



ACA Interest Network

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Inside

Predictions for Integrated Care
By Russ Curtis, PhD, LPC

Professional Spotlight:
Elizabeth Flemming,
MA, LPC

Professional Spotlight:
Eric Christian,
MAEd, LPC, NCC

Medical Minute:
Deanna Bridge Najera,
MPAS, MS, PA-C, NCC

Steps for Joining Interest
Network for Integrated Care

Predictions for Integrated Care By Russ Curtis, PhD, LPC

Newsletter Editor

**“When open-minded people hear of the Way
They diligently practice it**

When average people hear of the Way

They sometimes hold it and sometimes lose it

When fearful and/or close-minded people hear of the Way

They laugh aloud at it

If they did not laugh, it would not be the Way”

—Lao Tzu, the Tao Te Ching (*One of many translations of this quote)

I suspect my interest in predicting trends began when I was a business major and served an internship in the Demand Analysis “forecasting” department at GTE in Durham, NC where I assisted talented economists developing and refining statistical models used to predict the demand for telecommunication services. I also credit my innate desire to keep a finger on the pulse of futurists’ predictions to the fact that I was born, raised and currently live in North Carolina and I absolutely love the Outer Banks, particularly Kill Devil Hills where the Wright brothers first flew. If you know anything about the Wright brothers’ history, you know that many people, perhaps most, thought they were completely nuts and that humans were not meant to fly. Perhaps this is why, from an early age, I began asking, “What is it today that is ‘completely nuts’ that we’ll take for granted years down the road?” Thus, what follows are my predictions about the future of integrated care based upon my 30 plus years of reading, writing, attending conferences and workshops, talking with intuitive people, soul-searching about what makes people thrive.

1. People will be able to heal themselves more quickly, relative to past generations, through a collaborative relationship with their health care providers, which includes counselors. As such, motivational interviewing based upon stage of change will become increasingly important.
2. Counselors will rely more on positive psychotherapy modalities such as Acceptance and Commitment and Solution Focused therapies coupled with techniques geared toward increasing resilience such as, mindfulness, gratitude and forgiveness. Community Resource Model (CRM), which is apparently closely modeled after the Adlerian Push-Button Technique, will increase in prominence for treating trauma as it helps people recognize the power of their thoughts in the healing process.



Drs. Thompson & Curtis demonstrating EEG & Bio-auric assessment & treatment technology at Western Carolina University

3. Continued research into the power of our thoughts will become more known and mainstream (see Alia Crum <https://www.youtube.com/watch?v=0tqq66zwa7g>). Be aware, however, that this does not benefit the medical and pharmaceutical industries; therefore, you are not likely to see advertisements about the power of our thoughts competing with medication ads on the nightly news. Think about it, Dr. Dean Ornish's discovery about the fact that plaque on carotid artery walls could be significantly reduced with meditation, group therapy and a vegetarian diet has not decreased the number of bypass surgeries—which DO save lives (in the short term) AND are very profitable.
4. Counselors will recognize that integrated care is not about working within a medical model, it's about transforming the medical model.
5. Ironically, technology will boost people's confidence in the power of counseling. The use of neurofeedback, biofeedback, and neuro-imaging devices will provide further evidence for the power of the counseling relationship. To paraphrase Dr. Daniel Amen, "*Why are we the only profession not looking at the organ we are treating?*"

6. Let me first say that I appreciate some of the designer chemistry medicine prescribed today as I know it helps many people. That said, it is predicted that the pharmaceutical industry will face a reckoning similar what banking, insurance, and big tobacco have experienced. This may be based upon withheld side-effect information, or if one of the “withheld cure conspiracies” proves true, or big pharma’s apparent fear of research into natural alternatives. Big pharma’s downfall will hopefully lead to a more open-minded approach to health and healing. We already know that eating foods that grow are better for us than processed, as such, I predict we’ll begin to recognize that medicines that grow are better for us than designer chemistry (See Daniel Levitin https://www.ted.com/talks/daniel_levitin_how_to_stay_calm_when_you_know_you_ll_be_stressed?language=en)

7. Starting all depressed and anxious patients on SSRIs as the initial algorithm-protocol will be looked upon the same way we now think about knocking a hole in the head of a patient who has migraines to release evil spirits. Medicine and nutrition are not one-size-fits-all phenomenon, as such we will begin using neuro-imaging and kinesiological methods to determine the correct medicine, dosage, and diet to kick-start healing and well-being. Also, algorithms will begin including steps that utilize both provider and patient intuition in helping make preliminary assessment and treatment decisions (check out my favorite algorithm: <http://imgur.com/C5fULW7>).

8. Counselor self-care will become increasingly important, because meaningful and genuine relationships are the catalyst for all healing. Thus, compromised health care providers will not be as effective as those who are thriving emotionally and physically. As such, I predict that more medical and counseling research will assess for the quality of the therapeutic relationship as a covariate, and this information will be reported in conjunction with the medication and techniques they are studying.

9. In keeping with the above, I predict that we’ll see Emotional Intelligence tests replace Graduate Record Exams requirements on applications for counselor training. I hope the medical profession will utilize such assessment as well, especially in areas such as internal medicine, pediatrics, oncology, psychiatry and cardiology.

10. “Body chemistry is governed by quantum cellular fields” Murray Gell-Mann, Nobel Laureate (1969) and “Treating humans without the concept of energy is treating dead matter” Albert Szent-Gyorgyi, Nobel Laureate (1937). Neurofeedback and binaural brain training coupled with kinesiology and auric energy assessment and treatment will slowly become the new “medicine” of choice for many people (See <http://journals.sfu.ca/seemj/index.php/seemj/article/view/387>). In other words, integrated care will become more integrative.

11. To support providers in integrated care settings, editors of academic journals will have to increase the speed and effectiveness of pertinent publications. No longer can we wait 3-6 months to learn about the status of manuscript submissions only to wait another 1-2 years for it to be made public.

12. Also, publications related to the practice of health care will begin embedding links to videos demonstrating how the written material is applied. This will increase practitioner efficacy as the written word cannot adequately convey the many nuances of applying techniques (see <http://tpcjournal.nbcc.org/treatment-fit-a-description-and-demonstration-via-video-of-a-brief-and-functional-treatment-fit-model/>). *I’ve since learned how to make better videos (lighting and sound quality) with inexpensive equipment.

13. As we continue to consider the future of integrated care, let us not be satisfied with a legacy that reads, “They created efficient integrated care practices.” Instead, let us aim for a legacy that reads, “Their generation helped more people, far more people, heal and thrive.” And if this goal seems outlandish and/or causes you to chuckle, refer back to Lao Tzu.

Last, I saw this on Facebook and I’m not sure who to credit but it was a story about a physician who prescribed love as treatment for the client’s ailment. The client responded, “What if that doesn’t work?” The physician responded, “Then you’ll need to increase the dosage.” I agree with this prescription but it will undoubtedly lead to more cases of cooties. Fortunately, the vaccine is simple and painless, *Circle, circle, dot, dot, now you have your cootie shot.*

Keep this newsletter handy as we’ll revisit it in couple years to check for accuracy. In the meantime, I would like to extend my deep appreciation to the contributors of the Fall 2016 newsletter, and to my talented graduate assistance Fabian Moreno for his tireless efforts with this project. Best wishes.



Professional Spotlight

Elizabeth Flemming, MA, LPC

MAHEC Continuing Education Planner

Director of Whole Person Care

After graduating from Northern Arizona University I accepted a position as an intensive in home services provider in Sevier County, TN. Working in a rural area meant I collaborated with the children and families along with medical providers, social services, schools, faith-based communities and court systems involved with the families. I learned immediately about the links between behavioral, spiritual and physical health as many of these families struggled with generational trauma, poverty, chronic health conditions and behavioral health issues. One of the ways I learned about the impact of a collaborative/ integrated care team was when families were empowered to work with physical health, behavioral health and community supports to incorporate the impact of trauma into treatment plans and life goals. This often made a significant difference in outcomes for the children and caregivers.

The understanding of how trauma impacts health helped define my work as a provider, and when I became a Continuing Education Planner for Mountain Area Health Education Center (MAHEC) I used this knowledge and experience to plan integrated and inter-professional education programs with MAHEC. MAHEC provides integrated care in our Family Medicine and OBGYN practices. In addition, MAHEC has launched a Psychiatry Residency Program and is looking forward to the opportunity to increase access to psychiatry support to rural primary care in the Western North Carolina Region. I have been involved with promoting integrated care in our region through grants and special projects over the last seven years. Most recently I directed the Integrated Chronic Pain Treatment and Training Project, which was funded through a Healthcare Innovation Challenge Award. I am now involved with a new MAHEC project called “Fits U” (Family-centered Integrated Treatment of Substance Use) and work with our local Managed Care organization, Vaya health, to promote Whole Person Care.

As new professionals enter the field I encourage them to look for team based care and integrated care training opportunities. Medical and behavioral health in North Carolina has been funded and delivered separately, but that is expected to change over the next decade. Counseling students can prepare themselves for integrated care roles through training and education opportunities such as integrated care, population health, quality improvement and chronic/complex care.

Professional Spotlight

Eric Christian, MAEd, LPC, NCC

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My path to integrated care (IC) work began after earning my Master's degree in School Counseling at Western Carolina University in 1999. I began my career as an outpatient therapist in High Point, NC, where I counseled children who were at high risk and their families in a community setting. Several years later I moved to Asheville and became an outpatient/crisis counselor, with the position growing to include a supervisory role of the unit, and later to an appointment as clinical manager in child & family and adult services for the county safety net organization.

My epiphany that IC was an area of particular interest happened for me in the ninth year of my career as a behaviorist. While managing the outpatient behavioral health unit, I began to notice how our nursing staff focused on a broader comprehensive profile of the patient's health beyond the presenting issue. My curiosity grew deeper following a few encounters where physical illness was exacerbating the patient's behavioral health presentation, a factor which began to broaden my perspective of which professionals should be a critical part of the patient's care team.

In 2004 North Carolina made sweeping changes in the care delivery system away from state run community treatment to a privatized system, and after a few years, the changeable environment became very complicated for many to work within. Shortly after these changes, in 2005, I was presented with a unique opportunity to bring my behavioral skills to medical settings, while simultaneously learning more about treating the whole person in one setting. I chose this new path and began working with the Mountain Area Health Education Center as their Integrated Care Coordinator, where my responsibilities included providing technical assistance to primary care practices interested in establishing IC services. A portion of this work was funded by the ICARE Partnership, which is now called The Center of Excellence for Integrated Care, a program of the Foundation for Health Leadership and Innovation.

My passion for IC grew and in 2012 Dr. Russ Curtis and I co-edited an Integrated Care text titled, *Integrated Care: Applying Theory to Practice*, which included author contributions from state and national integrated care practitioners. Some graduate programs are including this text in their curriculum, which is fitting, as our targeted audience for the text was the behavioral health graduate student.

Since 2010 I have enjoyed working for Community Care of Western North Carolina where I have served as the lead for Behavioral Health Integration. My department provides technical assistance and consultation to providers interested in integration. Our services include quality improvement activities aimed at assisting primary care providers in addressing the needs of patients with mild to moderate needs in-house, while collaborating with specialists for the needs of patients with higher acuity. We assist with the implementation and training needed to begin using new assessment and screening tools, shadowing and coaching, interview assessment interactions to encourage motivational interviewing, and the use of SMART goals. In addition, we support practices in their efforts towards adding a behavioral health provider to their team-based care format.

During the last 3 years I have also been working with the Center of Excellence for Integrated Care (COE) as a consultant, assisting sites as they move toward their goals for integration. The COE is forging new ground in standardizing approaches to providing technical assistance and longitudinal tracking strategies to primary care, while simultaneously setting the pace for how IC practices can participate in a healthcare environment that is experiencing its highest level of change to date.

IC provided me with an exciting new area of learning and the opportunity to meet others who were inspired by the creativity and targeted services that integrated settings offer to patients.

Recommendations for counseling students interested in IC would be to:

- Take IC courses and consider opportunities for internships in medical settings.
- Understand how whole person care requires using evidenced team-based approaches.
- Understand the difference between traditional psychotherapy and varied approaches to treating populations in medical settings where brief targeted interventions are the norm.
- Keep up-to-date on the ways healthcare reform will affect and/or promote IC.
- Visit IC practices and consider engaging primary care physicians in a conversation about their thoughts on the emerging practice of IC.



Medical Minute: Men's Health

**By: Deanna Bridge Najera,
MPAS, MS, PA-C, NCC**

The health of men is not often discussed as a distinct aspect of health care, but it is very important. While there are general screening guidelines, there are certain things that men are more at risk for developing. What you need to be checked for as an individual is based on your personal risk factors – meaning what health issues you have currently or have had in the past as well as what conditions family members have suffered from. General ‘screening’ is not often a concern of younger men (under 30) with the exception of sexually transmitted infections, which occur most often without any symptoms at all. Due to insurance benefits, many people are checked every year for diabetes (abnormal sugar levels), hypertension (high blood pressure) and high cholesterol. The biggest risk factors for these three conditions is being overweight and nicotine exposure, such smoking. If you have no risk of these diseases, you should still get a physical at least every 2 years.

Once a man hits 40, physical exams should start to happen every year. The frequency of blood work should also increase to at least once a year. If there is no family history of colon cancer, then a colonoscopy does not need to start until the age of 50. While people may dread the idea of someone using a camera to explore their insides, the procedure itself is painless and relatively quick- the preparation of cleaning yourself out is the worst part! Smoking increases your risk of colon cancer, as well as many other diseases. It is also associated with an enlarged vessel called an abdominal aortic aneurysm- people with this can often die suddenly and the best way to treat it is to catch it early by taking images of your stomach, normally starting at age 65.

Prostate cancer screening has been in the news a lot lately. Many people disagree on if, and when, you should be checked. The blood test (called a PSA) is often ‘false positive’- meaning it can be elevated even if you don’t have cancer, leading to unnecessary worry and testing. That is why it is an individual discussion with your medical provider.

It is recommended that all adults born between 1945 and 1965 should be screened for Hepatitis C at least once. Additionally, the rate of HIV/AIDS is quickly growing among older adults who often do not consider themselves to be at risk and so they should be screened. Having a dental exam and cleaning 1-2 times a year is recommended for all adults, as is the annual flu vaccine. The Shingles (Herpes Zoster) and Pneumonia vaccinations should be after the age 60 and 65, respectively. A tetanus shot with a whooping cough or Pertussis vaccine (called a Tdap) is recommended for all older adults and for anyone with contact with infants. So all you new grandparents head to your PCP or pharmacist!



Many people think “If something isn’t causing a problem, why go looking for trouble?” Well, you’re supposed to change the oil on your car even if it’s not causing any issues, why don’t you treat your body the same way? Granted there are probably things we are over doing, but the vast majority of major problems can be minimized or even eliminated with regular preventative screening, and this article only touches on a few of them. So make an appointment with your provider today!

For more information, check out HealthFinder.gov or MedLinePlus.gov

Encourage other ACA members to join the ACA Interest Network for Integrated Care. Here are the steps:

1. Go to www.counseling.org.
2. Login to your ACA account.
3. Click on the **ACA Community** tab on the far right.
4. On the drop down menu click on **ACA Connect**.
5. Click on **Login to see members only content** on the far right.
6. Login again.
7. In the welcome box on the far right click on **Profile**.
8. Once you are on your profile page, click on **Edit Contact Information**, which is directly beneath your contact information. You may be asked to login again.
9. Click on the **Communication Options, Demographics and Interest Network Communities** tab and scroll down until you see “Join an Interest Network Community.”
10. Place a checkmark next to **Integrated Care Interest Network**.
11. Click **Save & Proceed**.
12. Click on **Close** at the bottom of the page.
13. Go back to the main **counseling.org** page.
14. Click on **ACA Community** and in the drop down menu, click on **ACA Connect**.
15. In the welcome box click on **Log out. Log back in** to refresh your record.
16. Click on **Profile** and you should see the new Interest Network listed on the left under **Communities**. If it is hidden you can click on **Communities** and then **My Communities** in the drop down menu.

Created and compiled by Fabian Moreno, Graduate Student, Western Carolina University, Clinical Mental Health Counseling Program. Email questions and/or ideas for future newsletters to Russ Curtis at curtis@email.wcu.edu.