

The Collaborative Care Model (CoCM)

The Behavioral Health Care Manager



Topic	Objectives
<p>Introductions</p>	
<p>Motivational Interviewing</p>	<ul style="list-style-type: none"> • Discuss the SPIRIT of motivational interviewing as it applies to patient engagement • Review the skills and principles of motivational interviewing
<p>Problem Solving and Behavioral Activation</p>	<ul style="list-style-type: none"> • Review CoCM evidence based therapeutic interventions including BA, PST and risk assessment and safety planning in the primary care environment
<p>The Role of the BHCM and the COCM Process</p>	<ul style="list-style-type: none"> • Explain the key responsibilities of the BHCM as part of the CoCM treatment team • Review the CoCM steps including introduction, screening, assessment, risk assessment, care planning, intervention, monitoring/follow-up and case closure
<p>Identifying and Tracking Patients</p>	<ul style="list-style-type: none"> • Examine the BHCM role in the use of a disease registry, systematic case review tool and case presentation to the psychiatric provider as it relates to treat-to-target
<p>Psychotropic Medications and Diagnosis</p>	<ul style="list-style-type: none"> • Discuss general approach to evaluating patients for anti-depressant and anti-anxiety medications • Review the common anti-depressant and anti-anxiety medications and their relative advantages and disadvantages and common patient concerns
<p>Maintenance</p>	<ul style="list-style-type: none"> • Review the patient monitoring process, relapse preventions and transition to routine care
<p>Moving Forward</p>	<ul style="list-style-type: none"> • Describe the process for next steps once initial training is completed and the practice is ready for implementation.

Virtual Etiquette

Video and Audio:

- Unless distracting, please turn video ON. This is crucial for building trust and engagement.
- Test your video and audio before the meeting begins.
- Try to look at the camera when talking (to mimic the feeling of in-person eye contact).
- When possible, try to use good camera quality and sound.
- Adjust your camera if it is too high or low.

Meeting:

- Please hold off eating during the meeting as it can be distracting.
- Try not to multitask too much or make sure you're muted.

Environment:

- Be aware of your backgrounds to not be distracting.
- Position yourself in the light.
- Find a quiet place to join or mute yourself as necessary.

The Behavioral Health Care Manager

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STARTING THE DAY

We reviewed the key components of the model yesterday. Today, we plan to get into the details of the BHCM role.

- What 2 topics do you want to make sure we cover today?
- What are your key questions for the day?



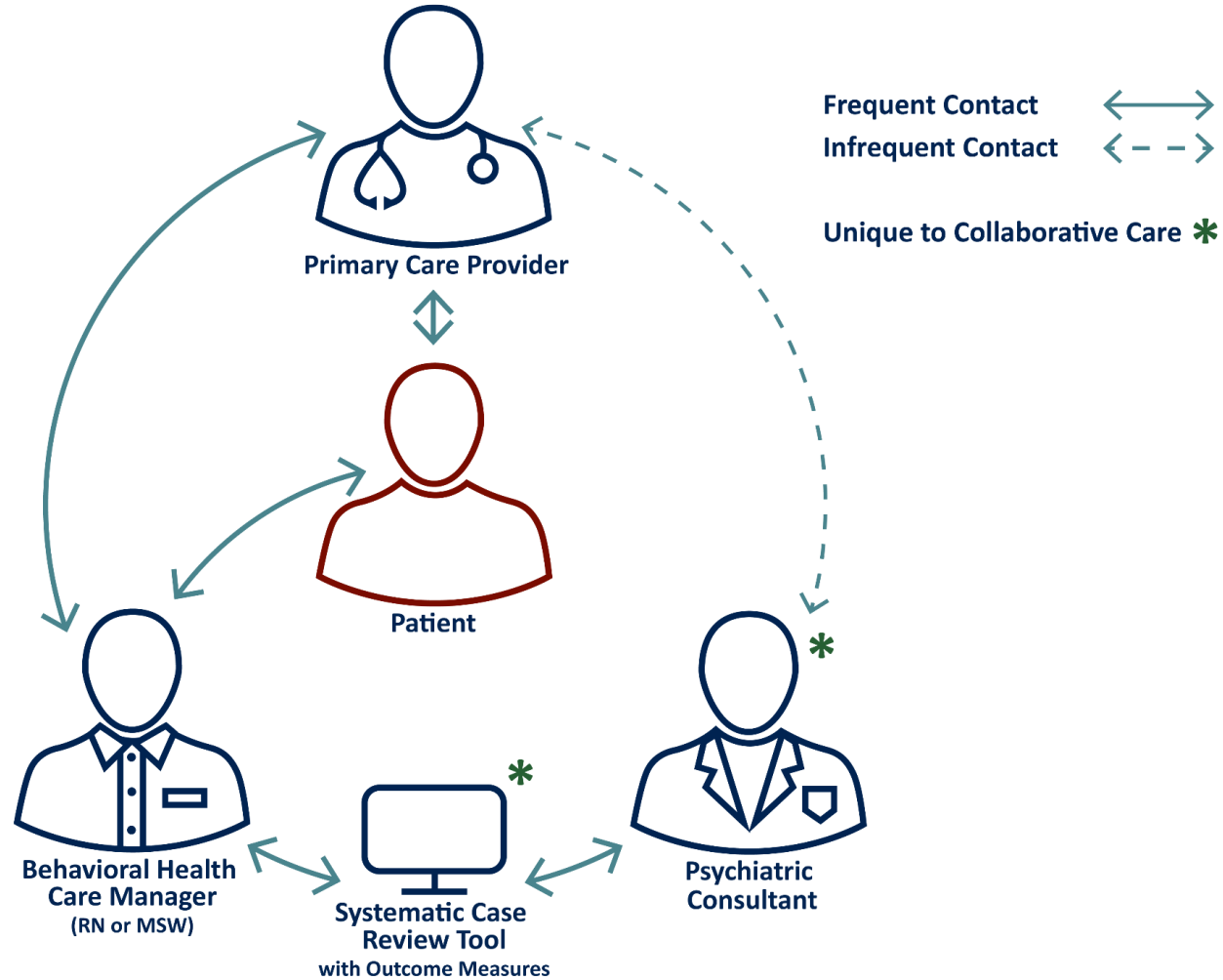
Chat About It!



Brief Evidence Based Interventions



The Collaborative Care Treatment Team



The BHCM is
the Glue that
keeps the
TEAM
together

Behavioral Interventions

Effective behavioral health interventions in primary care:

- Include a patient engagement component
- Time efficient, running no more than 20-30 minutes per contact
- Follow a structured, AND patient-centered approach
- Are relevant and applicable to diverse patient populations
- Have a substantial research evidence base

This is not
traditional
therapy

Agenda Setting

Each contact should have a plan and a purpose guided by the BHCM

Each contact should include an introduction as to what the BHCM and patient will be doing today.

Ex. "I'd like to spend about 15-30 minutes with you today. I want to start by asking you questions from a symptom monitoring scale and then discuss some problem solving around your stress at work."

"What if anything would you like to discuss during our time together?"

Ending the Contact

- Wrap up the contact
 - Summarize the content
 - Remind the patient of the action steps
 - Establish the date of the next contact

Setting the Table for A Patient- Centered Approach



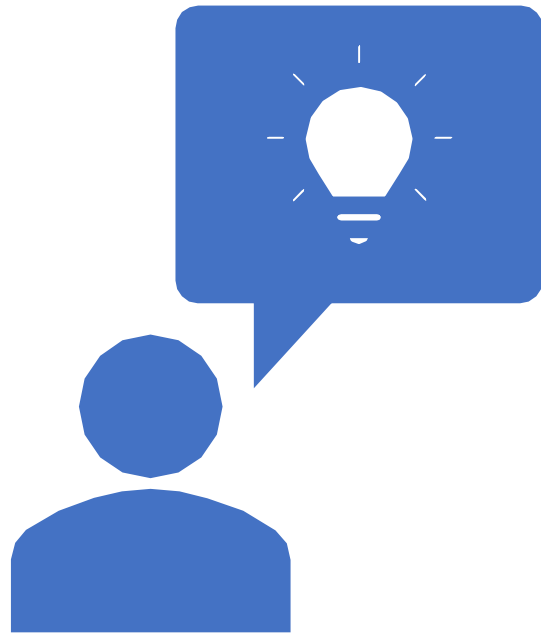
Motivational Interviewing

Laura Saunders

Laura A. Saunders, MSSW, is the Great Lakes Addictions, Mental Health and Prevention Technology Centers: State Project Manager for the State of Wisconsin. Her position is housed at the University of Wisconsin-Madison where she's worked since 1988. Since 2001, Laura has provided Motivational interviewing and SBIRT/BSI training to physicians, nurses, medical students, psychologists, specialty addiction treatment providers, social workers, physical therapists, health educators and staff who work in correctional settings. Laura designs, facilitates, and delivers training and coaching in person, online, and via distance learning in the fields of health care, human services, public health, public safety and criminal justice.

She has delivered over 120 beginning, intermediate, advancing skills and coding workshops. She has provided feedback and coaching to hundreds of social workers, correctional staff and other human service providers who are interested in using MI and SBIRT/BSI to fidelity. She joined the International group of Motivational Interviewing Network of Trainers (MINT) in 2006 (Sophia, Bulgaria) and is an active member of the Wisconsin MINT group.

Opening activity: Client Role



- Things about yourself that you
 - - want to change
 - - need to change
 - - should change
 - -have been thinking about changing
 - -have tried to change and have
 - not been successful
 - -something someone else says
 - you need to change

Helper Role (please follow this carefully :-)

STEP 1: Explain to your client WHY they should make this change

STEP 2: Tell your client what specific benefits they will get from making this change.

STEP 3: Tell your client HOW to change

STEP 4: Emphasize how IMPORTANT it is for them to change

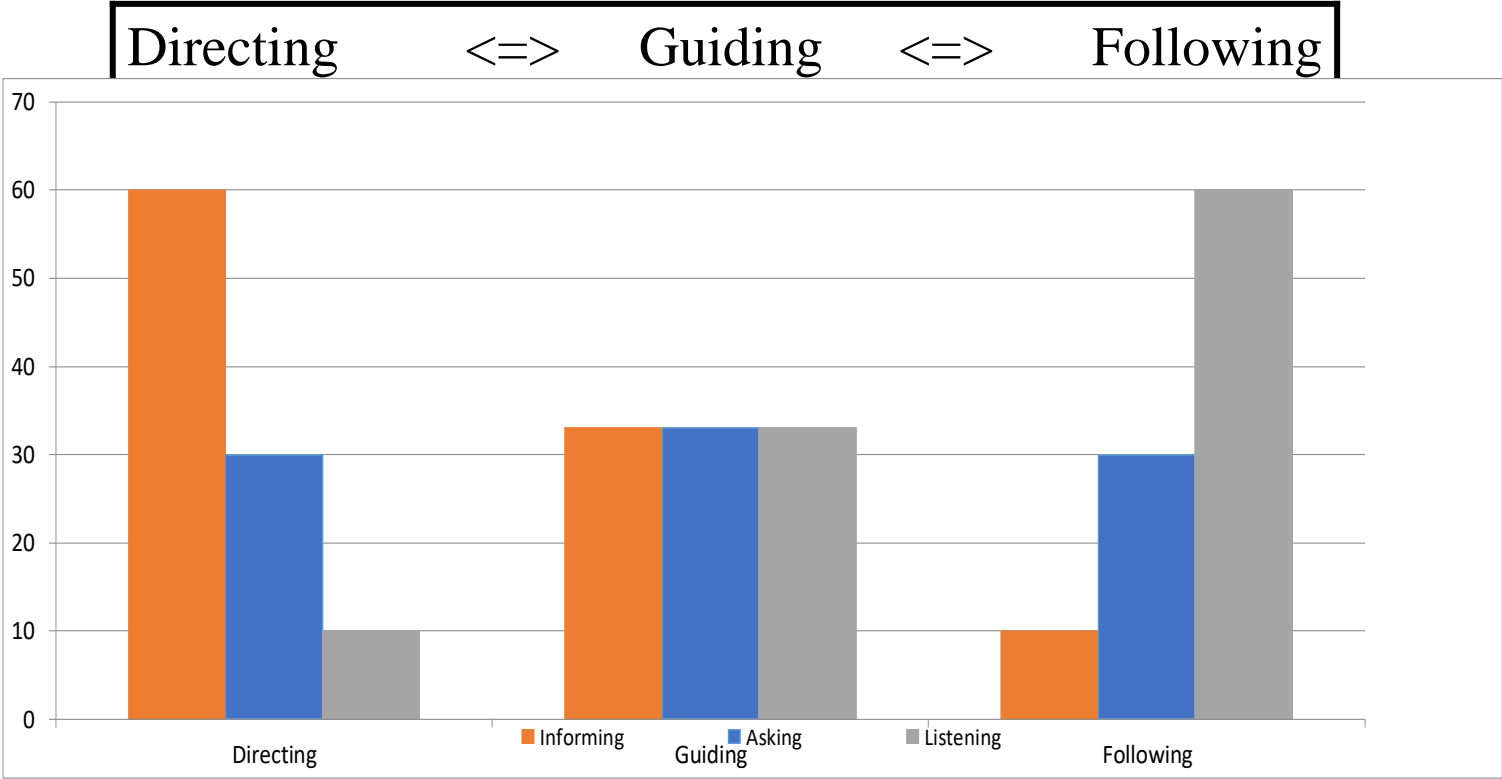
STEP 5: Tell them to JUST DO IT!



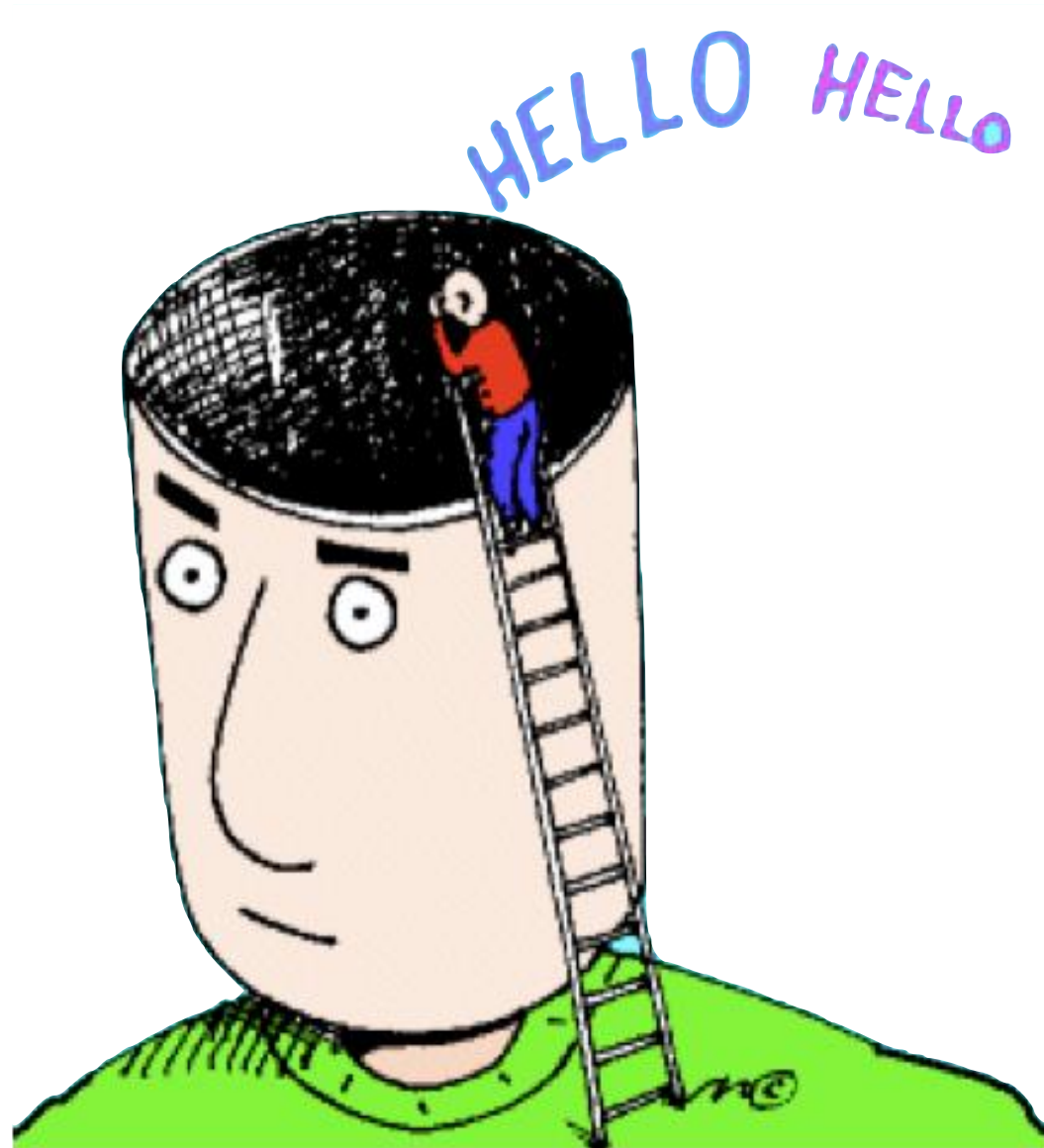
JUST DO IT.



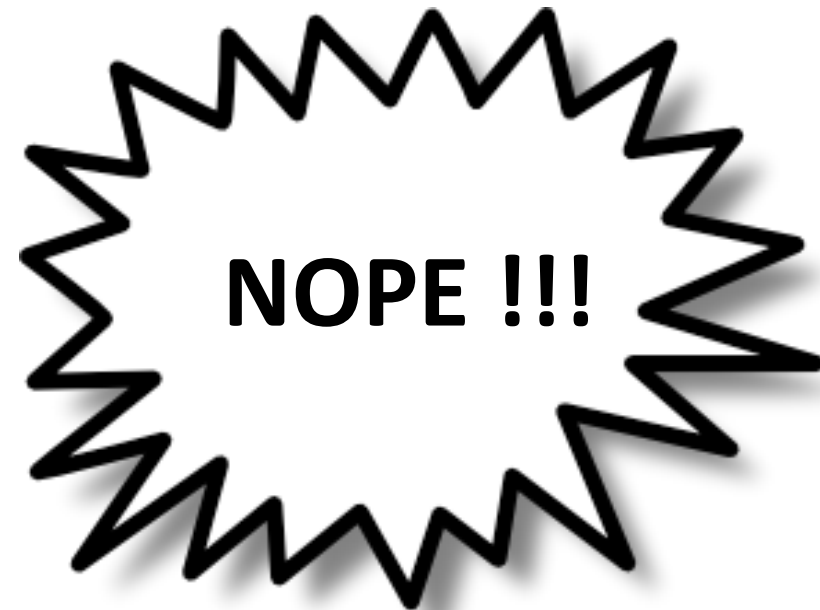
A Continuum of Styles



Deficit world view



- ★ They don't see (denial, insight, etc.)
- ★ They don't know...
- ★ They don't know how...
- ★ They don't care...



What Does It Take?

Four Common Solutions

- ★ INSIGHT- if you can just make people see, then they will change
- ★ KNOWLEDGE- if people just know enough, then they will change
- ★ SKILLS- if you can just teach people how to do it then they will do it
- ★ HELL- if you can just make people feel bad or guilty enough, they will change



Avoiding the traps

- Assessment trap
- The expert trap
- Premature focus trap
- Labeling trap
- Blaming trap
- Chat trap

Assessment trap

“Answer my questions and give me lots of information so I can fix your problem.”

Expert trap

“I know what you should do.”

Premature focus trap

“It’s clear that your anxiety is the problem. Let’s get started on fixing that.”

Labeling trap

“Your problem is your
criminal thinking.

If you would just admit how bad
that is, we could get that fixed.”

Blaming trap

“Let’s talk about who’s to blame for this problem.”

Chat trap

“How many grandchildren
does your neighbor have?”

Informal discussions...

- Training in MI was significantly associated with less informal discussions across sessions
- Informal discussions are related to less motivation in the client

Martino, SM, Ball, SA, Nich, C, Frankforter, TL, Carroll, KM. (2009)



Do your work with your whole heart, and you will succeed.



Success

is liking yourself,
liking what you do,
and liking how
you do it.”

– Maya Angelou



Helpful responses



Solo-writing activity: Write out your best (most helpful) response to each of these patient sentences.

- 1) I'd like to have things be better in my life. There are so many things that would get better if I made changes in my drinking. I'd like to be less tired, have more energy and get my partner my back.
- 2) Well, I have some ideas that might help me give up weed, but I don't really know where to start.
- 3) Why should I talk to you? You have no idea what my life is like. You don't live like I do.

**W h y
d o n ' t
p e o p l e
c h a n g e ?**

4. Motivation is a key to change

- Motivation is a state of being ready, willing, and able; it is not a trait.
- Motivation is interpersonal; what the practitioner says and does matters.
- Motivation is a key to successful change.

Activity: Self-Reflect on Motivation

Instructions: Think of a behavior you've engaged in even though you knew it might lead to negative consequences. Ideally, this would be a behavior you have made past attempts to change. With this behavior in mind, consider the following questions with brief written response.

- How much time passed between when you began this behavior and when you were first aware that there was a potential problem with it?
- How much time passed between the moment you first noticed there was a potential problem with this behavior and the first time you made an earnest attempt to change it?
- Did you ever experience success in changing this behavior? ___Yes ___No
- Did you ever return to the behavior after initiating some change? ___Yes ___No
- How about the people in your life when you were attempting to change the behavior: Briefly describe (adjectives) how people were helpful.
- Briefly describe (adjectives) how people were not helpful.



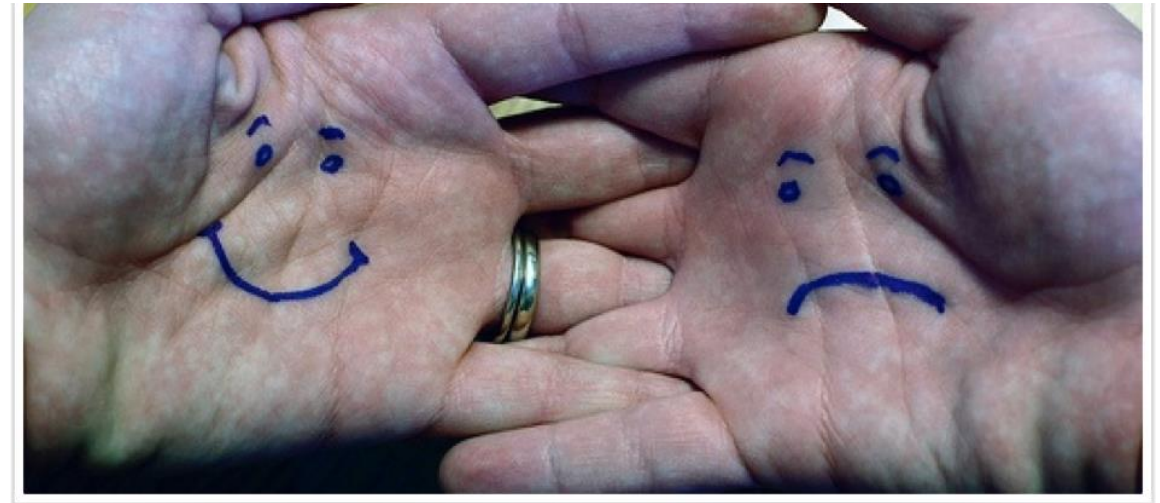
Pros and Cons of Change and No change

5. Ambivalence about change is normal

- Ambivalence means feeling two ways about something.
- Presents a significant barrier to change.
- Must be explored and (hopefully) resolved.



NO CHANGE	
Pros	Cons
CHANGE	
Cons	Pros



**Ambivalence is a normal and
defining state of human experience**

I need to, but I don't want to

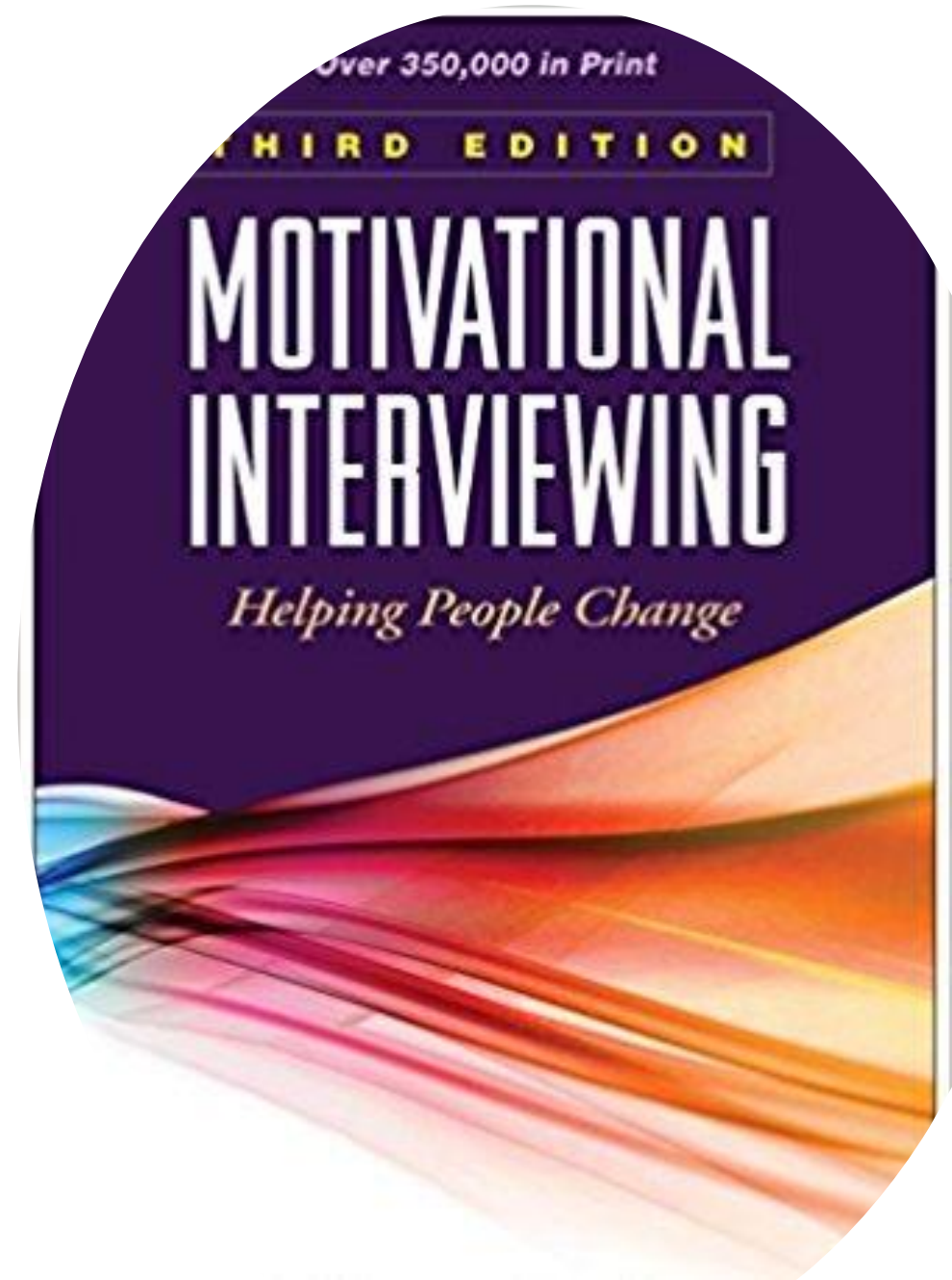
I'd like to, but don't think I can

I will one day, but not today

I want to, but it's really hard.

I could change, but it's not really that bad.

What exactly
is MI?





A
definition

Motivational interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change.

MI is NOT easy to learn

Comprises a complex skill-set

No correlation between self-perceived
and actual MI practice

One-shot trainings insufficient to
promote competency

Source: Miller & Mount (2001); Miller & Rollnick (2009); Walters et al. (2005)



Remember.....

Just because MI seems SIMPLE, that doesn't mean it is EASY

Just because it seems like COMMON SENSE, that doesn't mean it is COMMON PRACTICE!

People can and do learn MI. All the time!

Learning ML is a process...not an event.



For successful
brief
interventions,
use the key
skills of MI.

Listen

Ask open-ended questions

Use affirmations

Reflect

Summarize

Listen with...

PRESENCE—
UNDIVIDED
ATTENTION

Patience

Eyes, ears and
heart

Acceptance and
non-judgment

Curiosity

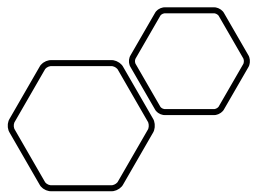
Delight

No interruptions



SILENCE:
INSIDE
AND
OUTSIDE





Thank you, Laura!



BREAK TIME

A blue ribbon graphic with a 3D effect, featuring a darker blue shadow on the left side. The ribbon is horizontal and contains the text "Problem Solving Treatment" in white.

Problem Solving Treatment

How Does it Help?

- When we can't effectively solve stressful problems, this can lead to emotional or behavioral difficulties
- Focused on a current situation; solve current issues and set future goals that will support well-being
- Well-suited for primary care and can be done by phone
- Helps patients gain a sense of mastery and learn skills that can be used again in the future
- Can help prevent relapse

Sharing the Concepts of PST with Patient's

- Frame it: Learn a set of skills to solve problems for now and in the future, rather than just discussing problems
- Normalize: We all get stuck in problems and it can help to step back and try to solve from a new angle
- Emphasize: Structure, idea of 'homework,' and follow-ups
- Muscle building: As we practice, skills often become easier

Care Manager Tips: Ask permission and emphasize autonomy



Problem Solve Treatment



1. Compile a list of problems
2. Select and define the problem
3. Establish realistic & achievable goals
4. Brainstorm possible solutions
5. Weigh the pros and cons of each solution
6. Evaluate and choose the solution
7. Implement the solution
8. Evaluate the outcome



Compile List of Problems

1. Job dissatisfaction
2. Isolation from family and friends
3. Loneliness
4. Weight problem
5. Lack of enjoyable activities



1. SELECT AND DEFINE THE PROBLEM

- **#4 - weight problem**
- Explore and clarify the problem
 - Eating unhealthy because no time for shopping and not exercising because lack of structure for exercise
- Break down problem into small manageable parts
 - Focus on diet or exercise – whichever is simpler
- State the problem in a clear and objective form
 - **Lack of exercise**



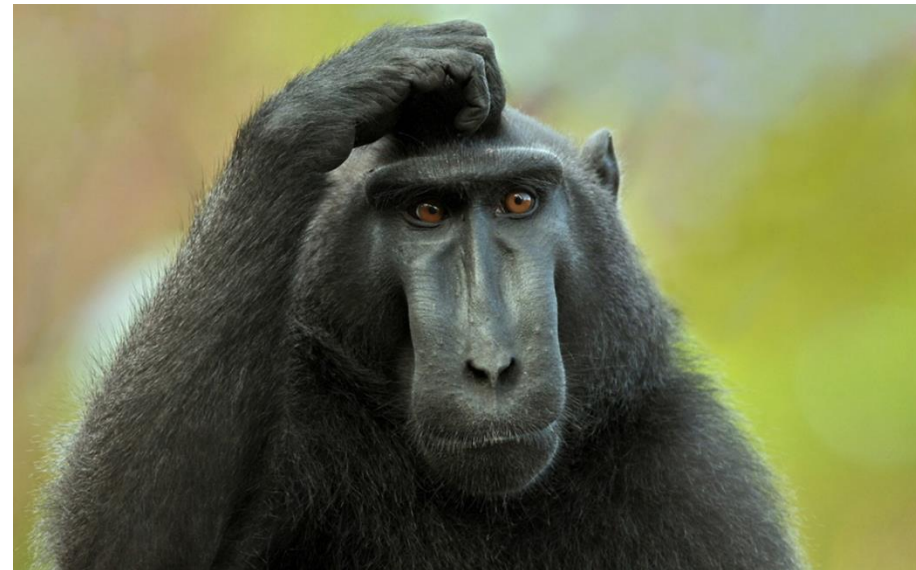
2. ESTABLISH REALISTIC & ACHIEVABLE GOALS

- Exercise every morning at 5am
- Exercise everyday
- Exercise 5 days consecutively next week
- Exercise 2 days during the next week



3. BRAINSTORM MULTIPLE SOLUTIONS

- Join a health club
- Establish an exercise program at home
- Buy exercise equipment
- Take walks with friends and co-workers



4. PROS AND CONS

- **Join a health club**

- Pros

- Exercise equipment readily available
- Trainers on hand
- Option during bad weather

- Cons

- Membership fee
- Time to go to and from club
- Prefers a partner
- Self-conscious



4. PROS AND CONS

○ Taking walks with friends and co-workers

- Pros

- More fun to exercise with others
- Company of others is motivating
- Presence of others increases safety
- No cost involved
- Can walk during lunch

- Cons

- Has to find a partner
- Coordinate with others



Review of progress during previous week:

Rate how satisfied you feel with your effort (0 – 10) (0 = Not at all; 10 = Extremely): ____

Mood (0-10): ____

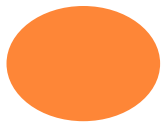
1. Problem:

2. Goal:

3. Solutions:

4. Pros vs. Cons (Effort, Time, Money, Emotional Impact, Involving Others)

a)	a) Pros (+)	a) Cons (-)
b)	b) Pros (+)	b) Cons (-)
c)	c) Pros (+)	c) Cons (-)
d)	d) Pros (+)	d) Cons (-)
e)	e) Pros (+)	e) Cons (-)



5. EVALUATE AND CHOOSE THE SOLUTION

- **Taking walks with friends and co-workers**
- Lack of money
- Low motivation exercising alone



6. IMPLEMENT THE SOLUTION

- Committed to start walking next Monday
- Speak with co-workers about their interest in walking
- Find a common time to walk
- Will buy walking shoes this weekend
- Goal changed to 3 days per week due to meetings



7. EVALUATE THE OUTCOME

Session 2:

- Follow-up on action plan:
 - Arranged to walk lunch hour with two co-workers
 - Walked on 2 days the first week
 - Walked on 1 day the second week
- Compliment on successes
- Analyze failure to meet goal:
 - Overlooked bi-weekly lunch meeting at work
 - Meetings scheduled too close to lunch
- Problem-solve obstacles:
 - Won't schedule clients past 11:30am
 - Skip walking on bi-weekly meeting days



FACILITATE PROBLEM-SOLVING

- **Modify patient's perceptions and beliefs**
- **Patient's experience using problem-solving model**
- **Review of progress, highlight of successes**
- **Problems are a normal, predictable part of life**
- **Everyone has the ability to solve most problems**
- **Negative emotional/physical symptoms are cues**



Behavioral Activation

Behavioral Activation

- Evidence based
- Focused on “external” factors rather than internal deficits of individuals
- Time sensitive



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What is Behavioral Activation?

Structured, brief psychosocial approach

Based on premise that problems in vulnerable individuals' lives and behavioral responses reduce ability to experience positive reward from their environments

Aims to systematically increase activation such that patients may experience greater contact with sources of reward in their lives and solve life problems

Focuses directly on activation and on processes that inhibit activation, such as escape and avoidance behaviors and ruminative thinking

WHEN DO I USE BA?

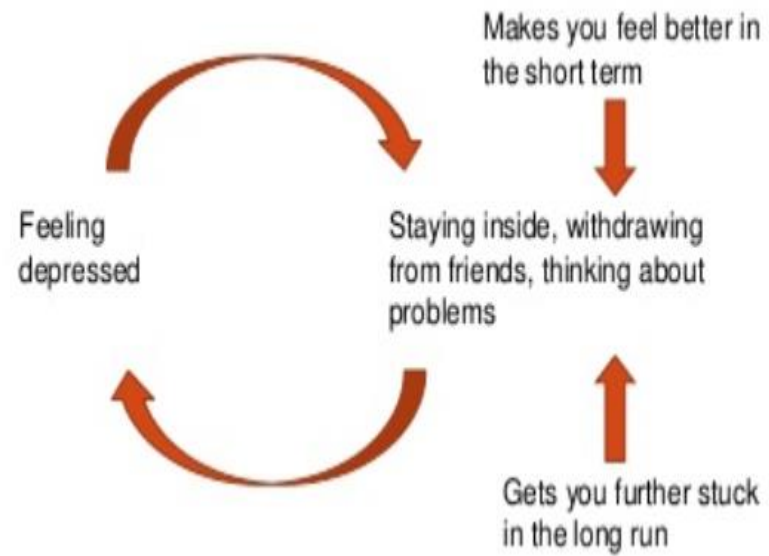


- Moderate to severe depression
- When patient lists too few pleasurable activities as a problem
- When patient's problem is outside of their control
- When the solution to patient's problem is noxious
- When patient insists they have no problems to work on



FEEL BAD

DO LESS



Activity Monitoring

An Important First Step!

- In order to know how to fix a problem, we need to know what's going on!
 - While it doesn't resolve the depression, it can create understanding (the first step)
- To many, this might feel meticulous or unnecessary
 - However, people tend to learn a lot about themselves.



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Month: _____

Activity Log						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Notes:

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Tips:

- Provide worksheets
- Documentation can be simple
- Complete for ~1 week
- Review worksheet together

Behavioral Activation Worksheet



**FEEL A LITTLE BIT
BETTER**

**DO A LITTLE
BIT MORE**



INSIDE-OUT

Motivation must come first.

“As soon as I feel motivated, I’ll go for that walk I’ve been meaning to take.”

OUTSIDE-IN

Motivation follows action.

“I really don’t feel like it, but I told myself I’d take that walk.”

Explore Values & Priorities

- What are you doing more or less of since (you lost your job, began dealing with chronic pain, got out of a relationship)?
- What are your goals/values?
- What do you see other people doing that you wish you could?
- What is the relationship between specific activities/life contexts/problems and mood?
- Explore what is getting in the way of acting differently or feeling better.

Values

- Our values reflect what we find meaningful in life. They are what you care about, deep down, and what you consider to be important.
- They reflect how we want to engage with the world, with the people around us, and with ourselves.
- Values are different from goals. Goals can be achieved whereas values are more like directions that we want to head in.

Values

Connecting activities to values can provide more positive reinforcement over time (and an urge to stick with it) than randomly selected activities



It can be helpful to have patients think through different *life areas*, and then consider their values, e.g.:

Spirituality

Physical well-being

Family relationships

Emotional health

Employment

Examples of Values

Family relations

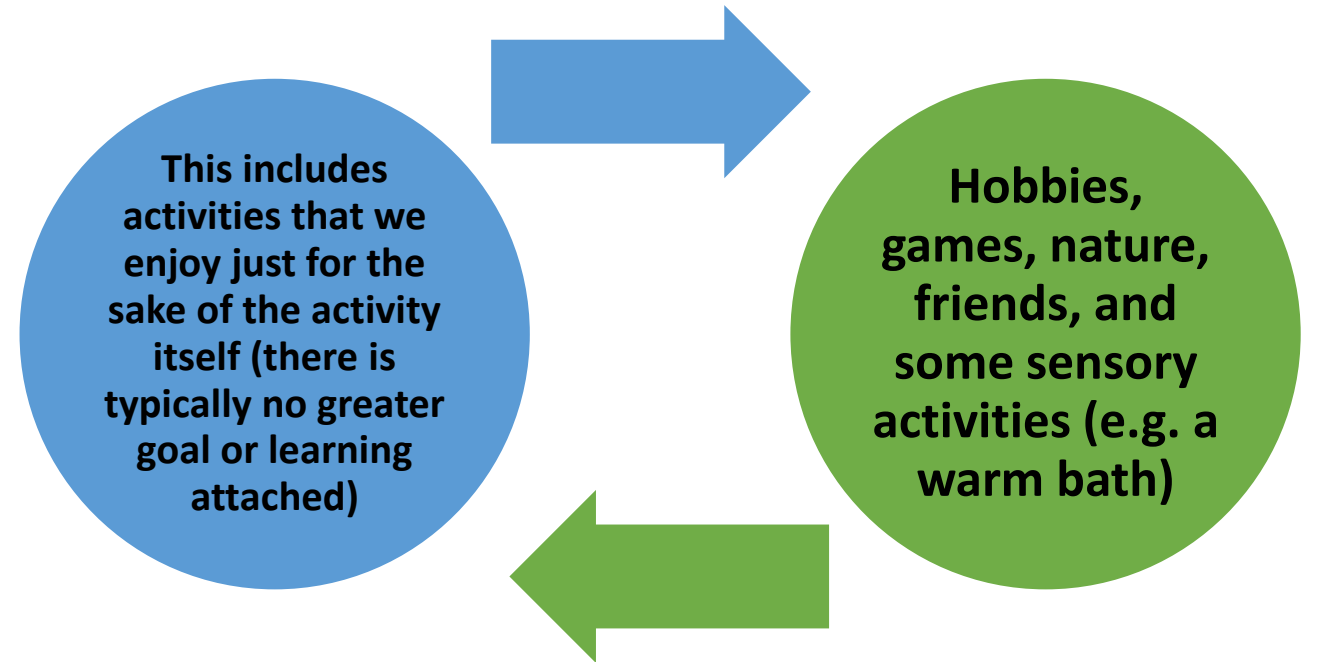
- Work on current relationships
- Spend time with family
- Take an active role in raising my children
- Maintain consistent healthy communication

Marriage/couples/intimate relationships

- Establish a sense of safety and trust
- Give and receive affection
- Spend quality time with my partner
- Show my partner how much I appreciate them



Pleasure



Mastery

- Skill development in a particular area
- Example areas include career, sports, learning an instrument, or art

<u>Pleasure</u>	<u>Mastery</u>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	8. _____
9. _____	9. _____
10. _____	10. _____

<u>Valued Activities</u>
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Work together to create a “Master List” of activities. This will help prepare for the next step: Activity Planning!

Don't Forget to Follow UP!

- Checking in communicates importance and value
- In the case of success, praising efforts can be very reinforcing and rewarding
- In the case of falling short:
 - This can be hard, and it's also okay! Try not to get discouraged
 - Opportunity to troubleshoot further:
 1. "What got in the way?"
 2. "What might work better?"
 3. "How is this activity goal feeling to you? Would you like to modify?"
- Now what?
 - This is a systematic, gradual process – keep scheduling!
 - Continue doing the things that worked
 - Incorporate new activity goals to keep it fresh and to graduate up



LUNCH
BREAK!

Lunch Break – 30 minutes

Questions?



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