
 - Think stages of change
 - Change rulers
- **Resilience**
 - Focus affirmations and summaries to highlight areas of resilience
 - Reinforce change talk with resilience



BREAKOUT ROOM DISCUSSION

Open the link to the case example handout. As a group, discuss how you can use an integrated approach to address patient needs.

- Think about who might be involved and how.
- What screenings, brief interventions would you try?
- Where can motivational interviewing might fit in?
- How can you build resilience as part of the visit?

Questions? Comments.

Thank you.

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