Integrated Care

A series of presentations on the Integration of Behavioral Health into Primary Care

Presented by:
St. Louis Behavioral Medicine Institute
Introduction

- Review theoretical approaches suited to the BHC role
- Provide a basic review of each approach
- Set the groundwork for applying them to specific conditions, which will be covered later in the lecture series
Approaches

- Motivational interviewing
- Problem solving/solution-focused
- Stress coping/vulnerability model
- Behavioral modification
- Cognitive therapy
- Acceptance and commitment therapy
- Mindfulness
- Prevention/education
Motivational Interviewing

- Help individuals identify and change current or potential problems
- Assist patients who are ambivalent about changing their behavior
Five Key Components of MI

- Develop discrepancies
- Avoid arguments
- Express empathy
- Roll with resistance
- Support patient self-efficacy
Develop Discrepancies

- Find ambivalence, name it, reflect it back to client
- Empathize with the difficulty of making changes
- Explore decisional balance (pros/cons)
- Explore discrepancies between behaviors and statements of intent or description of values
Avoid Arguments

- Don’t get into direct arguments
- Accept resistance and ambivalence as common experiences
- Offer more accurate empathy
- Talk openly about process and content
Express Empathy

- Active listening
- Supportive/empathic statements
Roll With Resistance

- Emphasize personal choice and control
- Double-sided reflection
- Reframing
- Point out alternative interpretations and solutions
Support Patient Self-Efficacy

- Promote confidence and independence
- “I can help you; you are the person who can change yourself.”
- Tasks:
  - Identify past success with problem solving, making healthy changes, taking on lifestyle changes
Assess Readiness For Change

- Is the patient **willing** and able to change?
- “On a scale of 1 to 10, how important is this change to you?”
- “On a scale of 1 to 10, how **confident** are you about being able to make the change?”
- Match interventions with both of these variables
Assess Readiness For Change

- Ask patient to set a starting date for initiating changes
- Assess prior efforts
- Develop a personal plan
- Set a realistic long/short-term goals
- Plan to meet again and review outcome
Action Phase

- Reinforce positive changes
- Educate patient about relapse prevention
- Help patient anticipate and plan for upcoming challenges
Maintenance Phase

- Reinforce positive changes
- Continue focus on relapse prevention
Solution Focused Brief Therapy

- Milwaukee Brief Family Therapy Center, Steve de Shazer, Insoo Kim Berg
- Questions and compliments are primary techniques to promote behavior change
Solution Focused Brief Therapy

- Develop Goals
- Generate description of what life will be like when current problem gone or coped with better
- Look for “exceptions” from past and convert them into current day solutions
Miracle Question

• If you wake up tomorrow and a miracle happened so that you no longer had a ______ problem, what would be different in your life?
Scaling Questions

- Progress towards goals measured by subjective scale
- Rate_____ on a scale of 1-10 with 1 being the worst and 10 the best
Exception Questions

• When you felt better, what were you doing that is different from now?
• Before the onset of _____ what did you do to feel better?
• Think back to a happier time in life. What was a typical day or week like?
Coping Questions

• Life sounds very busy for you right now. How do you keep it together?
• How do you manage to accomplish so much in a typical day?
• What behaviors help you get through the day?
Stress-Vulnerability

- Biological vulnerability and environmental stress responsible for pathology
- Heightened stress triggers or worsens conditions from biological vulnerability
Stress-Vulnerability

- Treatment involves improving coping skills such as relaxation, socializing, engaging in meaningful activities, reducing biological vulnerability, increasing stress resiliency
Behavior Modification

- Behavior change technique to increase or decrease frequency
- Positive and negative reinforcement to influence an adaptive behavior
- Extinction, adding/withdrawing rewards
- Improve treatment adherence and compliance, address specific undesirable behaviors, build positive behaviors
Cognitive Therapy

- Cognitive distortions about health status
- Challenge/modify automatic thoughts
- Assess and improve core beliefs about self, others
- Address depression and anxiety
Acceptance and Commitment

• Steven Hayes, Kelly Wilson, Kirk Strosahl
• Teach mindful awareness, accept, embrace problematic parts of life, burdens, illness
• Psychological distress is caused by experiential avoidance, cognitive distortion, failure to make behavioral changes
Acceptance and Commitment

- Combines mindfulness with focused behavior change
- FEAR: Fusion with your thoughts, Evaluate experiences, Avoid dealing with them, Reasons to maintain behavior and not change
- Healthy alternative is ACT: Accept your reactions and be present, Choose a valued direction, Take action
Acceptance and Commitment

Core principles to improve psychological flexibility:

- Cognitive defusion
- Acceptance
- Contact with the present moment
- Observing self
- Discovering one’s values
- Committed action
Mindfulness

- Component of MBCT, DBT, ACT, Relapse prevention
  - Teach skills to enhance ability to recognize when on “auto pilot” and acting without thinking
  - Develop uncritical attitude towards self and others
  - Skills taught: observing, describing, participating, focusing on the moment, taking effective action
Mindfulness

• How does it help?
  ◦ Slow down behavior or thoughts
  ◦ Become more aware of your surroundings
  ◦ Develop a better understanding of one’s reactions, make better choices, more clearly able see solutions and helpful directions
Education/Prevention

- Primary, secondary, tertiary prevention
- Groups/classes designed to improve resiliency, reduce unhealthy behaviors, promote positive behavior change, relapse prevention
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