


Evidence Based Psychotherapeutic Intervention Modalities

What they are, how they work, and when to consider referral



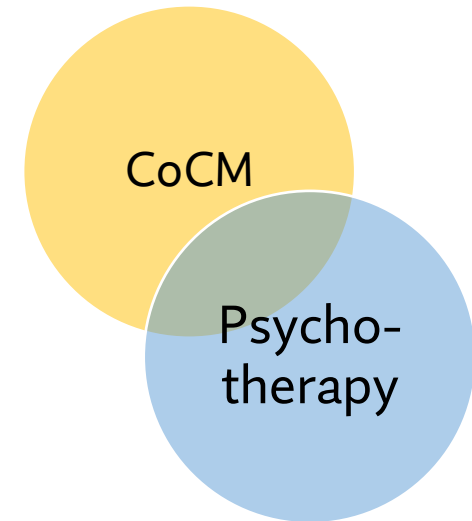
Objective

Briefly review evidence-based psychotherapy modalities and when to consider referral to specialty care

When to Consider BH Referral

- When patients are not making progress
- When assessment or reassessment suggests a different kind of care is needed
- When a patient or parent requests referral outside of CoCM

**A REFERRAL should
not be made without
discussion with the PC
and approval from
PCP**



How to Refer to BH Services

- Discuss potential referral with Psychiatric Consultant
- Discuss PC recommendation with Primary Care Physician
- Once PCP approves, communicate recommendation to patient and family as per practice workflow
- Assist patients and families with access navigation
- Follow up with the patient/caregiver to ensure service access and provision



Specialty care and CoCM care are not mutually exclusive.

How to coordinate BH services

- Gather any consents required to coordinate services with specialty BH provider
- Discuss ongoing service coordination opportunities with the specialty BH provider as appropriate:
 - Coordinating assessment tool administration and outcome sharing
 - Ensuring that self-management plan developed with the BHCM compliments any intervention plan developed with the therapist
 - Informing/Being informed of service/medication changes

Psychotherapeutic Intervention Modalities

Cognitive Behavioral Therapy

WHAT IT IS:

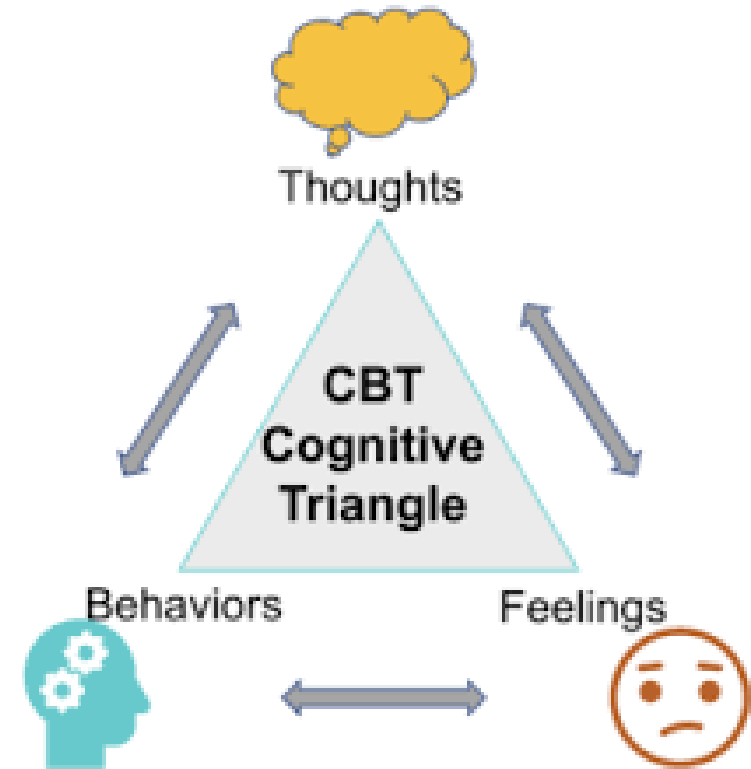
- Based on the idea that most symptoms stem from unhelpful thoughts and learned behavior patterns

HOW IT WORKS:

- Recognizes and challenges distorted thinking patterns

WHEN TO CONSIDER REFERRAL:

- Patient's depression and/or anxiety symptoms are not improving and/or patient is experiencing thought distortions and/or maladaptive behaviors that are exacerbating symptoms



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Trauma Focused Cognitive Behavioral Therapy



WHAT IT IS:

- Addresses thought and behavior patterns established as a result of a traumatic experience

HOW IT WORKS:

- Helps patients and caregivers identify, challenge and change thoughts and behaviors that are proving problematic

WHEN TO CONSIDER REFERRAL:

- Pt is experiencing comorbid symptoms of PTSD, fear, anxiety, or depression due to one or more traumatic life events, including sexual assault

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Dialectical Behavioral Therapy

WHAT IT IS:

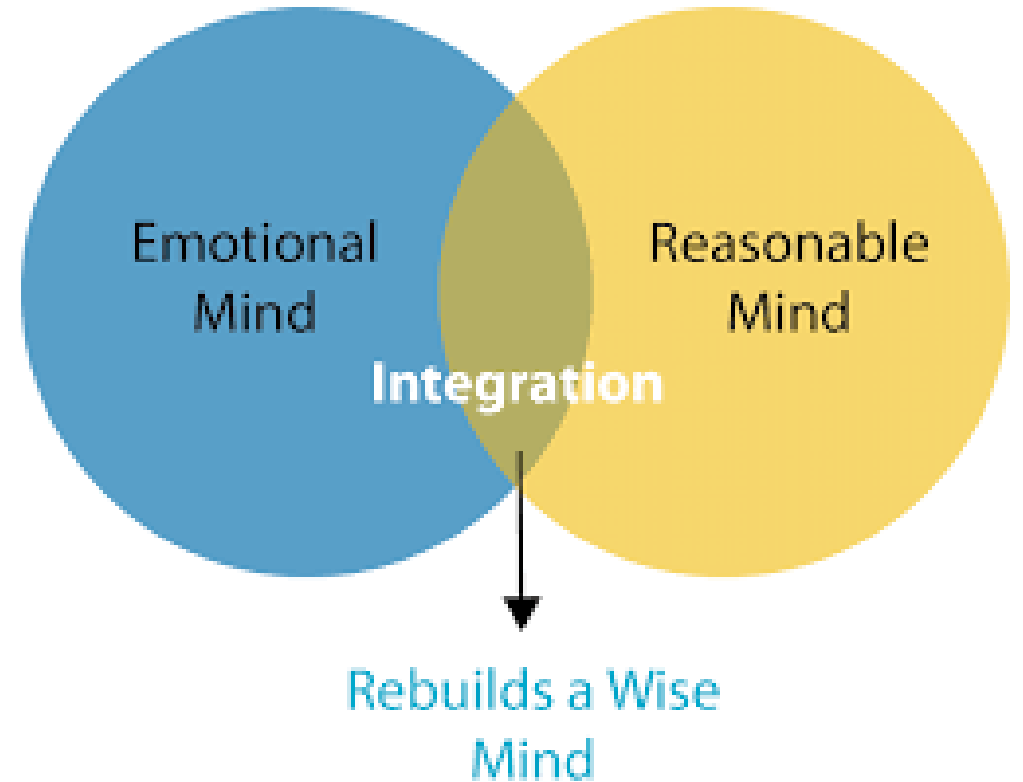
- Focuses on teaching patients how to live in the moment, cope constructively with stress, manage emotional reactions, and build healthy relationships

HOW IT WORKS:

- Assists patients in developing skills to mitigate their experiences and interactions with those around them

WHEN TO CONSIDER REFERRAL:

- Patient's struggling with emotional regulation and self-destructive behaviors



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Interpersonal Psychotherapy



WHAT IT IS:

- Targets the quality of a patient's social functioning and interpersonal relationships

HOW IT WORKS:

- Addresses current problems and relationships rather than childhood or developmental issues

WHEN TO CONSIDER REFERRAL:

- Patients struggling with major depression perinatal depression, substance addiction, dysthymia, and other mood disorders

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Psychodynamic Therapy



WHAT IT IS:

- Psychodynamic therapy focuses on the psychological roots of emotional suffering with the goal of correcting problematic relationship patterns to improve experience

HOW IT WORKS:

- Utilizes self-reflection, self-examination, and the patient/therapist relationship to reflect challenging relationship patterns

WHEN TO CONSIDER REFERRAL:

- Patients experiencing depression, anxiety, panic and stress-related physical ailments

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Structured Sensory Interventions for Traumatized Children, Adolescents and Parents (SITCAP®)



WHAT IT IS:

- Safely revisits and reworks the experiences of trauma within the sensory, not cognitive, context

HOW IT WORKS:

- Sensory interventions allow patients to process their trauma in a way more conducive to a brain in survival mode where cognitive function is not available

WHEN TO CONSIDER REFERRAL:

- When patients have developed symptoms of PTSD, anxiety or depression following a traumatic experience and are struggling to use language

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Parent Management Training



WHAT IT IS:

- Teaches parents techniques to help guide growth and behavioral improvement in their children through a variety of new skills

HOW IT WORKS:

- Parents learn specific skills that will help them impact their child's behaviors and functioning in a positive way

WHEN TO CONSIDER REFERRAL:

- Patients with oppositional, aggressive, and antisocial behaviors; poor academic skills and challenging behaviors in a classroom setting once trauma is ruled out or in conjunction with trauma-based therapies

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Family Therapy

WHAT IT IS:

- Therapeutic intervention is applied to a family system to improve the interactions between family members

HOW IT WORKS:

- Focuses on how the members of a family unit interact with each other to assess and address maladaptive interaction patterns

WHEN TO CONSIDER REFERRAL:

- Families are “stuck” in maladaptive patterns which impede one or all of the members ability to develop and grow in a healthy way
- When one or more of the family members is struggling with a mental illness requiring the family system to understand and adjust in a way that builds resilience and encourages growth



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Group Therapy



WHAT IT IS:

- Group therapy involves a therapist lead group of patients exploring common challenges or experiences through a variety of psychotherapeutic approaches

HOW IT WORKS:

- Group therapy provides patients a diverse network of peers to support problem solving, emotional expression and processing of common experiences while practicing social skills, new tools and new patterns of behavior

WHEN TO CONSIDER REFERRAL:

- Group therapy can be useful for patients with ADHD, Depression, Anxiety disorders, PTSD and Substance use disorders among others

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Navigating Barriers

- Use Motivational Interviewing to determine and address misconceptions and stigma
- Give patients and families time to consider options and follow up
- Consider a family conference with Primary Care Provider

Application in CoCM

Remember Ben?



Ben is a 15-year-old male presenting with:

- decreased concentration
- incomplete school-work
- falling grades
- isolating in his room
- lost interest in previously enjoyed activities
- up late on social media
- struggles to get up in the morning
- Irritable
- Ben says he is just fine and wants to be left alone

Ben's Goals:

- Ask for help with challenging classes and managing the workload
- Improve emotional awareness and responses to improve relationships
- Engage regularly in activities he enjoys or once enjoyed

What techniques might you use with Ben?

Problem Solving

Journaling

Sensory boxes

Time management worksheets

Mindfulness

Behavioral Activation

Emotions identification

Playing the tape forward

Physical activity

Would you suggest any referrals for Ben?

Group therapy?

Family therapy?

DBT?

CBT?

Interpersonal therapy?

Model	Intervention	Related Goal	Ben's Strategies
CBT	Thought Recording/ Journaling	Emotional awareness	1) Use a journal whenever you feel upset and write down what happened, how you feel, how you reacted to the feeling and how you might act differently.
	Emotional regulation	Emotional response	2) When you begin to feel annoyed in class, doodle circles to remind you of the circles on the water when you're fishing lure drops into the water, until you begin to calm.
DBT	Opposite Action Activities	Ask for help	1) When you find yourself stuck on homework and ready to quit, email the teacher or reach out to a friend for help rather than giving up.
IP	Identifying conflicting expectations	Improve relationship	1) You, your mom and your BHCM will meet to establish reasonable expectations for family engagement, so everyone is on the same page.
PMT	Modeling	Improve relationship/ Emotional identification and response	1) Ben's mom also journals as Ben is asked to do and engages in calming responses. 2) Ben's mom is taught to "self talk" out loud to model naming, reframing and responding to stressors.

QUESTIONS?
