

February 2016

## Integrating Behavioral Health in the Primary Care Setting – Part 1

Many articles about integrating behavioral health and primary care come across our desks every day. Every so often we find one that is particularly relevant and insightful, such as this article from the Vista Hill Foundation’s *SmartCare PC2* behavioral health consultation program in California.

## A Five Step Model for Addressing Behavioral Health Issues in the Primary Care Setting

At the recent Mental Health America–San Diego “Meeting of the Minds” conference, the question came up as to how a busy primary care provider can best be psychologically attuned and therapeutic in their short appointment times with patients.

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## Leadership:

John Straus, MD  
*Founding Director*

Barry Sarvet, MD  
*Medical Director*

Marcy Ravech, MSW  
*Director*

Following is a discussion of a psychotherapeutic technique applicable to the primary care clinic setting.

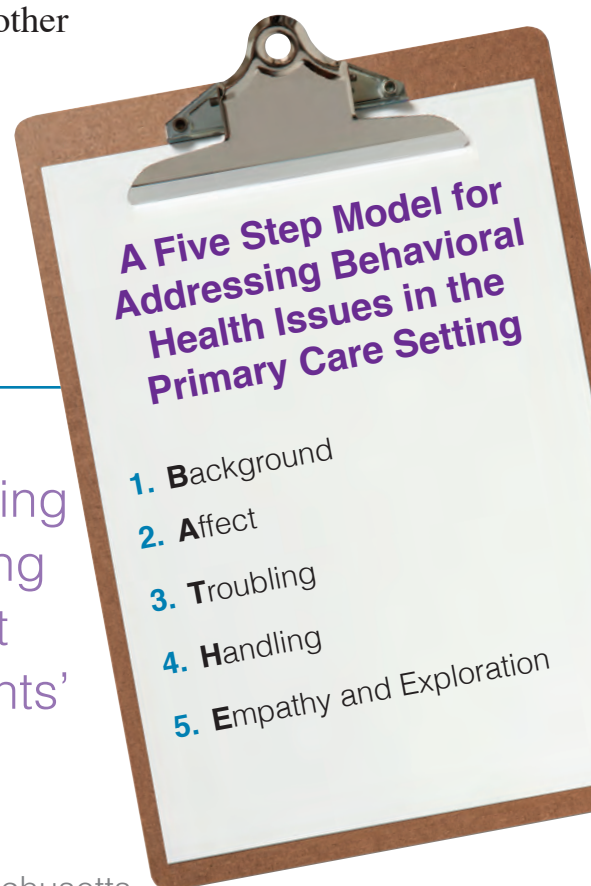
First of all, it is important to recognize that you can help even without the benefit of magical insights or finely tuned skills in psychotherapy—how you approach the interaction is pivotal, as the core of being therapeutic is to establish a professional and engaged social connection. Patients want and need to feel that they are being listened to and empathized with. It is well established that many, if not most, patients with psychiatric concerns, such as depression and anxiety, start feeling better during their first appointment—simply being heard without judgment and having their concerns empathically noted without prejudice makes a big difference. This is true whether or not supportive guidance, or insight-oriented interpretation, or medication recommendations have been made.

With this in mind, the acronymically titled



BATHE approach for discussing psychological problems with patients is described below. This five-step technique addresses

the patient's background issues, their affect, and identifies the most troubling symptoms before exploring how the patient is handling the problem and progressing to an expression of empathic concern by the provider that sets up a platform for an intervention plan—whether this be provided within the primary care setting or through referral to another caretaker.



“Most pediatricians don't like to prescribe medications unless the patient is also seeing a therapist. Knowing that a patient is seeing our therapist, I can do more for the patient and play a greater role in managing patients' behavioral health needs.”

**Deborah Buccino, MD,**

a pediatrician at Macony Pediatrics, Great Barrington, Massachusetts

Attending to the five steps can facilitate the collection of needed information in a time-efficient manner and can assist in defining targets for intervention while delineating the means that may be utilized to achieve the desired goals. Following is a recitation of what you as a PCP might say in progressing through the BATHE protocol.

**Background** – “It sounds like you are having a real rough time.” (*non-judgmental recognition of patient’s suffering*)... “Can you tell me a bit more of what has been happening?” (*interest*).... “Sounds like your [repeat patient’s expressed life circumstance problem] has been very difficult for you of late.”(*empathic outreach*).... “I’m no great expert in this sort of stuff, but let’s see what we can come up with.” (*limit setting, expression of optimism about potential for relief*)

**Affect** – “So it seems clear that you are feeling quite [sad, anxious, angry, ...].” (*acknowledgment of patient’s suffering*)  
 “These things can be very hard to deal with” (*shame reduction, acceptance*)...“Is there more about how you feel that I should know?” (*risk assessment*)

**Troubling** (symptoms) – “So how is this affecting your sleep?” ...your relationships at home? ...your ability to work?(*interest in practical impact, identifies possible targets for intervention*)

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The five steps of the BATHE process can help establish a positive alliance and enable you to learn more about your patient’s life experience, their emotional reactions and their coping mechanisms while leading the encounter toward planning for concrete interventions that can be reviewed and revised in follow-up contacts.



**Handling** (the problem)—“So how are you coping with all of this?” (*affirming strengths/resources and projecting potential of hope/help/optimism; checking for maladaptive responses such as drinking, etc.*) ...“What else might you do to cope; Who else in your life might be helpful?” (*invites the patient to explore for new strategies; implies patient has latent resources*)

**Empathy and exploration** of next steps—“It is real clear to me that these things are really hard for you.”... (*I understand and I care*) “I think I get it, let’s see what we can plan to do.” (*I’m here to help you manage and overcome the challenge*)

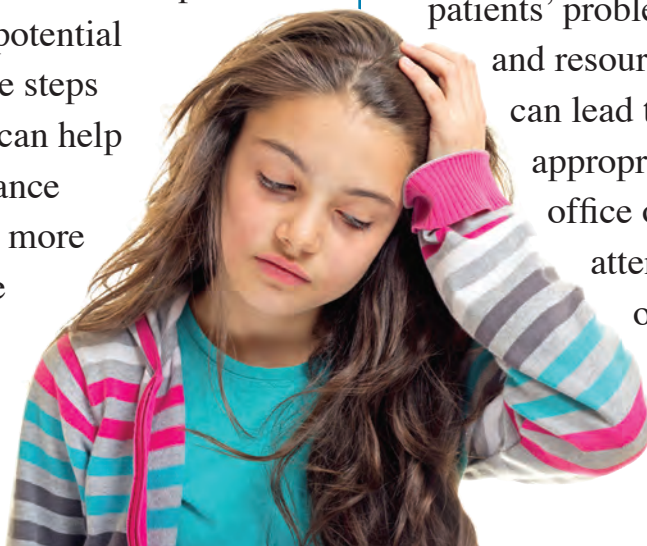
While every patient encounter will present unique challenges and potential twists and turns, the five steps of the BATHE process can help establish a positive alliance and enable you to learn more about your patient’s life experience, his or her emotional reactions, and his or her coping mechanisms while



leading the encounter toward planning for concrete interventions that can be reviewed and revised in follow-up contacts.

Demonstration of concern and caring will be of some help to all. Inquiry into background, affect, symptoms, and coping can help define patients’ problems and their latent strengths and resources. An empathic attitude can lead the way to beginning appropriate interventions (in the office or by referral), and ongoing attention to these issues may be of both short and long term health consequence.

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**Reference:** Psychotherapy in Primary Care: The BATHE Technique J.McCulloch, MD, S.Ramesar, H.Peterson, Queen’s University, Kingston, Ontario *Am Fam Physician*. 1998, May 1; 57(9):2131-2134. <http://www.aafp.org/afp/1998/0501/p2131.html>

## Integrating Behavioral Health in the Primary Care Setting – Part 2

The BATHE five-step model is an important frame for connecting and engaging your patients (and their families) about behavioral health issues. John Straus, MD, founding director of MCPAP, says, “when the pediatrician is actively involved in providing behavioral health care, it makes families feel more comfortable.”

A growing number of pediatric primary care and family practices are employing therapists as members of the practice team. Known as co-located or integrated therapists, they often handle behavioral health screening and care coordination and provide a range of other services, such as counseling and short-term treatment for patients and their families. “When a practice employs a mental health professional, it compels the primary care provider to focus more attention on behavioral health care. As a pediatrician who practiced

for 20 years with an integrated therapist, I would never practice without one,” says Dr. Straus.

### Benefits of Co-located/Integrated Therapists

Employing a behavioral health therapist at a pediatric practice benefits both providers and patients:

*Increased integration of care:* Having a therapist on-site facilitates collaboration and communication between the therapist and pediatrician. “Trying to establish communication with outside therapists can be very difficult,” says Deborah E. Simon, MD, a pediatrician at Acton Medical, an adult and pediatric practice that employs a full-time therapist, Carrie Leggett.

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“When you work at a practice, there is more opportunity for direct contact and consultation with medical staff. We have a closer relationship and can provide more holistic care to patients.”

### Isabelle Foster, LICSW,

Integrated therapist at Macony Pediatrics,  
Great Barrington, Massachusetts



“When Carrie does an evaluation, she writes a summary which is signed off by primary care and is included in the chart. We all understand the plan and know what care patients are receiving.”

“When you work at a practice, there is more opportunity for direct contact and consultation with medical staff. We have a closer relationship and can provide more holistic care to patients,” says Isabelle Foster, LICSW, a therapist who is located part-time at Macony Pediatrics in Great Barrington, Massachusetts, which is affiliated with Berkshire Health Systems.

*Easier access to care:* Having a therapist working at the pediatric practice helps reduce the stigma around mental health services and makes it more likely that the family will receive care. “It makes a difference to families to come for therapy at a pediatric office. When we refer to Isabelle, families are more likely to see her than an outside therapist,” says Deborah Buccino, MD, a pediatrician at Macony Pediatrics. “I hear from many patients how much they appreciate going to a practice with mental health services,” says Carrie Leggett, LICSW, of Acton Medical.

An integrated clinician can see patients who are in crisis right away and support patients who have difficulty with physical examinations. “It can be very time-consuming to find the right therapist for patients. With a therapist on-site, families can more easily get the help they need,” says Dr. Simon.

Both Foster and Leggett provide shorter-term therapy (generally 12 weeks) to patients and families. If they need further treatment, they can be referred to outside resources. Foster sometimes continues to see patients at her private practice.

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The therapists treat conditions commonly seen in pediatric practice: for children these include behavioral issues, ADHD, separation anxiety, family issues such as divorce, and trauma due to major life events such as death and divorce. For adolescents, common issues include anxiety, depression, substance use, and eating disorders.

*More effective case management:*

Co-located/integrated therapists can handle case management, relieving pediatricians of a time-consuming responsibility. They serve as liaison to the community, identifying resources, such as therapists and substance use disorder treatment facilities, and conduct outreach to organizations, such as schools. “Case management is critical to providing good behavioral health care to children and families. You need to contact schools and other providers who are involved with the family,” says Foster.

“It’s not enough to just give families a list of phone numbers. They need guidance to



help them access resources,” says Leggett. Integrated clinicians can follow up with patients and families to find out whether they have pursued behavioral



health services. “I contact families three times. They often thank me for not giving up on them,” says Leggett.

Pediatricians have more time to address patients’ and families’ behavioral health needs when a therapist is part of a treatment team, providing therapy and handling case management. “Once we had a therapist here, we realized how much help we need. It makes our work easier and keeps us in tune with the community,” says Dr. Simon.

*Higher quality mental health services:*

Having an integrated clinician allows a pediatrician to provide more comprehensive behavioral health treatment to patients. “Most pediatricians don’t like to prescribe medications unless the patient is also seeing a therapist. Knowing that a patient is seeing our therapist, I can do more for the patient and play a greater role in managing patients’ behavioral health needs,” says Dr. Buccino.

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## How MCPAP Supports Practices with Integrated Therapists

MCPAP is continually evaluating its services to ensure that we support the needs of MCPAP-enrolled practices, including those that have co-located or integrated behavioral health capacity. When co-located therapists, who are often the only behavioral health provider at the medical practice, need assistance from a behavioral health professional colleague, they can consult with the MCPAP therapist at their regional hub. MCPAP can also help in identifying key community-based resources in a practice's region with which they can develop relationships and provide support with system navigation for complex cases.

If a therapist is seeing a patient and thinks that medication may be helpful but the PCP may not be comfortable prescribing, this is a great situation to call MCPAP for a consultation. Ideally, both the therapist and the PCP could be on the phone at the same time to discuss the case. For any youth getting therapy in the PCP office, the need to find a scarce child psychiatrist should be able to be avoided.

MCPAP has offered training in the Triple P Positive Parenting Program, a popular, evidence-based parenting education program, to pediatric



providers, including behavioral health clinicians. Both Foster and Leggett have attended the training and become certified in Triple P and use it regularly to help parents who are having difficulty dealing with common behavior problems such as tantrums.

For pediatricians who work with co-located/integrated therapists, MCPAP can support them in taking on greater responsibility for behavioral health care. "MCPAP is an amazing resource that gives me the confidence to handle patients' behavioral health care on my own," says Dr. Simon.



# What's Happening for you at MCPAP

## NEW MCPAP brochure available for Parents!

Our new brochure explains what MCPAP is, what parents can expect, and how best to work with us. Hard copies are available by e-mailing your request to [mcpap@valueoptions.com](mailto:mcpap@valueoptions.com). A printable version is available at [www.mcpap.org](http://www.mcpap.org) under “For Families – How to Work with MCPAP.”



## Have you had your S2BI training yet?

The Screening to Brief Intervention Tool (SBIRT) has been developed specifically for substance use screening and brief intervention with adolescents in the primary care setting. Your MCPAP team is available to bring the training to your practice. Please contact your MCPAP hub for more information.



The S2BI Toolkit is available at the DPH Clearinghouse! To order your free S2BI toolkit, follow this link – <https://massclearinghouse.ehs.state.ma.us/>. If you are having a training on-site, the MCPAP team will provide toolkits for your practice.

To access a recording of the S2BI training by Sharon Levy, MD go to: <http://www.mcpap.com/Provider/ArchivedNewsNWebinars.aspx> and click “Substance Use Screening in Pediatric Primary Care: Using the new S2BI Screening Tool.”

# Clinical Conversations

Log in the on the fourth Tuesday of each month from 12:15-1:15 p.m. to learn more about managing pediatric behavioral health issues in your practice. Staff from our MCPAP teams will highlight topics as requested on the recent Provider Experience Survey:



## February 23

**Managing Anxiety in Pediatric Primary Care**

## March 22

**Managing Depression in Pediatric Primary Care**

## April 26

**Managing ADHD in Pediatric Primary Care: Beyond the Basics**

## May 24

**Identifying and Managing Autism Spectrum Disorder in Pediatric Primary Care**

## June 28

**Assessing Risk: Preventing Youth Suicide**

You can register for these webinars by visiting <http://www.mcpap.com/About/NewsNEvents.aspx> and clicking on the webinar(s) that you would like to register for. For any questions regarding the clinical conversations, please contact Mary Houghton at [mary.houghton@beaconhealthoptions.com](mailto:mary.houghton@beaconhealthoptions.com).

