



SAMHSA-HRSA Center for Integrated Health Solutions

Brief Interventions in Primary Care September 14, 2011

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A Life in the Community for Everyone
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Objectives

Overview

Framework

Basic Interventions

Applications in Primary Care



Cherokee's Blended Behavioral Health and Primary Care Clinical Model

Embedded Behavioral Health Consultant on the Primary Care Team

Real time behavioral and psychiatric consultation available to PCP

Focused behavioral intervention in primary care

Behavioral medicine scope of practice

Encourage patient responsibility for healthful living

A Behaviorally-Enhanced Healthcare Home



A Continuum of Integrated Care

Consultation, brief targeted interventions, and management in primary care setting

Time limited focused interventions in primary care setting

Referral for longer term therapeutic interventions with collaboration with primary care



Why Brief Interventions in Primary Care?

Primary Care is locus of treatment

Evidence supports brief interventions in primary care

Can be implemented by a variety of PC team members

Stigma avoided

Intervention possible at “teachable moments”

Intervention in context of ongoing relationship with patient and family

Guidance from Primary Care Team likely to be respected



Empirically Validated Outcomes for Brief Interventions in Primary Care

Greater improvement in anxiety, depression, and quality of care (Bradford, et al., 2011; Roy-Byrne, et al., 2010; Lang, 2003)

Reduction of panic attacks in COPD patients (Livermore, Sharpe, & McKenzie, 2010)

Improving treatment access for patients with PTSD (Possemato, 2011)

Reduction in symptoms of insomnia (Buysse, et al., 2011)

Improving treatment adherence for patients with comorbid diabetes and depression (Lamers, Jonkers, Bosma, Knottnerus, & Van Eijk, 2011; Osborn, et al., 2010)



Empirically Validated Outcomes for Brief Interventions in Primary Care

Increased self-management skills (Battersby, et al., 2010; Damush et al., 2008; Kroenke et al., 2009)

Improved quality of life for patients with chronic cardiopulmonary conditions (Cully, et al., 2010).

Reduction of substance abuse (Whitlock, et al., 2004)

Earlier of identification and intervention for pediatric behavior problems (Berkovits, O'Brien, Carter, & Eyberg, 2010; Laukkanen et al., 2010)

Reduction of somatization (Escobar, et al., 2007; Kroenke & Swindle, 2000)



Features of Effective Brief Interventions

Problem/Solution focused

Clearly defined goals related to specific behavior change

Active and empathic therapeutic style

Incorporate patient values and beliefs

Measurable outcomes

Enhance self efficacy

Responsibility for change on the patient



Basic Knowledge and Skills

Overall attitude of understanding and acceptance

Active listening skills

Focus on immediate goals

Working knowledge of motivational interviewing
and stages of change

Working knowledge of cognitive behavioral and
solution oriented approaches



Factors to Consider ...

Symptom severity
Readiness to change
Psychosocial stressors
Co-morbid condition
Patient preference

Cultural beliefs
Resources (i.e. childcare,
transportation)
Health beliefs (i.e.
perception of self-
control)



Framework for Brief Interventions in Primary Care

Good Assessment

Therapeutic Relationship

Grounded in Motivational Interviewing

Population based

Structured Advice (2 min)

Brief Counseling (10-20 min)

Brief episodes of care over time

Emphasis on self management



Key Components of Brief Interventions

Individualized Assessment

Collaborative Goal Setting

Skills Enhancement

Follow Up and Support

Promotion of self-efficacy

Access to Resources

Continuity of Coordinated Quality Clinical Care



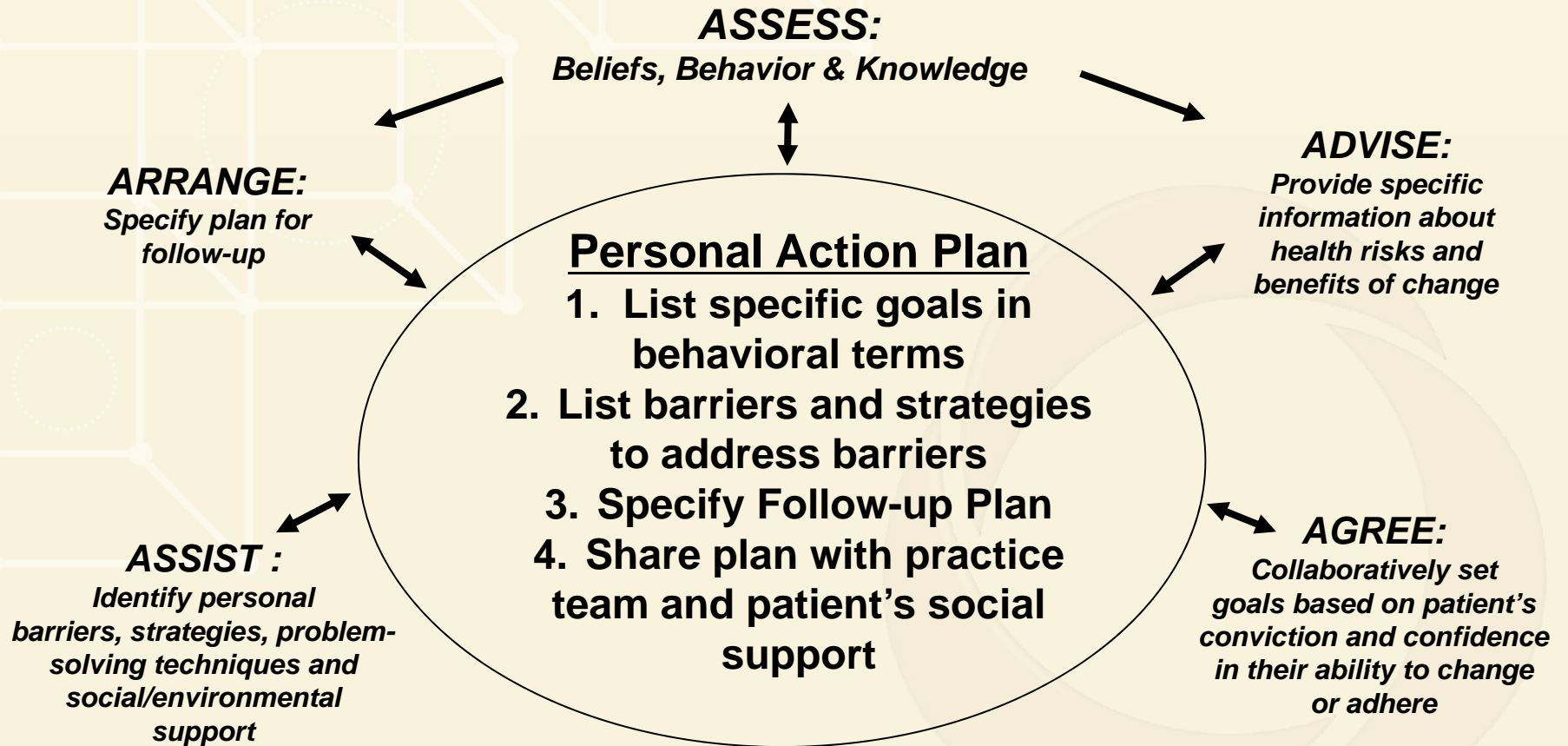
Motivational Interviewing: A Framework for Brief Interventions

The “5 A’s”

1. **Assess**
2. **Advise**
3. **Agree**
4. **Assist**
5. **Arrange**



5 A's and Self-Management



Glasgow RE, et al (2002) *Ann Beh Med* 24(2):80-87

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Effective Brief Interventions for Primary Care

Relaxation Skills

Cognitive Therapy
Strategies

Motivational Interviewing

Mindfulness Strategies

Behavioral Structure and
Hygiene

Goal Setting

Problem Solving Skills

Behavioral Activation

Stimulus Control

Communication Skills

Exercise

Solution Focused Strategies



WorkFlow

Co-location and Design

- Scheduling
- Brief Intervention

Programmatic Treatment

- Episodic Care

Co-management

Integrated Documentation

Regular, face to face verbal feedback



Clinical Practice Functionalities

Applies principles of population based care

Interdisciplinary knowledge

Rapid problem identification

Appropriate assessment

Emphasis on self management

Emphasis on functional outcomes



Clinical Practice Functionalities

Strategic use of appointments

Efficiency of clinical visits

Intermittent visit strategies

Appropriate use of specialty care

Appropriate use of community resources

Consultation and communication skills

Focus on referral concern



Sample Applications to Common Concerns in Primary Care

Depression, Diabetes, Anxiety and Substance Use



Depression

Behavioral Activation



Behavioral Activation

Increase patient engagement in activities that provide enjoyment and/or sense of accomplishment.

Behave first, Feel later “Outside-In”

Act according to plan or goal, not feeling



Behavioral Activation Steps

Rationale for patient behavior change

Select Activities that increase pleasure and sense of accomplishment

Review progress on goals

Reinforce positive behavior change

Reset goals as needed



Behavioral Activation in Primary Care

Step 1. Rationale.

Explain that when we feel down, we sometimes stop doing many activities that we used to like to do.

Step 2. Select activities that increase pleasure/enjoyment and/or sense of mastery/accomplishment.

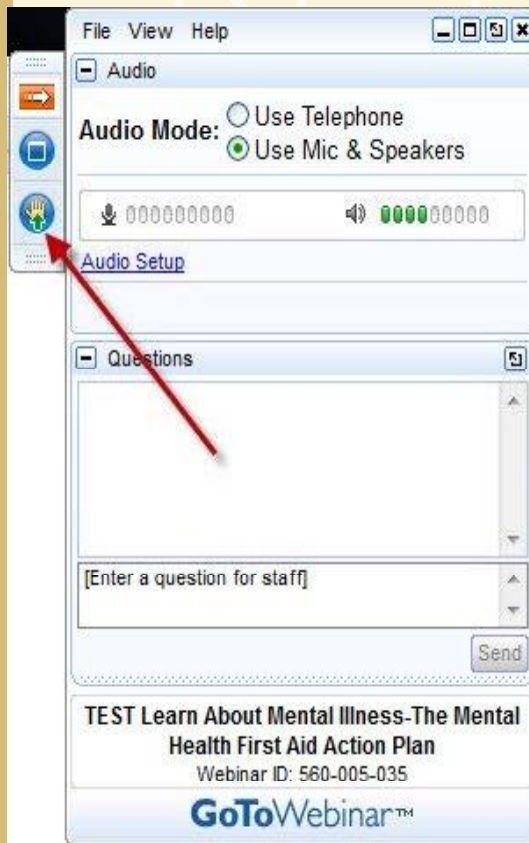
Ask the patient about activities they used to enjoy and any activities they already do but would like to do more often (e.g., exercise, talk to friends). You may want to ask if there is something that they need to do that they have been unable to do or avoiding.

Step 3. Review, Reinforce, Reset.

In follow up visits, the clinician reviews progress on goals, reinforces positive behavior, and resets goals as needed.



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Diabetes

Brief Intervention Targets, Problem Solving, and Active Self Management



5 Key Areas of Intervention to Improve Self-Management

(O'Donohue, Byrd, Cummings & Henderson, 2005)

Educational Information

Coping Skills

Social Support

Diet

Exercise



Self Management Skills

Problem solving

Decision making

Utilization of resources

Forming partnerships with healthcare providers

Taking action



Active Self Management

Collaboratively decide on goal

Ways to accomplish goal

Make a plan

Carry out plan

Check Results

Make Changes

Reward!



Successful Action Plan

1. Something PATIENT wants to do

Is it consistent with their values?

2. Reasonable

Can they accomplish this goal?

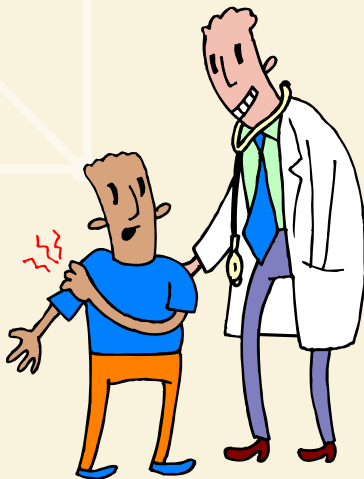
3. Behavior Specific

“No eating after dinner” instead of “Lose weight”



Matching Intervention to Stage

NOT READY:
Pre-contemplation
Contemplation



- Raise awareness
- Provide personalized information
- Indicate readiness to help
- Identify benefits of change
- Praise previous efforts



Matching Intervention to Stage

READY
Preparation
Action



- Increase confidence
- Develop action plan
- Problem-solve barriers
- Identify small steps taken
- Reward small changes made
- Encourage support networks



Action Planning: Starting the Conversation

Is there anything you have thought of that you might do to improve your health?

Can you think of what you would like to work on first?

What first step might you be able to take to help to improve your health?



Successful Action Plan

Answer Questions:

- What?
- How Much?
- When?
- How Often?

Confidence level?



Making the Plan: Problem Solving Skills

Stop and state the problem

Outline the problem

List possible solutions

View the pros and cons of each solution

Execute and evaluate your solution





What you can do to improve your health:



Limit sugared drinks. Limit the number of sugared drinks to 1 per week. Instead of soft drinks, sports drinks, sweetened tea, or sweetened Kool-Aid, drink flavored water, water with lemon, carbonated water or skim milk.



Limit "screen time". Limit the amount of time you spend watching TV, playing video games and working or playing on the computer to 2 or less hours per day.



Eat more fruits and vegetables. Increase the number of servings of fruit you eat to at least 2 servings per day. Increase the number of servings of vegetables you eat to at least 3 servings per day. Put strawberries, bananas or blueberries on your cereal. Try veggies and low fat dip instead of potato chips and dip. Eat fruit kabobs or frozen grapes for snacks. Add veggies to spaghetti sauce, soups and stews.



Increase physical activity. Engage in moderate activity for at least 60 minutes at least 5 days per week. Find fun things to do with your friends and family such as playing tag, taking hikes, dancing, bicycling or trying a new sport. Take the stairs instead of the elevator. Ask your parents to park in the farthest parking spot from the door when going shopping or to church so you can walk together. Wear a pedometer to measure the number of steps you walk and try to increase to 10,000 steps per day.

Choose a goal that you feel certain you can achieve. Start with something small and work up to larger goals. Goals need to be specific, measurable, within your control, and time limited. It is also nice to plan to reward yourself when the goal is reached.

My Goal is: _____

I will: _____

When? _____

I will do this first: _____

Roadblocks that might come up: _____

I will handle them by: _____

My reward will be: _____

Patient Handout



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I will: _____

When? _____

I will do this first: _____

Roadblocks that might come up: _____

I will handle them by: _____

My reward will be: _____



Anxiety

Relaxation Techniques for Body and Mind



Brief Relaxation Techniques

BREATHING : 2-Step breath - *Fill the bottom of your lungs first, then add the top as you breathe through your nose. Breathe out slowly. Feel the tension flowing out.*

TENSE-RELAX MUSCLES: *Tighten the muscle that you want to relax. Focus on and feel the tension where you have tightened. Now let the muscle become loose and limp. Feel the relaxation flow into the muscle.*

BODY SCAN: *With your mind briefly scan every muscle in your body from the tips of your toes to the top of your head. If you sense a tight muscle, just let it become limp and relaxed.*



Brief Relaxation Techniques

LIMP RAG DOLL: *Do the 2-step breath two times.*

With your mind imagine that you are a limp rag doll. Feel your mind and body become limp and relaxed.

MIND QUIETING: *To quiet your mind first, focus on your breathing. As you breathe in say slowly to yourself "I am" and as you breathe out, say slowly to yourself "calm". When your mind feels calm you may focus only on your breathing, with no thoughts at all.*

SHOULDERS, ARMS AND HANDS HEAVY AND WARM:
Put your mind into your shoulders, arms and hands - imagine and experience them becoming heavy, relaxed and warm.



Substance Abuse

Frames



FRAMES

F**eedback**: personalized information about risks based on assessment

R**esponsibility**: instill a sense of patient power and control

A**dvice**: psychoeducation; clear information about how reducing use will be beneficial



FRAMES

Menu of change options: choices reinforce patient's sense of responsibility

Empathy: offer warm and reflective understanding

Self-efficacy: encourage patient's confidence and elicit positive self statements



Sample Change Options

Keep substance use diary

Identifying high risk situations and strategies to avoid them

Identifying alternate activities

Identifying positive social supports

Providing self-help resources

Prepare a reduction plan



Brief

Brief Interventions (30 sec to 2 min)

- Validate experience and suffering
- Hand out of information and helpful strategies
- Deep breathing and relaxation
- Discuss a specific problem solving strategy
- Recommend an activity goal (social, physical)
- Suggest using a community resource
- Support patient's choice of a valued course of action



When to Refer

Failure to respond to intervention

Severe pathology and risk

Cognitive limitations

Unclear diagnosis with no access to behavioral support

Clinical judgment



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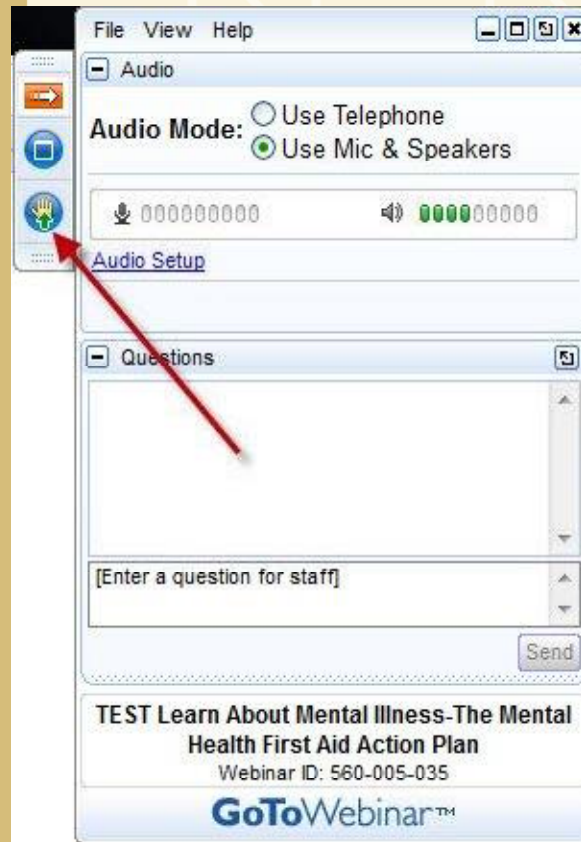


“If you treat an individual as he is, he will stay as he is, but if you treat him as if he were what he ought to be and could be, he will become what he ought to be and could be.”

--Johann Wolfgang Von Goethe

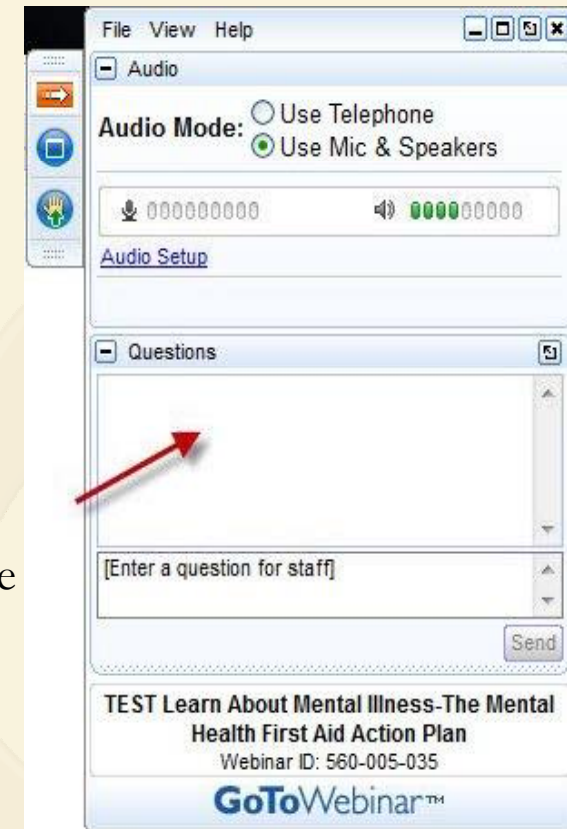


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