RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
SCHOOL OF SOCIAL WORK
COURSE OUTLINE

Integrated Behavioral Health and Primary Care

19:910: 532
2024
Instructor:

Office hours:
Email:

I. Catalog Course Description

This course examines theory and methods for integrating behavioral health services into primary care, to provide evidence-based, quality care using a multidisciplinary approach. Areas of focus include: (a) models of integrated care, (b) use of integrated care as population-based health approach for addressing health disparities and social determinants of health, (c) integrated care for the most common mental health problems treated in primary care, (d) integrating prevention and wellness approaches into primary care, and (e) delivery of psychosocial treatments in primary care using an interprofessional collaborative approach.

II. Course Overview

This course begins with discussion of integrated care and the various models used to understand its clinical utility in real-world practice. There is also focus on health disparities and how integrated care can be used to improve access to care and address social determinants of health. Further, the course highlights preparation for culturally-informed practice in the integrated care setting and the use of interprofessional collaborative practice to assess and intervene with clients struggling with mental health problems, concrete service issues, and the psychological effects of common medical problems.

As students read through this syllabus, they should also remember to closely review the School-Wide Syllabus in Canvas or the Student Handbook to find information on the School of Social Work mission statement and learning goals, school-wide policies (including academic integrity policies and the standardized attendance policy), and student resources and supports.

III. Place of Course in Program

This is an elective for students who have completed the generalist year.

IV. Council of Social Work Education's Social Work Competencies

The MSW Program at Rutgers is accredited by the Council on Social Work Education (CSWE). Students are welcome to review CSWE's accreditation standards at www.cswe.org.

This course will assist students in developing the following Enhanced Clinical competencies:

Competency 1: Demonstrate Professional and Ethical Behavior
Practitioners in clinical social work recognize the importance of the therapeutic relationship, person- in- environment and strengths perspectives, professional use of self, and adherence to ethical and value guidelines for professional practice. Clinical social workers differentially utilize theories, research, and clinical skills and integrate them with a commitment to human rights, anti-racist practices, diversity, equity, and inclusion to enhance the well- being of individuals, families, and communities in an ethical manner. Clinical social work practitioners acknowledge the complexities involved in their practice, including the need to navigate ethical issues in an organizational context, and use clinical supervision to ensure that their practices are congruent with social work values and ethics. Extending and enhancing ethical and professional practice from the foundation level requires that clinical social workers reflect on their own family of origin to assess how it impacts their clinical work. Advanced- level practitioners must manage complex systems while understanding how cultural and developmental aspects of self and their clients influence their work. Clinical social workers recognize their own strengths and weaknesses in developing, managing, and maintaining therapeutic relationships. Practitioners of clinical social work must continually adapt to rapidly changing technology in an ethical and professional manner.

Competency 2: Engage Diversity and Difference in Practice
Clinical social workers are fully grounded in the ethics of the profession, recognizing the dignity and worth of all individuals and the need to advocate for social, racial, economic, reproductive, and environmental justice. Clinical social workers recognize the need to assess clients' physical environment for the availability of safe shelter, food, water, and air. Clinical social workers are adept at recognizing how human rights violations, racism, and other social-structural forces marginalize people and thus work to advocate for policies that promote social, racial, reproductive, and economic justice, advance human rights, and promote environments in which all individuals can thrive.

Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities
Clinical social work practitioners recognize the importance of the engagement process and understand the importance of differential use of self in initial encounters. Practitioners in clinical social work rely on ecological, anti-racist, human rights, and anti-oppressive perspectives to inform the therapeutic relationship; are aware of how interpersonal dynamics and cultural factors shape the therapeutic relationship; and use relational techniques to develop a therapeutic relationship. Clinical social workers recognize how engagement with couples, families, and groups may differ from individual approaches, and they develop differential engagement skills

accordingly. Clinical social workers value collaboration and thus recognize the importance of clients' input in the development of their treatment goals. Clinical social workers use the engagement process to help clients convey their thoughts and concerns within the therapeutic relationship as well as to other providers/stakeholders.

Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities
Clinical social workers understand the importance of the assessment process and recognize that it is ongoing and directly informs their interventions. Clinical social workers value holistic assessment and therefore use the bio- psycho- social- spiritual assessment process as well as analysis of clients' strengths and resiliencies, their coping skills, and their adaptation to traumatic and stressful life events in a full assessment. Practitioners of clinical social work understand how their personal experiences may impact the assessment process. Clinical social workers recognize the power of intergenerational family patterns on individuals and explain these to clients while avoiding deterministic approaches to identifying such patterns. Clinical social workers also recognize that traumatic and stressful events can be precipitated by human rights violations, racism, and other forms of oppression. When applicable, clinical social workers rely on the *Diagnostic and Statistical Manual of Mental Disorders* to enhance their assessment, to conduct differential diagnosis, and to communicate with other healthcare providers about clients' presenting problems and symptomatology. Clinical social workers elicit client feedback about their experience of the assessment process, reflect upon varied meanings of the assessment, and share these assessment outcomes with clients.

Competency 8: : Intervene with Individuals, Families, Groups, Organizations, and Communities
Clinical social workers select effective modalities for intervention based on the existing research as well as the client's cultural background and experiences with racism and other forms of oppression. Clinical social work practitioners integrate their knowledge of various individual, family, and group psychotherapeutic modalities, as well as crisis intervention techniques, to intervene effectively; demonstrate flexibility by tailoring interventions to suit the needs of multiple client populations; and understand the effects of the social environment on client well- being. Clinical social workers therefore recognize the need to also intervene on mezzo and macro levels. Practitioners in clinical social work critically select, apply, and evaluate best practices and evidence- informed interventions; they value collaboration with the client and other professionals to coordinate treatment plans. Clinical social workers maintain knowledge of the communities they serve in order to ensure that clients are connected with relevant services and resources in an effective manner, while eliciting client feedback about how the interventions are impacting the client..

Specialized Clinical Competency (RU SSW Specific): Liberatory Consciousness: Clinical social workers continually work toward recognizing and utilizing a liberatory consciousness framework which "requires every individual to not only notice what is going on in the world around [them], but to think about it and theorize about it—that is, to get information and develop [their] own explanation for what is happening, why it is happening and what needs to be done about it" (Love, 1980, p. 472). Clinical social workers understand and identify how racism and

other forms of stigma, prejudice, discrimination, and oppression intersect and contribute to various sources of stress. Clinical social workers continue to develop self-awareness of their intersectional identities, recognizing how discrimination and structural inequities are compounded among individuals with multiple marginalized identities. They employ clinically responsive and informed interventions and consider power differentials when delivering such interventions. Social workers consider how clients' intersectional identities impact their lives and use this knowledge to inform their practice. They promote diversity, equity, and justice through collaborative healing relationships and restorative practices.

V. Course Objectives

Upon completion of this course, students will be able to:

1. Identify how health disparities impact the health and wellbeing of diverse individuals and groups.

2. Explain how integrated care can be viewed as a population-based approach that highlights prevention, care management, and recognizes the need for addressing health disparities and the social determinants of health.

3. Describe the components of providing an interprofessional team-based approach to behavioral health care in primary care settings.

4. Explain how to conduct a biopsychosocial assessment that pays particular attention the social determinants of health and the role of community factors on health and wellbeing.

5. Describe common mental health disorders as well as the comorbid medical and psychiatric conditions seen in primary care.

6. Identify skills for engaging clients and conducting psychosocial interventions in the primary care setting.

7. Discuss principles and practices for integrating wellness and prevention approaches into primary care settings.

8. Identify, explain, and critically analyze culturally-relevant strategies for delivering services in integrated care settings.

VI. Required Texts and Readings

To find your readings:

Click on the "Reading List" tab in the Canvas navigation bar to the left hand side of the course.

Please note: this list contains links to articles and other required readings separate from the textbook (if applicable). Please follow the syllabus and/or Canvas Readings and Resources page in each module for more specific required readings and resources for each week (including textbook/media). For further instructions please click here for a video tutorial

There is no required text for this course. However, the following is recommended:

Feinstein, R, Connelly, J., & Feinstein, M. (Eds.) (2017). *Integrating behavioral health and primary care*. Oxford University Press.

VII. Attendance and Participation

Attendance
Please refer to the school-wide syllabus for the standard attendance policy for classes in on-the-ground (traditional) program, intensive weekend program (IWP), and asynchronous online program.

For this course in particular, students who miss more than one class may have their participation grade reduced, which may lower their overall grade. Students who miss more than two classes may have their grade reduced by a letter grade or fail the course.

Late Assignments
Late assignments will not be accepted, unless the student has made arrangements prior to the assignment due date. The instructor reserves the right to reduce the letter grade for late assignments.

VIII. Assignments

All written assignments **must** follow APA format. The professor reserves the right to reduce the letter grade for any assignment that does not confirm to APA format.

Assignment Value

- Discussion board posts, quizzes, and e-learning activities: 25%
- Mid-term Paper: 40%
- Final Assignment: 35%

See the assignments at end of syllabus for a more detailed discussion of grading.

IX. Course Outline

A variety of methods are used including lectures, discussions, exercise, assignments, readings, and videos. Readings marked with an asterisk "*" are available electronically through the library reserve system, and are required.

Module 1: Foundations of Integrated Care

This module will provide the foundational concepts essential for understanding behavioral health services in primary care known as "integrated care." Key concepts such as interprofessional practice and the four domains associated with this practice model are discussed. The rationale for interprofessional practice and how it is implemented in the primary care setting is also presented.

Learning Objectives:

1. Describe the concepts associated with integrated interprofessional models of health care delivery: integrated care, interprofessional practice, patient-centered care, and interprofessional team-based care.
2. Identify the rationale for the transition to integrated care.
3. Analyze the core competencies of interprofessional practice and their application to patient-centered care delivery.
4. Identify the most appropriate level of intervention necessary based on the Four-Quadrant Model.

Required Readings:

Agency for Healthcare Research and Quality (2015). *Provider- and practice-level competencies for integrated behavioral health in primary care: A literature review.* https://integrationacademy.ahrq.gov/sites/default/files/2020-06/AHRQ_AcadLitReview.pdf

Goodwin N. (2019). Improving integrated care: Can implementation science unlock the 'black box' of complexities? *International Journal of Integrated Care,19*(3), 12.

RAND Corporation. (2021). *Transforming mental health care in the United States.* https://www.rand.org/pubs/research_briefs/RBA889-1.html

Module 2: Introduction to Population Health

Despite spending significantly more on health care than any other country, the United States ranks last in health outcomes when compared to other high-income nations. A new paradigm of care is needed to move from an individual-oriented, acute, episodic approach to a population-focused approach that highlights prevention, care management, and recognizes the need for

addressing broader social determinants of health. One way to actualize the population-focused approach is by integrating behavioral health services into primary care settings.

Learning Objectives

1. Describe the factors that influence the national move to population health.
2. Discuss the role of primary care in the system redesign.
3. Provide an example of Population Health Management.

Required Readings:
SAMHSA-HRSA Center for Integrated Health Solutions. (2014). *Essential elements of effective integrated primary care and behavioral health teams.* https://www.thenationalcouncil.org/wp-content/uploads/2013/10/Essential-Elements-of-an-Integrated-Team_FINAL_3_6_14.pdf?daf=375ateTbd56

Module 3: Disparities in Health

Health disparities are the differences in health outcomes (i.e., quality of life and longevity) between groups. For example, why is it that in the United States, Asian Americans have a life expectancy of 86.3 years but African Americans 75 years? Granted these numbers are pre-COVID, but the difference in longevity is likely greater today because COVID pandemic has amplified health disparities. Although social determinants play a major role in health disparities, this module also discusses the role of the healthcare system in perpetuating these disparities and what can be done about them, especially in the primary care setting.

Learning Objectives:

Discuss two examples of health disparities and the social and economic conditions that drive these disparities.

1. Explain how integrated care can help to address these disparities.
2. Define implicit bias and how to address it in the primary care setting.
3. Discuss how health disparities can be addressed at the individual, organizational, and policy level.

Required Reading:

Agrawal, S, & Enekwechi, A. (2020, January 15). It's time to address the Role of Implicit Bias within Health Care Delivery. *Health Affairs*. https://www.healthaffairs.org/do/10.1377/hblog20200108.34515/full/

Recommended Reading:

Van Ryn, M., Burgess, D.J., Dovidio, J.F., Phelan, S.M., Saha, S., Malat, J., Griffin, J. M, Fu, S. S., & Perry, S. (2011). The impact of racism on clinician cognition, behavior, and clinical decision making. *Du Bois Review, 8*(1), 199-218.

Module 4: Person-Centered Care

The person-centered approach was developed by Carl Rogers in the 1940s. This approach diverged from the more traditional approach of the provider as the expert and instead moved towards a non-directive, empathic approach that allowed the client to be seen and heard. This approach is based on the belief that every human being strives for and has the capacity to fulfill their own potential. This module provides an overview of the application of the person-centered approach, which is also referred to as "patient-centered care" in the integrated care clinic.

Learning Objectives:

1. Define person-centered care.
2. Discuss the principles of person-centered care
3. Identify the difference between person- and patient-centered care.
4. Describe how to conduct a person-centered care interview in the primary care setting that includes a brief intervention.

Required Readings:

American Geriatrics Society Expert Panel on Person-Centered Care (2016). Person-centered care: A definition and essential elements. *Journal of the American Geriatrics Society*, *64*(1), 15–18.

Håkansson Eklund, J., Holmström, I. K., Kumlin, T., Kaminsky, E., Skoglund, K., Höglander, J., Sundler, A. J., Condén, E., & Summer Meranius, M. (2019). "Same same or different?" A review of reviews of person-centered and patient-centered care. *Patient Education and Counseling*, *102*, 3–11.

Recommended Readings:

Berntsen, G., Høyem, A., Lettrem, I., Ruland, C., Rumpsfeld, M., & Gammon, D. (2018). A person-centered integrated care quality framework, based on a qualitative study of patients' evaluation of care in light of chronic care ideals. *BMC Health Services Research, 18,* 479.

World Health Organization (2015). *WHO global strategy on integrated people-centred health services 2016-2026.* https://interprofessional.global/wp-content/uploads/2019/11/WHO-2015-Global-strategy-on-integrated-people-centred-health-services-2016-2026.pdf

Module 5: Trauma-informed practice

Traumatic exposure in the United States is high. Therefore, it is likely that individuals exposed to traumatic events will present in the primary care setting. These individuals may meet criteria for depressive, anxiety, personality, and trauma-related disorders, as well as suffer from chronic pain. Regardless of the patient's psychiatric diagnosis, however, clinicians must be prepared to use trauma-informed practices in the primary care setting. This module begins by introducing students to trauma-informed practice, which involves recognizing the widespread nature of trauma and how to identify its symptoms among clients and their families. Students will learn how to use relational approaches to engage clients, create an atmosphere of safety and trust, minimize the potential for re-traumatization, and solicit patients' input when developing treatment plans.

Learning Objectives:

1. Define trauma-informed practice.
2. Discuss the ways trauma-informed practice can be incorporated into primary care settings.
3. Identify ways to build a trauma-informed primary care organization.

Required Readings:

Alessi, E. J., & Kahn, S. (2019). Using psychodynamic interventions to engage in trauma-informed practice. *Journal of Social Work Practice, 33*(1), 27-39.

Brown, J. D., King, M. A., & Wissow, L. S. (2017). The central role of relationships with trauma-informed integrated care for children and youth. *Academic Pediatrics*, *17*(7S), S94–S101.

Butler, L. D., Critelli, F. M., & Rinfrette, E. S. (2011). Trauma-informed care and mental health. *Directions in Psychiatry, 31*, 197-210.

Recommended Reading:

Substance Abuse and Mental Health Services Administration (2014). *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Module 6: Culturally-Informed and LGBTQ+ Affirmative Practices

In this module, students will begin to build skills in culturally-informed care to effectively intervene in healthcare settings with individuals who face stigma and discrimination, such as racial/ethnic minorities and LGBTQ+ people. It will also explore the influence of the clinician's individual beliefs and assumptions on patient care and provide an introduction to intersectionality, culturally humility, and LGBTQ+-affirmative practice.

Learning objectives:

1. Define culture, intersectionality, and cultural humility.
2. Give examples of how the clinician's beliefs and assumptions can negatively impact patient care.
3. Identify strategies for developing cultural humility and LGBTQ+-affirmative practice skills.
4. Recognize how cultural awareness can enhance the functioning of the interprofessional team in primary care.

Required Readings:

Familiarize yourself with various LGBTQ+ terminology. View the *National LGBTQIA+ Health Education Center* glossary: https://www.lgbtqiahealtheducation.org/glossary/

Agency for Healthcare Research and Quality (n.d.). *Consider culture, customs, and beliefs*: *Tool #10*. https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2_tool10.pdf

Holden, K., McGregor, B., Thandi, P., Fresh, E., Sheats, K., Belton, A., Mattox, G., & Satcher, D. (2014). Toward culturally centered integrative care for addressing mental health disparities among ethnic minorities. *Psychological Services*, *11*(4), 357–368.

Moe, J., Johnson, K., Park, K., & Finnerty, P. (2018). Integrated behavioral health and counseling gender and sexual minority populations. *Journal of LGBTQ Issues in Counseling, 12*(4), 215–229.

National LGBTQIA+ Health Education Center (2023*). Integrated behavioral health care for transgender and gender diverse people: An affirming, harm reduction, and trauma responsive approach*. https://www.lgbtqiahealtheducation.org/publication/integrated-behavioral-health-care-for-transgender-and-gender-diverse-people-an-affirming-harm-reduction-and-trauma-responsive-approach/

Module 7: Biopsychosocial Assessment including Social Determinants

A critical element of providing behavioral health care in the primary care setting is conducting a thorough biopsychosocial evaluation. Students will be introduced to the importance of taking a systemic view of the individual: one that integrates understanding of how biological, psychological, and sociocultural factors impact human development and functioning. This discussion emphasizes the social determinants of health and awareness of cultural diversity in the primary care setting.

Learning Objectives:

1. Describe how a biopsychosocial assessment gathers information that includes the social determinants of health.
2. Identify the typical components of a biopsychosocial assessment used in integrated care settings.

Required Readings:

Matthew, K. J., & Rai S, (2015) Psychosocial assessment for community based psychiatric rehabilitation: A practice oriented approach. *International Journal of Psychosocial Rehabilitation, 19(2) 83-95*.

Read the three biopsychosocial samples provided for you: (a) social-work-focused, (b) rehab-counseling-focused, and (c) a complete biopsychosocial

Module 8: Diagnosing Anxiety and Depression

Patients presenting with anxiety and mood disorders are likely to present to primary care settings, requiring behavioral health care workers to be knowledgeable of their symptoms and how these symptoms manifest among different cultural groups. This module will prepare students to diagnose anxiety and mood disorders according to DSM-5 criteria. Students will also learn about standardized measures used to assess anxiety and depression in primary care settings and provide evidenced based practice interventions.

Learning Objectives

1. Identify the depression and anxiety screening instruments to complete the preliminary evaluation on primary care patients.
2. Review the diagnostic criteria for major depressive and anxiety disorders.
3. Analyze the evidence-based practice interventions that are used for major depressive disorders and other disorders treated in an integrated behavioral health agency.

Required Readings:

Aguilera, A., Bruehlman-Senecal, E., Demasi, O., & Avila, P. (2017). Automated text messaging as an adjunct to cognitive behavioral therapy for depression: A clinical trial. *Journal of Medical Internet Research*, *19*(5), e148.

Rush, A.J., (2020). Unipolar major depression in adults: Choosing initial treatment. *UpToDate*. https://www.uptodate.com/contents/unipolar-major-depression-in-adults-choosing-initial-treatment. You are only required to read the short section on "Supportive Care".

Treating major depressive disorder. A quick reference guide. https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd-guide.pdf

Please be sure to also review:
Instructions for Patient Health Questionnaire (PHQ) and GAD-7
Measures. https://phqscreeners.pfizer.edrupalgardens.com/sites/g/files/g10016261/f/201412/instructions.pdf.

Generalized Anxiety Disorder-7 (GAD-7). https://www.psychcongress.com/generalized-anxiety-disorder-7-gad-7

Module 9: Common Medical Conditions and Co-Morbid Behavioral Health Disorders

Chronic stress is hypothesized to impact the immune system, causing physiological changes that influence the progression of diseases such as cardiovascular disease, HIV, cancer, obesity, and diabetes. It is well known that physical health is linked to mental health and that certain medical conditions are associated with behavioral health problems. Understanding these relationships is important for the assessment process, as chronic diseases may accompany depression, anxiety, and sleep problems. This module emphasizes connections between co-morbid medical and behavioral health conditions. It also focuses on (a) conducting interventions that can be used in primary care settings to facilitate treatment adherence, make important lifestyle changes, and increase health literacy, and (b) connecting patients to essential community resources to help them manage co-morbid conditions.

Learning Objectives:

1. Identify how chronic stress impacts the immune system and the overall medical and psychiatric disease process.
2. Analyze the relationship between primary care conditions and their co-morbid mental health problems.
3. Identify how treatment non-adherence, functional limitations, and interpersonal problems may impact health outcomes.
4. Integrate behavioral and medical assessment to develop an intervention plan that targets co-morbid medical and behavioral health problems seen in primary care.

Required Readings:

Maski, K., Scammell, T.E., Eichler, A.F., (2018). Insufficient sleep: Evaluation and Management. *UpToDate*. https://sniv3r2.github.io/d/topic.htm?path=insufficient-sleep-evaluation-and-management

Also review two related (and also very short) articles on sleep hygiene:

- Sleep hygiene guidelines (2021). UpToDate. https://www.uptodate.com/contents/image/print?imageKey=SLEEP%2F122804

- Screening (2021), STOP-Bang Questionnaire, Is it possible that you have obstructive sleep apnea (OSA)? StopBang.ca. http://www.stopbang.ca/osa/screening.php

Pierce, G. L., Kalil, G. Z., Ajibewa, T., Holwerda, S. W., Persons, J., Moser, D. J., & Fiedorowicz, J. G. (2017). Anxiety independently contributes to elevated inflammation in humans with obesity. *Obesity*, *25*(2), 286–289.

Ski, C. F. & Thompson, D. R. (2012). Motivational interviewing as a brief intervention to improve cardiovascular health. *European Journal of Cardiovascular Nursing, 12*(2), 226-229.

Thom, R., Silbersweig, D. A., & Boland, R. J. (2019). Major depressive disorder in medical illness: A review of assessment, prevalence, and treatment options. *Psychosomatic Medicine, 81*(3), 246-255.

Module 10: Psychoeducation in integrated behavioral health care

Psychoeducational approaches were initially developed to help patients with schizophrenia and their family members manage their chronic psychiatric illness in order to prevent relapse. However, psychoeducation is now also used in conjunction with psychotherapy and medication and sometimes alone for the treatment of mental health (unipolar depression, anxiety disorders) and medical (e.g., diabetes, chronic pain) problems commonly seen in primary care. In this module, students will gain the knowledge and skills to use psychoeducational approaches in primary settings to empower patients and promote their recovery.

Learning Objectives:

1. Define psychoeducation.
2. Discuss the ways psychoeducation can be used in the primary care setting.
3. Develop skills to use psychoeducation in the primary care setting.

Required Readings:

Lukens, E. P., & McFarlane, W.R. (2004). Psychoeducation as evidence-based practice: Considerations for practice, research, and policy. *Brief Treatment and Crisis Intervention, 4*(3)*,* 205-225.

Salvetti, M. D. G, Cobelo, A., Vernalha, P. D. M., Vianna, C. I. D. A., Canarezi, L. C. C. C. C., & Calegare, R. G. L. (2012). Effects of a psychoeducational program for chronic pain management. *Revista Latino-Americana de Enfermagem, 20,* 896-902.

Snoek, F. J., van der Ven, N. C. W., & Lubach, C. (1999). Cognitive behavioral group training for poorly controlled Type 1 Diabetes patients: A psychoeducational approach. *Diabetes Spectrum, 12*(3)*.*

Recommended Readings:

Colom, F. (2011). Keeping therapies simple: Psychoeducation in the prevention of relapse in affective disorders. *British Journal of Psychiatry, 198,* 338–340.

Substance Abuse and Mental Health Services Administration (2009). *Family psychoeducation: Building your program.* HHS Pub. No. SMA-09-4422, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

Module 11: Motivational Interviewing

There is an assumption that when patients enter behavioral intervention or health care services that require behavioral they are ready to change. However, this is not always the case, since many individuals enter treatment with ambivalence about confronting their problems. This module focuses on the transtheoretical model of change and how to use motivational interviewing to help facilitate positive behavioral change. Frequently used for the treatment of substance abuse disorders, motivational interviewing is now used to enhance clinical practice with multiple populations and in various health and mental health settings. In this module, students will review the basics of motivational interviewing and learn about the application of motivational interviewing.

Learning Objectives

1. Define the transtheoretical stages of change.
2. Identify and adapt a motivational interviewing techniques based on an individual's current stage of change.
3. Describe how the interprofessional team can facilitate patient change through motivational interviewing techniques.

Required Readings:

Ridner, S. L., Ostapchuk, M., Cloud, R. N., Myers, J., Jorayeva, A., & Ling, J. (2014). Using motivational interviewing for smoking cessation in primary care. *Southern Medical Journal*, *107*(5), 314–319.

The MI Reminder Card (Am I Doing This Right?). *Center for Evidence-Based Practices*. Case Western Reserve University.

Miller, W. R., & Moyers, T. B. (2006) Eight stages in learning motivational interviewing. *Journal of Teaching in the Addictions, 5*, 3-17,

For resources please review: the Motivational Interviewing Network of Trainers (MINT) https://motivationalinterviewing.org/

Recommended Readings:

Sterling, S., Chi, F., & Hinman, A. (2011). Integrating care for people with co-occurring alcohol and other drug, medical, and mental health conditions. *Alcohol Research & Health, 33* (4), 338-349.

Module 12: Incorporating cognitive behavioral approaches into integrated care

In this module, students learn how individuals' cognitions impact emotions and behavior. Students will learn how to differentiate among automatic thoughts, generalized assumptions, and core beliefs. This module then outlines common CBT interventions, including setting an agenda and goals, identifying automatic thoughts and cognitive distortions, using Socratic questioning, and homework assignments. Students will also learn about the importance of teaching clients to use positive coping statements and relaxation techniques. Focus of the readings will be on applying these interventions in primary care settings.

Learning Objectives:

1. Review the tenets of cognitive behavioral therapy (CBT).
2. Identify the ways CBT can be incorporated into primary care settings to treat conditions such as depression, anxiety, and insomnia.

Required Readings:

Centre for Clinical Interventions (n.d.). Behavioural strategies for managing depression. https://www.cci.health.wa.gov.au/-/media/CCI/Consumer-Modules/Back-from-The-Bluez/Back-from-the-Bluez---02---Behavioural-Strategies.pdf

Gomez, D., Bridges, A.J., Andrews III, A.R., Cavell, T.A., Pastrana, F.A. Gregus, S.J. & Ojeda, C. (2014). Delivering parent management training in an integrated primary care setting: Description and preliminary outcome data. *Cognitive and Behavioral Practice, 21,* 296-309.

Goodie, J.L., & Hunter, C.L. (2014). Practical guidance for targeting insomnia in primary care settings. *Cognitive and Behavioral Practice, 21,* 261-268.

Module 13: Comprehensive Functional Assessment in Geriatric Individuals

Functional and cognitive impairments are common among older patients seen in the primary care clinic. These limitations impact both the patient and their family members but can be improved with early recognition and treatment. This module will address how to accommodate patients' limitations, prevent further deterioration in functioning, and include family members in the treatment plan. In addition to an emphasis on working within an interdisciplinary team, this

module also emphasizes the importance of referring to a range of providers and community-based programs.

Learning Objectives:

1. Identity the issues involved in establishing a rapport with the geriatric patient and their family when working in the primary setting.
2. Identify the areas included in a comprehensive functional assessment of a geriatric patient.
3. Identify 3 ways to prevent dementia or slow the progression.

Required Readings:

Gale, S. A., Acar, D., & Daffner, K. R. (2018). Dementia. *The American Journal of Medicine*, *131*(10), 1161–1169.
Galvin J. E. (2018). Using Informant and Performance Screening Methods to Detect Mild Cognitive Impairment and Dementia. *Current Geriatrics Reports*, *7*(1), 19–25.

University of Michigan Medical School (2003). Geriatric functional assessment. https://www.med.umich.edu/lrc/coursepages/m1/HGD/GeriatricFunctionalAssess.pdf

Recommended Readings:

National Institute of Aging: https://www.nia.nih.gov/

National Institute of Aging and Research: https://www.nia.nih.gov/about/advances-aging-research

Module 14: Treatment of Chronic Pain

This module will review pain as a biopsychosocial phenomenon and the underlying physiological mechanisms responsible for both acute and chronic pain. Content includes the classification of pain and the types of disorders that produce pain. We will also explore evidence-based treatment options, including complementary interventions, especially those that can be used in the primary care setting.

Learning Objectives:

1. Describe the classification of pain based on primary mechanisms.
2. Identify the issues related to pain management in the primary care setting.
3. List the screening tools for patients seen in primary care who present with pain and behavioral
4. Identify non-pharmacologic interventions that can be utilized in integrated health to support pain management.

Required Readings:

Centers for Disease Control and Prevention (2016). Guideline for Prescribing Opioids for Chronic Pain. https://www.cdc.gov/drugoverdose/pdf/prescribing/Guidelines_Factsheet-a.pdf

Substance Abuse and Mental Health Services Administration (2021). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63 Publication No. PEP21-02-01-002. https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-02-01-002.pdf

Read the following:

- Executive Summary
- Part 1
- Part 2

Recommended Reading:

Skim the rest of the document.

Module 15: Course Summary and Integration

This module provides students with an opportunity to pull together the information learned over the past 14 weeks. The required reading for this module focuses on the re-conceptualization of the Costa Rican healthcare system, which students will use to prepare their final assignment. Over the last 70 years, the average life expectancy in Costa Rica went from 55 to 80 years of age, higher than that in the US (at a significantly lower cost per person). This example of South-North sharing, versus the traditional North-South sharing, brings many lessons for our own healthcare system; that is, if we take the time to see them.

Learning Objectives:

1. Reimagine a public health approach to a community's health crisis.
2. Identify how the integration of primary care and mental health services can help address this crisis.

Required Readings:

Gawande, A., (2021, August 24). Costa Ricans live longer than the US. What's the secret? *The New Yorker.* https://www.newyorker.com/magazine/2021/08/30/costa-ricans-live-longer-than-us-whats-the-secret

Mid-term Assignment

In this mid-term assignment, students will write a paper in which they choose a behavioral/mental health topic, review scholarly literature related to that topic, and describe how you would engage with a patient on this topic in an integrated care setting.

The goal of this assignment is two-fold. The first is to increase student knowledge of a mental health issue or medical problem (and its psychosocial manifestation) commonly seen in the primary setting. The second part is to improve the student's skills in conducting interprofessional collaborative practice (assessment and intervention) to address an issue or problem in primary care.

Due: Module 8, Day 7

Begin by choosing a topic. The topic does not have to be on the list below, but it must be related to primary care:

- Generalized Anxiety Disorder
- Post-Traumatic Stress Disorder
- Panic Disorder
- Persistent Depressive Disorder
- Major Depressive Disorder
- Adjustment Disorders
- Insomnia
- Sexual Dysfunction
- Nicotine Dependence
- Headaches and migraines and their psychosocial manifestations
- Hypertension and its psychosocial manifestations
- Hyperlipidemia and its psychosocial manifestations
- Mild cardiac infarction and its psychosocial manifestations
- COVID-19 or long COVID-19 and its psychosocial manifestations
- Asthma and its psychosocial manifestations
- Obesity and its psychosocial manifestations
- Diabetes and its psychosocial manifestations
- Chronic pain and its psychosocial manifestation
- HIV and its psychosocial manifestations

The paper should be 7-double-spaced pages (not including title page or references) typed in Times New Roman, 12-point font and include one-inch margins. APA style citations and references are required. Do not include an abstract. **No direct quotes allowed—paraphrase only.**

The paper is expected to include a minimum of **five** empirical and theoretical scholarly articles that are not on the syllabus. At least **four** of the outside references should come from scholarly journals, not books or websites. **The *DSM* does not count as a scholarly reference for this paper**.

Part I:

Conduct a review of the scholarly literature over the past 5 years that (4 pages) that:

- Discusses the issue as it relates to the primary or integrated care setting.
- Identifies how social determinants of health (social and economic conditions) can impede care or magnify the issue.
- Provides recommendations on assessment tools and interventions that are most effective for interprofessional primary care practice.

Part II:

Illustrate how you would intervene in the primary care setting by creating a 3-page script/dialogue between yourself and a patient on your chosen topic. You should start the script as if you are behavioral health provider in a primary care setting, and one of the PCPs has just conducted a warm handoff and asked you to meet with the patient. Create a script of a 15-minute session (3 pages). The script should incorporate dialog from both provider and patient. For example:

BEHAVIORAL HEALTH PROVIDER: How are you doing today? The PCP just said you've been dealing with some concerns. Can you tell me about them?

PATIENT: Yeah, I've been feeling...

Your script does not have to be based on your actual behavioral health practice in a primary care setting. In the dialogue you create, your script should represent the following:

1. What you would do if you were actually in that setting dealing with the specific issue that you discussed in your literature review.

2. How you would address and recognize the patient's intersectional identities, and to ensure any intervention you conduct acknowledges how socio-structural and environmental factors impede care or magnify mental or behavioral health concerns.

3. How you would ensure your assessment and intervention fosters resilience.

Rubric:

- Literature review is integrated in a scholarly manner and includes discussion of the issue as it relates to the primary or integrated care setting and social determinants of health (15 points).

- Practice recommendations focus on the primary care setting and includes discussion of interprofessional collaborative practice as it relates to assessment and intervention (5 points).

- Script demonstrates the intricacies of providing behavioral health services in the primary care setting and includes a component on assessment and intervention (10 points).

- Demonstrates graduate-level writing skills (good organization and sentence structure, sentences are grammatically correct, citation and references conform to APA style) (5 points).

Final Assignment

Your final assignment in this course will be to work with a group in developing a proposal to the Mayor of a city, which you will choose, to invest in integrated primary care. Your group will create a presentation of 7-10 slides long and record the presentation, which will take no more than 12 minutes. You can find your group members under the "People" tab on the left-hand side and selecting the top tab "Module 15 Groups."

You and your group will imagine yourselves as working in a clinic in your chosen city. The Mayor of the city in which your clinic is based is interested in investing in an integrated primary care approach, but the Mayor would like to know more about how integrated primary care works and how it would benefit their city. As such, you are expected develop a proposal presentation based on City Council's recent recommendation that mental health treatment be integrated into the city's five outpatient primary care centers.

In Module 12 and Module 13, you will have met with your group and chosen a city, and discussed its sociocultural and environmental contexts. For the final assignment, you will create a 7-10 slide presentation about establishing integrated primary care in the city and record yourselves presenting it for no more than 12 minutes.

Your presentations should address the following:

- Describe your city, the sociodemographics of its population, and sociocultural and environmental factors that influence mental and physical health outcomes.
- Discuss interventions that your clinic should provide to address mental health issues in primary care and why. (Describe at least 2 interventions)
- What programs would you institute in your clinic(s) to integrate mental health initiatives into physical health care for a holistic approach to service delivery?
- What will you do to ensure that their interventions are culturally informed and minimize disparities in health?
- How can you further integrated care's mission in ways that account for patients' intersectional identities and fosters socially just, empathic care?
- Describe at least one preventative approach that your clinic(s) will take to support the prevention or early diagnosis of mental and physical health issues.
- What barriers (e.g. structural, financial, sociocultural) do you foresee in implementing your integrated care-based program for primary care in this city?

In addition to presenting the benefits and barriers of, and plans for, integrating mental health into physical health care, your presentations should also do the following:

- Cite reports and data from trustworthy sources in order to ensure that the Mayor takes your proposal seriously, such as government websites, studies, articles, etc.
- Include a bibliography at the end of the presentation.
- Keep your audience in mind - you are making your pitch to a politician/lawmaker who is not necessarily an expert in the field. What kinds of concerns do you think a Mayor might

have? What are the realistic goals or expectations for making this work? What will you do to make the content and larger goals/importance of integrated care accessible to the Mayor?
- Demonstrate equitable and shared collaboration among group-members.
- Be recorded in quiet areas with minimal background noise, if possible. If not possible, be sure to mute when you are not the one speaking.

To upload your presentation, please do the following:

- The easiest way to record your presentation is through Zoom. Please view this resource for information on recording Zoom meetings (Links to an external site.).

- Add captions to the video by uploading it to Kaltura:

  For information on uploading videos to Kaltura, please see this guide.

  https://rutgers.mediaspace.kaltura.com (Links to external site.)

- Submit the video to this assignment submission page.

  For help submitting videos to assignment submission pages, please see this resource (Links to an external site.).