Responding To Patients’ Behavioral Health Needs In General Medical Settings: Using Behavioral Health Screening Tools and Motivational Enhancement Techniques in Patient Care

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Disclosure

- The presenter has no financial arrangement related to the content of this continuing education activity.
Objectives

At the completion of this activity, participants will be able to:

1. List examples of common behavioral health screening tools used in primary care and other medical settings.
2. Identify action steps for effective response to a positive screen.
3. Apply simple motivational enhancement strategies to assist patients in following through on self-care and specialty behavioral health referral.
Participant Survey

• What is your work setting?
  • Primary Care
  • Specialty Care
  • Emergency Department or EMS
  • Medical/Surgical hospital
  • ICU
  • Health Promotion
  • Behavioral Health
  • Social Work
  • Other, please specify:
Participant Survey

• What is your current position?
  • Physician or mid-level provider
  • Nursing
  • Medical Support/Medical Assistant
  • Manager/director
  • Administrative Support
  • Community Health Worker or Health Education
  • Behavioral Health Clinician or Social Worker
  • Other, please specify:
Why address behavioral health in general medical settings?

• Nearly 45% of ED patients screened positive for a DSM-IV diagnosis.
• 13% of ED patients not presenting with psychiatric complaints screened positive for suicidal ideation.
• Only 41% of people with a mental disorder use mental health services in any given year.
• The median length of delay from symptom onset to seeking behavioral health treatment is 10 years.
• 18% of all general hospital discharges have a BH disorder coded as a secondary condition.
• Up to 70% of primary care visits are for reasons associated with psychosocial problems.
• 18% of cardiac patients met criteria for PTSD 6 months after cardiac surgery.
Why address behavioral health in general medical settings?

• BH conditions significantly affect treatment adherence and health outcomes. For example, depression is associated with:
  • Poor glycemic control in diabetes;
  • Reduced survival for cancer patients;
  • Higher mortality after a heart attack.

• Health care providers and staff have unique potential to encourage patients to:
  • Access appropriate behavioral health care;
  • Engage in self-care strategies
Defining the Problem

• Behavioral health problems that most significantly impact health and health behavior across patient populations:
  
  • Depression
  • Anxiety
  • Substance Use Disorders
  • Traumatic Stress
Why use behavioral health screening tools?

• Screening tools are evidence-based and validated for use in the primary care setting.
• Majority of patients with BH conditions present initially to primary care and most stay there for treatment.
• A standardized instrument will quantify baseline intensity and document future progress, including response and remission rates.
• Facilitates work across the multidisciplinary team, toward goal of full symptom remission.
• Supports adherence to treatment (and improved patient care) for BH and other medical conditions.
AUDIT-C

- Four items, scored on a scale of 0-12 points, with score $\geq 4$ (men) or $\geq 3$ (women) considered positive for alcohol misuse.
- Higher score indicates greater probability that the patient's drinking is affecting his/her health and safety.

<table>
<thead>
<tr>
<th>Item / Points</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>2-4 times per month</td>
<td>2-3 times per week</td>
<td>4+ times per week</td>
<td></td>
</tr>
<tr>
<td>How many drinks containing alcohol do you have on a typical day when you are drinking?</td>
<td>1-2</td>
<td>3-4</td>
<td>5-6</td>
<td>7-9</td>
<td>10 or more</td>
<td></td>
</tr>
<tr>
<td>How often do you have six or more drinks on one occasion?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
<td></td>
</tr>
<tr>
<td>How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
<td></td>
</tr>
</tbody>
</table>

### GAD-7

Over the **last 2 weeks**, how often have you been bothered by the following problems?

<table>
<thead>
<tr>
<th>(Use &quot;✓&quot; to indicate your answer)</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious or on edge</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Worrying too much about different things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Trouble relaxing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Being so restless that it is hard to sit still</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Becoming easily annoyed or irritable</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Feeling afraid as if something awful might happen</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

*(For office coding: Total Score T = ___ + ___ + ___)*

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Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Available at: [http://www.phqscreeners.com/sites/g/files/g10016261/f/201412/GAD-7_English.pdf](http://www.phqscreeners.com/sites/g/files/g10016261/f/201412/GAD-7_English.pdf)
PHQ-2
Patient Health Questionnaire (PHQ) with two questions inquiring about the frequency of depressed mood over the past two weeks:

<table>
<thead>
<tr>
<th>Over the last 2 weeks, how often have you been bothered by any of the following problems?</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

- Score $\geq 3$ is positive
- Using the PHQ-2 and PHQ-9 in a two-stage screening process has been demonstrated most efficient use of staff-provider time and most effective rate of true positives (Magruder & Yeager, 2008).

# PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the **last 2 weeks**, how often have you been bothered by any of the following problems?  
(Use "*" to indicate your answer)

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling bad about yourself — or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**FOR OFFICE CODING**  

\[ \text{Total Score: } \]  

If you checked off any problems, how **difficult** have these problems made it for you to do your work, take care of things at home, or get along with other people?  

<table>
<thead>
<tr>
<th>Difficulty Level</th>
<th>Not difficult at all</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Extremely difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Available at:  
Limitations of widely used screening tools

• Competing demands, time constraints, work flow challenges
• Narrow symptom-based, diagnosis focused
• Limits identification of a broad array of MH distress affecting medical outcomes (e.g. relational, social)
• Common MH co-morbidities brings feasibility challenges to a multi-measurement approach
• Developmental age range restrictions
• Should the focus be on a specific diagnosis – or on screening as a non-specific indicator of life distress and vulnerability?

(Blasinsky et al., 2006; DeSantis et al., in press; Stuart, 2015)
Outcome Rating Scale (ORS)

- ORS is a four-item, self-report measure of global distress and functioning across major life domains (Miller & Duncan, 2000).
- One of two measures comprising the Partners for Change Outcome Management System (PCOMS; Duncan, 2012; Duncan & Reese, 2015).
- PCOMS is a SAMHSA EBP.

http://heartandsoulofchange.com
Outcome Rating Scale (ORS)

• Limits
  • Limited sensitivity, specificity
  • Relatively greater number of triggered BH consults/referrals
  • Generalization of results

• Strengths
  • Correlates with PHQ-9, r=.72
  • ORS may cast a wider net, offering a viable alternative that addresses limitations of traditional measures
  • In addition to universal or targeted screening, may be used by BH providers as part of SAMHSA EBP for psychotherapy (PCOMS), may offer brief integrated BH treatment a feasible quality improvement outcome system.

(DeSantis et al., in press)
Robust screening measures commonly used in primary care settings include the PHQ-9, GAD-7, AUDIT and PC-PTSD. A possible alternative to these symptoms-specific measures is the:

A. CAGE.
B. PCOMS Outcome Rating Scale (ORS).
C. BDI-II.
D. SCL-90r.
Maximizing effectiveness of screening tools

- BH Screens included in patient visit just as vital signs
- Establish consistent frequency of screening
- Take advantage of EHR capabilities
  - Built-in templates and data fields
  - Due date reminders
- Train and support medical assistants if they will be screening.
- Create workflow including provider pathways and follow-up.
Example: Screening Workflow

- **Check-In**: Staff give Patient the screening tool

- **Prior to Triage**: Patient completes the screening tool

- **Triage**: MA collects, scores and documents in EHR

- **Visit**: Provider reviews results, then determines next steps with Pt.
Effective Response to positive screen

• Engage the patient in addressing the potential medical need.
• Assess further to confirm diagnosis.
• Engage integrated behavioral health provider, if available.
• Discuss immediate options for care (medication).
• Discuss additional options for care:
  • Self-care strategies;
  • Referral for specialty care (counseling/therapy).
• Document the plan.
• Initiate the clinic follow-up pathways as appropriate.
Question:

The single most important step in responding to a positive finding from a behavioral health screen is to:

A. Assess further to confirm diagnosis.
B. Engage the patient in addressing the medical need.
C. Follow up to determine the success of a referral.
D. Develop a plan of care.
Spirit of Motivational Interviewing

- Partnership in a cooperative, collaborative effort toward health and health behavior change.
- Acceptance of patients’ autonomy to make decisions about the course of their lives.
- Compassion, awareness that all patients strive for a fulfilling life, and want to overcome barriers to health or health behavior.
- Evoking from patients that which they already have: motivation and resources for change.
Four Guiding Principles of Motivational Interviewing

- Resist the righting reflex.
- Understand your patients’ motivations.
- Listen to your patient.
- Empower your patient.
MI and Healthcare Communication

- Common healthcare communication approaches:
  - Following
  - Directing
  - Guiding

- And communication skills:
  - Asking, Listening, Informing

- “Good bedside manner” is the ability to switch and combine approaches and skills depending on the context.

- When addressing behavior change or other autonomous patient decisions, shift the communication mix to increase guiding and active listening.

- MI focuses “guiding” on a specific behavior-change goal and supporting patient talk about how and why they might pursue that goal.
Guiding a Patient to Health Behavior Change

• Specific skills in the guiding approach:
  • Ask where the patient wants to go.
  • Inform the patient about options.
  • Listen to and respect what the patient wants to do and offer help accordingly.

• When responding to ambivalence:
  • Resist the righting reflex
  • Reinforce “change talk”

• If you hear more change talk, you know you’re doing it right:
  **D**esire – **A**bility – **R**easons – **N**eed
  **C**ommitment – **A**ctivating – **T**aking steps
Question:

A patient says, “I think I could get to a counseling appointment, but I just don’t feel things will ever get better for me.” This is an example of:

A. Change talk
B. Resistance
C. Ambivalence
D. Both A and C
How to assist:
More ideas for the PCP (1)

- Listen nonjudgmentally, and focus on understanding symptoms for what they are.

- Key **nonverbal skills** for actively listening:
  - Attentiveness
  - Comfortable eye contact (consider cultural norms)
  - Open body posture
  - Being seated
  - Sitting next to the person rather than directly opposite
  - Refocus attention from computer, writing, etc.

- Reflect or paraphrase emotions the person is feeling about their beliefs and experiences.

- Recognize the person may have struggled with the problem for a long time, and may find it painful or shameful to talk about.
How to assist:
More ideas for the PCP (2)

• Provide basic info about their specific problem and simple explanation of available or recommended treatment.
• Describe specific local resources you are familiar with, or a person such as a social worker who has detailed knowledge.
• Consider any peer support programs in the area.
• Consider traditional or culturally-based healing if appropriate to the person’s values.
• Look for simple, practical ideas that will help. Completely solving the problem may be many steps down the road.
• Encourage and reinforce positive self-talk on patient’s part.
How to assist: More ideas for the PCP (3)

- Encourage self-help and other support strategies, for example:
  - Exercise, hobbies, other activities
  - Alternative medicine or wellness practices, e.g. massage, acupuncture, yoga, tai chi, herbal medicine
  - Support groups
  - Family, friends, faith, and other social networks
  - Community groups and cultural activities

- Ask the patient if they are willing to try a specific recommendation or suggestion.

- While expressing concern and recognition of the person’s distress, also try to convey a sense of hope and normalizing of their experience, e.g.:
  
  “This is something many people have experienced, and there are things that can help.”
Increase your reach by adopting a collaborative approach. (1)

- Consistently support the patient over time.
- Ask the patient what is their most pressing concern.
- Identify a simple action step the patient is likely to successfully complete, and build it into the care plan.
- Support patient behavior that builds recovery.
- Support patient behavior that builds resilience.
- Work efficiently and cope with staff turnover through:
  - Team communication
  - Appropriate documentation
Increase your reach by adopting a collaborative approach. (2)

• Make effective referrals
  • Prepare ahead
    • Collect and organize info
    • Utilize social services and “local experts”
  • Ask the patient about their interest and comfort level
  • Give encouragement and information
  • Follow up, re-evaluate and try again if necessary
  • Take advantage of available consultation

• Use a team approach
  • Utilize individual strengths
  • Divide tasks such as screening, referrals, resource info, data management
  • Consider capacities of specific disciplines
  • Establish leadership/management support
Realizing Recovery and Resilience

- Persons with behavioral health challenges strive for a fulfilling life within their family and community.
- Healthy coping and recovery are common; symptoms may fluctuate in severity or remit entirely.
- Functional abilities can increase even if symptoms are still present.
- Change may be nonlinear.
- Change processes gain a positive trajectory when a person develops **resilience**:
  - Building upon strengths;
  - Creating access to supports;
  - Fostering a holistic approach to health and wellness.
Get more training -

www.MentalHealthFirstAid.org