

Dr. Stacy Ogbeide, a longtime primary care behavioral health (PCBH) leader and board-certified clinical health psychologist, fills critical gaps for experienced behavioral health consultants (BHCs) in this book. She delivers actionable guidance on managing the complexities of primary care, building meaningful community-based collaborations, and serving as a leader and clinical supervisor. The book is packed with practical tools and resources you can pull out and use right away, plus case examples that make you pause, reflect, and apply what you are learning. If you are an experienced BHC aiming to make a bigger impact, you absolutely need this book!

—**Jeffrey L. Goodie, PhD, ABPP**, Fellow of the American Psychological Association, the Society of Behavioral Medicine, and the Association for Behavioral and Cognitive Therapies; coauthor of *Integrated Behavioral Health in Primary Care: Step-By-Step Guidance for Assessment and Intervention, Third Edition*

Just in the nick of time, Dr. Ogbeide offers this book chock-full of wisdom for advanced behavioral health consultants and their colleagues in primary care. She speaks to the hearts and minds of leaders in the delivery of PCBH services. This well-documented book offers practical tools and new ideas for addressing the challenges of caring for patients with complex clinical presentations, promotes the development of high functioning teams, and offers real solutions to the challenge of reaching people who are not already engaged in care. This book provides many things for many people and will be a textbook for those involved in preparing a new workforce.

—**Patricia J. Robinson, PhD**, coauthor of *Behavioral Consultation and Primary Care: A Guide to Integrating Services, Third Edition*

Dr. Stacy Ogbeide is a respected, progress-driven professional who is deeply committed to teaching, serving, leading, and delivering high-quality patient care. This book is a comprehensive guide for anyone interested in self-reflection, personal growth, and creating meaningful change in the communities they serve and the teams they lead.

—**Maria Montanez Villacampa, MD, FAAFP**, UT Health San Antonio Family & Community Medicine Department, San Antonio, TX

This book from one of the most prolific researchers in PCBH is an excellent addition to the list of PCBH resources. It covers topics not found in other texts, while taking the innovative approach of writing for advanced behavioral health consultants in PCBH. Whether you are running a PCBH service, training new clinicians, or working as a veteran frontline clinician, this text is guaranteed to have something for you.

—**Jeff Reiter, PhD, ABPP**, Whole Team, PLLC, and coauthor, *Behavioral Consultation and Primary Care: A Guide to Integrating Services, Third Edition*

Advanced Practice in Behavioral Consultation is the book every seasoned primary care behavioral health clinician wishes they have when “the basics” aren’t enough. Grounded in real-world situations, it shows advanced BHCs how to move beyond the exam room to true, systemic leadership. This book provides a rare, honest look at how to scale our impact and train the next generation without losing sight of equity, clinician wellness, or the realities of fast-paced primary care.

—**Mercedes V. Ingram, PhD, LPC**, Senior Director, Mental Wellness Initiatives, University Health, San Antonio, TX

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INTRODUCTION

Primary care practice has evolved over the past 3 decades, with an increasing emphasis on the integration of behavioral health in primary care settings (National Academies of Sciences, Engineering, and Medicine [NASEM], 2021). Further, with the increased focus on clinician wellness and burnout nationally, behavioral health practice within primary care is even more important as integration has supported clinical wellness through the practice of team-based care, addressing the fourth aim of the Quadruple Aim: improving the work life of primary care clinicians (Bodenheimer & Sinsky, 2014; Zubatsky et al., 2018).¹ Organizations are taking active steps to support initiatives to promote well-being as the standard and not the exception in health care (Baugh et al., 2021; Finkelstein et al., 2021; Morrow et al., 2021).

What supports clinician and team well-being in primary care? Systemic changes that affect the work environment are more important than focusing on individual-level interventions (i.e., wellness activities completed outside

¹The Quadruple Aim is a framework in health care that outlines four key goals for improving the quality and efficiency of healthcare systems: improving patient experience, improving population health, reducing costs, and improving the clinician experience.

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Advanced Practice in Behavioral Consultation: A Professional Guide for Primary Care Settings, by S. A. Ogbeide

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of clinic walls independent of primary care practice; Handor et al., 2022; Turnbach et al., 2024). An example of this is high-quality behavioral health integration in primary care. While supporting the behavioral health team members with enhanced skills that will ultimately positively affect other primary care team members, additional systemic changes such as peer mentorship (i.e., advanced behavioral health team members mentoring new or early-career behavioral health team members on primary care culture and practice) can also positively affect the wellness levels of the primary care team members (Lawlor et al., 2022). This book discusses specific approaches unique to primary care practice that can support the wellness of the team.

What about the fifth aim? The Quintuple Aim is a focus on health equity (Itchhaporia, 2021). What exactly is health equity, and why is it important in the practice of behavioral health in primary care? Health equity is defined as “a state in which everyone has a fair and just opportunity to attain the highest level of health” (Centers for Disease Control and Prevention, 2024). There are certain structures within primary care that perpetuate health care inequalities (Margolis et al., 2022; Shahidullah et al., 2023). Examples of this include structural inequities pertaining to where a person lives (e.g., low socioeconomic status), what they experience in their lives (e.g., racism), and how they receive health care (e.g., access to evidence-based and team-based care). Integrating behavioral health into primary care settings improves access to quality care in which marginalized communities can receive whole-person care that is coordinated across their primary care team and within the communities in which they live (Bridges et al., 2015). This text will provide examples of how to get outside of the clinic walls and reach communities that have had restricted access to primary care and that otherwise would not have access to behavioral health care if it was not part of primary care (Ogbeide et al., 2018).

What about the primary care leadership team? How should they go about supporting behavioral health integration in primary care? Team members who have a direct supervisor who is supportive of their work and their role on the team demonstrate better team member engagement (Mitchell et al., 2021). Wieneke and colleagues (2019) also found that support from a team member’s direct supervisor was a key strategy for building a culture of wellness within a workplace unit due to their direct influence on the team they manage (e.g., higher job satisfaction for the employee). This book reviews specific approaches for leaders in primary care to further the integration of behavioral health in primary care—in hopes of one day calling it just “primary care” rather than “integrated primary care” or “primary care behavioral health” to show the true comprehensiveness of primary care practice.

Because of the growth of behavioral health integration into primary care, medical schools and health science educational institutions have increased

curricula focused on behavioral health integration in primary care as well as interprofessional education (Zoberi et al., 2008). While these changes in health science training are important, the uptake has not been fast enough to meet the needs of patient populations that deserve and would benefit from whole-person primary care (NASEM, 2021). In addition to training medical trainees on behavioral health integration in primary care, it is equally important to train behavioral health trainees (e.g., psychologists, professional counselors, clinical social workers, marriage and family therapists) on behavioral health integration (Lloyd-Hazlett et al., 2020). With few behavioral health trainees receiving training on primary care practice prior to graduation, there has been growth in online certificate programs for those who are already licensed and working in primary care settings with little to no training (Robinson & Reiter, 2025).

Various texts support the growth of behavioral health integration in graduate, doctoral, and postgraduate primary care training. These texts include *Integrated Behavioral Health in Primary Care: Step-by-Step Guidance for Assessment and Intervention* (3rd ed.; Hunter et al., 2024), which focuses on clinical aspects of behavioral health clinicians practicing in primary care, specifically the primary care behavioral health (PCBH) consultation model; *Behavioral Consultation and Primary Care: A Guide to Integrating Services* (3rd ed.; Robinson & Reiter, 2025), which focuses on the clinical and operational aspects of practicing within the PCBH model and starting a PCBH service; and the forthcoming text focused on behavioral health skills for the primary care provider, *Essentials for Treating Behavioral Health in Primary Care: A Guide for the Primary Care Provider* (Williamson & Terry, in press). While these books serve a specific training need in primary care behavioral health practice, there is currently no text that meets the needs of the advanced behavioral health consultant (BHC) who has been practicing in primary care for many years.

So why this text? Do we need another book on PCBH practice? The answer is yes. The focus of this text is to provide guidance for identifying and addressing the challenges the advanced BHC may face in the context of primary care specialties (e.g., family medicine, internal medicine, pediatrics) and within the PCBH consultation model (Robinson & Reiter, 2025). Advanced BHC disciplines include clinical social workers, marriage and family therapists, psychologists, and professional counselors. The PCBH model takes a psychologically informed population health approach to addressing behavioral health issues and health behavior changes within the primary care setting. This model of care also adds BHCs to the primary care team to enhance the team's ability to treat and manage its patient population. BHCs provide additional help to patients for improving chronic

disease outcomes (e.g., diabetes, chronic pain), making lifestyle changes (e.g., quitting smoking, weight management, medication adherence), and addressing mental health care (e.g., anxiety, substance use disorders; Bridges et al., 2015; Bryan et al., 2009, 2012; Corso et al., 2012; Goodie et al., 2023; Robinson & Reiter, 2016; Wilfong et al., 2022).

What about the other models of behavioral health integration in primary care, such as the collaborative care model (Haack et al., 2022), the chronic care model (Yeoh et al., 2018), or the colocated care model (Elrashidi et al., 2018)? While these models of care are important for primary care, they are beyond the scope of this text. PCBH practice lends itself to a level of complexity (i.e., both patient and team members) and variety (i.e., the role of the behavioral health clinician) that is uniquely different from the other models of care. Additionally, the PCBH model is most similar to standard practice in primary care settings (e.g., fast-paced, generalist approach, population health approach to care). As a result, the demands and needs are different in this model of care, which is the “why” in regard to the purpose of this text.

When a BHC enters professional life, they will spend their initial years focused on working with patients in managing specific behavioral health and medical issues. Yet the demands of primary care today require that BHCs grow and become ready to take on broader and more complex practice issues. Some of these practice issues include addressing patient and team complexity, getting out of the clinic walls and into the community, and addressing workforce development challenges through the development and management of clinical training programs for prelicensure-level trainees to increase their exposure to primary care prior to graduation (Nandiwada et al., 2024). This book addresses those needs that go beyond the basics of BHC clinical practice in primary care. It is built on the assumption that the reader is already part of an established PCBH service line and has gradually taken on an expanded set of duties beyond patient care.

This book focuses on what the established advanced BHC grapples with: addressing complex clinical presentations, coordinating with teams within a health system, supervising and training prelicensure-level trainees, extending the reach of the clinic into the community, and reducing barriers (systemic and other) to care. The advanced BHC also has a key role to play in the interdisciplinary efforts to understand social determinants of health and achieve health equity. This book provides perspective and guidance for the BHC in navigating this extension of their scope of practice and professional identity.

To understand this text appropriately, the use of a common lexicon is necessary. This text will defer to the Lexicon for Behavioral Health and Primary Care Integration through the U.S. Agency for Healthcare Research

and Quality (2023). The lexicon was initially developed in 2013 and was modified in 2023. The purpose of the lexicon is to provide common language for an approach to care that can mean very different things to different stakeholders (e.g., patients, health plans, clinicians, policymakers, researchers). Important terms to understand fall into the following categories: what to work toward, how to get there, and what to build on. Table 1 describes the different categories and the terms within each category.

TABLE 1. Important Terms for Behavioral Health Integration in Primary Care

Integrated care	Teams with a unified care plan
What to work toward: Goals of practice	
Patient-centered care	Patient’s experience of respect in all aspects of care
Whole-person care	Care that addresses physical health, behavioral health, culture, and values
Coordinated care	Care that is organized between the clinician and the patient as well as the wider health care team
How to get there: Interactions between PCCs and BHCs	
Integrated behavioral health	Also called <i>primary care behavioral health</i> ; combines medical and behavioral health issues within primary care visits
Shared care	A term used in Canada that refers to integrated behavioral health or primary care behavioral health practice
Collaborative care	Ongoing relationships between clinicians over time rather than a service to patients; not to be confused with the Collaborative Care Model
Colocated care	Primary care and behavioral health clinicians providing care in the same location; key feature being location and not practice change (practice change occurs with the PCBH model)
What to build on: Care and organizational structures	
Patient-centered medical home	Focus on quality of care; employs team-based care, whole-person care, and health information technology to improve the patient experience
Behavioral health care	Care that focuses on mental health and substance use conditions, stress-linked conditions, health behavior change, and management of chronic health conditions
Mental health care	Care that solely focuses on psychiatric and substance use disorders; also called <i>specialty mental health care</i>
Primary care	Care that addresses a large majority of personal health needs; clinicians developing sustained relationships with patients in the context of families and community

Note. BHC = behavioral health consultant; PCC = primary care clinician; PCBH = primary care behavioral health. Adapted from *Lexicon*, by Agency for Healthcare Research and Quality, 2023 (<https://integrationacademy.ahrq.gov>). In the public domain.

I encourage you to review the lexicon in detail to gain a better understanding of integrated care language prior to reading this text (<https://integrationacademy.ahrq.gov/products/ibh-lexicon>). Unlike other books currently available for BHCs, this book assumes the reader already has the skills required for clinical practice within primary care but is experiencing difficulty implementing those skills with complex patient populations, is tasked with supervising and teaching novice BHCs, needs to extend the clinic's outreach into the community, or is seeking ongoing professional development as an advanced BHC.

The text is separated into parts to focus on specific aspects of the role of the advanced BHC. The goal of Part I is to discuss complexity science and its impact on patient care, team-based care, and health care systems. The goal of Part II is to discuss the role of the advanced BHC in community-based initiatives as well as to understand how to contextualize social determinants of health in patient care. This section will help the BHC understand how social and community factors affect patient health outcomes and the importance of getting outside the clinic walls to have a greater impact on the community in which the advanced BHC serves. Lastly, the goal of Part III is to support the ongoing professional development of the advanced BHC. This part focuses on leadership principles for managing an advanced PCBH service and the clinical supervision competencies needed for the advanced BHC to be an effective leader and clinical teacher to support ongoing workforce development. Each chapter within each part includes a clinical vignette with sample answers as well as a section titled "Your Turn," which features a clinical vignette without answers to make the core points more concrete. Please note that the clinical material used in this book has been adequately disguised to protect patient confidentiality.

Thank you for making it this far. I hope this text is helpful to you in your development as a professional and helps you serve your communities more effectively.