Collaborative Care for Registered Nurse (RN) Behavioral Health Care Managers Training

About the Training

The *AIMS Center Collaborative Care for RN Behavioral Health Care Managers Training* provides an overview of Collaborative Care and an in-depth review of the RN BHCM role, with an emphasis on RN BHCM's responsibilities around identifying and engaging patients, providing measurement-based treatment to target, managing an active caseload of patients, and communicating with a team of providers, including Primary Care Providers and Psychiatric Consultants.

Length

Approximately 9 hours

Format

This training is self-paced and can be completed in multiple sessions. You will have access to the course for 3 months. The training is organized into seven parts, each part includes didactic presentations, interactive activities, quizzes, and job aides. See page 2 for a detailed training outline.

The training is web-based and requires internet access as well as a computer, tablet, smartphone, or other device that can connect to the Internet. Media used includes video, audio, text, and graphics. Internet Explorer is not supported.

Continuing Education (CE)

CE may be available for RNs, please check with your state licensing board to verify this training meets their requirements. After completing the training, 9 CE credits can be claimed by eligible providers.

- The AIMS Center is approved by the American Psychological Association (APA) to sponsor CE for psychologists. The AIMS Center maintains responsibility for this program and its content.
- All training activities are eligible for CE at no additional charge. Check with your licensing board to determine whether APA accredited CE is accepted for your state license.

How to Claim

To receive CE credits, participants must complete the online training, and receive a minimum score of 75% on the CE quizzes. There is no limit on the number of times a quiz can be taken to receive a passing score. Upon course completion, a certificate will be available within the learning platform.

Training Outline
Below is an outline of the *Collaborative Care for RN Behavioral Health Care Managers.*

Section 1: Collaborative Care Fundamentals
By the end of Section 1, BHCMs should be able to:

1: Evidence Base (17 minutes)
- Describe the Collaborative Care approach, including its evidence base.

2: Principles and Team Roles (14 minutes)
- Describe the Collaborative Care approach, including its guiding principles and team structure.
- Describe the main tasks of each member of the team.
- Name which nursing skills are particularly well-suited to the Collaborative Care Model (CoCM) and how they will help you to be a successful behavioral health care manager (BHCM).
- List which tasks are within your scope of practice as a BHCM with RN credential, including completing an initial assessment to aid the CoCM team in making a behavioral health diagnosis, just like you already do to help the medical team make a medical diagnosis.

3: Workflow (28 minutes)
- Identify the key steps of the clinical workflow.
- Recognize the importance of creating a specific work schedule that separates CoCM/behavioral health clinic activities from non-CoCM clinic activities.

4: Registry (12 minutes)
- Recognize what a registry is and how it is used to support the CoCM workflow.
- Describe how the registry reflects the principles of CoCM.

5: CoCM Fundamentals for BHCMs with RN Credential (5 minutes)

Section 2: Patient Identification
By the end of Section 2, BHCMs should be able to:

1: Behavioral Health Measures (23 minutes)
- List common measures used in behavioral health care and for which conditions they are intended to be used.
- Explain the purpose of systematic use of behavioral health measures.
- Recognize the characteristics of an appropriate measure (e.g., validated, affordable, easy to use).
- List appropriate uses for the PHQ-9.
- Apply knowledge to interpret PHQ-9 screeners for common presentations.
- Describe appropriate response for patient reporting scores > 0 on Question 9.
- Recognize the utility of the registry in tracking PHQ-9 score.

2: Patient Identification (7 minutes)
- Describe the goals of a screening process.
- Describe your role in delivering care at the population level.
- Describe your clinic's protocol for screening patients and your role in that process.

- List strategies for what you can do as a care manager if you notice less patients are being identified in the screening process.

Section 3: Patient Engagement
By the end of Section 3, BHCMs should be able to:

1: Patient Engagement (26 minutes)
- Recognize the evidence base for early engagement and improved patient outcomes.
- Develop comfort with talking to patients about evidence-based treatment options.
- Build a checklist of engagement best practices to use back in their clinic.

2: Introducing Collaborative Care to Patients

3: Patient Engagement for BHCMs with RN Credential (5 minutes)
- Recognize which patient engagement tasks can be done with your existing knowledge base and strengths as an RN and which tasks may benefit from additional training (if not already trained).

Section 4: Assessment and Diagnosis
By the end of Section 4, BHCMs should be able to:

1: The Initial Assessment (15 minutes)
- Name the five major diagnostic domains (mood disorders, anxiety disorders, psychotic disorders, substance use disorders, and organic presentations).

2: The Differential Diagnosis (14 minutes)
- Recognize that the provisional diagnosis is a team decision, and that the psychiatric consultant confirms the diagnosis.
- Recognize the biopsychosocial framework in establishing a diagnosis.
- Recognize the care manager's role in arriving at a provisional diagnosis.

3: Presenting Assessment Information to Your Psychiatric Consultant (9 minutes)
- Recognize that the psychiatric consultant may review screeners and ask the BHCMs questions as part of caseload review to assess each of the five domains of the differential diagnosis.
- Recognize what possible diagnoses there are and collect appropriate info to bring back to the psychiatric consultant to make a diagnosis.

4: Practice Cases (9 minutes)

5: Assessment and Diagnosis for BHCMs with RN Credential (5 minutes)
- Recognize which tasks are within your scope of practice as a BHCM with RN credential, including completing an initial assessment to aid the CoCM team in making a behavioral health diagnosis, just like you already do to help the medical team make a medical diagnosis.
- Recognize the tools available to you to help if you are new to this process: screeners, a standardized intake template to help gather the information needed, and guidance from the psychiatric consultant.

Section 5: Engaging and Communicating with Your Team

By the end of Section 5, BHCMs should be able to:

1: Primary Care Team Engagement (14 minutes)
- Understand the BHCM role in PCP engagement, including: the importance of strong PCP involvement, the culture of primary care, and strategies for engaging PCPs.

2: Engaging and Communicating with Your Team for BHCMs with RN Credential (5 minutes)
- Recognize how to incorporate the behavioral health elements of your role as a BHCM into interactions with PCPs.

Section 6: Treatment (Part 1 & 2)

By the end of Section 6, BHCMs should be able to:

1: Initiate Treatment (13 minutes)
- Recognize the BHCMs role in initiating the treatment plan - introduce treatment options to patients.
- Describe the role of shared-decision making in the treatment planning process.
- Describe weekly tasks of a BHCM.
- Determine whether existing skillset is sufficient for providing CoCM, or whether additional training in evidence-based, brief behavioral intervention (BBI) is needed.

2: Introduction to Brief Behavioral Interventions: Basic Skills (80 min.) & Common Elements (32 min.)
- Define brief treatment.
- Compare/contrast brief treatment vs. long-term treatment.
- Describe the three, overarching stages of brief treatment.
- Identify the necessary structure of a session to set an agenda for a brief meeting.
- Describe requirements of a well-defined, achievable goal – both for long and short-term goals.
- Describe requirements of an action plan.
- Discuss how to assign and review homework.
- Identify the seven steps of Problem-Solving Therapy (PST).
- Describe Problem Solving Therapy.
- Describe psychoeducation.
- Identify examples of cognitive restructuring, positive self-talk, a graded exposure hierarchy.
- Determine whether existing skillset is sufficient for providing CoCM or whether additional training in BBI is needed.

3: Behavioral Activation Skills (40 minutes)
- Understand the Behavioral Activation model of depressive symptoms
- Describe how to develop a case formulation for a patient experience elevated depressive symptoms
- Understand the role of avoidance in maintaining depressive symptoms
- Describe how to help patients select activities and make a specific plan
- Understand how to evaluate the outcome of patients' efforts and problem solve barriers to action planning

4: Cognitive Behavioral Therapy for Anxiety (CBT-A)
- Identify the components of CBT-A.

5: Psychiatric Medication Support (20 minutes)
- Understand how to take a medication history and use supportive tools to access medication information.
- Recognize common medication monitoring challenges and appropriate response.
- Develop comfort with supporting patients' behavioral health medications (by leveraging your existing skills managing patients' non-BH meds and enhancing your knowledge of BH meds through work with the psychiatric consultant).

6: Caseload Management (14 minutes)
- Look at a registry and identify patients who are/aren't improving.
- Determine next steps for patients on a caseload.
- Name the types of patients that should be prioritized for psychiatric consultation.

7: Registry Practice: AIMS Caseload Tracker (45 minutes)

8: Caseload Review with the Psychiatric Consultant (5 minutes)
- Apply agenda setting strategies to proactively plan for case reviews with psychiatric consultant
- Apply the concepts from preparing for case review or weekly task list to identify patients that need attention or intensification of treatment.
- Utilize the weekly time with the psychiatric consultant, not only for systematic caseload review and case discussions, but for enhancing your skills and knowledge base around all things behavioral health.

9: Case Presentation Skills (7 minutes)
- List the core components of a concise patient presentation.
- Practice writing up a concise note using an example case to facilitate an efficient case review

10: Intensify Treatment (8 minutes)
- Plan for proactive treatment adjustments.

11: Relapse Prevention and Completing Treatment (17 minutes)
- Recognize timing the relapse prevention plan.
- Apply concepts of relapse prevention to develop a basic relapse prevention plan.

12: CoCM Treatment for BHCMs with RN Credential (10 minutes)

Section 7: Special Topics
By the end of Section 7, BHCMs should be able to:

1: How and When to Refer to Specialty Care (11 minutes)
- Differentiate between patients that need urgent/emergent care from those who can continue to receive care in the primary care setting.
- Know resources in the area for patients in crisis.
- Recognize that familiarity with specific behavioral health diagnoses, specialized treatment modalities, and local resources can help the Collaborative Care team refer patients appropriately (e.g., trauma treatment, DBT groups for patients with personality disorders, suicidal behaviors, etc.).

2: Suicide Prevention in Collaborative Care (34 minutes)
- Know and integrate brief screens for suicide risk into clinical sessions

3: Special Topics for BHCMs with RN Credential (2 minutes)