

## **Training Behavioral Health Professionals: How to join a medical team**

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This tool was designed with the help of:

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Our Behavioral Health Integrated Care Training program for Behavioral Health Professionals has several components: General orientation to our community health clinics and our community mental health center, basic job expectations, and Electronic Medical Record training for each site. In addition, clinical training in Solution Focused Brief Treatment is provided with an expectation that one could demonstrate basic SFBT. Specific training in clinical areas that are relevant to Primary Care are provided during the first year of the position, this would include but not be limited to Chronic Disease Self-Management; Centering Pregnancy; Pain Management; Issues of Pregnancy; Mindfulness; Mental Health Recovery; Substance Abuse Treatment and SBIRT; and Using a Planned Care Model which includes use and management of a registry. It is important behavioral health professionals also understand specific clinic procedures for child abuse and neglect reporting, unlawful sexual assault, response for domestic violence, confidentiality for teens, suicide prevention and 72 hour holds, and interagency collaboration and resources.

### **Shadow Plan:**

Our team of behavioral health providers agreed that one of the most challenging parts of the job is joining a medical team. Joining a medical team is the foundation of Integrated Care. Primary Care has its own unique culture and character and is a very different environment from typical community mental health settings. Keeping that in mind we developed this Shadow Plan to meet the following expectations: increase system expertise, increase knowledge of clinic work flow, and demonstrate how to join a team, through building trust, and effective communication with medical providers and clinic staff.

Joining an interdisciplinary team where the medical hierarchy may still exist takes training and support. We designed The Shadowing Plan to help individuals learn how to insert themselves into a clinic. We discovered that it does not matter how excellent your clinical skills are if you are not seen as part of the team and the medical providers do not see you as beneficial to their patients and their work. This training exercise does not address specific behavioral health interventions with patients; instead *it is directed at the world outside of BHP-patient interactions*. It is a list of tasks that can be completed as a result of observing one or more experienced behavioral health professionals (BHP) as they go through their day. The observations are directed towards integrated ‘consultations’ and instances in which the behavioral health professional provides intervention at the bequest of a medical team member or in the course of medical exams. These are typically unplanned events.

The Plan requires a new employee or trainee to follow different clinic personal including the Senior BHP and check off those behaviors observed.

**Behavior or Action to be observed**

**Part I**

**Out side of the exam room**

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- 1 BHP obtaining information about a patient (appt. schedule, medical chart, registries, prepared reports, huddle, case conference etc.).

Observed    Comments

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- 2 BHP previewing the pod (medical team) schedule with the providers to identify prospective patients needing BHP or CM contact.

Observed    Comments

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- 3 Be able to describe how and when a BHP charts an encounter with a patient in a timely, efficient manner, including concurrent computer EMR charting during a visit.

Observed    Comments

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- 4 BHP interaction with a provider or teammate where the BHP has adapted his or her consultation approach to the person with whom they are talking. For example, some providers prefer a brief synopsis of a case, others prefer an opportunity to share the patient's history from their perspective etc.

Observed    Comments

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- 5 BHP providing appropriate patient triage, consultation, or actions when the BHP is unavailable to see a patient at the time of the request.

Observed Comments

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6 BHP supporting the work flow through: flexibility, formal scheduling, seeing patients before and/or after the provider, BHP working with a provider to be more efficient and/or helping the provider catch up when they are behind.

Observed Comments

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7 BHP supporting the medical team by sharing the work load through complementing, negotiating work flow, seeing patients concurrently.

Observed Comments

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8 BHP showing enthusiasm and humor in their work.

Observed Comments

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9 BHP demonstrating professional values including but not limited to confidentiality, cultural sensitivity and respect for self-determination in a system that requires information sharing.

Observed Comments

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10 BHP demonstrating an awareness of another team member's role and seeing the BHP supporting staff person other than the medical providers.

Observed Comments

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BHP assessing a walk-in patient's needs and/or helping the front desk assess a situation in the lobby

Observed Comments

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11 Identify the main categories of presenting problems for which a BHP might be able to provide help

Observed Comments

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12 Identify the main categories of resource support for which a BHP can provider referral (Food, Housing, Mental Health, Parenting, etc.)

Observed Comments

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13 BHP consulting/collaborating with another agency on the phone.  
Observed Comments

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14 BHP switching back and forth between English and Spanish  
Observed Comments

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**Part II Patient related behaviors**

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1 BHP Curbside consult with PCP  
Observed Comments

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2 BHP updating a medical provider about the patient's progress, including but not limited to improved functioning, participation in treatment, reduction of symptoms, diagnosis, follow-through with medication etc.  
Observed Comments

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3 A successful medical provider-BHP interaction where the BHP extends their availability by offering a suggestion about how to treat a patient without seeing the patient in person.  
Observed Comments

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4 List the basic information a psychiatrist requires in order for the psychiatrist to consult about medication in a conversation (as oppose to a written referral) for a patient who the psychiatrist has not seen.  
Observed Comments

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5 Observe how the need for additional community services is identified by someone on the medical team or from patient directly, and how the patient is given resources and/or a referral.  
Observed Comments

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6 BHP facilitates a referral to the community mental health center.  
Observed Comments

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7 A patient who is stepping down from community mental health specialty care is supported in the transition to primary care.  
Observed Comments

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8 BHP providing education about a psychosocial problem (ie, homelessness) and the staff person with whom they are sharing that information indicates that it was helpful.  
Observed Comments

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9 BHP learning more about a medical condition from a provider and how it may interact with a behavioral health problem.  
Observed Comments

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10 BHP identifying the provider's main concern/goal for the patient encounter, and addressing this with the patient, while also being able to elicit the wider psychosocial context of the problem, and to relay this psychosocial context back to the provider  
Observed Comments

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11 BHP will getting one set of facts from the provider and then get a different set from the patient and report back to the provider identifying patient strengths the provider may not have noticed.  
Observed Comments

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12 BHP coaching a provider about how to interact with a patient and/or suggesting a treatment approach or plan  
Observed Comments

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**Part III Specific patient populations**

1 Culture, notice the range of patients the BHP sees, lifestyle, ethnicity, age, sexual orientation etc.  
 Observed Comments

2 Depression: Observe and describe the use of the PHQ-9 and use of the Depression Registry  
 Observe Comments

3 Prenatal and or Post-natal patients assessment  
 Observed Comments

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**Part IV General staff observations**

Observed Provider:  
 Comments

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BHP:  
 Comments

Case manager:  
 comments

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Medical assistant:  
 comments

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Team RN:  
 comments

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Referral case manager:  
 comments

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Records tech.:  
 comments

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Front desk staff:

comments

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Pharmacy:  
comments

**Additional Comments and Questions:**

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