

Training Handout for the Online Training for Behavioral Health Care Managers

Thank you for taking the time to learn about Collaborative Care (CoCM) through our online training.

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This handout is a supplement to the AIMS Center's Online Training for Behavioral Health Care Managers. It should not be used as a standalone training tool. We recommend using this handout to take notes during the training as well as to reference after training access concludes.

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About the AIMS Center

The purpose of the AIMS Center is to inspire providers, researchers, and decision-makers to transform healthcare and improve patient outcomes. We accomplish this by translating and researching evidence-based approaches to behavioral health integration. To learn more about the AIMS Center and our work, you can visit our website: <https://aims.uw.edu/>

Questions About the Online Training?

- Website: <https://aims.uw.edu/online-bhcm-modules>
- Email: aimstrng@uw.edu



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Psychiatry & Behavioral Sciences

Assessment and Differential Diagnosis for Collaborative Care

Section 1: The Initial Assessment

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In This Section

- ✓ Information to collect as part of assessment
- ✓ How to conduct an initial assessment

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Diagnostic Assessment Workflow

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Conduct the Initial Assessment: Diagnostic Interview

- Essential part of building therapeutic alliance
- Systematic information gathering about the patient's presenting complaints, symptoms, and other relevant history
- Will lead to a formulation of the patient's problems and diagnoses



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The Diagnostic Interview – Get Organized!

- Give the patient an orientation to structure of the interview
 - Introduce concept of the assessment being an important part of getting them the right help
- Start with an open-ended question
- Let the patient talk for 3-5 minutes
- Keep a checklist in mind of the questions you need to ask

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Initial Assessment

- History of current behavioral health conditions and symptoms
 - Mood
 - Anxiety & related disorders
 - Psychosis
 - Substance use
 - Organic
- The Five Cards approach

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The Five Cards Approach

Mood

- Depression
- Mania/hypomania

Anxiety & Related Disorders

- Generalized anxiety
- Panic attacks
- PTSD
- OCD

Psychosis

- Primary
- Secondary

Substance Use

- Alcohol
- Illicit
- Prescription

Organic

- Cognitive function
- Relevant medical history

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Commonly Used Behavioral Health Measures

Depression

- PHQ-9

Anxiety

- GAD-7

PTSD

- PCL-5

Alcohol

- AUDIT-C

Drug

- DAST-10
- CRAFFT

Bipolar

- CIDI-3
- MDQ

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Mood Card

Mood

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Anxiety & Related Disorders Card

Mood

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Anxiety & Related Disorders

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Psychosis Card

Mood

- Depression
- Mania/hypomania

Anxiety & Related Disorders

- Generalized anxiety
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Psychosis

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Substance Use Card

Mood

- Depression
- Mania/hypomania

Anxiety & Related Disorders

- Generalized anxiety
- Panic attacks
- PTSD
- OCD

Psychosis

- Primary
- Secondary

Substance Use

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- Prescription

Organic

- Cognitive function
- Relevant medical history

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Organic Card

Mood

- Depression
- Mania/hypomania

Anxiety & Related Disorders

- Generalized anxiety
- Panic attacks
- PTSD
- OCD

Psychosis

- Primary
- Secondary

Substance Use

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- Illicit
- Prescription

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- Cognitive function
- Relevant medical history

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ADDITIONAL ITEMS TO COLLECT

Past psychiatric history

Social history

Functional assessment

Medical history

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History of Behavioral Health Conditions

• When first seen?

• Psychotherapy?

• Past medication trials

- What medications?
- For how long?
- Tolerability?
- Did they help?

• Psychiatric hospitalizations

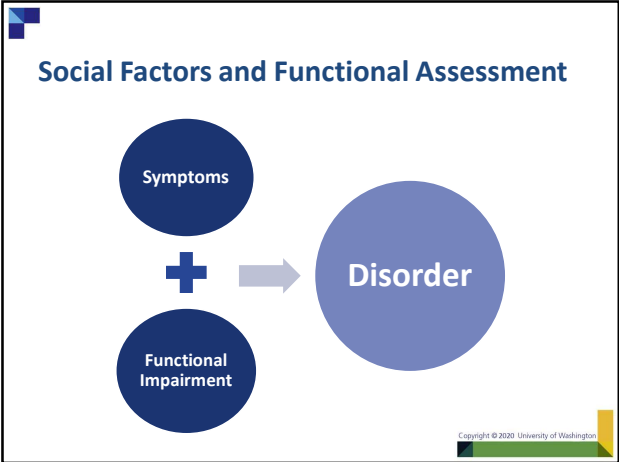
• Suicidal thoughts or behavior

• Attitudes about psychiatric treatment

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- Social Factors and Functional Assessment**
- **Start with the present**
 - **Focus on aspects relevant to determining the patient’s functional status**
 - **Housing situation**
 - **Social support**
 - Lives alone? Married? Family? Friends?
 - **Education attainment**
 - **Employment history**
 - **Legal history**
 - This is also relevant to assessing violence risk
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- Functional Assessment:
Activities of Daily Living**
- **Only relevant when you suspect the patient may have difficulty handling common daily tasks**
 - **Ask how the patient normally spends his/her day, and his/her ability to:**
 - **Bathe/dress self**
 - **Prepare meals**
 - **Perform common household chores, e.g., cleaning, laundry**
 - **Manage money**
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Medical Problems and Current Treatment

- **Medications presently taking**
 - As complete as possible
- **Medical history**
 - Pain, hypertension, diabetes, thyroid, seizure disorder, traumatic brain injury, etc.

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Pregnancy and Breastfeeding

- **Things to ask about**
 - Pregnancy or breastfeeding status
 - Anticipated pregnancy
 - Means of contraception

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Diagnostic Assessment Workflow



```
graph LR; A[Conduct initial assessment] --> B[Complete the differential diagnosis]; B --> C[Present information to the psychiatric consultant]; C --> D((Working Diagnosis))
```

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This concludes the section.



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Assessment and Differential
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Section 2:
The Differential Diagnosis

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In This Section

✓ The differential diagnosis

✓ How to probe deeper

✓ Questions to ask

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Diagnostic Assessment Workflow

Working
Diagnosis

Present
information
to the
psychiatric
consultant

Complete
the
differential
diagnosis

Conduct
initial
assessment

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The Five Cards Approach

Mood

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THE DIFFERENTIAL DIAGNOSIS

Using the Five Cards Approach

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Mood Differential Diagnosis

Mood

History of mania/hypomania

Unipolar depression: Major Depressive Disorder (MDD); Dysthymia; Adjustment Disorder

Bipolar Disorder; Depressed/Mixed

Anxiety & Related Disorders

Pervasive anxiety/worry

Generalized Anxiety Disorder

Panic attacks (recurrent, unprovoked)

Panic Disorder

Re-experiencing traumatic events

Post-Traumatic Stress Disorder

Obsessions or compulsions

Obsessive Compulsive Disorder

Psychosis

Primary Psychotic Disorders; Substance-Induced Psychosis; Mood Disorders with Psychosis

Substance Use

Substance Use Disorders

Organic

Acute: Delirium

Chronic: Dementia, psychotic disorders

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PHQ-9 Positive

- *Don't assume it is unipolar depression*
- Unipolar depression
 - Major depressive disorder
 - Adjustment
- Bipolar disorder
 - Hypomania/mania
- Substance use disorders
- Anxiety disorder
- Organic causes

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Mood Differential Diagnosis

Symptom Cluster	Consider	Screeners
Mood	Unipolar depression: Depression only	PHQ-9
	Bipolar disorder: History of mania/hypomania	CIDI-3 or MDQ

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Bipolar Disorder Diagnosis

- *Diagnosis = Screening Tool (e.g., MDQ, or CIDI-3) + Follow-Up Questions*
- Follow-up questions are key to eliminating false positives (e.g., mood episodes from substance use)
- May also need observation over time and collateral information (e.g., from family)

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A History of Mania or Hypomania?

1. Some people have periods lasting several days when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them, such as driving too fast or spending too much money. Have you ever had a period like this lasting several days or longer?

2. Have you ever had a period lasting several days or longer when most of the time you were so irritable or grouchy that you either started arguments, shouted at people or hit people?

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Bipolar Disorder: Follow-Up Questions

- How long do the hypomanic/manic episodes last?
- How frequently do the hypomanic/manic episodes occur?
- During periods of sobriety have you had hypomanic/manic episodes?
- Do you have a family history of bipolar disorder or schizophrenia?
- Have you been previously diagnosed with bipolar disorder, and if so, by whom?
- Have you previously been treated with antidepressants? How did you respond?

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Unsure About Bipolar Disorder Diagnosis?

- Describe most recent mood episode
 - When did it start?
 - How long did it last?
 - How was your sleep?
 - Were you using substances?
 - How would your friends and family describe your behavior?

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Additional Mood Assessment

- **Mood**
 - Duration, trigger
- **Sleep**
- **Appetite**
- **Energy level**
- **Suicidal ideation**

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Anxiety Differential Diagnosis

```
graph LR; Mood[Mood] --- M1[Unipolar depression: Major Depressive Disorder (MDD); Dysthymia; Adjustment Disorder]; Mood --- M2[Bipolar Disorder; Depressed/Mixed]; Anxiety[Anxiety & Related Disorders] --- A1[Pervasive anxiety/worry]; Anxiety --- A2[Panic attacks (recurrent, unprovoked)]; Anxiety --- A3[Re-experiencing traumatic events]; Anxiety --- A4[Obsessions or compulsions]; Anxiety --- A5[Generalized Anxiety Disorder]; Anxiety --- A6[Panic Disorder]; Anxiety --- A7[Post-Traumatic Stress Disorder]; Anxiety --- A8[Obsessive Compulsive Disorder]; Psychosis[Psychosis] --- P1[Primary Psychotic Disorders; Substance-Induced Psychosis; Mood Disorders with Psychosis]; Substance[Substance Use] --- S1[Substance Use Disorders]; Organic[Organic] --- O1[Acute: Delirium]; Organic --- O2[Chronic: Dementia, psychosis disorders];
```

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Anxiety Differential Diagnosis

Symptom Cluster	Consider	Screeners
Anxiety & Related Disorders	Generalized Anxiety Disorder: Pervasive anxiety/worry	GAD-7
	Panic Disorder: Recurrent unprovoked panic attacks	
	PTSD: Re-experiencing traumatic events	PCL-5
	OCD: Obsessions or compulsions	Y-BOCS

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GAD-7 Positive

- *Don't assume it is anxiety*
- Major depressive disorder
- Bipolar disorder
 - hypomania/mania
- Substance use disorders
- ADHD

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Anxiety & Related Disorders

- Generalized anxiety
 - “Have you been worrying excessively for more than 6 months?”
 - “Are you a worrier?”
- Panic attacks
 - “Do you experience sudden attacks of anxiety or unexplained physical symptoms?”
- Post-traumatic stress disorder (PTSD)
 - “Do you have a history of trauma or abuse with nightmares and flashbacks?”
 - Reassure patient that you don't have to know the details of the trauma while trying to understand the basic nature of the trauma
- Obsessive compulsive disorder (OCD)
 - “Do you have any repetitive thoughts or behaviors that bother you?”

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Psychosis Differential Diagnosis

Mood	History of mania/hypomania	Unipolar depression: Major Depressive Disorder (MDD); Dysthymia; Adjustment Disorder
		Bipolar Disorder; Depressed/Mixed
	Pervasive anxiety/worry	Generalized Anxiety Disorder
	Panic attacks (recurrent, unprovoked)	Panic Disorder
Anxiety & Related Disorders	Re-experiencing traumatic events	Post-Traumatic Stress Disorder
	Obsessions or compulsions	Obsessive Compulsive Disorder
Psychosis		Primary Psychotic Disorders; Substance-Induced Psychosis; Mood Disorders with Psychosis
Substance Use		Substance Use Disorders
Organic		Acute: Delirium Chronic: Dementia, psychotic disorders

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Psychosis

Primary Psychotic Disorder

Mood Disorder

Substance-Induced Psychosis

Medical Conditions

Schizophrenia
Brief Psychotic Disorder

Bipolar or Major Depression with Psychotic Features

Intoxication
Withdrawal

Delirium
Dementia
Other

Symptom Cluster

Consider

Possible Diagnoses

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Psychosis

• Ask about prior treatment/diagnoses

• Be alert to signs of possible psychosis

- Thought/behavioral disorganization, vagueness of speech, bizarre mannerism, response to internal stimuli

• Common ways to phrase your question

- “Have you ever had strange experiences such as hearing voices when no one is around, or seeing things that aren’t there?”
- (When suspecting psychotic depression) “Sometimes when people feel very depressed, they can have strange experiences such as hearing voices when no one is around. Has something like this ever happened to you?”

• Inquire about possible delusions when appropriate

- “Have you ever felt that other people (such as your neighbors, or government organizations) are out there to get you?”

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Substance Use Differential Diagnosis

Mood

History of mania/hypomania

Unipolar depression: Major Depressive Disorder (MDD); Dysthymia; Adjustment Disorder

Bipolar Disorder; Depressed/Mixed

Anxiety & Related Disorders

Pervasive anxiety/worry

Panic attacks (recurrent, unprovoked)

Re-experiencing traumatic events

Obsessions or compulsions

Generalized Anxiety Disorder

Panic Disorder

Post-Traumatic Stress Disorder

Obsessive Compulsive Disorder

Psychosis

Primary Psychotic Disorders; Substance-Induced Psychosis; Mood Disorders with Psychosis

Substance Use

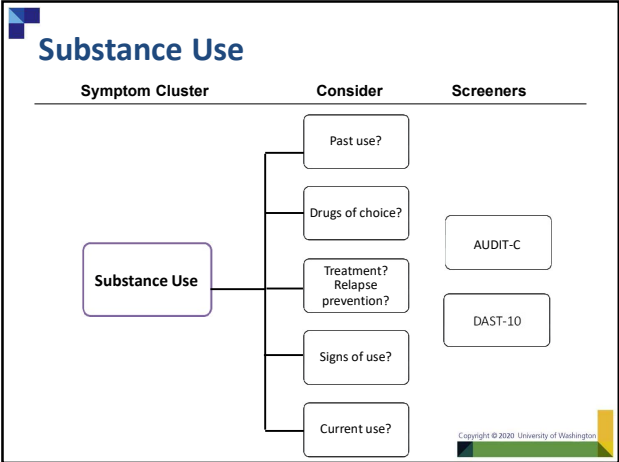
Substance Use Disorders

Organic

Acute: Delirium
Chronic: Dementia, psychotic disorders

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Substance Use

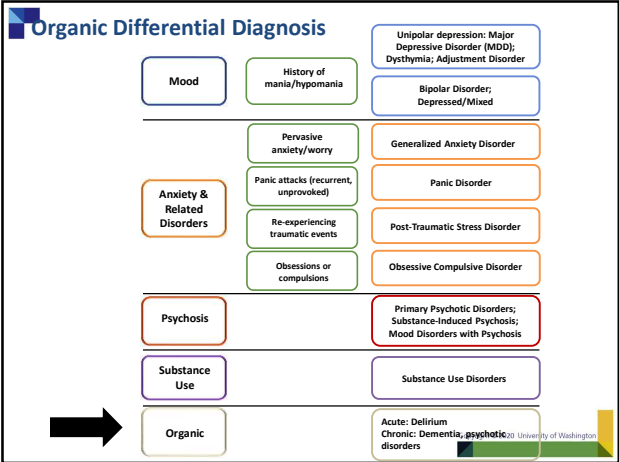
- Start with a single-question screener
 - Alcohol
 - Men: "How many times in the past year have you had 5 or more drinks in a day?"
 - Women: "How many times in the past year have you had 4 or more drinks in a day?"
 - "How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?"
- Response of one or more is positive for all screens

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Additional Questions for Substance Use

- Ask about each substance individually
 - Alcohol
 - "How often do you use alcohol?"
 - "How many drinks do you usually have in a day?"
 - "When was the last time you had anything to drink?"
 - Marijuana, heroin, cocaine, methamphetamine
 - "Have you ever used _____?"
 - "For how long did you use it on a regular basis?"
 - "When was the last time you used it?"
 - Prescription drugs
 - Especially benzodiazepines and opioids

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Organic

- **Be alert to signs of possible cognitive impairment**
 - Forgetfulness, word-finding difficulty, difficulty tracking conversation
- **Pertinent medical history**
 - Head trauma
 - Seizures
 - Thyroid problems
 - Chronic pain
 - Medications
 - Substance use – intoxication and withdrawal
 - Other neurologic disorders

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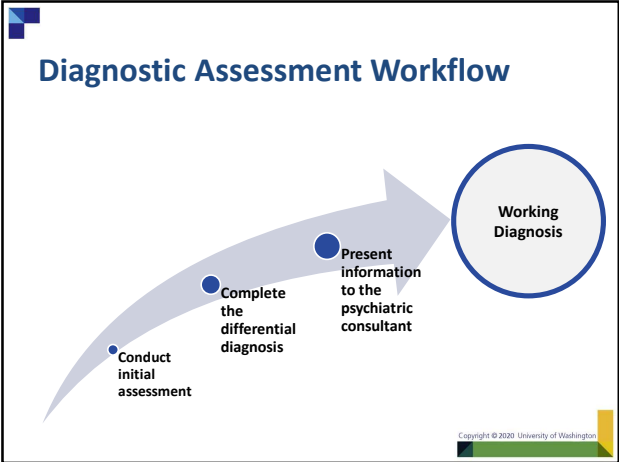
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Organic Differential Diagnosis

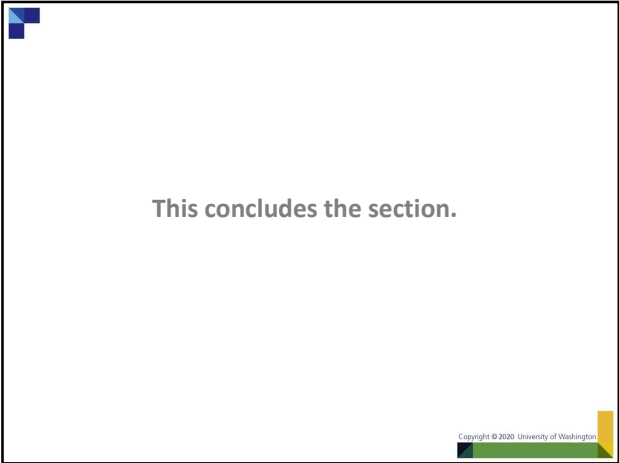
- **Most common in elderly**
 - Cognitive problems usually present
- **History of primary importance**
 - Rapid onset suggests delirium from physical illness, or drug effect
 - Slow onset over years suggests dementia
 - Collateral history essential for traumatic brain injury, autism spectrum, developmental disorder
- **Especially acute delirium is a medical emergency**
 - get your PCP!

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Assessment and Differential
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Section 3:
Presenting Assessment
Information to the Psychiatric
Consultant

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In This Section

✓ How to present assessment information to
the psychiatric consultant

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Diagnostic Assessment Workflow

Working
Diagnosis

Present
information
to the
psychiatric
consultant

Complete
the
differential
diagnosis

Conduct
initial
assessment

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Share Information Efficiently with the Psychiatric Consultant

Use a Standard Format

- Case review template
- Makes information visible to the psychiatric consultant and other team members

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Summary of Presenting Symptoms

- **Brief ID**
 - Gender
 - Age
 - Primary reason for seeking behavioral health assessment
- **Suicidality and safety concerns**
 - **If endorsed:**
 - Passive vs. active
 - Safety plan
 - Previous suicide attempt(s)

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Current Behavioral Health Conditions and Symptoms

- **Current conditions and severity**
 - Present scores from measures
 - Report on functional impact
- **Mood**
- **Anxiety and PTSD**
- **Psychosis**
- **Substance use disorder**
- **Organic/other conditions**

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History of Behavioral Health Conditions

- **Psychiatric history**
 - Hospitalization, therapy, other
- **Psychiatric medication history**
 - Medication names
 - Dosages
 - When taken/for how long
 - Whether effective
 - Any side effects
 - Why discontinued?

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Psychosocial Factors

- **Psychosocial history**
 - Legal issues
 - Housing status
 - Support system
 - Status of relationship with partner
 - Employment status
- **Trauma history**
 - Victim
 - Witness

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Medical Problems

- **Medical history**
 - Pain, hypertension, diabetes, thyroid, seizure disorder, traumatic brain injury, etc.
- **For women**
 - Pregnancy or breastfeeding status
 - Means of contraception

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Current Treatment

- Medications presently taking
 - As complete as possible
 - Cross reference the meds list in chart with medications the patient reports taking
- Brief behavioral interventions/psychotherapy
- Other therapeutic interventions
 - Including referrals

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Goals and Questions

- Patient’s goals
- Working diagnosis
- Provisional treatment plan

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Tips on Working with a “Working Diagnosis”

- Most common disorders are most common
 - Mood disorders and anxiety
- Use your diagnosis to guide treatment planning
 - For example, bipolar disorder will need a mood stabilizer
- Diagnoses can change over time
 - Adjust as you gather more information and observations
 - Don’t be too attached to your first impression

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Assessment and Differential Diagnosis for Collaborative Care

Section 4: Practice Cases

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In This Section

✓ Practice with assessment and diagnosis

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Diagnostic Assessment Workflow

```
graph LR; A[Conduct initial assessment] --> B[Complete the differential diagnosis]; B --> C[Present information to the psychiatric consultant]; C --> D((Working Diagnosis))
```

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Case 1

The patient is a 35-year-old male presenting to his primary care clinic complaining of depression. Patient reports a history of worsening depression over the past 3 months. Patient reports difficulty sleeping, irritability, poor energy, poor appetite, feelings of worthlessness and hopelessness, passive suicidal ideation, and depression.

- How might you approach this case?

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Practice Using the Five Cards Approach

Mood

- Depression
- Mania/hypomania

Anxiety & Related Disorders

- Generalized anxiety
- Panic attacks
- PTSD
- OCD

Psychosis

- Primary
- Secondary

Substance Use

- Alcohol
- Illicit
- Prescription

Organic

- Cognitive function
- Relevant medical history

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Case 1 (Continued)

You decide to focus on the mood category.

- What additional assessment would you want to complete during this initial interview?
- What screeners might be helpful to complete assessment of this category?

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Mood Differential Diagnosis

Symptom Cluster	Consider	Screeners
Mood	Unipolar Depression: Depression only	PHQ-9
	Bipolar Disorder: History of mania/hypomania	CIDI-3 or MDQ

Areas to explore:
Duration of and triggers for mood change; sleep; appetite; energy level; suicidal ideation; and questions to understand presence of mania or hypomania

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Case 1 (Continued)

The patient is administered the CIDI-3 screener for bipolar symptoms, and the screener is positive.

The patient reports a previous history of heavy alcohol use.

- How would you ask about his previous episodes of mania?

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Bipolar Disorder: Follow-Up Questions

- How long do the hypomanic/manic episodes last?
- How frequently do the hypomanic/manic episodes occur ?
- During periods of sobriety have you had hypomanic/manic episodes?
- Do you have a family history of bipolar disorder or schizophrenia?
- Have you been previously diagnosed with bipolar disorder, and if so, by whom?
- Have you previously been treated with antidepressants? How did you respond?

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Unsure About Bipolar Disorder Diagnosis?

- Describe most recent mood episode
 - When did it start?
 - How long did it last?
 - How was your sleep?
 - Were you using substances?
 - How would your friends and family describe your behavior?

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Case 1 (Continued)

The patient reports that sometimes he has mood episodes that go up and down over a day.

However, he notes two previous episodes of increased energy after little sleep. During these periods of time, he reported "working on a book," spending money to develop a tour to sell his book, impulsive travel to another state, and increased sexual promiscuity.

He notes these happened during a period of sobriety.

The patient also reports periods of approximately one week lasting up to one month of increased irritability and agitation with a depressed mood.

- What is your working diagnosis and are there other questions you would ask?

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Case 1: Conclusion

- Working diagnosis:
 - Bipolar disorder
- Consider:
 - Substance-induced mood disorder
 - Mood disorder secondary to medical condition
- Other considerations:
 - Be sure to ask about psychosis and other physical symptoms
 - Treatment implications - Helpful if you can ask about previous treatment response

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CASE 2

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Case 2

The patient is a 29-year-old female presenting at a 6-week postpartum check up with her first child. She presents answering questions slowly, looks physically slowed down, and has a blunted affect. The PCP is concerned about her and gave her a PHQ-9. The score is 15, including endorsement of Question 2 and a score of 1 on Question 9. When asked about her mood, she is slow to answer you but says she is feeling depressed. Her husband and baby are present for the appointment.

- What would you ask about next?

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Practice Using the Five Cards Approach

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Case 2 (Continued)

She denies any history of anxiety, substance use, or manic symptoms.

PCP had checked her thyroid and has no concern for other medical illness.

She denies any voices or unusual thoughts. Patient denies any thoughts of harming the baby. She notes that she has had some thoughts about what it would be like to be dead but reports that these are fleeting, and she has no plan to harm herself, and feels her baby needs her.

- What additional assessment is most important to complete next for this patient?

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Safety First!

- Evaluate any report of suicidal thoughts

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Case 2 (Continued)

You ask the husband if he has any concerns about his wife. He asks to speak to you alone and since you have an ROI to speak to him, you step into the hall while having a medical assistant sit with the patient.

The husband describes finding his wife crying alone at home on two occasions while the baby is sleeping. He reports offering support to her, which she accepted and notes she seems comforted by him. The husband does not think his wife is at risk for harming herself or her baby.

You determine that this patient is not a safety risk.

- What is your leading diagnosis in the differential and why?

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Case 2: Conclusion

- **Working diagnosis:**
 - Major Depressive Disorder
- **Rule out bipolar disorder and substance-induced mood disorder.**

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Final Thoughts



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