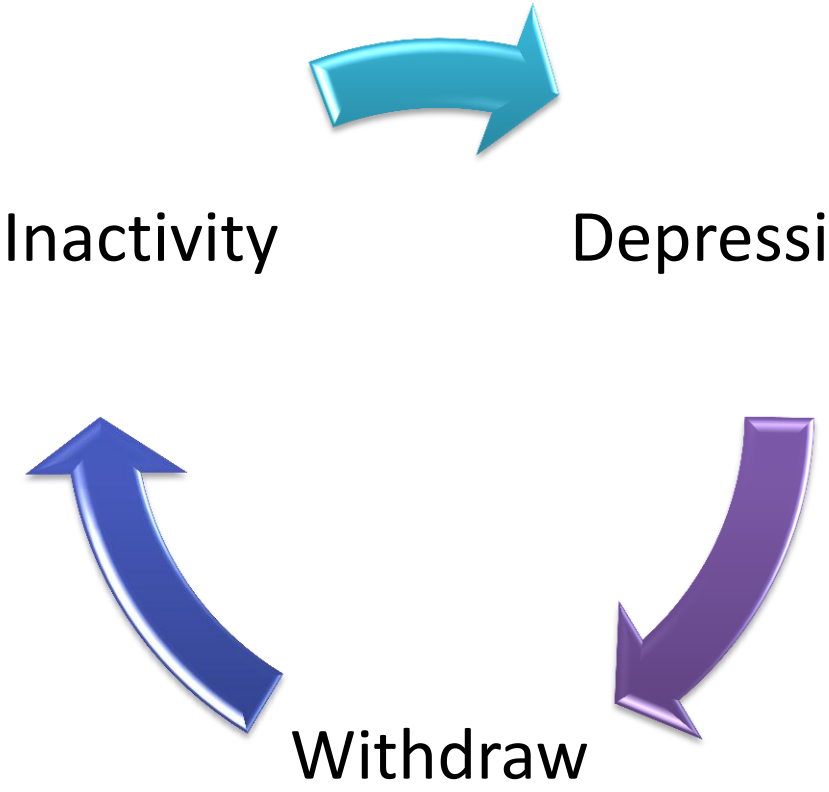
CoCM BHCM

Toolkit

Cycle of Depression



The Cycle of Depression

Activity Log

Month: _____

Activity Log

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Notes:

_____

_____

_____

_____

PHQ-9

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✔" to indicate your answer)*	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could 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
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING __0__ **+** _____ **+** _____ **+** _____

=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	**Somewhat difficult**	**Very difficult**	**Extremely difficult**
☐	☐	☐	☐

GAD-7

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems? *(Use "✔" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(*For office coding: Total Score T*____ = ____ + ____ + ____)

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Patient Introduction to CoCM Scripting

Introduction of CoCare to Patient following warm handover by PCP

Hello, Mrs Smith-what do you prefer I call you? (smile, eye contact, welcoming)
As Dr Wilson just explained, my name is Robin and I am a nurse. They call me a Behavioral Health Care Manager and I work right here in Dr Wilson's office. I am a member of Dr Wilson's team.

What is your understanding of why Dr Wilson referred you to me today?

Would it be ok if I took 10 or so to explain how this might work for you?

Dr Wilson is concerned about the depression you are experiencing and how it seems to be worsening. The best way he and our team can support you and help you feel better is with what we call CoCare. In CoCare, there is a whole treatment team working on your behalf--some directly and some indirectly. I would work closely with you to learn how depression is effecting you day to day. Together we can discover actions and skills that you can use that will help you feel better. We also have a psychiatrist working in the background to be a resource to Dr Wilson in considering treatment choices such as medication or other therapies. We will review your progress periodically and suggest adjustments to further progress. We can also bring in other team members such as the pharmacist or social worker or make referrals if needed. Dr Wilson is still your Primary Physician, he leads the team and you will still have office visits with him as usual.

You are the most important team member. You are the expert on your life so your participation is key. One way is that we will monitor your symptoms periodically asking you the depression questions like we did today. This helps us know what to focus on and what is working. Another way is that you and I will meet together by phone, video or in person to see if skills and actions you are trying out are working and problem solve together.

If you chose to participate in CoCare-our first visit will be around 1 hour long so that I can get to know you better. After that our contacts will be shorter-often weekly at first and then less frequently as your symptoms improve and you begin to feel better. Our work in between office visits with Dr Wilson helps you make progress more quickly. The goal of CoCare treatment is to get your depression into remission and this often takes 6-12 months.

I know this is a lot. What questions do you have? It is your choice to participate and you don't have decide now. You can think about it and I can call you in a few days if you'd like.

Thank you for taking the time to meet with me today.

MHTTC SBIRT Screening & Brief Assessment Questionnaires

SBIRTScreening and Brief Assessment Questionnaires

1. **Brief Screens:**
   NIAAA quantity and frequency
   Single alcohol screening question (plus alternative)
   Single drug screening question (plus alternatives)
   Conjoint screening questions

2. **Full Screens and scoring algorithms**

   AUDIT- Alcohol use disorders identification test
   DAST- Drug abuse screening test
   CRAFFT- Adolescent screening tool

3. **Downloadable person friendly versions**

   AUDIT
   ENGLISH: **https://www.drugabuse.gov/sites/default/files/files/AUDIT.pdf**
   SPANISH: **https://pubs.niaaa.nih.gov/publications/AuditSP.pdf**

   DAST
   ENGLISH: **http://www.sbirtoregon.org/wp-content/uploads/DAST-English-pdf.pdf**
   SPANISH: **https://www.communitycarenc.org/sites/default/files/sbirt-dast-10-forms.pdf**

   CRAFFT
   ENGLISH: http://www.ceasar-boston.org/CRAFFT/pdf/CRAFFT_SA_English.pdf
   SPANISH: **http://www.ceasar-boston.org/CRAFFT/pdf/CRAFFT_SA_Spanish.pdf**

Accuracy of Alcohol and Drug Screens

	Sensitivity	Specificity
	Of those **with** the condition, what proportion screen **positive**?	Of those **without** the condition, what proportion screen **negative**?
	True positive vs. false negative	True negative vs. false positive
Single Alcohol Screening Question	82%	79%
AUDIT-C	♂: 79% ♀: 80%	♂: 56% ♀: 87%
NIAAA Quantity- Frequency Questions	83%	84%
Single Drug Screening Question	83%	94%
Two-Item Conjoint Screen (TICS)*	79%	77%

*Screens for problem use and dependence, not risky use

Smith, Journal of General Internal Medicine, 2009; http://www.integration.samhsa.gov/images/res/tool_auditc.pdf; Friedmann, Journal of Studies on Alcohol, 2001; Smith, Journal of General Internal Medicine, 2009; Brown, Journal of the American Board of Family Practice, 2001

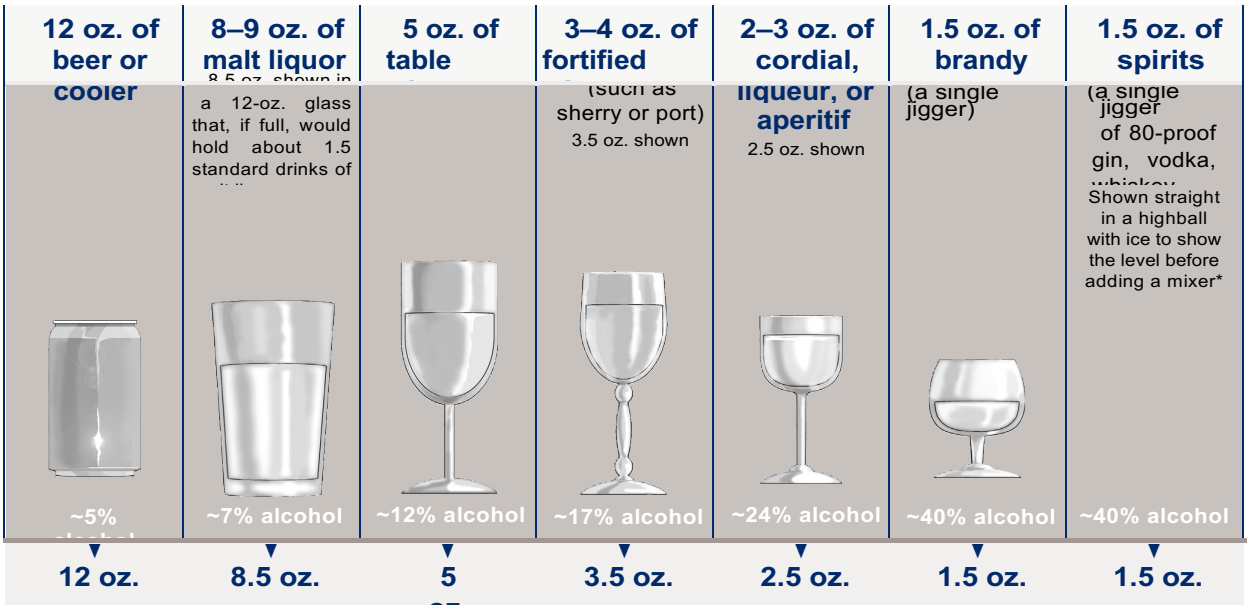
Interpreting Screen Results

- Screens identify most risky users, problem users and dependent individuals
- False-positives and false-negatives are not unusual
- **Because of false-positives ...**
  - Positive screens are not definite indicators of risky use, problem use or dependence
  - Screens merely indicate which asymptomatic individuals should undergo further assessment
- **Because of false-negatives ...**
- Screens should not be administered to individuals with symptoms of disorders
- Those individuals should undergo more in-depth assessment

NIAAA Questions on Quantity and Frequency of Drinking

1. In the past three months, how many days a week did you have some alcohol?

Please use the following definition of "standard drink" for questions 2 and 3.



2. On days that you did drink in the past three months, how many standard drinks did you typically have?

3. During the past three months, what's the largest number of standard drinks you had in any day or night?

Interpretation:

For items 1 and 2, multiply the responses to compute the average number of standard drinks per week.

A number greater than 14 suggests risky drinking on a weekly basis for men.
A number greater than 7 suggests risky drinking on a weekly basis for women.

For item 3:

A number greater than 4 suggests risky drinking on an episodic basis for men.
A number greater than 3 suggests risky drinking on an episodic basis for women.

Risky drinking on either a weekly or episodic basis or both qualifies an individual to be at least a risky drinker

AUDIT-C

How often do you have a drink containing alcohol?

a. Never
b. Monthly or less
c. 2-4 times a month
d. 2 or 3 times a week
e. Daily or almost daily

How many standard drinks to you have on a typical day when you drink?

a. 1 or 2
b. 3 or 4
c. 5 or 6
d. 7 to 9
e. 10 or more

MEN: X=5
WOMEN: X=4

How often do you have X or more drinks on one occasion?

a. Never
b. Monthly or less
c. 2-4 times a month
d. 2 or 3 times a week
e. Daily or almost daily

Single alcohol screening question:

How many times in the past year have you had X or more drinks in a day?

a. Never
b. Monthly or less
c. 2-4 times a month
d. 2 or 3 times a week
e. Daily or almost daily

A version to track outcomes over time:

In the last month, how many days a week or month did you have more than X standard drinks? (X = 3 for women, 4 for men). Response = number of days AND “week" or “month.”

Single drug screening question

How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?

Circle the best response:

1. None
2. 1
3. 2-5
4. 6-10
5. 11-20
6. More than 20

In the last month, how many days a week or month did you use marijuana?

Circle the best response:

1. None
2. 1
3. 2-5
4. 6-10
5. 11-20
6. More than 20

In the last month, how many days a week or month did you use another drug, including heroin, other recreational drugs, and pain pills, uppers/stimulants, or downers/sedatives beyond what was prescribed for you?

Circle the best response:

1. None
2. 1
3. 2-5
4. 6-10
5. 11-20
6. More than 20

Interpretation for single alcohol and drug questions: Positive response: Greater than none

Two- item Conjoint screening questionnaire

(May be added to 2 single screening questions to identify more drug disorders. Does not identify at-risk alcohol or drug use)

1. In the last year, have you ever drunk alcohol or used drugs more than you meant to?
2. In the last year, have you felt you wanted or needed to cut down on your drinking or drug use?

Interpretation: Positive response: Yes to either or both questions

.

Alcohol Use Disorders Identification Test (AUDIT)

In the past 12 months…	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10 or more
3. How often do you have 3 or more drinks on one occasion? *Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0*	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year
				Total score =	

Interpretation: To compute the total score, add the number at the top of the column for each response.

Risk Category	Total Score		Management
	Females	Males	
Low risk	0 to 6	0 to 7	Education, affirmation
At risk	7 to 15	8 to 15	Brief intervention
Problem use	16 to 19		Brief intervention + F/U
Likely dependent	20 to 40		Referral

Drug Abuse Screening Test-10 (DAST-10)

In the past 12 months …	Yes	No
1. Have you used drugs other than those required for medical reasons?		
2. Do you use more than one drug at a time?		
3. Are you always able to stop using drugs when you want to?		
4. Have you ever had blackouts or flashbacks as a result of drug use?		
5. Do you ever feel bad or guilty about your drug use?		
6. Do people in your life ever complain about your involvement with drugs?		
7. Have you neglected your family because of your use of drugs?		
8. Have you engaged in illegal activities in order to obtain drugs (other than possession)?		
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?		
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?		
Total score =		

Interpretation:

For item 3, “yes” scores 0 points, and “no” scores 1 point.
For all other items, “yes” scores 1 point, and “no” scores 0 points.
Add up all the points to computer the total score.

Degree of Problems	Total Score	Management
None	0	Education, affirmation
Low	1	Education, affirmation
Low	2	Brief intervention
Moderate	3 to 5	Brief intervention + F/U
Substantial	6 to 8	Intervention or referral
Severe	9 to 10	Referral

The CRAFFT Screening Interview

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

Part A

During the PAST 12 MONTHS, did you:	**No**	**Yes**
1. Drink any alcohol (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)	☐	☐
2. Smoke any marijuana or hashish?	☐	☐
3. Use anything else to get high? ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")	☐	☐

For clinic use only: Did the patient answer "yes" to any questions in Part A?

No ☐ → **Ask CAR question only, then stop**

Yes ☐ → **Ask all 6 CRAFFT questions**

Part B	**No**	**Yes**
1. Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	☐	☐
2. Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?	☐	☐
3. Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?	☐	☐
4. Do you ever **FORGET** things you did while using alcohol or drugs?	☐	☐
5. Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?	☐	☐
6. Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?	☐	☐

Interpretation:
Any "yes" is 1 point.

Degree of Problems	Total Score	Management
None	0	Education, affirmation
Low	1	Education, affirmation
High risk	2+	Brief intervention, Extended Brief intervention, Referral to specialist

EPIC Care Coordination Intake Template

@SUBJECTIVEBEGIN@

REASON FOR VISIT

Integrated Behavioral Health (IBH) Care Coordination **Enrollment**

HISTORY OF PRESENT ILLNESS

@PREFERREDNAME@ is a @age@ @sex@, with a history of *** who is referred to IBH Care Coordination for ***.

Primary symptoms of concern: ***

Current stressors: ***

The following patient reported outcomes were completed:

{IBH Reported Outcomes:71872}

Current psychiatric pharmacological interventions: ***
Current nonpharmacological interventions: ***
Current psychotherapist: ***
Current psychiatric prescribing provider: ***

Suicidal Ideations: ***
Non-suicidal self-injury: ***
Homicidal ideations: ***
Access to firearms: ***

Sleep: ***
Pain interference: ***

PAST MEDICAL HISTORY

Medical History: ***

@LASTTSH@

Mental Health History: ***

Past medication trials: ***
Mental Health Hospitalizations: ***
Mental Health ED Visits: ***

Past psychotherapists: ***
Past psychiatric prescribing provider: ***
Past ECT/TMS/Ketamine: ***
Genomic testing: ***

Past suicide attempts: ***
Past non-suicidal self-injury: ***

Past homicidal ideations: ***

FAMILY HISTORY

***

SOCIAL HISTORY

***
History of trauma/abuse/neglect: ***
Learning: ***
Military history: ***
Legal history: ***

Current support: ***
Patient reports the following leisure activities: ***
Patient reports the following stress reductions activities: ***

Social Determinants of Health:
{SDOH assessment:78746}

Substance abuse: ***
Nicotine use: ***
Supplement use: ***
Caffeine use: ***
Physical activity: ***

Past chemical dependency treatments: ***

@ASSESSMENTPLANBEGIN@

The following program goals were identified:

Patient goals for care coordination:

1. ***

Healthcare team goals for care coordination:

1. ***

Referrals: {IBH CC referrals:73568}

Next contact: {numbers 0-10:5044} {DAYS/WEEKS/MONTHS:21172} by {MC AMB HP NEXT CONTACT TYPE:39416}.

Discussion items for next contact include ***.

The following emergency resources were reviewed with the patient: {MC CARE COORD MH RESOURCES:43699}.

The {Persons; family members:60370} was instructed to contact the care coordinator with any questions or concerns and stated understanding of the information provided.

{Complete all 4 sections if encounter is over the phone (Optional):71765}

RECOMMENDATIONS

Please see associated supervising psychiatrist note for additional recommendations for consideration by the Primary Care Provider.

Initial Care Manager Note Example

Florence Nightingale is a 73 y.o. female, with a history of Depression and Anxiety who is referred to IBH Care Coordination for help in management of mood symptoms.

Primary symptoms of concern: Increased irritability

Current stressors: Physical health, increased difficulties with memory

The following patient reported outcomes were completed:

PHQ9 Score	11/2/2016	6/15/2020	7/13/2020
PHQ-9 Total Score (max 27)	1	6	11

GAD7 Score	6/15/2020	7/13/2020
GAD-7 Total Score (max 21)	5	5

Current psychiatric pharmacological interventions: nothing currently - Patient states she would prefer not to take psychotropic drugs, but states they also have not been offered. States her personal reason is history of seeing people "get really messed up".

Does have prescription for amitriptyline 10 mg for sleep, states does not taking regular. States has fear of falling when getting up in the night.
Current nonpharmacological interventions: Meditation, prayer, exercise (2-3 times a week)
Current psychotherapist: denies
Current psychiatric prescribing provider: denies

Suicidal Ideations: denies
Non-suicidal self-injury: denies
Homicidal ideations: denies
Access to firearms: denies

Sleep: Reports sleeps in 2 hour periods of time, notes getting up to go to the bathroom, occasional GI distress, reports this is fairly regular. No difficulty with falling asleep. Amitriptyline, does not take regular basis, states fear of falling when getting up. Does endorse slightly better sleep when using, NO CPAP, getting overnight oximetry test.

Pain interference: Some chronic abdominal pain following Whipple procedure in Oct 2019. Reports pain is most noticeable in the evening when lying down

PAST MEDICAL HISTORY

Medical History:
Patient Active Problem List
Diagnosis
- Hyperlipidemia
- Hypertension Essential Primary
- Diverticulitis Colon
- Breathing Related Sleep Disorder
- Personal History Of Other Malignant Neoplasm Of Skin
- Gastroesophageal Reflux Disease NOS
- Hypothyroidism Primary
- Implant Breast Status Post
- Insufficiency Venous

- Neuropathy Peripheral
- Osteopenia
- Tremor Essential
- Varicose Vein Lower Extremity With Pain Bilateral
- Other Specified Diseases Of Biliary Tract
- Cancer Breast Personal History
- Overgrowth Bacterial Small Bowel (HCC)
- Fever Of Unknown Origin
- Depression Major Recurrent Moderate (HCC)
- Anxiety
- Irritable Bowel Syndrome With Diarrhea

Lab Results

Component	Value	Date
TSH	7.6 (H)	07/10/2020

Mental Health History:
Reports onset of depression after Whipple procedure (Oct 2019), denies any other treatment for depression. Husband reports a different person since surgery. States she was very positive, happy, smiling, did a fair amount of volunteer work, and feels she has lost all of that

Past medication trials: denies
Mental Health Hospitalizations: Denies
Mental Health ED Visits: Denies

Past psychotherapists: Denies
Past psychiatric prescribing provider: Denies
Past ECT/TMS/Ketamine: Denies
Genomic testing: Denies

Past suicide attempts: Denies
Past non-suicidal self-injury: Denies
Past homicidal ideations: Denies

FAMILY HISTORY

Sister - Depression - unsure of treatment method

SOCIAL HISTORY

Born and raised in Iowa by Mom and Dad is oldest in a sib ship of 6. Reports overall good childhood and was raised by "good parents". Reports a good relationship with all of her siblings and has regular contact with all of her sisters and brothers. States between her and her husband they have 8 children, states 2 children that live close by and others are somewhat scattered and 6 grandchildren in Owatonna

History of trauma/abuse/neglect: denies
Learning: denies
Military history: denies
Legal history: denies

Current support: Husband, sisters, multiple friends

Patient reports the following leisure activities: Walking, reading, used to volunteer (not currently), puzzles, video games on computer

Social Determinants of Health:
No categories of concern noted by patient.

Substance abuse: denies
Nicotine use: denies
Supplement use: Women's multi vitamins
Caffeine use: Minimal caffeine
Physical activity: Walking 2-3 times a week

Past chemical dependency treatments: denies

ASSESSMENT / PLAN

The following program goals were identified:

Patient goals for care coordination:

1. Work on establishing a schedule for walking 15 minutes a day
2. .Would be open to listening to medication options
3. Identify strategies for maintaining mood despite and resilience

Referrals: No additional referrals needed at this time

Next contact: 1 week(s) by Phone Call.

Suicide Policy-Protocol Template

TITLE: SUICIDAL OR POTENTIALLY SUICIDAL PATIENT CARE IN PHYSICIANS OFFICE PRACTICES

POLICY OWNER: Quality Improvement Committee Chair
APPROVAL: _____

President & Chief Medical Officer,
POLICY STATEMENT/SCOPE: Encounters with patients who have thoughts of suicide can occur within the physician office setting. It is the responsibility of the health care team to provide support and assistance for maintaining the safety of patients who experience suicidal thoughts or behaviors.
PURPOSE: To outline the process for maintaining the safety of patients who are exhibiting suicidal thoughts and behaviors during an ambulatory care setting encounter.

RESPONSIBILTY: Physicians, Advanced Practice Providers, Clinical staff, Practice Leaders with entire office staff to provide support and assistance.

PROCESS / PROCEDURE:
I. Patient shows signs or symptoms of suicidality
1. Business Office associate

a. Phone
i. Remain on the phone with the patient
ii. Alert another associate or instant message the patient physicians care team or designee
iii. When transferring the call, remain on the call until they are transferred to physician/designee clinical care team

b. In person
i. Remain with the patient
ii. Alert another associate or instant message the patient physicians care team or designee
iii. Handoff to clinical team member who takes over.

2. Physician/Clinical Care Team/Designee
a. Determine risk level (**imminent/acute, moderate to high, chronic/lower)**
 Have you thought about hurting yourself?
 Sometimes others in situations similar to yours think about hurting themselves. Have you ever thought that way?
 I'm concerned about you and wonder if you sometimes wish you were dead or have ever thought about killing yourself. That is, patient's **intent, plans, and means.**
Physician & Clinic Practices 2 AMB 10/300

i. **Imminent/Acute Risk -Intent with lethal plan - This level always requires immediate action.**
1) On the phone
a. Confirm the patient's current phone number and location.
b. Instant message to practice/clinical leader who will notify/consult immediately with physician/designee.
c. Ask patient if they are currently safe while you complete an assessment.
i. If patient is unsafe, call 9-1-1. Attempt to keep patient on the line until police arrive.
1. If patient's support person is known, it is appropriate to contact the support person with or without patient's consent.
ii. If currently safe
1. Identify a family or friend in order to further assess risk level/strength of support system.
2. If patient and support person states they are safe, arrange for an appointment or send to hospital Emergency Department.

2) Patient present in the office
a. Nurse or physician/designee stays in room with patient sending an instant message to practice/clinical leader, provider and fellow care team members who will:
b. **Off campus offices/clinics:** Activate 9-1-1 to bring patient to emergency room via ambulance.
c. **On campus offices/clinics:** Utilize office Social Worker, if available, or call Security if necessary to keep patient safe, then escort to the hospital Emergency Department.
d. Contact hospital Emergency Room, (**SM Express at 685-4800**) with pertinent Hand Off information and for further evaluation/disposition.

ii. **Moderate to High Risk - Current/acute thoughts with plan but no means or intent.** This risk level may not require immediate hospitalization but should be addressed clearly and specifically including statements such as: What keeps you from attempting to harm yourself? Substantiate that it is a good reason to live.
1) Patient makes threat on the phone
a. Notify/consult immediately with patient's physician/designee
b. If no access to lethal means, good social support, intact judgment; psychiatric symptoms have been addressed safe hand off to a mental health provider, significant other or family member who can assume follow up of the patient.
c. Offer the patient/support person information contact numbers and procedures if suicidal ideation worsens:
i. Suicide Hotline 1-800-273 TALK or 1-800-784.2433
ii. Proceed to hospital Emergency Department
2) Patient present in the office
a. Notify/consult immediately with patient's physician/designee
b. If no access to lethal means, good social support, intact judgment; psychiatric symptoms have been addressed safe hand off to a mental health provider, significant other or family member who can assume follow up of the patient.
c. Offer the patient information about contact numbers and procedures if suicidal ideation worsens:
i. Suicide Hotline 1-800-273 TALK or 1-800-784.2433
ii. Proceed to hospital Emergency Department
Physician & Clinic Practices 3 AMB 10/300

iii. **Chronic/Lower Risk -Chronic thoughts with no intent, plan, or means**
1) Patient makes threat on the phone
a. Discuss with designated provider within 24 hours;
b. Offer patient information about contact numbers and procedures if suicidal ideation returns or worsens
i. Suicide Hotline 1-800-273 TALK or 1-800-784.2433
ii. Proceed to ER
2) Patient Present in the office
a. Notify/consult with patient's physician/designee within 24 hours
i. Offer patient information about contact numbers and procedures if suicidal ideation returns or worsens
a) Suicide Hotline 1-800-273 TALK or 1-800-784.2433
b) Proceed to ER
iv. **Follow up and Documentation**
1) Following contact with the patient
a. Confirm all plans are in place and responsible parties have been notified
b. Determine next steps
i. Follow up with patient/family
ii. Follow up with facility/provider
iii. Provide any additional necessary information as necessary (medications, current plan of care, contact information, certification actions)
2) Documentation
a. Document in patient record
b. Documentation should include but is not limited to:
i. Assessment
ii. Screening tool (PHQ-9)
iii. Interventions and actions taken
iv. Follow up plan

REFERENCES: 2012 National Strategy for Suicide Prevention; Goals and Objectives for Action, Washington, DC: HHS, September 2012
Telephone Triage Protocols for Nurses, 4th Edition, Briggs, JK, Lippincott, Williams & Wilkins, 2012
CONCURRENT REVIEW:
Clinical Integration & Quality Improvement Date
Committee Chair
VP, Chief Nursing Officer, MHSM Date

Safety Plan Template

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____ 4. Place_____

Step 4: People whom I can ask for help:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services_____
   Urgent Care Services Address_____
   Urgent Care Services Phone_____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

The one thing that is most important to me and worth living for is:

_____

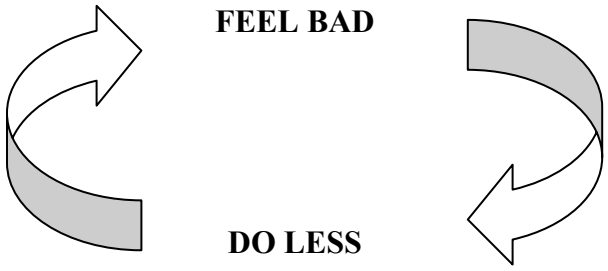
Problem Solving Therapy Tool

APPENDIX 4

PATIENT HANDOUT

Why is it Important to Do More Pleasurable Activities?

When people get depressed they don't feel up to doing the kinds of things they typically enjoy. By doing fewer enjoyable things they begin to feel even worse. As they feel worse, they do even less, and get caught up in a vicious cycle of doing less and less and feeling worse and worse.



As part of problem solving treatment we will help you set a goal of doing at least one pleasurable activity each day. In other words, arranging to provide yourself with a "treat" each day. Sometimes working on the problem of too few pleasant activities can be a simple and effective way to start to learn problem solving skills.

The positive benefits are:

(a) You can use problem-solving steps to help with pleasurable activities;

(b) You will start to assert control over your life in a positive and beneficial way; and

(c) Your success with doing pleasurable things will give you motivation to tackle some of the more difficult problems in your life.

Appendix 5

PROBLEM SOLVING TREATMENT FOR DEPRESSION
PROBLEM LIST

1. Problems with relationships: **Spouse or partner** **Family members: children, grandchildren, other family members** **Friends** **Other:**	**8. Problems with having a daily pleasant activity:**
2. Problems with work or volunteer activities:	**9. Problems with sexual activity:**
3. Problems with money and finances:	**10. Problems with religion or moral values:**
4. Problems with living arrangements:	**11. Problems with self-image:**
5. Problems with transportation:	**12. Problems with aging:**
6. Problems with health:	**13. Problems with loneliness:**

Appendix 6
PROBLEM-SOLVING WORKSHEET

Name:_____ Date: _____ Visit #:_____

Review of progress during previous week:

Rate how satisfied you feel with your effort (0 – 10) (0 = Not at all; 10 = Extremely): ___

Mood (0-10): ___

1. **Problem:**

2. **Goal:**

3. **Solutions:**

4. **Pros vs. Cons (Effort, Time, Money, Emotional Impact, Involving Others)**

a)	a) Pros (+)	a) Cons (-)
b)	b) Pros (+)	b) Cons (-)
c)	c) Pros (+)	c) Cons (-)
d)	d) Pros (+)	d) Cons (-)
e)	e) Pros (+)	e) Cons (-)

5. Choice of solution:	
6. Action Plan (Steps to achieve solution):	**<u>Write down the tasks you completed.</u>**
a)	
b)	
c)	
d)	
Pleasant Daily Activities. **Date Activity**	**Rate how Satisfied it made you feel (0 – 10)** **(0 = Not at all; 10 = Extremely)**

Version 9/24/02

<u>Next appointment:</u> _____

Appendix 7

PST-PC Maintenance Class Guidelines

Because we meet only once a month, and the time we have together is short, it's important to come to every class and to be on time. Give it your best shot even if you don't feel at your best.

If you know you will be late or can't make it, please call me at XXX-XXXX.

No one is forced to participate in class but your participation is important. You can learn by just listening but you will learn more by sharing and doing.

Remember everyone needs a chance to talk. The team that works together works the best.

Give others a chance to speak.

Please reserve judgment or negative criticisms.

Please speak your mind but be respectful.

Everything discussed is confidential! Please do not discuss what we talk about in here outside. If you must discuss, don't use other people's names.

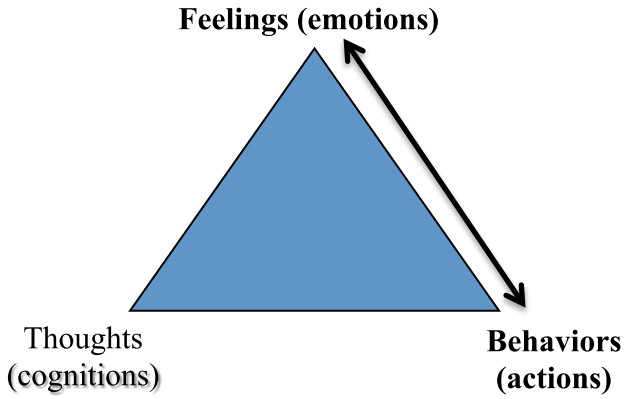
If you are unhappy with the class or just think it's not for you, please let me know. You have the power to change and improve the classes.

Important phone numbers:

- If you have a question or you can't make a class: XXX-XXXX.
- If you have an emergency and you can't reach me, call XXX-XXXX.

Behavioral Activation Tools

Behavioral Activation for Depression



Have you ever noticed that certain things that you do influence your mood or anxiety? For example: When you listen to sad music do you ever notice feeling sad for longer periods of time? Do you ever feel less motivated to apply for a job or school when you are actively worrying?

Behavioral activation is one of the most important CBT skills used in treating depression. It has to do with the way that behaviors and feelings influence each other.

In this chapter we'll learn how your behavior can directly affect your mood, for better or worse, and how to use skills to put ourselves in situations that will make it most likely to improve our mood.

What is Behavioral Activation?

Behavioral Activation (BA) is a specific CBT skill. It can be a treatment all by itself, or can be used alongside other CBT skills such as cognitive restructuring. Behavioral activation helps us understand how behaviors influence emotions, just like cognitive work helps us understand the connection between thoughts and emotions.

Here are some examples of how BA may be used:

Jim deals with depression and anxiety. He has a hard time figuring out why his mood drastically dips and also finds it difficult to understand why he feels better for short periods of time. While working with his schedule in therapy, he began to discover specific mood triggers (how he spent his time or random events) that he had never noticed before. He was able to become more aware of these triggers and change his approach, ultimately allowing him to change his mood.

Debbie knew that her family history, stress with taking care of her special needs son, and seasonal change contribute to her depression. Though she knows the triggers, she struggles with managing her mood as she often does not feel like doing activities that will help her depression. She often tells herself that she will wait until it warms up outside to exercise and does not feel up to calling her friends who usually cheer her up. With her therapist she began to find strategies to help her motivation by practicing awareness of different avoidance patterns and developing alternative, adaptive behaviors.

Will Behavioral Activation be helpful for me?

Behavioral activation is helpful for many people. If you answer "yes" to any of the following questions, BA could be a good fit for you.

•Do I have a sense of what is triggering my mood or anxiety?
•Do I generally find myself doing very little, with little pleasure or meaning in my life?
•Are there times that I feel better or worse and I'm not sure why?
•Do I have a difficult time working with my negative thoughts, but seem to feel better when I can get myself moving and doing something?
•Do I have a hard time even knowing what I enjoy or find meaning in?

Behavioral Activation is based on the well-researched understanding that depression often keeps us from doing the things that bring enjoyment and meaning to our lives. This "downward spiral" (explained in the first chapter of this manual) causes us to feel even worse. In Behavioral Activation we work to reverse this cycle using our actions and choices.

Behavioral Activation involves:

- Understanding the "vicious cycles" of depression
- Monitoring our daily activities
- Identification of goals and values
- Building an upward spiral of motivation and energy through pleasure and mastery
- Activity Scheduling: purposefully scheduling in enjoyable and meaningful activities
- Problem solving around potential barriers to activation
- Reducing avoidance
- Working as a team to make gradual, systematic, sustained progress. Change doesn't happen over night!
- Using between-session assignments. Practice changes the brain, little by little!

"But my depression is 'situational!'"

Yes, it is true that often depression is set in motion by difficult events that happen to us. If you are dealing with a big loss, stressful situation, or change in your life, feelings of depression could be a result. While it is important to address these external events and sometimes to talk about the past, it is also important to find ways to address our current situation, find ways to fulfill on our future life aims, and find time for enjoyment. Behavioral Activation can help with this part of treatment.

5.3

Action precedes emotion!?

We often wait to feel better or more motivated before doing something.

Remember that anxiety and depression come from parts of our brain that are really trying to protect us by getting us to avoid or isolate. This means that as long as we are following the lead of the anxiety and depression, we will continue to feel less motivated and want to avoid and isolate.

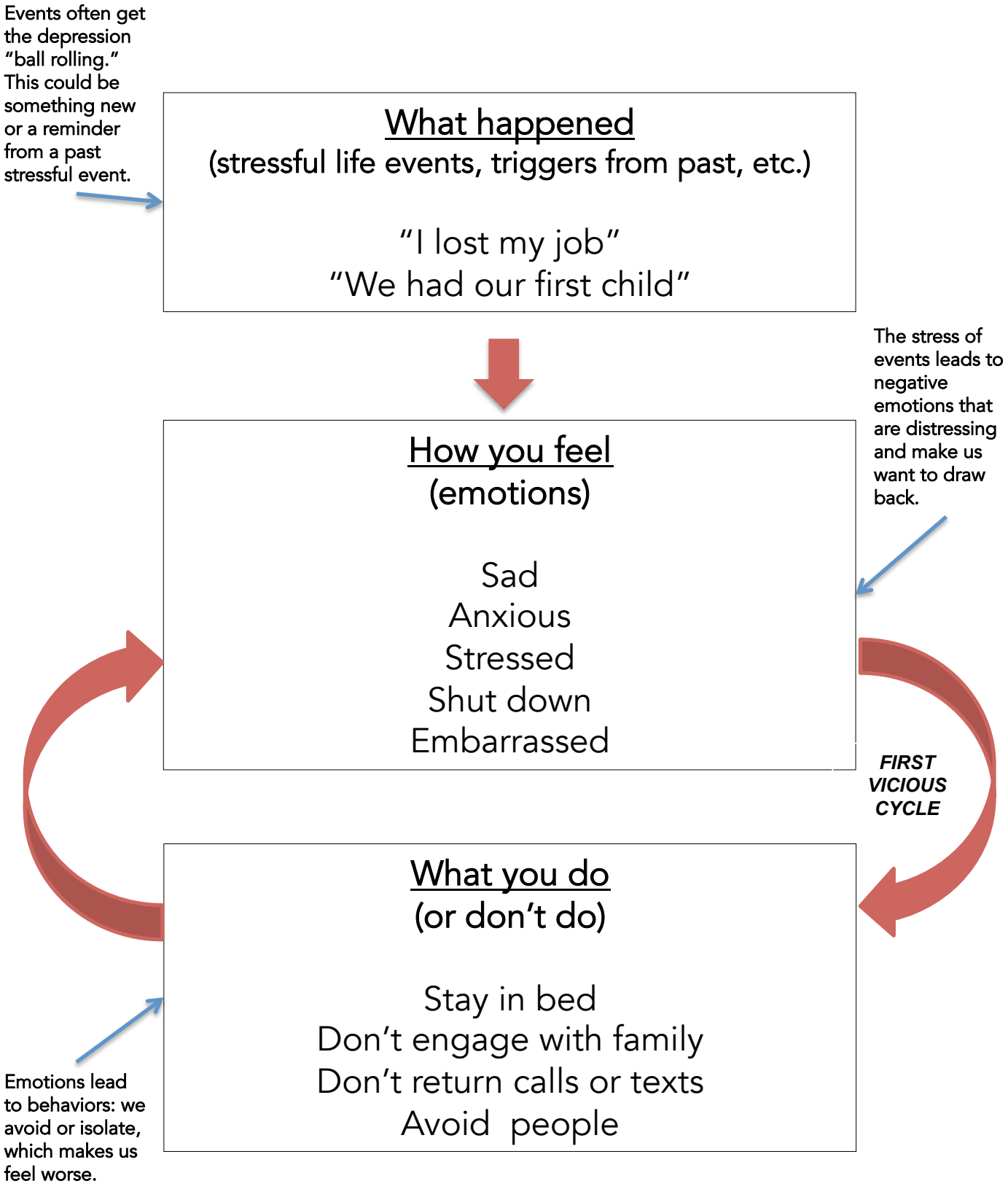
So why activate first? Firstly, activating changes our brain state and can make us feel better, right away. For example, exercise can produce "good chemicals" in the brain that lift mood while they are in the bloodstream. Secondly, the more that we activate, the more situations we find ourselves in that can give us positive experiences. The technical term for this is "reinforcing positive context contingencies." Technicalities aside, we need to "get out there" and give ourselves the best chance of feeling better, even if we don't feel like it at the time.

So, when we are feeling anxious and depressed, we cannot wait on the brain to give us the motivation to get out there and do things. Research has shown that our decision to activate (in other words, to do the opposite of what the depression wants us to do, and do something in line with our values and goals) is necessary for emotions to change.

Note: Behavioral Activation has been shown in research studies to be effective on its own for some people to overcome depression. However, it is often used alongside other therapeutic skills, as it may not address your specific situation all by itself. Consider it just one of many options in your effort to manage depression.

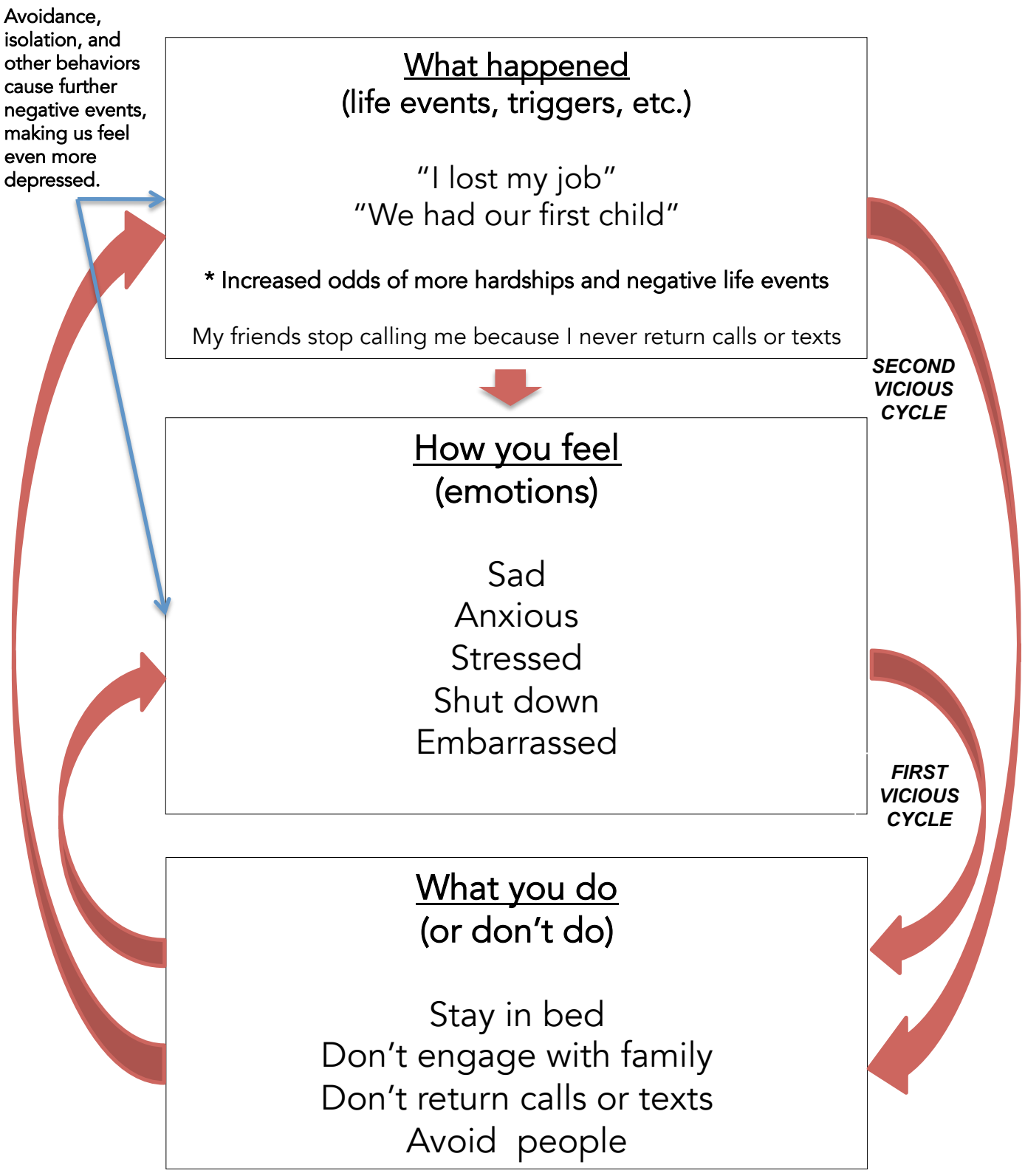
On the next few pages we illustrate the "vicious cycles" of depression, according to the research on depression and Behavioral Activation.

The First Vicious Cycle…



5.5

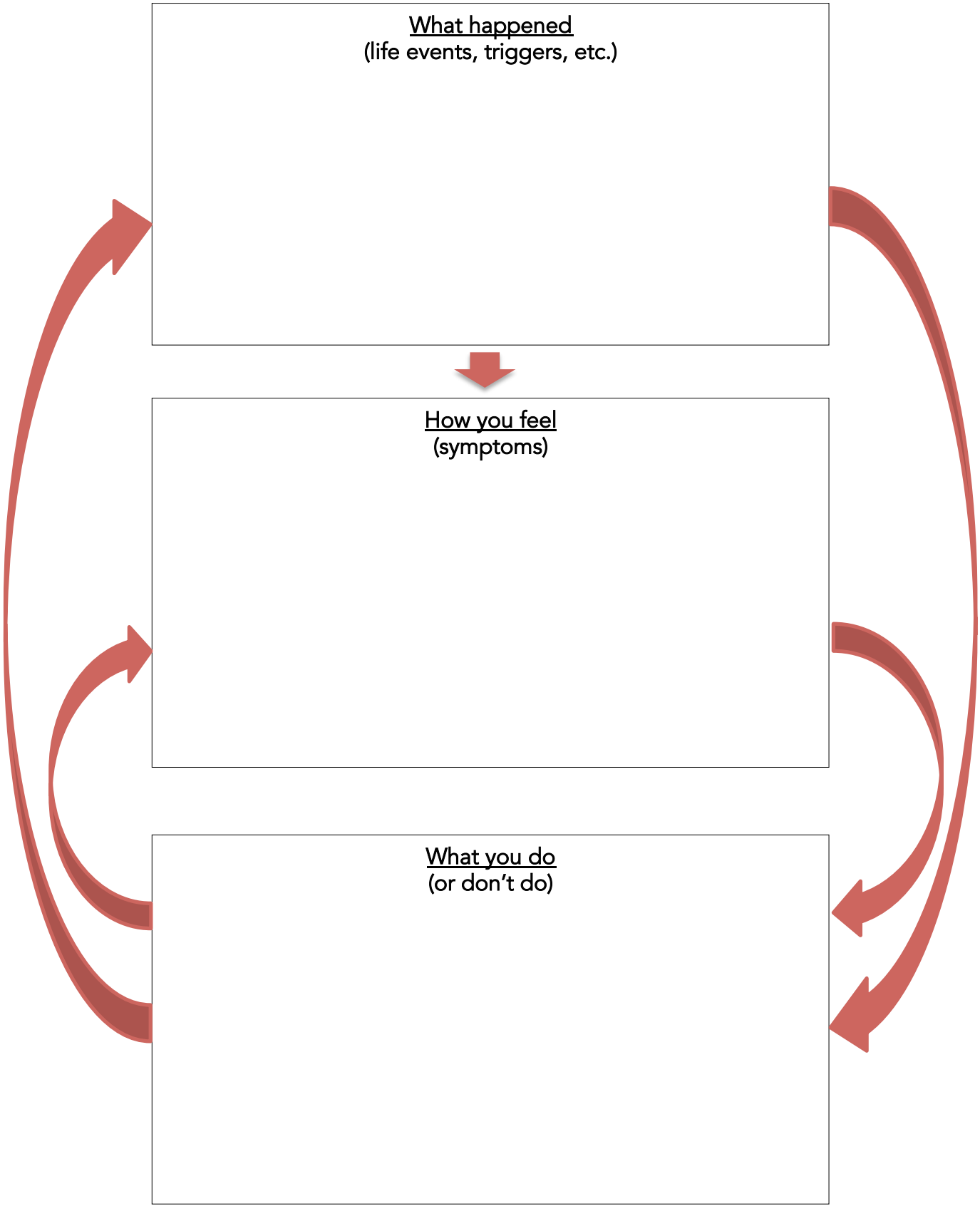
The Second Vicious Cycle



5.6

Your cycles?

Try to determine your own "vicious cycles," identifying specific events, emotions, and responses.



5.7

Activity Monitoring: Track your mood!

Being aware of our mood, emotions, and behaviors is an important part of CBT. In order to know what to do to fix a problem, we first need to understand what is going on!

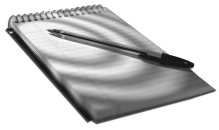
Activity Monitoring is the first step of Behavioral Activation. It is important to know exactly what we are doing throughout the day, and how this corresponds to our mood.

While we can't fix the depression just by noticing this, we can take a step toward feeling better by understanding which behaviors help us feel better, which continue to maintain the depression as it is, and which make us feel worse.

Use the Activity Monitoring Chart on the next page to start tracking your activities and mood. →

Get out that pen and paper!

Research shows that people who write things down as part of CBT practice do better than those that try to do it all in their heads. While it does involve more work (and may seem like going back to school), we hope you will give it a try at first, until the skills become more natural.



Activity Monitoring Worksheet

Instructions: Record your activity for each hour of the day (what you were doing, with whom, where, etc.). Record a rating for your mood as you were doing each activity. Mood is rated between 0-10, with "0" indicating "low mood" and "10" indicating "good mood."

	Sun	Mon	Tues	Wed	Thurs	Fr	Sat
5-7:00 am							
7:00 am							
8:00 am							
9:00 am							
10:00 am							
11:00 am							
12:00 pm							
1:00 pm							
2:00 pm							
3:00 pm							
4:00 pm							
5:00 pm							
6:00 pm							
7:00 pm							
8:00 pm							
9:00 pm							
10:00 pm							
11:00 pm							

With BA, we rate mood on a scale of 0-10, 10 being the best, 0 being the worst. We ask people to rate mood in each hour to the best of their ability in order to understand mood changes.

For example:

Monday:

8am: Woke up (5)
9am: Went to go eat breakfast (6)
10am: Got to work, talked to Bob (5)
11am: Sitting at my desk reading e-mails (3)
12pm: Eating lunch at my desk, worrying about meeting (3)
1pm: Meeting, thinking about issue with reports that I missed, tired (3)
2pm: Sitting at my desk working (4)
3pm: Working (4)
4pm: Working (4)
5pm: Driving home (6)

5.8

Activity Monitoring Worksheet

Instructions: Record your activity for each hour of the day (what you were doing, with whom, where, etc.). Record a rating for your mood as you were doing each activity. Mood is rated between 0-10, with "0" indicating "low mood" and "10" indicating "good mood."

	Sun	Mon	Tues	Wed	Thurs	Fr	Sat
5-7:00am							
7:00 am							
8:00 am							
9:00 am							
10:00 am							
11:00 am							
12:00 pm							
1:00 pm							
2:00 pm							
3:00 pm							
4:00 pm							
5:00 pm							
6:00 pm							
7:00 pm							
8:00 pm							
9:00 pm							
10:00 pm							
11:00 pm							
							5.9

UP and DOWN Activities

Based on the mood ratings you recorded on the Activity Monitoring Worksheet, determine which activities helped you to feel more positive ("UP" activities) and which led to feeling down ("DOWN" activities).

Antidepressant/UP Activities	Depressant/DOWN Activities

In Behavioral Activation, one of our aims is to increase "UP" activities and decrease "DOWN" activities. Over the next section we will learn more about the types of activities that will lead to better mood, to add to the list above. Over time, we can replace the "DOWN" activities with more "UP" ones.

5.10

A Life Worth Living: Values, Pleasure, Mastery, and Goals

The next step in Behavioral Activation is determining the behaviors on which to focus to improve our mood. While some behaviors, like exercise and meditation, can be used right away to improve mood directly, many of the behaviors that are likely to help us are those that align with the things that we enjoy or are important to us.

An exploration of "values," "pleasure," and "mastery" describe much of the "stuff" that makes life worth living. This process can help us come up with tangible goals to move us toward the things that are most important to us.

"Values" are what we find meaningful in life. They are the most important things to us. Everyone has different values, and for each of us they can change over time. They are like a compass, pointing us in the direction we want to go.

"Pleasure" involves activities, or "play" that we enjoy for the sake of the activity itself. Hobbies, games, spending time in nature, or spending time with a good friend.

"Mastery" involves activities, such as work or sports, that involve the development of skills; we are able to accomplish things and feel a sense of mastery over our environment. When enjoyed in moderation and diversified well with other activities, they can increase positive emotions and improve how we feel about ourselves. Also, we may feel more creative as we learn to master certain skills, adding to the possibilities of enjoyment.

Goals and objectives outline the steps we take to experience our lives more fully. They give us targets to help us experience more pleasure, mastery, and value-driven behavior.

To feel more consistently engaged and happy in the world, it is usually best to find a balance of goals centered on values, pleasure, and mastery. How that balance looks for you will be unique. On the following pages, we will help you understand how this balance might look for your own life.

Values

As we mentioned earlier, **"values"** are what we find meaningful and important. These can be different for different people.

Values are important to explore, because much of our goal-directed activity comes from a foundation of what is valued. For example, one may value a healthy lifestyle, and a related goal may be to exercise daily. We may value family, and therefore choose to schedule in time with them. Or if we don't have a family, our activities could lead to getting married and starting one.

It is common to mistake certain wishes and feelings for values. **Values are not internal states, how people treat us, or specific things to achieve.**

Below are some of the common areas of life that people value and may lead to goal-directed activity.

On the next page is a list of values that are related to the categories below. Use them to start listing your own values on the following page.

Physical well-being

What kind of values do you have regarding your physical wellbeing? How do you want to look at yourself?

Family relationships

What kind of relationships do you want with your family? What kind of mother/father/ brother/sister/uncle/ aunt do you want to be? What is important to you about a good family?

Intimate relationships

What kind of partner do you want to be? What quality of relationship do you want to be part of? How do you want to spend time together?

Citizenship/Community

What kind of environment do you want to be a part of? How do you want to contribute to your community?

Mental/Emotional Health

What helps you maintain sound mental health? Why is this important to you? What issues would you like to address?

Spirituality

What kind of relationship do you want with God/nature/ the Earth/mankind? What does having a spiritual life mean to you? How can you exercise this?

Friendships/ social relations

What sort of friend do you want to be? How would you like to act towards your friends? How can these relationships be improved?

Hobbies/ Recreation

How would you like to enjoy yourself? What relaxes you? When are you most playful? Are there any special interests you would like to pursue?

Education/training/ personal growth

How would you like to grow? What kind of skills would you like to develop? What would you like to know more about?

Employment/career

What kind of work is valuable to you? What qualities do you want to bring as an employee? What kind of work relationships would you like to build?

5.12

Below is a list of general value categories, and some specific values that are common in each. See if any of them fit you, and use this page to fill out the values rating sheet on the next page.

Family relations

- •Work on current relationships
- •Spend time with family
- •Take an active role in raising my children
- •Maintain consistent healthy communication

Marriage/couples/intimate relationships

- •Establish a sense of safety and trust
- •Give and receive affection
- •Spend quality time with my partner
- •Show my partner how much I appreciate them

Friendships/Social Relationships

- •End destructive relationships
- •Reach out for new relationships
- •Feel a sense of belonging
- •Have and keep close friends
- •Spend time with friends
- •Have people to do things with

Mental/Emotional health

- •Seek fun and things that give me pleasure
- •Have free time
- •Be independent and take care of myself
- •Challenge my negative thinking
- •Make my own decisions
- •Engage in therapy
- •Take my medications
- •Stay active

Physical well-being

- •Live in secure and safe surroundings
- •Engage in regular exercise
- •Have a steady income to meet physical needs
- •Eat foods that are nourishing to my body
- •Maintain a balance between rest and activity
- •Get enough sleep

Citizenship/Community

- •Contribute to the larger community
- •Help people in need
- •Improve society
- •Be committed to a cause or group that has a larger purpose
- •Make sacrifices for others

Spirituality

- •Follow traditions and customs
- •Live according to spiritual principles
- •Practice my religion or faith
- •Grow in understanding myself, my personal calling, and life's purpose
- •Discern the will of God
- •Find meaning in life
- •Develop a personal philosophy of life
- •Spend time in nature
- •Focus on the greater good

Education/Training/Personal Growth

- •Be involved in undertakings I believe personally are significant
- •Try new and different things in life
- •Learn new things
- •Be daring and seek adventure
- •Have an exciting life
- •Learn to do challenging things that help me grow as a person

Employment

- •Be powerful and able to influence others, have authority
- •Make important decisions that affect the organization
- •Be a leader
- •Make a great deal of money
- •Be respected by others
- •Be seen by others as successful, be ambitious
- •Become well-known, obtain recognition and status
- •Be productive, work hard
- •Achieve significant goals
- •Enjoy the work I do
- •Do what I'm told and follow the rules

Here are some other experiments to explore your own values:

1. Imagine that an important newscaster were doing a biographical story on your life. Think about how you'd want them to describe you. How would they describe the way you spent your time? How you related to others? What was most important to you? What are your strengths as a person? Write down a narrative of what they would say.

2. Imagine you could read the mind of a person that's important to you and with whom you've had a good relationship. They are thinking all kinds of thoughts about your qualities: what you stand for, what your strengths are, what you mean to him or her, and the role you play in his or her life.

3. Think about your heroes. They can be people directly in your life, or other people that you look up to, even fictional characters. What are their qualities? What do you admire about them?

4. Imagine you are writing your own autobiography. Imagine how you would like to live your life, barring all barriers, in the "best case scenario." What are the things that are most important to you in this scenario? What would you stand for? How would you spend your time?

5. Imagine that someone is performing the eulogy at your funeral. Looking back on your life, they would be commenting on your strengths, values, and achievements. How would you want them to describe your life?

6. If you are struggling to find a valued direction, commit to experimenting with some of the values on the previous pages for just one week. After choosing a value, plan to notice your reactions to making the effort to hold to this value. Make a list of behaviors that might fit with the value and choose one behavior to try. Notice your judgments that come up about choosing this behavior. Then make a plan to fulfill on the value-driven behavior. Just do the behavior without telling anyone about it and see what happens. Commit to following through on this behavior once per day for one week. Keep a diary of your reactions to behaving this way and others' reactions to you. At the end of the week, reflect on your experiment with someone else, like a therapist or group leader.

Values Rating Sheet

Based on your exploration of the previous pages, write a summary of your values. For example, "to live a healthy life and take care of my body" (physical well-being), or "to be a good friend to people who need me, and to enjoy time with people I love"(friendships).

Rate each domain for how important it is to you from 0-10 (0 = not important, 10 = extremely important).

Remember: **values are not internal states, how people treat us, or specific things to achieve.**

Physical well-being	Family relationships	Intimate Relationships
Citizenship/Community		Mental/Emotional Health
Spirituality	Other?	Friendships/social relations
Hobbies/Recreation	Education/training/ personal growth	Employment/career

5.15

Translating Values into Activities…

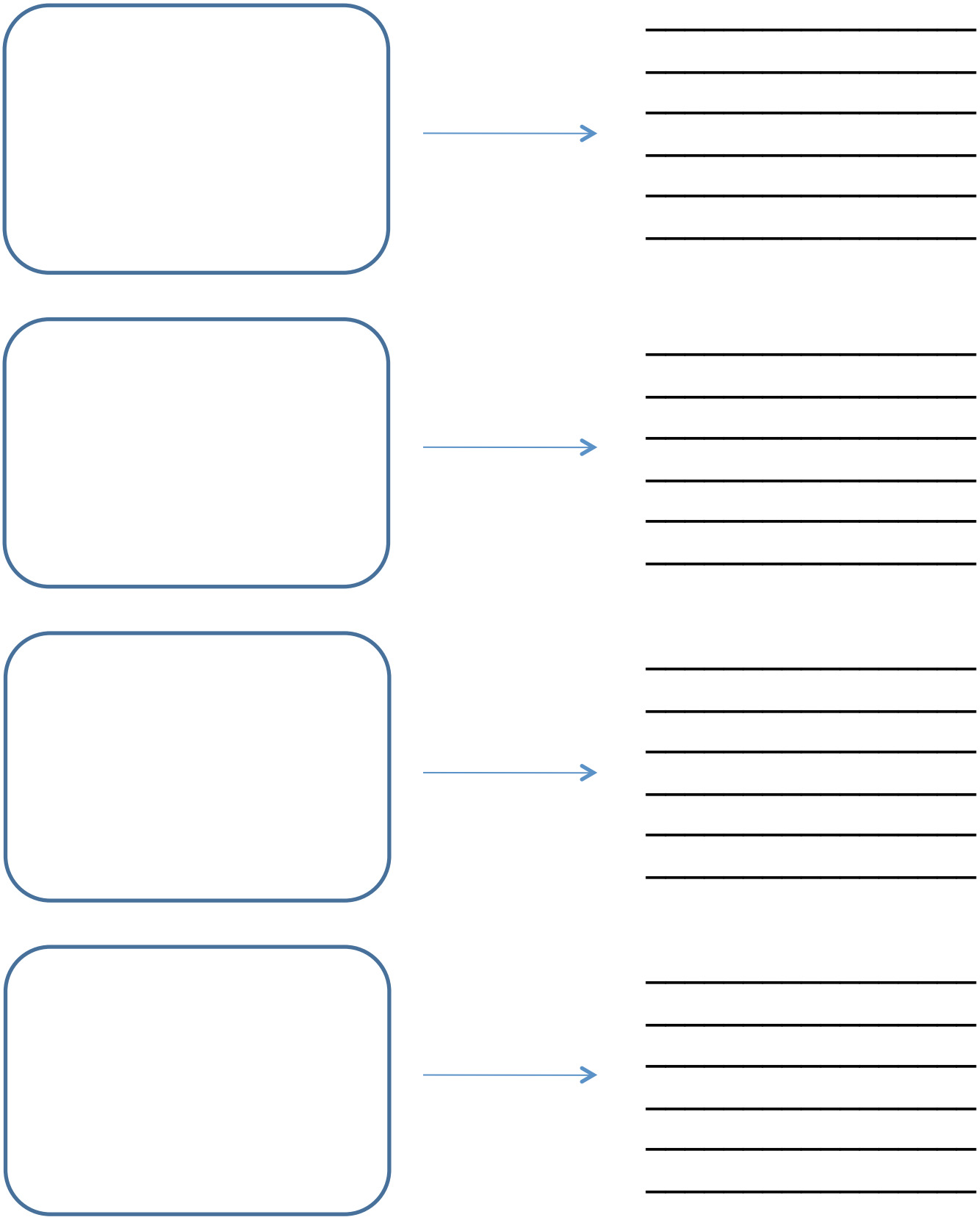
The next step is to translate our values into activities that help us fulfill on those goals.

Take a moment to think about the values that you identified on the previous page. What are some short term goals in each area? What are some long term goals? Use this page and the next to start to brainstorm. Write down your results on the upcoming page: "Values, Pleasure, and Mastery Master List."

VALUE	ACTIVITIES
Example: **Parenting** — I want to be involved in my children's interests and learning. I'd like to build special memories with my kids and spend quality time with them.	I'm going to attend the next PTO meeting and maybe contact the teacher to be a classroom volunteer. I can plan a small vacation to take with the kids next summer.

5.16

VALUE	ACTIVITIES



5.17

Pleasure

Pleasure involves activities that we enjoy for the sake of the activity itself. There are many different kinds of pleasure. Those that are most sustainable involve "play" such as hobbies and other recreational activities. Social activities can also involve pleasure. Other types of pleasure, such as sensory experiences (food, drink, images, touch, etc.) can also be enjoyable if done in moderation.

Below are examples of enjoyable activities that are enjoyed by many. Circle the ones that apply to you, and add others that aren't included below.

Hobbies, Interests, and other "play"

- Reading
- TV, movies, plays
- Dancing
- Playing or listening to music
- Board games or cards
- Arts and crafts, sewing, painting
- Cooking
- Walking, hiking, enjoying nature, fishing
- Sports (basketball, softball, swimming, etc.) or going as a spectator
- Martial arts (karate, etc.)
- Museums/zoos
- Video games
- Traveling, sightseeing, going to the beach, sunbathing
- Shopping
- Gardening/decorating
- Photography
- Comedy: TV, recordings, live
- Religion or spirituality

Social activities

- Spending time with family
- Enjoying own children and/or young relatives
- Enjoying close friends
- Hanging out with large groups of friends/acquaintances
- Parties, meeting new people
- Romance
- Pets
- Clubs: meeting people with similar interests
- Enjoying food and drink with others

Sensory experiences

- Pleasant smells, images, sounds, physical touch, tastes
- Taking a bath
- Listening to soothing music
- Mindful tasting

Other?

_____

_____

_____

5.18

Mastery

Mastery involves activities, such as work or sports, that involve the development of skills; we are able to accomplish things and feel a sense of mastery over our environment. When enjoyed in moderation and diversified well with other activities, they can increase positive emotions and improve how we feel about ourselves.

Here are some examples of how people experience mastery to experience fulfillment in their lives. Circle the ones that apply to you, and add others that aren't included below.

Job or Meaningful Daytime Activity

Look for or attempt to develop some of these qualities in your occupation volunteer work, or other meaningful daytime activity:

- Enjoyment
- Creativity
- Feelings of competence (able to accomplish tasks satisfactorily)
- Potential for development of skills
- Ability to "move up" in the organization or take on more responsibility, if this is desired
- Social contact with coworkers, colleagues, others in the field

Other skill-based activities

- Sports
- Music practice and performance
- Home improvement/building
- Woodworking
- Visual art (painting, drawing, pottery, sewing, knitting
- Learning about interests (history, politics, food, language, culture, etc.)
- Crafting, pottery, and other creative skills

Other?

_____

_____

_____

5.19

Activities List: Pleasure and Mastery

Here are some examples of activities that tend to increase pleasure and mastery. You might think of more that are not listed. Circle the ones that you think could lead to enjoyment or mastery for yourself.

1. Soaking in the bathtub
2. Planning my career
3. Collecting things (coins, shells, etc.)
4. Going for a vacation
5. Recycling old items
6. Relaxing
7. Going on a date
8. Going to a movie
9. Jogging, walking
10. Listening to music
11. Thinking I have done a full day's work
12. Recalling past parties
13. Buying household gadgets
14. Lying in the sun
15. Planning a career change
16. Laughing
17. Thinking about my past trips
18. Listening to others
19. Reading magazines or newspapers
20. Hobbies (stamp collecting, model building, etc.)
21. Spending an evening with good friends
22. Planning a day's activities
23. Meeting new people
24. Remembering beautiful scenery
25. Saving money
26. Gambling
27. Going to the gym, doing aerobics
28. Eating
29. Thinking how it will be when I finish school
30. Getting out of debt/paying debts
31. Practicing karate, judo, yoga
32. Thinking about retirement
33. Repairing things around the house
34. Working on my car (bicycle)
35. Remembering the words and deeds of loving people
36. Wearing sexy clothes
37. Having quiet evenings
38. Taking care of my plants
39. Buying, selling stocks and shares
40. Going swimming
41. Doodling
42. Exercising
43. Collecting old things
44. Going to a party
45. Thinking about buying things
46. Playing golf
47. Playing soccer
48. Flying kites
49. Having discussions with friends
50. Having family get-togethers
51. Riding a motorbike
52. Sex
53. Playing squash
54. Going camping
55. Singing around the house
56. Arranging flowers
57. Going to church, praying (practicing religion)
58. Losing weight
59. Going to the beach
60. Thinking I'm an OK person
61. A day with nothing to do
62. Having class reunions
63. Going ice skating, roller skating/blading
64. Going sailing
65. Travelling abroad, interstate or within the state
66. Sketching, painting
67. Blowing bubbles
68. Doing embroidery, cross stitching
69. Sleeping
70. Driving
71. Entertaining
72. Going to clubs (garden, sewing, etc.)
73. Thinking about getting married
74. Going bird watching
75. Singing with groups
76. Flirting
77. Playing musical instruments
78. Doing arts and crafts
79. Making a gift for someone
80. Buying CDs, tapes, records
81. Watching boxing, wrestling
82. Planning parties
83. Cooking, baking
84. Going hiking, bush walking
85. Writing books (poems, articles)
86. Sewing
87. Buying clothes
88. Working
89. Going out to dinner
90. Discussing books
91. Sightseeing
92. Gardening
93. Going to the beauty salon
94. Early morning coffee and newspaper
95. Playing tennis
96. Kissing
97. Watching my children (play)
98. Thinking I have a lot going for me
99. Going to plays and concerts
100. Daydreaming
101. Planning to go to college or university

102. Going for a drive
103. Listening to a stereo
104. Refinishing furniture
105. Watching videos or DVDs
106. Making lists of tasks
107. Going bike riding
108. Walks on the riverfront/shoreline
109. Buying gifts
110. Travelling to national parks
111. Completing a task
112. Thinking about my achievements
113. Going to a sporting event
114. Eating gooey, fattening foods
115. Exchanging emails, chatting on the internet
116. Photography
117. Going fishing
118. Thinking about pleasant events
119. Staying on a diet
120. Star gazing
121. Flying a plane
122. Reading fiction
123. Acting
124. Being alone
125. Writing diary/journal entries or letters
126. Cleaning
127. Reading non-fiction
128. Taking children places
129. Dancing
130. Going on a picnic
131. Thinking "I did that pretty well" after doing something
132. Meditating/ Mindfulness exercises
133. Playing volleyball
134. Having lunch with a friend
135. Making a gratitude list
136. Thinking about having a family
137. Thoughts about happy moments in my childhood
138. Splurging
139. Playing cards
140. Having a political discussion
141. Solving riddles mentally
142. Playing tennis
143. Seeing and/or showing photos or slides
144. Knitting/crocheting/quilting
145. Doing crossword puzzles
146. Shooting pool/Playing billiards
147. Dressing up and looking nice
148. Reflecting on how I've improved
149. Buying things for myself
150. Talking on the phone
151. Going to museums, art galleries
152. Thinking religious thoughts
153. Surfing the internet
154. Lighting candles
155. Listening to the radio
156. Spending time in nature
157. Having coffee at a cafe
158. Getting/giving a massage
159. Saying "I love you"
160. Thinking about my good qualities
161. Buying books
162. Having a spa, or sauna
163. Going skiing
164. Going canoeing or white-water rafting
165. Going bowling
166. Doing woodworking
167. Fantasizing about the future
168. Doing ballet, jazz/tap dancing
169. Debating
170. Playing computer games
171. Having an aquarium
172. Erotica (sex books, movies)
173. Going horseback riding
174. Going rock climbing
175. Thinking about becoming active in the community
176. Doing something new
177. Making jigsaw puzzles
178. Thinking I'm a person who can cope
179. Playing with my pets
180. Having a barbecue
181. Rearranging the furniture in my house
182. Buying new furniture
183. Going window shopping
184. Saying yes to an opportunity

Values, Pleasure, and Mastery Activities List

Look back at the last 6 pages and write down the activities you came up with to form a master list of possible activities that fit with your life aims. We'll use these to start to get more active with Behavioral Activation.

Pleasure

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Mastery

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Valued Activities

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

5.22

Goal Setting

Goals are how we make our values, pleasure, and mastery activities real and practical. On the next few pages we will start to schedule the activities that we recorded on the Values, Pleasure, and Mastery Activities List. Before we do, it is important to be sure we are being "SMART" about setting these goals. Use the following tips to increase the chances of reaching your goals.

In order for goals to be achieved, they must be "SMART:"

Specific: when creating a goal, state exactly what you want to achieve. Think about how and when you are going to achieve your goal. For example, "I want to lose ten pounds in two months by counting calories."

Measurable: in order to say you met a goal, one must be able to measure it. Stating that "I want to eat more fruits and vegetables" is not as measurable as stating "I want to eat a combination of 5 fruits and vegetables a day."

Attainable: Is the goal possible? If the goal is to get into shape by swimming 30 laps a day and you have never swum for exercise, you will be setting yourself up for avoidance and discouragement. Choose a smaller goal, like taking a few swimming lessons or just swimming a few laps to start.

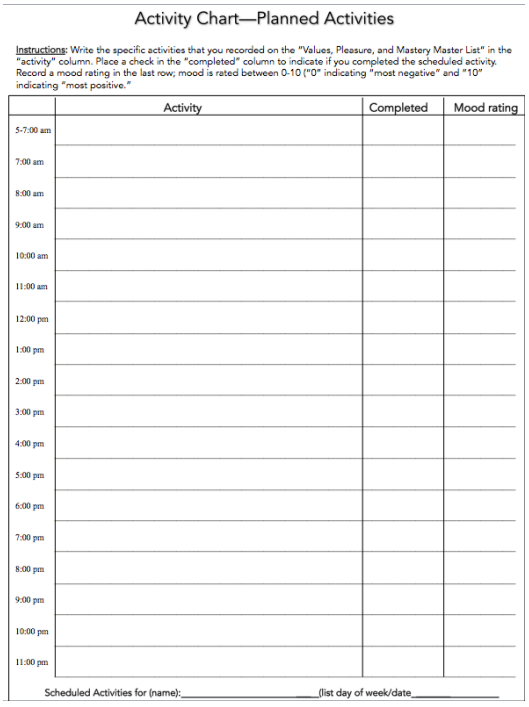
Realistic: is the goal realistic? If you have had a knee injury or chronic pain, it is probably not realistic to set a goal for yourself of joining a kickboxing class. Perhaps joining a walking program would be more realistic.

Trackable: tracking your progress helps us notice improvement. When we recognize our improvement, it motivates us to continue our good work. It can also help in creating future goals.

Activity Planning

So far, we have…

- …determined how you spend your time and how your current activities are associated with your mood.
- …started to understand your values, enjoyable activities, and activities that make you feel a sense of mastery and accomplishment. We've connected these with specific activities that you wrote on the Values, Pleasure, and Mastery Activities List.
- …learned how to be smart about setting goals.



Activity Chart—Planned Activities

Instructions: Write the specific activities that you recorded on the "Values, Pleasure, and Mastery Master List" in the "activity" column. Place a check in the "completed" column to indicate if you completed the scheduled activity. Record a mood rating in the last row; mood is rated between 0-10 ("0" indicating "most negative" and "10" indicating "most positive."

	Activity	Completed	Mood rating
5-7:00 am			
7:00 am			
8:00 am			
9:00 am			
10:00 am			
11:00 am			
12:00 pm			
1:00 pm			
2:00 pm			
3:00 pm			
4:00 pm			
5:00 pm			
6:00 pm			
7:00 pm			
8:00 pm			
9:00 pm			
10:00 pm			
11:00 pm			

Scheduled Activities for (name):_____(list day of week/date_____

Now it's time to start activating! One way to make Behavioral Activation work is to simply start to schedule activities and then rate how our mood corresponds to each activity. Use the chart on the following page to choose some activities with which to start. You'll check the ones you complete and then rate your mood during the activity.

Activity Planning Tips:

•Start with 2-3 of the easiest activities.

•Schedule activities on the day and time you think you could reasonably complete them. For example, if my activity is "play with my daughter" I might enter that activity at 11 am on Monday, 10 am on Wednesday, and 9 am on Thursday.

•Consider whether you are ready for a particular activity and consider any barriers. For example, if my activity is "exercise," one barrier might be that I don't have any gym clothes. Perhaps I need to first complete the activity "purchase gym clothes" before I'll be ready to hit the gym.

•If you are unable to do an activity on the day or time that you first planned, just cross it out, write the activity that you did that that time, and try to reschedule your planned activity.

•Remember not to get discouraged if you aren't able to complete all of the activities. Try to continue to move forward with the activity anyway, even if it isn't going as you hoped.

Activity Planning Worksheet

Instructions: Write some specific activities that you recorded on the "Values, Pleasure, and Mastery Activities List" in the "activity" column. Place a check in the "completed" column to indicate if you completed the scheduled activity. Record a mood rating in the last row; mood is rated between 0-10 ("0" indicating "most negative" and "10" indicating "most positive."

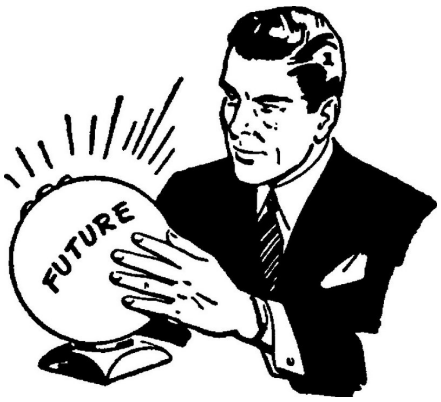
	Activity	Completed	Mood rating
5-7:00 am			
7:00 am			
8:00 am			
9:00 am			
10:00 am			
11:00 am			
12:00 pm			
1:00 pm			
2:00 pm			
3:00 pm			
4:00 pm			
5:00 pm			
6:00 pm			
7:00 pm			
8:00 pm			
9:00 pm			
10:00 pm			
11:00 pm			

Scheduled Activities for (name):_____ Day of week/date_____

Pleasure Predicting

We are depressed we often anticipate getting little to no pleasure or mastery out of an activity. Depression clouds our judgment and colors our predictions about the future.

As an experiment, we can "pleasure predict" how much pleasure or mastery we feel after a given activity. This is one way that we can mix Behavioral Activation with the Cognitive Skills we learned in Chapter 4. We perform a "behavioral experiment," which means that we see what happens when we plan an activity, recording the "data," to see what we learn. People tend to learn that activities are more enjoyable than they had predicted. See what happens for you!



Use the sheet on the following page to "pleasure predict" some activities this week.

First, pick an achievable activity, especially one that you predict may not be enjoyable. Schedule the activity using the Activity Planning Worksheet on the previous page.

Fill in the form on the next page, recording your "prediction" before you start the activity on a scale of 0-10. Right after the activity is finished, record how much you actually enjoyed it.

Pleasure Predicting Sheet

Activity

(Schedule activities with a potential for pleasure or personal growth)

_____

_____

_____

_____

Activity

_____

_____

_____

_____

Activity

_____

_____

_____

_____

Companion(s)

(If alone, specify "self"– do not put the word "alone" in this column)

_____

_____

_____

_____

Companion(s)

_____

_____

_____

_____

Companion(s)

_____

_____

_____

_____

Satisfaction

(rate on scale of 0-10)

Predicted	Actual

Satisfaction

(rate on scale of 0-10)

Predicted	Actual

Satisfaction

(rate on scale of 0-10)

Predicted	Actual

5.27

Problem Solving and Acceptance

When a problem arises, there many possible responses. As we have discussed throughout this manual, some responses to depression and problems can help to solve these problems; others can serve to make things worse. Below we describe three ways of addressing a problem. One approach may work best, or all three may apply. The "take home point" here is that all situations are different, and require different types of approaches to help you meet your life aims.

Adaptive Response #1: Get the facts (thinking)

Use cognitive skills to better understand the "facts" of a situation. Perhaps there is a problem, and perhaps there is not. Sometimes the first step is to understand the facts of a situation, and then decide whether or not to use problem solving skills (below) or accept things that are outside of our control. Also see the earlier section on "Cognitive Therapy Skills."

Adaptive Response #2: Problem solving (actions/behaviors)

Sometimes the best answer to a problem is working to "solve" the problem somehow—it is not a problem with our thinking or behavior, it is a problem with the external circumstances. For example, if someone is consistently aggressive or abusive of us, we may want to find a way to set firm limits with that person or leave the relationship altogether. There are many problem solving skills, some of which are outlined below:

-Behavioral Activation skills to address avoidance
-Assertively address interpersonal conflicts
-Take small steps to make progress on long-term projects
-Plan for the future
-Manage your time effectively
-many others…

Talk to your therapist or group leader about other behavioral skills to directly address problems that arise.

Adaptive Response #3: Accept what cannot be controlled (letting go)

There are times that we believe we should be able to control something, yet our consistent attempts to do so are met with failure. This "beating a dead horse" makes us more and more frustrated, angry, anxious, and depressed. Sometimes letting go of things we cannot control is necessary to prevent problems from getting even worse; we also lift some of the burden of failing over and over.

How to take action to solve a problem

1. Write down clearly what the problem is.

2. Brainstorm about ways to solve the problem, even "ridiculous" ways, writing down all possibilities.

3. Rank the possible solutions in order, from best to worst. Think "how likely is it for this approach to work?"

4. Decide on a plan of action for each reasonable solution. Rate how probable it would be each each plan to work.

5. Pick the most reasonable plan and put the plan into action. If it doesn't work, go to the next best solution and try that one. Continue to try until you solve the problem.

How do I know what to do to make it better?

Sometimes it is difficult to know which approach to take to make a situation better. While it is ultimately an individual decision, one that may take trial and error, therapy is a place to work out some of these difficult choices. The various skills in CBT are meant to help us get some clarity around some of these decisions. While we don't have room in this manual to discuss in detail how to make these decisions, this is something to discuss with your group or individual therapist as you move through treatment.

5.28

Dealing with Low Motivation

If you are experiencing depression, chances are you're dealing with motivational difficulties. Frequently we hear people (depressed or not) talk about waiting to make changes when they are "ready" as if there is a particular day that they will wake up and suddenly feel different and able to face whatever it is they are avoiding. We put off exercise routines, diets, getting homework done, calling back important people, etc., because we feel unmotivated.

From the outside-in…

As we discussed in the "Action Precedes Emotion?" section earlier, one reason we struggle with motivation is that we are looking to our internal emotional state (happy, energized, excited) to cue us to start a task. This is an "inside-out" way of thinking which is problematic with depression, because for most people, low motivation/energy is a pervasive symptom that typically takes some time to resolve.

In Behavioral Activation we ask people to work from the outside-in, acting according to a plan rather than waiting to feel ready. We can jump-start our mood by starting with an action and letting our mood follow. This is hard at first, but over time, most people recognize that their actions can actually have an impact on their mood, so they feel less at the mercy of their depression.

Little by little…

Working on doing things that you have been avoiding can sometimes feel painful or even cause some anxiety. While plunging into these behaviors might seem ideal, you will likely have more success if you commit to taking small steps.

For example, if you and your therapist identify exercise as a goal, you might break this down into steps.

If you'd like to run, but you've been inactive for months, chances are you're not going to just start running. By breaking this down into smaller goals you will likely have more success. Let's say you set a goal to put on your shoes and walk for 10 minutes, then 20, then 30, etc. Once you've built some momentum, you then might begin to run.

Use the "Motivation Tips" on the following page to help you get unstuck when low motivation strikes.

Motivation Tips

1. Keep it simple
2. Break it into smaller pieces
3. Do one thing at a time
4. Set realistic goals
5. Schedule activities at times when you are most likely to succeed
6. Use self-compassion
7. Anticipate setbacks
8. Reinforce and reward healthy behavior choices
9. Reflect on what works and what doesn't work
10. Change your environment
11. Minimize distractions
12. Use visual reminders
13. Talk yourself into it—challenge negative thinking!
14. Use a timer—start with just five minutes
15. Use reminders/alarms
16. Have an accountability partner
17. Focus on long-term benefits
18. Commit to making decisions based on what we know, not on what we feel

Behavioral Activation Tips

Behavioral Activation can be challenging! It is common to run into roadblocks during this process and have moments in which we want to give up. We can honestly say that the only barrier to improvement is giving up completely; if you continue to learn about your valued life course and stay "out there," chances are that things will improve.

Use the tips below to help navigate barriers that come up during the course of Behavioral Activation treatment.

1. Be prepared for a challenge: because we are working against our brain's attempts to protect us, it takes effort and some discomfort to get results from Behavioral Activation in the long run.

2. Get "back on the horse:" when failures inevitably happen, be prepared to respond actively. Depression will tell us to give up when things don't go well… and try to convince us that all of those negative thoughts are the truth. Prove the depression wrong by getting back out there and moving toward what you really value.

3. Move one step at a time: retraining the brain takes time, one small step at a time. Trying to move too quickly is a recipe for failure and disappointment, and overwhelms us so that we want to give up.

4. Address negative thinking: go back and review the Cognitive Therapy Skills chapter and continue to address the thinking that tries to keep us isolated. Especially address self-critical thoughts and develop self-compassion.

5. Focus on valued action, not just on "symptom reduction." Gauge success according to the extent that you are living a valued life, not whether or not you have emotions. While one aim of CBT is to improve mood and have fewer negative emotions in the long run, in the short run we must remember that emotions are a part of life and we cannot get rid of them completely. But… we *can* improve life and how we feel by moving toward valued actions.

Continued on the next page…

6. Monitor your activities and mood as specifically as you can. We often miss important clues to treating depression when we don't pay enough attention to the details of our activity.

7. Solve problems that could be leading to further depressive symptoms, and work to accept those things that cannot be solved, while continuing to move toward life aims to the best of your ability.

8. Be sure your activities line up with your true values. Sometimes we think we are living a valued life and we are not; this leads to continual disappointments. Continue to explore your values. Remember that *values are not internal states, how people treat us, or specific things to achieve.*

9. Be sure you have the skills you need to be successful. Trying to do something in which we don't have the necessary skills sets us up for failure. Some people learn that they are "incompetent," only because they continue to try to do things for which they are not ready. Find out what skills are necessary to be successful at a given task, and then, given the amount of work it would take to learn the necessary skills, decide if it makes sense to continue to pursue that activity.

10. Understand the principles of Behavioral Activation and why each part of it is necessary. Sometimes we are confused about why we are doing something; this potentially leads to resistance to trying new things, and we miss out on the possible benefits.

11. Practice mindfulness: review Chapter 3 and practice mindfulness. Research shows that enjoyment is much more likely when we are present and mindful. Use Behavioral Activation as an opportunity to practice being mindful of potentially pleasurable experiences as they occur.

12. Reward yourself for your achievements. Depression and self-criticism try to take away the "kudos" we deserve when we achieve something. Make an explicit effort to reward yourself instead.

Barriers and Resources Worksheet

Use the following worksheet to determine the specifics of some of your goals. Think about possible barriers and resources you might have to hurdle them.

Goal: _____

When I want to achieve it:_____

_____

How I am going to do it:_____

_____

How I am going to measure it:_____

_____

What are possible barriers?_____

_____

What are the possible resources?_____

_____

Notes

Self-Management Goals Menu

Goals Important to You

- ☐
- ☐
- ☐
- ☐

Healthy Lifestyle

- ☐ Exercise regularly
- ☐ Avoid addictive substances
- ☐ Make healthy food choices and eat at a regular time in a comfortable space
- ☐ Get regular sleep

Relationships

- ☐ Spend time with others
- ☐ Go to social events or get coffee with friends
- ☐ Build supportive relationships

Stick With Your Plan

- ☐ Take medications as directed
- ☐ Keep appointments
- ☐ Participate in groups/counseling
- ☐ Stay in touch with your care manager
- ☐ Work on your goals

Productivity

- ☐ Get involved in workplace projects or community events
- ☐ Start or keep working on a regular basis
- ☐ Get involved in personal or family activities

Self-Reward

- ☐ Plan weekly activities that are relaxing or that you have enjoyed in the past like reading or listening to music
- ☐ Take up an old hobby or attend a special event

Spiritual

- ☐ Connect with a spiritual community
- ☐ Look for ways to meet your spiritual needs such as quiet study, meditation, services/ceremonies

Self-Management Action Plan

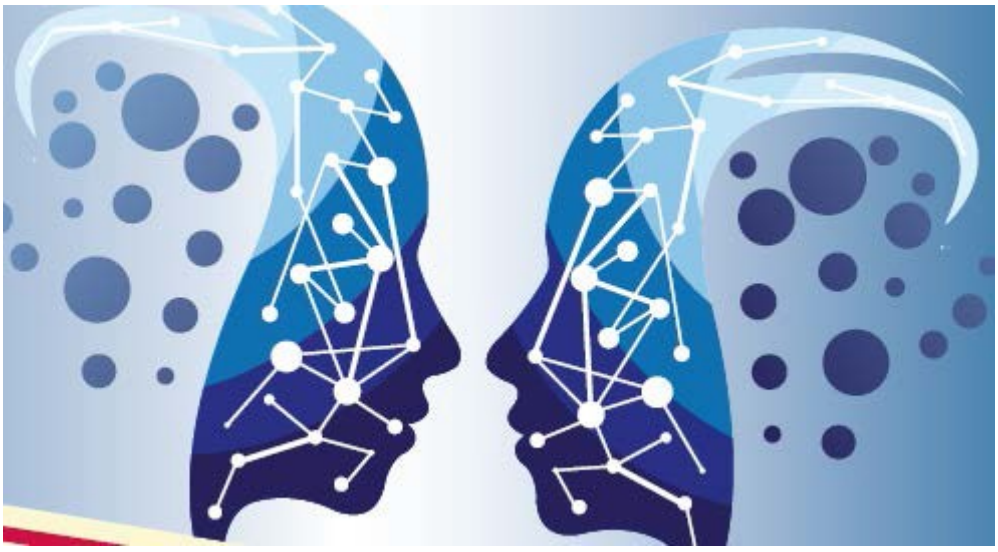
SELF-MANAGEMENT ACTION PLAN

Patient Name:		**Date:**
Staff Name:	**Staff Role:**	**Staff Contact Info:**
Goal: *What is something you WANT to work on?* 1. 2.		
Goal Description: *What am I going to do?*		
How:		
Where:		
When:		**Frequency:**
How ready/confident am I to work on this goal? (Circle number below) Not Ready 1 2 3 4 5 6 7 8 9 10 Very Ready		
Challenges: *What are barriers that could get in the way & how will I overcome them?* 1. 2. 3.		
What Supports do I need? 1. 2. 3.		
Follow-up & Next Steps (Summary): 1. 2. 3.		

Motivational Interviewing GL MHTTC Workbook

Motivational Interviewing
Great Lakes ATTC
MI-CCSI

Fall 2020



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Motivational interviewing for helping professionals

The materials in this packet are designed to provide you with the knowledge and skills you need to deliver MI with integrity to the model. Through reading, didactic lecture, videos, small and large group practice, and individual performance feedback you'll be presented with opportunities to gain skill and confidence in the provision of this evidence- based practice.

GOAL: Systematically use MI in your work and move in the direction of fidelity to the practice.

Objectives

1. Be able to identify the key concepts of MI and how each relates to promoting positive behavior change.
2. Be able to describe each process of MI (Engaging, Focusing, Evoking, Planning) and how each contributes to promoting positive behavior change.
3. Apply MI skills for efficient and effective engagement (the Relational Foundation) and the elicitation of change talk (Technical skills).
4. Begin integrating MI into your patient change conversations.
5. Engage in an ongoing learning process to achieve fidelity.

Key Concepts in MI

1. Resist the righting reflex

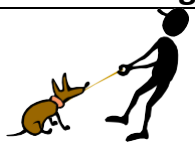
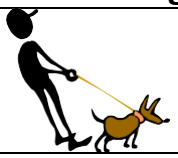
- The "righting reflex" is the practitioner desire to fix what seems wrong with people and to set them promptly on a better course.
- Expression of a directing communication style.
- How do people who are ambivalent about change respond to the righting reflex?

Activity: Just Do it!

- What comments did you notice from peers who participated in this exercise?

- What kind of situations trigger your own righting reflex?

2. Communication style matters

Directing	Guiding	Following
		
Administer Authorize Conduct Decide Determine Lead Manage Prescribe Steer Take charge Tell	Accompany Awaken Collaborate Elicit Encourage Inspire Lay before Look after Motivate Show Support	Attend Be responsive Be with Go along with Have faith in Listen Observe Shadow Stay with Take interest in Understand

Activity: Communication Style Switching

Instructions: Watch the video and for each communication style, note 1-2 observations of what the practitioner said/did and how the client responded.

- Following:

- Directing:

- Guiding:

3. Motivation is a key to change

- Motivation is a state of being ready, willing, and able; it is not a trait.
- Motivation is interpersonal; what the practitioner says and does matters.
- Motivation is a key to successful change.

Activity: Self-Reflect on Motivation
Instructions: Think of a behavior you've engaged in even though you knew it might lead to negative consequences. Ideally, this would be a behavior you have made past attempts to change. With this behavior in mind, consider the following questions with brief written response.

- How much time passed between when you began this behavior and when you were first aware that there was a potential problem with it?

- How much time passed between the moment you first noticed there was a potential problem with this behavior and the first time you made an earnest attempt to change it?

- Did you ever experience success in changing this behavior? ___Yes ___No

- Did you ever return to the behavior after initiating some change? ___Yes ___No

- How about the people in your life when you were attempting to change the behavior: Briefly describe (adjectives) how people were helpful.

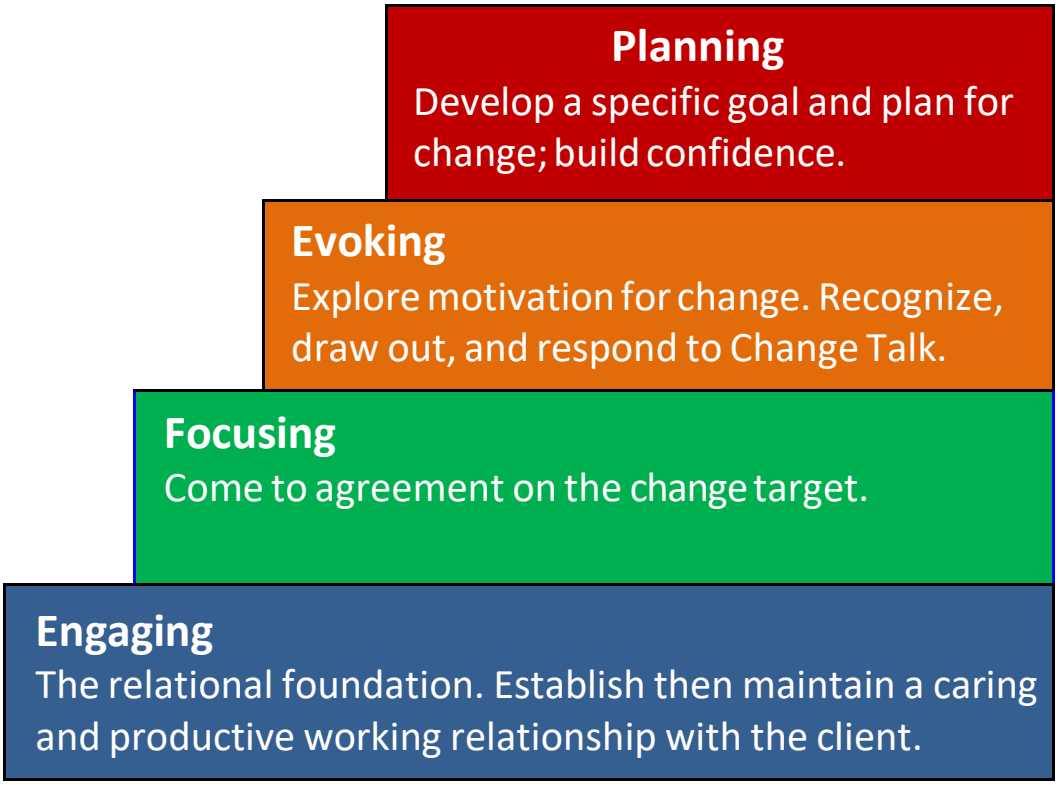
- Briefly describe (adjectives) how people were not helpful.

4. **Ambivalence about change is normal**
   - Ambivalence means feeling two ways about something.
   - Presents a significant barrier to change.
   - Must be explored and (hopefully) resolved.

NO CHANGE	
Pros	**Cons**
CHANGE	
Cons	**Pros**

MI Processes

(Miller & Rollnick, 2013, pp. 25-32)



Miller, Moyers, Rollnick (2013) DVD. Your take-aways:

MI Core Skills (OARS)

- Open questions
- Affirmation
- Reflective listening
- Summarizing

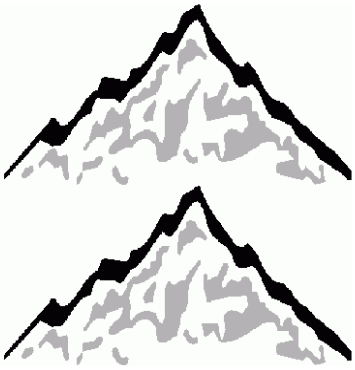
Core skills are applied within each process in unique and creative ways.

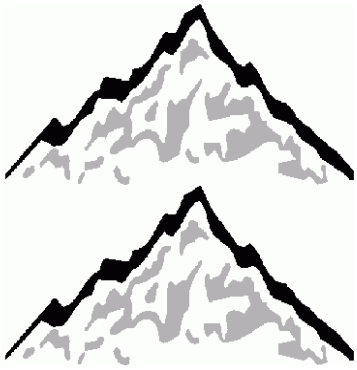
Climbing the Motivation Mountain

Adapted from Miller and Rollnick , 2013,

Engaging- Who are you and what's troubling you?
aka Where should we go on this journey? Shall we travel together?

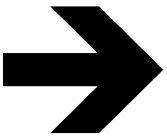
Focusing- Setting the agenda
aka Which mountain should we climb together? Where to?





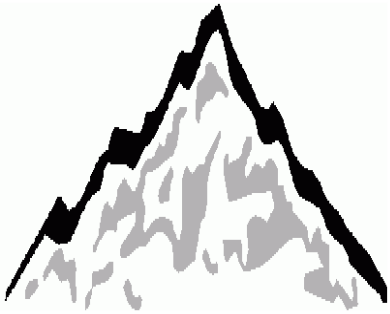
Evoking- Resolving client ambivalence, explore values, concerns, priorities, evoke change talk, importance and confidence
aka Whether or why?

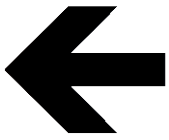
Slippery slope of ambivalence



NOTE: This is hard work.

Testing the waters: Is the client ready for the down side of the mountain? Check it out!





NOTE: This feels easier. ☺
DOWNHILL

Planning: Identifying a change plan, addressing barriers, supporting change efforts
aka How? When?

Engaging

The relational foundation. Establish then maintain a caring and productive working relationship with the client.

Perspective Shifts

- Engaging is Task #1 – the first 20% of every encounter.
- Engaging in MI requires a way of being with people (the Spirit of MI).
- Develop a partnership with shared expertise.
- Rapid engagement is possible with MI skills.
- Let go of assessment-oriented, fact gathering questions.
- Competence vs. Deficit worldview – look for strengths.
- Replace questions with reflections.

The Spirit of MI is a way of being with people which sets the **PACE** of the conversation with these elements:

- **Partnership**. MI is a collaboration between experts.
  - People are the experts on their own lives.
  - MI is not done "to" or "on" someone, but "for" and "with" a person.
  - This includes both: Letting go of the expert role while being aware of the aspirations and convictions you bring to the conversation.

- **Acceptance.** Expressing an attitude of unconditional positive regard.
  - Absolute Worth.
  - Accurate Empathy.
  - Autonomy Support.
  - Affirmation.

- **Compassion**. We conduct MI in the service of others.
  - Deliberate promotion of another's welfare.
  - Get ourselves out of the way.
  - Serve as a benevolent witness.
  - Distinguish this way of being with people from the tactics of a used car salesperson.

Engaging

The Spirit of MI (continued)

- **Evocation.** Motivation for change is not installed but is evoked.
  - Motivation for change already exists within people.
  - Perspective that people truly have the wisdom and resources within themselves to identify and move towards their goals.
  - Pragmatically, people are more likely to change if they themselves come up with the reasons versus being advised.

Discussion questions

- Which element(s) of MI spirit best fits with how you currently work?

- Which elements (s) might pose some challenge to how you currently work?

- Why might you be interested in bringing all MI spirit elements to the way you work?

MI Relational Foundation Measures (reproduced with permission from Moyers et al., 2015)

Partnership

1 (low)	**2**	**3**	**4**	**5** (high)
Clinician actively assumes the expert role for the majority of the interaction with the client. Collaboration or partnership is absent.	Clinician superficially responds to opportunities to collaborate.	Clinician incorporates client's contributions but does so in a lukewarm or erratic fashion.	Clinician fosters collaboration and power sharing so that client's contributions impact the session in ways that they otherwise would not.	Clinician actively fosters and encourages power sharing in the interaction in such a way that client's contributions substantially influence the nature of the session.

Empathy

1 (low)	**2**	**3**	**4**	**5** (high)
Clinician gives little or no attention to the client's perspective	Clinician makes sporadic efforts to explore the client's perspective. Clinician's understanding may be inaccurate or may detract from the client's true meaning.	Clinician is actively trying to understand the client's perspective with modest success.	Clinician makes active and repeated efforts to understand the client's point of view. Shows evidence of accurate understanding of the client's worldview, although mostly limited	Clinician shows evidence of deep understanding of client's point of view not just for what has been explicitly stated but what the client means but has not yet said.

Engaging

Core Skill: Open Questions

- Promote engagement by exploring the person's perspectives, experiences, and concerns.
- The perspective shift here is to refrain from fact gathering/assessment questions (typically Closed Questions) at hello.
- Use Open Question starters: What…? How…? Tell me about… Describe…

Activity: Questions at Hello

Instructions: Read each question and decide if it is Open or Closed and a Good ☺ or Not-so-Good ☹ engaging question. If Not-so-Good, construct a better engaging question.

Common Questions at hello	☺	☹
1. What brings you here today?		
2. Are you in a relationship?		
3. Can we talk about paying your restitution?		
4. How are you today?		
5. Did you do what you were supposed to do?		
6. Are you having a good day?		

Now, using the starters above, construct 2-3 more engaging Open Questions:

Engaging

Core Skill: Affirmation

- The perspective shift here is to actively look for, recognize, and affirm a person's inherent worth, strengths, positive attributes, or past efforts with change.
- Affirmation of strengths builds the relational foundation and promotes engagement.
- Affirmations should not be confused with praise. Construct affirmation using a "you" statement.

	We all need positive feedback. Affirmations promote partnership, self-efficacy, hope, and improved self-regard. **AFFIRMATIONS BUILD CONFIDENCE**

Activity: Mining for Affirmations

- Start by brainstorming: What strengths do you observe in the people you work with? What are their positive personal attributes or resources? Write down a list of 15-20 strengths.

- Once the person you're working with has identified some strengths, what affirmations can you offer in response to reinforce these positive self-perceptions?

Strengths & Values → **Affirmation**

Someone famous
Strengths/Values:

Affirmation:

Engaging

Core Skill: Reflective listening

- Accurate empathy or "reflective listening" is the most important skill in MI.
- The perspective shift here is to replace questions with reflections.
- Listen carefully to understand the person's perspective.

Steps to forming a Reflection:

1. Hear what the person is saying.

   Barriers: Strategies:

2. Make an educated guess about the person's underlying meaning.
   "You mean that you…"

3. Choose your direction.

4. Share your guess as a concise <u>statement</u> (not a question).

Engaging

Activity: Construct Simple and Complex Reflections.
"People I work with"= patients, clients, consumers, customers NOT co-workers.

I really like the work that I do. I feel like I am pretty good at what I do. I've helped a lot of people.

- Simple Reflection:

- Complex Reflection:

You know. There are some things I struggle with. I am not always 100% sure I am doing the best job I can with the people I work with.

- Simple Reflection:

- Complex Reflection:

Thinking about doing anything differently in my professional work life makes me uneasy.
I am not sure I really have the time or the energy for that.

- Simple Reflection:

- Complex Reflection:

I really value having productive relationships with the people I work with. Some of this MI stuff makes sense and seems like it would make things a bit easier for me.

- Simple Reflection:

- Complex Reflection:

It's really hard to constantly have the feeling that I am supposed to know all the answers and fix all the problems for the people I work with. I don't always have what I need to run my own life because I put so much of myself into my work.

- Simple Reflection:

- Complex Reflection

Engaging

Core Skill: Summarizing

- A summary is like a reflective listening paragraph and reflects back several things the person has shared. Summarizing can reinforce a person's values, strengths, and motivations.
- Three types:
    - *Collecting* summaries recall a series of items as they accumulate.
    - *Linking* summaries link the present conversation with something discussed before.
    - *Transitional* summaries bring it all together to wrap up a task, a process, or a session.
- Start summaries with a "check-in" followed by a "checking it out" and end with an open question.

Activity: Create a Summary
Instructions: Based on the dialogue (previous page), create a collecting summary.

Engaging

Other Skills: MI Adherent (MIA) Behaviors

- **Affirm:** Recall than an affirmation accentuates a person's inherent worth, strengths, positive attributes, or past efforts with change.
- **Seek collaboration:** The practitioner is explicitly attempting to share power or acknowledge the expertise of the client. Asking the client what they think about information or asking permission to give information.
- **Emphasize autonomy:** This code is assigned when the practitioner works to CLEARLY focuses the responsibility with the client highlighting their sense of control, freedom of choice, personal autonomy, or ability to decide about their own actions.

Activity: Making MIAs
Instructions: In the scenarios below, respond with MIAs.

Jim is a 34-year old man who has been living homeless for the last 5 years and has recently moved into a group home. Jim says, "I've been at this a long time, I know the deal. If you don't go with the rules they kick you out. I know that. It's either do the deal and stay in or don't do the deal and get kicked out and be on my own."

- **Affirm:**
- **Seek:**
- **Emphasize:**

Jacklyn is a 15-year old girl who's been truant for most of her sophomore year. She's been sick on and off and has some serious issues with anxiety. Jacklyn says, "I know I have to come to school. I don't want to be like those girls I see just hanging out on the street nothing to do, looking bored. It's just that I am bored here too. But I know I can't be sitting at home, missing school much more."

- **Affirm:**
- **Seek:**
- **Emphasize:**

Engaging

Traps that Promote Disengagement (Miller & Rollnick, 2013, pp. 40-45)

The "Chat" Trap

The Assessment (Question-Answer) Trap

The Expert Trap

The Premature Focus Trap

The Labeling Trap

Discord, not "Resistance"

When a client argues, interrupts, disagrees, ignores, or discounts you, this is viewed as discord in MI. "Discord is about you or more precisely about your relationship with the client… Discord is like a fire (or at least smoke) in the therapeutic relationship."
(Miller & Rollnick, 2013, p. 197)

Activity: Self-Reflection on Client Discord

1. What are statements and behaviors you've observed from clients that signal discord? Be specific.

2. What is your reaction to these statements and behaviors?

3. What part do you play in the dissonance? Specifically, what trap might you have fallen into?

4. What would be some of the good things about changing the way you respond to dissonance? What's the worst thing that could happen if you did nothing?

5. Pick a statement of discord from above and write out an MI consistent response.

Technical definition of MI:

"Motivational Interviewing is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion." (Miller & Rollnick, 2013, p. 29)

MI Processes:

Skills:

- Core OARS Skills
- Informing (E-P-E), Seek Collaboration
- Emphasis on choice

Skills are applied within each process in unique and creative ways.

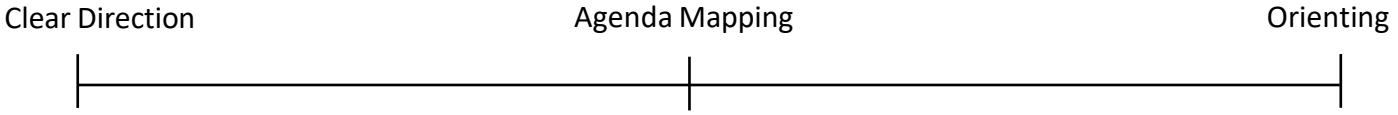
Focusing

Collaboratively come to agreement with the client on the change target. This could include: a specific behavior (engagement in services, medication adherence, parenting, completing school work, maintaining employment, high risk sexual behavior), substance (alcohol, illicit drug, tobacco), or condition (depression, anxiety, grief).

Perspective Shifts

- Focusing is a process with three possible scenarios
- Balance client and practitioner priorities for change
- Negotiation is often needed
- Once the focus for change target(s) is agreed upon, stick with it until transition to next change target

Three Scenarios (Miller & Rollnick, 2013, pp. 99-101; Rosengren, 2018, pp. 174-175)



Focus is clear. Client and practitioner are in agreement about the change target(s) for the session.

Focus is somewhat clear. Some client and practitioner priorities are known, but negotiation is needed to come to agreement on focus of change target(s) for the session.

Focus is unclear. Client and practitioner are not sure what the concerns or priorities are for the session. Exploration is needed to determine change target(s).

Focusing

Balance Priorities

Core Skill: Informing (Miller & Rollnick, 2013, pp. 131-154; Rosengren, 2018, pp. 212)

- First, find out about the person's priorities or concerns.
  - Then, share your priority or concern using the **E-P-E** procedure:
    - **E**licit client permission.
      "Would it be okay if I shared a perspective with you?"
    - **P**rovide the perspective on your priority or concern.
    - **E**licit the person's response.
      "What are your thoughts on this?"

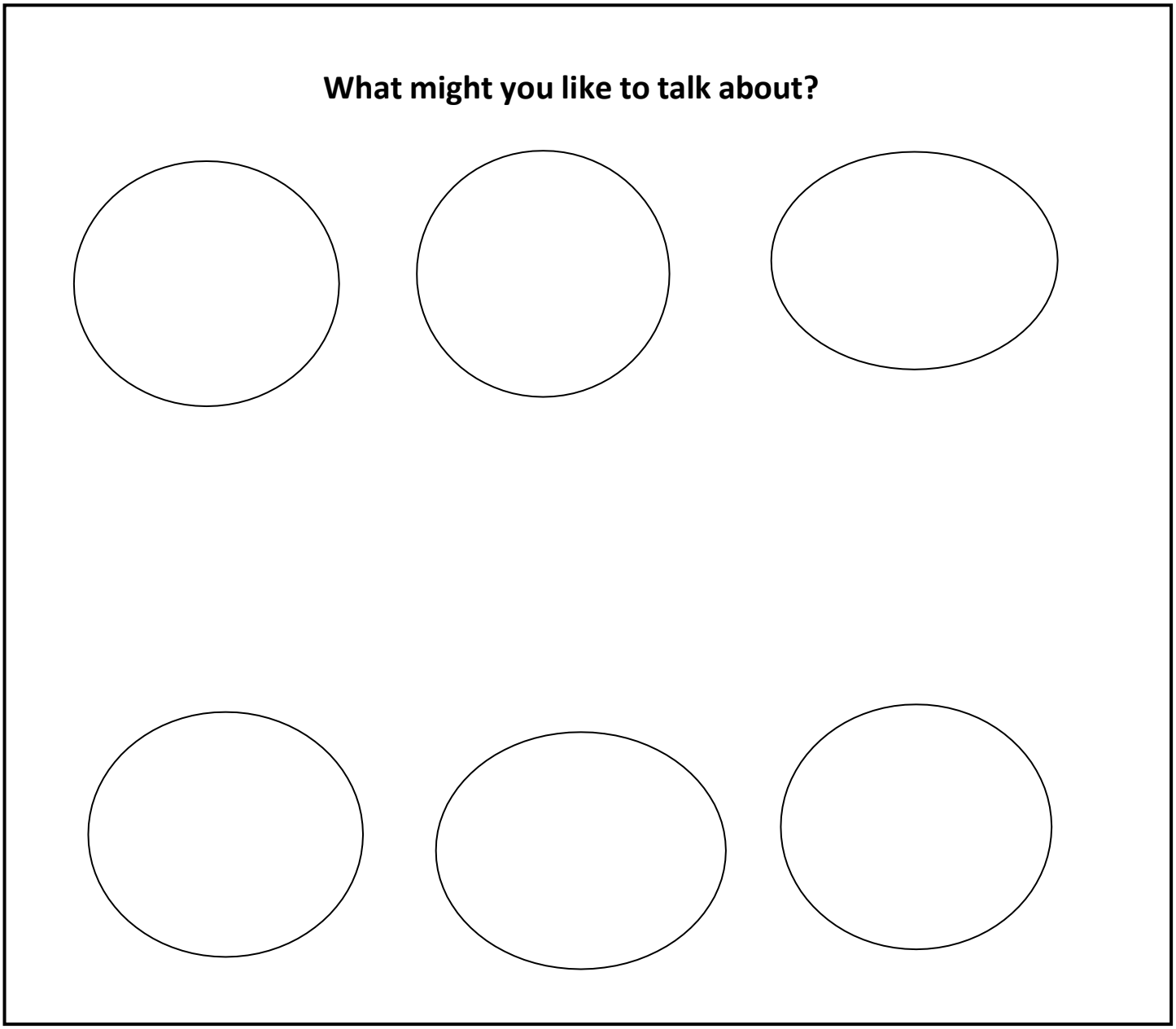
Listen carefully and Reflect.

Negotiate the agenda and come to agreement on the change target of focus

Focusing

Tool: Agenda Map

Instructions: Complete an agenda map thinking about the population you work with.



Once the change target is agreed upon, that becomes the focus of the change conversation until transition to the next one

Evoking

Once a change target is agreed upon and there is a clear, ethical direction for change transition to Evoking. Evoking explores the "why" of change. This process is the heart of MI during which the person's ideas and motivations for change are explored.

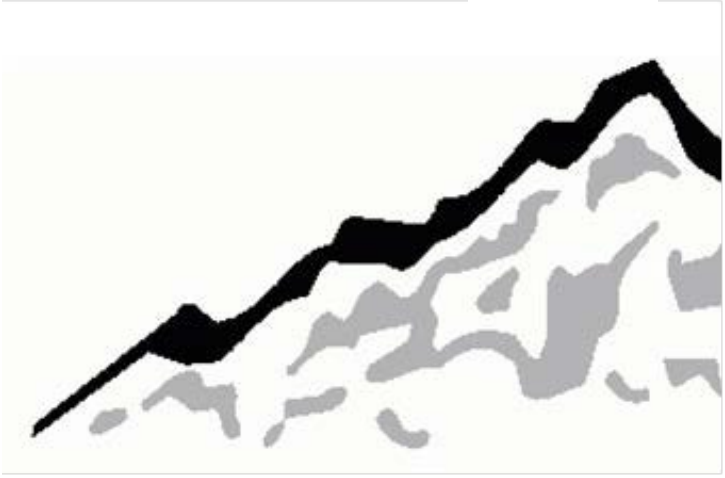
Perspective Shifts

- Motivation is a key to change
- Let go of assessment/fact gathering questions
- Resist your righting reflex
- Maintain focus on the change target, avoid tangents
- Listen for the language of change

Your Tasks

1) Recognize the language of change (Change Talk) and differentiate it from the language of no change (Sustain Talk) and Discord
2) Proactively draw out Change Talk
3) Strategically respond: cultivate change talk and soften sustain talk.

Begin climbing Motivation Mountain…



Evoking

Task #1: Recognize Language Cues

(Rosengren, 2018, pp. 269-275)

Change Talk is the language of change, that is, any client language in the direction of change regarding the change target. Types of Change Talk:
DARN CAT

DESIRE: want, like, wish, hope to change
ABILITY: can, could, able to change
REASON: specific reason for change
NEED: need, have to, got to, must, it's important to change

* * * *

COMMITMENT: I will, I'm going to, I intend to change
ACTIVATION: ready to, willing, planning to change
TAKING STEPS: specific action or step toward change

Sustain Talk is any client language in the direction of no change or the status quo; the opposite of Change Talk. Sustain Talk is about the **change target**.

Discord signals dissonance and is about the **relationship**.

So what? Why are these language cues important?

(Miller & Rollnick, 2013, pp. 167-171; Rosengren, 2018, pp. 267-268)

Evoking

Task #2: Proactively draw out Change Talk

(Rosengren, 2018, pp. 302-309)

The core skill here is Open questions. Instruction: Call forth the **DARN CAT**. For each category of change talk, develop 2-3 Open questions.

DESIRE (want, like, wish, hope):

ABILITY (can, could, able to):

REASON (specific reason for change):

NEED (need, have to, got to, must, it's important to change):

* * * * * *

COMMITMENT (will, going to, intend to):

ACTIVATION (ready, willing, planning):

TAKING STEPS (specific step toward change recently taken):

Evoking

Task #2: Proactively draw out Change Talk (continued)

Querying Extremes

- What concerns you the most about_____in the long run?
- Suppose you continue on as you have been, without changing. What do you imagine are the worst things that could happen?
- From what you know, what might be some of the risks from continuing_____?
- What do you think could be the best results if you did make this change?
- If you were completely successful in making the changes you want, how would things be different?
- Imagine for a minute that you succeeded in changing_____. What are some good things that might happen?

Looking Back

- Do you remember a time when things were going well for you? What has changed?
- What were things like before_____? What were you like back then?
- How has_____changed you as a person or stopped you from growing, from moving forward?

Looking Forward

- If you did decide to make this change, what do you hope would be different in the future?
- How would you like things to turn out for you in____[months/years] or so?
- If you were to have a week off from your symptoms/problems, what would you do first?
- How would you like things to be in the future?
- What do you expect might happen if you don't make any changes?

Exploring Goals and Values

- Tell me what you care most about in life. What matters most to you?
- How do you hope your life will be different a few years from now?
- How does making a change with_____ fit with what you care most about, or your life goals or dreams?

Evoking

Task #2: Proactively draw out Change Talk (continued)

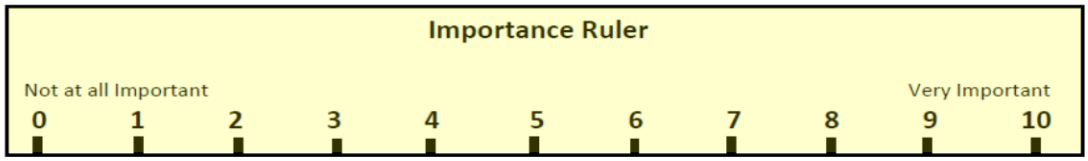
What is the problem?

(Miller & Rollnick, 2013, p. 213)

		Importance to change	
		Low	*High*
Confidence to change	*Low*	1	2
	High	3	4

Tool: Importance/Confidence Ruler (Miller & Rollnick, 2013, pp. 174-175)

On a scale of 0 to 10 where 0 is "not at all important" and 10 is "very important," how important is it for you to make a change with _(change target)_ ?



Ask the single follow up question:

- [0] What would it take to get to a 1 or 2?
- [1-4] Why this number and not a 0?
- [5-7] What would it take to go from this number to a [slightly higher #]?
- [8-10] Talk about why making this change is very important.

Evoking

Task #3: Strategically Respond
Cultivate Change Talk

When you hear Change Talk, don't just sit there! (Miller & Rollnick, 2013, pp. 183-188)

Use your OARS:

- **O**pen question to ask for elaboration
  Client: I need to cut down on the drinking. Practitioner: Tell me more.

- **A**ffirm an underlying strength
  Client: I'm going to take a break for a few weeks. Practitioner: You have a lot of will-power.

- **R**eflect
  - Simple Reflection to highlight the specific language cues
  - Complex Reflection to offer a guess in the direction of change

- **S**ummarize – collect the Change Talk flowers and offer back as a bouquet

Best practice:

- ❑ Start by briefly acknowledging any Sustain Talk/reasons for no change.
- ❑ Then, highlight Change Talk, motivations, and reasons for change.
- ❑ End with a question that moves the conversation forward.

Evoking

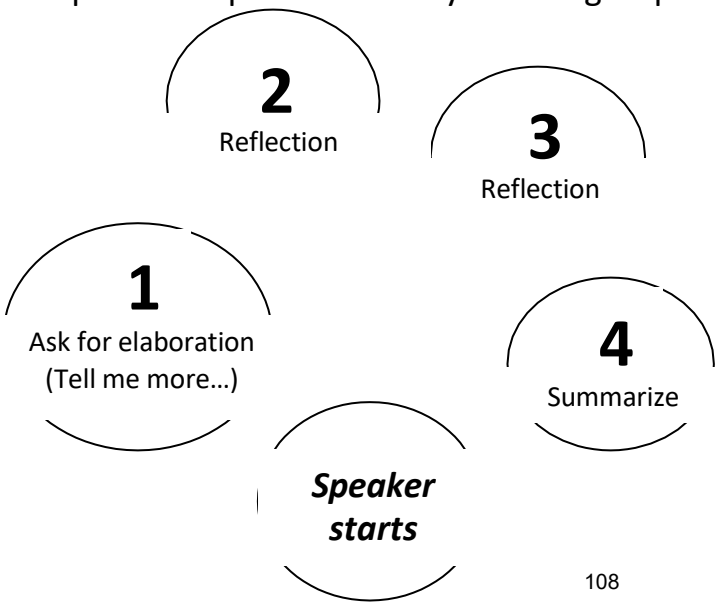
Activity: Cultivating Change Talk is Easy as 1-2-3-4

Moving from practice-as-usual to delivering MI with fidelity requires your own behavior change. With this change in mind, please note your response in the space provided below to <u>one</u> of the following questions:

- Why would you want to integrate MI into your services?
- What is one skill you could work on to develop your MI practice?
- What would be the best reason to get MI into routine practice with your clients?
- What would you need to do differently in order to deliver MI with fidelity?

Your response:

- Speaker starts by sharing the above written statement.
- Moving to the speaker's left, group members do 1-2-3-4 in turn.
- Speaker responds naturally to each group member.



Evoking

Evoking Task #3: Strategically Respond

Cultivate Change Talk

Instructions: Read the client narrative below, then work together as a group to create MI consistent responses.

Client: I have to do something about my drinking. I know it's really bad for me and I can't keep this up. I am going to lose everything.

- Open question: (shift focus or reframe)

- Affirmation: (find an underlying strength)

- Reflection: (construct two concise reflections using strategic complex types)
  a)

  b)

Soften Sustain Talk/Discord

(Miller & Rollnick, 2013, pp. 200-210; Rosengren, 2018, pp. 360-364, 374)

Instructions: Read the client narrative below, then work together as a group to create MI consistent responses.

Client: I already told you I don't have a problem with drinking and so what if I smoke some weed? Everyone I know smokes. Why do you care what I do? I've been to treatment before so I know all about the risks. There's nothing you can tell me that I don't already know.

- Open question: (shift focus or reframe)

- Affirmation: (find an underlying strength)

- Reflection: (construct two concise reflections using strategic complex types)
  a)

  b)

- Emphasize choice/personal control:

Evoking

Activity: Rowing with OARS for Evoking

Roles:

- Speaker – real play. Consider talking about continuing to learn MI: What changes will you need to make to get MI into routine practice? What will you need to work on to reach fidelity?
- Practitioner – go right into Evoking. Use your OARS to explore the Speaker's motivation for change.
- Observer – listen carefully to the Practitioner and use the observer sheet provided to note skills.

Debrief:

1. *Practitioner starts by sharing what she/he liked about the interview and what could have been different, then*

2. *Observer shares feedback using Elicit-Provide-El*

MI References

- Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd edition). New York, NY: Guilford Press.

- Miller, W. R., Moyers, T. B., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* [training DVD]. From https://www.changecompanies.net/products/motivational-interviewing/

- Moyers, T. B., Manuel, J. K., & Ernst, D. (2015). *Motivational Interviewing Treatment Integrity coding manual 4.2.1*. Unpublished manual, University of New Mexico, Center on Alcoholism, Substance Abuse, and Addiction. Retrieved from https://casaa.unm.edu/download/MITI4_2.pdf

- Rosengren, D. (2018). *Building motivational interviewing skills: A practitioner workbook* (2nd edition). New York, NY: Guilford Press.

Closing Review

- Something I learned or relearned…

_____
_____
_____

- From this course I gained…

_____
_____
_____

- One thing I learned about myself as a practitioner…

_____
_____
_____

- I am more confident now that I can…

_____
_____
_____

- I'm going to integrate MI into practice by…

_____
_____
_____

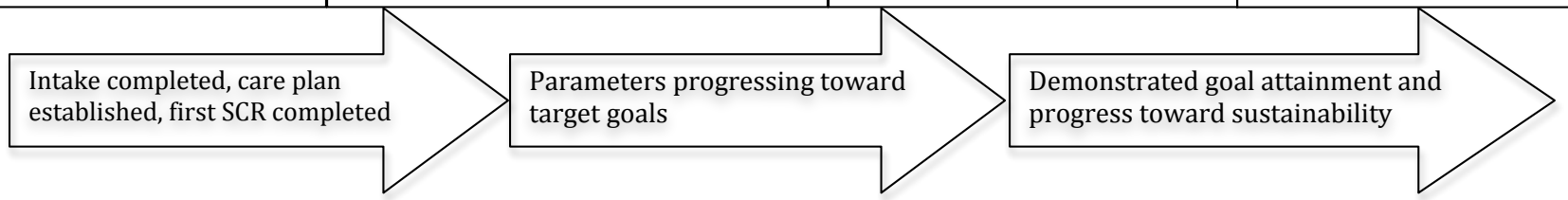
Care Manager Follow-up Guide

COMPASS

Care Management Phases & Follow-up Guide

This tool provides recommended guidance for the COMPASS team assisting a patient through the phases of care. Each system has to determine the tailoring needed within their own processes to operationalize this guide to its fullest. Above all, remember the patient is fluid and not a referral to be "handed off" to any one team member and then "given back". Communication leading up to and following each transition is critical to ensure all members of the team including the patient are aligned with the same goals. Stages of change and readiness are parallel aspects of this flow and may resonate with some users in applicability.

Active Engagement Phase *1st & 2nd contacts*	**Active Management Phase** *Weekly contacts in the first month* *Every other week over the next 2-3 months*	**Active Transition Phase** *Frequency gradually extended* *Average duration 5-18 weeks*	**Maintenance Phase** *Monthly to every 3 mo* *Average duration 6-12 months*
• Determine eligibility & appropriateness • Introduce COMPASS & set the roadmap for care • Start building relationship with patient to identify preferences, strengths and challenges • Establish primary care team communication strategy, engagement plans, caseload impact & understanding of patient care needs	• Clinical prioritization, assessment of red flag risks and identify patient preferences • Establish care plan including both short & long term goals for optimal improvement • Purposeful care management using Motivational Interviewing, Behavioral Activation & goal setting that links treat-to-target clinical plan including med intensification with personal health goals by developing strategies for self-monitoring, treatment (including medications) adherence and problem solving skills • Shared understanding of working toward optimal maintenance of the chronic conditions and the organic but intentional process of outcome oriented care management	• Based on pt's progress with clinical and personal goals and agreement that significant improvement has been made. • Less frequent contacts as an opportunity for pt to practice identifying triggers, problem solve and self-monitor. • Duration may need to be variable based on pt readiness, unanticipated pitfalls and ongoing coaching needs but overall becomes longer periods of self-management success. • Starting to build maintenance plan using pts own words for what has contributed to improvement & problem solve obstacles	• Patient has been practicing and more consistently demonstrating self-management including ability to identify triggers, setbacks and opportunities • Maintenance Plan has been developing along the way and patient can now articulate and complete own written plan for sustainment (example: own personal "yellow zone" and when to contact clinic when things come up and assistance is needed) • Schedule established for PCP follow-up and lab/clinical monitoring intervals • Primary care team understanding of maintenance plan including support role and and routine follow up expectations



Follow-up Care Manager Note Example

Care manager monthly note:

SUBJECTIVE

REASON FOR VISIT

Integrated Behavioral Health (IBH) Care Coordination Monthly Systematic Case Review (SCR)

ASSESSMENT

Florence Nightingale is a 73 y.o. female with a history of Depression who is referred to IBH Care Coordination for help in mood management

Date of enrollment: 7/14/20

PHQ-9 at enrollment: 11

The following patient reported outcomes were completed:

PHQ9 Score	6/15/2020	7/13/2020	8/5/2020
PHQ-9 Total Score (max 27)	6	11	0

GAD7 Score	6/15/2020	7/13/2020	8/5/2020
GAD-7 Total Score (max 21)	5	5	0

Goals unique to Florence Nightingale, RN:

1. Work on establishing a schedule for walking 15 minutes a day
2. Would be open to listening to medication options
3. Identify strategies for maintaining mood despite and resilience

Mental Health hospitalizations since last SCR: 0
Mental Health ED visits since last SCR 0

Current Psychotropic Medications (including date of last dose change:)
Mirtazapine 15 mg

Pharmacological interventions since enrollment (including failed medication trials):
Amitriptyline discontinued

Current Psychotherapy relationship:
N/A

Previous SCR recommendations:

1. She has recently had her thyroid medication increased (this month) and she has been describing sleep issues as primary with fears about falling from amitriptyline (given per records for bowel issues). No other trials. Will need a follow up TSH in the fall.
2. With memory concerns and worries about a fall, amitriptyline is not ideal. Could test out a low dose of mirtazapine to see if she sleeps better without any dizziness but she should still get up carefully.

3. She may be having some challenges related to medical issues and stress. Therapy could look at CBT for insomnia and resilience support.

Updates since last SCR (Medications, non-pharmacologic interventions, progress towards previous recommendations):
Doing well, just recently spent some time in northern Minnesota. Reports has also been spending time in the garden and this has been enjoyable. Continues to spend time talking with sister and friends and finds this helpful. Denies any specific difficulties with her mood. In terms of Mirtazapine, Florence does feel this has been an improvement from the Amitriptyline. I did ask if I could check in with her husband to get his perspective on overall improvement given history of some mild memory concerns, but he was unavailable and so I will check in with him later.

Introduction of BHCM to CoCM Breakout Session

Enter your breakout room (accept "join" breakout room)

Facilitator for each group

- **Each group will create an introduction to the CoCM program to a patient via round robin**
- **Assign a scribe to capture the introduction and share with the large group**

- **Include key talking points**
    - **Warmly greet**
    - **Ask permission**
    - **Understanding of the reason for the referral and with permission fill in gaps**
    - **BHCM relationship with the patient's primary care provider team and team concepts to include the psychiatrist role**
    - **Value to the patient and their role**
    - **What to expect ie frequency and timelines**
    - **Open communication to encourage questions**
    - **Identify someone in the group to share with the group at large**

****Allot 30 minutes total for this exercise**

SBAR Care Review Tool

SBAR Case Review Tool

Patient Name: Date: PCP:

Situation (brief, 2 sentences)

Age Race Care Management start:

Main Care concern(s) (behavioral/medical/physical:

Background

Tobacco/Substance use:
Diagnoses:
Living situation/support system:
Health Literacy:
Adherence barriers/concerns:
Key leverage point: (pt. values/strengths etc…)

PHQ(9) latest:
BP latest:
A1c latest:
LDL latest:
HF Classification/EF:
MMSE latest:
eGFR

PHQ(9) previous:
BP previous:
A1c previous:
LDL previous:

Other Provider specific information:

Medications:

Allergies and Medications tried:

Imaging:

Consultants:

Assessment

Successes: Challenges: Prioritize care issues:

Recommendations

Behavioral:

Medical:

Mi-CCSI Relapse Prevention Plan

Relapse Prevention Plan

A Relapse Prevention Plan focuses on stress reduction and self-monitoring and can help you to recognize depression early.

Patient Name: **Today's Date:**

Program activation date:

Contact/Appointment information

Primary Care Provider:_____

Next appointment: Date:_____Time:____

Care Manager:_____ Telephone number:_____

Next Appointment:_____ (circle one-6 mo/12mo follow up call)

**Use the depression-fighting strategies that have worked for you in the past, including taking your antidepressant medication regularly, increasing your pleasurable activities and maintaining a healthy lifestyle.

Maintenance Antidepressant Medications

Diagnosis:_____

1.

2.

You will need to stay on your medications to avoid relapse of depressive symptoms. If you feel you need to change or stops medications-please call your Primary Care Team. Your Physician can help you decide the safest options for medication changes.

Other Treatments

**Write down the problems that can trigger your depression and strategies that have helped you in the past.

• What are some of my everyday stressors?

• What coping strategies have worked for me in the past?

• Are these skills I can use every day or every week?

• How can I remind myself to use these skills daily?

**Watch for warning signs by regular self monitoring. You can check routinely for personal warning signs or telltale patterns of thought or behavior. You may want to ask a partner or friend to let you know if they notice any warning signs

**Use the PHQ test to check your depression score. If your score goes up over 10, it's time to get help again.

Triggers for my depression:

1.

Personal Warning Signs

1.

Coping strategies:

1.

Goals/Actions: How to minimize Stress from Depression

**Try to identify three or four specific actions that will help you. Be realistic about what you can and will do.

**Prepare yourself for high-risk situations.

• What are some problems or predictable stressors that might affect you in the future?

• Can you do anything to make a particular event less likely or less stressful?

• If you can't avoid a stressful situation: can you avoid negative reactions (like criticizing yourself) or react in a more positive way?

1.

2.

3.

4.

When we've made changes in our behavior, there's always a tendency to drift back towards old habits. How can you stop the backward drift?

****Put drift into perspective. We all make plans, but all of us drift away. The key is catching yourself and getting back on track.**

If symptoms return, contact:_____

Patient Signiture_____**Date**_____

Thank you very much for participating in the CoCM at _____!

AIMS Relapse Prevention Plan

Relapse Prevention Plan

AIMS CENTER
UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences

Date: _____

Purpose: Depression can occur multiple times during a person's lifetime. The purpose of a relapse prevention plan is to help you understand your own personal warning signs. These warning signs are specific to each person and can help you identify when depression may be starting to return so you can get help sooner – before the symptoms get bad. The other purpose of a relapse prevention plan is to help remind you what has worked for you to feel better. Both of these put YOU in charge!

Instructions: 1. Fill out this form with your care manager. 2. Put it where you'll come across it on a regular basis. 3. Use the PHQ-9 on the back to self-assess yourself. 4. If you see signs of returning depression, use your prevention plan.

Maintenance medications

1. _____; _____tablet(s) of _____mg _____Take at least until_____
2. _____; _____tablet(s) of _____mg _____Take at least until_____
3. _____; _____tablet(s) of _____mg _____Take at least until_____
4. _____; _____tablet(s) of _____mg _____Take at least until_____

Call your primary care provider or your care manager with any questions (see contact information below).

Other treatments

1. _____
2. _____
3. _____

Personal warning signs

1. _____
2. _____
3. _____
4. _____

Things that help me feel better

1. _____
2. _____
3. _____
4. _____

If symptoms return, contact: _____

Primary Care Provider: _____ Phone: _____ Email: _____
Care Manager: _____ Phone: _____ Email: _____

Next appointment: Date: _____ Time: _____

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ **DATE:** _____

Over the *last 2 weeks,* how often have you been bothered by any of the following problems? *(use "✓" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could 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
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
	add columns:		+	+
(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.)	**TOTAL:**			

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?	**Not difficult at all** _____ **Somewhat difficult** _____ **Very difficult** _____ **Extremely difficult** _____

ZT242043

Resources Related to Medications

Resources Related to Medications

ICSI (Institute for Clinical Systems Improvement), Depression, Adult in primary care depression	**https://www.icsi.org/guideline/depression/**
APA (American Psychiatric Association) Practice Guidelines	**https://www.psychiatry.org/guidelines**
American Geriatric Society 2019 Updated AGS Beers Criteria® for Potential Inappropriate Medication Use in Older Adults	**https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.15767**
Mayo antidepressant shared decision aid	**https://depressiondecisionaid.mayoclinic.org/index**
Psychopharmacology and Psychiatry Updates Psychopharmacology Institute (Podcasts)	**https://podcasts.apple.com/us/podcast/psychopharmacology-and-psychiatry-updates/id1425185370 (free access to short & preview podcasts)**

Mental Health Apps

Mental Health Topic		Website	iTunes App Link	Google Play App Link
Reviews for Mental Health Apps	Psyberguide	https://psyberguide.org/apps/	Resource: N/A	Resource: N/A
	ADAA (Anxiety & Depression Association of America	https://adaa.org/finding-help/mobile-apps	Resource: N/A	Resource: N/A
Anxiety and Depression	PTSD Coach	https://www.psyberguide.org/apps/ptsd-coach/	https://apps.apple.com/us/app/ptsd-coach/id430646302	https://play.google.com/store/apps/details?id=is.vertical.ptsdcoach&hl=en
	CPT Coach	https://www.psyberguide.org/apps/cpt-coach/	https://apps.apple.com/us/app/cpt-coach/id804271492?ign-mpt=uo%3D4	https://play.google.com/store/apps/details?id=gov.va.mobilehealth.ncptsd.cptcoach&hl=en
	PE Coach 2	https://www.psyberguide.org/apps/pe-coach/	https://apps.apple.com/us/app/pe-coach-2/id1281266434	https://play.google.com/store/apps/details?id=gov.va.mobilehealth.ncptsd.pecoach&hl=en_US
	Mindshift CBT (Anxiety Canada)	https://www.psyberguide.org/apps/mindshift/	https://apps.apple.com/ca/app/mindshift/id634684825	https://play.google.com/store/apps/details?id=com.bstro.MindShift&hl=en
	Thought Challenger	https://www.psyberguide.org/apps/thought-challenger/	https://apps.apple.com/us/app/thought-challenger/id1250196640	N
	Mood Mission	https://www.psyberguide.org/apps/moodmission/	https://apps.apple.com/au/app/moodmission/id1140332763	https://play.google.com/store/apps/details?id=com.moodmission.moodmissionapp
Resilience and Mindfulness				
	Mindfulness Coach	https://www.psyberguide.org/apps/mindfulness-coach/	https://apps.apple.com/us/app/mindfulness-coach/id804284729	N
	SuperBetter	https://www.psyberguide.org/apps/superbetter/	https://apps.apple.com/us/app/superbetter/id536634968	https://play.google.com/store/apps/details?id=com.superbetter.paid&hl=en
	Happify	https://www.psyberguide.org/apps/happify/	https://apps.apple.com/us/app/happify-activities-games-for-stress-anxiety/id730601963	https://play.google.com/store/apps/details?id=com.happify.happifyinc&hl=en
	Personal Zen	https://www.psyberguide.org/apps/personal-zen/	https://apps.apple.com/us/app/personal-zen/id689013447?ls=1&mt=8%3B	N
	Breathe2Relax	https://www.psyberguide.org/apps/breathe2relax/	https://apps.apple.com/us/app/breathe2relax/id425720246	https://play.google.com/store/apps/details?id=org.t2health.breathe2relax&hl=en
	Headspace	https://www.psyberguide.org/apps/headspace/	https://apps.apple.com/us/app/headspace-com-meditation-mindfulness/id493145008	https://play.google.com/store/apps/details?id=com.getsomeheadspace.android&hl=en
	Sanvello	https://www.psyberguide.org/apps/sanvello/	https://apps.apple.com/us/app/sanvello-stress-anxiety-help/id922968861	https://play.google.com/store/apps/details?id=com.pacificalabs.pacifica&hl=en_US
Insomnia				
	CBT-i Coach	https://www.psyberguide.org/apps/cbt-i-coach/	https://apps.apple.com/us/app/cbt-i-coach/id655918660	https://play.google.com/store/apps/details?id=gov.va.mobilehealth.ncptsd.cbti
Artificial Intelligence/ChatBots				
	Woebot	https://www.psyberguide.org/apps/woebot/	https://apps.apple.com/us/app/woebot/id1305375832	https://play.google.com/store/apps/details?id=com.woebot
Self-Monitoring				
	T2 Mood Tracker	https://www.psyberguide.org/apps/t2-mood-tracker/	https://apps.apple.com/us/app/t2-mood-tracker/id428373825	https://play.google.com/store/apps/details?id=com.t2.vas&hl=en
	CBT Thought Diary	https://www.psyberguide.org/apps/cognitive-diary-cbt-self-help/	N	https://play.google.com/store/apps/details?id=com.excelatlife.cbtdiary&hl=en
	Youper	https://www.psyberguide.org/apps/youper/	https://apps.apple.com/us/app/youper/id1060691513?ign-mpt=uo%3D4	https://play.google.com/store/apps/details?id=br.com.youper
No Longer Available (or we could not locate them)				
	This Way Up	https://www.psyberguide.org/apps/this-way-up/	WEB BASE ONLY	
	Worry Knot, Thought Challenger, Social Force (IntelliCare)	www.psyberguide.org/apps/worry-knot/	N	N
	Social Force	https://www.psyberguide.org/apps/social-force/	N	N
	Slumber Time	https://www.psyberguide.org/apps/slumber-time/	N	N
	Koko (is the kik by chance??)	says the App is no longer available	N	N

Case Studies

EXAMPLE 2: Good as it gets

Care Manager Note Feb 5, 2021

SUMMARY/UPDATES FROM LAST MONTH:
37 y.o. female with a history of Depression and PTSD who is referred to IBH Care Coordination for management of depressive symptoms. Over time in care coordination it has become clear that she has many of the characteristics of borderline personality disorder.

Date of enrollment: 2/1/2/20

PHQ-9 at enrollment: 12

PHQ9 Score	11/12/2020	12/31/2020	2/5/2021
PHQ-9 Total Score (max 27)	10	13	12

GAD7 Score	11/12/2020	12/31/2020	2/5/2021
GAD-7 Total Score (max 21)	9	12	15

Hospitalizations since enrollment: 0
ED visits since enrollment: 0

Current pharmacological interventions:
Duloxetine 60 mg
Abilify 7.5mg since 1/14/21

Pharmacological interventions since enrollment:
Abilify 2.5 mg added 7/22/20 - Increased to 5 mg 11/1/6/20 - Increased to 7.5 1/14/21
Seroquel 25 mg started 9/1/20 - denied any benefit, felt too drowsy. Stopped 9/21/20
Abilify 1 mg added 9/21/20 titrated to 2 mg approx. 10/12/20, back to 2.5 mg
On 11/2/20. Was on lamotrigine and fluoxetine on enrollment.

Current nonpharmacological interventions: Agreed to enter therapy and has shown evidence of following up with DBT through local psychologist

Past medication trials:
Wellbutrin. Effexor. Zoloft. Celexa. Lexapro. Lamictal.

Current Outpatient Medications:

- **ARIPiprazole** (ABILIFY) 5 mg tablet, Take 1.5 tablets (7.5 mg total) by mouth daily.
- calcium carbonate (TUMS) 500 mg (200 mg calcium) chewable tablet, Chew 2 tablets 3 (three) times a day as needed for indigestion or heartburn.,
- **DULoxetine** (CYMBALTA) 60 mg DR capsule, Take 1 capsule (60 mg total) by mouth every evening., Disp: 90 capsule, Rfl: 3
- loratadine (CLARITIN) 10 mg tablet, Take 10 mg by mouth daily., Disp: , Rfl:

Previous recommendations
1. The patient is coming up on a year in care coordination and her symptoms that remain elevated, appear to be at least in part, related to learning new coping skills in DBT. She is not routinely connecting with care coordination towards any particular goal, but rather uses care coordination more when in a crisis. Would move towards discharge and review crisis management plans.

Updates since last monthly SCR:

Prior to this contact, the patient had a pattern of not responding to calls and only reaching out when she was having a crisis. On this occasion, she responded to a call and states increased anxiety, describing a clock watching feeling and reports feeling like her anxiety is on the verge of panic at times, but is able to work through it. Aripiprazole only partly helpful.
States is doing group DBT, individual therapy, exercising regularly, staying busy around the house, and taking her meds regularly.

I have informed patient that we are at year mark for care coordination and at this point we do typically discharge patients from the program and have encouraged her in connecting with a psychiatric provider in the community and continuing to utilize all aspects of her individual and DBT program and resources within these two.

FEBRUARY 7, 2021 – PSYCHIATRY SCR NOTE

PATIENT WAS NOT SEEN and information was gathered by the care coordinator, Florence Nightingale, RN. See care coordinator notes for additional details. Care coordinator documentation associated with these recommendations can be accessed by clicking the hyperlink below.

RECOMMENDATIONS:

1. Residual symptoms on the PHQ-9 are in fatigue and sleep. concentration as well as feeling bad about herself (9 out of 12 points). She has been on bupropion in the past as an augmentation agent but also has a history of bulimia. Would need to explore her anxiety management before adding this option as a future consideration.
2. She has made progress in care coordination related to coming to the understanding that many of her symptoms are related to her personality and coping style. She is working hard to address them in therapy.
3. Would suggest she be discharged from care coordination given inconsistent follow up on behavioral activation or medication options and she has a good therapy plan. In regards to another medication change, if she would be open to scheduling an intake in the community with a psychiatric prescriber, we may be able to follow as a bridge to that visit but would hesitate to make medication changes without follow up with someone.

PATIENT WAS NOT SEEN and information was gathered by the care coordinator. Recommendations are based on chart review and discussion with the care coordination team. The intention is for these recommendations to be seen as options/suggestions by the care coordination team. The application of these or other clinical recommendations are subject to PCP's discretion and clinical discussions with the patient.

Example 3: Partial improvement

NOTE BY CARE MANAGER

PATIENT WAS NOT SEEN and information was gathered by the care coordinator, Florence Nightingale, RN. See care coordinator notes for additional details. Care coordinator documentation associated with these recommendations can be accessed by clicking the hyperlink below.

SUMMARY/UPDATES FROM LAST MONTH:
45 y.o. female with a history of Depression and Anxiety who is referred to IBH Care Coordination for help in management of mood symptoms. Several life situations appear to have been involved in her presentation (loss of her father and the pandemic).

Date of enrollment: 9/17/20

PHQ-9 at enrollment: 24

PHQ9 Score	11/13/2020	11/27/2020	12/28/2020
PHQ-9 Total Score (max 27)	10	12	12

GAD7 Score	11/13/2020	11/27/2020	12/28/2020
GAD-7 Total Score (max 21)	7	14	10

Goals unique to this patient:
1. Connect with therapy
2. Identify more time to spend with husband

Mental Health hospitalizations since last SCR: 0
Mental Health ED visits since last SCR 0

Current Psychotropic Medications (including date of last dose change:)
Lexapro 15 mg

Pharmacological interventions since enrollment (including failed medication trials):
Lexapro 10 mg increased to 15mg on 12/28/20

Current Psychotherapy relationship:
IBH - appointment with therapist -11/27/20

Current Outpatient Medications:
• clonazePAM (KlonoPIN) 0.5 mg tablet, Take 1 tablet (0.5 mg total) by mouth daily as needed for anxiety., Disp: 10 tablet, Rfl: 0
• escitalopram (LEXAPRO) 10 mg tablet, Take 1.5 tablets (15 mg total) by mouth daily., Disp: 135 tablets, Rfl: 3
• Tri-Sprintec, 28, 0.18/0.215/0.25 mg-35 mcg (28) per tablet, TAKE 1 TABLET BY MOUTH DAILY AS DIRECTED, Disp: 84 tablet, Rfl: 3

Previous SCR recommendations:
1. Continue Lexapro 15 mg/day.
2. Continue therapy with Social worker. CBT workbook.

Updates since last SCR (Medications, non-pharmacologic interventions, progress towards previous recommendations):

Reports feeling about the same. States has had some increased anxiety in terms of return to school and feeling like the school she works in is not following the Governors order. Susan states she has felt an increase in her anxiety related to this and feels like this is the main thing driving her anxiety. Susan states she has been getting out of the house, forcing self to do things, and got together with brother who she had a fall out with after her father's death.

Susan has previously said that after some thought she would like to go ahead and go up on her Lexapro dose to 15 mg. We discussed this and agreed that this would be a good addition to helping to get some relief from her mood symptoms. Susan and I both also discussed nonpharmacological approach to her mood and working with a social worker in IBH to help with a cognitive approach for her anxiety.

Unfortunately, Susan canceled and no showed her last 2 appointments with the CBT provider and when talking with Susan about rescheduling these she stated she would like to consider waiting until the spring or summer to do appointments like this. Susan and I discussed this together and I challenged Susan in not working on skills currently to address challenges that are going on currently. We discussed that with the pandemic if we were to find a positive in this, maybe it would be that therapy appointments are often being done virtually which can increased flexibility for this. Susan remained resistive to this and stated she was unsure. I did describe a CBT and mindfulness app with her and encouraged her to explore this as it has some beneficial tools for building and maintaining resiliency and is something she can do on her own time. Susan acknowledged this and stated she would look into this.

From SCR: RECOMMENDATIONS BY SCR PSYCHIATRIST

RECOMMENDATIONS:

1. Outside of medications, the patient is not open to changes and wants to wait until the situation (pandemic) changes. She can get what she seeks outside of care coordination. We have not seen a new PHQ-9 since her last dose increase of escitalopram but she has not sent them in. We can pass the next steps to her PCP and back up her PCP outside of care coordination. Would move towards discharge.

PATIENT WAS NOT SEEN and information was gathered by the care coordinator. Recommendations are based on chart review and discussion with the care coordination team. The intention is for these recommendations to be seen as options/suggestions by the care coordination team. The application of these or other clinical recommendations are subject to PCP's discretion and clinical discussions with the patient.