

## Series Foreword

Mental health practitioners working in medicine represent the vanguard of psychological practice. As scientific discovery and advancement in medicine has rapidly evolved in recent decades, it has been a challenge for clinical health psychology practice to keep pace.

In a fast-changing field, and with a paucity of practice-based research, classroom models of health psychology practice often do not translate well to clinical care. All too often, health psychologists work in silos, with little appreciation of how advancement in one area might inform another. The goal of the Clinical Health Psychology series is to change these trends and provide a comprehensive yet concise overview of the essential elements of clinical practice in specific areas of health care. The future of 21st-century health psychology depends on the ability of new practitioners to be innovative and to generalize their knowledge across domains. To this end, the series focuses on a variety of topics and provides both a foundation and specific clinical examples for mental health professionals who are new to the field.

Working with Susan Reynolds, senior acquisitions editor at the American Psychological Association (APA Books), I am very proud to have had an opportunity to edit this book series. We have chosen authors who are recognized experts in the field and are rethinking the practice of health psychology to be aligned with modern drivers of health care, such as population health, cost of care, quality of care, and customer experience.

Anne C. Dobmeyer's book, *Psychological Treatment of Medical Patients in Integrated Primary Care*, is essential reading for the practitioner new to working in primary care and is informative for clinicians in any area of clinical health psychology. The number of behavioral health practitioners in primary care has increased exponentially over the past decade. Dr. Dobmeyer describes the systems level factors that are critical for the successful integration of behavioral health providers in the primary care setting, as well as the specific types of assessment and intervention most often utilized in the primary care behavioral health model. I am tremendously grateful that Dr. Dobmeyer agreed to contribute her expertise to this series. I believe that readers will find this book to be an exceptionally valuable resource on the topic of integrated primary care.

—Ellen A. Dornelas, PhD  
Series Editor

# Introduction

Interest in the integration of behavioral health and primary care has been rapidly growing across the United States over the past two decades. Much attention has focused on how integrated care can lead to better care in primary care settings for mental health conditions, such as depression and anxiety. Including a behavioral health provider as an integral part of the primary care team to assist with treatment of medical conditions or adverse health behaviors, however, has received less attention (B. F. Miller, Brown Levey, Payne-Murphy, & Kwan, 2014). Indeed, for many people, the need for a behavioral health provider to assist with the primary treatment of diabetes, asthma, chronic pain, or cardiovascular disease is not always apparent. The patient with low back pain might think, “Why should I see a mental health provider for my back pain? This pain

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*Psychological Treatment of Medical Patients in Integrated Primary Care*, by A. C. Dobmeyer  
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is real, not in my head!” The patient with poorly controlled diabetes might respond, “I don’t know how a counselor will help me. I’m not depressed or crazy. I know what I’m supposed to do . . . I just need to do it.” The patient who has just had her third trip to the emergency department for asthma might state, “I don’t see how a psychologist will help with my breathing. I really need the treatments in the ER. I’m not having anxiety attacks!” For many, the ways in which integrated behavioral health providers may assist medical patients (not just those with mental health disorders) are not well understood.

This lack of clarity regarding the role and scope of integrated behavioral health providers is not limited to patients. Primary care providers may rapidly refer patients with relationship problems, depression, or anxiety to an integrated provider yet rarely include these providers in the treatment of patients who take their medications irregularly, get little physical activity, have chronic headaches, or struggle with adhering to a complex diabetes management regimen. Indeed, the literature suggests that integrated behavioral health providers continue to be used primarily for addressing mental health conditions (particularly depression and anxiety) rather than the full range of health behaviors and medical conditions (Funderburk, Dobbmeyer, Hunter, Walsh, & Maisto, 2013; B. F. Miller et al., 2014).

Even experienced behavioral health clinicians may harbor uncertainties about their own value or skill in addressing the needs of a diverse set of medical patients. Those with limited training or experience in the specialty of clinical health psychology may be unaware of the wide array of evidence-based, biopsychosocial interventions targeting various health conditions and behaviors. Others may be familiar with this literature but have limited experience in implementing such interventions.

With appropriate training and experience, behavioral health providers can indeed effectively assist primary care clinics in improving care for a wide range of chronic medical conditions, behavioral health disorders, subclinical problems, and unhealthy lifestyle behaviors present in most primary care patients. Most behavioral health providers, however, have not had advanced training in the specialty of clinical health psychology; nor have they had training and experience in providing integrated

primary care services. Integrated behavioral health clinicians must be able to function effectively as a member of an interdisciplinary medical team in a fast-paced primary care environment. To achieve population health outcomes in primary care, strategies must be brief, evidence based, and available to a large volume of patients with an array of problems. Reflecting the complex set of skills required for integrated care, several professional organizations, including the American Psychological Association (APA; 2015) and the Agency for Healthcare Research and Quality (Kinman, Gilchrist, Payne-Murphy, & Miller, 2015), have recognized that a distinct set of skills and competencies is necessary to succeed in integrated primary care. These competencies extend beyond the individual behavioral health clinician to the primary care practice itself because it is crucial for primary care leaders, providers, and staff to clearly understand, value, and support the role of integrated behavioral health providers.

This volume, as part of APA Books' Clinical Health Psychology series, offers guidance in navigating these patient, clinician, and systems challenges to providing effective integrated behavioral health care to a wide range of medical patients in primary care. It provides an overview of integrated primary care and an introduction to the primary care behavioral health (PCBH) model of service delivery, in which a behavioral health clinician functions as an integrated team member within the primary care clinic, providing brief, evidence-based assessment, intervention, and consultation to address a wide range of common mental health and medical conditions within an integrated primary care setting.

## ORGANIZATION OF THE BOOK

This book is organized into three Parts. Part I provides a broad overview of the integrated primary care arena, focusing on fundamental concepts, models, and strategies. Chapter 1 discusses the rationale for integrating behavioral health clinicians into primary care clinics; summarizes the literature on key integration parameters relevant across different models of integration; and introduces one prominent approach to integration, the PCBH model, which is featured throughout the remainder of this volume.

The chapter ends with a brief overview of the empirical literature evaluating this model of integration. Chapter 2 delves into more detail regarding fundamental attributes and skills required for successful integration. Focus is given to both individual provider competencies and practice-level competencies. Particular emphasis is given to management of behavioral health workflow and use of clinical pathways to increase the penetration of behavioral health services to greater numbers of primary care patients. Chapter 3 provides guidance on specific strategies for conducting initial and follow-up PCBH appointments, regardless of the referral problem. A step-by-step outline is provided, along with discussion of strategies for staying on time within a fast-paced primary care environment. Emphasis is placed on implementing evidence-based strategies in brief courses of care using 30-minute consultation appointments.

Part II contains six chapters focused on specific behavioral health and medical conditions frequently treated in primary care settings. The section begins with chapters on two of the most common mental health problems (anxiety, depression), followed by four chapters on medical conditions frequently presenting in primary care (sleep problems, diabetes, chronic pain, asthma). Each chapter includes an overview of relevant medical and biological aspects of the problem and a summary of specialty mental health (or clinical health psychology) interventions. The chapters continue with guidance on implementation of a PCBH clinical pathway for each condition, including clinic-level strategies for identifying patients who would benefit from integrated services, and guidance on focused assessment, formulation, intervention, and consultation approaches consistent with the PCBH framework. Each chapter includes information on outcome measurement strategies and ends with a clinical vignette that highlights some aspect of integrated care for that condition.

Clearly, many more mental health conditions, medical problems, and adverse health behaviors exist than are covered in these chapters and that integrated behavioral health providers will encounter in primary care. The six problem areas selected for inclusion here represent those that frequently present in primary care settings, and particularly those medical conditions that may be less familiar to many behavioral health providers.

For example, diabetes and asthma were included because behavioral health providers may have less experience with these conditions (as compared with obesity or tobacco use, for example). These chapters are intended to serve as templates for how to approach assessment, intervention, and consultation across different problem areas. Once readers learn the general PCBH framework and how to address several specific conditions within this model of service delivery, they should be primed for expanding their practice into other problem areas and conditions. Additional reading, training, and preparation will still be needed before treating unfamiliar conditions; however, the foundations for providing integrated care will be in place. Interested readers may want to consult the recent volume by Hunter, Goodie, Oordt, and Dobmeyer (2017), which provides guidance on PCBH assessment and intervention for a wide range of additional medical and mental health conditions not covered in this volume (e.g., posttraumatic stress disorder, cardiovascular disease, chronic obstructive pulmonary disorder, irritable bowel syndrome, alcohol misuse, sexual dysfunctions). Additionally, Robinson and Reiter (2016) provided a comprehensive overview of the PCBH model and strategies for successful integration, including case examples and intervention materials for various problems.

The book's final chapter, in Part III, covers future directions for integrated primary care, relevant to integrated primary care clinicians, administrators, policymakers, and researchers. Key focus is given to future directions and recommendations in the areas of integrated primary care training, funding and policy, and research.

## INTENDED AUDIENCE

Any behavioral health clinician or student considering practice in an integrated primary care setting may benefit from the material in this volume, regardless of whether they are a clinical psychologist, social worker, clinical health psychologist, professional counselor, or graduate student. The strategies for some of the most common presenting mental health problems should be helpful to both generalist mental health practitioners as

well as clinical health psychologists who want to hone their skills in approaching the management of mental health problems from an integrated, team-based approach. The chapters focused on medical conditions may be particularly useful for clinicians with limited knowledge of health psychology approaches. However, this content also may prove useful to clinical health psychologists, with its guidance on ways to alter specialty clinical health psychology approaches to effectively fit within brief, consultative interactions with patients and medical providers.

This book may also serve as a primer for primary care leaders who are responsible for the integration of behavioral health services. The information will be useful in helping leaders develop a better understanding of the skills and scope of practice they should expect from their integrated providers. This information can help guide program development, personnel selection, and performance evaluations. Primary care leaders will benefit from the discussions of systems-level factors essential for successful integration, such as strategies for screening and identifying patients who may benefit from integrated services, practice workflow, implementation of clinical pathways, and optimal use of electronic health records and patient registries for process improvement and program outcome evaluations.

Of course, not all of the potential forms of primary care integration can be covered in one volume, nor can one book thoroughly review all the evidence for various models of integration. Nor does this book provide the comprehensive training necessary to function effectively as an integrated behavioral health provider or clinical health psychologist. Additional training to develop such competencies is necessary, and this is discussed in the final chapter.

In sum, this book serves as an introduction to the practice of integrated primary care for behavioral health providers, students, and primary care clinic leaders. It places particular emphasis on clinical health psychology services for medical patients within the PCBH model of service delivery. Systems- and clinic-level processes essential for successful integration are highlighted.

It is hoped that the information presented in this volume will assist behavioral health providers and graduate students in determining whether



integrated primary care is a good fit for their skills and interests. If it is, these readers will find introductions to the basic concepts and skills needed for effectively working in integrated primary care with a range of medical patients. It is also hoped that the book will stimulate interest and curiosity, and prompt clinicians to seek additional education and training to maximize their readiness to effectively work as integrated behavioral health providers.