

INTEGRATED BEHAVIORAL HEALTH

Spring 2017

EDP 384C, #10997

SZB 444, Wednesday 1:00 p.m. - 4:00 p.m.

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Office hours: Wednesday mornings by appointment

Course Goals:

1. Acquire knowledge of foundational issues in integrated care including the rationale for integrating healthcare, models and systems of integrated care, financing issues, and healthcare policy as it applies to integrated care.
2. Develop an increased understanding of the unique ethical issues encountered when practicing psychology in an integrated care setting.
3. Increase knowledge of evidence-based brief intervention techniques relevant to integrated care settings including behavioral activation, motivational interviewing, and acceptance and commitment therapy, and increase clinical skills in brief intervention and consultation using these models.
4. Develop skills in interprofessional collaboration, communication, and consultation.
5. Increase knowledge of cultural diversity, health disparities, and culturally responsive care in health care settings.
6. Develop increased understanding of mind-body-environment interactions.
7. Practice skills in brief, effective communication.
8. Reflect on own beliefs, values, and biases as they relate to healthcare and the practice of psychology in healthcare settings.

Course Requirements

1. Interprofessional interview assignment
2. Final learning project
3. Implicit bias test
4. Health behavior/self care experiential activity
5. Class attendance and full engagement in class activities and discussions

Special Accommodations: Students who require special accommodations are encouraged to notify the instructor early and provide appropriate documentation from the Office of Student Disabilities.

Course Assignment Descriptions

1) Interprofessional Interview (Due 2/22/17)

Each student is required to conduct an interview with a professional from a health discipline other than psychology (e.g. physician, psychiatrist, nurse practitioner, social worker, physical therapist, dietitian, registered nurse, peer educator, etc.). Please use the interprofessional interview script (available on Canvas) as a guide; however, you are encouraged to ask any additional questions you would like and to allow the conversation to flow naturally. It is not necessary to record or transcribe the interview, but please take adequate notes in order to be able to share and discuss in class.

Please hand in a brief summary (1-2 pages) of what you learned from the interview.

2) Final Project (Due 5/3/17)

Each student is required to complete a final project for the course focused on some aspect of integrated care practice, policy, financing, or research. The format and specific topic for these projects is open; the only strict requirement is that the project involve integrated care practice/settings. Final projects should be turned in as a brief paper (6-10 pages). As a class, we will decide how we want to share these projects with classmates.

Examples of possible final projects could include:

- A research proposal for an evaluation of a behavioral health intervention in a medical setting.
- A policy brief outlining a problem, current relevant policy, and proposed policy solutions.
- A session-by-session outline of a proposed intervention for a specific mental/behavioral health concern in a medical setting (e.g. resilience building intervention for children with chronic medical condition; brief parenting intervention for primary care; stress management for patients being titrated off anxiolytic medications).

Throughout the class, students will have opportunities to discuss their final project ideas as a group and with the instructor to ensure that everyone identifies a topic in a timely manner. **The primary purpose of this project is for you to learn about and explore something that interests you and will enrich your practice or research.**

3) Implicit Association Test (Due 2/15/17)

In preparation for the class on health disparities and culturally responsive care, students are asked to take at least one implicit association test, offered through Project Implicit (<https://implicit.harvard.edu/implicit/takeatest.html>). You are free to take any test that

you would like. **You will not be expected to turn anything in, discuss which test you took, or share the results in any way.**

4) Health Behavior/Self Care Experiential Activity

In order to provide in-vivo, realistic practice discussing health behaviors and behavior change, students will be paired off to serve as supportive partners throughout the duration of the class. Each partner will select one health or self-care behavior that they are willing to discuss in class and that they either would like to change or are in the process of working on (e.g. exercising, meditating, a diet change, caffeine use, sleep, etc.). You are not expected to work on this behavior any more actively than you would have without the assignment, or to track it in any way (unless you'd like to). The principal purpose of this assignment is to give your partner practice using the skills we learn in class to talk about the behavior.

5) Class Attendance

Students are expected to attend class. Class absences should be discussed in advance with the instructor.

Grades

Course grades will be based on:

- Class attendance and participation (40%)
- Interprofessional Interview (20%)
- Final Project (40%)

Grading Guidelines:

A: 93-100	B+: 87-89	C+: 77-79
A-: 90-92	B: 83-86	C: 73-76
	B-: 80-82	C-: 70-72

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 93-100; A-=90-92.

B (Above Average) will be given for 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 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.

Overview of Course Schedule

Jan 18	Week 1: Course Overview and Introduction
Jan 25	Week 2: Rationale and Overview of Integrated Care
Feb 1	Week 3: Models and Financing of Integrated Care
Feb 8	Week 4: Roles, Competencies, and Ethical Considerations
Feb 15	Week 5: Health Disparities and Culturally Responsive Integrated Care
Feb 22	Week 6: Interprofessional Collaboration and Consultation
Mar 1	Week 7: Research, Program Evaluation, and Leadership
Mar 8	Week 8: Screening, Functional Assessment, and SBIRT
Mar 15	Week 9: No Class: Spring Break
Mar 22	Week 10: Brief Intervention Fundamentals
Mar 29	Week 11: Motivational Interviewing
Apr 5	Week 12: Acceptance and Commitment Therapy
Apr 12	Week 13: Behavioral Activation
Apr 19	Week 14: Pain, Functional Syndromes, and Mind-Body Interventions
April 26	Week 15: Trauma Informed Integrated Care
May 3	Week 15: Last Class Day: Wrap Up and Sharing of Final Projects

Class Schedule and Readings

Week 1: January 18 – Introduction

No required reading

Week 2: January 25 – Rationale and Overview

Required Readings:

American Hospital Association (2014). *Integrating behavioral health across the continuum of care*. Chicago, IL: Health Research & Educational Trust. (*pp. 5-15)

Blount, A. (2003). Integrated primary care: Organizing the evidence. *Family, Systems, & Health*, 21(2), 121-133.

Week 3: February 1 – Models and Financing

Required Reading:

Hubley, S. H. & Miller, B. F. (2016). Implications of healthcare payment reform for clinical psychologists in medical settings. *Journal of Clinical Psychology in Medical Settings*, 23, 3-10.

Choose (One or Both):

Adult Focused: Gerrity, M. (2014). *Integrating primary care into behavioral health settings: What works for individuals with serious mental illness (Executive Summary)*. New York, NY: Millbank Memorial Fund.

Pediatric Focused: Kaplan-Sanoff, M. & Briggs, R. D. (2016). Healthy Steps for Young Children: Integrating behavioral health into primary care for young children and their families. In R.D. Briggs (Ed.), *Integrated early childhood behavioral health in primary care: A guide to implementation and evaluation*. Switzerland: Springer International Publishing.

Additional (Non-required) Readings:

Chadwick, A., Street, C., McAndrew, S., & 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.

Week 4: February 8 – Roles, Competencies, and Ethical Considerations

Required Readings:

Hudgins, C., Rose, S., Fifield, P. Y., & Arnault, S. (2013). Navigating the legal and ethical foundations of informed consent and confidentiality in integrated primary care. *Families, Systems & Health*, 31(1), 9-19.

Marlowe, D., & Hodgson, J. (2014). Competencies of process: Toward a relational framework for integrated care. *Contemporary Family Therapy*, 36(1), 162-171.

Additional Resources:

American Psychological Association. (2015). Competencies for Psychology Practice in Primary Care. Retrieved from <http://www.apa.org/ed/resources/competencies->

[practice.pdf](#).

Haley, W. E., McDaniel, S. H., Bray, J. H., Frank, R. G., Heldring, M., Johnson, S. B., ... & Wiggins, J. G. (1998). Psychological practice in primary care settings: Practical tips for clinicians. *Professional Psychology: Research and Practice*, 29(3), 237.

Kaslow, N. J., Dunn, S. E., & Smith, C. O. (2008). Competencies for psychologists in academic health centers (AHCs). *Journal of Clinical Psychology in Medical Settings*, 15(1), 18-27.

Week 5: February 15 – Health Disparities & Culturally Responsive Integrated Care

Assignment Due Before Class:

Implicit Association Test (for your own knowledge and reflection, not to be turned in)

Required Reading:

Ard K. L., & Makadon, H.J. (2012). *Improving the health care of lesbian, gay, bisexual, and transgender (LGBT) people: Understanding and eliminating health disparities*. Boston, MA: The Fenway Institute.

Belgrave, F. Z. & Abrams, J. A. (2016). Reducing disparities and achieving equity in African American women's health. *American Psychologist*, 71(8), 723-733.

Holden, K., McGregor, B., Thandi, P., Fresh, E., Sheats, K., Belton, A., ... & Satcher, D. (2014). Toward culturally centered integrative care for addressing mental health disparities among ethnic minorities. *Psychological Services*, 11(4), 357.

Additional (Non-required) Reading and Resources:

Zestcott, C. A., Blair, I. V., & Stone, J. (2016). Examining the presence, consequences, and reduction of implicit bias in health care: A narrative review. *Group Processes & Intergroup Relations*, 19(4), 528–542.

National LGBT Health Education Center publications:
<http://www.lgbthealtheducation.org/lgbt-education/publications/>

Week 6: February 22 – Interprofessional Collaboration and Consultation

Assignment Due:

Interprofessional Interview (turn in and be ready to discuss in class)

Required Reading:

Searight, H.R. (2010). Chapter 3: The culture of primary care and your physician colleagues (pp. 24-43). In *Practicing Psychology in Primary Care*. Cambridge: Hogrefe Publishing.

Additional (Non-required) Reading and Resources:

Interprofessional Education Collaborative. (2016). *Core competencies for interprofessional collaborative practice: 2016 update*. Washington, DC: Interprofessional Education Collaborative.

Suter, E., Arndt, J., Arthur, N., Parboosingh, J., Taylor, E., & Deutschlander, S. (2009). Role understanding and effective communication as core competencies for collaborative practice. *Journal of Interprofessional Care*, 23(1), 41-51.

Week 7: March 1 – Research, Program Evaluation, and Leadership

Assignment Due:

List of ideas/questions for final project, to be discussed in class

Required Reading:

Mendenhall, T. J., & Ballard, J. E. (2014). Including the family in research evaluating integrated care: A call for expanding investigators' scope beyond single-person measures. *Families, Systems & Health*, 32(3), 291.

Talen, M. R. & Valeras, A. B. (2013). The state of the evidence for integrated behavioral health in primary care (excerpts, pp. 81-91). In *Integrated behavioral health in primary care: Evaluating the evidence, identifying the essentials*. New York: Springer.

Additional (Non-required) Reading:

Miller, B. F., Kessler, R., Peek, C. J., & Kallenberg, G. A. (2011). *A National Agenda for Research in Collaborative Care: Papers From the Collaborative Care Research Network Research Development Conference*. AHRQ Publication No. 11-0067. Rockville, MD: Agency for Healthcare Research and Quality. (*pp. 3-6, 10-14, 18-22).

Week 8: March 8 – Screening, Functional Assessment, and SBIRT

Required Reading:

Hunter, C. L., Goodie, J. L., Oordt, M.S. & Dobmeyer, A.C. (2010). Chapter 2: Conducting the initial consultation appointment (pp. 21-29). In *Integrated Behavioral Health in Primary Care: Step-by-Step Guidance for Assessment and Intervention*. Washington, D.C.: American Psychological Association.

Kearney, L. K., Wray, L. O., Dollar, K. M., & King, P. R. (2015). Establishing measurement-based care in integrated primary care: Monitoring clinical outcomes over time. *Journal of Clinical Psychology in Medical Settings*, 22(4), 213-227.

Additional (Non-required) Reading and Resources:

American Academy of Pediatrics (2012). Mental health screening and assessment tools for primary care. From *Addressing Mental Health in Primary Care: A Clinician's Toolkit*. Accessed at: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf

Moyer, V. A. (2013). Screening and behavioral counseling interventions in primary care to reduce alcohol misuse: US preventive services task force recommendation statement. *Annals of Internal Medicine*, 159(3), 210-218.

Talen, M. R., Baumer, J. G., & Mann, M. M. (2013). Chapter 12: Screening measures in integrated behavioral health and primary care settings (pp. 239-265). In *Integrated behavioral health in primary care: Evaluating the evidence, identifying the essentials*. New York: Springer.

SAMHSA-HRSA Center for Integrated Health Solutions: Screening Tools. Available at: <http://www.integration.samhsa.gov/clinical-practice/screening-tools>

Week 9: March 15 – Spring Break

No Class

Week 10: March 22 – Brief Intervention Fundamentals

Required Reading:

Gee, D., Mildred, H., Brann, P., & Taylor, M. (2015). Brief intervention: a promising framework for child and youth mental health? *Administration and Policy in Mental Health and Mental Health Services Research*, 42(2), 121-125.

Norcross, J. C., & Wampold, B. E. (2011). Evidence-based therapy relationships: research conclusions and clinical practices. *Psychotherapy*, 48(1), 98-102.

Required Reading (Skim; Useful Worksheets and Lists):

Hunter, C. L., Goodie, J. L., Oordt, M.S. & Dobmeyer, A.C. (2010). Chapter 3: Common behavioral and cognitive interventions in primary care: Moving out of the specialty mental health clinic (pp. 31-53). In *Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention*. Washington, D.C.: American Psychological Association.

Additional (Non-required) Readings:

Berkovits, M. D., O'Brien, K. A., Carter, C. G., & Eyberg, S. M. (2010). Early identification and intervention for behavior problems in primary care: A comparison of two abbreviated versions of parent-child interaction therapy. *Behavior Therapy*, 41(3), 375-387.

Bridges, A. J., Gregus, S. J., Rodriguez, J. H., Andrews III, A. R., Villalobos, B. T., Pastrana, F. A., & Cavell, T. A. (2015). Diagnoses, intervention strategies, and rates of functional improvement in integrated behavioral health care patients. *Journal of Consulting and Clinical Psychology*, 83(3), 590.

Shepardson, R. L., Funderburk, J. S., & Weisberg, R. B. (2016). Adapting evidence-based, cognitive-behavioral interventions for anxiety for use with adults in integrated primary care settings. *Families, Systems & Health*, 34(2), 114.

Week 11: March 29 – Motivational Interviewing

Required Reading:

Center for Substance Abuse Treatment (1999). Chapter 3: Motivational Interviewing as a counseling style (pp. 39-56). In *Enhancing motivation for change in substance abuse treatment*. Treatment Improvement Protocol (TIP) Series, No. 35. HHS Publication No. (SMA) 12-4212. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Week 12: April 5 – Acceptance and Commitment Therapy

Required Reading:

Robinson, P. J., Gould, D. A., & Strosahl, K. D. (2010). *Real behavior change in primary care: Improving patient outcomes and increasing job satisfaction*. Oakland: New Harbinger. (**Chapters 1 & 3)

Week 13: April 12 – Behavioral Activation

Required Reading:

Balán, I. C., Lejuez, C. W., Hoffer, M., & Blanco, C. (2016). Integrating motivational interviewing and brief behavioral activation therapy: Theoretical and practical considerations. *Cognitive and Behavioral Practice*, 23(2), 205-220.

Week 14: April 19 – Pain, Functional Syndromes, and Mind-Body Interventions

Required Reading:

Buchman, D. Z., Ho, A., & Goldberg, D. S. (2016). Investigating trust, expertise, and epistemic injustice in chronic pain. *Journal of Bioethical Inquiry*, 1-12.

Hunter, C. L., Goodie, J. L., Oordt, M.S. & Dobmeyer, A.C. (2010). Chapter 11: Pain disorders (pp. 171-181). In *Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention*. Washington, D.C.: American Psychological Association.

Week 15: April 26 – Trauma Informed Integrated Care

Required Reading:

Murphy, A., Steele, H., Steele, M., Allman, B., Kastner, T., & Dube, S. R. (2016). Chapter 2: The Clinical Adverse Childhood Experiences (ACEs) Questionnaire: Implications for trauma-informed behavioral healthcare. In R. D. Briggs (ed.) *Integrated early childhood behavioral health in primary care: A guide to implementation and evaluation*. Switzerland: Springer International Publishing.

White, A., Danis, M., & Gillece, J. (2016). Abuse survivor perspectives on trauma inquiry in obstetrical practice. *Archives of Women's Mental Health*, 19(2), 423-427.

Week 16: May 3 – Summary and Sharing/Presentation of Final Assignments

Assignment Due: Final Project

University Notices and Policies

University of Texas Honor Code. “The core values of The University of Texas at Austin are learning, discovery, freedom, leadership, individual opportunity, and responsibility. Each member of the university is expected to uphold these values through integrity, honesty, trust, fairness, and respect toward peers and community.”

Use of E-Mail for Official Correspondence to Students. Email is recognized as an official mode of university correspondence; therefore, you are responsible for reading your email for university and course-related information and announcements. You are responsible to keep the university informed about changes to your e-mail address. You should check your e-mail regularly to stay current with university-related communications, some of which may be time-critical.

Policy for students with documented disabilities. Students with disabilities may request appropriate academic accommodations from the Division of Diversity and Community Engagement, Services for Students with Disabilities, (512) 471-6259. If you require special accommodations, please provide me with a letter at the start of the semester from the Services for Students with Disabilities office with a description of the requested accommodations.

Religious Holidays. By UT Austin policy, you must notify me of your pending absence at least fourteen days prior to the date of observance of a religious holy day. If you must miss class, an examination, a work assignment, or a project in order to observe a religious holy day, you will be given an opportunity to complete the missed work within a reasonable time after the absence.

Emergency Evacuation Policy. Occupants of buildings on the UT Austin campus are required to evacuate and assemble outside when a fire alarm is activated or an announcement is made. Please be aware of the following policies regarding evacuation:

- Familiarize yourself with all exit doors of the classroom and the building. Remember that the nearest exit door may not be the one you used when you entered the building.
- If you require assistance to evacuate, inform me in writing during the first week of class.
- In the event of an evacuation, follow my instructions or those of class instructors.
- Do not re-enter a building unless you're given instructions by the Austin Fire Department, the UT Austin Police Department, or the Fire Prevention Services office.

Carrying of Handguns. Students in this class should be aware of the following university policies:

- Individuals who hold a license to carry are eligible to carry a concealed handgun on campus, including in most outdoor areas, buildings and spaces that are accessible to the public, and in classrooms.

- It is the responsibility of concealed-carry license holders to carry their handguns on or about their person at all times while on campus. Open carry is NOT permitted, meaning that a license holder may not carry a partially or wholly visible handgun on campus premises or on any university driveway, street, sidewalk or walkway, parking lot, parking garage, or other parking area.
- Please also review the following university policies regarding campus carry:
 - Overview: <https://utexas.app.box.com/v/cc-info-sheet-students>
 - Full Policy: <https://www.policies.utexas.edu/policies/campus-concealed-carry>

Resources for Learning & Life at UT Austin. The University of Texas has numerous resources for students to provide assistance and support for your learning:

- Sanger Learning and Career Center: <http://lifelearning.utexas.edu/>
- Counseling & Mental Health Center: <http://cmhc.utexas.edu/>
- Student Emergency Services: <http://deanofstudents.utexas.edu/emergency/>