COACHING AND ENGAGING CLIENTS WITH MENTAL HEALTH NEEDS

Health Home Care Coordinators and Allied Staff
August 10, 2017

Today’s Presenter

Tony O’Leary, LMHC
– DSHS/Behavioral Health Administration
– 360 725-1039
– anthony.oleary@dshs.wa.gov
Objectives

• Key questions for assessing the client, their environment and behaviors
• Fundamentals of an effective behavioral support plan
• Strategies for supporting behavioral change
• Promoting collaboration to support behavioral change

BEHAVIORAL HEALTH CLIENTS IN PRIMARY CARE SETTINGS

“Psychological Masquerade:”
• Behavioral health conditions superimposed on medical conditions
• Medical conditions superimposed on behavioral health conditions
• Presenting medical complaints with behavioral health basis
BARRIERS TO CLIENTS RECEIVING SERVICES

- Lack of motivation (often mistaken for other barriers)
- Inability/unwillingness to recognize the problem
- Cultural barriers
- Difficulty with transportation
- Estrangement from family/natural supports
- Economic problems
- Social isolation

ENGAGEMENT, TREATMENT AND RECOVERY

- Client engagement is essential in any treatment model
- The longer clients are engaged in treatment, the more successful the outcome
- Clients who perceive a working alliance with their provider are more likely to remain in treatment
INITIAL ENGAGEMENT

• Identify the client (who has the problem?)
• Define an outcome from the client’s perspective
• Assessment tools won’t tell you what the client wants
• Identify strengths

KEEPING CLIENTS ENGAGED

• Welcoming atmosphere
• Personal qualities (empathy, warmth and genuineness)
• Respect for cultural differences
• Family/collateral involvement
• Maintaining clients’ right to self determination
• Peer support (“recovery coaches”)
• Meet clients where they are
STAGE BASED INTERVENTIONS

- **Precontemplation stage.** At this stage the client is not considering the possibility of change. The client is unaware of having a problem or needing to make a change.
- **Contemplation stage.** Awareness of the problem has arisen, and the client is ambivalent about making a change.
- **Determination stage.** The client is motivated to do something about the problem and has not yet taken the initiative.
- **Action stage.** The client engages in action for the purpose of bringing about change.
- **Maintenance stage.** The client engages in behavior to sustain the change.

STAGE BASED INTERVENTION TIPS

- Minimize confrontation
- Mutual treatment planning
- Humor
- Avoid power struggles
- Avoid labeling
- Ask permission
- Awareness of countertransference
- Open to a variety of approaches
SYSTEMIC STRATEGIES

- Partnerships between behavioral health providers and medical clinics
- Co-located professionals
- Behavioral health screening and referral
- Partnerships between local Behavioral Health Organizations and county health departments

First Rule of Managing Behavior

For the care provider, the behavior is the **problem**....

**BUT**

For the individual, something else is the problem and the behavior is the **solution**.
Second Rule of Managing Behavior

If the behavior is going to change, the care provider and the individual must reach a common understanding of what the problem is.

Third Rule of Managing Behavior

Before attempting to change an individual’s behavior, the care provider(s) often must first change their own.
Common Deficits in Individuals with Challenging Behavior

A “challenging behavior” is likely to involve a deficit in one or more of these areas:

• Communication
• Problem Solving
• Social Skills
• Self Management
• Impulse Control

Key Questions

• Before attempting to address an individual’s behavior, there are some things you’ll need to know about the individual, the environment, the care provider(s) and the situation.
• These questions will help you get the information you need to develop an effective behavioral support plan.
Key Questions cont.

Is the behavior new?

Key Questions cont.

If the behavior is new, when did it start?
Key Questions cont.

If the behavior is not new, why is the care provider asking for help now?

Key Questions cont.

How is the behavior different from the individual’s baseline functioning?
Key Questions cont.

Is the behavior random or situational?

Key Questions cont.

When and where is the behavior most/least likely to occur?
Key Questions cont.

Does the individual appear to have cognitive and/or volitional control of the behavior?

Key Questions cont.

What are the individual’s cognitive and/or sensory challenges?
Has there been a change in the individual’s mental status or orientation?

Has there been a change in the individual’s medical condition?
Key Questions cont.

Is the individual in pain?

Key Questions cont.

Is the individual in a new environment, and/or has there been a change in the environment?
Key Questions cont.

Has there been a recent loss?

Key Questions cont.

Have there been any known traumatic events in the individual’s history?
Key Questions cont.

What are the individual’s cultural norms?

Key Questions cont.

What is keeping the behavior from getting worse?
Key Questions cont.

What are the individual’s strengths and capabilities?

Key Questions cont.

Has there been a change in others’ tolerance of the behavior?
Key Questions cont.

Who is the one with the problem (or, who is really your client)?

Systemic vs. Linear Approach

A linear approach addresses behavior as an event.
Systemic vs. Linear Approach cont.

A systemic approach addresses behavior as part of a process:
- What was going on prior to the behavior (the “Antecedent”)?
- The event itself (the “Behavior”).
- What happened following the behavior (the “consequence”)?

How can this information help in developing a more effective behavioral support plan?
Fundamentals of a Behavioral Support Plan

An effective behavioral support plan should be able to be “stuck on the refrigerator” and frequently referred to as a guide for both the individual and the care provider.


Clearly identify the individual’s cognitive and sensory capabilities

Clearly identify the problem and desired outcomes

State the problem and desired outcomes in terms that are *behaviorally specific*

State the problem and desired outcomes in terms that are **measureable**

State the problem and desired outcomes in terms that *everyone involved can understand*

State *how everyone will know* if the plan is working

Case Example

• Bobby Smith’s HAP
  – Long term goal: gain better control of his breathing by getting routine medical and mental health care
  – Short term goal: get a doctor (primary care physician)
    • Note: many of the action steps are completed by the Care Coordinator and Peer Support Specialist
      – Bobby is a Level 1 according to his responses to the Patient Activation Measure (PAM)
Strategies to Support Behavioral Change

Modifying the environment, antecedents to behavior or routine

Strategies to Support Behavioral Change cont.

Providing an alternative to the challenging behavior to obtain the desired outcome
Strategies to Support Behavioral Change cont.

Tactical ignoring of the challenging behavior

Strategies to Support Behavioral Change cont.

Distracting the individual
Strategies to Support Behavioral Change cont.

Changing expectations and demands placed upon the individual

Strategies to Support Behavioral Change cont.

Teaching the individual new skills to manage their own behavior
Introducing natural consequences to the individual’s behavior (taking into consideration the individual’s ability to understand cause-and-effect)

Changing how people around the individual react to the challenging behavior
Behavioral support planning involves designing interventions based on an understanding of the circumstances affecting an individual’s behavior and implementing those interventions in the context of the individual’s regular routines and environments.

People with whom the individual interacts on a regular basis are an essential feature of the environment and the circumstances affecting their behavior, both positive and challenging.
Promoting Collaboration to Support Behavioral Change cont.

Collaboration means that a team, made up of the individual, their family and friends, and collaterals from various disciplines and environments, are engaged in all aspects of the behavioral support process.

Promoting Collaboration to Support Behavioral Change cont.

Collaboration requires that systems support creative, cooperative activities rather than hierarchical structures, and extending participation in team activities beyond typical roles and responsibilities.
Promoting Collaboration to Support Behavioral Change cont.

Collaboration often involves overcoming attitudinal barriers and extending participation in team activities beyond typical roles and responsibilities.

Resources

Behavioral Health Administration website: https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery
Resources cont.

See the handout for links to Behavioral Health Organizations (BHOs) and Early Adopters in Clark and Skamania counties

- The DSHS BHO Development web page: https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/developing-behavioral-health-organizations

- The HCA’s Behavioral Health and Covered Services web page: https://www.hca.wa.gov/billers-providers/behavioral-health#covered-services

Resources cont.

Low cost training programs:
Resources cont.
Translations of the PHQ-9 and GAD-7

The website is sponsored by Pfizer

http://www.phqscreeners.com

Washington State Action Plan on Older Adult Falls Prevention

The Department of Health is in the process of developing our first-ever Washington State Action Plan on Older Adult Falls Prevention, and an essential component of this process is the Older Adult Falls Prevention Survey. This online survey will close on August 31st. The purpose of the survey is to gather input from individuals across Washington State on their attitudes and ideas regarding falls prevention. Information gathered through the survey will be utilized to define priorities and recommendations in the Action Plan.

Survey Link: https://fortress.wa.gov/doh/opinio/s?s=11536
Certificate of Completion

Coaching and Engaging Clients with Mental Health Needs

Tony O'Leary, LMHC
Office Chief
Department of Social and Health Services – Behavioral Health Administration

Webinar aired on: August 10, 2017 in Lacey, Washington
for Health Home Care Coordinators and Allied Staff

Training Credit of 1 Hour

Please sign and date to attest that you reviewed this PowerPoint

______________________________________           ____________________
Your Signature                                Date

______________________________________           ____________________
Supervisor’s Signature                       Date