



The Indiana Division of Mental Health and Addiction (DMHA) in collaboration with its integration stakeholder cross agency partners submitted a Technical Transfer Initiative (TTI) grant proposal and was awarded funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) through the National Association of State Mental Health Program Directors (NASMHPD). That grant is supporting today's training activities.

www.indianaintegration.org

It's an exciting time for
behavioral health professionals...

*Practical approaches to
promoting health
behavior change*

Robert Ryan, Ed.S., LMHC

Richard Ruhrold, Ph.D., HSPP

Bowen Center

*“Our lives change
when our habits
change.”*



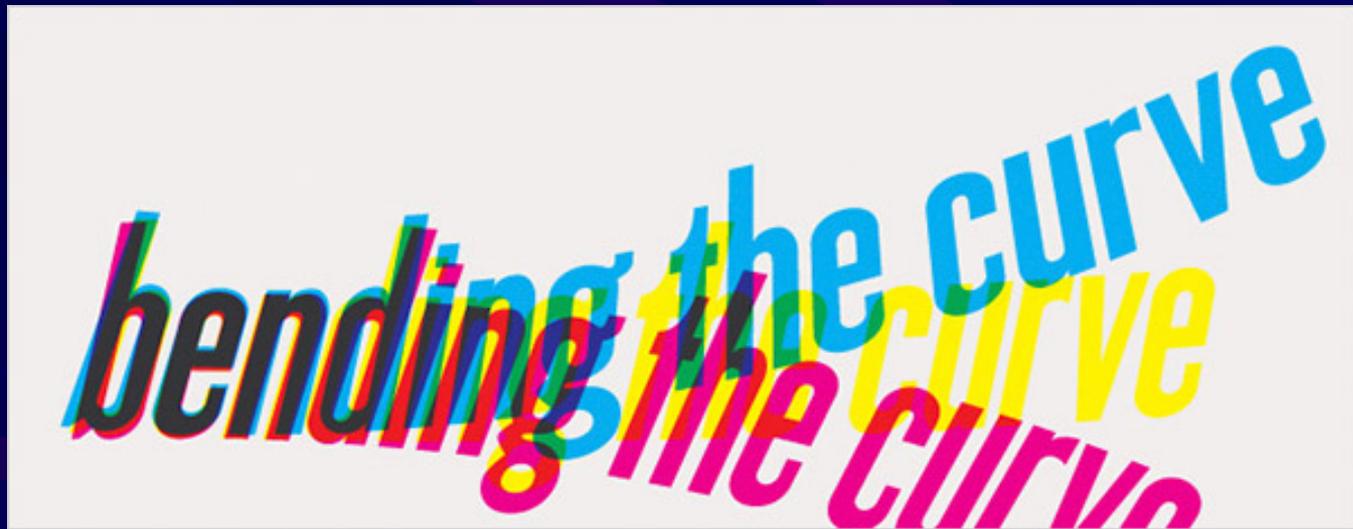
TTI 2013



Today's training objectives

- Understand “the business case” for integrated healthcare.
- Understand and improve our “health literacy”.
- Enhance our ability to promote positive health behavior change: What works? What doesn't.
 - Motivational principles.
 - Using screening and outcome measures.
 - Solution-focused interviewing and language usage.
 - The art of goal creation.
 - “Tiny habits”
 - Self-monitoring (high and low tech)
- Widely applicable interventions for primary healthcare and disease management.
- Functioning in the primary care environment: How to do a “hallway consult”.
- Resources

The “business case” for integrated healthcare



The business case

Mauer & Jarvis (2010).

*The business case for
bidirectional integrated care.*

The California Integrated
Policy Initiative.

The Dysfunctional

FAMILY FEUD



Our category today is...

“Health literacy”

*The ability to read,
understand and act upon
health information.*

What percentage of patients forget most or all of what their medical provider told them as soon as they leave the office?



Of the information that patients do remember from visits to the doctor, what percentage is remembered *incorrectly*?

■ 10%

■ 30%

■ 50%

■ 75%

Individuals with low health literacy often require additional care that can result in annual health care costs that are typically _____ times higher than those with greater health literacy.

- 2
- 3
- 4
- 5
- 6

How many American adults are estimated to have difficulty reading and understanding basic health information?

- 40 million
- 50 million
- 90 million
- 150 million

One major study (2007) estimated that the cost of low health literacy is approximately \$ ___ billion per year due to frequent use of emergency services, poor management of chronic diseases and less use of preventive services.

- 140 billion
- 240 billion
- 525 billion
- 800 billion

Which of the following groups are most likely to have poor health literacy?

- Non-high school graduates
- Elderly
- Lower income families
- Ethnic minorities
- All of the above
- 1,3 & 4

*Heard yesterday at the
medical clinic....*

Correctly pronounce (read out
loud) and define the following
commonly used medical terms...

- Osteoporosis
- Impetigo
- Glomerulus
- Mediastinum
- Splenomegaly
- Cholecystectomy

The following questions relate to this nutrition label.

Nutrition Facts

Serving Size ½ cup
Servings per container 4

Amount per serving

Calories 250 Fat Cal 120

%DV

Total Fat 13g 20%

Sat Fat 9g 40%

Cholesterol 28mg 12%

Sodium 55mg 2%

Total Carbohydrate 30g 12%

Dietary Fiber 2g

Sugars 23g

Protein 4g 8%

*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

If you are allowed to eat 60 grams of carbohydrate as a snack, how much ice cream can you have?

1 cup

Nutrition Facts

Serving Size ½ cup
Servings per container 4

Amount per serving
Calories 250 Fat Cal 120

%DV

Total Fat 13g 20%

Sat Fat 9g 40%

Cholesterol 28mg 12%

Sodium 55mg 2%

Total Carbohydrate 30g 12%

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Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 grams of saturated fat each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day?

33 g

Nutrition Facts

Serving Size ½ cup
Servings per container 4

Amount per serving
Calories 250 Fat Cal 120

	%DV
Total Fat 13g	20%
Sat Fat 9g	40%
Cholesterol 28mg	12%
Sodium 55mg	2%
Total Carbohydrate 30g	12%
Dietary Fiber 2g	
Sugars 23g	
Protein 4g	8%

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Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving?

10%

Nutrition Facts

Serving Size ½ cup
Servings per container 4

Amount per serving
Calories 250 Fat Cal 120

	%DV
Total Fat 13g	20%
Sat Fat 9g	40%
Cholesterol 28mg	12%
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Sugars 23g	
Protein 4g	8%

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Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

Pretend you are allergic to the following substances: Penicillin, peanuts, latex gloves and bee stings. Is it safe for you to eat this ice cream? Explain your answer.

No, because it contains peanut oil.

Nutrition Facts

Serving Size ½ cup
Servings per container 4

Amount per serving
Calories 250 Fat Cal 120

%DV

Total Fat 13g 20%

Sat Fat 9g 40%

Cholesterol 28mg 12%

Sodium 55mg 2%

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Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat two servings?

20%

Nutrition Facts

Serving Size ½ cup
Servings per container 4

Amount per serving
Calories 250 Fat Cal 120

	%DV
Total Fat 13g	20%
Sat Fat 9g	40%
Cholesterol 28mg	12%
Sodium 55mg	2%
Total Carbohydrate 30g	12%
Dietary Fiber 2g	
Sugars 23g	
Protein 4g	8%

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Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

If you eat the entire container, how many calories will you eat?

1,000 cal

Nutrition Facts

Serving Size ½ cup
Servings per container 4

Amount per serving
Calories 250 Fat Cal 120

%DV

Total Fat 13g 20%

Sat Fat 9g 40%

Cholesterol 28mg 12%

Sodium 55mg 2%

Total Carbohydrate 30g 12%

Dietary Fiber 2g

Sugars 23g

Protein 4g 8%

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Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

A 45-year-old man is 5' 10" tall and weighs 200 lbs. He wants to lose 30 pounds. How many calories can he consume per day and expect to lose an average $\frac{1}{2}$ pound per week, assuming a sedentary lifestyle?

■ 1860

■ 2000

■ 2140

■ 2250

■ 2400

A 45-year-old woman is 5' 5" tall and weighs 160 lbs. She wants to lose 20 pounds. How many calories can she consume per day and expect to lose an average $\frac{1}{2}$ pound per week, assuming a sedentary lifestyle?

- 1480
- 1570
- 1650
- 1750
- 1860

And now some questions
about key health indicators
and recommended health
and wellness screenings...

The Center for Disease Control and Prevention (CDC) recommends the following health promotion

40

- Mammography with clinical breast exam (CBE), 1-2 years for women with average risk factors beginning at age

The Center for Disease Control and Prevention (CDC) recommends the

following health promotion
screening

50

- Colorectal cancer screening using flexible sigmoidoscopy or colonoscopy should begin at age 50

The Center for Disease Control and Prevention (CDC) recommends the following health protection

25

- Chlamydia screening for all sexually active women _____ and _____

What does the acronym
“LDL” stand for?

Low Density Lipoprotein

What is a more common
name for “LDL”?

“Bad” or “Lousy” cholesterol.

“Optimal” and “near optimal” LDL levels include what range?

- Less than 80

- 81-100

- 129 or lower

- 100 - 159

According to the NIH, how often should ALL adults have their LDL level checked?

■ Annually

■ Every two years

■ Every five years

■ Only when one has symptoms

What are “triglycerides”?

Your doctor tells you that your blood pressure is **150/95**?

What are the two numbers?

How should you interpret this information?

Your fasting blood glucose is **115**.
You are considered to be...

- Within normal limits
- **Pre-diabetic**
- Type I diabetic
- Type II diabetic

You have been previously diagnosed with diabetes. Your doctor tells you that your **hemoglobin A1C is 8.0.**

How should you interpret this information?

According to the NIH, how often should adults with diabetes have their A1C measured?

- Monthly
- Every six months
- Annually
- Every two year
- Only when one has symptoms

HIGH BLOOD PRESSURE

Blood pressure is the force of blood against the walls of arteries. High blood pressure (hypertension) increases your chance of heart disease, and is dangerous because it often has no symptoms. Prevent high blood pressure by reducing sodium (salt) intake, being active, and keeping a healthy weight.



NEARLY 1 IN 3
AMERICAN WOMEN HAS
HIGH BLOOD PRESSURE.

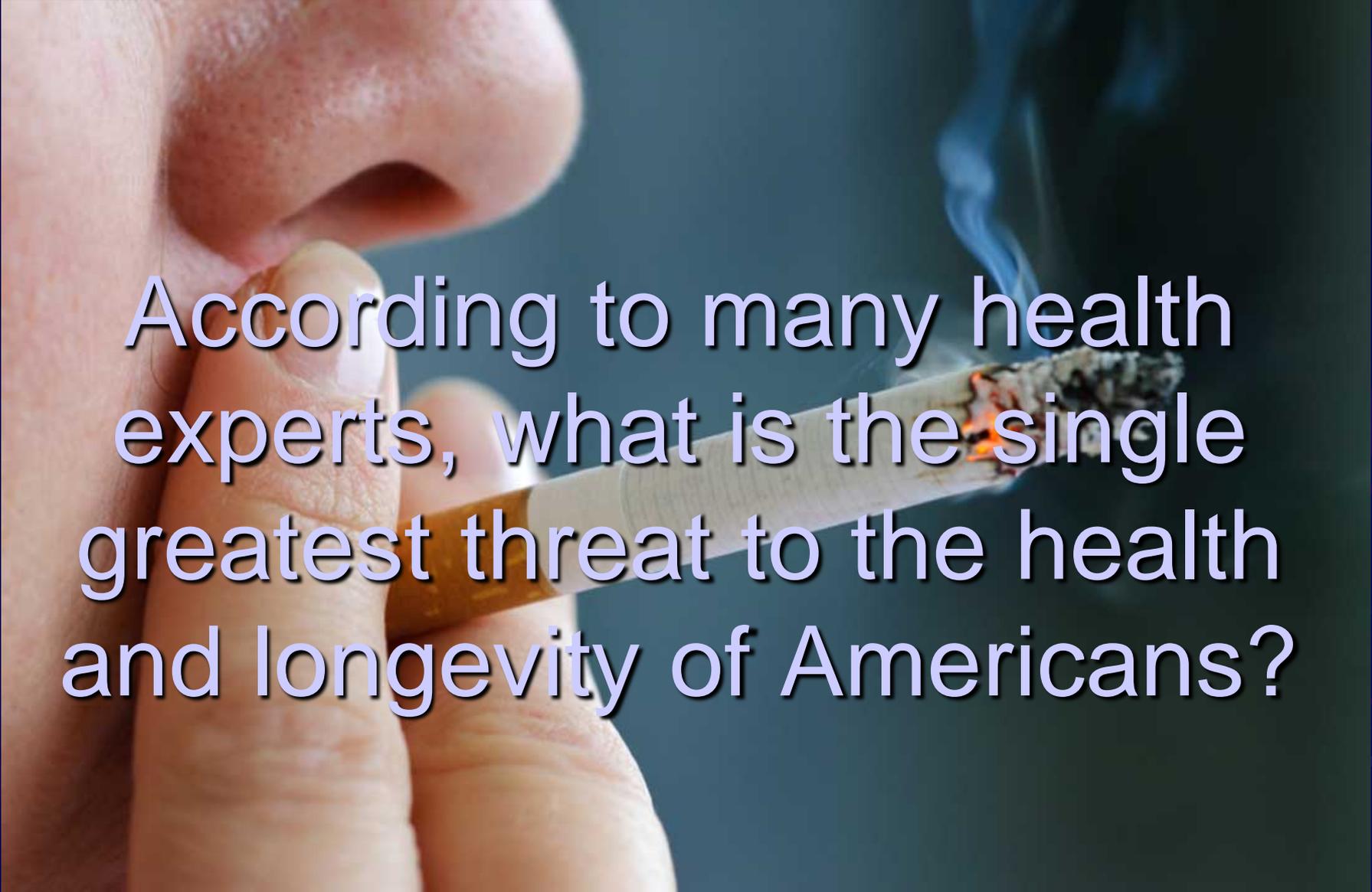
CATEGORY	BLOOD PRESSURE LEVEL (mmHg)	
	SYSTOLIC	DIASTOLIC
NORMAL	less than 120	and less than 80
PREHYPERTENSION	120-139	or 80-89
STAGE 1 HYPERTENSION	140-159	or 90-99
STAGE 2 HYPERTENSION	160 or higher	or 100 or higher



CONSUME LESS THAN 1 TEASPOON (2,300 MG)
OF SODIUM A DAY, INCLUDING
SODIUM FOUND IN PACKAGED OR
PREPARED FOODS.

Sources

- National Center for Health Statistics. (2007-2010). *National Health and Nutrition Examination Survey*.
- Centers for Disease Control and Prevention. (2011). Vital signs: prevalence, treatment, and control of hypertension, 1999-2002 and 2005-2008. *MMWR: Morbidity & Mortality Weekly Report*, 60(4), 103-108.
- National Heart, Lung, and Blood Institute, National High Blood Pressure Education Program. (2004). *The seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure*.



According to many health experts, what is the single greatest threat to the health and longevity of Americans?

Tobacco facts

- 430,000 tobacco related deaths per year in U.S.
- Half of these deaths occur among people with co-occurring behavioral disorders
- 34% of all cigarettes are consumed by persons with mental illness, but they only make of 10% of the population (per DSM criteria).
- Get far less tobacco cessation support

Rapid Estimate of Adult Literacy in Medicine - Short Form (REALM – SF)

- Menopause
- Antibiotics
- Exercise
- Jaundice
- Rectal
- Anemia
- Behavior

REALM-SF interpretation

- 0 = Third grade and below. Will not be able to read most low-literacy materials. Will need repeated oral instruction, materials composed primarily of illustrations, audio or video.
- 1-3 = Fourth to sixth grade. Will need low literacy materials. May not be able to read a prescription label.

REALM-SF interpretation

- 4-6: Seventh to eight grade. Will struggle with most patient education materials. Will not be offended by low literacy materials.
- 7: High school. Will be able to read most patient education materials.

Thanks for playing "the Feud"!!

What practical applications might this information (health literacy) have for helping people change their health behavior?

Promoting health behavior change

What doesn't work

- Inhibitory control: Willpower and executive function interventions
- Time-limited programs
- Global and “all-or-nothing” goals.
- Gender insensitive approaches
- Failing to engage key stakeholders

What works?

Effective approaches to
health behavior change.

What works?

Motivational interviewing for
health behavior change

Motivational Interviewing

“Definition”

“a directive, client-centered counseling style that enhances motivation for change by helping the client clarify and resolve ambivalence about behavior change.”

(Rollnick, Miller and Butler, Motivational Interviewing in Health Care, 2008)

Why Motivational Interviewing?

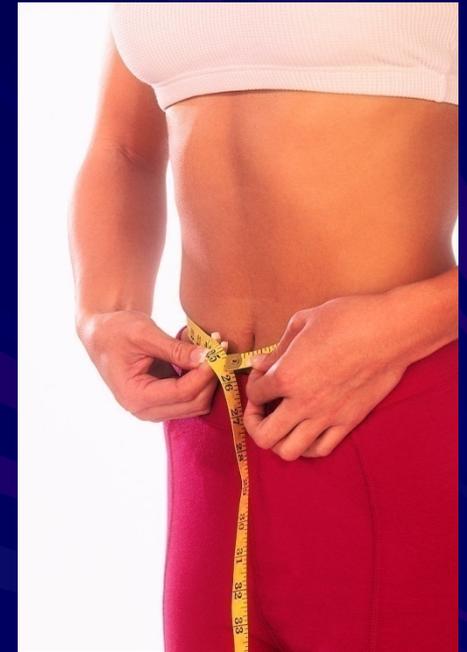
- Reduces reactance
- Emphasizes Patient Choice and Autonomy
- Emphasis on Open-ended Questions
- Views “Failure” as Part of the Continuum
- Addresses ambivalence

Principles of MI

- The clinician practices motivational interviewing with five general principles in mind:
 - Express empathy through reflective listening.
 - Develop discrepancy between clients' goals or values and their current behavior.
 - Avoid argument and direct confrontation.
 - Adjust to client resistance rather than opposing it directly.
 - Support self-efficacy and optimism.

What health behaviors do people say they want to change?

- Stop smoking
- Get more exercise, physical activity
- Improve their diets, nutrition
- Lose weight
- Stop/reduce alcohol use
- Take medications correctly



Why do people not change?

- Fear of failure
- Lack of support
- Lack of knowledge about why change is important
- Lack of confidence in ability to change

Opening the discussion

- How can we help our clients not only change...

but change because they want to change,

not because someone else wants them to change?

Stages of Change

■ Precontemplation

- Not yet considering change or is unwilling or unable to change

■ Contemplation

- Acknowledges concerns and is considering the possibility of change

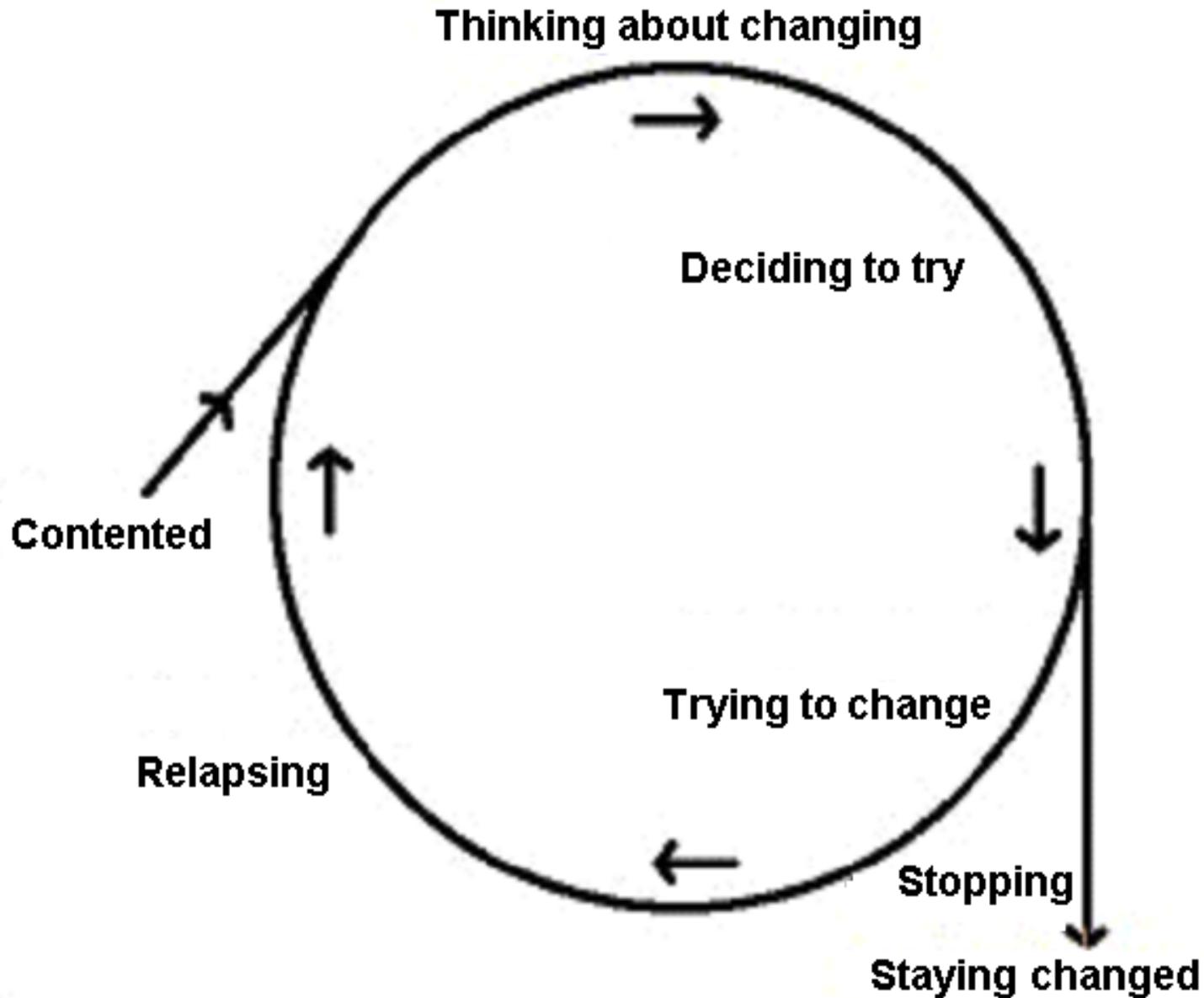
■ Preparation

- Committed to and planning to make a change in the near future

■ Action

- Actively takes steps to change

■ Maintenance/Recurrence



MI for Health Behavior Change

- What is the same between settings?
- What is different with MI in health settings?

What works?

Screening and outcome measures

The age of accountability (What are you paying for?)

- Outcome measures
- Outcome-based reimbursement

The therapist effect

A group of psychotherapy experts is working to delineate the characteristics that make some psychologists more effective than others.

By Amy Novotney
February 2013, Vol 44, No. 2

Monitor on Psychology

©American Psychological Association

■ Characteristics of effective therapists

Effective therapists are highly tuned in to patient progress, either informally or through the **use of outcome measures**, according to research by Michael Lambert, Ph.D., a psychology professor at Brigham Young University and another participant in this latest series of Penn State conferences. He summarizes his research on the importance of client feedback in psychotherapy in his 2010 APA book "Prevention of Treatment Failure." He says that **therapists must take the time to track patient progress** — ideally through client self-reporting — and take action to address issues that impede it.

DEPRESSION SCREENING

<i>Over the past 2 weeks, how often have you been bothered by...</i>	NOT AT ALL	SEVERAL DAYS	MORE THAN HALF THE DAYS	NEARLY EVERY DAY
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

Adapted from the PHQ-9 developed by Spitzer, Williams, and Kroenke.

ADD COLUMNS

_____ + _____ + _____ + _____

What does my score mean?
 If your response was 1 or higher, you might be at risk for depression.

What should I do?
 Please feel free to contact the Late-Life Depression Prevention and Treatment Center for further information.
(4 1 2) 246-6006

Designed primarily as a screening and severity measure for generalised anxiety disorder, the GAD-7 also has moderately good operating characteristics for three other common anxiety disorders - panic disorder, social anxiety disorder, and post-traumatic stress disorder.

Generalised Anxiety Disorder Scale (GAD-7)

Over the **last two weeks** how often have you been bothered by any of the following problems?
For each question, select the option that best describes the amount of time you felt that way.

In last 2 weeks...	Not at all	Several days	More than half the days	Nearly every day
	0	1	2	3
1. Feeling nervous, anxious or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Not being able to stop worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Having trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Being so restless it is hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Feeling afraid as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

i **Score**

Print/Save

Save to PMS

Cancel

What works?

Self-monitoring

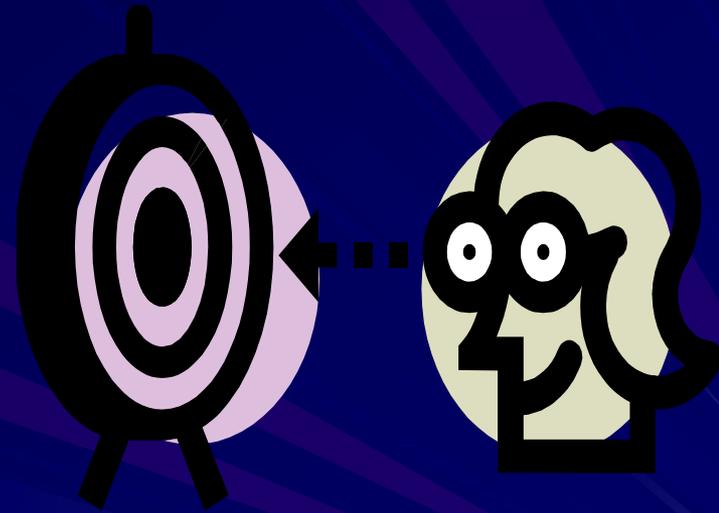
High tech and low tech

What works?

SMART goals

Set and plan a goal – SMART method

- If you are Willing and Able, you are Ready to take the actions needed to make your goal.
- But to create success, help your client to define their goal in a way that is **S**pecific, can be **M**easured, is **A**ction oriented, is **R**ealistic, and is set in a specific **T**ime frame.



Set and plan a goal – SMART method

- If you use the **SMART** method to set your goals, it will increase the chances that you will achieve them
 - **S**pecific
 - **M**easurable
 - **A**ction oriented
 - **R**ealistic
 - **T**imely

Set and plan a goal – SMART Method –

Some examples

- A goal that is not **SMART** will probably fail
 - “I want to start walking” is not specific, measurable, nor has a time frame when the goal will be done
 - “I’m going to walk 2 hours a day” is not realistic when starting out

Set and plan a goal – SMART Method – Some examples

- A **SMART** goal would be,
 - “I will walk leisurely Monday, Wednesday, and Friday from 5 pm to 5:30 pm at my local park [or at the mall or around the block].”
 - “When I achieve this in two months, I will start to walk a little faster or I will walk more days of the week or I will walk longer each time.”

What's wrong with these goals?

- Are these:
 - Specific?
 - Measurable?
 - Action Oriented?
 - Realistic?
 - Timely?
- I want to lose weight
- I'm going to lose weight before my birthday by walking and eating less
- I will lose 10 pounds by next week
- I'm going to look like the people in the magazines

Set and plan a goal – SMART method

- Write down your personal goal in a way that incorporates all these elements of a SMART goal.
 - Specific:
 - Measurable:
 - Action Oriented:
 - Realistic:
 - Time:

What works?

Solution-focused interviewing

The “Solution Paradigm”

- Explanation/insight vs. Practical solutions
- Deficits/weaknesses vs. Utilization of existing strengths and resources
- Problem focus vs. Solution focus
- Resistance/denial vs. Therapist responsibility
- Therapist as expert vs. Collaboration of experts

The “Solution Paradigm”

- Insight leads to change vs. Change *may* lead to insight
- Passive vs. active provider
- Past vs. Present toward the future
- One-time cure vs. Intermittent intervention
- Presuming long LOS vs. brief LOS

The “Solution Paradigm”

- Assessment and TX are distinct vs. A single process
- Differing emphasis on the importance of the first contact
- Non-traditional approach to scheduling

The First Session: Building Rapid Rapport

- Consider that this may be your only opportunity to impact this person or family.
- How do we greet people?
- What's your first question?



The First Contact: Building Rapid Rapport

- Reflection
- Acknowledgement and validation
- Pacing and patterning
- Attention to body language

Solution-oriented Interviewing: Opening up “Possibilities”

- Identify and elaborate *exceptions*
- Identify hidden strengths and resources
- Ask about prior “success” and “failure”.
- Thoughtful utilization of time
(tense, future orientation)
- Strategic use of compliments
- Reframing (“failure”)



Solution-oriented Interviewing: Opening up “Possibilities”

- “Seeding” for change: Use language that *presumes* that prompt change is possible
- Use the “miracle question”
- Use “video talk”
- “Crystal ball” technique
- Extra attention to the goal-setting

What works?

Fogg behavior model



B.J. Fogg, Ph.D.

Professor of Psychology

Founder, Persuasive Technology Laboratory

Stanford University

www.behaviormodel.com

- We change our behavior in one of three primary ways...
 - Have an epiphany
 - Change my environment
 - Baby steps

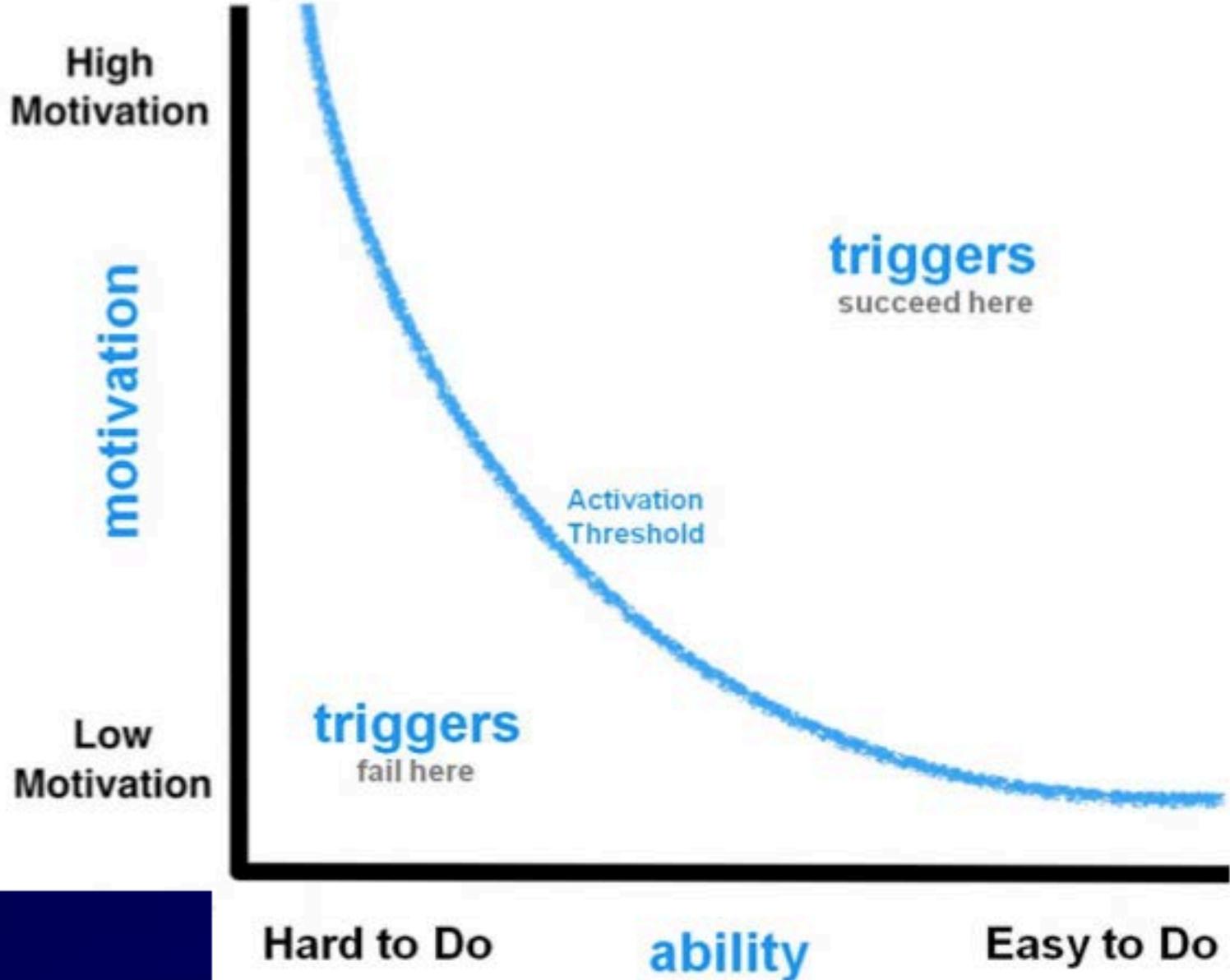
B = mat

*“My Behavior Model shows that **three elements must converge at the same moment** for a behavior to occur: **Motivation, Ability, and Trigger**. When a behavior does not occur, at least one of those three elements is missing.”*

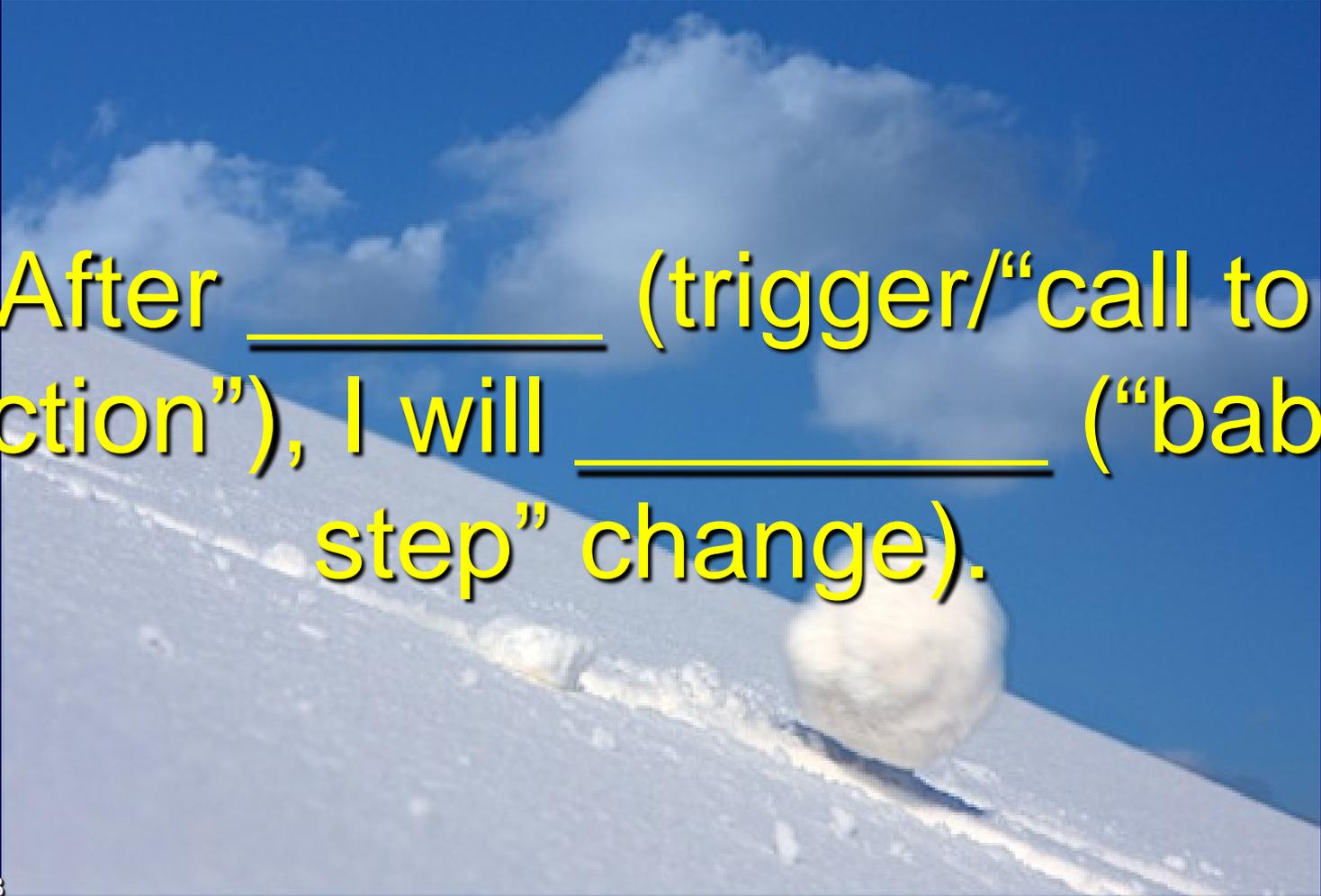
- BJ Fogg

Fogg Behavior Model

www.BehaviorModel.org

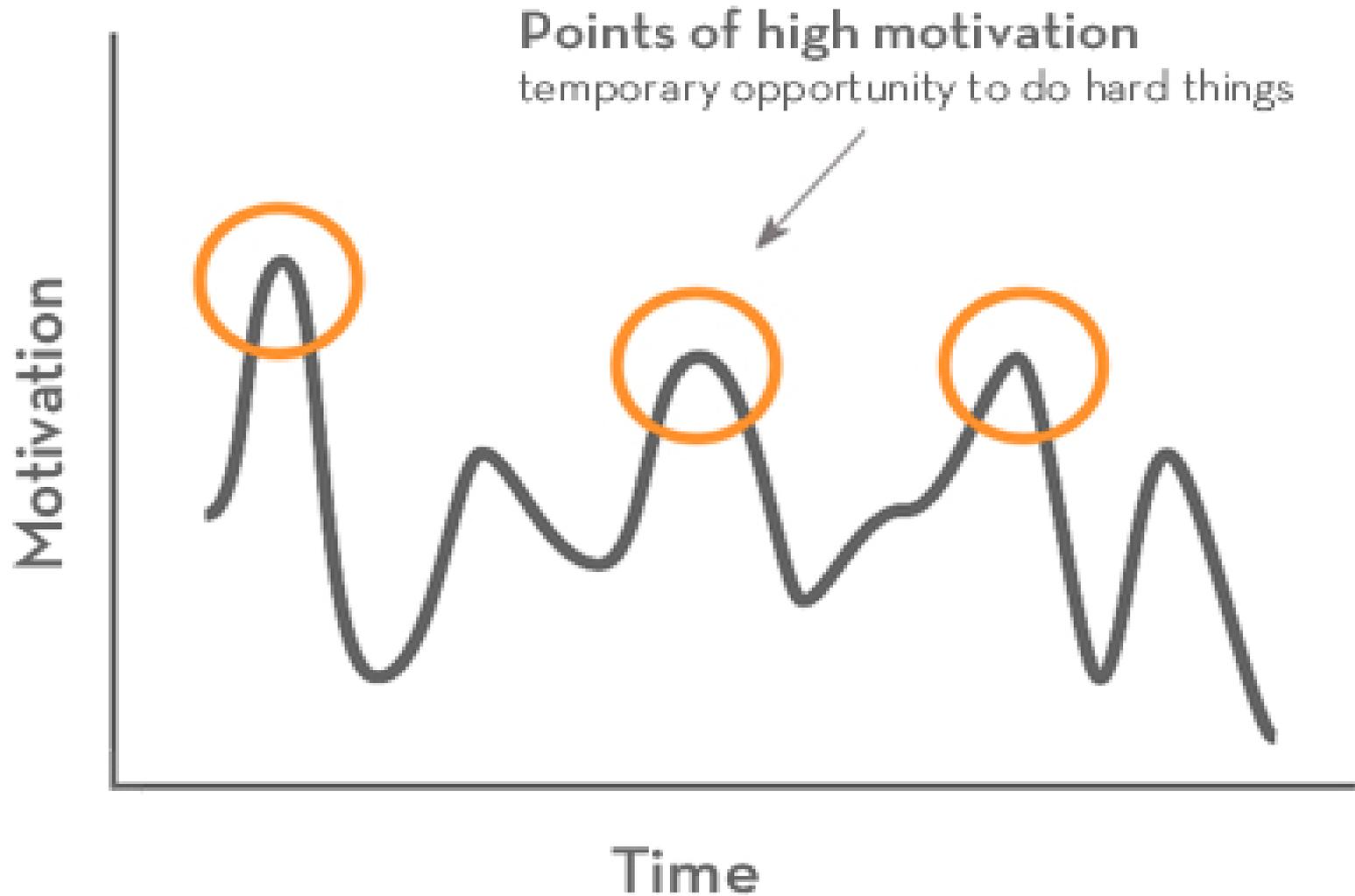


Creating “change momentum”

A photograph of a snowball rolling down a snowy slope. The snowball is in the foreground, slightly to the right, and is moving towards the left. The slope is covered in snow and has some tracks. The background is a clear blue sky with some white clouds. The text is overlaid on the image in yellow.

After _____ (trigger/“call to action”), I will _____ (“baby step” change).

“Motivation wave”



“Refine and adjust”



Behavior Grid *with Examples*

	Green behavior <i>Do NEW behavior, one that is unfamiliar</i>	Blue behavior <i>Do FAMILIAR behavior</i>	Purple behavior <i>INCREASE behavior intensity or duration</i>	Gray behaviors <i>DECREASE behavior intensity or duration</i>	Black behavior <i>STOP doing a behavior</i>
Dot behavior <i>is done ONE-TIME</i>	GreenDot <i>Do NEW behavior one time</i> <i>Install solar panels on house</i>	BlueDot <i>Do FAMILIAR behavior one time</i> <i>Tell a sister about eco-friendly soap</i>	PurpleDot <i>INCREASE behavior one time</i> <i>Plant more trees and native plants</i>	GrayDot <i>DECREASE behavior one time</i> <i>Buy fewer cases of bottled water today</i>	BlackDot <i>STOP doing a behavior one time</i> <i>Turn off space heater for tonight</i>
Span behavior <i>has a DURATION, such as 40 days</i>	GreenSpan <i>Do NEW behavior for a period of time</i> <i>Try carpooling to work for three weeks</i>	BlueSpan <i>Do FAMILIAR behavior for a period of time</i> <i>Bike to work for two months.</i>	PurpleSpan <i>INCREASE behavior for a period of time</i> <i>Recycle more of household waste for one month</i>	GraySpan <i>DECREASE behavior for a period of time</i> <i>Take shorter showers this week</i>	BlackSpan <i>STOP a behavior for a period of time</i> <i>Don't water lawn during summer</i>
Path behavior <i>is done FROM NOW ON, a lasting change</i>	GreenPath <i>Do NEW behavior from now on</i> <i>Start growing own vegetables</i>	BluePath <i>Do FAMILIAR behavior from now on</i> <i>Turn off lights when leaving room</i>	PurplePath <i>INCREASE behavior from now on</i> <i>Buy more local produce</i>	GrayPath <i>DECREASE behavior from now on</i> <i>Eat less meat from now on</i>	BlackPath <i>STOP a behavior from now on</i> <i>Never litter again</i>

Widely applicable
interventions to
support health
behavior change

S-M-A-R-T

Stress Management And Relaxation Training

- “Distress” (avoid clinical/pathological language)
- Become more aware of personal responses to emotional distress
- Understand how our thoughts affect how we feel
- Cope with feelings of anger and frustration
- Develop and use successful coping techniques
- Learn how to become more relaxed and less distressed
- Learn how to advocate for one’s health needs
- Strengthen social supports

Controlled breathing



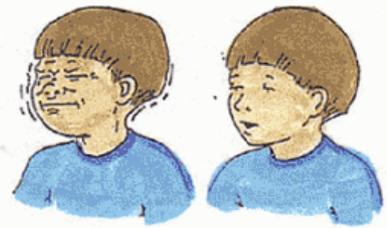
Progressive muscle relaxation

RELAXATION ROUTINE

1. SIT ON A CHAIR...



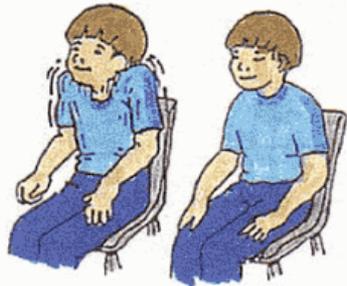
2. "SCRUNCH" UP YOUR FACE... THEN... RELAX IT...



3. TENSE YOUR ARMS... THEN... RELAX THEM



4. TENSE UP YOUR SHOULDERS AND CHEST... THEN... RELAX THEM

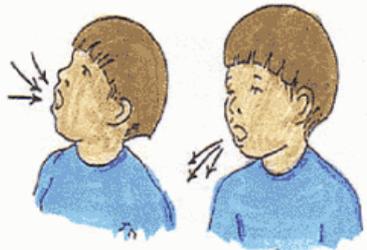


5. TENSE UP YOUR LEGS...

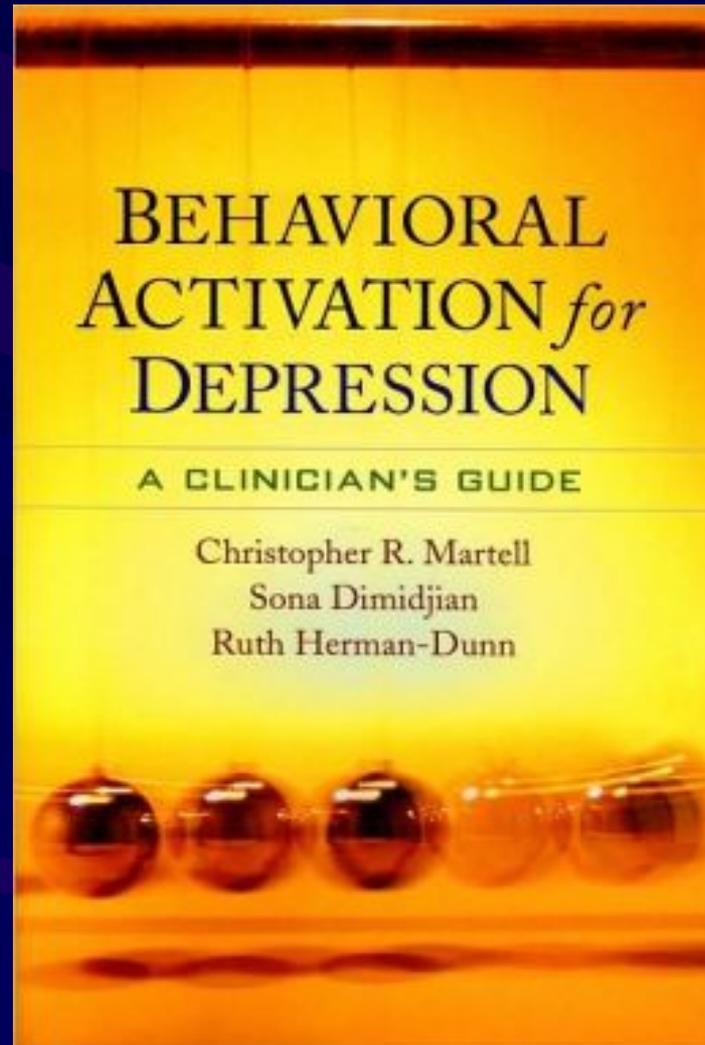


... THEN RELAX!

6. BREATHE IN RELAXATION... ... BREATHE OUT TENSION



Behavioral activation therapy



The 10 Core Principles of Behavioral Activation

- Principle 1: The key to changing how people feel is helping them change what they do.
- Principle 2: Changes in life can lead to depression, and short-term coping strategies may keep people stuck over time.
- Principle 3: The clues to figuring out what will be antidepressant for a particular client lie in what precedes and follows the client's important behaviors.
- Principle 4: Structure and schedule activities that follow a plan, not a mood.

The 10 Core Principles of Behavioral Activation

- Principle 5: Change will be easier when starting small.
- Principle 6: Emphasize activities that are naturally reinforcing.
- Principle 7: Act as a coach.
- Principle 8: Emphasize a problem-solving empirical approach, and recognize that all results are useful.
- Principle 9: Don't just talk, do!
- Principle 10: Troubleshoot possible and actual barriers to activation.

Functioning in a primary care setting

Lessons learned: Key functions of behavioral health providers working in primary care settings

- Rapid access to MH consultation and care
- Risk assessment
- Helping medical providers identify who among their patients has unmet MH needs.
 - Rapid screenings
 - Hallway consultations
- VERY short term solution-focused, motivational & skill based therapies in the primary care setting

Resources

- EBBP.org
- Society for Behavioral Medicine (www.sbm.org)
- *Health Psychology* (APA journal)
- Cochrane collaboration (www.cochrane.org)
- Rollnick, Miller & Butler. *Motivational interviewing for health behavior change*
- B.J. Fogg (www.behaviormodel.org)



Resources and additional training tools will be available on an elearning system at:

www.indianaintegration.org