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PSYX 604.01: Integrated Behavioral Health

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PSYX 604(01): Integrated Behavioral Health (Spring 2018)

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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Course Description:

Behavioral health consultation and integrated care services are rapidly growing fields in psychology. 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 psychologists 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 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.

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 Moodle. **Please plan ahead, as you will lose 1 point on your final grade for every day that an assignment is late.**

Assignments:

(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. *Due: Monday, February 5th.*

(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 Moodle). *Due: Monday, March 12th.*

(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 Moodle). *Due: Monday, April 2nd.*

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 Moodle. **Please plan ahead, as you will lose 1 point on your final grade for every day that an assignment is late.**

Assignments:

(4) Shadowing Assignment: Each student will “shadow” at PHC on 1 occasion and write a 3-page journal entry about the experience (see “Shadowing Assignment” in Moodle). *Due: Monday, April 16th.*

(5) Project ECHO Assignment: Each student will participate in a Project ECHO (Extension for Community Healthcare Outcomes) clinic and write a 3-page journal entry about the experience (see “Project ECHO Assignment” in Moodle). *Due: Monday, April 30th.*

<https://www.billingsclinic.com/medical-professionals-billingsclinicconnect/project-echo/>

(6) 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 Moodle). I will ask you to identify the problem that you want to work on by Monday, February 12th. (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: 25 pts (25%)

Health Behavior Challenge: 15 pts (15%)

Shadowing Journal: 10 pts (10%)

Project ECHO Assignment: 10 pts (10%)

BHC “Toolkit”: 25 pts (25%)

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 [Disability Services for Students](#). 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. Finally, all students need to be familiar with the [Student Conduct Code](#).

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: January 22nd		
	Introduction/Orientation	We will do introductions, get a sense of everyone's behavioral health interests and experiences, and review the course syllabus.
	Why Integrated Behavioral Health/Behavioral Health Consultation?	<p>The Baltimore Statement (2009).</p> <p>Robinson & Reiter (2016). Chapter 1. Behavioral Consultation and Primary Care: The "Why Now?" and "How?"</p> <p>Kessler & Stafford (2008). Primary care <i>is</i> the de facto mental health system.</p> <p>Supplemental Reading: Byrd, O'Donohue, & Cummings, N.A. (2005). The case for integrated care: Coordinating behavioral health care with primary care medicine.</p>
Week 2: January 29th		
	Getting the Lay of the Land (and the Lingo)	<p><u>Due:</u> Re-read the syllabus and course assignments, and bring any questions to class.</p> <p>Hunter et al. (2017). Introduction.</p> <p>Robinson & Reiter (2016). Chapter 2. A Primer on Primary Care.</p> <p>Berwick, Nolan, & Whittington (2008). The triple aim: Care, health, and cost.</p> <p>Supplemental Reading: Auxier et al. (2013). Integrated behavioral health and the Patient-Centered Medical Home.</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>

CLASS PERIOD	TOPIC(S)/GUEST SPEAKERS	ASSIGNMENTS/ASSIGNED READINGS
In Class: Core Competencies https://makehealthwise.org/ ; Communication with providers	Psychologist Training, Education, and Competence	Miller et al. Core Competencies for Behavioral Health Providers Working in Primary Care. Prepared from the Colorado Consensus Conference. February 2016. (We will discuss more in class) Nash et al. (2013). Essential competencies for psychologists in patient centered medical homes. Strosahl, K.D. (2005). Training behavioral health and primary care providers for integrated care: A core competencies approach. Supplemental Reading: Interorganizational Work Group on Competencies for Primary Care Psychology Practice (2013, March). <i>Competencies for Psychology Practice in Primary Care</i> . McDaniel et al. (2004). Recommendations for Education and Training in Primary Care Psychology.
Week 3: February 5 th		
	Getting Started Guest speaker: Patrick Van Wyk, PhD Helena Psychotherapy	<u>Due: MOHR assignment (5 points)</u> 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. Montana Healthcare Foundation (2016). Integrated behavioral health in Montana: A baseline assessment of benefits, challenges, and opportunities.
In Class: Watch BHC parody video & Practice introductory scripts	Interprofessional Education (IPE) and Training	Cubic et al. (2012). Interprofessional education: Preparing psychologists for success in integrated primary care. Interprofessional Education Collaborative Expert Panel. (2011). <i>Core competencies for interprofessional collaborative practice: Report of an expert panel</i> . Supplemental Reading: Twilling, L.L., Sockell, M.E., & Sommers, L.S. (2000). Collaborative practice in primary care: Integrated training for psychologists and physicians.
Week 4: February 12 th		
	Ethical Issues and Challenging Moments	<u>Due: Behavioral Health "Toolkit" Topic Submission (for my approval...)</u> Belar & Deardorff (2009). Pitfalls in practice. Boice, D.S. (2012). Ethics in integrated care. Robinson & Reiter (2016). Chapter 15. Challenging moments: Provider, Patient, & System.
In Class: Screening measures	Screening and Assessment	Curtis & Christian (2012). A screening and assessment primer. Talen, Baumer, & Mann (2013). Screening measures in integrated behavioral health and primary care settings.

CLASS PERIOD	TOPIC(S)/GUEST SPEAKERS	ASSIGNMENTS/ASSIGNED READINGS
		Hunter et al. (2017). Chapter 16. Managing suicide risk in the primary care setting.
Week 5: February 19th	NO CLASS	PRESIDENT'S DAY
Week 6: February 26th		
	Initial Consultation and Functional Assessment Guest speaker: Shay Stacer, PhD North Bend Medical Center	<i>Designate groups and assign patient vignettes for Functional Assessment assignment.</i> Hunter et al. (2017). Chapter 2. Conducting the initial consultation appointment. Nezu & Nezu (2010). Cognitive-behavioral case formulation and treatment design. Robinson & Reiter (2016). Chapter 9. Practice tools for the BHC.
In Class: Practice functional assessment, watch video	A Day in the Life... (Financing and Coding)	Robinson & Reiter (2016). Chapter 11. A Day in the Life of a Behavioral Health Consultant. Blount et al. (2007) The Economics of Behavioral Health Services in Medical Settings: A Summary of the Evidence. SAMHSA-HRSA (2013). The Business Case for Behavioral Health Care.
Week 7: March 5th		
	Motivational Interviewing	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> . Anstiss (2009). Motivational interviewing in primary care. Glynn & Levensky (2009). Promoting treatment adherence using motivational interviewing: Guidelines and tools.
	Acceptance & Commitment Therapy (ACT)	Robinson, Gould & Strosahl (2010). Beyond mind as machine. Robinson, Gould & Strosahl (2010). How people get stuck. Robinson, Gould & Strosahl (2010). Creating a context for change. Robinson, Gould & Strosahl (2010). Takin' it to the streets: Real behavior change tools.
Week 8: March 12th		
	Health Behavior Change and Common Lifestyle Targets Guest Speaker: Jennifer Robohm, PhD,	<u>Due: Functional Assessment Write-Up (20 points)</u> Fisher et al. (2011). Behavior matters. Gatchel & Oordt (2003). Health-compromising behaviors. Hunter et al. (2017). Chapter 5. Health behaviors: Tobacco use, Overweight and Obesity, and Physical Activity. 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
	Family Medicine Residency of Western Montana	
		Practice Exercises: Using motivational interviewing in health behavior change
Week 9: March 19th		
	Mental Health Interventions in Primary Care	DiTomasso et al. (2010) Evidence-based models and 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. Curtis & Christian (2012). Chapter 4. Brief Treatment.
	Group Visits	Jaber et al. (2006). Group visits for chronic illness care: Models, benefits, and challenges. Robinson & Reiter (2016). Chapter 12. Pathway and Group Services.
Week 10: March 24th	NO CLASS	SPRING BREAK!
Week 11: April 2nd		
	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. Jarrett (2009). The primary care consultant toolkit: Tools for behavioral medicine.
In Class: PST videos	IMPACT Model of Depression Treatment	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 12: April 9th		
	Treatments for Anxiety and Stress Management	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.
	Guest Speaker: Matthew Jakupcak, PhD Department of Veteran's Affairs	Leskin et al. (2005) Integrating PTSD services: The Primary Care Behavioral Health care model.
		Practice Exercises
Week 13: April 16th		

CLASS PERIOD	TOPIC(S)/GUEST SPEAKERS	ASSIGNMENTS/ASSIGNED READINGS
	Psychopharmacology Guest Speaker: Kerry Haney, PharmD, Family Medicine Residency of Western Montana	<u>Due: Shadowing Assignment</u> Decristofaro (2012). Pharmacologic competency. Papp (2007). Pharmacological approach to the management of stress and anxiety disorders. Schultz & Malone (2013). A practical approach to prescribing antidepressants. Mir & Roberts (2012). The principles of prescribing in primary care mental health.
	(Electronic Medical Records)	Bassi, Lau, & Lesperance (2012). Perceived impact of electronic medical records in physician office practices: A review of survey-based research. O'Connor et al. (2011). Impact of electronic health record clinical decision support on diabetes care: A randomized trial. Supplemental Reading: Lau et al. (2012). Impact of electronic medical record on physician practice in office settings: a systematic review.
Week 14: April 23rd		
	Chronic Pain Guest Speaker: Angela Listug-Vap, DPT Alpine Physical Therapy	Hunter et al. (2017). Chapter 9. Pain disorders. Robinson et al. (2005). Addressing chronic pain in primary care settings. Moseley & Butler (2015). Fifteen years of explaining pain: The past, present, and future.
	Substance Abuse and Drug-Seeking	Cummings (2005). Identification and treatment of substance abuse in primary care settings. Hunter et al. (2017). Chapter 10. Alcohol and prescription medication misuse. Teater & Teater (2012). Treating patients with substance abuse issues in integrated care.
Week 15: April 30th		
In Class: MoCA	Pediatric and Aging Populations in Integrated Care Guest speaker: Rita Billow, PhD Northwest Community Health Center	<u>Due: Project ECHO Assignment</u> Kolko & Perrin (2014) The integration of behavioral health interventions in children's health care: Services, science, and suggestions. Krall (2012) Pediatric integrated care. Hunter (2017). Aging
	Cultural & Rural Issues	Robertson & Zeh (2012). Cross-cultural issues in integrated care. Hunter et al. (2009). Cultural competence.

CLASS PERIOD	TOPIC(S)/GUEST SPEAKERS	ASSIGNMENTS/ASSIGNED READINGS
		Fortney et al. (2015). Telepsychiatry integration of mental health services into rural primary care settings. Smalley et al. (2010). Rural mental health and psychological treatment: A review for practitioners.
Week 16: May 7th	Finals Week – Last Class	
	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.
	LAST CLASS/WRAP-UP Other Roles/Opportunities for Psychologists in Primary Care Settings	<u>Due:</u> BHC “Toolkit” Assignment.