

FIGURE 3.1. Structure for the Initial Consultation Appointment Linked With the 5As

1. Introduction of behavioral health consultation service (1–2 minutes)	Assess
2. Identifying/clarifying consultation problem (10–60 seconds)	
3. Conducting a functional assessment of the problem (12–15 minutes)	
4. Summarizing your understanding of the problem (1–2 minutes)	
5. Listing possible change plan options (selling it; 1–2 minutes)	Advise/Agree
6. Starting a change plan (5–10 minutes)	Assist
7. Determine if a follow-up appointment is needed (30–60 seconds)	Arrange

FIGURE 3.2. 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 and cognitive 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 BHC?

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 and shared with your medical provider(s). 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 of harming themselves or others.

The BHC does not provide traditional psychotherapy. If you request, or the BHC believes that 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 3.3. Functional Assessment of the Problem (*continues*)

Examples of closed-ended 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 Question:
 - 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 Response:* Yes, it's depression.
2. **Duration of the presenting problem**
BHC Questions:
 - 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 of the presenting problem**
BHC Question:
 - 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 presenting problem**
BHC Questions:
 - 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 presenting 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 Questions:
 - 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. **Patient functional impairment**
Changes in work performance
BHC Question:
 - 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 Questions:
 - 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 (e.g., spouse, children)
BHC Questions:
 - 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)?

FIGURE 3.3. Functional Assessment of the Problem (*continues*)

Patient Response: Yes, with my wife.

BHC Question Based on Patient Response:

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

Changes in social activities (e.g., going out with friends, church)

BHC Question:

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

Patient Response: Yes.

BHC Question Based on Patient Response:

- What have you cut back on or stopped?

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

BHC Question Based on Patient Response:

- Before your depression symptoms worsened, how often did you go to church and go out to dinner with your wife?

Changes in fun/recreational/relaxing/meaningful activities

BHC Question:

- 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 Response: Yes.

BHC Question Based on Patient Response:

- What have you cut back on or stopped?

Patient Response: Playing with the kids.

BHC Question Based on Patient Response:

- How often did you used to play with the kids?

Change in exercise

BHC Question:

- Do you exercise now?

Patient Response: No.

BHC Question Based on Patient Response:

- Have you exercised in the past?

Patient Response: Yes.

BHC Question Based on Patient Response:

- Have you stopped since you started feeling depressed?

Patient Response: Yes.

BHC Questions Based on Patient Response:

- 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 Question:

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

Patient Response: Less.

BHC Question Based on Patient Response:

- Are you having trouble falling asleep, staying asleep, or both?

Patient Response: Both.

BHC Question Based on Patient Response:

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

Patient Response: 2 hours.

BHC Question Based on Patient Response:

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

Patient Response: Three.

BHC Question Based on Patient Response:

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

Patient Response: 45 minutes.

BHC Questions Based on Patient Response:

- Have you noticed a decrease in energy?
- Has your ability to concentrate decreased?

FIGURE 3.3. Functional Assessment of the Problem (continued)

- 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 Question:
- Do you drink caffeinated drinks?
- Patient Response:* Yes.
BHC Question Based on Patient Response:
- What kind: tea, coffee, soda?
- Patient Response:* Coffee.
BHC Question Based on Patient Response:
- How many in a typical day?
- Patient Response:* Two.
BHC Question Based on Patient Response:
- How many ounces in each drink?
- Patient:* Twelve.
9. **Alcohol use**
BHC Question:
- Do you drink alcoholic drinks?
- Patient Response:* Yes.
BHC Question Based on Patient Response:
- What kind: beer, wine, mixed drinks?
- Patient Response:* Beer.
BHC Question Based on Patient Response:
- How many in a typical day, week, or month?
- Patient Response:* Three a day.
BHC Question Based on Patient Response:
- How many ounces in each drink?
- Patient Response:* 24.
10. **Medications or supplements**
BHC Question:
- Are you taking any prescribed or over-the-counter medications or supplements?
- Patient Response:* Yes.
BHC Question Based on Patient Response:
- What are you taking, how much are you taking, and what are you taking it for?
11. **Mood over past 2 weeks**
BHC Question:
- 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 Response:* Sad and anxious.
BHC Question Based on Patient Response:
- How many days a week would you say you feel sad and anxious?
- Patient Response:* Six.
12. **Suicide or homicide risk**
BHC Questions:
- In the past month have you had thoughts of killing yourself?
 - Have you ever tried to kill yourself?
 - In the past month have you had thoughts of harming or killing anyone else?
 - Have you ever tried to harm or kill anyone?
13. **Open-ended questions**
BHC Questions:
- 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 3.4. Behavioral Prescription (Rx) 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

Script Introducing the BHC Service—Chapter 3

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?

Transition Script Before Giving Summary—Chapter 3 (new for downloads in Third Edition)

Let me stop here. I'd like to summarize my understanding of what you've told me to make sure I have it right. If I don't have it right or I've missed something important, I want you to tell me what I've missed. I have some specific suggestions I'd like to review with you in a moment that are based on my understanding of what you've told me. So, it is important that I have it right or my recommendation may be off target.

Transition Script Before Describing Treatment Options—Chapter 3 (new for downloads in Third Edition)

I have some ideas about what you might focus on and things you might do differently that could decrease your symptoms and improve your functioning. I would like to tell you what those things are and how I think they might be helpful. Then you can tell me if you think you want to try one, some, or maybe none of the things I suggest. Or maybe you have some different ideas of what might be helpful to focus on. You might also want to discuss these options with friends, family members, or someone else before making a decision.