Code Switching for Behavioral Health Providers: Prioritizing Training in Primary Care

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.
Conference Resources

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2018

Slides and handouts are also available on the mobile app.
Learning Objectives

At the conclusion of this session, the participant will be able to:

• Identify necessary curricular and training experience changes in behavioral health professional training to prepare trainees to work in IPC;

• List 3 barriers to change in behavioral health training programs, and 3 strategies to overcome these barriers;

• Select opportunities to apply the IPC curriculum in training programs; and

• Recognize fields outside of psychology to develop IPC curricula unique to their disciplines within pre- and post-graduate training.
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Learning Assessment

A learning assessment is required for CE credit.
A question and answer period will be conducted at the end of this presentation.
Setting the Stage
National Comorbidity Survey Replication
Provision of Behavioral Health Care: Access to Services

- No Treatment: 59%
- Treatment: 41%
Yikes! That’s a lot of People

Primary care providers report receiving insufficient training in mental health concerns (e.g., 6 weeks or less) EVEN THOUGH prevalence of DSM-5 disorders in outpatient care exceeds the combined total of hypertension and diabetes (e.g., 25%)
Who Can Help?

Behavioral health providers who are trained in medical terminology, primary care scope of practice, behavioral medicine, and population based care

Primary care providers, nursing team members and behavioral health providers, who can systematically screen for, identify, and provide a brief, targeted intervention for behavioral health concerns AT THE POINT OF CARE—where the problems show up
But that’s way different than I was trained...
Introduction: Limitations of my training and On the job discovery

My training background:

• Counseling / Clinical Psychology in India
• PhD in Family Therapy
• Medical Family Therapy & Integrated Care in North Carolina
• And the early bug for PCBH during the North Carolina time
Introduction: *Limitations of my training and On the job discovery*

*Lopsided focus:*

- Hyper-focused on clinical skills
- No insight into Operational and financial aspects of Integrated care
- Recognizing that a BHC needs to function from a perspective of a new technology the medical office invests in
- They are responsible and accountable to work in tandem with clinical and operational staff to determine workflow, scheduling, billing, etc.
Introduction: *Limitations of my training and On the job discovery*

**Barriers:**

• Identity transformation from MedFT/BHC to Primary Care team member
• No coursework on healthcare management or operations
• No coursework or materials in training for reimbursements, billing, healthcare policy that informs
This Calls for a Paradigm Shift
Preparing Graduate Students for the Future: Integrated Primary Care Education
Integrated Primary Care Curriculum Committee Membership

Co-Chairs: William Gunn, Barbara Ward-Zimmerman, Nancy Ruddy

Members: Barbara Cubic, Lisa Kearney, Christopher Neumann, Mark Stillman, Mark Vogel, Shanda Wells

The committee is grateful to Barbara Keeton for her invaluable and ongoing guidance and assistance and to Division 38 and the APA Educational Directorate for financial support.
A few members of our committee
Integrated Primary Care Curriculum
Contributors

James Bray, Rahil Briggs & Carla Cirilli, Daniel Bruns, Deirdre Logan & Monica Agoston, Jennifer Moye and colleagues: Michele Karel; Michelle Milnac; & Laura Wray, Daniel Mullin, Jodi Polaha, Michael Purdum, Christina Runyan, Joanna Wolfson

Student Volunteers:
University of Central Florida- Keri Dotson
University of Connecticut- Cara Cordeaux, Jenna Ramirez, Kristen Riley
Virginia Commonwealth University- Shaina Gulin, David Pomm, Rachel Weiskittle
Learning Objectives

Participants will:

➢ Understand the depth and breadth of the freely accessible Society for Health Psychology’s Integrated Primary Care Curriculum

➢ Recognize the importance of embedding integrated primary care training for all behavioral health trainees
Society for HEALTH PSYCHOLOGY

INTEGRATED PRIMARY CARE TRAINING AVAILABLE

- Free Plug and Play course for graduate, internship, & postdoctoral training
- Reviews IPC foundational concepts & application to specific clinical presentations
- Includes PowerPoint slide decks, videos, teaching guide, references, & class activities
- Prepares trainees for primary care psychology & interdisciplinary team based care

ACCESS AT societyforhealthpsychology.org
Flexible ‘Plug and Play’ Curriculum

- Faculty do not need specialized expertise
- Flexible implementation:
  - Full semester course
  - Adjunct content to an existing course
  - Group independent study
  - Colloquia series
  - Workshop series
- Faculty choose modules to match program and student needs and interest
Curriculum Components

- **Course structure**
  - 4 foundation modules (120/150 & 90 minute formats)
  - 11 topic (subject) modules (90 minutes)
  - 12 additional subject modules will be made available in 2016-2017
Modules Include

PowerPoint (with faculty notes)
  Illustrative videos
  Student exercises
  Case materials
  Resources and References

Instructor Manual
  Module overview
  Discussion questions
  Post-tests
  Handouts
  Recommended readings and resources
Modules Focus on Competencies in Primary Care

Science
- Science Related to the Biopsychosocial Approach
- Research/Evaluation

Systems
- Leadership/Administration
- Interdisciplinary Systems
- Advocacy

Professionalism
- Professional Values and Attitudes
- Diversity
- Ethics in Primary Care
- Reflective Practice/Self-assessment/Self-care

Relationships
- Interprofessionalism
- Building and Sustaining Relationships in Primary Care

Application
- Practice Management
- Assessment
- Intervention
- Clinical Consultation

Education
- Teaching
- Supervision
Accessing the Curriculum

- Division 38 Website (www.health-psych.org)

- Description of Curriculum
- Faculty Interest Form
- Terms of Use
- Student Questionnaire
- Modules
Foundational Modules

- **Introduction to Integrated Primary Care (IPC)**
  - Defines the field, identifies factors leading to integration, differentiates traditional mental health care from integrated behavioral health care

- **Across the Continuum: Psychology’s Role in IPC**
  - Describes a continuum of behavioral health integration within primary care (PC), discusses the range of patient needs, identifies ways psychologists add value to the care of all patients

- **Primary Care Patients: Who Are They and How Can Psychologists be Helpful?**
  - Explains common patient behavioral health concerns in PC, provides an overview of consultation activities and nuances of working in PC

- **Integrated Primary Care Interventions**
  - Identifies the clinical skills associated with providing effective interventions in PC
Topic Modules

- Recognizing and managing common diagnoses *in IPC*
  - Anxiety
  - ADHD
  - Chronic Disease
  - Chronic Pain
  - Depression
  - Substance Misuse

- Additional topics relevant to work *in IPC*
  - Health Promotion and Disease Prevention
  - Motivational Interviewing
  - Research and Quality Improvement
  - Older Adults
  - The Training Trajectory
FutureTopic Modules

- Chronic Pain Management in Pediatric IPC
- Cultural/Diversity Considerations in IPC
- Family Engagement
- Leadership Roles and Skills
- Medically Unexplained Symptoms
- Sleep Issues in IPC

- Neuropsychological Concerns in PC
- Practice Management
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Trauma Informed Care in IPC
- Pediatric IPC
IPC Curriculum Dissemination (mid-June, 2018)
Faculty Feedback: Additional Pilot Site

Feedback From A Presenter
“The modules were professionally produced and very nicely formatted. Impressive!!! The amount of content for each slide and module was appropriate. The videos are informative and just the right length.”

Abbie Beacham, Ph.D.
Xavier University
Faculty Feedback: Additional Pilot Site

Feedback From A Presenter

“The training manuals were very helpful and I believe they allowed me to proficiently teach this course without having "expert" knowledge in this area ... I am thrilled that we are able to offer this foundational course effectively without having to hire a new faculty member with specific expertise in this area...

I am so happy to be able to provide our students information about this relatively new direction in the field in their formative stages of career development.”

Susan P. Keane, Ph.D.
University of North Carolina, Greensboro
Inaugural Cohorts’ Student Impressions

- **Reception**
  - Response to the modules were positive
    - Student ratings were all within the strongly agree range
  - Assessment of interactive exercises (role-plays, discussions, activities)
    - Facilitated learning
      - Kept students interested and engaged
  - Easy to follow, clear lectures

  - “I enjoyed the breakout groups to discuss potential treatment approaches/brief treatment ideas.”
  - “The problem solving activities and working through various cases as if we were in an integrated primary care setting were very beneficial.”
Inaugural Cohorts’ Student Impressions

- Increased Awareness
  - New area of practice
  - New assessment and treatment models
  - Utility of a psychologist in primary care

“This course opens up a new area of practice to psychology graduate students that is currently invisible in many programs.”

“I am now more aware of the challenges clients face in accessing services and how the IPC setting can be useful before a patient goes to see a psychologist in the community.”
Inaugural Cohorts’ Student Impressions

- Supporting evidence for behavioral roles and strategies
- Insight into levels of care available to meet patient needs
  - Role of screening
- New way to utilize and refine preexisting knowledge
- Provides an understanding of patient presentations in primary care
- Clarification of the roles of team members and the value of team meetings
- Techniques such as warm handoffs
- Direct and indirect ways that psychologists can have impact in primary care
- Ethical considerations
Inaugural Cohorts’ Student Impressions

- Changed Attitudes/Increased Interest
  - New area of practice for students
  - Potential career path
  - Early exposure important

  “I had no idea that this was a role that psychologists could have. I’m beginning to think about where to apply for predoctoral internship next year and this has opened my eyes to a whole new area within psychology that I think will be a perfect niche for me.”

  “It might be good to expose undergraduate psychology students to the field of IPC so they can choose graduate programs with this in mind.”
The Student Perspective: Summary

- Interest is high
- This is an important direction for our field
- Knowledge, tools, and resources useful in daily practice
- Insight into the value of communication and collaboration with other providers and sharing in patient care
- Students found the course helpful in shaping future training pursuits and career paths
Accessing the Curriculum

- Division 38 Website (www.health-psych.org)

- Description of Curriculum
- Faculty Interest Form
- Terms of Use
- Student Questionnaire
- Modules
Training Examples
Examples of IPC Curriculum – UCF Health

• Setting –
  • Out patient college of medicine physician practice
  • PCMH with primary and specialty care
  • Doctoral Trainee practica (externship)
  • Independent Study for IPC curriculum

• Challenges and barriers

• Educator and student feedback

• Discussion points for future use for other programs
Challenges and Barriers

• Traditional Graduate School Curriculum
  • Integrating into current clinical psychology program of study
  • New Standards of Accreditation requirements for clinical psychology programs

• Leadership and Advocacy for the benefit of IPC training for graduate students
  • Assumption of utility for only health psychology students
  • Bias of current faculty

• Graduate School Approval for specialty topics courses
  • Elective option versus independent study (directed reading/research)
Educator and Student Feedback

• **Educator**
  - Appreciated the content, structure, videos and design to help support the didactic and externship training
  - Provides the groundwork for practical training placements

• **Students**
  - Course should be taught as an elective course
    - typically in 3 or 4th year
    - Open to all students
  - Many planned to pursue internship related to IPC and commented the training course enhanced their education and future interest in IPC
  - Most appreciated it was practical, clear and applied
  - appreciated the course design and explanations of common terms in healthcare.
Student Feedback

• How did this enhance your education?

• Provided additional information regarding psychology's role in IPC.
• It changed my outlook as a professional (My dissertation is in a medical setting 😊)
• Practical clinics discussion, set me apart, important for future psychologists
• This course definitely made me a better clinician;
• I think I have a more holistic view of mental health thanks to this course.
Student Feedback

• **What are the main things your took from the course?**
  • Psychologists can play a very important role in primary care, given how often BH concerns are the primary or secondary reason for treatment.
  • I remember the population health one, so the rationale for population health is what I took from the course.
  • The future is integrated and multidisciplinary, psychologist need to be able to work with a variety of providers and adapt to medical settings.
  • I understood the mechanisms operating in a primary care setting as well as the importance for psychologists to work alongside professionals in other fields to provide the best treatment to specific patient populations.
  • The IBH model is evidence-based, time-limited, and highly cost-effective.
Student suggested Course Enhancements

• Perhaps one way it could be enhanced is by providing additional information about diversity in IPC, including specific and concrete applications to practice.
  • For example, "while prevalence rates of X disease are similar between Group 1 and Group 2, the disease is more likely to be under diagnosed in Group 1, possibly due to Y. Therefore, we recommend *specific way to minimize risk of under-diagnosis*" (or similar). Perhaps that would help trainees start to bridge the gap between general awareness of diversity and providing culturally sensitive practice.

• More classes, offered more easily to the whole program

• I would consider bringing guest speakers (e.g. doctors, social workers); this could be a way to enhance the course.

• The only enhancement I can think of is to expand the program through greater support for the researchers, teachers and practitioners of IBH.
Future Considerations

• Leadership roles
  • to help integrate the IPC didactic curriculum for clinical psychology graduate programs
  • Trains future psychologists to advocate for IPC training

• Training can help inform other professionals and other training programs
  • Medical Providers, Residents, Medical students, nursing, nurse care managers, social work
Examples of IPC Curriculum

Settings:

• Our Lady of the Lake U (PsyD program): Elective Course

• UTSA – Masters in Clinical Mental Health Counseling – new integrated primary care track developed (2 courses – elements of curriculum used in course 1)

Challenges and barriers
  • Faculty engagement (core)

Educator Feedback
  • 3rd/4th year students (possibly 2nd year)
  • Necessary prior to starting primary care practicum rotation
  • Faculty with no primary care training????
Examples of IPC Curriculum

Student feedback:

How did this enhance your education?

• Provided tangible education, skills, and assessment for work in primary care.
• Provided a basic understanding of primary care models for behavioral health.
• Introduced the idea of primary and how it is situated among other behavioral health providers.
• Provided a frame work to engage patients in focused treatment within primary care.
• Opened up a new world of behavioral health
• This course allowed me to explore another opportunities that are available within the field of psychology for psychologists. It created an interest for me within behavioral health that till this day I still continue to pursue
Examples of IPC Curriculum

*Student feedback:*

**What are the main things you took from the course?**

• Psychologists have a place in the PCP world.
• There are many models of integration for whole person care to patients.
• Change can occur with very brief targeted interventions
• Learned about integrated behavioral health, various areas within integrated behavioral health, and learned about providing consultation services
Summary

• Integrated primary care curricula is needed for behavioral health trainees (AND other disciplines as well!) prior to graduation

• Training of faculty members to teach concepts appropriately

• Can be used in its entirety or as modules to meet training needs
Questions???
Session Evaluation

Use the CFHA mobile app to complete the evaluation for this session.

Thank you!