

# **Collaborative Care Advanced Training for the BHCM**

**January 26, 2023**

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# Learning Objectives

- Describe the evidence of the Collaborative Care Model (COCM)
- Describe how the Collaborative Care Model relates to addressing the high prevalence of mental health needs
- Discuss two key COCM processes needed for COCM implementation
- Integrate the CoCM model into patient care visits
- Identify the targets for performance improvement for depression and anxiety
- Plan actions to begin CoCM
- Theorize the use of motivational interviewing skills into patient conversations
- Describe components and principles of Behavioral Activation and how to deliver Behavioral Activation
- Translate the use of problem-solving skills into patient interactions
- Recognize common psychotropics used to manage depression and anxiety
- Formulate the actions to integrate CoCM into the primary care practice setting
- Describe the process for next steps once initial training is completed and the practice is ready for implementation

# Learning Outcome

Participants will be able to translate key processes within their practice setting to integrate the Collaborative Care Model into patient visits.

# Disclosure

The Michigan Center for Clinical Systems Improvement (Mi-CCSI), Michigan Institute for Care Management and Transformation (MICMT), and Michigan Collaborative Care Implementation Support Team (MCCIST) have been contracted by Blue Cross Blue Shield of Michigan for this project.

# Etiquette

- **Please mute your microphone**
- Use the chat box to ask questions, our team will moderate the session
- Minimize background noise when speaking
- Use either phone or computer audio, but not both
- Closed captioning is activated but individual users may deactivate this feature if they prefer by selecting “Hide Subtitle” under the “CC Live Transcript” tab
- **Please join individually**, even if you are in a group setting. This will help ensure we capture attendance accurately

# Agenda

Time	Duration	Topic
8-8:30am	30min	Introductions and Reflections from Day1
8:30-10:00	90min	Motivational Interviewing
10-10:15	15min	Break
10:15-10:45	30min	Problem Solving Techniques
10:45-11:15	30min	Behavioral Activation
11:15-12:15pm	60min	Psychopharmacology
12:15-12:45pm	30min	Review and Adjourn

# Starting the Day:

- Left over questions from Day 1?
- What are your key questions for the day regarding clinical interventions?

# Behavioral Interventions for CoCM

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# Behavioral Interventions

Effective behavioral health interventions in primary care:

- Include a patient engagement component
- Time efficient, running no more than 20-30 minutes per contact
- Follow a structured, AND patient-centered approach
- Are relevant and applicable to diverse patient populations
- Have a substantial research evidence base



This is not  
traditional  
therapy

# Setting the AGENDA



- Each contact should have a plan and a purpose guided by the BHCM
- Each contact should include an introduction as to what the BHCM and patient will be doing today.
  - Ex. “I’d like to spend about 15-30 minutes with you today. I want to start by asking you questions from a symptom monitoring scale and then discuss some problem solving around your stress at work.”
  - “What if anything would you like to discuss during our time together?”

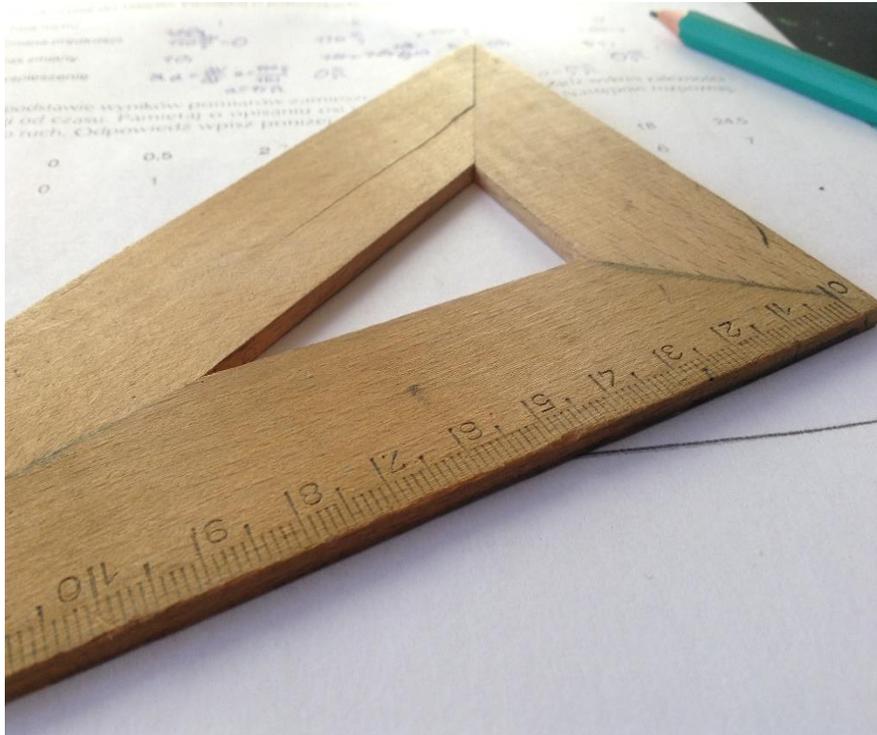
# Ending the Contact



- Wrap up the contact
  - Summarize the content
  - Remind the patient of the action steps
  - Establish the date of the next contact

# Motivational Interviewing

# Personal Identification...



How would you rate your current familiarity with MI?

How important is it to you to enhance your MI skills?

# MI Example:



# MI Example #2



# Challenges of Behavior Change



## SIMPLE PROVEN PREVENTION ACTIONS

**Do you have a smoke detector in your home and change the batteries at least once a year?**

Do you buckle up every time you are in the car, even in the back seat?

**Do you exercise at least 30 minutes, 3 times a week?**

Do you wear a bicycle helmet every time you ride a bike?

**Do you wear a personal flotation device every time you get in a boat?**

Do you floss daily?

**Do you have a fire extinguisher in your kitchen?**

Do you abstain from using your cell phone while driving?

**WHY?**

**WHY NOT?**

# What is Motivational Interviewing?

- ✓ A directive, client-centered counseling style
- ✓ It elicits behavior change by helping clients explore and resolve ambivalence
- ✓ It helps resolve ambivalence by increasing discrepancy between client's current behaviors and desired goals while minimizing resistance
- ❖ During MI empathic listening is *essential* to minimizing resistance

# Ambivalence

It's totally normal

It can be a good thing

It can also be sticky



# The Righting Reflex

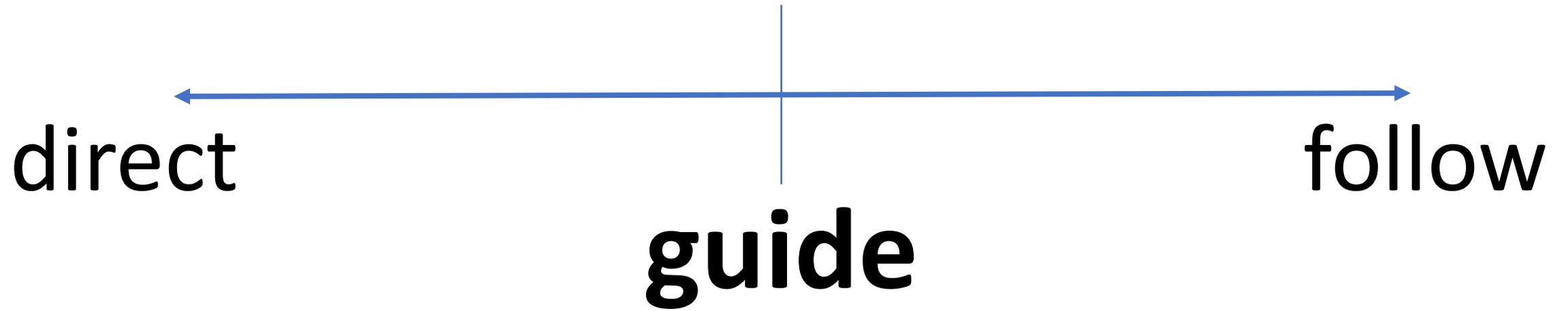


We want to direct people down the best path.

Oops.....

# Supporting Autonomy

The decision to change is always with the patient, and they are the expert in knowing how to proceed.



# Engagement

**Why is it so important?**

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**BMJ** Learning

Motivational interviewing in brief consultations:  
Role-play focussing on engaging



# OARS

**O**pen questions

**A**ffirming

**R**eflecting

**S**ummarizing

# Concept Quiz - OARS

- OARS are basic skills practitioners often have in their clinical toolbox already
- Questions tend to stop momentum
- Closed questions are bad
- Affirmations are the most frequently occurring element in OARS
- When doing summaries, it is important to pay attention to ambivalence by placing **but** in the middle of a double-sided statement

# Open-Ended Questions – Activity

**Where would you like to go on your vacation?**

# Affirmations- Tips

- Focus on specific behaviors and processes, rather than static qualities, attitudes, decisions, or goals
- Avoid using the word “I” so as not to evaluate or judge
- Emphasize strengths, rather than focusing on problem areas
- Nurture a competent instead of a deficit worldview of patient
- Think of affirmations as attributing interesting qualities to patients!

# MI Statements

“You have...”

“You are...”

AVOID THE “I”S:

- “I think you are...”
- “I see you as...”
- “I’ve seen this before...”

“You’re OK with...”

“You believe...”

■ “You feel...”

“You are wondering if...”

# Reflections

Reflective listening...

- Deepens understanding of meaning through making guesses
- Allows the patient to hear what they've been saying
- Encourages the patient to continue verbally exploring
- Continues and focuses on the patient's own narrative

**As a guide, the practitioner is strategic in where to direct attention.**

# Complex Reflections

- Adds meaning or emphasis to what a person has said
- Makes a guess at unspoken content or what might come next
- Tends to move the conversation forward and toward change

**PATIENT:** “I’m feeling really tense this morning.”

**PRACTITIONER:** “Something in your life isn’t feeling quite right.” or “You’re a little nervous about being here.”

# Types of Complex Reflections

- **Paraphrasing-** “It’s important to you to find a way to feel better.”
- **Double-sided-** “You enjoy smoking marijuana, and at the same time, you’re worried your kids might pick up the habit.”
- **Amplified-** “There’s absolutely no reason they should be concerned.”
- **Continuing the paragraph-** “...and you’re wondering if there’s something more you could be doing.”
- **Feeling-** “You’re curious about what it might be like.”
- **Metaphors-** “You’re trying to gain some traction on tough terrain.”
- **Action-** “If you could find the time to exercise, you would.”

# **Reflection Activity – Break out!**

**Enter your group rooms and  
practice reflections**

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“Today, I feel...”

(e.g., tired, happy, stressed etc.)

“Something I’m pretty good at is.....”

(e.g., organizing, pickleball, spelling etc.)

“Something you many not know about me is....”

(e.g., I like to take naps, I’m very shy, I hate green beans etc.)

# Summaries

## Collecting summary

- Gather information together
- Present it back to the patient
- Keep conversation moving forward

## Linking summary

- Contrast ideas heard right now with information that has been shared previously
- Highlight disconnection or relationship between the ideas

## Transitional summary

- Choose or change the direction of the session
- Prelude to an open question



# Change Talk

**D**esire

**A**bility

**R**easons

**N**eed

**C**ommitment

**A**ctivation

**T**aking steps

**DARN CAT**

# Preparatory Change Talk

# Change Talk Activity

- *“Some folks are worried about my eating, but I don’t think it’s a big deal.”*
- *“I am tired of all the trouble my high blood sugars are causing.”*
- *“When I reach 10 pounds, it will be time for a celebration.”*
- *“I guess I just like watching tv.”*
- *“I know how to lose weight; it’s just keeping it off that’s hard.”*
- *“It just feels so pointless trying to make changes now.”*
- *“I hate doing it, but I know I just have to get up earlier if I’m going to exercise.”*

# Evoking Change Talk

## Desire

- “How would you *like* for things to change?”
- “What do you *hope* our work together will accomplish?”
- “Tell me what you don’t *like* about how things are now.”
- “How do you *want* your life to be different a year from now?”

## Ability

- “If you did really decide you want to quit smoking, how *could* you do it?”
- “What ideas do you have for how you *could* \_\_\_\_\_.”
- “How *confident* are you that you could \_\_\_\_\_if you made up your mind?”
- “Of these various options you’ve considered, what seems most *possible*?”

# Evoking Change Talk

## Reasons

- “Why would you want to get more quit smoking?”
- “What’s the downside of how things are now?”
- “What might be the good things about quitting smoking?”
- “Finish this sentence: ‘Things can’t go on the way they have been because...’ “
- “What might be the three best reasons for \_\_\_\_\_?”

## Need

- “What *needs* to happen?”
- “How *serious* or *urgent* does this feel to you?”
- “What do you think *has* to change?”
- “Complete this sentence: ‘I really *must* \_\_\_\_\_.’ “

# Strategies for evoking motivation

## Importance ruler

- “On a scale from 0 to 10, where 0 means ‘not at all important’ and 10 means ‘the most important thing for me right now,’ how important would you say it is for you to \_\_\_\_?”

## Querying extremes

- “What do you think could be the best results if you did make this change?”

## Looking back

- “How has your pain changed you as a person or stopped you from growing, moving forward?”

## Looking forward

- “If you did decide to make this change, what do you hope would be different in the future?”

## Exploring goals and values

# Readiness Ruler:

Using a scale to determine:

- **Importance**
- **Readiness**
- **Confidence**







**Questions?**

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# Disclaimer

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