

# ***Primary Care Behavioral Health Screener***

## **User Manual**

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Developed by the Integrated Care Team  
Saint Louis Behavioral Medicine Institute and  
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## Background

The *Primary Care Behavioral Health Screener* (PCBHS) was developed as part of the Sidney R. Baer Foundation Integrated Care Project, which was initiated to assess the feasibility of administering integrated care in the private sector\*. One objective of the project was development of a practical instrument to detect behavioral health problems in primary care settings. The PCBHS was designed to be brief, comprehensive, and easily understood by adults from various educational backgrounds. In addition, the instrument was intended to be user-friendly for primary care providers and have the capacity to function as an outcome measure.

## Basic Description of the Instrument

The PCBHS is a self-report instrument that can be completed by most patients in less than 5 minutes. A 2-question format was selected for the PCBHS. Question 1 asks patients to indicate which of 26 behavioral health problems they have experienced within the past month. Question 2 asks them to indicate the extent to which their problems have caused distress or interfered with functioning. The second question was designed to provide a way to distinguish between normal difficulties and clinically significant problems. In addition, Question 2 was designed to provide a way of measuring outcome by comparing ratings of severity across different administrations of the instrument.

## Use and Limitations

The PCBHS should be used as a screener, to detect the presence of a behavioral health problem, and to provide a general indication of problem severity. It was not developed to function as a diagnostic instrument and cannot substitute for a clinician's professional judgment and diagnosis. The PCBHS can alert clinicians to the presence of a problem and the clinician's review of individual item responses may suggest certain diagnoses or types of problems. However, in most cases, the clinician will need to ask additional questions to determine the nature of the problem and the appropriate intervention.

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### Using the PCBHS in Clinical Practice

Typically, patients are asked to complete the PCBHS, along with any other paperwork related to their visit, prior to seeing the primary care provider. The form is usually completed in the patient waiting area, but a patient could be asked to complete the form in the exam room or another area of the clinic. The instrument can be used as a paper and pencil test or as a computer-based instrument. The PCBHS was designed to be self-administered. However, in cases in which self-administration is not feasible due to physical or cognitive impairment or literacy limitations, questions and response options can be read aloud to the patient and the form can be completed by someone other than the patient (e.g., a clinic staff member, a relative). Please note psychometric studies of the PCBHS thus far have focused on use of the self-administration format of the PCBHS.

After the PCBHS has been completed, it should be made available for review by an identified member of the primary care team, most often the physician or other primary care provider. However, a clinic may decide to have another member of the team (e.g., a Behavioral Health Consultant) conduct the initial review of the instrument.

### Interpretation of the Instrument

A positive screen is obtained if the patient checks 1 or more items on Question 1 and endorses a severity rating of “Somewhat” or higher (i.e., either “Somewhat,” “A Lot,” or “A Whole Lot”) on Question 2. A positive screen indicates the presence of one or more clinically significant behavioral health problems. The clinician will need to ask additional questions or may elect to administer additional instruments to identify the specific problems or diagnoses affecting the patient. However, this process can be guided by a review of individual item responses on Question 1. Appendix A contains a list of possible diagnoses or problems that might be present for each item listed under Question 1.

### Psychometrics of the PCBHS

Preliminary psychometric research (see Appendix B) suggests the PCBHS is a reliable and valid instrument for detecting the presence of one or more behavioral health problems in primary care patients. In one study, test-retest reliability was highly significant ( $z = 3.3, p < .001$ ). A second study found acceptable levels of agreement between the PCBHS and another, validated instrument (i.e., the Quick Psycho-Diagnostics Panel) developed to diagnose psychiatric problems in primary care patients. Item analyses indicated the PCBHS possess good internal consistency.

APPENDIX A

Problems Possibly Indicated by Individual Screener Items

<i>INDIVIDUAL PCBHS ITEMS</i>	<i>POSSIBLE BEHAVIORAL HEALTH PROBLEM</i>
Little interest or pleasure in almost all activities	Depression
Feeling sad or depressed	Depression
Feeling tired or sleepy during the day	Depression, Sleep Dis.
Sleeping too much or too little	Depression, Sleep Dis.
Eating too much or too little, or losing control of how much you eat	Depression, Eating Dis.
Forcing yourself to vomit after eating	Eating Dis.
Believing you're too fat or too ugly, even though others say you're not	Eating Dis., Body Dysmorphic Dis.
Trouble concentrating or being easily distracted	Depression, GAD, ADD/ADHD
Being fidgety, restless, nervous, or tense	Depression, GAD/Other AD, Adjust. Dis.
Wishing you were dead or wanting to harm yourself	Depression
Several days feeling "on top of the world" or highly energetic for no obvious reason	Bipolar Dis.
Difficulties with stress, anger, or frustration	Depression, AD, Adjust. Dis.
Sudden panic or anxiety attack	Panic Dis./Other AD
Worrying a lot	GAD
Avoiding or dreading being around people or the center of attention	SAD
Intrusive, disturbing thoughts or images that pop in your mind	OCD, PTSD
Doing or thinking something over and over to get rid of an unpleasant feeling	OCD
Nightmares or disturbing daytime memories of a past unpleasant event	PTSD
Use of alcohol or drugs that you later regretted	Substance-Related Dis.
Trouble with your sex life	Sexual Dis.
Trouble with your memory or thinking	Dementia, cognitive dis.
Seeing, hearing, or believing things that others view as odd or unbelievable	Psychosis, other thought dis.
Difficulties coping with a medical condition or major life event	Adjust. Dis.
Difficulties with family members or others who are upset with your behavior	Family conflict/problems
Other habit or behavior (e.g., gambling, unprotected sex, spending money) that is potentially harmful or that causes difficulties for you or someone else	Impulse Control Dis., miscellaneous addictions
Other Problems? (please explain):	

APPENDIX B

References

- Margolis, R.B., & Pollard, C.A. (2010). The Primary Care Behavioral Health Screen, I: A Study of Convergent Validity. World Congress of Behavioral & Cognitive Therapies, Boston, MA.
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- Pollard, C.A., Margolis, R.B., Niemiec, R., Salas, J., & Aatre, G. (in press). Psychometric properties of the *Primary Care Behavioral Health Screen*. Journal of Clinical Psychology in Medical Settings.