

Washington State Department of Social and Health Services



COACHING AND ENGAGING CLIENTS WITH MENTAL HEALTH NEEDS

Health Home Care Coordinators and Allied Staff
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Washington State Department of Social and Health Services

Today's Presenter

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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

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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

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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

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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

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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

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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

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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.

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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

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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

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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.***



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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.

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Third Rule of Managing Behavior

Before attempting to change an individual's behavior, the care provider(s) often must first change their own.

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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

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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.

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Key Questions cont.

Is the behavior new?

17

Key Questions cont.

If the behavior is new, when did
it start?

18

Key Questions cont.

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

19

Key Questions cont.

How is the behavior different from the individual's baseline functioning?

20

Key Questions cont.

Is the behavior random or situational?

21

Key Questions cont.

When and where is the behavior most/least likely to occur?

22

Key Questions cont.

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

23

Key Questions cont.

What are the individual's cognitive and/or sensory challenges?

24

Key Questions cont.

Has there been a change in the individual's mental status or orientation?

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Key Questions cont.

Has there been a change in the individual's medical condition?

26

Key Questions cont.

Is the individual in pain?

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Key Questions cont.

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

28

Key Questions cont.

Has there been a recent loss?

29

Key Questions cont.

Have there been any known
traumatic events in the
individual's history?

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Key Questions cont.

What are the individual's cultural norms?

31

Key Questions cont.

What is keeping the behavior from getting worse?

32

Key Questions cont.

What are the individual's strengths and capabilities?

33

Key Questions cont.

Has there been a change in others' tolerance of the behavior?

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Key Questions cont.

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

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Systemic vs. Linear Approach

A linear approach addresses
behavior as an **event**.

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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”)?

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Systemic vs. Linear Approach cont.

How can this information help in developing a more effective behavioral support plan?

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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.

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Fundamentals of a Behavioral Support Plan cont.

Clearly identify the individual’s cognitive and sensory capabilities

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Fundamentals of a Behavioral Support Plan cont.

Clearly identify the problem and desired outcomes

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Fundamentals of a Behavioral Support Plan cont.

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

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Fundamentals of a Behavioral Support Plan cont.

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

43

Fundamentals of a Behavioral Support Plan cont.

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

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Fundamentals of a Behavioral Support Plan cont.

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

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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)

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Strategies to Support Behavioral Change

Modifying the environment,
antecedents to behavior or
routine

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Strategies to Support Behavioral Change cont.

Providing an alternative to the
challenging behavior to obtain
the desired outcome

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Strategies to Support Behavioral Change cont.

Tactical ignoring of the challenging behavior

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Strategies to Support Behavioral Change cont.

Distracting the individual

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Strategies to Support Behavioral Change cont.

Changing expectations and demands placed upon the individual

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Strategies to Support Behavioral Change cont.

Teaching the individual new skills to manage their own behavior

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Strategies to Support Behavioral Change cont.

Introducing natural consequences to the individual's behavior (taking into consideration the individual's ability to understand cause-and-effect)

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Strategies to Support Behavioral Change cont.

Changing how people around the individual react to the challenging behavior

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Promoting Collaboration to Support Behavioral Change

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.

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Promoting Collaboration to Support Behavioral Change cont.

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.

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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.

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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.

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Promoting Collaboration to Support Behavioral Change cont.

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

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Resources

Behavioral Health Administration website:

<https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery>

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How may we help you?

BHA

Division of Behavioral Health and Recovery

- About BHA
- Behavioral Health Advisory Council
- Behavioral Health Services Rules
- Children's Behavioral Health
 - Contractors and Providers
 - Decision Support and Evaluation
 - Developing Behavioral Health Organizations
- Directory of Certified Behavioral Health Agencies
- Interpreter Services
- Licensing and Certification for Behavioral Health Agencies
- Mental Health Services and Information
 - Peer Support
 - Problem Solving 101
- Publications/Podcasts
- Recovery Support Resources
- Substance Abuse Prevention and Mental Health Promotion
- Substance Use Disorder Treatment Services

Division of Behavioral Health and Recovery

Addiction is a brain disorder that can affect anyone. The good news is that prevention works, treatment is effective and recovery transcends time. If your assessment you care about needs help, call the Washington Recovery Help Line, anytime, at 800-561-5322.

Behavioral health is essential to health. Prevention is effective, treatment works, people recover.

Behavioral health is a term that covers the full range of mental and emotional well-being - from day-to-day challenges of life, to the treatment of mental illness, substance use disorders and other addictive behaviors. OHSU funds prevention, intervention, treatment and recovery support services, and follows this definition and guiding principles of recovery.

Available Services

- Find out about types of Medicaid-funded treatment services and how to apply

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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>

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Resources cont.

Low cost training programs:

http://www.reliasacademy.com/crs/storeus/browse/Social-Work-Washington/_/N-8cnsul?p=1&pageus/browse

Course Name	Hours	Certs	Media	Price	Add to Cart
Academy All Access				\$299.00	ADD TO CART
Abuse	2.25			\$22.50	ADD TO CART
Addressing Overweight and Obesity in Individuals with Mental Illness	1.25			\$15.00	ADD TO CART
ADHD: Diagnosis and Treatment	2.00			\$20.00	ADD TO CART

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Resources cont.

Translations of the PHQ-9 and GAD-7

The website
is sponsored
by Pfizer

Welcome to the Patient Health Questionnaire (PHQ) Screeners

Screener Overview

Recognizing signs of mental health disorders is not always easy. The Patient Health Questionnaire (PHQ) is a diagnostic tool for mental health disorders used by health care professionals that is quick and easy for patients to complete. In the mid-1990s, Robert L. Spitzer, MD, Janet B.W. Williams, DOV, and Kurt Kroenke, MD, and colleagues at Columbia University developed the Primary Care Evaluation of Mental Disorders (PRIME-MD), a diagnostic tool containing modules on 12 different mental health disorders. They worked in collaboration with researchers at the Regenrief Institute at Indiana University and with the support of an educational grant from Pfizer Inc. During the development of PRIME-MD, Drs. Spitzer, Williams and Kroenke, created the PHQ and GAD-7 screeners.

The PHQ, a self-administered version of the PRIME-MD, contains the mood (PHQ-9), anxiety, alcohol, eating, and somatoform modules as covered in the original PRIME-MD. The GAD-7 was subsequently developed as a brief scale for anxiety. The PHQ-9, a tool specific to depression, simply scores each of the 9 DSM-IV criteria based on the mood module from the original PRIME-MD. The GAD-7 scores 7 common anxiety symptoms. Various versions of the PHQ scales are discussed in the Instruction Manual.

All PHQ, GAD-7 screeners and translations are downloadable from this website and no permission is required to reproduce, translate, display or distribute them.

Select a Screener

PHQ and GAD-7 Screeners

PHQ-9

Select language

Click here to access the Instruction Manual

Bibliography by author

Pfizer

Privacy Policy Terms of Use Agreement

<http://www.phqscreeners.com>

Washington State Department of Social and Health Services

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

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Department of Social and Health Services – Behavioral Health Administration

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for Health Home Care Coordinators and Allied Staff*

Training Credit of 1 Hour

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