

## 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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### 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](mailto:aimstrng@uw.edu)



AIMS CENTER  
UNIVERSITY of WASHINGTON  
Psychiatry & Behavioral Sciences

Patient Engagement

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In This Module

✓ How early patient engagement relates to improved outcomes

✓ Strategies for developing and maintaining patient engagement

- ✓ Warm connections
- ✓ Addressing barriers
- ✓ Family engagement
- ✓ Phone outreach
- ✓ Motivational Interviewing

✓ Elements of a strong alliance

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2

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Strength of Alliance Determines Outcomes

• Coaching, counseling, medicine, teaching, job training

Strong alliance → Good outcome

Weak alliance → Poor outcome

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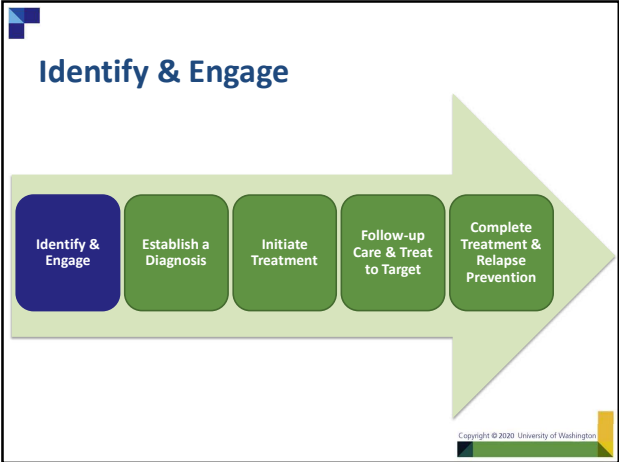
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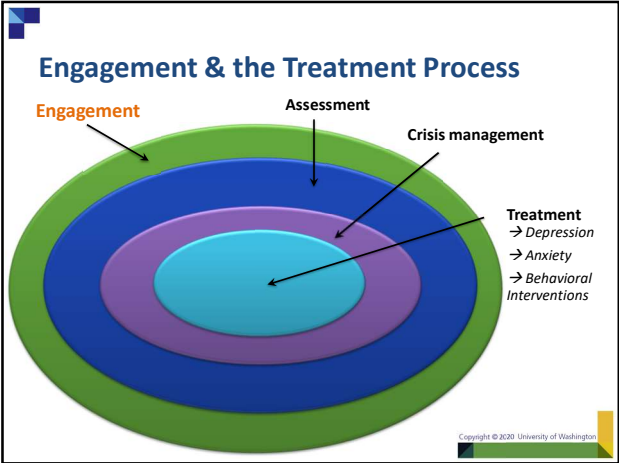
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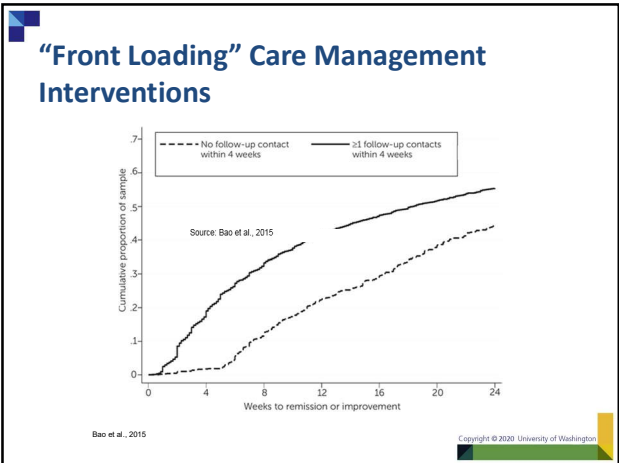
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### Core Engagement Techniques

- All referrals should have a warm connection
- Connect yourself with the clinic team in the patient’s eyes
- Frequent contact with the patient
  - 2+ contacts in first month
- Discuss barriers to treatment and develop plan to address them
  - Ability to attend clinic or phone appointments

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7

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### Frame Treatment & Educate Patient About How It Works

- Clinic provides whole-patient care
- Focus on symptoms problematic for patient
  - Don’t argue about diagnosis, focus on symptoms
- Treatment options
  - Patient preference
  - Prior experience
  - Family experience

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8

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### Set Expectations for Successful Treatment

- We have effective treatments
- Most patients need at least 1 treatment change
  - Sometimes multiple changes
- We won’t give up!
- You play an important role
  - Selecting/changing treatment
  - Goals
  - Self-management
  - Family engagement

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9

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### Address Attitudes & Beliefs

- **Challenge**
  - Patients may know little about depression
    - What they know may be inaccurate
  - Patients may believe...
    - Depression is selfish, weakness
    - They should “handle it themselves”
- **Response**
  - Provide high-quality education resources for patients to learn more about depression or other mental health disorders
    - National Institute of Mental Health
    - World Health Organization

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10

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### Recognize “Minimizer” Patients

- Some patients minimize symptoms or don’t endorse depression if asked
  - Could have low PHQ-9 score but obviously depressed
- Older adults and men more likely to minimize or focus on somatic symptoms
- Some cultures more stoic and more likely to minimize symptoms

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11

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### Why Engage Caregivers/Family?

- Effect of patient’s depression on family members can make it difficult for them to be helpful
- Family sees mood and behavior changes over time
- Family can support treatment plan
  - Especially self-management plans

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12

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### How to Engage Caregivers/Family

- **Address Family Culture**
  - Myths
  - Stigma
  - Beliefs about causes of depression, treatments
- **Provide resources to learn about depression**
  - National Institute of Mental Health
  - World Health Organization: videos about depression
  - Existing resources in your clinic?
- **Share treatment plans**
  - Give family role in supporting treatment
  - Engage family in relapse prevention planning

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### PATIENT ENGAGEMENT

How Using the Phone Can Help

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### Phone Use in Treatment

- **Discuss phone use with patient at appointment**
  - Frequent contact is key for improvement
  - Reduces barriers, e.g., transportation, childcare
  - Phone appointments are scheduled
- **Discuss purpose of phone appointments**
  - Check in on medications
  - Complete symptom screeners
  - Work on treatment goals

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### Tips for Scheduled Phone Contacts

- Phone contact is considered an appointment
- Block a time in schedule for calls (1–2 hours)
  - 15-20 minutes apart
- Schedule call time with patient
  - Convenient and free from distractions
- Mail or provide a PHQ-9 for ease of use over phone
  - Can ask to complete before the call

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16

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### When to Use the Phone

- Increase contact frequency and strengthen engagement
- Missed appointment
  - Call no-shows within 15 minutes
  - Use the time for a phone contact
- Addressing practical barriers
  - Transportation difficulties
  - Cannot or does not want to come in
  - Children at home
- Check in on patient between in-person visits

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17

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### Structure for Phone Contacts

- Ask the patient if it is still a good time
  - Set another time if it is not
- Have no distractions and ask patient the same
- Set agenda
  - Check on PHQ-9, medications, and behavioral activation, PST or other brief therapy session
- Administer the PHQ-9 early in the call
  - Doing so helps to plan for rest of call
- End with plan for next appointment or call

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## PATIENT ENGAGEMENT

How Motivational Interviewing Can Help

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19

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## 3 Critical Elements of Alliance

```
graph TD; Goals[Goals?] --> Alliance((Working Alliance)); Tasks[Tasks?] --> Alliance; Bond[Bond?] --> Alliance;
```

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20

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## Rationale for Motivational Interviewing Style

If <u>not</u> listened to:	If listened to:
Secretive	Frank
Angry, annoyed	Understood, accepted
Avoidant	Exploring
Oppositional	Cooperative
Discounting	Concerned

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21

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MI Spirit

My client struggles with ambivalence about change. One moment, she wants to take the plunge, and the next moment, she's stuck again. She's working hard to resolve this.

MI Inconsistent

She's manipulative. She tells me she wants to change, because she thinks it's what I want to hear. But she's really not motivated.

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MI Spirit

It sounds like you are feeling...

It sounds like you are not happy with...

It sounds like you are a bit uncomfortable about...

So you are saying that you are having trouble...

So you are saying that you are no so sure about...

You're not ready to...

You're having a problem with...

You're feeling that...

It's been difficult for you...

You're struggling with...

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Good Reflections Prove You Understand

- Most powerful technique for preventing and dealing with tough interactions
- Can calm and encourage patients
- Communicates respect and understanding of the patients experience
- Does NOT mean you agree with their explanatory model nor endorse maladaptive behavior choices!

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24

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### Some Provider Potholes

- Question and answer trap (closed questions)
- Correcting wrong thoughts with rational explanations (telling them what to do)
- Avoiding the patient (hiding, acquiescing with prescriptions)
  
- What are some you notice?

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### Motivational Interviewing & the Initial Assessment

- Orient patient to structure of initial assessment
  - Assessment is important first step toward getting them the right help
- Start with open-ended question
  - Let patient talk for 3-5 minutes
- Use a registry or EHR template to help you track/gather what is needed for diagnosis
  - History of present illness
  - Past psychiatric history
  - Social history
  - Functional assessment
  - Few of the sections are REQUIRED; use what is clinically useful

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## PATIENT ENGAGEMENT

An Ongoing Process

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### When to Step Up Engagement

- At the beginning or over time...
  - Engagement can get thwarted!
- Weak bond
- Lacking agreement on goals
- Lacking agreement on tasks

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28

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### How to Step Up Engagement

Attitude	Action
<ul style="list-style-type: none"><li>• Return to alliance (bond)</li><li>• MI techniques (reflection)</li><li>• Elicit the story:<ul style="list-style-type: none"><li>– understanding, summary of pros/cons to treatment</li></ul></li><li>• Elicit treatment hopes and dreams</li><li>• Elicit commitment</li></ul>	<ul style="list-style-type: none"><li>• Phone outreach</li><li>• Warm engagement in clinic</li><li>• Engage caretakers / family / PCP</li><li>• Feedback = psychoeducation</li><li>• Barriers: practical, psychological, cultural</li></ul>

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29

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### Persistence Is Key!

**Don't give up! Some patients can be hard to reach, but it is critical to be persistent.**

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31

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Introducing Collaborative Care to Patients

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34

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In This Module

✓ Framing your collaborative care introduction to patients

✓ 'Elevator speech'

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35

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The Elevator Speech

• A brief and polished explanation

• Prepared with answers to common questions

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36

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### Framing the Introduction

- Connect the collaborative care team to the PCP
- Link to the patient’s complaint, especially if not depression
- Mirror the patient’s words

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37

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### Patients Who Say They Are Not Depressed

- Look at function
- “Of course you don’t feel good.”
- Maybe we can help with:
  - Sleep
  - Energy
  - Getting along with family
  - Etc.

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38

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### PRACTICE

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39

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### Your Elevator Speech

- Refer to “Scripts for Care Managers: Ideas for Introducing Collaborative Care and Your Role on the Team”
- Practice your elevator speech with colleagues

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### Working with the PCP

- PCPs need elevator speeches, too!
- Refer to “One-Liners for Primary Care Providers: Ideas for Introducing Your Behavioral Health Team”

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This concludes the module.

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42

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