

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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Behavioral Health Measures

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In This Module

✓ Common measures for behavioral health conditions

✓ Purpose of systematic use of measures in collaborative care

✓ Patient Health Questionnaire (PHQ-9) for screening and tracking depression

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Behavioral Health Measures as “Vital Signs”


Some behavioral health measures (like the PHQ-9) can be used for two purposes:

– Screening:

- Identifies there is a problem
- Most effective when tied to clinical decision making

– Monitoring response to treatment:

- Like monitoring blood pressure
- Including how each symptom is responding to treatment



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New Way to Practice

- Interaction may feel awkward at first
- Paper form can feel impersonal
- Not a replacement for clinical insight
- Additional tool to focus on symptoms

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What Makes a Good Behavioral Health Measure?

- Validated
 - Measures what it is supposed to measure
 - PHQ-9 for depression
- Affordable
- Easy to use
- Purpose
 - Screening only (e.g., CIDI-3) vs. screening and monitoring over time (e.g., PHQ-9, GAD-7)

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Commonly Used Behavioral Health Measures

Depression

PHQ-9

Anxiety

GAD-7

PTSD

PCL-5

Alcohol

AUDIT-C

Drugs

DAST-10

CRAFFT

Bipolar

CIDI-3

MDQ

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Advantages of Behavioral Health Measures

- Objective assessment
- Creates common language
- Focuses on function
- Avoids potential stigma of diagnostic terms
- Helps identify patterns of improvement or worsening
- Flexibility of administration

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How to Administer the PHQ-9

- Self-administered
 - In clinic or at home
- In-person
 - Facilitates assessment and teaching about depression symptoms
 - Can be administered verbally for low-literacy patients
- By phone
 - Send a copy home for patient to follow along
- Available in multiple languages

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PHQ-9

Over the last 2 weeks, how many days have you been bothered by any of the following problems?	Not at All	Several Days	More than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	✓2	3
2. Feeling down, depressed or hopeless	0	1	✓2	3
3. Trouble falling asleep, staying asleep or sleeping too much	0	✓1	2	3
4. Feeling tired or having little energy	0	✓1	2	3
5. Poor appetite or overeating	0	✓1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	0	1	2	✓3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	✓2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	0	✓1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way.	✓0	1	2	3
FOR OFFICE CODING: 0 + 4 + 6 + 3 = Total Score: 13				

If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	✓Somewhat difficult	Very difficult	Extremely difficult
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Understanding the PHQ-9 Score

Score	Severity
0 – 4	No Depression
5 – 9	Mild Depression
10 – 14	Moderate Depression
≥ 15	Severe Depression


Are there safety concerns?
If Question 9 is a score > 0, patient needs to be assessed for safety

Is it depression?
Major depressive disorder: needs to have Question 1 OR Question 2 with a score of ≥2

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PHQ-9 at Initial Visit



<https://vimeo.com/63206506/c6fdea2540>

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Behavioral Health Measures and Good Practice

- Using behavioral health measures helps support positive clinical interaction and increase patient engagement
- Further strategies for patient engagement in the next module

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Patient #1

Is this a positive or negative screen for depression?

Over the last 2 weeks, how many days have you been bothered by any of the following problems?	Not at All	Several Days	More than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	✓1	2	3
2. Feeling down, depressed or hopeless	✓0	1	2	3
3. Trouble falling asleep, staying asleep or sleeping too much	✓0	1	2	3
4. Feeling tired or having little energy	0	✓1	2	3
5. Poor appetite or overeating	0	✓1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	✓0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	✓1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	✓0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way.	✓0	1	2	3
FOR OFFICE CODING: 0 + 4 + — Total Score: 4				

If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

✓Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
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Patient # 2

Is this a positive or negative screen for depression?

Over the last 2 weeks, how many days have you been bothered by any of the following problems?	Not at All	Several Days	More than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	✓2	3
2. Feeling down, depressed or hopeless	0	1	✓2	3
3. Trouble falling asleep, staying asleep or sleeping too much	0	✓1	2	3
4. Feeling tired or having little energy	0	✓1	2	3
5. Poor appetite or overeating	0	✓1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	0	1	2	✓3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	✓2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	0	✓1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way.	✓0	1	2	3
FOR OFFICE CODING: 0 + 4 + 6 + 3 = Total Score: 13				

If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	✓Somewhat difficult	Very difficult	Extremely difficult
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Patient # 3

Is this a positive or negative screen for depression?

Over the last 2 weeks, how many days have you been bothered by any of the following problems?	Not at All	Several Days	More than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	✓0	1	2	3
2. Feeling down, depressed or hopeless	✓0	1	2	3
3. Trouble falling asleep, staying asleep or sleeping too much	0	1	2	✓3
4. Feeling tired or having little energy	0	1	2	✓3
5. Poor appetite or overeating	0	1	✓2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	0	✓1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	✓1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	0	1	✓2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way.	✓0	1	2	3
FOR OFFICE CODING: 0 + 2 + 4 + 6 = Total Score: 12				
If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?				
Not difficult at all Somewhat difficult ✓Very difficult Extremely difficult				

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Patient # 4

Is this a positive or negative screen for depression?

Over the last 2 weeks, how many days have you been bothered by any of the following problems?	Not at All	Several Days	More than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	✓3
2. Feeling down, depressed or hopeless	0	1	2	✓3
3. Trouble falling asleep, staying asleep or sleeping too much	0	✓1	2	3
4. Feeling tired or having little energy	0	✓1	2	3
5. Poor appetite or overeating	✓0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	0	1	2	✓3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	✓1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	✓3
9. Thoughts that you would be better off dead or of hurting yourself in some way.	0	1	✓2	3
FOR OFFICE CODING: 0 + 3 + 2 + 12 = Total Score: 17				
If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?				
Not difficult at all ✓Somewhat difficult Very difficult Extremely difficult				

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Patient Identification

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In This Module

✓ Universal screening

✓ Other ways to identify patients

✓ Follow-up to positive screener

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Identify and Engage

Identify & Engage

Establish a Diagnosis

Initiate Treatment

Follow-up Care & Treat to Target

Complete Treatment & Relapse Prevention

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Universal Screening

Over the last 2 weeks, how many days have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	✓ 2	3
2. Feeling down, depressed or hopeless	0	1	✓ 2	3
3. Trouble falling asleep, staying asleep or sleeping too much	0	✓ 1	2	3
4. Feeling tired or having little energy	0	✓ 1	2	3
5. Poor appetite or overeating	0	✓ 1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	✓ 3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	✓ 2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	✓ 1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	✓ 0	1	2	3

FOR OFFICE CODING: 0 + 1 + 2 + 3
= Total Score 11

If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	✓ Somewhat difficult	Very difficult	Extremely difficult
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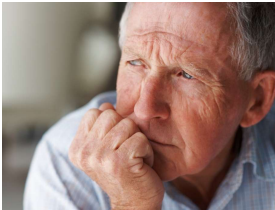


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Other Ways to Identify Patients

- PCP interview
- Other staff’s observation
- Patient request
- Patient history



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Follow-up to a Positive Screener

- If positive Question 9 (thoughts of self-harm), safety assessment *must* be completed before patient leaves clinic
- Warm connection, if possible
- Initial session ideal
- Make a plan before the patient leaves clinic
- Follow-up in 2 weeks at most

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Screeners for Depression

Do most of the patients at your clinic receive depression screening?

- a) Yes
- b) No
- c) I don't know


Feedback

Making screening happen in a clinic is usually a challenge. We recommend at least annual PHQ-9 screening for all patients, and screening at every appointment for patients being treated for depression.

- Make part of front desk procedure, if not already
- Work with nursing staff and PCPs to fit the process into unit workflow
- Support all clinic staff in noticing & sharing information suggestive of depression

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Administer Screeners & Identify Patients

How and when does your clinic administer screeners/identify patients? Choose all that apply.

a) At admission/front desk	d) Every visit
b) By rooming staff	e) Annually
c) By PCP	f) Other

Feedback

- In the past, many patients who required treatment for depression didn't receive it because they weren't identified or they didn't come forward with their needs.
- Universal screening (typically done annually) is the best way to identify patients who may need treatment for mental health problems. This identifies a higher percentage of patients who need treatment for depression.
- Without routine screening, it is hard to capture enough of the population that needs care.

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When a Universal Screening Process Misses Patients with Depression

What might be reasons for a universal screening process to miss patients with depression?

Feedback

- Patient may be embarrassed, ashamed, or frightened to answer truthfully
- Challenges with literacy or confusion about meaning of the form
- Changes in mental status during the year
- Cultural experience of depression not getting captured by the screener
- Already in treatment and doing well

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Beyond Universal Screening – Other Ways to Identify Patients with Depression

Other than screening, what might be some other ways patients with depression could be identified in the clinic?

Feedback

- Staff notices signs of depression
- Patient not caring for self/not adherent to treatment, especially if chronic disease
- Patient who screened negative for depression later confides in PCP
- Outside provider contacts clinic with concerns about patient
- Family member expresses concerns about the patient

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Clinic Staff Roles in Identifying Patients

How could each of the clinic staff respond to a patient who might be in need of mental health services?

Consider:

- Front desk staff
- PCPs
- Nursing staff
- Outside provider (e.g., specialty providers such as cardiology)

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Clinic Staff Roles in Identifying Patients

How could each of the clinic staff respond to a patient who might be in need of mental health services?

Feedback

Patients don't always come in the same way. They typically are identified either by screening positive or by someone in clinic identifying that they may need help. The clinic should have a number of ways to respond to patients who might be in need of mental health services. Possible first steps depending on the staff member's role include:

- Front desk staff
 - Discuss with clinical staff (e.g., nursing staff)
 - Engage CM
- Nursing staff
 - Discuss with clinical staff (e.g., PCPs)
 - Engage CM

- PCP
 - Assess the patient
 - Involve the CM
- Outside provider (e.g., specialty providers such as cardiology)
 - Engage the CM

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When a Patient Screens Negative But Appears Depressed

A patient is in for follow-up of wound care. He responds with a zero for each question on the PHQ-9, but has clearly done nothing to care for the wound, and the PCP notices he seems uninterested in discussing taking care of it. The PCP calls you, the care manager. What do you do?

a)

Nothing. His PHQ-9 is zero, so he must not be depressed.

b)

Meet with the patient and start to explore symptoms of depression. Is he uninterested in everything?

c)

You are too busy today. Tell the patient to make an appointment when you are free.

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When a Patient Screens Negative But Appears Depressed

A patient is in for follow-up of wound care; he answers all "0"s on the PHQ-9, but has clearly done nothing to care for the wound, and the PCP notices he seems uninterested in discussing taking care of it. The PCP calls you, the care manager. What do you do?

Feedback

b) Meet with the patient and start to explore symptoms of depression. Is he uninterested in everything?

Even a brief contact as an entry to depression care is preferable to waiting for an eventual appointment. In the Patient Engagement module, we will talk about steps that a care manager can take to engage patients that have just been identified. One of the findings of decades of psychotherapy research is that the treatment alliance is a crucial part of success in treatment, and it is no different in collaborative care.

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This concludes the module.

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