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PSYX 631.01: Interventions, Integrated Behavioral Health

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PSYX 631: Interventions, Integrated Behavioral Health (Fall 2022)

University of Montana Department of Psychology

"None of us is as smart as all of us." – Japanese proverb

Instructor: Holly E. Schleicher, Ph.D.
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*Developed with grant funding from the Montana Health Care Foundation (PI's: Robohm, Fiore, Schuldberg)

Course Description:

Behavioral health consultation and integrated care services are rapidly growing fields. Mental health professionals who have received training in integrated settings are well-suited to take development and leadership roles in the health care system. In this course, you will read some of the rapidly-expanding literature on behavioral health consultation, primary care psychology, and integrated care. You will become familiar with the competencies required of mental health professionals who work in health care settings, and the importance of interprofessional training and education. You will learn about and gain "hands-on" practice in behavioral health interventions utilized in primary care settings, both to aid in the population-based treatment of common psychological and medical problems, and to promote lifestyle changes that can improve physical health. Class sessions will incorporate didactic material, discussion of assigned readings, and "hands-on" practice in behavioral health interventions utilized in primary care settings. Throughout the course, we will consider the workforce needs and special considerations of implementing care in Montana and other rural settings. You will also have the opportunity to learn from behavioral health clinicians and other medical providers that work in a variety of primary care and specialty medical care settings. In addition, you will have two shadowing/observing opportunities: 1) You will shadow medical and other providers at Partnership Health Center (PHC), Missoula's federally-qualified community health center and home of the Family Medicine Residency of Western Montana (FMRWM) and 2) You will observe an Integrated Behavioral Health virtual clinic called Project ECHO (Extension for Community Healthcare Outcomes), which is a medical education and care management collaborative that empowers clinicians in remote settings to deliver better care to more people locally.¹

¹ This seminar is designed to provide "hands-on" training and experiential practice in behavioral health interventions that can be utilized in primary care settings. It is a companion course to Dr. Campbell's "Behavioral Medicine/Clinical Health Psychology" course (PSYX 631), with its strong focus on physical illnesses that psychologists encounter in general medical settings, basic illness physiology, and the relationship between psychological factors and physiological illness. I strongly encourage those of you who have not taken his course to do so, as it provides more of a theoretical background for some of the interventions that we will be learning about and practicing.

Learning Objectives:

- (1) Learn about emerging models of behavioral health consultation and integrated care in primary care and other medical settings;
- (2) Become familiar with competences for behavioral health practice and for interprofessional practice in primary care settings;
- (3) Be exposed to the current literature on empirically-supported behavioral health interventions and techniques;
- (4) Observe primary care providers in action, and identify opportunities for behavioral health consultation and intervention;
- (5) Hear first-hand accounts of behavioral health consultation opportunities in the health care field; and
- (6) Gain hands-on experience with empirically-supported behavioral health interventions that can be utilized in primary care settings.

Course Requirements:

- **Attendance:** your presence in class is mandatory, and you will lose 1 point on your final grade for each unexcused class absence. Absences are acceptable for the following reasons only: (1) illness (you or a family member), (2) death of a loved one, or (3) travel for an academically-relevant event (e.g., conference or poster presentation). If you must miss class, please let me know as soon as possible. Please note: if you miss more than one scheduled class period for any reason, you will need to write a 2-3 page reaction paper based on the readings assigned for that class, due within one week of your absence. If you fail to complete the reaction paper, you will lose 2 points on your final grade. **No late reaction papers will be accepted.**
- **Class participation (10 points):** This course is a seminar, which means that the richness of the experience will be based, in part, on active class discussion and participation in class demonstrations. I expect everyone to participate meaningfully in every class; you may have more to say some weeks than others, but I do hope to hear from everyone each week, and I expect you all to volunteer for demonstrations since this material cannot be learned strictly from a book or journal article. Obviously, your participation will be significantly enhanced if you have done the reading, so please come prepared.

<p>Assignments: Full assignment descriptions are in Moodle. Please plan ahead, as you will lose 1 point on your final grade for every day that an assignment is late.</p>

<p>(1) BHC Functional Assessment: You will learn how to conduct a “functional” assessment, and you will then practice outside of class with your classmates (see “BHC Functional Assessment Assignment” in Moodle). <i>Due: Monday, October 31st.</i></p>
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<p>(2) Health Behavior Challenge: Track a health behavior that you would like to change for at least one month and reflect on your success (see “Health Behavior Challenge” in Moodle). <i>Due: Monday, November 7th.</i></p>
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<p>(3) Shadowing Assignment: Each student will “shadow” a medical provider at PHC on 1 occasion (for a 4-hour time period) and write a 3-page journal entry about the experience (see “Shadowing Assignment” in Moodle). <i>Due: Monday, November 21st.</i></p>
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<p>(4) Behavioral Health Consultation “Toolkit”: You will develop a “toolkit” to help healthcare providers tackle a significant medical or mental health problem in the primary care setting (see “BHC Toolkit Assignment” in Moodle). I will ask you to identify the problem that you want to work on by <i>Monday, October 3rd</i>. Feel free to consult with me about this. Your Toolkit is due on</p>
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Assignments: Full assignment descriptions are in Moodle. **Please plan ahead, as you will lose 1 point on your final grade for every day that an assignment is late.**

the last day of class and class presentations will take place the two weeks prior (*Monday, December 12th*).

Grading:

Class Participation: 10 pts (10%)

Functional Assessment write-up: 25 pts (25%)

Health Behavior Challenge: 15 pts (15%)

Shadowing Activity Journal: 15 pts (15%)

BHC "Toolkit": 25 pts (25%, written); 10 pts (10%, presentation)

TOTAL: 100 pts (100%)

Final grades will be awarded on the following scale:

93-100: A	73-76: C
90-92: A-	70-72: C-
87-89: B+	67-69: D+
83-86: B	63-66: D
80-82: B-	60-62: D-
77-79: C+	< 60%: F

Disabilities: The University of Montana assures equal access to instruction through collaboration between students with disabilities, instructors, and [Office for Disability Equity](#). If you think you have a disability adversely affecting your academic performance, and you have not already registered with Disability Services, please contact Disability Services in Lommasson Center 154 or call 406-243-2243. I will work with you and Disability Services to provide an appropriate modification.

Academic integrity: Academic dishonesty is antithetical to the mission of the University of Montana. All students must practice academic honesty and protect patient confidentiality. Please ask for help if you are having trouble with the course content. Plagiarism is an example of academic dishonesty and will be handled accordingly. If you have any questions about what might constitute plagiarism, please let me know.

Readings:

Required readings for this class have been placed (in PDF format) in Moodle. In addition, there is a document entitled, "BHC References and Resources" which provides full references for texts, web pages, and journal articles which also may be of interest to all of you. Abbreviated references for the assigned readings appear below.

Sustainability: Please consider printing out only what you need, printing 2 pages to the sheet, and using both sides of the paper when printing the course readings and assignments.

Course schedule:

CLASS PERIOD	TOPIC(S)/GUEST SPEAKERS	ASSIGNMENTS/ASSIGNED READINGS
Week 1: Aug. 29	Introduction/Orientation	We will do introductions, get a sense of everyone's behavioral health interests and experiences, and review the course syllabus
Week 2: Sept. 5	NO CLASS LABOR DAY	
Week 3: Sept. 12		
	Why Integrated Behavioral Health/Behavioral Health Consultation?	<i>Due: Re-read the syllabus and course assignments and bring any questions to class.</i> Robinson & Reiter (2016). Chapter 1. Behavioral Consultation and Primary Care: The "Why Now?" and "How?" Hunter et al. (2018). Primary Care Behavioral Health Model Research: Current State of the Science and a Call to Action. Supplemental: IBH Basics Video (Watch until 45:00) https://vimeo.com/317324795
In Class: Practice elevator speech &	Getting the Lay of the Land (and the Lingo)	Robinson & Reiter (2016). Chapter 2. A Primer on Primary Care. Freeman et al. (2018). Financing the Primary Care Behavioral Health Model.
Week 4: Sept. 19		
	Getting Started	Haley et al. (2004). Psychological practice in primary care settings: Practical tips for clinicians. Robinson, P.J. & Reiter, J.T. (2016). Chapter 10. Starting Up and Growing up.
In Class: Competency Assessment	IBH Core Competencies	Robinson & Reiter (2016). Chapter 11. A Day in the Life of a Behavioral Health Consultant. – <i>What skills are required of Dr. Gather as a BHC?</i> Rosenberg & Mullin (2018). Building the plane in the air...but also before and after it takes flight: considerations for training and workforce preparedness in integrated behavioural health. Hoge et al. (2014). Core Competencies for Integrated Behavioral Health and Primary Care. Washington, DC: SAMHSA - HRSA Center for Integrated Health Solutions. READ pgs. 8-14.
Week 5: Sept. 26		
	Ethical Issues and Challenging Moments	<i>Due: Reminder to get started on your Health Behavior Challenge</i> Boice, D.S. (2012). Ethics in integrated care. Robinson & Reiter (2016). Chapter 15. Challenging moments: Provider, Patient, & System.
In Class: IPE Case Example	Interprofessional Education (IPE) and Training	Bridges et al. (2011). Interprofessional collaboration: Three best practice models of interprofessional education. Miller & Cohen-Katz (2010). Creating collaborative learning environments for transforming primary care practices now.

CLASS PERIOD	TOPIC(S)/GUEST SPEAKERS	ASSIGNMENTS/ASSIGNED READINGS
	Guest Speaker: Lindsey Grove, PhD, Planned	
Week 6: Oct. 3		
	Screening and Assessment	<i>Due: Behavioral Health "Toolkit" Topic Submission (for approval...)</i> Curtis & Christian (2012). A screening and assessment primer. Oslin et al. (2006). Screening, Assessment, and Management of Depression in VA Primary Care Clinics: The Behavioral Health Laboratory. Hunter et al. (2017). Chapter 16. Managing suicide risk in the primary care setting.
In Class: Screening measures; safety planning; and Introduction Scripts	Initial Consultation and Functional Assessment Guest speaker: Christian Zal-Herwitz, PhD, Department of Veteran's Affairs	An Introduction WATCH VIDEO: Dr. Neftali Serrano explaining the components of a functional assessment https://www.youtube.com/watch?v=xmiXvRIRWFE
Week 7: Oct. 10		
In Class: Practice Functional Assessment and SOAP note writing	Initial Consultation and Functional Assessment	<i>Designate groups and assign patient vignettes for Functional Assessment assignment.</i> Hunter et al. (2017). Chapter 2. Conducting the initial consultation appointment. Robinson & Reiter (2016). Chapter 9. Practice tools for the BHC. CCC: Functional Assessment Training Tool
Week 8: Oct. 17	NO CLASS	
Week 9: Oct. 24		
	Health Behavior Change and Common Lifestyle Targets, Chronic Disease Management	Fisher et al. (2011). Behavior matters. Hunter et al. (2017). Chapter 5. Health behaviors: Tobacco use, Overweight and Obesity, and Physical Activity. Jaber et al. (2006). Group visits for chronic illness care: Models, benefits, and challenges. Supplemental: Glasgow et al. (2005). Practical and relevant self-report measures of patient health behaviors for primary care research.

CLASS PERIOD	TOPIC(S)/GUEST SPEAKERS	ASSIGNMENTS/ASSIGNED READINGS
Practice Exercises:	Motivational Interviewing	Rollnick, Miller, & Butler (2008). Ch. 3 from Motivational Interviewing in Health Care: Helping Patients Change Behavior. Anstiss (2009). Motivational interviewing in primary care. Glynn & Levensky (2009). Promoting treatment adherence using motivational interviewing: Guidelines and tools.
Week 10: Oct. 31		
	Acceptance & Commitment Therapy (ACT)	<u>Due: Functional Assessment Write-Up (20 points)</u> Robinson, Gould & Strosahl (2010). Ch. 1 Beyond mind as machine. Robinson, Gould & Strosahl (2010). Ch. 2 How people get stuck. Robinson, Gould & Strosahl (2010). Ch. 3 Creating a context for change. Robinson, Gould & Strosahl (2010). Ch. 4 Takin' it to the streets: Real behavior change tools.
	Behavioral & Cognitive Interventions in Primary Care	Hunter et al. (2017). Chapter 3. Common behavioral and cognitive interventions in primary care: Moving out of the specialty mental health clinic.
Week 11: Nov. 7		
	Treatments for Depression	<u>Due: Health Behavior Challenge</u> Callaghan & Gregg (2005). The role of the behavioral health-care specialist in the treatment of depression in primary care settings. Hunter et al. (2017). Chapter 4. Depression, anxiety, posttraumatic stress disorder, and insomnia. Pages 55-61. Robinson, Gould, & Strosahl (2010). A fresh approach to the daily duo: Anxiety and depression. Serrano & Monden (2011). The effect of behavioral health consultation on the care of depression by primary care clinicians.
In Class: Intervention Practice	Treatments for Anxiety and Stress Management Guest Speaker: Ellen Bluett, PhD, Family Medicine Residency of Western Montana	Dornelas, Gallagher, & Burg (2014). Reducing stress to improve health. Hunter et al. (2017). Chapter 4. Depression, anxiety, posttraumatic stress disorder, and insomnia. Pages 61-83. Cigrang et al. (2015). Treatment of active duty military with PTSD in primary care: A follow-up report.
Week 12: Nov. 14		
	Chronic Pain	Hunter et al. (2017). Chapter 9. Pain disorders.

CLASS PERIOD	TOPIC(S)/GUEST SPEAKERS	ASSIGNMENTS/ASSIGNED READINGS
		Beehler et al. (2019) . Brief Cognitive Behavioral Therapy for Chronic Pain: Results from a Clinical Demonstration Project in Primary Care Behavioral Health.
	Substance Abuse and Drug-Seeking Guest Speaker: Angela Listug-Vap, DPT, Alpine Physical Therapy	Townley & Dorr (2017). Integrating Substance Use Disorder Treatment and Primary Care. Moyer (2013). Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse: Preventive Services Task Force Recommendation Statement. Hunter et al. (2017). Chapter 10. Alcohol and prescription medication misuse.
Week 13: Nov. 21		
	Pediatric and Aging Populations in Integrated Care	<u>Due: Shadowing Assignment</u> Hunter (2017). Chapter 14. Children, Adolescents, and Parenting. Krall (2012) Pediatric integrated care. Hunter (2017). Chapter 12. Special Considerations for Older Adults.
	Cultural & Rural Issues Guest speaker: Rita Billow, PhD Northwest Community Health Center	Robertson & Zeh (2012). Cross-cultural issues in integrated care. Fortney et al. (2015). Telepsychiatry integration of mental health services into rural primary care settings. Selby-Nelson (2018). Primary Care Integration in Rural Areas: A Community-Focused Approach.
Week 14: Nov. 28		TOOLKIT PRESENTATIONS
		<u>Due: Students present 20min on special topic</u>
Week 15: Dec. 5		TOOLKIT PRESENTATIONS
		<u>Due: Students present 20min on special topic</u>
Week 16: Dec. 12	Finals Week	
		<u>Due: BHC "Toolkit" Assignment (written portion)</u>