Overview of initial and follow-up visits

Dave Bauman, PsyD
Arissa Walberg, PhD
CHCW

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Agenda

• Rationale for structure
• Overview of initial visits
  • Introduction
    • Role-plays
  • Contextual Interview
    • Rationale
    • Love, work, play, health behaviors, three T’s
    • Role-plays
  • Intervention and follow up plan
• Overview of follow-up visits
Quick review...

- EBT for mental health disorders:
  - How long are typical visits?
  - How frequently do patients meet with providers?
  - How many visits do providers typically have with patients?
  - Now...what about for primary care providers?
- So, just taking our SMH approach to PC is not the answer... we not only need to BE in PC but we need to change HOW we practice
  - Robust research base showing effectiveness of brief interventions\(^\text{17}\)
    - Even for intense mental health conditions (e.g., PTSD)

“To get population reach – we need a philosophy to improve access to help us work with everyone & everything that walks into PC...”
PCBH Visits

• For us to be brief, we need to be...
  • Structured but flexible
  • Intentional
  • Psychoeducation focus
  • Behavioral and contextual focus
  • Transdiagnostic
  • Focused on functional restoration rather than symptom reduction
  • Work happens outside of the room, rather than inside
General outline of initial visits

- Introduction (2 minutes)
- Contextual Interview (10 minutes)
- Conceptualization statement (2 minutes)
- Psychoeducation (3-5 minutes)
- Intervention (5-10 minutes)
- Plan and follow-up (2 minutes)
General outline of initial visits

• Introduction (2 minutes)
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Initial visit: Introduction

- Example
  - https://www.youtube.com/watch?v=YzYh_uQtzZY&list=PLvLh_YdubBs4fm9u7Xgg1i5VKMMcmvt2f&index=2
Initial visit: Introduction

• Who you are
  • A Behavioral Health Consultant (intern)
  • Your profession (i.e., clinical psychologist, LCSW, LMHC, etc.)
    • Predoctoral intern, which means I am in my final year of my clinical/community psychology doctorate program. I am supervised by ... you can contact them at any time by ...

• Part of the team
  • Work closely with the medical providers
• Focus on overall health improvement, including physical and mental health
• Duration of appointments (15-25 minutes) and what will happen today
  • Will ask you a number of questions to get to know you
  • Come up with a game plan

• Some people get what they need after one visit, others follow up
• You document in their medical chart and will communicate back to the PCP
Initial visit: Introduction

• Role play
  • Write-out your introduction
  • Pair up and practice
General outline of initial visits

- Introduction (2 minutes)
- **Contextual Interview (10 minutes)**
- Conceptualization statement (2 minutes)
- Psychoeducation (3-5 minutes)
- Intervention (5-10 minutes)
- Plan and follow-up (2 minutes)
Initial visit: Contextual Interview

• My story...
• Every.Single.Time
  • Depression – Yep, Anxiety – Yep, Treatment Adherence – Yep, DM – Yep... you get the point
  • Need to practice
• Same sequence and in the same order every time
  • Why?
• Not a checklist, but a story builder
  • Symptoms/behaviors do not happen in vacuums, they happen in a context
  • We cannot intervene without knowing the context
Initial visit: Contextual Interview

- Basic idea of contextualism
  - We cannot focus on a single behavior w/o assessing the context in which the behavior occurs

“What if we instead stop focusing solely on what shows up at 5 PM (symptoms), and focus more on what shows up at 8 AM (the person’s context)”
Initial visit: Contextual Interview
Love, Work, Play & Health Behaviors; 3 T’s

• Love
  • Living Situation
  • Relationship
  • Family
  • Friends
  • Spiritual, community life?

• Work/School
  • Work/school situation
  • Income?

• Play
  • Fun/Hobbies
  • Relaxation

• Health Behaviors
  • Exercise
  • Sleep
  • Diet
  • Substance use (caffeine, cigs, alcohol, drugs, etc.)

• 3 T’s
  • Time, Trigger, Trajectory
Initial visit: Contextual Interview

- Video
  - Using your CI checklist, grade the contextual interview
  - https://www.youtube.com/watch?v=TE2L66a3DUs&t=60s (begin at 0:36)
Initial visit: Contextual Interview

- Role-plays
General outline of initial visits

- Introduction (2 minutes)
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- Psychoeducation (3-5 minutes)
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Initial visit: Conceptualization statement

• Reflect back to the patient your understanding of their context
• Ask if this sounds right
• Reframe the patient’s problem as a response to their individual context
  • Even for things such as obesity, DM, HTN... these are still showing up in the individual’s context
General outline of initial visits

• Introduction (2 minutes)
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Initial visit: Psychoeducation and Interventions

• DO NOT underestimate psychoeducation
  • These things may seem basic to us, but this could not be further from the truth

• Interventions
  • Didactics throughout the year
  • Behaviorally focused
    • Sorry... but yes, they do
  • Utilize handouts
  • Set SMART goals
  • Remember, the work is done OUTSIDE of the visit, not inside
General outline of initial visits

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Initial visit: Plan and follow-up

- Plan
  - SMART and written out
    - Prescription pads
- Follow-up
  - Do they need to follow up?
  - Suggesting a follow up or asking?
    - Pros and cons to both
  - Only for extreme reasons should it be in a week
  - Earliest, two weeks, need to give time for it to work
  - Can they follow up at next PCP visit?
    - Can you take the place of a PCP visit?
Follow-up Visits: Structure

- Set an agenda (1-2 min)
- Assess progress (5-10 min)
- Psychoeducation/intervention (5-10 min)
- Set SMART goals (2-5 min)
- Establish follow-up (2 min)
Follow-up Visits: Structure

• Set an agenda (1-2 min)
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• Establish follow-up (2 min)
Follow-up Visits: Set an Agenda

• Purpose
  • Conduct a visit that balances patient and provider needs

• Structure
  • Provider needs:
    • “I want to follow-up on the goals we set last time…”
  • Patient needs:
    • “…what else would you like to discuss today?”
    • “something else?” until complete list is developed
  • Prioritize:
    • “Okay, we may have time to get to two or three of those items, what would be most important to you?”
Follow-up Visits

• Role play: agenda setting
  • Now let’s make it trickier....
Follow-up Visits: Structure

- Set an agenda (1-2 min)
- **Assess progress (5-10 min)**
- Psychoeducation/intervention (5-10 min)
- Set SMART goals (2-5 min)
- Establish follow-up (2 min)
Follow-up Visits: Assess Progress

• Completion of previous goals
  • Completed
    • Reinforce any step in the desired direction
    • Assess impact on functioning
  • Not completed
    • Brainstorm barriers
    • May need to revisit CI questions

• Alternative gauge of progress
  • “Since our last visit, has (insert presenting concern) been the same, worse, or better?”
  • Explore response
    • “What do you think is made it better?”
Follow-up Visits

• Role play
  • Assessing goals/progress
  • Combine agenda setting and assessing goals/progress
Follow-up Visits: Structure

- Set an agenda (1-2 min)
- Assess progress (5-10 min)
- **Psychoeducation/intervention (5-10 min)**
- Set SMART goals (2-5 min)
- Establish follow-up (2 min)
Follow-up Visits: Psychoeducation/Intervention

• Build off of previous visit
  • Refer back to Initial visit Psychoeducation/Intervention slide
Follow-up Visits: Structure

- Set an agenda (1 min)
- Assess progress (5-10 min)
- Psychoeducation/intervention (5-10 min)
- Set SMART goals (2-5 min)
- Establish follow-up (2 min)
Follow-up: Goals and follow-up

• Goals
  • Take into account previous and completion
  • SMART and written out

• Follow-up
  • Do they need to follow up?
  • Can they follow up at next PCP visit?
    • Can you take the place of a PCP visit?
  • Consider extending the time btw visits
Follow-up

- Role-play
  - Practice leaving follow-up PRN