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It is Darkest Before the Dawn and Counselors Have Always Been the Roosters

By **Russ Curtis, PhD, LPC**
Newsletter Editor

Could it be that the sexism, racism, police violence against African Americans, nationalism, military and prison industrialization, terrorism, fear mongering, poverty, and the widening gap between the rich and poor is the darkness emerging into the light for all to see (once again and without doubt), so that these societal diseases can finally be wiped from the face of the earth? Just as counselors help clients examine their addiction, abuse, guilt, shame, depression so that these personal issues can be brought to light and transformed, leaving clients stronger and more passionate about their ability to thrive, might it be possible that society is now going through the final



Dr. Russ Curtis

painful push into a new era of peace, equality, international collaboration, empathy, and transparency? I think it is very possible. And I believe counselors will lead the way in helping businesses, governments, education and health care systems operate according to the values counselors have espoused since the beginning of the profession: empathy, equality, self-reflection, perspective taking, collaboration, transparency and the power of relationships. Are there signs that the aforementioned transformation is beginning to emerge?

The women's marches, students for common sense gun laws, responses to video footage of police shootings, and investigation into the potential malfeasance of large monopolistic social media outlets are a few important signs. Also, the attorney, Michael Moore, who in 1994 successfully proved the cigarette industry had been lying about the addictiveness of their product, is now pursuing the opioid industry. Last but not least, the emergence of integrated care could be the counseling profession's single most important move to reach minority and underserved populations by providing counseling in medical settings where they are most likely to seek care. As such, I am excited about the Spring 2018 issue of the ACA-IC newsletter, which furthers our understanding of the value, reach, and importance of integrated care during this transformative time in our history. So, to counselors everywhere I offer a heartfelt cock-a-doodle-doo for helping usher in a new dawn for our clients and society. A special thanks to Chrissy Weiner for compiling and editing this issue of the newsletter.

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Summary of “Examining the Effectiveness of Integrated Behavioral and Primary Healthcare Treatment”

By Dr. Michael Schmit, PhD, LPC
University of North Texas

Schmit, M. K., Watson, J. C., & Fernandez, M. A. (2018). Examining the effectiveness of integrated behavioral and primary healthcare treatment. *Journal of Counseling & Development, 96*, 3-14. doi:10.1002/jcad.12173

Among persons diagnosed with serious mental illness (SMI; e.g., major depression, bipolar, schizophrenia), there is a disproportionately higher mortality rate from amendable primary healthcare illnesses, when compared to persons in the general population with similar primary healthcare concerns, as a result of actual or perceived barriers. In response to this phenomenon, policy makers, behavioral health organizations, and healthcare providers have identified integrated care treatments as one possible solution. Although not new, integrated care treatments have demonstrated promising outcomes in terms of cost, efficiency, and satisfaction, yet outcome data in regard to holistic functioning for persons with comorbid mental illness and primary healthcare disease remains sparse. The aim of this study was to identify the effects of a comprehensive, integrated treatment approach for adults diagnosed with SMI across indicators of holistic client functioning.

An ex post facto, quasi-experimental, pre- and post-test design was selected to compare the effectiveness of an integrated behavioral and primary healthcare (IBPH) treatment approach to a treatment-as-usual (TAU) approach, across a 12-month treatment period. Participants of this study consisted of 196 persons diagnosed with SMI who lived in rural communities located in the southern region of the United States. Using a profile analysis, mean difference scores obtained from four subscales of the Adult Needs and Strengths Assessment (ANSA) and a Crisis Event Measure were analyzed across three null hypotheses (level, parallelism, flatness).

A statistically significant difference was observed across all null hypotheses, each indicating a moderate, approaching large degree of practical effect. Individuals receiving primary healthcare services in coordination with mental health treatment experienced on average a 24 times greater improvement in their holistic functioning across a 12-month treatment period. Likewise, participants in the integrated treatment approach demonstrated a significant

increase in identified strengths (e.g., social connectedness, optimism, resiliency, etc.). Holistic functioning for persons in the TAU condition appeared to be stable in throughout the 12-month treatment period.

Findings from this study offer promising insight into the effectiveness of an IBPH approach and have significant social justice implications regarding rural and underserved communities in support of integrated care treatments, areas that often lack abundant resources. Furthermore, the use of profile analysis in-and-of-itself promotes a greater degree of utility for counselors through the visual presentation of findings. Although counselors cannot directly implement integrated care treatment, they can apply integrated strategies such as coordination of services among healthcare professionals, develop community partnerships, and facilitate continuity of information through acquiring memorandums of understanding. Lastly, the rigor and quality of this investigation not only advances the image of treatment offered in community mental health agency settings but also continues to advance the counseling profession through outcome research.

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East Carolina University's Counselor Education Program Adopts an Integrated Behavioral Healthcare Model



"We are so excited to have had the opportunity to re-design our curriculum and build in new clinical experiences that offer our student the opportunity to learn about integrated care – especially in rural communities. Our hope is that this model of service-delivery will be something that our students will take with them after graduation, so that they can continue to make change in their own communities."

~**Allison Crowe**, PhD, LPC, NCC, ACS Associate Professor, Counselor Education Program, ECU

Data from the Centers for Disease Control and Prevention's Mental Health Surveillance Among Children (2013) suggests that 20% of children and youth in North Carolina and across the United States are living daily with a mental health issue and that 50% of youth with a mental illness drop out of high school. The eastern part of North Carolina is particularly underserved. Over 60% of counties in the eastern region of NC are designated as health professional shortage areas (HPSAs) for mental health. In fact, the scarcity of mental health professionals and services has been called a state and national mental health crisis (National Alliance on Mental Illness, NAMI, 2014).

Accelerate Integrated Mental Health Initiatives (AIMHI) is an integrated behavioral health program funded by SAMHSA, DHHS, Behavioral Health Workforce Education and Training (BHWET) # HRSA-16-193 on preparing professional counselors to provide culturally and linguistically appropriate services to children, adolescents, and transitional age youth in rural, underserved communities in eastern North Carolina. The AIMHI program is embedded in the CACREP accredited counseling program at ECU, which is currently training graduate students to become licensed professional counselors. Through AIMHI, ECU counseling program is preparing and placing students in integrated behavioral health internships focusing on services to a diverse population of children, youth and families in rural communities.

By expanding internships and field placement sites into communities with low numbers of health service professionals as well as strategically connecting with Hispanic/Latino and African American families, the AIMHI program directly addresses behavioral health disparities in rural eastern North Carolina.

AIMHI students are learning strategies to provide high quality prevention, intervention and integrated behavioral health approaches for children, youth and families and are providing culturally and linguistically appropriate services in counseling as valued members of healthcare teams, expanding behavioral health capacity for this underserved region. Although integrated care has produced the best outcomes for treating those with mental health issues (SAMHSA, Center for Integrated Health Solutions, 2016), there is no master's level training program in North Carolina with a specific focus on this delivery method for professional counselors, thus ECU's AIMHI program answers the great need for training in this area.

AIMHI is a funded grant program written by Drs. Dotson-Blake and Crowe. AIMHI's Director is Dr. Kylie Dotson-Blake, who is also the program coordinator. Dr. Allison Crowe is the Assessment Coordinator for the AIMHI program, and Ashley Cannan is the clinical experiences coordinator. New courses have been developed specifically for the AIMHI program including: *Integrated Behavioral Health in Rural Communities* and *Basic Spanish for Behavioral Health Professionals*. AIMHI students also participated in a full-day training designed to introduce students to integrated care, *Integrated Behavioral Health Boot Camp* hosted by the ECU Family Medicine department, which is an integrated care program. AIMHI students also complete 10 hours of community –based prevention or early intervention programming, community –based action research, three hours of professional development, and service learning.

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Counselors Can Play a Valuable Role in Overall Health Outcomes When Collaborating with Primary Care Providers

By: Eric Christian, MAEd,
LPC, NCC

Counselors will see increasing opportunities in the coming years to engage primary medical providers in collaborative and integrated treatment arrangements for their shared client/patient. Integrated Care (IC) can be defined as, *the seamless and dynamic interaction of primary care providers (PCPs) and behavioral health providers (BHPs) working within one agency providing both counseling and traditional medical care services* (Curtis & Christian, 2012). In these [Primary Care Behavioral Health](#) arrangements counselors are providing impromptu interventions on the clinic floor when PCPs and nursing staff identify opportunities to improve patient outcomes through behavioral intervention. Co-located arrangements also exist, in which planned sessions with a BHP are more typical. The proximity of the counselor to the patient in a co-located arrangement fosters more collaboration compared to the third and most common, and still essential arrangement, where medical providers refer patients across town to trusted counselors and their agencies.

IC is not a replacement for functioning community behavioral health programs but rather is structured so there are opportunities to engage individuals when they visit their trusted PCP, if it is determined they could benefit from a brief intervention at the clinic. A few follow-up visits with the BHP may be planned for patients with mild to moderate behavioral health needs, or alternatively, onsite triage by the BHP may point to the need for a referral out to more intensive services.

Primary Care practices are subject to multiple modalities of quality improvement activities on a continuous basis, one of which is the Primary Care Medical Home Model ([PCMH](#)). Practices are rated, and in many cases will be paid, based on their performance in supporting the Quadruple Aim, which consists of [measures](#) related to quality improvement, provider satisfaction, patient experience, and the provision of cost effective care. The PCMH standards require practices to perform comprehensive annual screenings and to provide follow-up of their population for behavioral and substance use concerns. Condition specific measures with use of a standardized tool are conducted and demonstrate areas within which BHPs can positively impact patient outcomes, such as the rate of depression remission at 6 and 12 months. When seeking PCMH recognition, practices have opportunities to gain points for both formal documented working relationships with BHPs as well as for their IC programming. A special distinction for IC can be achieved for those practices that meet higher levels of IC as their team-based care protocols and outcomes meet multiple measures for best practices with common behavioral health conditions.

Payment reform towards value-based care has begun at the federal level with Medicare, and although counselors are currently unable to participate with Medicare, these quality constructs are moving quickly into state Medicaid programs and the private insurance sector where counselors already engage. Counselors can get a jump on IC now by familiarizing themselves with the treatment procedures that support measurement-based care delivery, collaborative treatment practices, and integrated care. Moreover, they can start conversations about IC with colleagues and medical professionals, consider how they would measure their outcomes, and reach out to quality improvement help and IC experts for additional support.

For more information on concepts mentioned in this piece please see the links below:

[PCBH: http://www.cfha.net/default.asp?page=PCBHFAQs](http://www.cfha.net/default.asp?page=PCBHFAQs)

[PCMH: http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh](http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh)

[PCMH w/Behavioral Health Distinction:
http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh/distinctions/behavioral-health-integration](http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh/distinctions/behavioral-health-integration)

[Common Measures](https://app.cms.gov/mips/quality-measures) (filter by Mental Health):
<https://app.cms.gov/mips/quality-measures>

[National Council details on MACRA:](https://www.thenationalcouncil.org/macra/)
<https://www.thenationalcouncil.org/macra/>

Eric Christian, MAEd, LPC, NCC has been a counselor since 1998 serving in multiple settings and is currently the Director of Behavioral Health Integration at Community Care of Western North Carolina and an Integration Specialist for the Center of Excellence in Integrated Care, a program of the Foundation for Health Leadership & Innovation

Reference: Curtis, R., & Christian, E. (Eds.). (2012). Integrated care: Applying theory to practice. New York, NY, US: Routledge/Taylor & Francis Group.

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