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**Electronic supplementary material:** The online version of this chapter (doi:[10.1007/978-3-319-13954-8\\_18](https://doi.org/10.1007/978-3-319-13954-8_18)) contains supplementary material, which is available to authorized users.

<sup>1</sup>Note that these are only some of the more commonly used handouts and tools. They are provided here both for your own use in clinic and also to give a flavor for the types of handouts and tools that are appropriate for a BHC to use. The numbering system in the list above maps to the listing of the tools on the book website. Use the exact number and title to locate the document you would like to download from the website.



20 4. Handouts for Influencing and Supporting PCPs.

21 C.4.1 BHC Handouts for PCPs The PCP's Guide to Using a BHC

22 C.4.2 BHC Handouts for PCPs Staff Overview (Handout for introducing a new

23 BHC service)

**THE BULL'S EYE PLAN**



**VALUES DESCRIPTION:**

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

**LOW CONSISTENCY** **HIGH CONSISTENCY**

**ACTION PLAN:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_







\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## GUIDE FOR USING THE BULL'S EYE PLAN

1. Ask the patient to choose a focus for a short discussion about values: Love, Work, or Play. For example, "What makes it worth your effort to try to change in this area of your life?"
2. Listen closely, reflect what you heard and then write a statement on the Bull's Eye Plan using the words (global, abstract) the patient used in talking about the value. For example, "So, you want to exercise more because you want to be a model of health, healthy play, and fun for your children, is that right?"
3. Explain that the Bull's Eye on the target represents the patient's connecting completely with her / his value on a daily basis. Explain that most of us fall far short of that on a day-to-day basis, but staying aware of our value targets helps us create plans and make choices that make our lives more vital.
4. Ask patient to chose a number to represent how close to the Bull's Eye value statement her/his behavior has come over the past two weeks.
5. Ask patient to plan one or two specific behavior experiments for the next two weeks that patient believes will make her / his behavior more value consistent (closer to the Bull's Eye target).
6. At follow-up, ask patient to re-rate overall value consistency and identify barriers to engaging in planned behaviors.
7. If time allows, use the Pillars of Psychological Flexibility (Figure 7.2) as a guide to assess patient's strengths and weaknesses and consider options for intervening.
8. If time allows in an initial or follow-up visit, help the patient improve skills for accepting distressing thoughts (OPEN), being more skillful in finding the present moment and taking an observer perspective (AWARE), or clarifying and connecting with important life values consistent with those values (ENGAGED). Potentially helpful methods include educational interventions, experiential exercises, and direct skill training through modeling and coaching.

PRIMARY CARE PATIENT VALUES PLAN			
Area of Life	Intention	Barrier	Plan
			
Friends and Family			
			
Significant Other			
			
Work			
			
Leisure			
			
Body			
			
Spirit			

<b>BHC Diabetes Screener</b>										
1. How much do you know about how to manage your diabetes?										
<i>Nothing</i>	1	2	3	4	5	6	7	10	<i>A lot</i>	
2. How much do your friends and family know about your diabetes?										
<i>Nothing</i>	1	2	3	4	5	6	7	10	<i>A lot</i>	
3. How much do family/friends support you in managing your diabetes?										
<i>Not at all</i>	1	2	3	4	5	6	7	10	<i>A lot</i>	
4. Please list dietary changes you need to make for your diabetes: _____ _____										
5. How motivated are you to make these dietary changes?										
<i>Not at all</i>	1	2	3	4	5	6	7	10	<i>Very</i>	
6. How confident are you that you can make the necessary dietary changes?										
<i>Not at all</i>	1	2	3	4	5	6	7	10	<i>Very</i>	
7. How motivated are you to make changes in exercise to help your diabetes?										
<i>Not at all</i>	1	2	3	4	5	6	7	10	<i>Very</i>	
8. How confident are you that you can make the necessary changes in exercise?										
<i>Not at all</i>	1	2	3	4	5	6	7	10	<i>Very</i>	
9. How motivated are you to begin testing your glucose regularly?										
<i>Not at all</i>	1	2	3	4	5	6	7	10	<i>Very</i>	
10. How confident are you that you will test your glucose regularly?										
<i>Not at all</i>	1	2	3	4	5	6	7	10	<i>Very</i>	
11. How motivated are you to take your medicines as prescribed?										
<i>Not at all</i>	1	2	3	4	5	6	7	10	<i>Very</i>	
12. How confident are you that you will take your medicines as prescribed?										
<i>Not at all</i>	1	2	3	4	5	6	7	10	<i>Very</i>	
13. How much control do you think you can have over diabetes?										
<i>None at all</i>	1	2	3	4	5	6	7	10	<i>Complete Control</i>	


(continued)

14. How often do you worry about your diabetes?										
<i>Never</i>	1	2	3	4	5	6	7	10	<i>Constantly</i>	
15. How much will your work (or housework) or school schedule interfere with your diabetes self-care?										
<i>Not at all</i>	1	2	3	4	5	6	7	10	<i>A lot</i>	
16. How much stress do you have in your daily life?										
<i>None at all</i>	1	2	3	4	5	6	7	10	<i>A lot</i>	
17. How much will stress interfere with your diabetes self-care?										
<i>Not at all</i>	1	2	3	4	5	6	7	10	<i>A lot</i>	
18. Please list any other concerns you have about managing your diabetes: _____										
_____										
_____										
19. Please list any questions you have about your diabetes: _____										
_____										
_____										

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## STRESS

### WHAT IS IT AND HOW TO SPOT IT



*Stress* is a change in emotions, behavior, and/or physical functioning that happens when you feel threatened. Emotional changes include how you feel “on the inside” (your mood, for example). Behavior changes include changes in what you do or how you act. Physical functioning changes include actual changes in how your body functions or feels.

The first step to managing stress is to notice how it affects you. Once you know how to spot stress, you can catch it early and work on managing it. Stress affects us all differently, but most people experience the same effects over time.

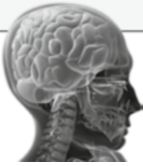
**HOW TO USE THIS HANDOUT**

1. Review the list below and circle those things that usually happen to you when stressed.
2. Watch for these changes in your daily life.
3. When you notice one or more of these changes, use relaxation or some other stress management technique to break up the stress.

<u>Physical</u>	<u>Emotional</u>	<u>Behavioral</u>
Headaches	Sad	Increased substance use (cigarettes,
Stomach problems	Angry	alcohol, drugs, caffeine)
Muscle aches/tension	Impatient, irritable	Isolate/withdraw from people
Flushed/warm face	Feeling Guilty	More aggressive (yelling, swearing,
Increased heart rate	Nervous/anxious	throwing things, fighting)
Decreased/increased appetite	Lose interest in things	Increased/decreased eating
Decreased/increased sleep	Hard to concentrate	Decreased activity level
Increased muscle/joint pain	Hopelessness	Talking more/less
Being ill more than usual	Thoughts of suicide/homicide	Arguing more/snapping at people

It is important to remember that there are other physical, emotional and behavioral changes that can occur with stress. You might notice some in yourself that are not on this list. Some of these changes can also result from a medical condition. Talk to your doctor about these problems.

## THE “CALM” EXERCISE



This exercise will help you relax muscles that are tense due to stress. As the word “CALM” is used here, each letter stands for a muscle group. The “C” stands for chest, “A” stands for arms (including hands and shoulders), “L” stands for legs (including feet), and “M” stands for mouth (including the jaw).

Say the word “CALM” to yourself. If you are able, close your eyes so you can focus better. As you repeat the word to yourself, scan each of the four areas for muscle tension, relaxing each. Move from the Chest to the Arms to the Legs to the Mouth, scanning for tension and letting go of any that exists, as you repeat the word “CALM”.

Repeat this as long as needed, but at least 30-60 seconds. If you are using one of the muscle groups and so cannot relax it (e.g., if you are walking down the street you can’t relax your legs completely), simply focus on the other muscle groups.

### CH E S T

Sink your chest and torso into the back of your chair.

### AR M S

Let your shoulders and arms drop. Rest your hands in your lap.

### LE G S

Make sure your legs are uncrossed, feet resting lightly on the floor. Let your legs become loose and flexible.

### MO U T H

Allow your jaw to drop slightly. Try to relax your tongue, separating it from the roof of your mouth.





## RELAXING BREATHING



If you watch someone sleeping, you will see his/her stomach rising and falling with each breath. Breathing with your stomach is the most natural and relaxing way to breathe. If you are stressed, try breathing with your stomach. The steps below explain how.

Follow these steps to relax yourself using breathing:

1

Breathe in through your nose, deeply and slowly, for about 4 seconds.

2

Breathe out through your mouth, deeply and slowly, for about 4 seconds, allowing the air to fully escape

3

Repeat this sequence of breathing in through the nose and out through the mouth for 30 to 60 seconds, or as long as needed.

When you do this, check to make sure you are breathing with your stomach and not your chest. Sometimes it helps if you put one hand on your stomach and one hand on your chest when you breathe; then you can watch your hands to make sure the one on the stomach is moving the most.

You will probably need to practice this to get good at it. At first, it might be hard to relax using breathing. But you will get better with practice!



## PROGRESSIVE MUSCLE RELAXATION

Both relaxing breathing and the CALM exercise can lower stress. Sometimes, though, they don't produce a deep level of relaxation, or might not be enough for severe stress. For such times, progressive muscle relaxation (PMR) can be very helpful. It requires more time and a quiet space, but the results can be worth it!


First, find a room where you can be alone for about 30 minutes, and lay down on your back. Put on relaxing music if you like. Close your eyes and breathe slowly. If you like, you can do PMR in bed at bedtime.

Next, tense then relax different muscle groups, one at a time. First you will tense the muscle group for 4-5 seconds, then let go of the tension for about 30 seconds. After repeating this once, move to the next muscle group and do the same. Keep your body as still as possible, except for the muscles you are tensing and relaxing. The muscles used and the positions for tensing them are below:

When you release tension, note the difference between tension and relaxation. The skill of letting tension go is what you are aiming for during the day when you feel stressed.

<b>STEP 1: FOREHEAD</b>
Raise your eyebrows.
<b>STEP 2: EYES</b>
Squint.
<b>STEP 3: NECK</b>
Tuck in and lower your chin toward your chest.
<b>STEP 4: CHEST</b>
Take a very deep breath (with your upper chest) and hold it.
<b>STEP 5: SHOULDERS</b>
Lift both shoulders up toward your ears.
<b>STEP 6: ARMS</b>
Turn your palms up, and then make a fist. Bring your fists up to your shoulders while tensing the biceps.
<b>STEP 7: ABDOMEN</b>
Tighten these muscles as if you were about to be elbowed in the stomach.
<b>STEP 8: LEGS</b>
Lift both legs off the ground, straighten your knees and point your toes toward your head.



 <b>THE ABCs OF HABIT CHANGE</b>	
	<p><b>Do you want to change your diet, exercise more, drink less alcohol, or make some other change? If so, you are trying to make a new habit. The steps below can help!</b></p>
<b>1</b>	<p><b>CHOOSE YOUR BATTLES</b> If you have more than one habit to change, start with the most important, or easiest first.</p>
<b>2</b>	<p><b>MAKE A CLEAR GOAL</b> <i>GOOD:</i> Walking, swimming, going to the gym regularly, eating less fatty food, lowering cholesterol, talking with friends more often... <i>NOT AS GOOD:</i> Get into shape, change my diet, be more social, be healthier...</p>
<b>3</b>	<p><b>BREAK YOUR GOAL INTO SMALLER PARTS</b> <i>GOAL:</i> Walking/swimming/going to the gym regularly</p> <ol style="list-style-type: none"> <li>1. Buy walking shoes</li> <li>2. Walk for 10 minutes 3 times per week</li> <li>3. Increase walking time as able</li> </ol>
<b>4</b>	<p><b>MAKE SURE EACH PART IS DOABLE</b> <i>GOOD:</i></p> <ul style="list-style-type: none"> <li>• Walk for 10 minutes 3 days per week</li> <li>• Count calories (count calories as needed)</li> <li>• Get back in touch with one friend</li> </ul> <p><i>NOT AS GOOD:</i></p> <ul style="list-style-type: none"> <li>• Walk for 1 hour every day</li> <li>• Never eat junk food again</li> <li>• Re-connect with all my friends this week</li> </ul>
<b>5</b>	<p><b>SET A DATE FOR ACHIEVING EACH PART</b></p> <ul style="list-style-type: none"> <li>• I'll buy my walking shoes by Tuesday</li> <li>• I'll call my friend by this weekend</li> <li>• I'll buy different, healthier food on tomorrow's grocery trip</li> </ul>
<b>6</b>	<p><b>MAKE IT FUN! PICK A FUN WAY TO MAKE THE CHANGE AND THEN REWARD YOURSELF WHEN YOU DO IT.</b></p>
<b>7</b>	<p><b>HAVE A RELAPSE PLAN</b></p> <ul style="list-style-type: none"> <li>• Don't panic! Problems/slips happen and you can get back on track</li> <li>• Change your goal if necessary (Is it unrealistic? Not fun? Unclear?)</li> <li>• Remind yourself why you want to change</li> <li>• Ask friends/family to help you in some way</li> </ul>



## HEALTHY SLEEPING BASICS

**For trouble sleeping, try the tips below. Sometimes just a few changes can help a lot!**

**1**

### **AVOID ALCOHOL WITHIN 2 HOURS OF BEDTIME**

Although alcohol may help you fall asleep faster, it will also lead to broken, lighter sleep. You don't have to stop alcohol completely, but do not drink close to bedtime.

**2**

### **AVOID SMOKING/DIPPING WITHIN 2 HOURS OF BEDTIME**

Nicotine is a stimulant that may make it harder to sleep. If you must smoke/dip at night, be sure not to do so close to bedtime.

**3**

### **DO NOT EXERCISE OR TAKE A HOT BATH/SHOWER WITHIN 2 HOURS OF BEDTIME**

Either of these activities will help if done earlier in the day or evening, but anything that raises your body temperature close to bedtime can hurt your sleep.

**4**

### **AVOID CAFFEINE IN THE EVENINGS**

Some people are very sensitive to caffeine, so be sure to avoid it at night. Remember that tea, chocolate and colas, as well as coffee have a lot of caffeine.

**5**

### **KEEP SNACKS LIGHT**

If you snack before bed, avoid heavy, greasy foods or anything you know might upset your stomach. If you wake during the night, try not to snack.

**6**

### **MAKE SURE YOUR BEDROOM HELPS YOU SLEEP**

Make sure your mattress is comfortable, the temperature is right in the room, and there is not too much noise. Sometimes just adding another blanket, playing soft music, or wearing earplugs can make a big difference.

**7**

### **USE YOUR BED FOR WHAT IT'S MADE FOR: SLEEPING!**

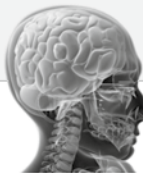
Avoid worrying, arguing, watching TV, or reading in bed. Use your bed only for sleep (and sex). If you can't sleep after 30 minutes, get out of bed to do something relaxing until you are tired again.

**8**

### **HAVE A PRE-BEDTIME ROUTINE**

Prepare your body for sleep by keeping the same routine each night close to bedtime. After a short time, your body will start to expect sleep when you start your routine.





## TRAIN YOUR BRAIN FOR SLEEP!

*Spending a lot of time in bed awake, night after night, sometimes causes sleep problems because it confuses the brain. To sleep well, the brain needs to learn that the bed is a place for sleep. The steps below will help re-train your brain to sleep in bed.*

- 1 USE THE BED ONLY FOR SLEEP.**  
 Don't eat, read, watch TV, argue, talk on the phone, or do anything else except sleep in bed. Only get in bed when it's time to sleep. This teaches the brain that the bed is for sleep. (It's ok to use the bed for sex, but nothing else.)
- 2 DO NOT GO TO BED UNTIL YOU ARE VERY TIRED.**  
 Do not go to bed based on the time. Instead, go to bed only when you are so tired you can barely keep your eyes open. At first you might stay up later than usual when you do this, but that's ok. After a week or so, you will start getting tired earlier in the night.
- 3 IF YOU ARE AWAKE IN BED MORE THAN 30 MINUTES, GET OUT OF BED AND DO SOMETHING RELAXING.**  
 This is important! Remember, you need to train your brain that the bed is only for sleep (it's not for being awake!). If not sleeping, get out of bed and do something relaxing or boring.
- 4 WHEN YOU FEEL TIRED AGAIN, GET BACK IN BED.**  
 When you feel tired again, get back in bed (don't fall asleep anywhere else!). But if you still aren't sleeping after 30 minutes, get up again. You might need to get in and out of bed a few times, but this should improve after a week or so.
- 5 GET OUT OF BED AT THE SAME TIME EACH DAY.**  
 No matter what time you fall asleep during the night, make sure to get up at about the same time each day (even on weekends). Sleeping one or two hours later is not normally a big problem but sleeping a lot later can cause problems.
- 6 DO NOT NAP DURING THE DAY**  
 If you are very tired in the daytime, it's ok to nap once for 30 minutes. But set a timer, or ask someone to wake you up, to make sure you don't sleep longer.

**MOST IMPORTANT: HAVE PATIENCE!**

If you have had sleep problems for a long time, there is no quick fix. But with time, sleep can get better. If you follow these steps, you might get less sleep at first, but after one or two weeks, you should start sleeping better.



## MANAGING CHRONIC PAIN: THE BASICS



*“Chronic pain” is pain that lasts longer than 3 months. It can be very frustrating because there might be no quick fix and doctors might not even be able to explain the cause of the pain. Thus, it is very important for people with chronic pain to find ways to live a healthy, satisfying life despite the pain. Below are some tips for making this happen.*

- 1 **ACCEPT THE PAIN:** It might sound odd, but people do best when they accept that they have pain that might not go away. “Accepting the pain” means realizing your doctor can’t cure the pain. It means you begin to work on living life again, despite the pain. Try to focus on making healthy life changes instead of decreasing the pain.
- 2 **KNOW THE DIFFERENCE BETWEEN “ACUTE” AND “CHRONIC” PAIN:** Acute pain results from an injury (a sprain or cut or broken bone). For acute pain, the injured area must rest so it can heal. But for chronic pain, the original cause of the pain has either healed, or can’t be fixed, or isn’t even known. As a result, resting is not likely to help. In fact, it often makes the problem worse.
- 3 **BEGIN TO EXERCISE:** The decrease in activity that often occurs with chronic pain can make the pain worse. When you are less active, you lose muscle strength and flexibility. This means that an activity that caused pain before might cause even more pain after a period of rest. To avoid the cycle this can produce, ask your doctor or physical therapist for some simple stretching and strengthening exercises to try.
- 4 **PACE YOUR ACTIVITIES:** People with chronic pain often avoid chores or other activities on “bad pain days” and then try to make up for this by doing a lot on “good pain days”. Unfortunately, this usually produces a flare-up in pain after a good pain day, which results in more rest and inactivity. This back-and-forth worsens the pain problem. To avoid this, try to do the same amount of activity on good days as you do on bad ones. Do not do less activity on bad days and do not do more on good days.
- 5 **PRACTICE RELAXATION:** Have you noticed that your pain worsens when you are stressed or upset? Stress makes muscles tense, which can worsen pain. Ask your doctor about ways to relax your muscles when you feel tense, then practice these at the first signs of stress or increased pain.
- 6 **DISTRACT YOURSELF WHEN YOU HAVE PAIN:** We have all heard stories of athletes who get injured but continue to play. When focused on the game an athlete doesn’t notice pain as much. Try this yourself: When you feel pain, find something to distract yourself. The less you think about your pain, the less it will bother you.
- 7 **TRY NOT TO WORRY ABOUT THE PAIN:** Remember that for chronic pain, pain is not the same as injury. Worry increases muscle tension, which increases pain.

## IDEAS FOR GREAT REWARDS



Many parents use rewards to change a child’s behavior. For example, you’ve probably said, “If you clean your room today, you can have pizza for dinner!” or “When you finish your homework, then you can visit your friend.” Rewarding a behavior makes the child more likely to do it.

There are many things you can use for rewards, and most don’t cost money. The best rewards are the things your child likes to do in his or her spare time. The list below contains many examples. Check it out and see if they might work for you!

- |  |   |
|--|---|
| Having a friend stay overnight                   | Choosing what is for dinner             |
| Staying up 15 minutes later than usual           | Going on a walk with Mom or Dad         |
| Having a friend over to play                     | Selecting a movie to rent               |
| Fifteen minutes of “special time” with mom/dad   | Having a friend over for dinner         |
| Mom/dad does one of the child’s daily chores     | Going to visit a friend during the day  |
| Picking a favorite food on the next grocery trip | Going to a friend’s house for the night |
| A big hug and praise from mom and/or dad         | One penny (or nickel or dime, etc.)     |
| 15 minutes of reading time with mom/dad          | A smiley face or other fun sticker      |
| Choosing the screensaver for the family computer | Buying a small toy                      |

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## USING REWARDS WITH YOUR CHILD



*Many parents try using rewards to change a child's behavior. The good news is that rewards can work great. The bad news is that making a good reward plan can be tricky. Many times when parents get frustrated with a reward plan it's because the plan wasn't quite right. If you're using rewards with your kids, check out the ideas below. Good luck!*

### BE CLEAR ABOUT WHAT BEHAVIORS EARN REWARDS

Telling a child to “clean your room” to get a reward might cause problems because your idea of “clean” probably differs from your child’s. Instead, you might tell the child to, “Put away all of your clothes and make your bed.” (You could also make the bed yourself once to show your child exactly what “making the bed” means.)

### DON'T TRY TO WORK ON TOO MANY BEHAVIORS AT ONCE

Start by selecting one or two behaviors that concern you the most and focus on these.

### LET YOUR CHILD CHOOSE REWARDS

Of course, you decide what rewards are ok, but ask your child for ideas. The key is to find rewards that your child gets excited about. Also think about what your child chooses to do during free time, because those activities might make great rewards. And remember, rewards don't have to cost money. Ask your doctor for the *Great Reward Ideas* handout for some creative suggestions.

### EXPLAIN YOUR PLAN TO YOUR CHILD

Before starting, take a few minutes to talk with your child about what behaviors will be rewarded, what rewards are possible, and when the plan will start. Your time will be well spent!

### BE CONSISTENT

If you use rewards one day but not the next, or forget to give rewards, the plan might not work. Think of it this way...would you go to work everyday if your boss only paid you sometimes?

### DEVELOP NEW REWARDS AS NEEDED

Rewards often lose their power over time. This doesn't mean the plan stopped working, it just means you might need to find some new rewards that will excite your child again.



THE PCP'S GUIDE TO USING A BHC	
<b>COMMON REFERRALS</b>	
<ul style="list-style-type: none"> <li>▪ Typical psych complaints (e.g., mood disorders, ADHD, substance abuse, psychosis)</li> <li>▪ Socio-emotional problems (e.g., domestic violence, bereavement, marital problems)</li> <li>▪ Tension or migraine headaches</li> <li>▪ Chronic disease management (e.g., hypertension, diabetes)</li> <li>▪ Insomnia</li> <li>▪ Back pain, headaches, or other chronic pain</li> <li>▪ Fatigue without medical etiology</li> <li>▪ Obesity</li> <li>▪ Smoking cessation</li> <li>▪ Parenting and behavioral problems in kids</li> </ul>	
<b>REFERRALS YOU MIGHT NOT HAVE THOUGHT OF</b>	
<ul style="list-style-type: none"> <li>▪ Temporomandibular Disorder (TMD)                             <ul style="list-style-type: none"> <li>• Often successfully treated with habit reversal and stress management education</li> </ul> </li> <li>▪ Habit reversal (e.g., thumb sucking, fingernail biting, hair pulling)</li> <li>▪ Acute post-trauma problems                             <ul style="list-style-type: none"> <li>• Early behavioral intervention can prevent PTSD</li> </ul> </li> <li>▪ Irritable Bowel Syndrome w/o clear psychiatric comorbidity                             <ul style="list-style-type: none"> <li>• Behavioral interventions can reduce IBS symptoms</li> </ul> </li> <li>▪ Some dermatological problems (e.g., urticarias, alopecia, hyperhidrosis)                             <ul style="list-style-type: none"> <li>• Often worsened by stress</li> </ul> </li> <li>▪ Chronic nonspecific dizziness                             <ul style="list-style-type: none"> <li>• Two-thirds of chronic dizziness patients have panic attacks</li> </ul> </li> <li>▪ Irritable Bladder Syndrome                             <ul style="list-style-type: none"> <li>• Patients may need a behavioral plan to gradually increase time between voids</li> </ul> </li> <li>▪ Patients currently doing well, but with a history of chronic problems or high relapse risk                             <ul style="list-style-type: none"> <li>• Patients often utilize BHC instead of PCP in a future crisis or for case management needs</li> </ul> </li> <li>▪ Encopresis in kids                             <ul style="list-style-type: none"> <li>• BHC can help parents establish a toileting and reward plan</li> </ul> </li> </ul>	
<b>BHC USES YOU MIGHT NOT HAVE THOUGHT OF</b>	
<ul style="list-style-type: none"> <li>▪ Information gathering calls (e.g., to other health care providers) regarding mental health issues</li> <li>▪ Complete medication agreements with patients who use controlled substances long-term</li> <li>▪ Gather history on a work-in with acute psychiatric symptoms</li> <li>▪ Gather history on a scheduled patient with psychiatric problems when you are behind</li> <li>▪ Return phone call to patient with psychiatric concerns</li> <li>▪ Review psychiatric records from a consult or previous provider</li> <li>▪ Meet with patients to discuss end-of-life issues</li> <li>▪ Conduct anticipatory guidance during well child checks (if the BHC has been trained)</li> </ul>	

<b>Behavioral Health Consultant Services Who Am I and What Am I Doing Here?</b>
<i>WHO AM I?</i>
My name is ( <i>BHC name</i> ), and I am a ( <i>degree/credential</i> ). I am not a physician and do not prescribe medications. I use “talk” interventions with patients.
<i>WHAT DOES A BEHAVIORAL HEALTH CONSULTANT DO?</i>
My role is to provide consultation to the PCPs for patients whose problems are related to behavior. This includes patients whose physical health is affected by their behavior, as well as patients whose primary problem is mental health. Thus, I’m just as able to see patients with headaches or insomnia, as I am to see patients with depression or alcohol abuse problems.
<i>WHAT WILL I ACTUALLY DO WITH PATIENTS?</i>
It might be easier to describe what I <i>won’t</i> be doing. As a consultant, I won’t be doing traditional “therapy”. When a PCP identifies a problem they would like help with, I will see the patient briefly to help develop and start a treatment plan. I will follow the patient until s/he starts to improve, but this usually is for just a few visits. My goal is to teach the patient some self-management techniques, which the PCP can also support and monitor. If a patient is not improving, we will still try to refer him/her to a specialty mental health service.
<i>HOW DO PATIENTS GET SCHEDULED WITH ME?</i>
Because I am a consultant, my service begins when a PCP refers a patient to me. If the patient can stay for 20-30 minutes, I will typically see him/her right after a PCP visit. No paperwork is needed for a referral, and I welcome interruptions for referrals. (It’s even ok to interrupt me during a patient visit—just knock or send me an instant message.)
<i>HOW WILL I DOCUMENT PATIENT VISITS?</i>
I will chart in the medical records, just like a regular medical visit. The goal is for the team to have easy access to the information and plan from my visit, so all can help reinforce the plan.
<i>WHAT WILL I DO WHEN NOT SEEING PATIENTS?</i>
This is a very new way of delivering care to patients, and has never been done at this organization. Thus, I will initially be getting the service organized and educating staff about the service. I’ll also work on developing patient education handouts, group <i>medical</i> visits and other special services.
Thanks for reading, and please feel free to ask me any questions you have. I look forward to working with you!  I can be reached at: ( <i>phone or other messaging options</i> ).

Note: BHCs may use this handout to provide an overview of PCBH services for staff. It is useful when the BHC is starting a new service or as a handout for orienting new PCMs and RNs when they join a clinic with a developed PCBH program.

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