



OVERVIEW OF INITIAL AND FOLLOW-UP VISITS

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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 interventions¹⁷
 - Even for intense mental health conditions (e.g., PTSD)

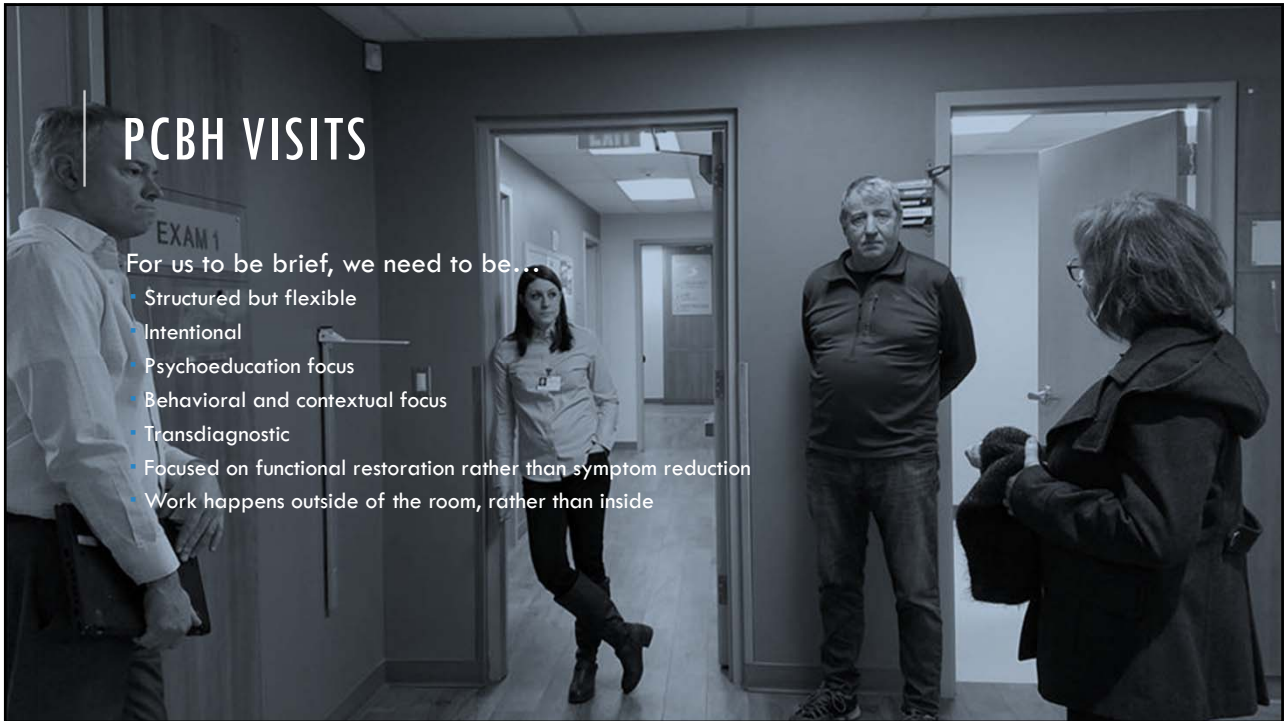
*"To get population reach – we need a **philosophy** to improve access to help us work with everyone & everything that walks into PC..."*

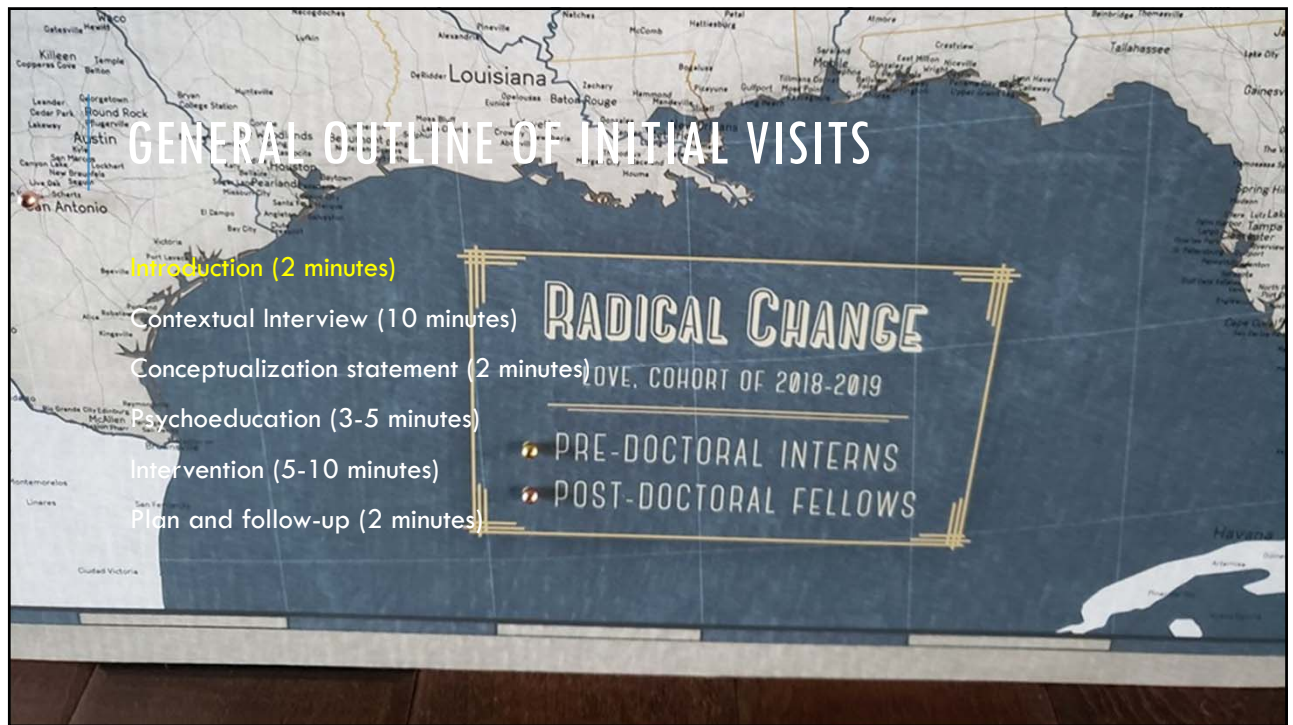


PCBH VISITS

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

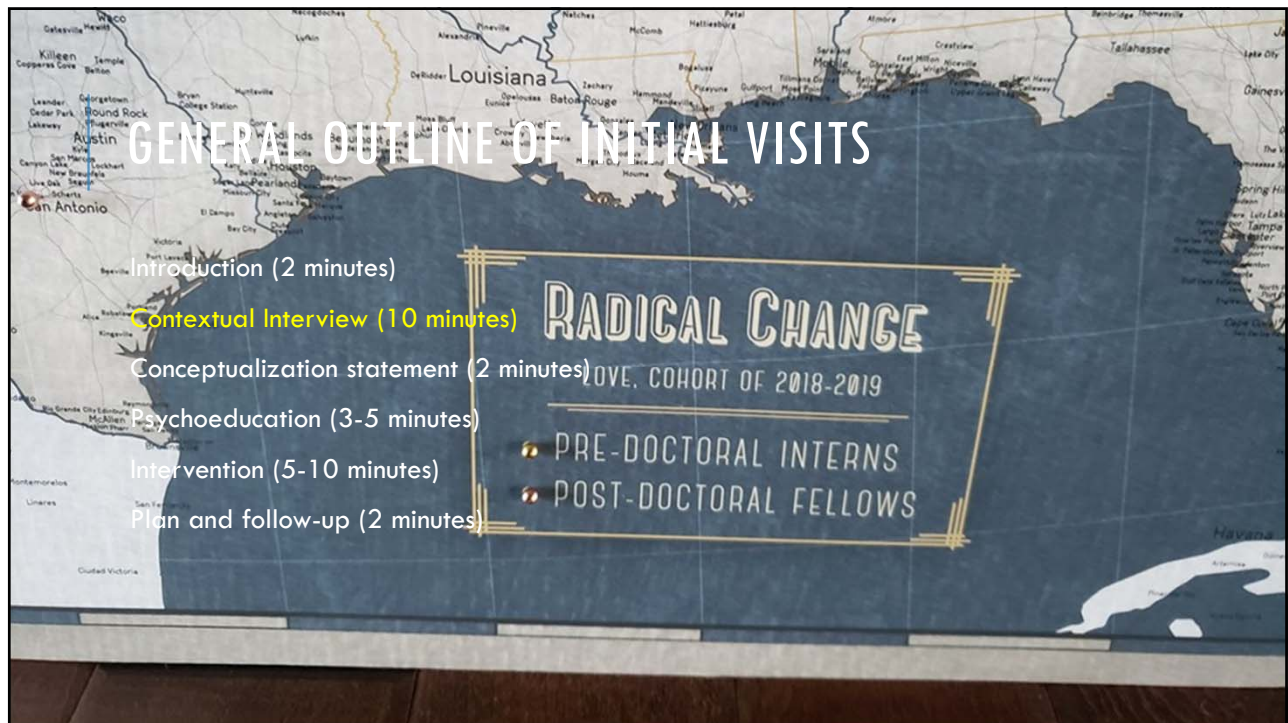






INITIAL VISIT: INTRODUCTION

- 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: 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=TE2L66a3DUg&t=60s> (begin at 0:30)





Let's role-plays

INITIAL VISIT: CONTEXTUAL INTERVIEW

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)

RADICAL CHANGE
LOVE, COHORT OF 2018-2019

- PRE-DOCTORAL INTERNS
- POST-DOCTORAL FELLOWS



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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POST-DOCTORAL FELLOWS

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



INITIAL VISIT: PLAN AND FOLLOW-UP

Plan

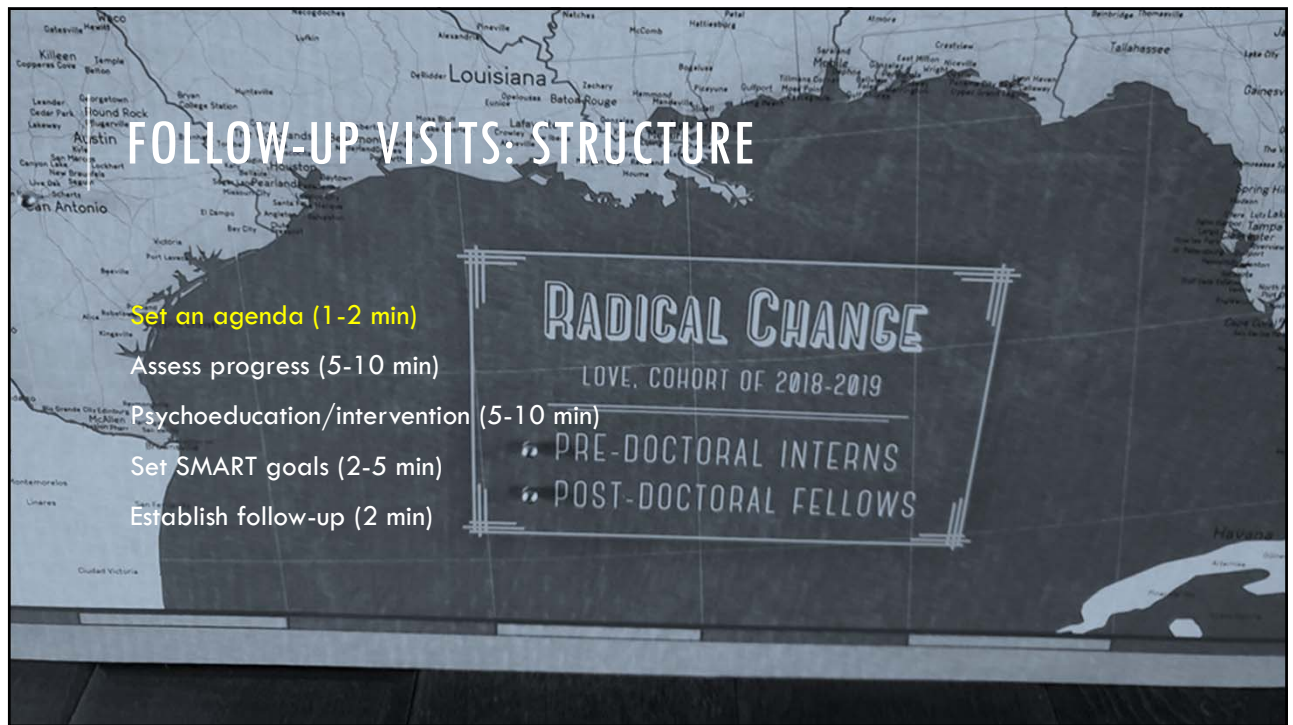
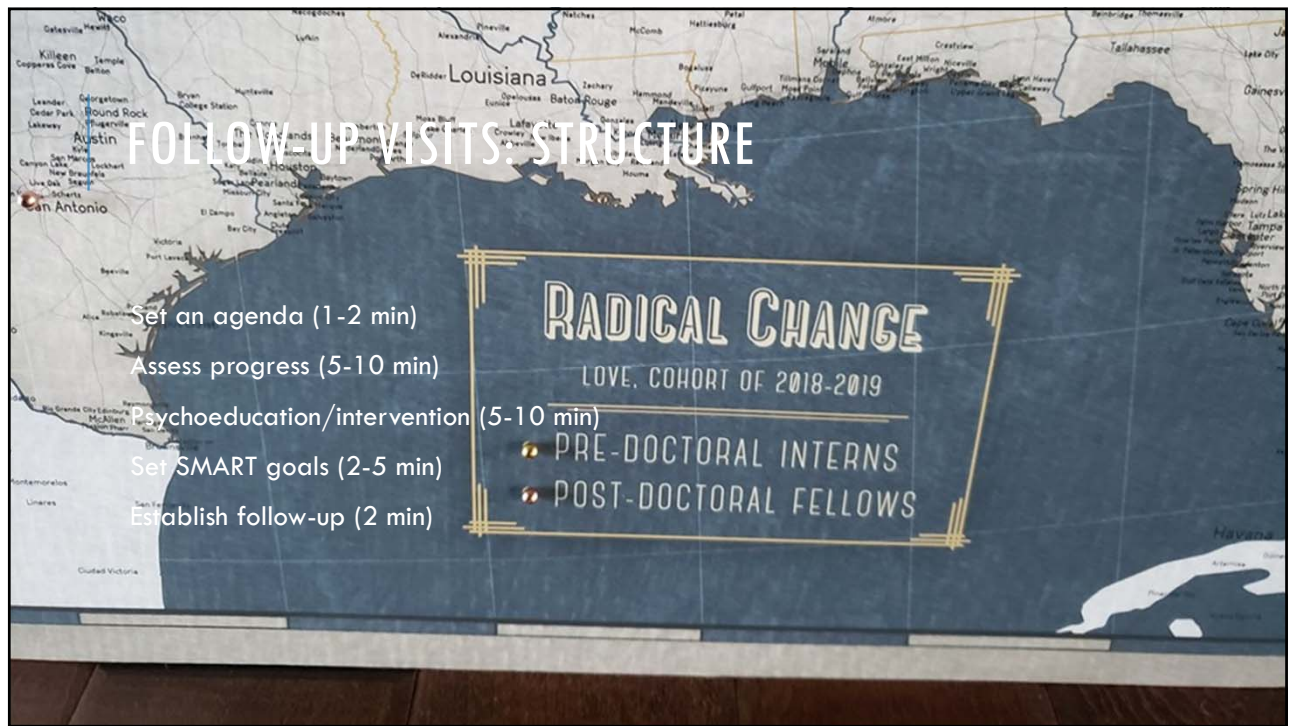
- SMART and written out
- Prescription pads

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?

LET'S TAKE A
BREAK





FOLLOW-UP VISITS: SET AN AGENDA

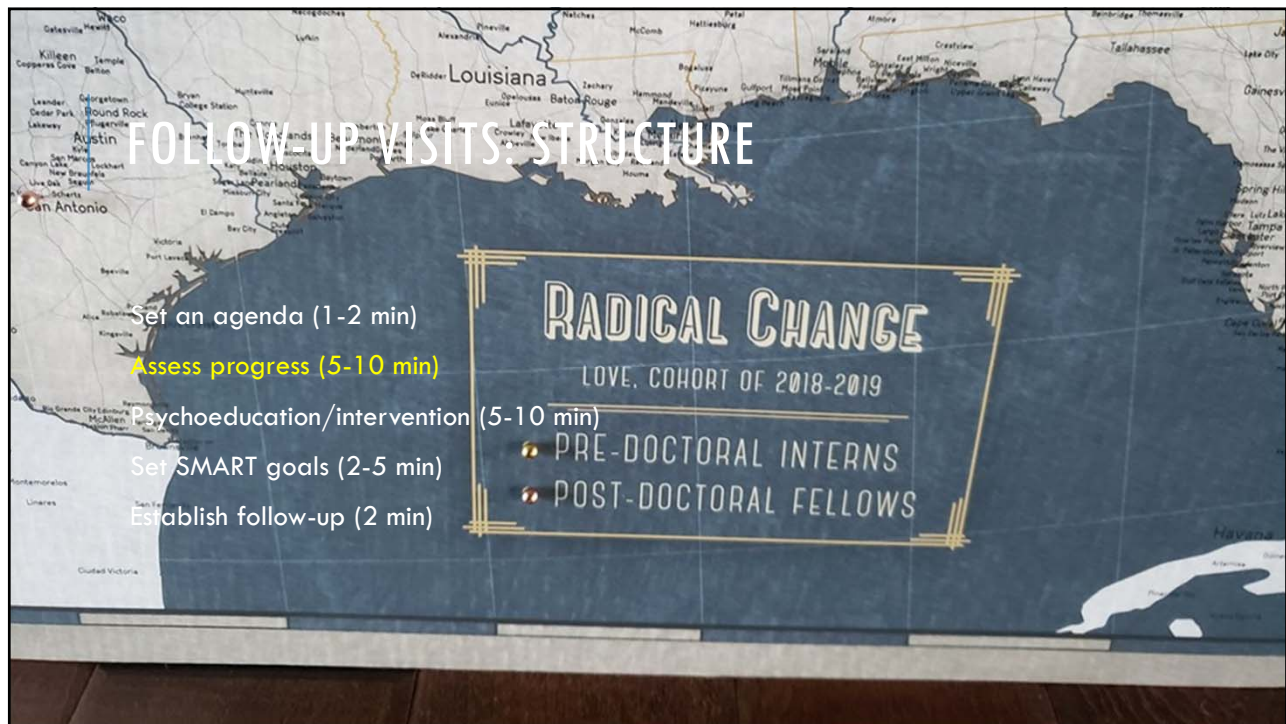
Purpose

- 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: 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)

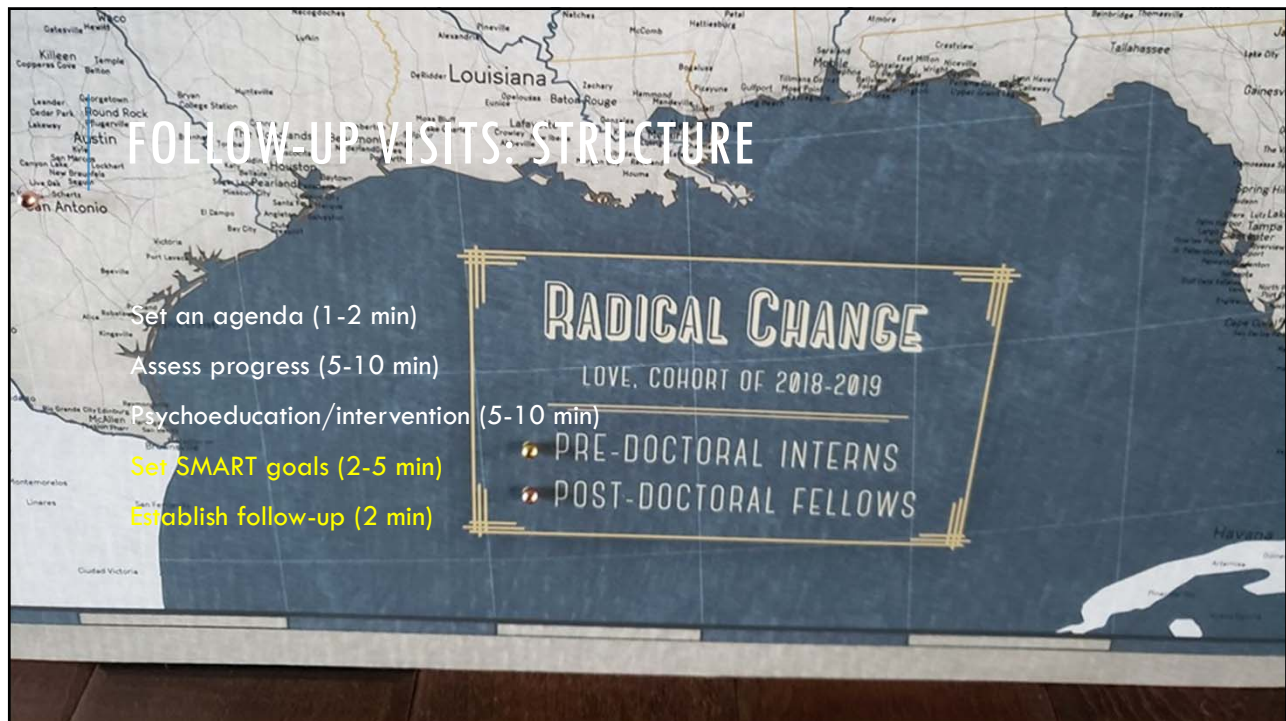
RADICAL CHANGE
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FOLLOW-UP VISITS: PSYCHOEDUCATION/INTERVENTION

Build off of previous visit

- Refer back to Initial visit Psychoeducation/Intervention slide



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

