

# **POSITIONING PSYCHOLOGY IN PUBLIC HEALTH SYSTEMS: INTEGRATED HEALTH PSYCHOLOGY TRAINING PROGRAM**

## **THE 2011 APA EDUCATION LEADERSHIP CONFERENCE**

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# WI Clinical Services

- Integrated Health Psychology Training Program (IHPTP, 2004)
- Wright Institute Clinic (1969)
- School-based Collaborative (2005)
- The Berkeley Cognitive Behavioral Therapies Clinic (2006)
- WI Assessment and Testing Services (2009)

# Healthcare Reform

- Rebuild the primary care workforce
- Invest in the community health center system
- Improve the quality of healthcare
- Improve access to care and reduce disparities
- Develop integrated health systems and accountable care organizations
- More resources for primary care

# Internship Shortage

**APA President Melba J.T. Vasquez, PhD**

Clearly there are too many students in the doctoral program pipeline as related to the number of accredited internships. That is of great concern. How this relates to work force needs, however, is unclear. We know that many people with mental and behavioral health needs remain unserved. We also know that in the area of primary care, which many consider our nation's de facto mental health system, there are only several hundred psychologists in the nearly 8,000 federally qualified community health centers. Psychology needs a comprehensive work force analysis that considers not only supply and demand, but societal needs, the context of other professions and the kinds of psychologists needed. I am supporting such efforts as part of APA's strategic plan.

<http://www.apa.org/monitor/2011/06/letters.aspx>

# **Assembling Collaborative Partnerships at the State Level**

- The California Psychological Association
- The California Primary Care Association
- Graduate Programs Seeking Sites for Training
- The California Psychology Internship Council

# **Mental Health Services Administration**

- Proposition 63
- Grants to Predocs in exchange for 1 Postdoc year of Service to the public
- Education with an emphasis on public service

# **Growing Urgency for Primary Care Training and Education**

Postdoctoral Specialization

Internship Placements

Practicum to begin preparing  
doctoral students at earlier stages –  
and to help educational institutions  
adapt to changes in service delivery

# Graduate Psychology Education Grant

- Enabled our program to expand from 1 to 4 community health centers
- Expanded training opportunities from 4 to 9 students
- Added 2 postdocs
- Expanded our evaluation, technological (Loaded PDAs) and educational opportunities (including Continuing Education)

# The Future of Health Care is Self Care

- Whole-person Orientation – Physical *and* MH
- Help individuals, families and communities to become empowered agents in their care
- Use our knowledge and abilities to promote access to services, prevention and wellness
- Train students in interdisciplinary settings and prepare them for working in teams
- Become better citizen clinicians – civic minded and equipped for advocacy and public policy

# New Directions for Preparing Psychologists

- Testing *and* Screening *and* Quality Assurance
- Research *and* Evaluation (including Program Development and Design)
- Evidence-based Interventions (not to be confused with and limited to empirically derived models) and consultation skills
- Value of becoming superlative clinicians *and* clinical Leaders
- Advocacy and Public Policy

## **From Fall 2004 to Fall 2011**

- 55 Students (2<sup>nd</sup> and 3<sup>rd</sup> year practicum)
- 12 Postdocs
- 8,600 patient encounters (will increase substantially as an internship)
- Up to 7 sites in one year (5 this year)
- 8 part-time psychologists (this year 2 half-time psychologists; 1 half-time social worker)

# **Making Contact with the State Primary Care Association**

- We need to establish reimbursable services
- Psychologists trained well in the use of the psychotropic apothecary
- Create a better identity for psychologists by demonstrating brief, evidence-based interventions aimed at assessment
- Need to provide team building
- Collaborate to advocate for change

# **Developing Relationships with County Health Care Providers**

- Counties were receiving additional funds if they could demonstrate the integration of behavioral health services
- But not enough money to do it on their own
- The marriage of graduate training resources to the funding available at the community health centers is a viable solution

# Establishing Ourselves in the FQHC

## Services Mission

Addressing the behavioral health needs of primary care patients, with the aims of:

- early identification of behavioral problems, presented in primary care
- quick resolution of identified problems
- long-term problem prevention
- wellness promotion

# Training Mission

- To prepare a workforce of psychologists and other behavioral health professionals to work as a team in primary care, medical home settings.
- To provide educational experiences across disciplines and at varying levels of professional development to enhance the effectiveness of the community health center integrated team

# Service Model

- Help patients develop skills and behaviors to deal with illnesses
- Take a long term view of health, establish healthier patterns, maintain gains, and accept conditions that cannot be changed
- Focus on treatment adherence

# Contract Activities

- Staffing
- Behavioral Health Consultations
- Provide Evidence-based Brief Interventions (including groups)
- Screening for Depression, Substance Abuse, and other Conditions
- Evaluation and Measurement

# IHPTP Service Activities

- Physician/Psychology Trainee Encounters
- Individual Encounters (warm-handoffs; etc.)
- Groups (Better Quality of Life; Diabetes; etc.)

Also Opportunities for:

- treatment program development and design
- evaluation and outcome research

**IHPTP Interventions:**  
**Brief Solution Focused Follow-up Treatments 1-3 sessions**  
**Manualized Individual Treatments 1-15 sessions**  
**Support Groups**



**Follow up, Consultation, Referrals**  
**Treatment Team Collaboration**



**Immediate Intervention: 30 min**



**Primary Care Visit Clinical Consult**  
**Assessment: 15-30 minutes**

# **Additional Contract Activities**

- Onsite supervision and chart sign-off of trainees.
- Program development – groups initially
- Liaison between Wright Institute and primary care staff (medical providers, nursing staff, etc.)
- Develop referral procedures for PCPs to easily access behavioral health personnel
- Weekly onsite team conferencing
- Expansion of services (10 full-time interns, 3 postdocs and 4 practicum students in the 2012 training year)
- Training services to providers.

# **Contract Activities (Continued)**

- Transition and oversight of clinic readiness for medical home in new building site
- Consultation services to develop behavioral health services at other primary cares sites in the county
- Work to develop grant and other funding opportunities
- Coordinate involvement of other graduate programs
- Dissemination of models of care and protocols
- Research and program evaluation.