The Right Book at the Right Time

A Review of

Integrated Behavioral Health in Primary Care: Step-by-Step Guidance for Assessment and Intervention

by Christopher L. Hunter, Jeffrey L. Goodie, Mark S. Oordt, and Anne C. Dobmeyer


$99.95

doi: 10.1037/a0016440

Reviewed by

Jeff Reiter

Perhaps the best way to summarize the new book from Christopher Hunter, Jeff Goodie, Mark Oordt, and Anne Dobmeyer, *Integrated Behavioral Health in Primary Care: Step-by-Step Guidance for Assessment and Intervention*, is to label it the right book at the right time. This important addition to the growing library of primary care behavioral health (PCBH) texts does more than inform and assist those mental health professionals working in primary care. It also, by its very nature, represents the evolution of the PCBH field.

Whereas earlier publications (e.g., Blount, 1998; Strosahl, 1994) were largely theoretical, establishing the case for integrated care but not yet able to provide pragmatics and clinical how-tos, Hunter et al.’s book is the reverse. An understanding of the importance of integrating behavioral health into primary care is assumed by the authors, allowing for a focus instead on specific clinical strategies. The book represents a shift from a field that was flailing about in an attempt to deploy regular mental health approaches in primary care to one that is increasingly unifying around a brief consultative approach more befitting the primary care mission and culture.

The authors certainly have the qualifications to write a text that is clinically and symbolically important. Among the four of them, they represent all aspects of PCBH work: policy development, training (of both psychology students and family medicine residents), PCBH practice, research/writing, and teaching. These are authors who understand the primary care world and have been significant forces in shaping its future. Though all are psychologists, they understand that many (if not most) of the PCBH providers of the future will be nonpsychologists, and, thus, they have written the book in a style that will be accessible to a wide range of mental health care providers.

Indeed, any health care provider working with patients on behavior change in the busy primary care environment will find much of value here. Suggested scripts are provided for use in a wide variety of clinical situations; a plethora of handouts are provided (which can also be downloaded from the APA Books website, [http://forms.apa.org/books/supp/hunter/](http://forms.apa.org/books/supp/hunter/), and modified to meet one’s needs); and only the most pertinent clinical information is conveyed. All of this makes the book a must-have for any PCBH provider who must be a generalist and work occasionally with problems he or she has limited experience treating.

The book is organized into two parts: the first detailing basic strategies for getting started in primary care and the second (much larger) describing clinical interventions for the most commonly encountered problems. Part 1 includes ideas that any PCBH provider will find helpful but will be particularly invaluable to those new to PCBH work. The opening chapter is a concise summary of the most important parts of getting a new service started or starting anew in an established service. The authors provide ideas for introducing oneself and one’s service to primary care colleagues, fitting into the culture of primary care, and growing one’s services. The emphasis, correctly, is on being proactive,
flexible, and highly available.

Other chapters aim to provide readers with a structure for conducting an initial patient appointment within a 30-min time frame. The goal would perhaps have been a bit better served if the authors had differentiated more clearly between the components of a functional assessment versus a symptom assessment; many new PCBH providers confuse these two and attempt to assess both, which can lead to lengthier and less relevant assessments. Nonetheless, the authors provide what most new PCBH providers crave the most, namely some idea of how to alter traditional assessment strategies to fit a much smaller time window.

Another chapter outlines clinical interventions commonly used by PCBH providers. More experienced mental health professionals might at first think the descriptions are too basic because, as noted above, the authors are writing to a broad audience. However, even experienced mental health professionals often run into problems when shifting from their regular (“specialty”) care to a brief consultative model. In all likelihood, gaining an idea of which interventions are commonly used is something that will be appreciated by any new PCBH provider, regardless of his or her experience in the specialty mental health world.

To round out Part 1, the authors smartly devote an entire chapter to cultural competence issues. Primary care work almost always exposes providers to a much more diverse patient population than what is seen in specialty mental health, especially in the community health arena, where behavioral health services are in large and rapidly growing demand (DeLeon, Giesting, & Kenkel, 2003). Advice for maneuvering through cultural differences is dispensed with the same helpful level of detail and clarity found throughout the text.

The clinical problem chapters of Part 2 all follow a consistent format, which makes for their easy use as quick references. Each chapter starts with a brief introduction to the condition of focus, followed by a summary of evidence-based treatments used in specialty settings (either specialty mental health or multidisciplinary clinics). If available, research on primary care-based approaches is also summarized. However, for many problems in this new PCBH field, there is limited (if any) research, so the authors call on their experience to suggest adaptations of specialty approaches for the primary care clinic.

For each problem, the authors detail how to utilize the Five As (Assess, Advise, Agree, Assist, Arrange) model, which is often recommended for primary care providers who are discussing behavior change issues with patients. Detailed examples and the consistent use of the Five As approach throughout each chapter facilitate integration for the reader. Most important, the authors consistently remind readers of the importance of tailoring recommendations to the patient’s unique needs and desires. Contrary to the (mis)perceptions of some, PCBH work should not be rigid and formulaic. In a brief visit using focused questioning and basic clinical skills, an effective PCBH provider will be able to find a meaningful recommendation for the patient if he or she heeds the authors’ recommendation for flexibility.

The selection of problems is excellent for these chapters, including a wide range of not only mental health problems (e.g., anxiety) but also chronic medical conditions (e.g., diabetes). The chapter on pain is particularly noteworthy for its attention to medication abuse issues, and there are chapters devoted to both older adults’ and women’s issues. One approach that is not given much attention in these or the Part 1 chapters is the use of groups or classes. Given the common desire for such in primary care, a chapter on the topic would have been useful. Nonetheless, the bulk of what a PCBH provider will be doing involves individual visits, and there is plenty of content in the book to support that approach.

The overarching strength of this book is the recognition of the need for PCBH providers to adapt to the culture and mission of primary care. A PCBH provider must be capable of handling virtually any behaviorally based problem and must be able to mimic the pace of primary care. This means seeing a larger number of patients per day, with less planned time for each patient than what most of us have been trained for. One must learn a very different set of practice skills and even a different set of goals and expectations (not lesser goals and expectations, but different ones; see Strosahl, 2005). As the PCBH field has evolved, there has developed an increased recognition of this need, yet there are precious few resources to help meet it. This is why Hunter et al.’s book is so important. It is just the right book, at just the right time, to keep the PCBH field moving forward.