

OVERCOMING OBSTACLES WEBINAR SERIES

# Sustaining behavioral health care in your practice

PART OF THE



| *STEPSforward*  
Innovation Academy

Presented by

## BHI Collaborative

# ACTIONABLE INSIGHTS: Key Steps to Engaging Patients in Psychosocial Interventions

Experts will discuss the spectrum of brief psychosocial interventions (i.e., psychoeducation, motivational interviewing, and shared decision making,), along with how best to use them to help address behavioral health needs for both adult and pediatric patient populations.



## Disclaimer

AMA STEPS Forward content is provided for informational purposes only, is believed to be current and accurate at the time of posting, and is not intended as, and should not be construed to be, legal, financial, medical, or consulting advice.

# About the BHI Collaborative

- The BHI Collaborative was established by several of the nation's leading physician organizations\*\* to catalyze effective and sustainable integration of behavioral and mental health care into physician practices.
- With an initial focus on primary care, the Collaborative is committed to ensuring a professionally satisfying, sustainable physician practice experience and will act as a trusted partner to help them overcome the obstacles that stand in the way of meeting their patients' mental and behavioral health needs.

*\*\* American Academy of Child & Adolescent Psychiatry, American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, American Medical Association, American Osteopathic Association, and the American Psychiatric Association.*

# Meet Your Presenters

## **Cody Hostutler, PhD**

Clinical Director of Behavioral Health Integration,  
Nationwide Children's Hospital

Assistant Professor, Department of Pediatrics, The Ohio  
State University

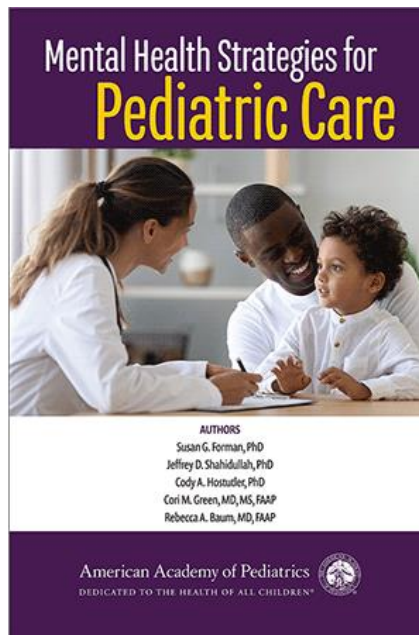
## **Patrick J. Raue, PhD**

Professor, Associate Director for Evidence-Based  
Psychosocial Interventions at the AIMS Center  
University of Washington



# Speaker Disclosures

- Dr. Cody Hostutler receives royalties from the following book:



# Learning Objectives

Upon completion of this activity, we expect that participants will be able to:

- 1. Describe the value of brief physician-delivered psychosocial strategies for both adult and pediatric patients.*
- 2. Name 3 evidence-based psychosocial strategies.*
- 3. Describe the components of shared decision-making strategies.*

# Making the case

- Behavioral health concerns were **common** before the pandemic and **even more so now**
- Compared to behavioral health clinicians, physicians are likely to see children, adolescents, and adults with a wide range of symptoms, from **subclinical to severe**
- Several factors contribute to **limited access** to behavioral health specialists
- Behavioral health problems can **negatively affect outcomes**
- Training medical clinicians in **engagement and communication skills** improves outcomes\*

*\*SOURCE: Wissow, L. S., Gadowski, A., Roter, D., Larson, S., Brown, J., Zachary, C., ... & Wang, M. C. (2008). Improving child and parent mental health in primary care: a cluster-randomized trial of communication skills training. Pediatrics, 121(2), 266-275.*

# Levels of BH Support in PC

- Identification of need
- Engaging patients in psychosocial interventions
  - *Psychoeducation*
  - *Motivational Interviewing*
  - *Shared Decision Making*
- Brief delivery of evidence-based psychosocial interventions within primary care
- Referral for longer-term psychotherapy outside primary care setting, in collaboration with primary care

# PCP Role: *Engaging the Patient*

- Most important ingredient for success
  - *Articulation of plan and team roles critical*
  - *PCP recommendation is powerful*
- Existing relationship as foundation
- PCP sees the whole picture
- Key messages:
  - *Options*
  - *Proactive Persistence*
  - *Hope*

# Psychoeducation

- Providing information about:
  - *Symptoms and impairment*
  - *The medical term used for those symptoms and impairment*
  - *What is known about the causes and prognosis*
- What treatments are known to be effective, ineffective
- Helping patient develop self-management skills and empowering the patient
- Providing space for questions, concerns, address myths, and individual/cultural differences

# Motivational Interviewing



Collaborative, goal-oriented style of communication



Pays attention to the patient's language of change



Strengthens personal motivation for and commitment to a specific goal



Elicits and explores a patient's own reasons for change



Atmosphere of acceptance and compassion

# Motivational Interviewing Communication Techniques: *OARS Model (Adult example)*

- O = Open-ended questions

*“What has worked for you in the past in being more physically active?”*

- A = Affirmations

*“You’ve done a good job in the past with this, it sounds like you’re ready to tackle this again.”*

- R = Reflective Listening

*I hear you saying that you’ve been feeling lower and less energetic than usual, but at the same time you’d like to increase your physical activity.”*

- S = Summarizing

*“So it sounds like you’d like to try out walking more during your lunch break, and maybe start slowly with one or 2 times in the next week”*

# Motivational Interviewing Communication Techniques: *OARS Model (Adolescent example)*

- O = Open-ended questions

*“How would you describe what you’re feeling?”*

- A = Affirmations

*“I remember when you were struggling with math and got extra help to improve your grades.”*

- R = Reflective Listening

*“I hear you saying that you’ve been struggling with feeling more depressed and anxious now, but are unsure how your parents will feel about you asking for help.”*

- S = Summarizing

*“It sounds like we have a plan you are comfortable with. You are okay looking over these handouts that talk about what depression and how it is treated. Next time we can talk about options for getting help that you would be interested in. And for now you are interested in just saying hello to our integrated BH provider.”*

# Increasing Shared Decision-Making

- Only 10% of adult primary care patients experiencing common behavioral health symptoms receive care.
  - 18% for pediatric populations
- A failure to involve patients in treatment decision-making may play a major role in poor adherence including low referral completion, attendance, and engagement
- Shared Decision Making proposed as most important strategy to achieve good patient-centered care.

# Shared Decision Making for Medical Conditions: *Research Findings*

- Patients desire information about their medical conditions and available treatments.<sup>1, 2</sup>
- Patients express different levels of interest in participating in actual treatment decisions.<sup>1, 2</sup>
- Patients show improved health outcomes if report involvement.<sup>3, 4</sup>

## *SOURCES:*

<sup>1</sup>Cordina M et al. 2018; *Research in Social and Administrative Pharmacy*, 14(9), 817-823.

<sup>2</sup>Adams JR et al. 2006; *Community Mental Health Journal*, 42(1), 87-105.

<sup>3</sup>O'Connor A et al. *Health Expect* 2003; 6(2):97-109

<sup>4</sup>Hoefel L et al. *Med Decis Making*. 2020 Jul;40(5):555-581

# Targeted Shared Decision Making Interventions for Medical Conditions

- Shared Decision Making interventions:
  - ✓ *Improving communication*
  - ✓ *Decision aids*
- Shared Decision Making interventions lead to:
  - ✓ *Improved knowledge about treatment options*
  - ✓ *More realistic expectations about treatment*
  - ✓ *Increased likelihood of receiving desired treatment*

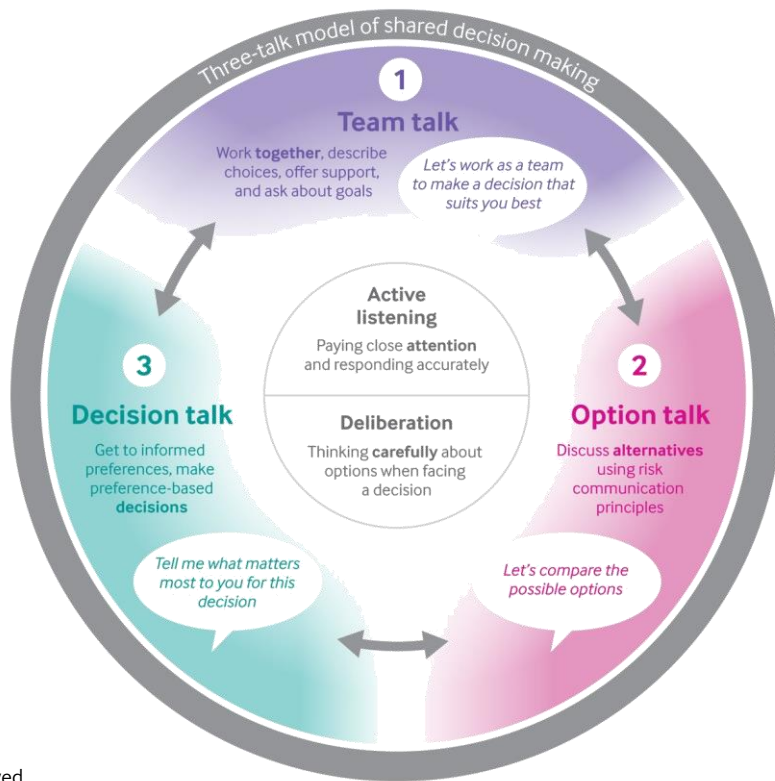
# Special Considerations

- Racial and ethnic minority patients:
  - ✓ *Receive less information about their condition*
  - ✓ *Perceive less respect for their treatment preferences*
- Older adults report:
  - ✓ *Fewer experiences of shared decision making in their care*
  - ✓ *Greater acceptance of physicians' traditional role*
  - ✓ *Greater medical burden and other limitations*
- Children and Adolescents:
  - ✓ *Balancing preferences of child and caregivers*
  - ✓ *This balance can vary greatly within and between different cultures, particularly when acculturation differences occur*

# Shared Decision Making for Behavioral Health Conditions: *Intervention Components*

- Review behavioral health symptoms; impact on functioning
- Provide depression psychoeducation
- Elicit experiences, preferences, and values
- Use decision aid materials
- Arrive at a mutually-agreed upon decision
- Provide treatment

# Three-Talk Model of Shared Decision Making



**SOURCE:**

Elwyn G, Durand MA, Song J, et al. A three-talk model for shared decision making: multistage consultation process. *BMJ*. 2017;359:j4891.

# Psychoeducation about Depression for Adults

Form A

## Facts About Depression

### **What is Depression?**

Depression is a medical illness. When low mood or sadness persists or interferes with everyday life, it may be depression. Depression can last months or even years if not treated.

### **What Are the Symptoms of Depression?**

- **Key Symptoms:**
  - Depressed or sad mood
  - Decreased interest or pleasure in activities
- **Other Symptoms:**
  - Significant changes in appetite or weight
  - Sleep disturbances
  - Restlessness or sluggishness
  - Fatigue or loss of energy
  - Lack of concentration or indecision
  - Feelings of worthlessness or inappropriate guilt
  - Thoughts of death or suicide

### **What Causes Depression?**

Depression is a medical illness with multiple causes including biological, psychological, social and medical factors. The symptoms of depression may reflect an imbalance in brain chemistry and may be brought about by genetics, stress or loss, or other physical changes co-occurring with medical illnesses. Sometimes depression can develop without any obvious cause.

### **How is Depression Treated?**

Depression is treatable. Appropriate treatment, such as medication or psychotherapy, relieves symptoms for most individuals. Engaging in pleasurable and rewarding activities has also been shown to improve depression.

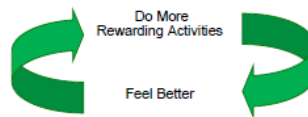
Form B

## Why Is It Important To Do More Pleasurable and Rewarding Activities?

When people get depressed they don't feel up to doing the kinds of things they typically enjoy. By doing fewer enjoyable and rewarding things, they begin to feel worse. As they feel worse, they do even less and get caught up in a vicious cycle.



As part of our meetings, we will help you set a goal of doing at least one pleasurable or rewarding activity each day. These goals can include physical activity, socialization, or other recreational activities or hobbies that have value and meaning to you. Engaging in pleasurable activities like these will help break the vicious cycle of depression and improve your mood, interest level, and energy.



# Psychoeducation about Depression for Youth

- **Validate -> normalize & provide hope -> permission**

*"I can see how hard this has been for you. I have seen a lot of kids your age going through similar things recently and we have been able to put together a plan that helps. Would it be okay if we put together a plan for you today?"*

- **Differentiate Depressive Disorders from Adjustment Disorders**

*"I hear that you have worked hard to give your child a better life than you had, and it can be hard to understand why they are feeling depressed in this context, but depression is feeling sadder or more irritable than one would expect given their situation. If it was in reaction to a specific event, we would call it an adjustment disorder"*

- **Name the Depression as a Bully**

*"Depression can be like a bully that stops you from doing things you want & need to do (behavior), says mean things to you (negative thoughts), tricks you into only seeing negative things (thinking traps), all to stay in control and keep you feeling down."*



# Discussing Treatment Options



## The treatment that WORKS is the best one

- Patient-centered care means selecting treatments based on patient preference, not clinician preference
  - *Try to be unbiased when offering treatment options*
- Be eclectic: “One size fits few”
  - *Medication therapy is not right for everyone*
  - *Psychotherapy is not right for everyone; different psychotherapy options*

# Discussing Treatment Options (*cont.*)



## Review ALL treatment options available

- Psychotherapeutic interventions
  - *Behavioral Activation, Problem-Solving Treatment, Cognitive-Behavioral Treatment, etc.*
- Medications



## Discuss PROS AND CONS of each option

# Decision Aid Example for Depression

	<u>ANTIDEPRESSANT MEDICATION</u>	<u>PSYCHOTHERAPY/COUNSELING</u>
<b>What is it?</b>	Pill taken once a day	Weekly session with care manager or psychotherapist (30-50 minutes)
<b>How long is treatment?</b>	Usually 8-10 months, or longer	Usually 3-5 months, or longer
<b>How does it work?</b>	Antidepressants help restore the brain's chemical balance.	Psychotherapy helps people to identify problems in living, and to develop better ways of managing these problems.
<b>How well does it work?</b>	More than 75% of patients improve with antidepressants.	More than 75% of patients improve with psychotherapy.
<b>How quickly does it work?</b>	Most individuals can expect to improve in 4-6 weeks.	Most individuals can expect to improve in 6-8 weeks.
<b>Are there any side effects?</b>	Antidepressants may cause nausea, insomnia, problems with ejaculation, drowsiness, increased sweating, and fatigue. These side effects are usually mild and soon go away.	Psychotherapy does not cause physical side effects, but does involve discussions of emotional issues that may be distressing.
<b>How much does this cost?</b>	Depends on individual insurance coverage.	Depends on individual insurance coverage.

# Case Example (Adult)



- 88-year-old African-American male, MDD
- Patient beliefs and attitudes:
  - *“Weak people get depressed”*
  - *“I wouldn’t want to get addicted to antidepressants”*
  - *“Why would I see a counselor? Just to talk about my feelings?”*
- Use of Decision Aid:
  - *Education about depression and nature of treatment options*
  - *Identification of transportation barriers*



## OUTCOME

- ✓ Patient willing to try out a counselor; paratransit application
- ✓ Ongoing skepticism about medication
- ✓ Religious services and community

# Case Example (Adolescent)



- 15 year old, Nepali female presenting for health supervision visit, screened 21 on PHQ9, lost 13lbs due to low appetite, low motivation resulting in poor grades, family conflict
- Family attitudes:
  - *Family perceived symptoms as laziness and confused why she is depressed after the family had made so many sacrifices to create a better life*
  - *Patient feels that parents don't understand her*
  - *Parents not allowing patient to spend time with friends due to school performance*
  - *Both parents and child agree that they are not interested in medication, and both are skeptical about therapy*

# Case Example (Adolescent) *[cont.]*



- Motivational Interviewing:
  - Notice the “righting reflex”
  - Reflect that family seems to agree that there is a problem
  - Ask permission to share what has been helpful for other families (Psychoeducation)
- Psychoeducation:
  - Discuss the causes of depression and diagnosis of depression
  - Describe symptoms of depression as a bully, a shared “enemy”
  - Describe the elements of effective depression treatment, elicit who can help them with that



## OUTCOME

- ✓ Patient will schedule fun activity with sister 3 days per week. Family to speak to leader of Nepali Cultural Center
- ✓ Family agreed to see integrated BH provider during medical appointment follow-up (weight checks) to check on implementation of plan

# KEY Take Home Messages

- 1 Physicians can enhance patient treatment engagement by using evidence-based psychosocial strategies (psychoeducation, MI, shared decision-making).
- 2 Psychosocial interventions are an effective and preferred treatment option for children, adolescents, adults, and older adults with common mental health conditions

# For More Information

- <https://aims.uw.edu/training-support/behavioral-interventions>
- <https://www.aap.org/en/patient-care/mental-health-initiatives/mental-health-education-and-training/motivational-interviewing/>
- <https://www.onoursleeves.org/>
- <https://shop.aap.org/mental-health-strategies-for-pediatric-care-paperback/>

# Contact Information

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# BHI Collaborative ON DEMAND Webinars

Check out other webinars from the Overcoming Obstacles series such as:

- Addressing Behavioral Health in Primary Care: Non-Pharmacological Services & Treatments
- Integrating Psychopharmacology in Primary Care: When and How
- How to Address the Growing Behavioral Health Concerns Among Children, Adolescents, and Families

Watch all these webinars  
(and more) on the  
Overcoming Obstacles  
[YouTube playlist!](#)

## Behavioral Health Integration: Overcoming Obstacles

American Medical Association (AMA)

22 videos 3,915 views Last updated on Oct 28, 2022



Play all

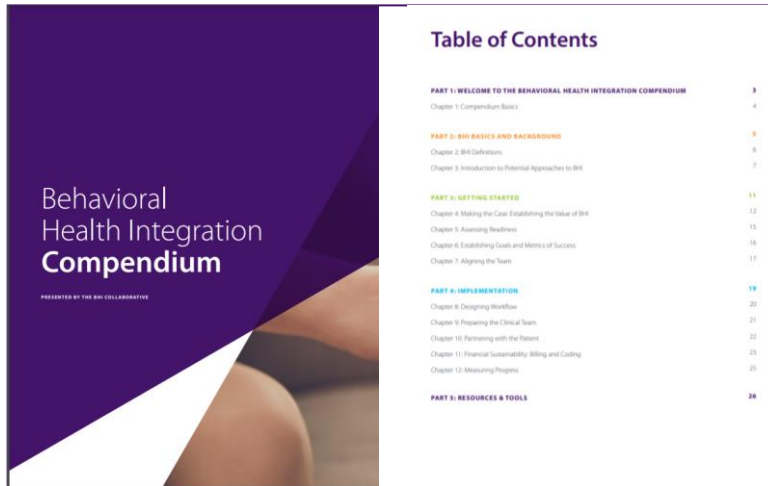


Shuffle



# Collaborative Resource – BHI COMPENDIUM

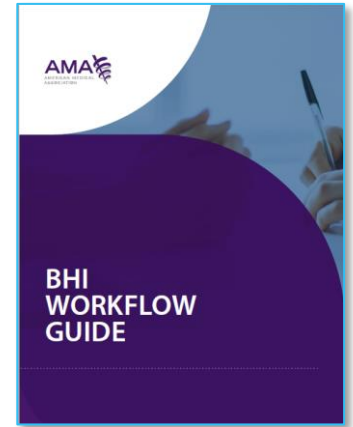
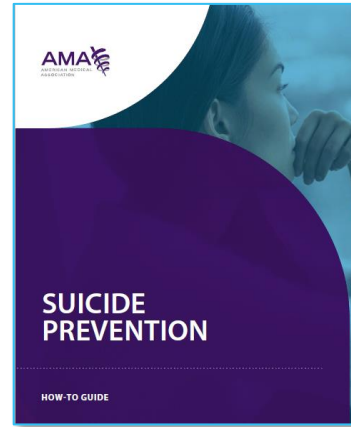
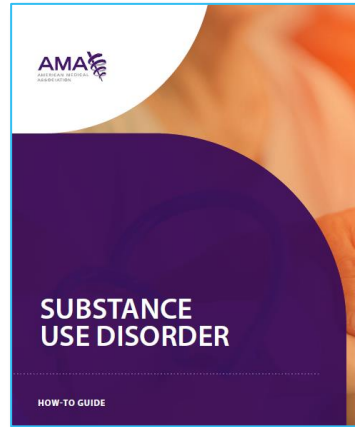
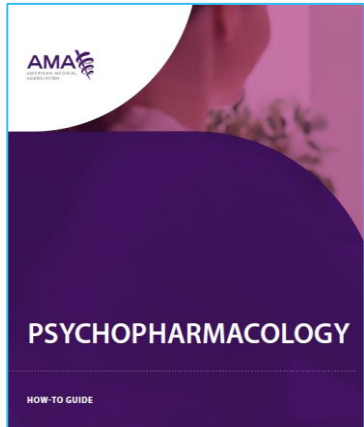
The **BHI Compendium** serves as a tool to learn about behavioral health integration and how to make it effective for your practice and patients.



[DOWNLOAD NOW](#)  
to learn how to make the  
best decisions for the  
mental health of your  
patients.

# AMA Resources – HOW-TO GUIDES

Access AMA's BHI practice guides for practical strategies, actionable steps and evidence-based resources on four specific areas of effective integrated care:  
[pharmacological treatment](#), [substance use disorder](#), [suicide prevention](#), and [workflow design](#).



# THANK YOU!