

The Webinar will begin promptly at 12 pm

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Send your questions to the host via the chat window in the Zoom meeting.

Q+A will open at the end of the presentation.

Follow-up questions?

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ENGAGING FAMILIES IN PRIMARY CARE BEHAVIORAL HEALTH (PCBH)



PRESENTED BY:

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**Tuesday,
June 20, 2023
12:00 pm – 1:00 pm ET**

Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the U.S. Department of Health and Human Services (HHS). A total of \$3,500,365, or 81 percent, of the project is financed with federal funds, and \$810,022, or 19 percent, is funded by non-federal sources. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, HHS or the U.S. Government.

- » Integrated Care DC enhances Medicaid providers' capacity to deliver whole-person care for the physical, behavioral health, substance use disorder, and social needs of beneficiaries.
- » The technical assistance program is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH).

To improve care and outcomes, the program focuses on three practice transformation core competencies:

- 1 Deliver **patient-centered care** across the care continuum
- 2 Use **population health analytics** to address complex needs
- 3 Engage **leadership** to support person-centered, value-based care

WHY PARTICIPATE IN INTEGRATED CARE DC?

- » Integrated Care DC will help ensure you have the infrastructure, knowledge, and tools you need to deliver high-value care.
- » Our coaching team includes primary care, psychiatric, addiction medicine, and behavioral health clinicians with deep expertise in integrated care models.
- » Educational credit (CE/CME) is offered at no cost to attendees for live webinars.
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Company	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures
Nature of relationship	N/A	N/A	N/A	N/A

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ENGAGING FAMILIES IN PRIMARY CARE BEHAVIORAL HEALTH (PCBH)

- » Welcome and Program Announcements
- » Engaging Families in Primary Care Behavioral Health (PCBH)
- » Bidirectional Impact of Health and Family
- » Intervention Strategies
- » Addressing Conflict and “Stuckness” in the Family System
- » Case Discussion
- » Closing Remarks/Q&A

LEARNING OBJECTIVES

1. Identify opportunities for family engagement in the PCBH model.
2. Describe how family and health bidirectionally impact one another.
3. Discuss strategies for families and providers to facilitate open communication in complex situations.
4. Employ ways to manage conflict and “stuckness” in the family system.



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ENGAGING FAMILIES IN PRIMARY CARE BEHAVIORAL HEALTH (PCBH)

- » The Primary Care Behavioral Health (PCBH) Consultation model is a psychological approach to **population-based clinical health care** that is simultaneously **co-located, collaborative, and integrated** within the primary care clinic.
- » The goal of PCBH is to improve and promote **overall health within the general population.**

THE BEHAVIORAL HEALTH CONSULTANT (BHC) ROLE IN THE PCBH MODEL: GATHER



Generalist

The goal is to have the BHC work with patients of any age and any behavioral concern, from anxiety or tobacco use to parenting strategies.

Accessible

The BHC should be available to help the primary care provider at all times during the workday.

Team-based

The BHC is part of the health care team and participates in meetings and huddles about patient care.

High Productivity

To make this model work financially, the BHC must be able to see many patients each day. Many of these visits are short.

Education

The BHC educates patients about health issues and the health care team about patients' psychosocial needs. The BHC supports the primary care provider in continued care of the patient.

Routine

When making referrals to the BHC becomes part of the clinic's normal daily workflow, the BHC becomes an integrated part of the team.



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- » Introduction (2 minutes)
- » **Contextual Interview (10 minutes)**
- » Conceptualization Statement (2 minutes)
- » Psychoeducation (3-5 minutes)
- » Intervention (5-10 minutes)
- » Plan and Follow-up (2 minutes)

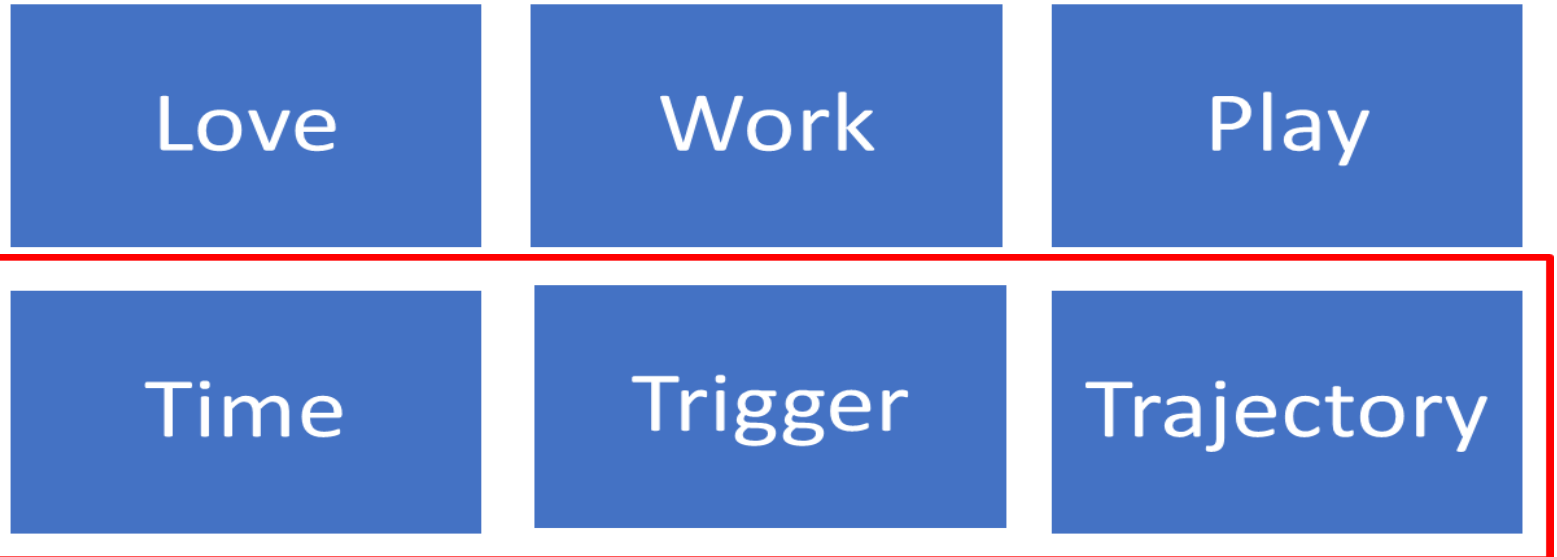
Robinson, P. J., & Reiter, J. D. (2007). Behavioral consultation and primary care: A guide to integrating services. New York: Springer

PCBH CONTEXTUAL INTERVIEW COMPONENTS



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Robinson, P. J., & Reiter, J. D. (2007). Behavioral consultation and primary care: A guide to integrating services. New York: Springer

- » Adapts questions and flow of interview to take advantage of family dynamics, as they develop in the visit.
- » Engages everyone and to prepare the family for meaningful change.
- » Addresses instrumental barriers to care, illness acuity and subsequent readiness for treatment, and family engagement to enhance the referral process¹



Source: [Helena Lopes](#) on [Unsplash](#)

¹Horevitz, E., Organista, K. C., & Arean, P. A. (2015). Depression treatment uptake in integrated primary care: How a “warm handoff” and other factors affect decision making by Latinos. *Psychiatric Services*, 66, 824–830.

CASE STUDY: JUANITA JONES



Source: [National Cancer Institute](#) on [Unsplash](#)

Ms. Jones is a single 47-year-old patient with 1 adult child and 3 grandchildren living in her home, as well as an aging father with early-stage Parkinson's disease who recently moved in too. She is being seen for hypertension and her A1c is 12.5.

- Generational effects on family relationships and individual behavior suggest that dysfunctional relationship patterns in one's family of origin contribute to greater stress and to poorer health outcomes (Gallegos et al., 2022)
- When parenting stress increases, marital tensions tend to increase as well (Coles et al 2022; Botha et al 2019; Goldberg & Carlson 2014).
- When you're stressed out, you are more likely to adopt negative parenting responses, leading to more conflict and trouble (e.g., Taraban et al 2019; Sullivan et al 2022).
- Some mothers-to-be are exposed to toxic stress during pregnancy, which puts their babies at higher risk for poor developmental outcomes (Caparros-Gonzalez et al 2022; Wu et al 2022).

MUTUALLY INFLUENCING



Source: [Daiga Ellaby](#) on [Unsplash](#)

STRATEGIES FOR ENGAGEMENT



Source: [Alexander Gray on Unsplash](#)

Obtain patient consent/assent

Have the patient introduce the people in the exam room

Make good eye contact; look at each person present so everyone feels included

Maintain a position of cultural humility and awareness

Preventative Focus

- Educational and Support Groups for Special Topics/
Focused Populations

Acute and Chronic Conditions

- Family Therapy Sessions
- Group Medical Visits
- Evidence-based practice (EBP)-focused Workshops
- Patient/Caregiver Support Services



Source: [Madison Lavern](#) on [Unsplash](#)

- » Exceptions
- » Enactments
- » Circular questioning
- » Prosocial communication skills
- » Identify alliances, coalitions, and triangles
- » Role swap
- » Time out
- » Mindfulness techniques to disrupt stress responses
- » Who am I in this family?

CASE DISCUSSION

Q&A

REFERENCE LIST



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