



## Overview of initial and follow-up visits

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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<sup>17</sup>
    - 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...”*



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# 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



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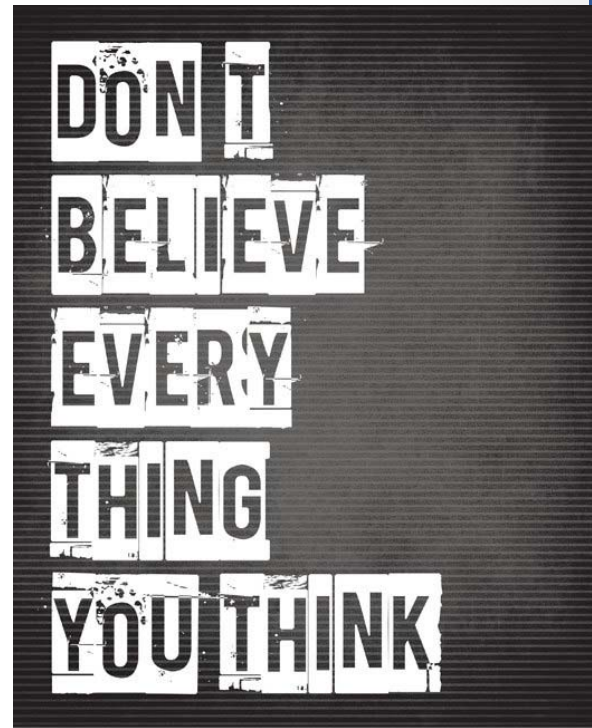
# General outline of initial visits

- 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)

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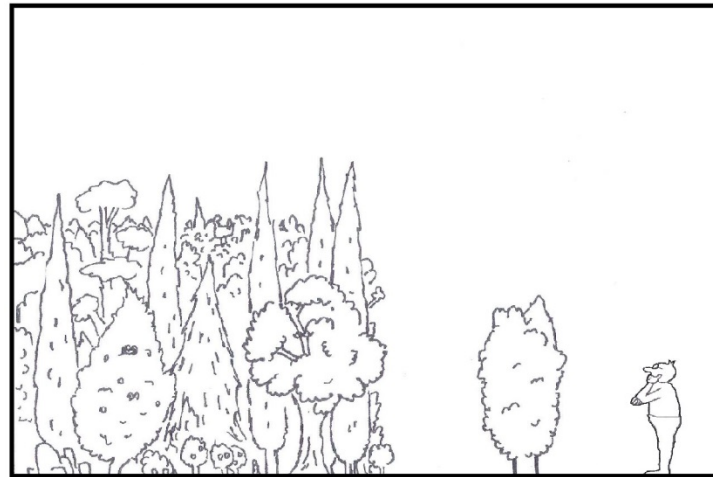
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# Initial visit: Introduction

- Example
  - [https://www.youtube.com/watch?v=YzYh\\_uQtzZY&list=PLvLh\\_Yd\\_ubBs4fm9u7Xgg1i5VKMMcmvt2f&index=2](https://www.youtube.com/watch?v=YzYh_uQtzZY&list=PLvLh_Yd_ubBs4fm9u7Xgg1i5VKMMcmvt2f&index=2)



P. KLAMMER



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# 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

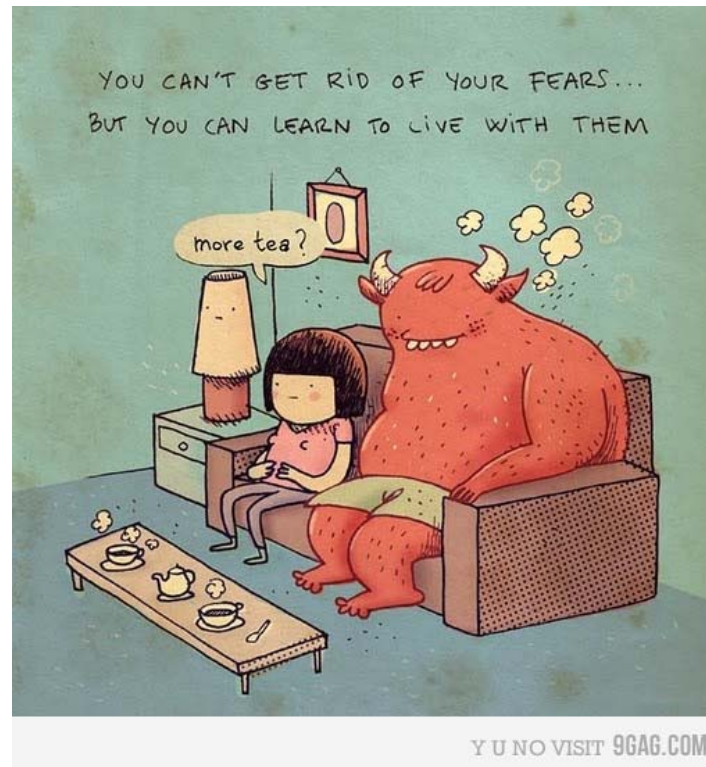


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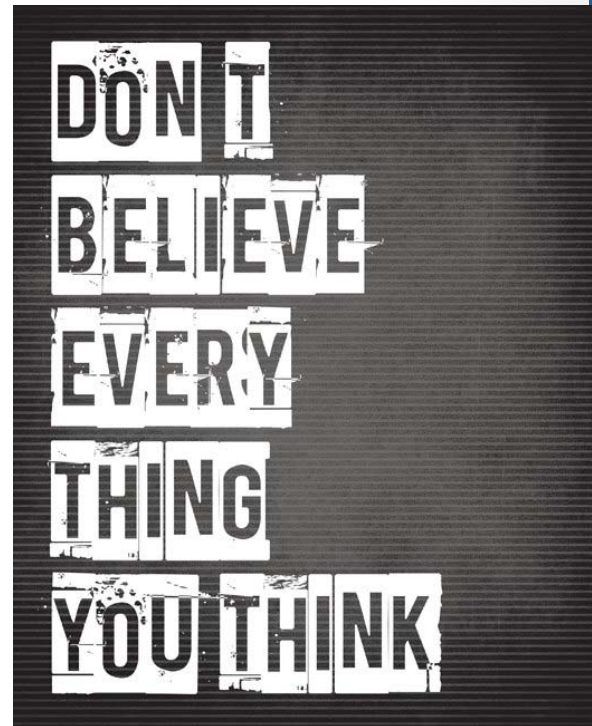
# Initial visit: Introduction

- Role play
  - Write-out your introduction
  - Pair up and practice

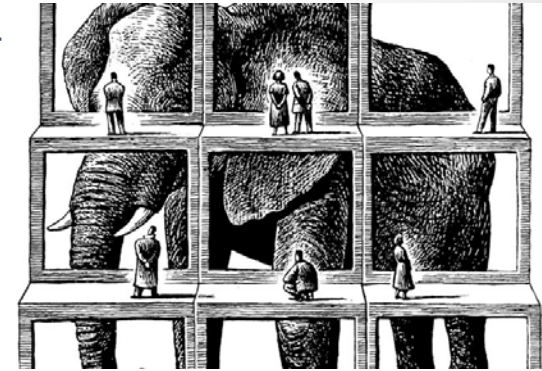


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# Initial visit: Contextual Interview



- 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



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# 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)”*



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# 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



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# Initial visit: Contextual Interview

- Video
  - Using your CI checklist, grade the contextual interview
  - <https://www.youtube.com/watch?v=TE2L66a3DUg&t=60s> (begin at 0:36)



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# Initial visit: Contextual Interview

- Role-plays



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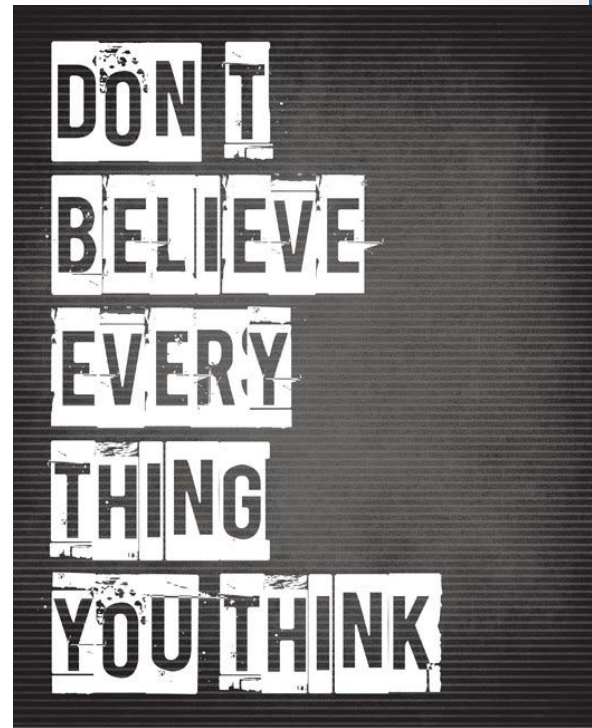
# Initial visit: Conceptualization statement

- 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



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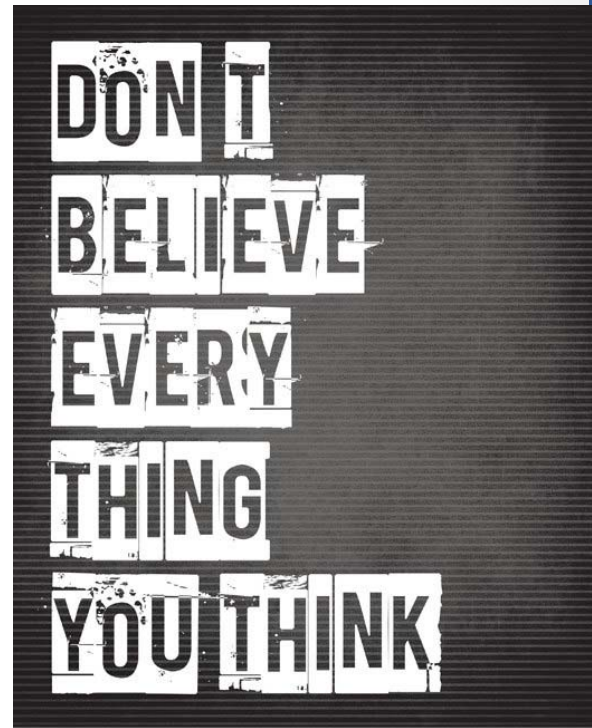
# Initial visit: Psychoeducation and Interventions

- 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



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- **Plan and follow-up (2 minutes)**



# 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?



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# 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)



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# 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?”



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# Follow-up Visits

- Role play: agenda setting
  - Now let's make it trickier....



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# 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?”



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# Follow-up Visits

- Role play
  - Assessing goals/progress
  - Combine agenda setting and assessing goals/progress



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# Follow-up Visits: Structure

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# Follow-up Visits: Psychoeducation/Intervention

- Build off of previous visit
  - Refer back to Initial visit Psychoeducation/Intervention slide



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# 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)**



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# 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



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# Follow-up

- Role-play
  - Practice leaving follow-up PRN