Barriers to clinic integration

Competing identities

Benefits to primary care providers

Clinical level advocacy

• However, this transformation revealed a drastic shortage in the number of qualified behavioral health care providers in the United States (Serrano, Cordes, Cubic, & Duval, 2018). Specifically, payers (e.g., behavioral health consultants, BHC) trained in Primary Care Behavioral Health (PCBH; Reiter, Dobmeyer, & Hunter, 2018).

• To help accommodate this need, graduate training programs in mental health counseling are beginning to develop curriculums based on PCBH (Reiter et al., 2017). Yet, many Council for the Accreditation of Counseling and Related Educational Programs still provide minimal training in this promising field.

• Furthermore, mental health counselors entering the primary care field are likely to experience a multitude of challenges including provider buy-in, competing identities, educating primary care staff, adjusting to brief (< 30 minute) behavioral health visits (Cox, Adams, & Loughran, 2014; Glueck, 2015), and adopting a population health-focused approach to care (Reiter et al., 2018).

• The purpose of this qualitative study was to examine the collective experiences of 12 mental health counseling trainees working in PCBH.

Research Questions

1. What has the experience of interning in an integrated care setting been like for you so far?
2. What has been the most surprising thing about it? The most satisfying aspect? The most frustrating aspect?
3. To what extent has it met your expectations or not met your expectations?
4. If a counseling student in a year behind you asked you whether she/he should apply for the PITCH program, would you tell them and why?
5. What could be done to improve the internship experience at your site?
6. What could be done to improve the supervision experience related to your internship site experience?
7. What additional training needs do you have?

Procedures and Analyses

• Phenomenological Methods: Completed focus groups with counseling students in the PITCH program who have collective lived experiences with training to work in Primary Care Behavioral Health (PCBH) settings.

• 1-hour focus group during first and last internships

• 1 Interviewer (PITCH Evaluator), 1 External Transcriber, and 2 Thematic Coders

• N = 12 Participants (Cohort 1)

• Age: Range 22-51 years old, M = 34 (sd = 10.71)

• 50% Hispanic; 58.3% identified as White, 16.7% as American Indian or Alaskan Native, and 25% as African American or Black

• One third came from rural backgrounds and 41.7% identified as coming from a disadvantaged background. One person indicated that she was a veteran.

• One third spoke Spanish and over a quarter indicated they planned to deliver professional services in Spanish after graduation.

Three major themes and their corresponding 8 subthemes:

• Main Theme 1 • Barriers to clinic integration
  
  ▶ Incorporates both obstacles and barriers experienced by participants during their work in primary care
  
  ◆ Subtheme 1 • Unique skills and knowledge
    • "In addition to the classes that you get, or you’re supposed to take with this program...additional training needs to be given to you to market yourself...how to actually go through a 30-minute visit...to actually provide counseling and...to actually understand what you’re doing..."
  
  ◆ Subtheme 2 • Competing identities
    • "It’s just kind of juggling two minutes...because you have a counseling mindset and then you have a psychological mindset..."
  
  ◆ Subtheme 3 • Ongoing PCBH supervision
    • "Well, my supervisor is not for my site...it’s a doctor...She doesn’t even know what I’m talking about..."...we...are kind of doing that on our own."

• Main Theme 2 • Benefits
  
  ▶ Addresses the benefits of the PCBH Model for trainee, patient, and PCP satisfaction
  
  ◆ Subtheme 4 • Trainee satisfaction
    • "I have had some wonderful experiences in a medical and primary care setting, and it’s been very interesting and educational..."
  
  ◆ Subtheme 5 • Benefits to patients
    • "Seeing how and hearing other people’s stories of how impactful those 20 minutes can be in that setting, because the doctors are so overwhelmed, they don’t have that opportunity to do what we do! So it’s a great tool!"
  
  ◆ Subtheme 6 • Benefits to primary care providers
    • "When the physician goes in, and then you go in, and then the physician goes back. Because the physicians are our stakeholders, with them actually realizing and validating that ‘Wow! This BHC stuff works! Because the patient is calm now!’ So its validating for us, for our stakeholders, to see that what were doing is working..."

• Main Theme 3 • Advocacy
  
  ▶ Emphasizes the importance of advocacy for participants working in primary care
  
  ◆ Subtheme 7 • Clinical level advocacy
    • "We had to kind of the three ourselves out there and like some of us have had to make pamphlets to market ourselves..."

  ◆ Subtheme 8 • Professional advocacy
    • "Like a conference where everybody attends who is involved in the Integrated Behavioral Health, and search a presentation on what is expected, what we’re going to be doing, how it fits in, so like bringing in all of the support of the research that says, ‘This is why BHCs are beneficial. This is what they can help you with.’ And that so we feel, that’s it, this is go out there and...This is not going to be more work for us...this is going to help us!” So that way it’s more accepted if everyone is on the same page as us so we do...how we work, what our background is, and all of that..."

While BHC role overlaps with aspects of traditional mental health counselor, this is a distinct professional identity requiring specialized training and supervision.

• Behavioral health trainees may struggle to restructure and incorporate a new professional identity.

• Ongoing advocacy about BHC services with both patients and the primary care team is vital; this may represent a growing edge for novice behavioral health trainees.

• Overall level of clinical integration should be considered when assessing and intervening on trainee and clinic needs, strengths, and goals.

Implications

• The current study contributes to the literature on PCBH workforce development, such as addressing barriers to entry, workforce specific research, supporting graduate program development, and the development of early career professionals (Serrano et al., 2018).

• Further, we assessed the experiences of mental health counseling trainees, a novel addition to the BHC workforce. Moreover, mental health counselors can make unique contributions regarding patient and professional advocacy, multicultural competency, and program evaluation and consultation (Myers, Sweeney, & White, 2002).

• Last, only a small number of studies have qualitatively examined the experiences of mental health counseling professionals and trainees working in PCBH (Cox et al., 2014; Glueck, 2015). Additional qualitative research is needed to better understand the collective experiences of mental health counseling trainees working in primary care.

References


