

Figure 2.1. Structure for the Initial Consultation Appointment Linked With the 5A's

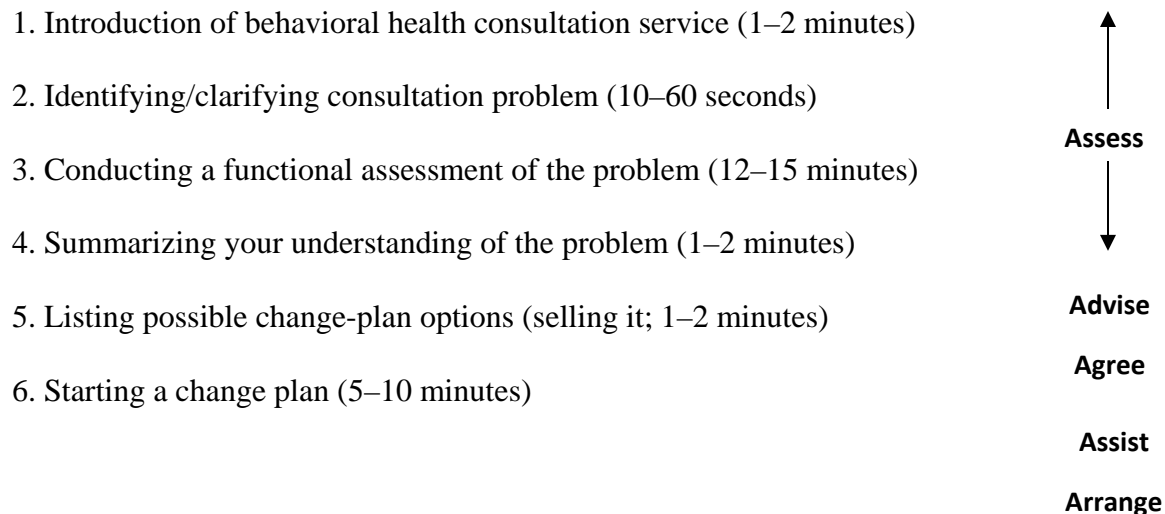


Figure 2.2. Behavioral Health Consultation Service

What is the Behavioral Health Consultation Service?

The Behavioral Health Consultation Service offers assistance when habits, behaviors, stress, worry, or emotional concerns about physical or other life problems are interfering with a person's daily life and/or overall health. The behavioral health consultant (BHC) works with your primary care provider (PCP) to evaluate the mind–body–behavior connection and provide brief, solution-focused interventions.

The BHC has specialty training in the behavioral management of health problems. Together, the BHC and your PCP can consider the physical, behavioral, and emotional aspects of your health concern and help determine a course of action that will work best for you.

What Kind of Health Concerns Do You See?

The BHC can help you reduce symptoms associated with various chronic medical conditions, or help you cope better with these conditions. A few of these are: **Headaches, Sleep, High Blood Pressure, Asthma, Diabetes, Obesity, Chronic Pain, and Irritable Bowel Syndrome.**

The BHC can help you and your PCP develop behavioral change plans for smoking cessation, weight loss, alcohol use, exercise or other lifestyle modifications. The BHC can also help you and your PCP develop skills to effectively manage emotional or behavioral difficulties such as: **Anger, Anxiety, Bereavement, Depression, and Stress.**

Who Is Eligible to Receive These Services?

The service is available to all patients within the Family Health Center as a part of good overall health care.

What Should I Expect When I See the Behavioral Health Consultant?

You can expect the BHC to ask you specific questions about your physical symptoms, the emotional concerns you are experiencing, your behaviors, and how all of these might be related. You can expect your appointments to last approximately 30 minutes and for the BHC to provide brief solution-focused assessment and intervention. You can also expect to be seen in this clinic and for the BHC to have a close working relationship with your PCP. Remember, you and your PCP remain in charge of your health care; the BHC's primary job is to help you and your PCP develop and implement the best integrated health care plan for YOU!

How is This Service Different From Mental Health Services?

The services provided by the BHC are simply another part of your overall health care and are not specialty mental health care. Documentation of your appointment and recommendations from the BHC will be written in your medical record. A separate mental health record will not be kept when you see the BHC.

Communications with your BHC may not be entirely confidential. Your BHC will make every effort to protect your privacy. However, like all providers, they may have to report information regarding child or spouse abuse, or share information regarding those at risk to harm themselves or others.

The BHC does not provide traditional psychotherapy. If you request, or the BHC thinks you would benefit from specialty mental health services, the BHC will recommend that you and your PCP consider those services.

How Do I Schedule a Behavioral Health Consultant Appointment?

Discuss with your PCP the desire to access this service. If you and your provider agree this service would be helpful, call the Family Health Center at XXX-XXX-XXXX to schedule a BHC appointment.

Figure 2.3. Functional Assessment of the Problem

Examples of closed-end or menu-type questions the behavioral health consultant (BHC) might ask in each category, using depression as the example.

1. Nature of the referral problem (the first question to ask after the introduction)

BHC: Dr. Smith would like me to assist the two of you to better manage your depressed mood. Is depressed mood what you see as the main problem or is it something different?

Patient: Yes, its depression.

2. Duration

BHC: Is feeling depressed something that has been going on for the past 2 or 3 weeks or has it been longer or shorter than that?

About how long ago was it that you first noticed you were feeling depressed?

How many months or weeks ago did you start to notice you were getting more depressed?

3. Triggering events

BHC: Was there anything different going on in your life or anything that happened to trigger your depressed mood or did it just seem to come out of the blue?

4. Frequency and intensity of the problem

BHC: How many times a day, week, or month would you say you feel depressed?

On a scale of 0 to 10, with 0 being not depressed at all and 10 being the most depressed you've ever felt in your life, what was your average level of depression over the past 2 weeks?

5. Factors associated with the problem getting better or worse

- **Physical** (what is going on in the person's body): sleep, pain, blood pressure, blood glucose, etc.

- **Emotional** (how they feel): sad, happy, angry, worried, anxious, depressed, frustrated, stressed, etc.
- **Behavioral** (what do they do or not do): too much or too little activity, saying or not saying things, etc.
- **Environmental/Social** (place, time of day, friends, family, coworkers): afternoon, when boss is there, etc.
- **Cognitive** (thoughts): what are they thinking in association with symptoms and/or poor functioning?

BHC: Is there anything that you do or anything that happens that helps you feel less depressed?

Is there anything that you do or anything that happens that leads you to feel more depressed?

6. Functional impairment

- Changes in work performance

BHC: Have you noticed any changes in your ability to do your job as your depressed mood has gotten worse?

- Changes in work, friend, or social relationships

BHC: Have you noticed changes in your work relationships, as your depression has gotten worse?

Were there any changes in friend or social relationships just before or around the time your difficulties started?

- Changes in significant familial relationships (spouse, children, etc.)

BHC: Were there any changes in family relationships just prior to or around the time your difficulties started?

Since you started getting depressed, has there been an impact on your relationships with your (spouse, children, friends)?

Patient: Yes, with my wife.

BHC: What seems to be the biggest problem with your wife since you've been more depressed?

- Changes in social activities (going out with friends, church, etc.).

BHC: Often people will decrease or stop their social activities when depressed. Has that happened to you?

Patient: Yes.

BHC: What have you cut back on or stopped?

Patient: Going to church and going to dinner with my wife.

BHC: How often did you used to go to church and go out to dinner with your wife?

- Changes in fun/recreational/relaxing/meaningful activities

BHC: Sometimes when people get depressed they cut back or stop meaningful or enjoyable activities. Have you cut back or stopped enjoyable or meaningful activities?

Patient: Yes.

BHC: What have you cut back on or stopped?

Patient: Playing with the kids.

BHC: How often did you used to play with the kids?

- Change in exercise.

BHC: Do you exercise now?

Patient: No.

BHC: Have you exercised in the past?

Patient: Yes.

BHC: Have you stopped since you started feeling depressed?

Patient: Yes.

BHC: What did you used to do and how many days a week did you do it?

When you were exercising before, what benefits did you get from it?

7. Changes in sleep, energy, concentration, appetite

BHC: Are you sleeping about the same, more, or less than before you started getting depressed?

Patient: Less.

BHC: Are you having trouble falling asleep, staying asleep, or both?

Patient: Both.

BHC: Over the past 2 weeks, on average, how long does it take you to fall asleep?

Patient: 2 hours.

BHC: Over the past 2 weeks, on average, how many times do you wake up at night?

Patient: Three.

BHC: About how long does it take you to fall back to sleep?

Patient: 45 minutes.

BHC: Have you noticed a decrease in energy?

Has your ability to concentrate decreased?

Have you seen any increase or decrease in your appetite or is it about the same as usual?

Have you lost or gained any weight since you started getting depressed?

8. Caffeine use

BHC: Do you drink caffeinated drinks?

Patient: Yes.

BHC: What kind: tea, coffee, soda?

Patient: Coffee.

BHC: How many in a typical day?

Patient: Two.

BHC: How many ounces in each drink?

Patient: Twelve.

9. Alcohol use

BHC: Do you drink alcoholic drinks?

Patient: Yes.

BHC: What kind: beer, wine, mixed drinks?

Patient: Beer.

BHC: How many in a typical day, week, or month?

Patient: Three a day.

BHC: How many ounces in each drink?

Patient: 24.

10. Medications or supplements

BHC: Are you taking any prescribed or over-the-counter medications or supplements?

Patient: Yes.

BHC: What are you taking, how much are you taking, and what are you taking it for?

11. Mood over past 2 weeks

BHC: Over the past 2 weeks would you describe your mood as down, sad, depressed, anxious, angry, frustrated, something different, or is it a combination of things?

Patient: Sad and anxious.

BHC: How many days a week would you say you feel sad and anxious?

Patient: Six.

12. Suicide or homicide risk (These questions will likely not be asked as a routine part of your assessment but should be asked when you deem it clinically relevant, for instance in assessing depressed mood.)

BHC: Do you have thoughts of harming or killing yourself?

Have you ever tried to kill yourself?

Do you have thoughts of harming or killing anyone else?

Have you ever tried to harm or kill anyone?

13. Open-ended questions

BHC: Is there anything I haven't asked you about that you think is important for me to know?

[If time allows.] Take me through what a typical weekday is like for you from the time you get up to the time you go to bed.

Take me through what you typically do on the days you're not working, or on the weekend.

Figure 2.4

Behavioral Prescription Pads

Behavioral Rx

Your Name Here

Behavioral Health Consultation at the Family Health Center

XXX-XXX-XXXX

Behavioral Rx

Your Name Here



Deep breathing: two times a day for 5 minutes at 10:00 a.m. and 5:00 p.m.

Cue-controlled relaxation:

- (a) *External cue.* Take two to three slow breaths; let your shoulders drop when you look at your watch.
- (b) *Internal cue.* Take two to three slow breaths; let your shoulders drop when you think, “I can’t stand this.”

Increasing valuable enjoyable activities:

- (a) Read on Monday, Wednesday, and Friday at 7:00 p.m. for 30 minutes in the living room.
- (b) Question distressing thinking.

Behavioral Health Consultation at the Family Health Center

XXX-XXX-XXXX

Introducing the Behavioral Health Consultation Service—Chapter 2

I'd like to begin by explaining who I am and what I do in the clinic. I'm a (psychologist, social worker, licensed professional counselor, etc.) and I work with primary care providers in situations where good health care involves paying attention to physical health, habits, behaviors, emotional health, and how these might interact with each other. This pamphlet describes my services in more detail, and you may want to read it over after our appointment today.

Your provider has asked me to consult with you today. My job is to help you and your provider better address the problems you're having right now. To help the two of you do this, I'm going to spend about 30 minutes with you in a consultation appointment. During this time, I'd like to get a snapshot of your life and determine what's working well and what's not working so well. I'll take the information that you give me, and together you and I will come up with a plan to help you better manage what's going on. The plan might include things you try on your own, such as reading some self-help material or practicing various skills. Or, we may decide to have you come back for follow-up appointments to help monitor your progress or to help you learn additional skills. We might also decide that you would benefit from seeing a more intensive specialty service. If that were the case, I would help your provider arrange that referral. I'm going to write a note that will go into your medical record and I'm going to give your provider some feedback on the plan we come up with today. Do you have any questions about any of this before we begin?