

Implementing Collaborative Care

Date: January 25, 2024

The logo for PRISM, featuring the word "PRISM" in a bold, orange, sans-serif font. The text is positioned over a decorative background of overlapping, semi-transparent geometric shapes in various shades of blue and purple, creating a faceted, crystalline effect.

PRISM

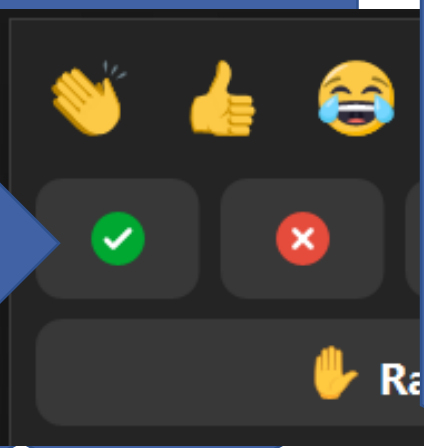
Thank you to Blue Cross Blue Shield of Michigan

Blue Cross Blue Shield of Michigan has contracted with PRISM to provide training and implementation on the evidence-based treatment model of Collaborative Care to primary care practices throughout the state of Michigan.



Zoom features

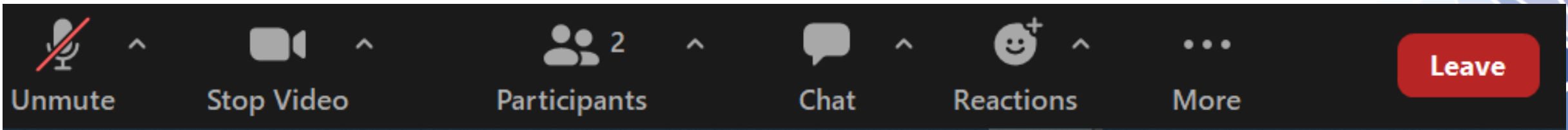
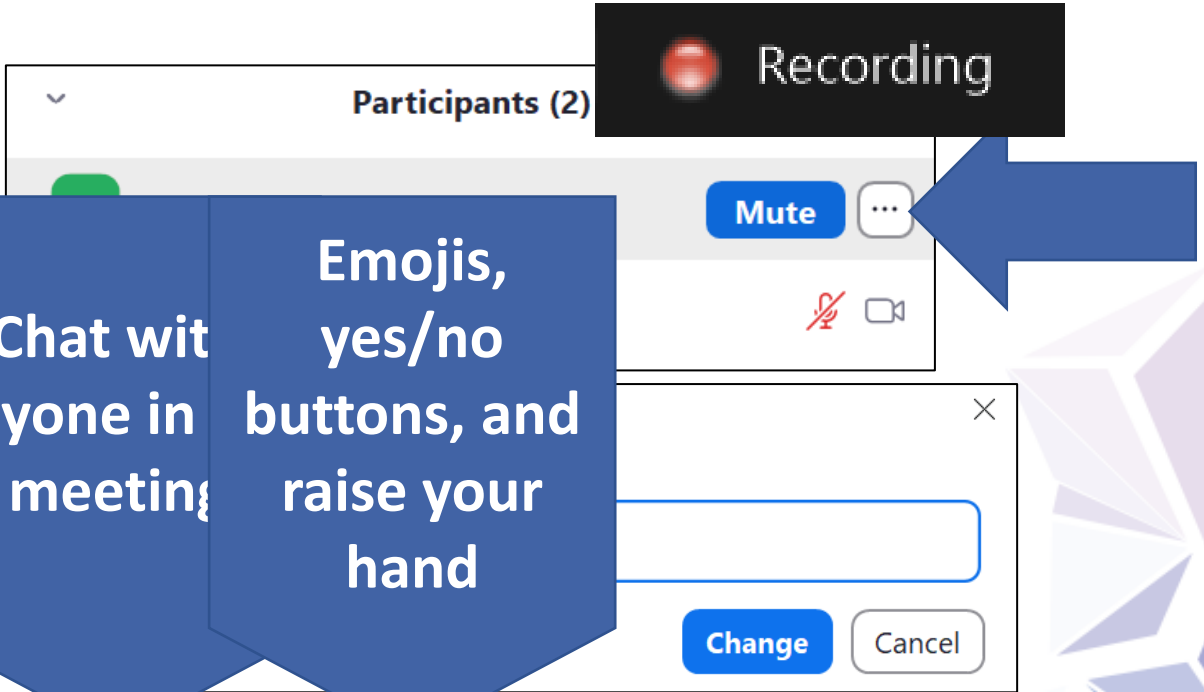
Mute yourself
with Yes/No
not speak



View a list of everyone in the training, rename yourself

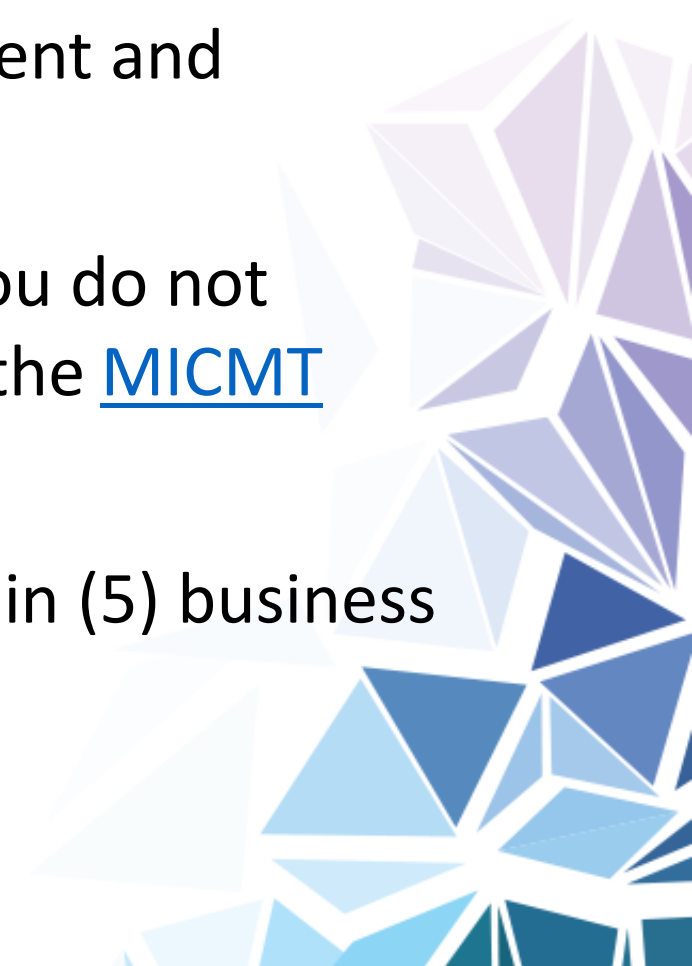
Chat with anyone in meeting

Emojis, yes/no buttons, and raise your hand

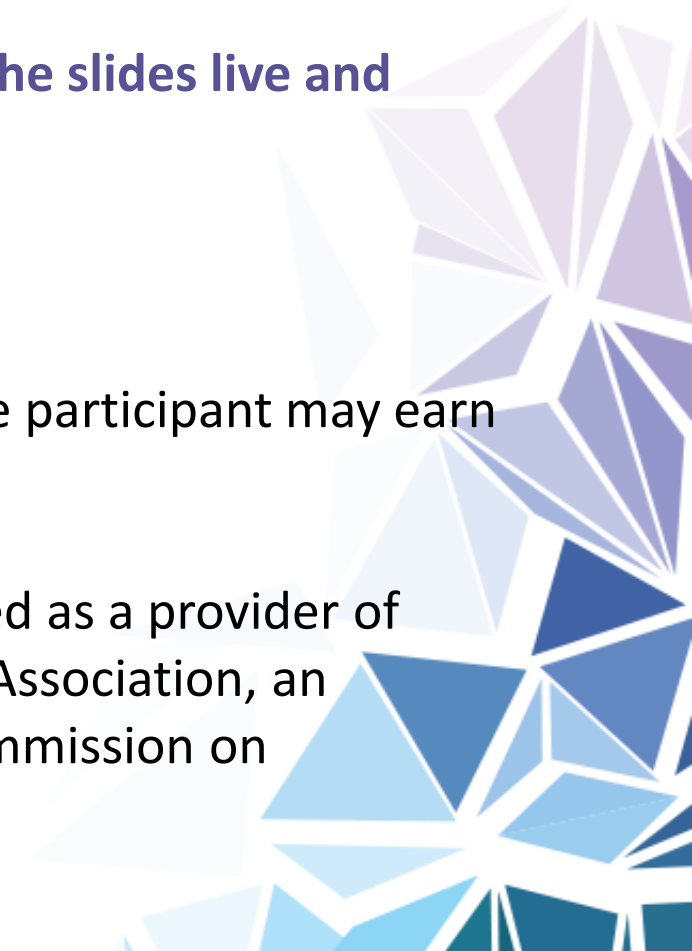


Instructions for behavioral health care managers and other practice staff

- **Following the course completion on 1/25/2024**, you will receive an e-mail from the Michigan Institute for Care Management and Transformation
- Please allow up to 24 hours to receive the e-mail. If you do not receive within 24 hours, please submit an inquiry via the [MICMT contact form](#).
- Please follow the link to complete the evaluation within (5) business days for each session you attend to earn credit.



Disclosures for nursing participants

- No one in control of content has relevant financial relationships with ineligible companies.
 - Successful completion of the course includes **having audio and seeing the slides live and joining the course by your individual computer**
 - attend the entire session(s)
 - credit awarded as commensurate with participation
 - Upon successful completion of the Implementing Collaborative Care the participant may earn a maximum of 10.5 Nursing CE contact hour.
 - Michigan Institute for Care Management and Transformation is approved as a provider of nursing continuing professional development by the Wisconsin Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
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Disclosures for social work participants

- No one in control of content has relevant financial relationships with ineligible companies.
- Successful completion of the course includes **having audio and seeing the slides live and joining the course by your individual computer**
 - must attend day 1 “Basics of Collaborative Care” 8am-9am ET and “Identifying and Referring Patients to CoCM” 9-9:30am ET
 - thereafter attend the entire session(s)
 - credit awarded as commensurate with participation
- Upon successful completion of the Implementing Collaborative Care the participant may earn a maximum of 10.5 Social Work CE contact hours.
- This course is approved by the NASW-Michigan CE Approving Body. Michigan Institute for Care Management and Transformation is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved provider Number: MICEC 110216.

Learning outcome

- Participants will be able to incorporate workflows and other operational techniques unique to Collaborative Care within their practice to address the behavioral health needs of patients with fidelity to the Collaborative Care Model.



Today's agenda

Time	Topic
8:00-9:30am	Motivational interviewing
9:30-9:45am	BREAK
9:45-10:45am	Behavioral activation
10:45-11:30am	Self-management plans
11:30am-12:30pm	LUNCH
12:30-1:45pm	Medication management and psychopharmacology
1:45-2:30pm	Preparing for systematic case review
2:30-2:45pm	BREAK
2:45-3:45pm	Relapse prevention plans and the conclusion of treatment
3:45-4:00pm	Conclusion and next steps

Motivational interviewing



Learning objectives

- Provide an example of the fixing reflex
- Discuss the fundamental engaging skills of OARS (Open-ended questions, affirmations, reflections and summaries)
- Describe techniques to elicit change talk



A non-motivational interviewing approach



<https://youtu.be/DsEZTWtkM7w>

A motivational interviewing approach



<https://youtu.be/DDeXwF8Ff3E>

Simple, proven prevention activities

Do you...

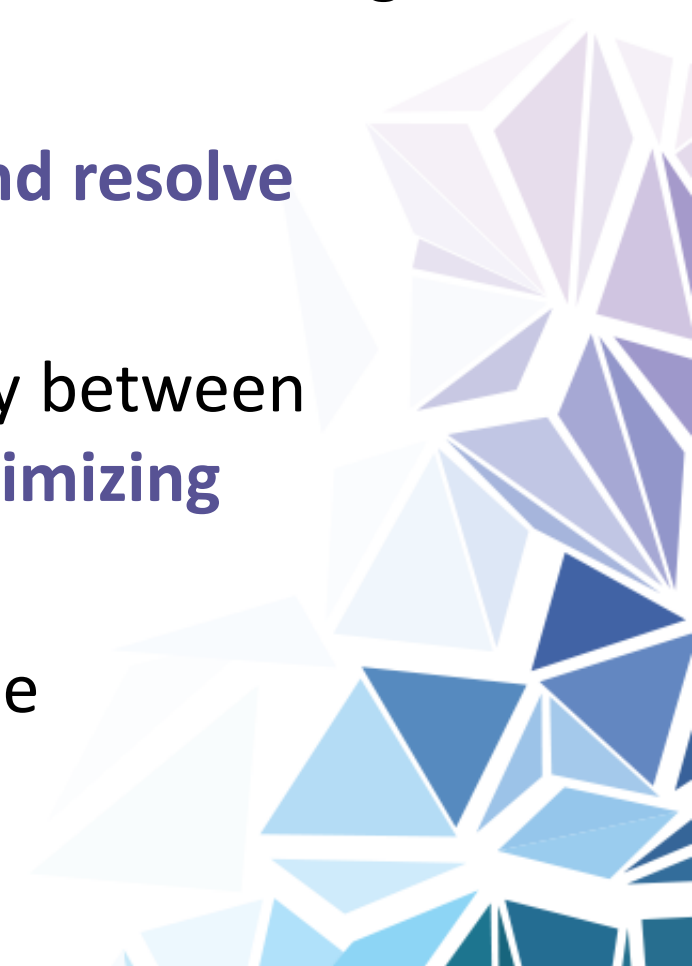
- have smoke detectors in your home and change the batteries once a year?
- buckle up every time you are in the car, even in the back seat?
- exercise at least 30 minutes, 3 times a week?
- wear a bicycle helmet every time you ride a bike?
- floss daily?
- have a fire extinguisher in your kitchen?
- abstain from using your cell phone while driving?



Why or why not?

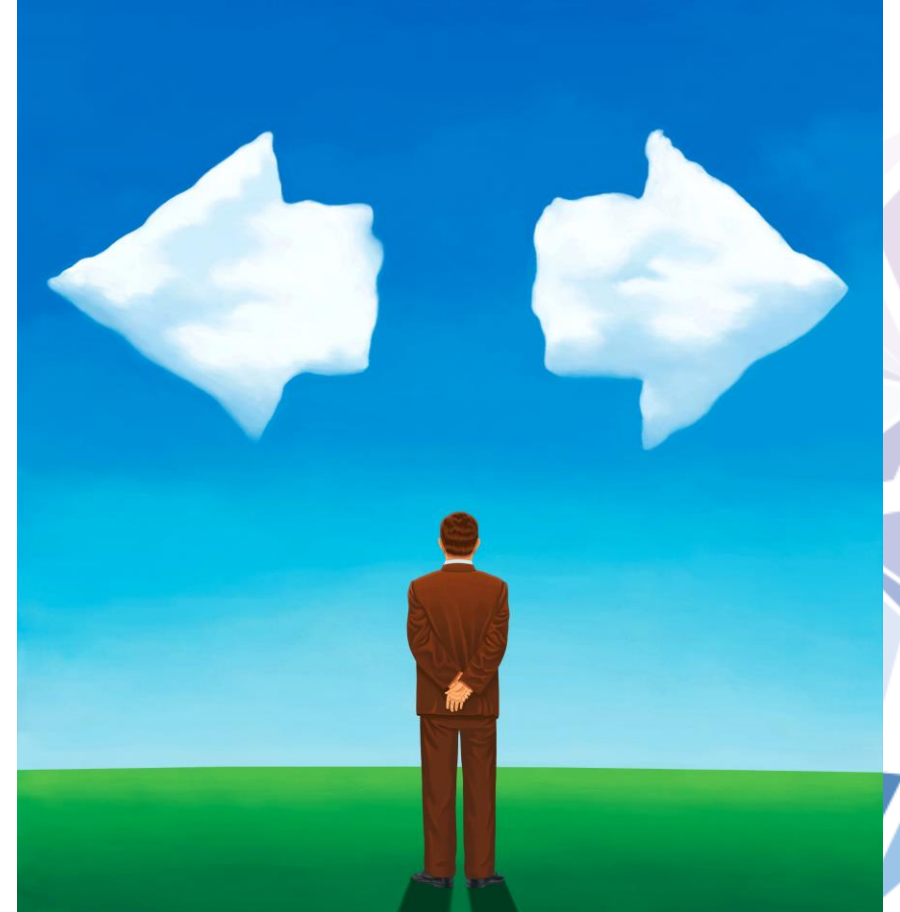
What is motivational interviewing?

- Motivational interviewing is 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**
- **Empathic listening** is essential to minimizing resistance



Ambivalence

- Simultaneous and contradictory attitudes, ideas or feelings
- Is normal
- Can be a good thing



The fixing reflex (previously righting reflex)



- The urge to tell clients how they should change or what the solution is
- We want to direct people down the “best” path
- Often ineffective at helping patients change

Supporting autonomy

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



Motivational interviewing: engaging



<https://youtu.be/bTRRWrwRCo>

OARS skills

- **O**pen questions
- **A**ffirmations
- **R**eflections
- **S**ummaries



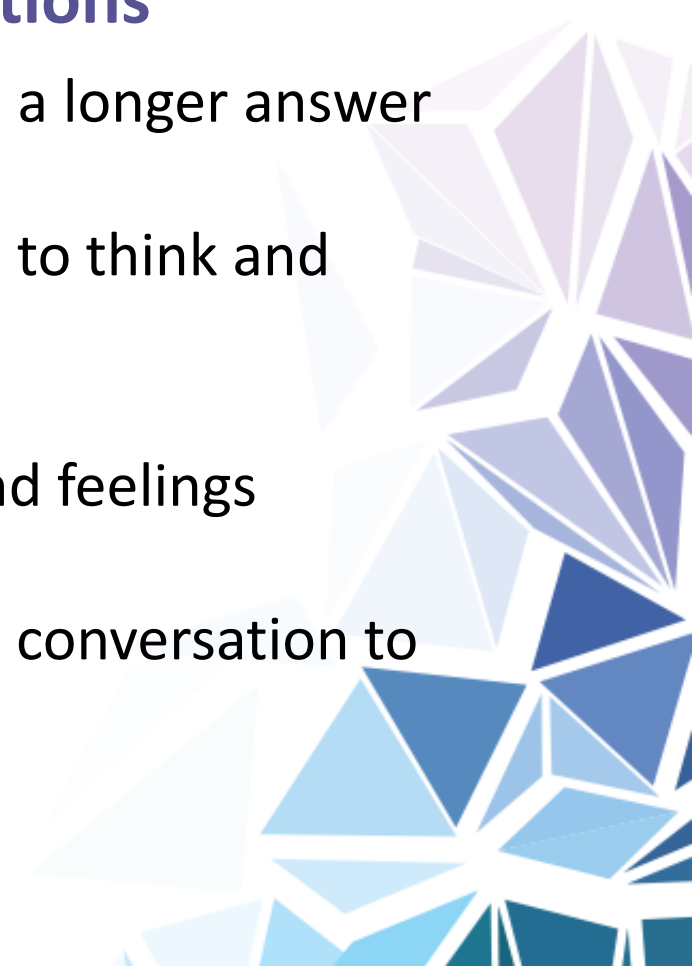
Open-ended questions

Closed questions

- Can be answered with either a single word or a short phrase
- Are easy and quick to answer
- Provide facts
- Keep control of the conversation with the questioner

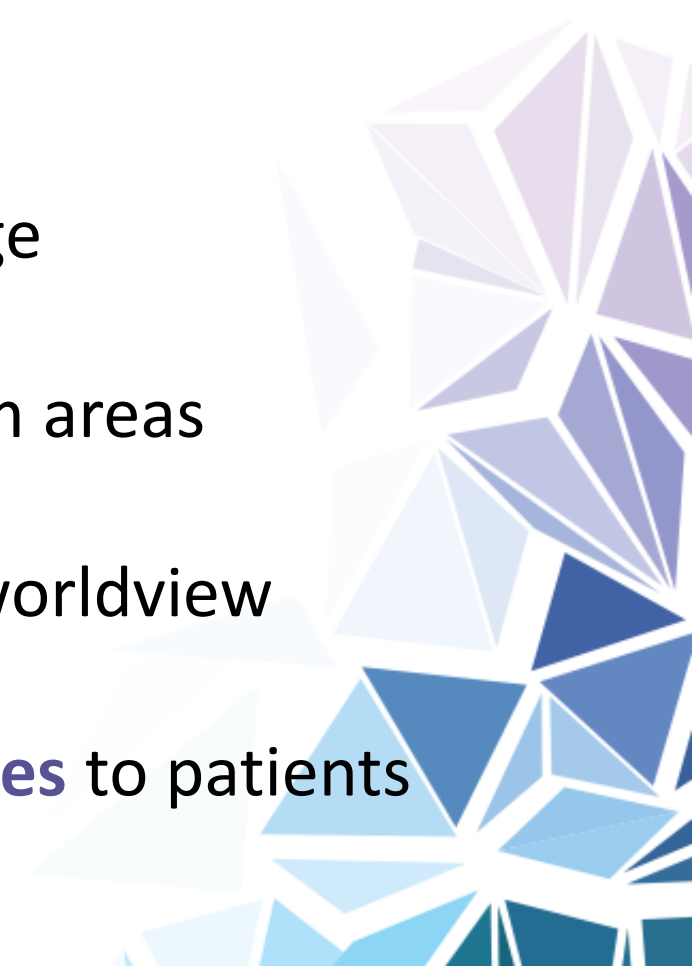
Open-ended questions

- Are likely to receive a longer answer
- Ask the respondent to think and reflect
- Provide opinions and feelings
- Hand control of the conversation to the respondent



Affirmation 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 worldview** instead of a deficit worldview
- Think of affirmations as **attributing interesting qualities** to patients



Motivational interviewing statement

- Avoid the “I”s:
 - I think you are...
 - I see you as...
 - I’ve seen this before...

You are...

You’re
okay with...

You feel...

You believe...

You are
wondering if...

You have...

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 BHCM is **strategic in where to direct attention**



Complex reflections

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

Patient: I'm feeling really tense this morning.

BHCM: Something in your life isn't feeling quite right.

BHCM: You're a little nervous about being here.

Types of complex reflections

Type	Example
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.”
Metaphor	“You’re trying to gain some traction on tough terrain.”
Action	“If you could find the time to exercise, you would.”

Breakout room activity: reflections

- 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



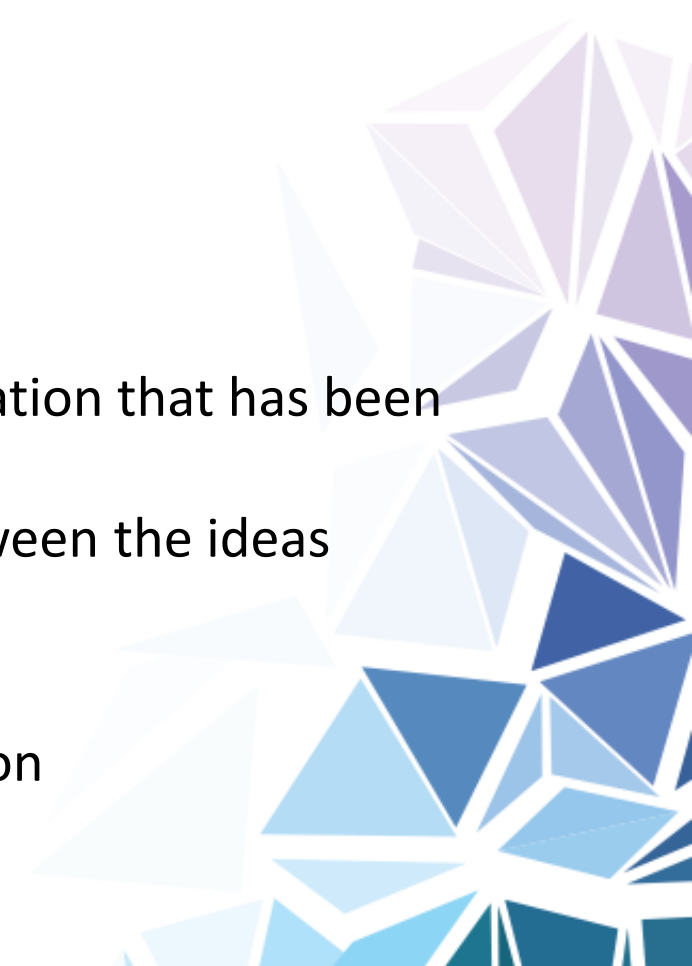
Linking summary

- 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: DARN CAT

Desire

Ability

Reasons

Need

Commitment

Activation

Taking steps



Activity: recognizing change talk

- 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 lose 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.



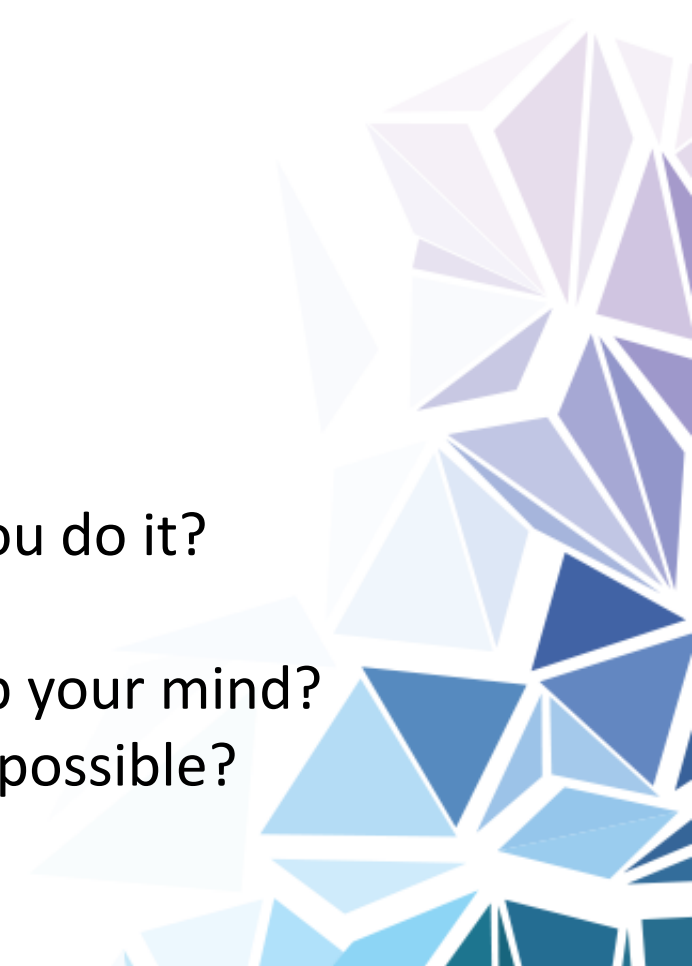
Evoking change talk (1 of 2)

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 (2 of 2)

Reasons

- Why would you want to 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

Querying extremes

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

Looking back

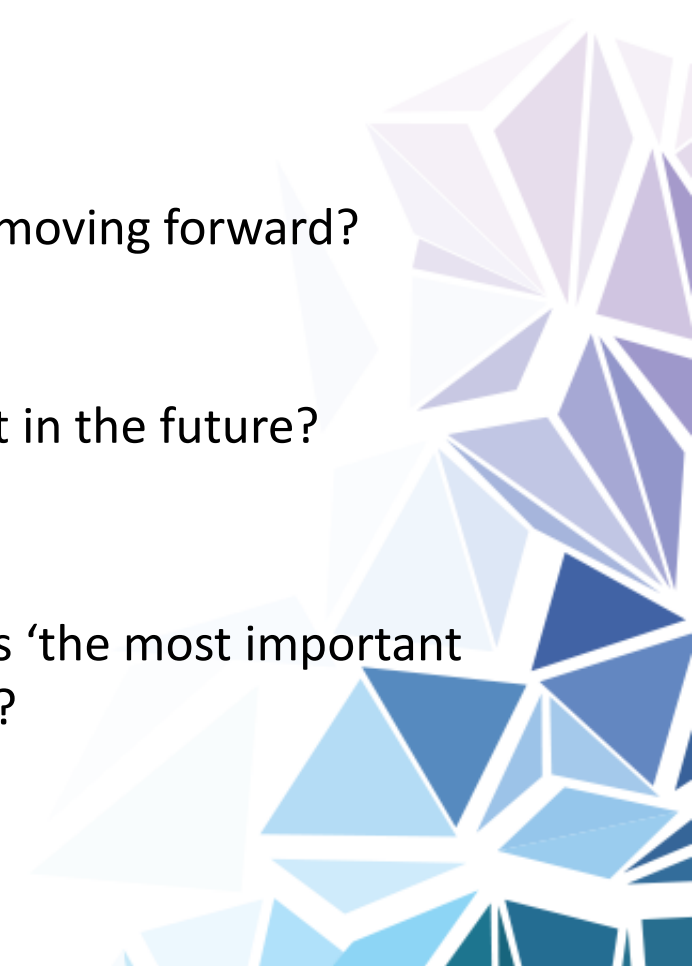
- How has your pain changed you as a person or stopped you from growing, moving forward?

Looking forward

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

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 _____?



Readiness ruler

- Use a 10-point scale to determine:
 - Importance
 - Readiness
 - Confidence

Not ready

Unsure

Ready



Resources

- [Motivational Interviewing Network of Trainers \(MINT\)](#)
- [Worksheet for Change](#)
- [Readiness Ruler](#)
- [Miller, W. R., & Rollnick, S. \(2023\). *Motivational interviewing: Helping people change and grow*. Guilford Publications.](#)
- [Rollnick, S., Miller, W. R., & Butler, C. C. \(2023\). *Motivational interviewing in health care: Helping patients change behavior*. The Guilford Press.](#)

