



**San Diego American Indian  
Health Center**

**BEHAVIORAL HEALTH + MEDICAL =  
The Imbedded Therapist**

**WHY IT CAN WORK**

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# CHRONIC CARE/CO-MORBIDITY: DIABETES, OBESITY AND DEPRESSION

## MY EXPERIENCE:

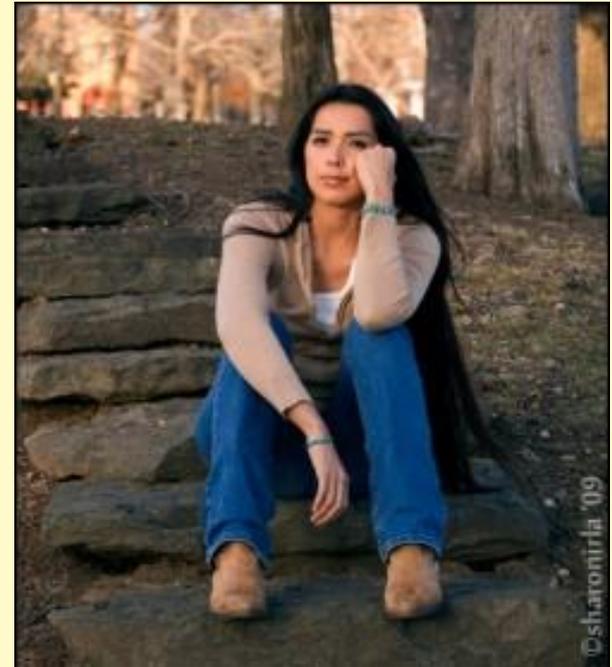
- ❖ Native patients do care About having diabetes;
- ❖ Some have “fatalistic” Thinking
- ❖ Everyone in my family has it ;It doesn't matter what I do anyway
- ❖ Some patients think they “catch” diabetes



# THE CHALLENGES OF PREVENTION:

## My Observations:

- ❖ Not having an understanding of what prevention really is
- ❖ No longer a social stigma with obesity
- ❖ Obesity is “normal” in my family
- ❖ Obesity is acceptable in the community



# WHEN OBESITY LEADS TO DIABETES:

## Patients May Feel:

- ❖ Overwhelmed at first
- ❖ Hopeless, helpless
- ❖ Self-esteem is affected
- ❖ If not present already, onset of depression
- ❖ Resignation; I don't even care anymore



# OBSERVATIONS IN PRACTICE:

- ❖ Patients more concerned about diabetes than obesity
- ❖ Sometimes a disconnect between the two
- ❖ Some patients do understand the relationship between obesity and diabetes; More concerned about “sugar levels” than about losing weight



# WHEN A PATIENTS IS NOT MANAGING THEIR “SUGAR LEVELS”:

## Possible feelings/behaviors:

- ❖ Unmanaged sugar = shame, depression
- ❖ Feel too ashamed to face the doctor
- ❖ “I don’t want the nutritionist to yell at me”
- ❖ Self-care can become erratic; often related to levels of depression
- ❖ Self-medication w/ETOH (or other substance abuse)



# CULTURAL CHALLENGES:

- ❖ Many Native functions traditionally serve food
- ❖ Food is traditionally high in carbohydrates
- ❖ It is disrespectful to not share a meal
- ❖ Continuing stigma of seeking MH Tx
- ❖ Some patients are too depressed to seek Tx



# WHY THIS MODEL CAN WORK:

While the Therapist is “imbedded in Medical”:

- ❖ PCP look for a “window of opportunity”
- ❖ If the patient is receptive to see the therapist: strike while the iron is hot!
- ❖ Importance of timing:
  - ❖ There is a higher chance pt. may consider follow-up BH if the PCP introduces them to the therapist
  - ❖ Initial contact is critical; pt sees he is cared for by a “team”

# THIS INTRODUCTION IS IMPORTANT:



- ❖ To please their PCP, many “well meaning” pts will say “yes doctor, I will make a Behavioral Health appt.” and then don’t.
- ❖ By having a positive introduction to the Therapist by the PCP, the patient is more likely to follow-up

# CULTURAL COMPETENCE:

## Having a Native Therapist helps:

- ❖ Helps reduce the stigma of getting mental health treatment
- ❖ A Native clinician helps with trust issues;
- ❖ Most Natives need to feel some trust; without this, no therapeutic relationship can begin



# CULTURAL COMPETENCE: WHAT IS CRITICAL ABOUT FOLLOW-UP CARE

- ❖ *It is important for the Therapist who made the original contact in Medical to do the follow-up Behavioral Health care.*
- ❖ This helps with higher BH compliance because of trust and shame issues with Native Americans



# NEEDING TO FEEL SAFE:



- ❖ Transitioning a client from Medical to see a Therapist in BH is a *vulnerable time*:
- ❖ Having the same Therapist follow-up will increase the chance of compliance

# SOME AFTER THOUGHTS:

## In my experience:



- ❖ Chronic care pts often “slip through the cracks” as far as recommended BH services;
- ❖ Being an “arm’s length” away from the PCP:
  - ↳ Puts you on the PCP’s radar!
  - ↳ You can have a joint Tx plan w/ the client’s involvement
- ❖ Pt. sees his PCP and the Therapist as united in his healthcare
- ❖ “People care about my health”

# OTHER THOUGHTS:

- ❖ The Therapist needs to be *very flexible* and accommodate the doctor's schedules;
- ❖ Therapists need to take the approach of "How can I help you" with the PCP's
- ❖ PCP's need "by-in" to this model;
- ❖ They need to sell the idea to the patient to meet w/a therapist right then, right now



# SOME OBSERVATIONAL DATA:

After approx. 1 year of this model:

(1-2 days a week in Medical)

- ❖ 53 unduplicated introductions in Medical
- ❖ 25 patients saw me for a second visit, in BH
- ❖ 12 pts had more than four visits w/me
- ❖ Higher rate of Tx compliance, and longer BH Tx episodes w/pts introduced to me through Medical vs. through the Behavioral Health door



× Any Questions?