Preface

There exists a very large and growing demand for behavioral health care, and all too often the responsibility for such care falls not to mental health clinics but to primary care clinics. The mental health professions have been slow to respond to this problem, but an emerging and promising strategy has been to improve collaboration between mental health and primary care by integrating the two services. These efforts have taken a number of forms, but they all share the common goal of better meeting the health care needs of the population. As with any new endeavor however, confusion about how to proceed is widespread. Individuals and clinics attempting to integrate primary care and behavioral health can easily feel as if they are in a boat adrift without a rudder (and sometimes it can feel as if that boat is alone in the middle of a very large sea!). Imagine being the medical director of a primary care clinic wanting to develop an integrated service, or the mental health provider hired to do that. Where would you start? With whom would you consult? This being a relatively new field, few people have training, and this means that finding guidance for establishing a service can be challenging. Even when knowledgeable consultants are found, the advice given is likely to be discrepant from one consultant to another.

In this book we try to provide practical advice to those interested in integrating primary care and behavioral health services. We describe a specific model, the Primary Care Behavioral Health (PCBH) model, that we believe offers a great deal of promise for improving both mental and physical health outcomes. In doing so, we hope to contribute to the standardization of primary care behavioral health integration efforts. The PCBH model is in widespread use around the United States, but has never before been detailed in a book. The model represents a

radically different approach to treating behavioral problems, relative to the traditional specialty mental health model. It also is dramatically different from other approaches to integration.

Hopefully this book will help the reader understand both the need for a different model and the basics of how to apply it. We write from a strong scientist-practitioner perspective, but also inject plenty of anecdotal advice based on our experiences in the primary care behavioral health arena. Our goal was to create a book that is readable and friendly, yet also full of substance. Scientific literature is reviewed in some parts and cited as needed, but this work is first and foremost a "nuts and bolts" guide for behavioral health providers who want to work in primary care and for the administrators who seek to hire them.

In the PCBH model, the behavioral health provider is a consultant (termed "Behavioral Health Consultant" or "BHC") to primary care colleagues. We both work as BHCs in federally qualified health centers (also knows as community health centers), one in a relatively small clinic and the other in a large one. One of us (PR) also worked as a BHC in a large health maintenance organization for eight years prior to moving into the community health sector. In our experience the PCBH model is a durable one that works well in various clinic settings and with patients from diverse socio-economic, racial and ethnic backgrounds. Further, the model allows for delivery of behavioral health services to a much larger group of patients than is possible in specialty mental health care or with other models of integration.

One of us is newer to this field (JR) and one has more experience (PR). We believe the combination of a neophyte and a seasoned provider is a good one for this type of book. There are aspects of transitioning from specialty mental health to primary care that one forgets about after doing this work for a while, hence the benefit of a neophyte's perspective. But there is also knowledge one can only acquire from experience, hence the benefit of the seasoned

veteran. The blend of the two will hopefully provide the reader with a solid feel for how to both get started in primary care and how to maintain momentum.

The book is organized into six parts and four appendices, including a CD that has reproducible patient education handouts and other tools. Part one of the book gives readers an overview of the rationale for integrating primary care and behavioral health, including the most common approaches to integration. A chapter in this part also provides an introduction to the mission of primary care and the people who work there. Part two defines the mission of the PCBH model and describes six domains of competence for the BHC. Ideas for recruiting, training, and evaluating the performance of a BHC are also discussed. Other operational issues in this part include where to locate a BHC service, what items to budget, specific types of BHC services, recruiting for a Behavioral Health Assistant (BHA), and billing issues.

Beginning with the third part of the book the focus becomes more clinical. We review the theoretical models, therapeutic approaches and measurement practices that match well with the PCBH model. Though these will not be new to many readers, the application of them in primary care may be. Part four provides practice tools for the BHC, such as interview and dictation templates, and describes charting practices. In this section, readers with less background in behavior therapy can learn more about conducting a functional analysis, which is a core part of BHC patient visits. This part also provides a Start-Up Checklist for new BHCs and ideas for overcoming potential barriers to referrals from primary care providers (PCPs). Part five is perhaps the heart of the book, as it provides examples of BHC consultations, including common clinical interventions. One chapter is devoted to each of three populations, including children/teenagers and their families, adults, and older adults. Through consultations with patients, the BHC can have a significant effect on PCPs and their ongoing management of

patients. Part five also includes a chapter on providing group services, which may range from seeing families to seeing large groups of patients for classes, workshops, and group medical visits.

In Part six, we share the lessons from some of our more challenging moments in primary care and give examples of common ethical issues for a BHC to be mindful of. This section ends with a chapter offering strategies for evaluating services provided by the BHC. Because ongoing efforts are needed to evaluate, refine and further develop the PCBH model, we consider this to be an important chapter. The appendices include recommended readings on theoretical and therapeutic approaches to expand a BHC's base of preparedness, as well as clinical readings to aid one's work with children and adults. To help jumpstart a new BHC service, a compact-disc with patient education handouts and other tools is also included. Materials on the disc are completely reproducible.

We wrote this book to appeal to a wide audience. The book is not only for behavioral health providers starting a primary care service, but also for the primary care clinic administrators, medical staff members, and medical directors who will partner with them. We also hope this work will be helpful to graduate students in psychology, social work, counseling, and nursing that plan to work in the primary care setting or collaborate with PCPs. Primary care and psychiatry residents interested in behavioral approaches to common health problems should also find much of relevance here. Even school psychologists and counselors, who in many ways face similar problems to PCPs (i.e., they work in an environment that requires them to address many behavioral issues with limited resources), might benefit from understanding the PCBH model and the clinical strategies described here. Finally, one of our greatest hopes is that this book might offer a foundation for the development of more training programs in

primary care behavioral health. There is a great need for more training opportunities, but up until now not much guidance has existed for interested training directors.

Before ending this introduction, a couple of qualifiers are needed. The first is that we haven't done everything in this book in our own clinics, and readers needn't think they have to in order to develop a successful BHC service. The services we provide in our own clinics are dynamic and grow and change as the larger healthcare environment changes. Though remaining true to the basic PCBH model is important, within the model there is plenty of room for creativity and innovation. Consider this book a toolbox from which you hopefully can create a product that meets both your needs and the needs of your clinic. Our second qualifier is that we both are clinical psychologists, and though we have attempted to write the book in fairly generic language there are bound to be places where we could have done better. One challenge of writing for a variety of disciplines is that each discipline seems to use different words to refer to the same or similar concepts. Where we use language or concepts less likely to be understood outside of psychology, we do our best to note that and explain it.

Finally, we must thank the many people who have inspired, helped, advised, encouraged, and—in some cases—fed us, throughout the course of writing this book. Patti wishes to thank Kirk Strosahl, PhD, for invaluable input at the time of need during the long days of writing and Regan Robinson for her support of relaxation time. She also expresses appreciation to her colleagues and friends who read parts of the book, including Joyce Strosahl, Julie Rikard, PhD, and David Brumbaugh, MD. Mark Sauerwein, MD, Kyle Heisey, MD, Kevin Walsh, MD, Ivanna Iovino, MD, Patricia Hernandez, MD, Michael Chau, Janis Rue, MD, Paul Monahan, MD, Nic Oprescu, MD, Julie Ricking, MD, Mark Farley, MD, Don Gargas, MD, Natasha Leacock-Chau, Brian Ullom, MD, and Myrna Ramos-Diaz, MD have

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