

Integrated Behavioral Healthcare

EDP383, unique # 10580
SZB 444; Monday 4-7:00 p.m.
Syllabus, Spring 2015

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Texts:

Hunter, C.L., Goodie, J.L., Oordt, M.S., & Dobmeyer, A.C. (2009). *Integrated behavioral health in primary care: Step-by-step guide for assessment and intervention*. Washington, D.C.: American Psychological Association.

Additional course readings and electronic versions will be available on the UT Canvas site for the course: **courses.utexas.edu**.

Unless otherwise specifically noted, assigned videos will be available at:
<http://community.edb.utexas.edu/ibhp>.

Course Goal: The goal of this course is to increase student's knowledge, skill, and ability to participate in integrated behavioral health care

Course Objectives:

1. Students will understand and articulate the rationale for IBH
2. Students will understand and list models of IBH in primary and specialty care.
3. Students will gain knowledge and exposure to policy, advocacy, legislative, and financial issues in IBH.
4. Students will be able to identify key clinical and professional competencies required for practice in IBH and articulate how these differ from traditional mental health practice.
5. Students will gain exposure to common behavioral and cognitive interventions in IBH.
6. Students will acquire knowledge about health disparities and the role of cultural and linguistic competence in IBH practice.
7. Students will acquire knowledge and exposure to family-centered collaborative care.
8. *Students will gain in depth knowledge about a single common child/adolescent behavioral health concern and IBH-compatible interventions.*
9. Students will gain experience in inter-professional education & collaboration.
10. Students will gain exposure to several IBH sites.

Course Topic Outline

Jan. 26	Integrated Behavioral Healthcare Course Overview
Feb. 1	IBH: What is it? Why is it important? Delivery models?
Feb. 9	Primary Care IBH
Feb. 16	Specialty Care IBH
Feb. 23	Serious Mental Illness & Dual Diagnosis & IBH
Mar 2	The Big Picture: Financial Issues in ACA, Health Care Reform, & FQHCs
Mar 9	The Big Picture: Training, Advocacy & Legislative Issues
Mar 16	Spring Break
Mar 23	IBH Skills: Overview & Interprofessional Collaboration
Mar 30	IBH Skills: Motivational Interviewing (Mary Velasquez, PhD)
April 6	IBH Skills: Culturally & Linguistically Responsive Care *
April 13	IBH Skills: Family centered collaborative care & medical family therapy
April 20	Broadening the Lens: IBH & Schools
April 27	Broadening the Lens: Mental Health Policy & Evaluation
May 4	Student Poster Presentations

Course Reading Assignments

Feb. 1 IBH: What is it? Why is it important? Delivery models

Read: Hunter text. Introduction

Blount, A. (2003). Integrated primary care: Organizing the evidence. *Families, Systems, and Health*, 21, 122-133.

Miller, B. F., Petterson, S., Burke, B.T., Phillips Jr., R. L., Green, L. A, (2014) Colocating behavioral health and primary care and the prospects for an integrated workforce. *American Psychologist*, 69 (4), 443-451.

Connecting Body and Mind: A resource Guide to Integrated Health Care in Texas and the United States. Hogg Foundation for Mental Health. Available from: www.hogg.utexas.edu/programs_ihc.html.

View video: Martinez, O. "Integrated care: Why do it? What is it? Models of Practice." Available at: <http://community.edb.utexas.edu/ibhp>

Check out: www.integration.samhsa.gov/integrated-care-models

Feb. 9: Primary Care IBH

Read: Hunter text: Chapters 1-3

McDaniel, S.H., & Degruy, F. V. (2014). An introduction to primary care and psychology, *American Psychologist*, 69 (4), 325-331.

Feb. 16: Specialty Care IBH

Bronheim, H.E., Fulop, G., Kunkel, E.J., Muskin, P.R., Schindler, B.A., Yates, W.R., Shaw, R., Steiner, H., Stern, T.A., & Stoudemire, A. (1998). Practice guidelines for psychiatric consultation in the general medical setting. *Psychosomatics*, 39(4), S8-30.

Fix, G.M., Asch, S.M., Saifu, H.N., Fletcher, M.D., Gifford, A.L., Bokhour, B.G. (2014). Delivering PACT-Principled Care: Are Specialty Care Patients Being Left Behind? *Journal of General Internal Medicine*, 29(2), 695-702.

(additional readings TBD)

Feb. 23: SMI, co-occurring disorders, and chronic conditions

Chadwick, A., Street, C., McAndrew, S. and Deacon, M. (2012), Minding our own bodies: Reviewing the literature regarding the perceptions of service users diagnosed with serious mental illness on barriers to accessing physical health care. *International Journal of Mental Health Nursing*, 21, 211–219.

Chan, Y., Huang, H., Bradley, K., Unützer, J. (2014). Referral for substance abuse treatment and depression improvement among patients with co-occurring disorders seeking behavioral health services in primary care. *Journal of Substance Abuse Treatment*, 46(2), 106–112.

Willenbring, M. L. (2005). Integrating care for patients with infectious, psychiatric, and substance use disorders: concepts and approaches. *AIDS*, 19 (suppl 3), S227–S237.

March 3: Financial Issues in ACA, Health Care Reform & FQHCs

Mechanic, D. (2012). Seizing opportunities under the Affordable Care Act for transforming the mental and behavioral health system. *Health Affairs*, 31(2), 376-382.

View videotape: Sekel, A. "The Behavioral Healthcare System: Current Challenges and Future Directions" Available at: <http://community.edb.utexas.edu/ibhp>

Martinez, O. (2011). "Financing integrated health care nationally and in Texas." Available from: <http://www.hogg.utexas.edu/resources/webinars.html>.

March 9: Training, Advocacy, & Legislative Issues

Review: A Guide to understanding mental health systems and services in Texas, 2nd ed. Hogg Foundation for Mental Health. Available from: www.hogg.utexas.edu

In the *Texas Psychologist* (2013), 65(3): Hall, C. L. The physical definition bill: Why pursue it? (8-10); Walker, C. R. & Wortz, K. Opportunities and challenges for psychologists in integrated care (11-14); Wortz, K. & Walker, C. R. All in the family: The behavioral science role (14-17)

March 23: Overview of IBH Skills, Roles & Competencies/Interprofessional Collaboration

"Tips for Surviving and Thriving in Primary Care." Excerpted from: Strosahl, K. (1996). Confessions of a behavior therapist in primary care: The odyssey and the ecstasy. *Cognitive and Behavioral Practice*, 8, 1-28. (On Canvas.)

Hodges, B., Inch, C., & Silver, I. (2001). Improving the psychiatric knowledge, skills, and attitudes of primary care physicians, 1950–2000: A review. *The American Journal of Psychiatry*, 158(10), 1579-1586.

Nash, J.M., Masters, K., McKay, K., Vogel, M. (2012). Functional roles and foundational characteristics of psychologists integrated primary care. *Journal of Clinical Psychology in Medical Settings*. 19:103-104.

Dobmeyer, A., Rowan, A., Etherage, J., & Wilson, R. (2003). Training Psychology Interns in Primary Behavioral Health Care. *Professional Psychology: Research and Practice*, 34.

View: "Integrated behavioral healthcare: The role of psychology". Parinda Khatri, Cherokee Health Systems. Available at: <http://community.edb.utexas.edu/ibhp>

March 30: Motivational Interviewing

Miller, W. R., & Rose, G. S. (2009). *Toward a theory of motivational interviewing*. *American Psychologist*, 64(6)527-537.

Additional readings TBD

April 6: Culturally Responsive Care

Hunter Textbook: Chapter 4

Alvarez, K., Marroquin, Y.A., Sandoval, L., & Carlson, C.I. (2014). Integrated health care best practices and culturally and linguistically competent care: Practitioner perspectives [Special Issue]. *Journal of Mental Health Counseling*, 36(2), 99-114.

Sanchez, K., Chapa, T., Ybarra, R., & Martinez, O. N. (2012). *Enhancing the delivery of health care: Eliminating health disparities through a culturally and linguistically centered integrated health care approach*. U.S. Department of Health and Human Services, Office of Minority Health and the Hogg Foundation for Mental Health.

Office of Minority Health. (2012). *National Standards on Culturally and Linguistically Appropriate Services (CLAS)*. (On Canvas.)

April 13: Family Centered Care

Rolland, J.S. (2012). Mastering family challenges in serious illness and disability. In F. Walsh (Ed.), *Normal family processes: Diversity and complexity* (pp. 452-482). New York, NY: The Guilford Press.

Keitner, G., Heru, A., & Glick, I. (2010). Chapter 2: Healthy family functioning. In *Clinical manual of couples and family therapy*. American Psychiatric Publishing, Inc.

Alvarez, K., Walsh, E., Valentine, C., Smith, C., & Carlson, C.I. (2013). Emerging areas of systems expertise for family psychologists in in Federally Qualified Health Centers. *Couple and Family Psychology: Research and Practice*, 2(3), 192-208.

April 20: IBH and Schools

Readings TBD

April 27: Mental Health Policy & Evaluation

Peek, C. J., Cohen, D.J., Johnson, S. B. (2014). Research and evaluation in the transformation of primary care. *American Psychologist*, 69 (4), 430-451.

Overview of Course Assignments & Grading

Overview	Value	Due date
Report on IBH Legislative/Policy/Advocacy/Research Experience	20	5/4 (final date)
Briefing on IBH Legislative/Policy/Advocacy/Research Topic	30	3/23
IBH Special Project	50	5/4
Total	100	

Note: Assignments may be completed individually or as a team/group.

Grading:

A (Excellent) will be given for outstanding achievement in written work and class contributions. A student who earns an A shows consistent initiative, originality, and comprehension as evidenced by a total course point value on assignments of 94-100; A-=90-93.

B (Above Average) will be given for written work which is of good quality, but which is either not outstanding in the above characteristics or contains some errors of comprehension as evidenced by a total course point value of 80-89. (B+=87-89; B- = 80-82)

C (Average) will be given for written work that is of marginal quality for graduate students and/or shows significant errors of comprehension evidenced by a total course point value on assignments below 80.

Course Policies:

All assignments: Written assignments should be typed and double-spaced.

Late assignments: Assignments are due in class on the date noted. Late assignments will lose one point per day of total (including 2 points for the weekend). Assignments turned in on the due date, but later in the day following class, will be docked one point. Only in exceptional circumstances, and with consent of the instructor prior to the due date, will this policy be waived.

Special accommodations: The University of Texas at Austin provides, upon appropriate request, academic accommodations for qualified students with disabilities. For more information, contact the Office of the Dean of Students at 471-6259, 471-4641. Please provide documentation to the instructor if special accommodations are necessary for the completion of assignments.

Class attendance: Class attendance is not required but is strongly encouraged. Information critical to the understanding of the assigned readings and completion of assignments will be presented. Students who miss class should expect neither the instructor nor the TA to provide class information to them at another time.

Religious holidays: The University of Texas at Austin has a clear policy regarding respect for students' observance of religious holidays. Students may not be penalized for a class absence, or failure to turn in an assignment due in class, that is related to the observance of a religious holiday. Please inform the instructor if this will apply to you two weeks in advance of class.

Description of Course Assignments

Assignment #1: Report on IBH Legislative/Policy/Advocacy/Practice/Research Experience

Goal: To become familiar with local healthcare issues/research/opportunities. (20 pts)

Directions: Identify a local, regional, or state opportunity to engage in a health care policy discussion, professional advocacy, scholarship, etc. You are to attend the experience and provide a brief report on the experience, what you learned, and whether and how the topic of integrated health was discussed. Please provide a brief discussion of your experience in the context of what you are learning in the course.

Reports should be no more than four typed, double-spaced pages. Students may be asked to provide classmates with a brief oral report on their experience.

Due date: As the timing of experience opportunities will vary, this assignment is not 'officially' due until the last day of class. Students, however, are encouraged to complete their report soon after their experience.

Please note: A list of spring 2015 opportunities will be provided; however, students are not limited to this list.

Assignment #2: IBH Legislative/Policy/Advocacy/Research Briefing (30 pts)

Goal: To research a topic that is of individual interest and represents a significant research/policy/legislative/practice/advocacy issue in IBH and to share this information with the class in a concise manner.

Write a policy or research brief (approximately 4-5 pages double spaced, not including references) on a policy issue relevant to integrated behavioral health.

Imagine your audience is a legislator, the administrator of a health care organization providing or interested in providing integrated primary care services, a 'think tank' that is deciding their research priorities for the upcoming year, and they have requested to be briefed on this issue. Your policy brief or research brief should include a summary of the issue, relevance to IBH, and recommendations for the intended audience. References should be included. A policy or research brief is somewhat like an executive summary. All the information is provided but in a very concise, readable manner.

Due date: March 23

Assignment #3: IBH Special Project/Poster Session**50 pts**

Goal: To apply knowledge to a research or practice topic that is of student interest and will be of value to you in your career.

Directions: Choose either a research topic or a practice topic that is not only relevant to the scope of the course but also of relevant to you in your career preparation. Special topics will be presented in the form of a scholarly poster fair on the final day of class.

Option A: Health Care Problem Toolkit

The health care problem toolkit commonly includes hands-on, evidence-based, practical information about a particular disorder or problem, including practice guidelines, fact sheets, assessment inventories, individual/group/family protocols, and reference lists. In this assignment, the student will select a common childhood, adolescent, or adult behavioral health problem in primary/pediatric care, develop a toolkit for that problem, and present their findings to the class.

The assignment should be similar in structure to Chapters 5-16 in your text, and discuss the following:

- Definition of the behavioral health problem and prevalence in primary care
- Overview of evidence-based treatment within mental health
- Role of Behavioral Health Consultants in treatment of the problem
- Primary/Pediatric/Specialty care adaptation of evidence based treatment using the following approach: Assessment (Assess), Feedback (Advise), Contract for Treatment (Agree), Conduct Intervention (Assist), Follow-Up (Arrange)

If you select a health care problem and population for which a toolkit already exists, then your task will be to evaluate the adequacy of the toolkit for various populations and IBH settings.

Option B: IBH Research

In this option, the student will select a relevant research topic and propose a study that will address the 'next step' needed. This assignment should include the following:

- Background and scope of the problem
- Overview of previous research and outcomes
- Statement of the research question to be answered
- Proposed (or actual) methods
- Results (if relevant)
- Implications

Due date: May 4

