

1-2014

PSYX 595.02: Special Topics - Behavioral Health Consulting

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Recommended Citation

Robohm, Jennifer S., "PSYX 595.02: Special Topics - Behavioral Health Consulting" (2014). *Syllabi*. 2429.
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PSYX 595(02): Behavioral Health Consultation (Spring 2014)
University of Montana Department of Psychology

“None of us is as smart as all of us.” – Japanese proverb

Instructor:	Jennifer S. Robohm, Ph.D.	Meeting times:	Tuesdays, 9:40AM – 11:00AM
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Office hours:	By appointment		

Course Description:

Although there will always be a need for specialty mental health care as it has been traditionally practiced, health care delivery systems are changing rapidly, and behavioral health clinicians will need to stay abreast of these changes or risk becoming obsolete. Psychologists who have been trained to provide behavioral health consultation and integrated care services in primary care settings will be well-situated to take leadership roles in the health care systems of the future. 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 psychologists who work in health care settings, and the importance of interprofessional training and education. In addition, 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. During the semester, you will have the opportunity to learn from several psychologists and former UM Psychology Department graduates who have had experience as behavioral health consultants and clinicians in a variety of primary care and specialty medical care settings. In addition, 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).¹

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 psychology 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.

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.

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.
- **Assignments:** I am asking you to do a series of assignments which will be very practical and “hands-on,” to help you apply the course material and make it feel more relevant. Some of the assignments are quite short, while others will require more time. Full assignment descriptions will be placed in a “BHC 2014” DropBox folder dedicated to the course, in an “Assignments” sub-folder. **Please plan ahead, as you will lose 1 point on your final grade for every day that an assignment is late.**

(1) My Own Health Report (MOHR) Assignment: I will ask you to complete a short (5-10 minutes), on-line health assessment (https://secure.myownhealthreport.org) which identifies targets for behavioral health intervention. You will then write 1-2 paragraphs about the experience and pick one health behavior that you would like to modify, based on the results, for the Health Behavior Challenge. <i>Due: Tuesday, February 4th.</i>
(2) BHC Functional Assessment: early in the semester, we will review how to conduct a “functional” assessment, and you will then practice outside of class with your classmates (see “BHC Functional Assessment Assignment” in DropBox). <i>Due: Friday, March 7th.</i>
(3) Health Behavior Challenge: I will ask you to track the health behavior that you decided to work on, based on the MOHR assignment, for at least one month and to reflect on your success (see “Health Behavior Challenge” in DropBox). <i>Due: Friday, March 28th.</i>
(4) Shadowing Assignment: each student will “shadow” at PHC on at least 2 occasions and write a 5-page journal entry about the experience (see “Shadowing Assignment” in DropBox). <i>Due: Friday, April 18th.</i>
(5) Behavioral Health Consultation “Toolkit”: You will develop a “toolkit” to help health care providers tackle a significant medical or mental health problem in the primary care setting (see “BHC Toolkit Assignment” in DropBox). I will ask you to identify the problem that you want to work on by Tuesday, February 18 th . (Feel free to consult with me about this.) Your Toolkit is due on the last day of class.

Grading:

Class Participation:	10 pts	(10%)
MOHR Assignment	5 pts	(5%)
Functional Assessment write-up	20 pts	(20%)

Shadowing Journal	20 pts	(20%)
Health Behavior Challenge	15 pts	(15%)
BHC "Toolkit"	25 pts	(25%)
TOTAL	100 pts	(100%)

Extra Credit: if you need to raise your final grade (or if you just want to take advantage of some local, interprofessional training opportunities), you can earn 3 points by attending one or both of the following: (1) evening "Grand Rounds" at PHC (these will occur monthly, TBD), and/or (2) Peggy Schlesinger's IPE seminar on Thursday evenings (2/20, 2/27, 3/20, 3/27, 4/17, and 4/24) from 6-8PM in Skaggs #174. I am happy to provide more details.

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: In accordance with The University of Montana's mission to provide equal educational opportunities for all students, I am willing to provide necessary accommodations for students with disabilities. If you require any accommodations, please make them known to me, and I will work with the office of Disability Services for Students in adapting this course. (See: <http://www.umt.edu/disability>).

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. Finally, all students need to be familiar with the Student Conduct Code (http://life.umt.edu/vpsa/student_conduct.php).

Readings:

Required readings for this class have been placed (in PDF format) in a shared DropBox folder ("BHC 2014"), so you can access them even after the semester is over. In addition, I have compiled 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. You will find that document in the DropBox folder as well, in the sub-folder entitled "Syllabus, References, and Resources". 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: January 27 th		

Tuesday, 1/28 (9:40 – 11:00AM)	Introduction/Orientation	None. We will do introductions, get a sense of everyone's behavioral health interests and experiences, and review the course syllabus.
Friday, 1/31 (10:10 – 11:30AM)	Why Behavioral Health Consultation?	<p><u>Due: Respond (if you haven't already) to DropBox invitation! Re-read the syllabus and course assignments, and bring any questions to class.</u></p> <p>The Baltimore Statement (2009).</p> <p>Byrd, O'Donohue, & Cummings, N.A. (2005). The case for integrated care: Coordinating behavioral health care with primary care medicine.</p> <p>Kessler & Stafford (2008). Primary care <i>is</i> the de facto mental health system.</p> <p>Robinson & Reiter (2007). An overview of primary care behavioral health consultation.</p>
Week 2: February 3rd		
Tuesday, 2/4 (9:40 – 11:00AM)	Getting the Lay of the Land (and the Lingo)	<p><u>Due: MOHR assignment (5 points)</u></p> <p>Auxier et al. (2013). Integrated behavioral health and the Patient-Centered Medical Home.</p> <p>Berwick, Nolan, & Whittington (2008). The triple aim: Care, health, and cost.</p> <p>Hunter et al. (2009). Introduction.</p> <p>RAND Report to the Pennsylvania Health Funders' Collaborative (2009, May). <i>Integration of Primary Care and Behavioral Health</i> (pp. 1-12, skim the rest)</p>
Friday, 2/7 (10:10 – 11:30AM)	Psychologist Training, Education, and Competence	<p>Interorganizational Work Group on Competencies for Primary Care Psychology Practice (2013, March). <i>Competencies for Psychology Practice in Primary Care</i>.</p> <p>McDaniel et al. (2004). Recommendations for Education and Training in Primary Care Psychology.</p> <p>Nash et al. (2013). Essential competencies for psychologists in patient centered medical homes.</p> <p>Strosahl, K.D. (2005). Training behavioral health and primary care providers for integrated care: A core competencies approach.</p>
Week 3: February 10th		
Tuesday, 2/11 (9:40 – 11:00AM)	Getting Started <u>Guest speaker:</u> <u>David Schuldberg, Ph.D.</u>	<p>Haley et al. (2004). Psychological practice in primary care settings: Practical tips for clinicians.</p> <p>Hunter et al. (2009). Building an integrated primary care service.</p> <p>Robinson, P.J. & Reiter, J.T. (2007). Start-up: What to do and how to influence PCPs.</p>

Friday, 2/14 (10:10 – 11:30AM)	Interprofessional Education (IPE) and Training	<p>Cubic et al. (2012). Interprofessional education: Preparing psychologists for success in integrated primary care.</p> <p>Interprofessional Education Collaborative Expert Panel. (2011). <i>Core competencies for interprofessional collaborative practice: Report of an expert panel.</i></p> <p>Twilling, L.L., Sockell, M.E., & Sommers, L.S. (2000). Collaborative practice in primary care: Integrated training for psychologists and physicians.</p>
Week 4: February 17th		
Tuesday, 2/18 (9:40 – 11:00AM)	Ethical Issues and Challenging Moments	<p><i>Due: Behavioral Health “Toolkit” Topic Submission (for my approval...)</i></p> <p>Belar & Deardorff (2009). Pitfalls in practice.</p> <p>Boice, D.S. (2012). Ethics in integrated care.</p> <p>Robinson & Reiter (2007). Challenging moments.</p>
Friday, 2/21 (10:10 – 11:30AM)	Screening and Assessment	<p>Curtis & Christian (2012). A screening and assessment primer.</p> <p>Robinson & Reiter (2007). Measures for a primary care behavioral health practice.</p> <p>Talen, Baumer, & Mann (2013). Screening measures in integrated behavioral health and primary care settings.</p>
Week 5: February 24th		
Tuesday, 2/25 (9:40 – 11:00AM)	Initial Consultation and Functional Assessment	<p><i>Designate groups and assign patient vignettes for Functional Assessment assignment.</i></p> <p>Hunter et al. (2009). Conducting the initial consultation appointment.</p> <p>Nezu & Nezu (2010). Cognitive-behavioral case formulation and treatment design.</p> <p>Reiter & Robinson (2007). Practice tools for the BHC.</p>
Friday, 2/28 (10:10 – 11:30AM)	<p>(Financing and Coding)</p> <p><i>Guest speaker:</i> <i>Rita Billow, Ph.D.</i></p>	<p>Kautz, Mauch, & Smith (2008). <i>Reimbursement of Mental Health Services in Primary Care Settings.</i></p> <p>MaineHealth Health & Behavior Guidelines (2009)</p> <p>Mauer (2006, July). <i>Behavioral Health/Primary Care Integration: Finance, Policy, and Integration of Services.</i></p>
Week 6: March 3rd		
Tuesday, 3/4 (9:40 – 11:00AM)	Motivational Interviewing	<p>TBD - excerpts from Rollnick, Miller, & Butler (2008) <i>Motivational Interviewing in Health Care: Helping Patients Change Behavior</i>, and Berger & Villaume (2013) <i>Motivational Interviewing for Health Care Professionals: A Sensible Approach.</i></p>

		<p>Anstiss (2009). Motivational interviewing in primary care.</p> <p>Glynn & Levensky (2009). Promoting treatment adherence using motivational interviewing: Guidelines and tools.</p>
Friday, 3/7 (10:10 – 11:30AM)	Acceptance & Commitment Therapy (ACT)	<p><u>Due: Functional Assessment Write-Up (20 points)</u></p> <p>Robinson, Gould & Strosahl (2010). Beyond mind as machine.</p> <p>Robinson, Gould & Strosahl (2010). How people get stuck.</p> <p>Robinson, Gould & Strosahl (2010). Creating a context for change.</p> <p>Robinson, Gould & Strosahl (2010). Takin' it to the streets: Real behavior change tools.</p>
Week 7: March 10th		
Tuesday, 3/11 9:40 – 11:00AM)	<p>(Patient Self-Report of Health Behaviors)</p> <p>Guest Speaker: Craig Ravesloot, Ph.D.</p>	<p>MOHR Webinar (1 hour): https://connectpro72759986.adobeconnect.com/a782517175/p8rvi6lrauv/?launcher=false&fcsContent=true&pbMode=normal</p> <p>Glasgow et al. (2005). Practical and relevant self-report measures of patient health behaviors for primary care research.</p>
Friday, 3/14 (10:10 – 11:30AM)	Health Behavior Change and Common Lifestyle Targets	<p>Fisher et al. (2011). Behavior matters.</p> <p>Gatchel & Oordt (2003). Health-compromising behaviors.</p> <p>Hunter et al. (2009). Health behaviors: Tobacco use, overeating, and physical activity.</p>
Week 8: March 17th		
Tuesday, 3/18 (9:40 – 11:00AM)	Mental Health Interventions in Primary Care	<p>Belar & Deardorff (2009). Intervention strategies in clinical health psychology.</p> <p>Hunter et al. (2009). Common behavioral and cognitive interventions in primary care: Moving out of the specialty mental health clinic.</p> <p>Robinson (2005). Adapting empirically supported treatments to the primary care setting: A template for success.</p>
Friday, 3/21 (10:10 – 11:30AM)	Group Visits	<p>Barud et al. (2006). Development and implementation of group medical visits at a family medicine center.</p> <p>Jaber et al. (2006). Group visits for chronic illness care: Models, benefits, and challenges.</p> <p>Robinson & Reiter (2007). More than one patient at a time: Group visits in primary care.</p>
Week 9: March 24th		
Tuesday, 3/25 (9:40 – 11:00AM)	Treatments for Depression	<p>Gunn, Dowrick, & Lionis (2012). Depression in primary care mental health.</p> <p>Hunter et al. (2009). Depression, anxiety, and insomnia.</p> <p>Jarrett (2009). The primary care consultant toolkit: Tools for behavioral medicine.</p>

Friday, 3/28 (10:10 – 11:30AM)	IMPACT Model of Depression Treatment Guest Speaker: Leslie Croot, Ph.D.	<u>Due: Health Behavior Challenge</u> Hegel et al. (2002). Role of behavioral health professionals in a collaborative stepped care treatment model for depression in primary care: Project IMPACT. 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.
Week 10: March 31st	SPRING BREAK!	
Week 11: April 7th		
Tuesday, 4/8 (9:40 – 11:00AM)	Treatments for Anxiety and Stress Management	Campbell-Sills, Grisham, & Brown (2005). Anxiety disorders in primary care. Dornelas, Gallagher, & Burg (2014). Reducing stress to improve health. Hunter et al. (2009). Depression, anxiety, and insomnia.
Friday, 4/11 (10:10 – 11:30AM)	Treatments for Somatization	Cucciare & Lillis (2009). Somatization in primary care. Cummings (2005). Identifying and treating the somatizer: Integrated care's penultimate behavioral intervention. Hunter et al. (2009). Health anxiety (Hypochondriasis).
Week 12: April 14th		
Tuesday, 4/15 (9:40 – 11:00AM)	(Electronic Medical Records) Guest Speaker: Casey Ruggiero, Ph.D.	Bassi, Lau, & Lesperance (2012). Perceived impact of electronic medical records in physician office practices: A review of survey-based research. Lau et al. (2012). Impact of electronic medical record on physician practice in office settings: a systematic review. O'Connor et al. (2011). Impact of electronic health record clinical decision support on diabetes care: A randomized trial.
Friday, 4/18 (10:10 – 11:30AM)	Psychopharmacology	<u>Due: Shadowing Assignment</u> Decristofaro (2012). Pharmacologic competency. Mir & Roberts (2012). The principles of prescribing in primary care mental health. Papp (2007). Pharmacological approach to the management of stress and anxiety disorders. Schultz & Malone (2013). A practical approach to prescribing antidepressants.
Week 13: April 21st		
Tuesday, 4/22 (9:40 – 11:00AM)	Substance Abuse and Drug-Seeking	Cummings (2005). Identification and treatment of substance abuse in primary care settings. Hunter et al. (2009). Alcohol and prescription medication misuse. Teater & Teater (2012). Treating patients with substance abuse issues in integrated care.
Friday, 4/25	Chronic Pain	Duckworth, Iezzi, & Sewell (2009). Assessing and managing chronic

(10:10 – 11:30AM)	Guest Speakers: <i>Laura Boucher & Anayansi Lombardero</i>	pain in the primary care setting. Hunter et al. (2009). Pain disorders. Robinson et al. (2005). Addressing chronic pain in primary care settings.
Week 14: April 28th		
Tuesday, 4/29 (9:40 – 11:00AM)	Treatment of Common Medical Problems	TBD
Friday, 5/2 (10:10 – 11:30AM)	(Cultural Issues) Guest speaker: <i>Holly Schleicher, Ph.D.</i>	Robertson & Zer (2012). Cross-cultural issues in integrated care. Hunter et al. (2009). Cultural competence. Suzuki, White, & Velez (2010). Psychoeducation and cultural competence in the primary care setting.
Week 15: May 5th		
Tuesday, 5/6 (9:40 – 11:00AM)	Treatment Adherence, Medical Phobias, and Preparation for Medical Procedures	Baker (2010). Preparation for stressful medical procedures. Levensky (2005). Increasing medication adherence in chronic illnesses: Guidelines for behavioral health-care clinicians working in primary care settings. Watling (2010). Medical phobias.
Friday, 5/9 (10:10 – 11:30AM)	LAST CLASS/WRAP-UP Other Roles/Opportunities for Psychologists in Primary Care Settings	<u>Due: BHC “Toolkit” Assignment.</u> <i>TBD.</i>
Week 16: May 12th	FINALS - NO CLASS!	