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Inside

Transform the Medical Model

By Russ Curtis, PhD, LPC

Newsletter Editor

"Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure. It is our light, not our darkness that most frightens us."

--Marianne Williamson (1992)

You have probably read this quote many times but its relevance to integrated care has never been greater. Counselors, and other behavioral health specialists, have the unique opportunity to transform the current dysfunctional, bloated, and ineffective health care system in the United States. A story told to me by a graduate of the Western Carolina University counseling program offers an object lesson in how counselors can improve the health care system. He described a time in his life when he underwent numerous expensive and time consuming medical procedures for chest pain over the course of several months. All of his test results were


Dr. Russ Curtis

negative and the final diagnosis was panic disorder. According to the student, none of the health care professionals asked him about or provided screening for mental health issues. A brief screening instrument during his first visit to the emergency department would have likely saved valuable time and money. He might have received the timely *mental health care* he truly needed. My hope is that the Fall 2017 issue of the newsletter will inform and inspire counselors to consider ways in which they can further recognize the value of the services they provide and seek ways to expand counselors' reach into integrated care. We have many valuable contributions to this newsletter but I want to begin by briefly addressing some of the counseling and health care predictions described in the 2016 newsletter (see the Fall 2016 newsletter at https://www.wcu.edu/WebFiles/PDFs/CEAP-HS-COUN_Fall2016_ACA_IC_Newsletter.pdf)

Power of Thoughts:

The mind set research being conducted worldwide is further evidence supporting the power of our thoughts. In a study conducted by Lin-Siegler et al. (2016), 9th and 10th grade students who read stories about the academic struggles of well-known scientists (e.g., Einstein, Curie), significantly improved performance in science classes relative to a group who read about these famous scientists' achievements. In essence, learning about the academic struggles of renowned scientists normalized students' own struggles, which then helped increase their persistence and motivation with their academic work. See the following study for more details https://www.apa.org/pubs/journals/releases/edu-edu0000092.pdf.

Helping clients change their mindsets is something most counselors do. Whether it is reframing a personal struggle, cognitively restructuring a non-productive thought, or collaborative brainstorming for life direction, counselors are in the mindset business. If helping clients change their mindset improves persistence and motivation, what effect will this have on their health and well-being? I suspect countless clients have made

improvements to their health with the help of their counselors without knowing exactly the mechanisms for such change. Mindset research, I believe, holds tremendous promise for integrated care.

Healing Power of Relationships

Regardless of whether you adhere to Person-Centered, Existential, Reality, Feminist, Motivational Enhancement, or Relational Cultural Theories (among others), all of these theories espouse that the counselor-client relationship is the key ingredient to healing. One such related example of this was a recently published study (after an unfortunate mishap, see https://www.the-scientist.com/?articles.view/articleNo/45792/title/Retracted-Study-s-Strategy-Resurrected/) that exemplified how building rapport and then having people discuss times in which they experienced discrimination durably changed their biases about transgender laws (see http://web.stanford.edu/~dbroock/published%20paper%20PDFs/broockman_kalla_transphobia_canvassing_experiment.pdf).

This is a significant example of the power of the relationship in helping people change seemingly intransigent beliefs, and is a common strategy used by counselors to help restructure clients' faulty and self-limiting beliefs. Albeit indirectly, I consider this one more piece of evidence linking the power of relationships in helping people thrive.

Downfall of Big Pharma:

Have you heard of the medications Pre-Exposure Prophylaxis (PrEP) and Ketamine? According to the CDC, PrEP is a highly effective medication used for the prevention of HIV, yet according to recent report on NPR, health care professionals, and the general public, are largely unaware of its existence (for more information about PrEP see https://www.cdc.gov/hiv/risk/prep/index.html, and the recent story on NPR https://www.npr.org/sections/health-shots/2017/11/21/563876740/here-it-goes-coming-out-to-your-doctor-in-rural-america)

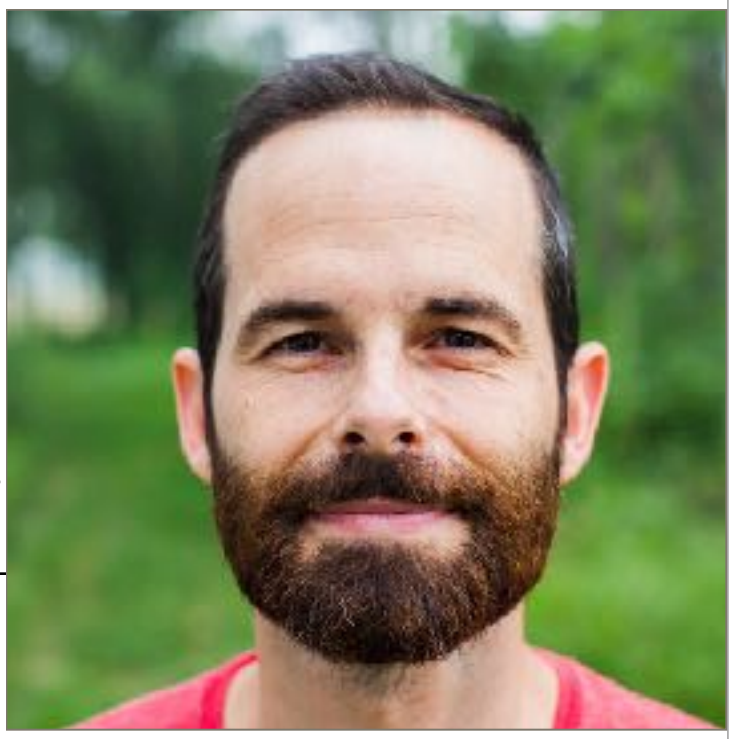
Ketamine has been used for many years as a surgical anesthetic, particularly in veterinary practices, and current research demonstrates its efficacy in treating depression. Ketamine is a substance that can be abused, but most of the current research indicates it is effective when administered by a health care professional as a monthly injectable, meaning people would not be given a supply to take home, reducing the risk of abuse. These medications could significantly reduce the need for the profitable, and often long-term, anti-depressant and HIV maintenance medications. Furthering this dilemma, according to recent TED talk by Dr. Rebecca Brachman, is the fact that Ketamine is now in generic form, so there is very little

financial incentive for pharmaceutical industries to re-brand this medication for alternative use. For a more detailed account of this issue, see Dr. Rebecca Brachman's TED talk: https://www/ted.com/talks/rebecca_brachman_could_a_drug_prevent_depression_and_ptsd and read the recent post by the National Institute of Health: https://www.nimh.nih.gov/about/strategic-planning-reports/highlights/highlight-ketamine-a-new-and-faster-path-to-treating-depression.shtml

Let me be clear: I know that most employees working within the pharmaceutical industries would never dream of slowing down the availability of a helpful medication. Having worked within large industries I also know how cumbersome and profit driven they can be, which could potentially slow down the availability of such medications. It remains to be seen whether our growing knowledge of the efficacy of these medications will impact trust in the pharmaceutical industries. It also raises questions as to what other potential beneficial medication advancements are not widely advertised or currently unavailable to consumers.

We have a great newsletter prepared for you. Mike Shook, a counselor working in a Beijing medical center and host of the podcast The Thoughtful Counselor podcast, https://thethoughtfulcounselor.com provides a wonderful account of his journey helping people in China receive the total healthcare they need. Ruthanne Harlow and Taylor Maxson, both graduate counseling students at Western Carolina University, provide accounts of their internship experiences in two different settings that utilize integrated care. A special thanks also goes to Taylor Maxson for editorial assistance and to Ruthanne Harlow for compiling this newsletter.

Professional Spotlight



Mike Shook, MA

Integrated Care in Beijing

"When are you moving back home?" I get asked this question every time I arrive back on US soil for my family's annual trip to visit our extended families and friends across the country. They know I've lived abroad for nearly 10 years now, but in their minds the US is the only place that occupies the descriptive term "home." In response, I usually smile, shrug my shoulders, and say "I don't know, we'll see." But in my heart and mind I know that the only place that feels like home these days is our small, 2nd floor apartment in the countryside outside of Beijing, China. This is where I have lived and worked for nearly 8 years. This is where I met my amazing and loving wife Becca, and where we got married 4 years ago. This is where our first son John was born, and our next son will be born in January. This is where our small but thriving multicultural, interdenominational church is, and where our wonderful social network and support is.

When I go back to visit friends and family in the US I am always grateful to be back in my country of origin speaking English, reconnecting with good friends over craft beer, and indulging my appetite with the most recent culinary trends; but within a few weeks I long to go back "home," to our life here in Beijing.

Lest I run the risk of romanticizing life here in China and the expatriate life in general, living outside of one's country of origin is not always a "walk in the park." My experience living and working in China has been exciting, novel, and at times enviable, but has also brought with it many difficulties and at times has been entirely overwhelming, leading to my own struggles with anxiety, depression, and burnout. It's these very struggles that led me to a career in the counseling profession and more acutely to writing this article. Amid the hardest and darkest

time in my own life, a time riddled with anxiety, depression, and insomnia, I received amazing support and great counseling; yet at the same time experienced firsthand the real difficulties of organizing my own mental health and primary care, difficulties that so many others in China and other countries experience when in distress.

Though my story is unique to me, it is one of thousands, if not millions, of expatriates struggling to find reliable and affordable mental health services that are integrated, at least at some level, with their primary care. There is a growing awareness of the need to address mental health issues of expatriates, and though much has been done to meet this need, there is still much work to do

What follows is a combination of my personal experience attempting to "integrate" my own mental and physical health care, and an assessment of the state of integrated care for expatriates living in China with implications for future growth. Of note: this article will focus on expatriate mental health and integrated care and thus there will be no discussion of integrated care in the Chinese medical system, though this is an area ripe for discussion and research.

A "Dis-Integrated" Experience

As I walked into the dingy lit hospital with my friend Ma Sheng, I could feel my anxiety level increase with every step. The night before I woke to my heart pounding and an intense fear that I was going to die. After 30 minutes or so, the intensity began to subside and I eventually fell back to sleep. Now Ma Sheng was helping me get an ECG (electrocardiograph) at a local Chinese hospital upon the recommendation of a nurse friend I had called after I work up. My language skills were decent at the time, but not good enough to navigate the medical system and Ma Sheng had kindly agreed to help me. The ECG was done in a small, cold room and then we were sent to another office for a physical to interpret the results. "Doesn't look like there are any problems" the doctor said, and so we were on our way.

Thus, began a month-long endeavor to discover that what I was experiencing was not in fact a heart attack or indication of some type of structural problem, but simply panic attacks due to increased stress and anxiety around my work and cross-cultural living. This endeavor would include sending my ECG results to a friend of a friend who is a cardiologist, a referral to a doctor in Beijing (I was living in central China at the time), a trip to Beijing with another ECG and 24-hour heart monitor, a confirmation that what I was experiencing were panic attacks not heart problems, a referral to a psychologist living in south China and connecting with him online, another referral for medication and trip to Beijing to get a prescription, and the list goes on. Short of overstating the point, my experience of finding and receiving the necessary care that I needed at the time was in many ways the opposite of integrated, and as noted above, is the experience of so many others living and working outside their country of origin.

Expatriates and cross-cultural workers like myself are in many ways disconnected from our ordinary sources of support and care. We are constantly struggling to connect the dots when it

comes to our own mental and physical health care as we learn to navigate foreign systems, complex languages, and new cultures we are unaccustomed to. All of which can easily lead to more stress, anxiety, and often burnout. Yet as Bob Dylan said so many years ago, "The times, they are a-changin." As awareness of the mental health needs of expatriates grows, mental health
professionals and health care providers in general are beginning to adapt their services in order to meet these needs, and part of this movement is to provide better overall thoroughly integrated services. To this we now turn our attention.

Moving Toward Integrated Care for Expatriates

As with any setting, here in China there are numerous types of mental and physical health providers with varying levels of integrated services. Yet unique to expatriate providers in a place like China. is an assumed collegiality between mental health and primary care professionals as we all strive to provide the best possible services for those we work with. We will now look at several different types of mental health services available to expatriates living in China and consider to what degree or level each is able to offer integrated services for better continuity of care.

Private Practice Mental Health Professionals – There are a growing number of mental health clinicians from diverse professional backgrounds (LMHC, MFT, LCSW, etc.) offering services in a private practice setting. Like private practice anywhere, these services are often provided in a private office setting that is not connected to a primary care provider or other healthcare provider. That said, unique to private practice in settings such as Beijing or Shanghai, is a commitment to intra-professional and inter-professional communication in order to provide the best possible care for clients or patients. Groups like the *Beijing International Mental Health Network* (A Yahoo Group) and the *Shanghai International Mental Health Association* (http://s-imha.com/) provide an outlet for mental health professionals to connect to each other while at the same time providing useful networks for primary care physicians to draw upon for consultations or referrals. Additionally, due to the overall limited number of mental health professionals and private practice providers specifically, many clinicians in private practice have strong, ongoing relationships with psychiatrists and primary care providers to orchestrate better and hopefully more integrated care for those they work with. In general, it is safe to say that the state of integrated care among private practice mental health professionals would fall into SAMHSA-HRSA Center for Integrated Health Solution's Level 2, *basic collaboration at a distance*, as these clinicians are practicing in private facilities yet are in regular communication with primary care providers.

Community and Group Practice Settings – In many ways community and group practice settings in China are very similar to that of private practice. Many of the clinicians in these settings are members of the above networks and associations and have professional and ongoing relationships with psychiatrists and primary care providers in their cities. That said, there are unique differences that emerge in community and group practices that are of note. Several

group practices in China are either imbedded in larger wellness organizations or have a primary care physician on their team. For example, the Community Center Shanghai (www.communitycenter.cn) not only provides an array of mental health services for expatriates living in Shanghai, but also provides coaching, mentoring, activities, classes, and social events for families, couples and singles that encourage community building and personal growth. Though outside the traditional idea of integrated care (behavioral health in a primary care setting), community providers like Community Center Shanghai play an important role of integrating wellness and growth practices in what might be called a "preventative or auxiliary approach" to integrated care. Other group practices such as The Bridge in Kunming, China (www.dawenchina.com) have a primary care physician on staff and can provide medical consultations for clients either seeking psychotropic medication or who, like me in the past, are living in areas with no English speaking medical professionals and need a general medical consultation. Those seeking services from group practices like this benefit from integrated care ranging between SAMHSA-HRSA's Level 3 and 4, where mental health and primary care professionals are working at the same site with increased collaboration.

International Hospitals and Clinics – By and large, international hospitals and clinics are the primary providers of mental health services and best positioned to provide high-level integrated care for expatriates. These hospitals and clinics offer traditional medical services such as primary and family care, while also housing psychological and mental health departments within the same buildings. This structure lends itself well to regular collaboration between mental health and primary care providers. In addition, larger hospital and clinic networks such as United Family Hospitals, Raffles Medical, and Parkway have multiple facilities all over China providing a unique continuity of care for expatriates who move between larger cities in China. These groups provide more systematic integrated care around SAMHSA-HRSA's level 5, where services are provided in the same setting and there is very close collaboration. Other providers are currently experimenting with fully integrated care in specific departments. For example, Dr. George Hu, Director of Psychology and Mental Health at Jiahui Health, has just begun a pilot program integrating behavioral health professionals into Jiahui's oncology department. More explicit attempts to integrate behavioral health professionals into the overall medical services of international hospitals and clinics is sure to come.

Barriers to Integrated Care for Expatriates

Though there are many attempts at integrating mental and physical health care for expatriates in China, there are also many barriers to successful integrated care from both the consumer's and provider's vantage point.

Whereas international hospitals and clinics are the most capable of providing systematic integrated care for consumers, these institutions are also extremely expensive and often priced outside the average expatriate's budget. NGO workers, teachers, students, and other lower-income expatriates are unable to access the high quality of care provided by these institutions due to high costs, and thus end up either not getting the care that they need or reaching out to

those working in private practice and community or group settings, who are less able to provide high levels of integrated care. An example of this is a teacher I have been working with who recently tested HIV positive, but cannot afford the services at an international hospital. Whereas at an international hospital or clinic this person would be able to receive high quality counseling as well as well medical care within the same building, we have been forced to piece together the necessary medical and mental health services this client desperately needs from different providers in Beijing.

Another important and often neglected barrier to systematic integrated care for expatriates is that not all expatriates live in large cities such as Beijing or Shanghai where there is better access to both mental health and general healthcare services. As in my own story, the city I lived in when I first experienced significant distress had neither an English-speaking primary care physician or mental health professional. Expatriates living outside large cities benefit greatly from the growth in tele-mental health services and employee assistance programs, yet these services are often disconnected from the consumer's primary care providers. Large healthcare providers such as Aetna are attempting to bridge this gap, but there is still much work to be done to make service both accessible and affordable for expatriates living all over this vast country.

The Future of Integrated Care for Expatriates

As can be seen above, much work has been done to improve the overall care of expatriates living in China, and yet there are many gaps when it comes to continuity of care for those of us who call China home. It's my hope that this article has given the reader both an "insider's view" of life as an expatriate in China, as well as a thorough review of the state of integrated care for expatriates living and working in this vast and beautiful country, while also providing constructive ideas for future growth. As both a consumer and provider of mental health and general healthcare services here in China, I am committed to the hard work of making the best professional mental health services accessible to expatriates from across the socio-economic spectrum, while constantly working toward more thorough integrated services for those I work with. Yet one person can only do so much. There is much work to be done within larger networks, associations, and institutions to combine primary health care and mental health care to meet the specific needs of expatriates and at the same time make these services affordable to those from diverse socio-economics backgrounds.

As is said in Chinese when there is still much hard work to be done, **加油**! (jiā yóu), or "add oil!"

Student Spotlight

Ruthanne Harlow

My journey to counseling was not particularly planned or direct. I graduated from Rhodes College in 2009 with a degree in Urban Studies and Religious Studies. I planned to do economic and community development work in underserved neighborhoods, but by the end of college, I was discouraged and skeptical about the value of my impact towards effecting systemic change. I took a gap year and joined AmeriCorps, where I did environmental conservation work in California and Montana. After feeling empowered by the work I did in a wilderness setting, I was inspired to continue pursuing work that involved the outdoors. This search led me to wilderness therapy, and I worked as a field instructor to adolescents and young adults for five years. I witnessed many personal transformations during my time as a field instructor, and saw the power of vulnerability and connection. I decided that I wanted to be a part of providing safe spaces for people to share and change, so I joined Western Carolina University's clinical mental health counseling program in the fall of 2016. I am grateful to feel that I have landed in a profession that has restored my hope and optimism towards influencing change.

I am currently doing my practicum at SUWS of the Carolinas in Old Fort, North Carolina. SUWS is a wilderness treatment program and part of the Aspen Education Group. It offers treatment to adolescent-aged students who struggle with addiction,

depression, developmental disorders, and behavioral issues. The group milieu and the outdoor setting provide experiential and relational opportunities for students to achieve success. SUWS applies an integrated strengths-based approach that addresses the biological, psychological, and social needs of its students. In addition to the clinical team of LPC's, MSW's, and a neurofeedback specialist, SUWS also employs a registered nurse, a medical doctor, and a psychiatrist. In fact, each student receives a physical exam by a doctor upon arrival to the program. The therapists, field instructors, and administrative staff work together to continually assess the students' physical health and how it may be affecting their behaviors and their emotional and social experience in the woods. The therapists at SUWS also provide psychiatrists and parents/caretakers with consistent feedback and updates on the how their child is doing in the program so that they can make informed decisions about any necessary medication changes or adjustments. If such adjustments are made, the field instructors, who provide constant direct care to the students, together with the therapist, check in with the student about his or her own experience with the change. SUWS provides its students with a low-sugar, whole food diet, and students get daily exercise hiking from campsite to campsite.

For counseling students wishing to work in an integrated setting, I would recommend learning as much as you can about sites in which you might be interested. Find out who is on the clinical team. Ask about treatment philosophy and clinical approach. Inquire about the role of the counselor and with whom they collaborate. A therapist at SUWS is in constant communication with their students' families, and they get a comprehensive understanding of their students by talking to referring professionals and previous healthcare providers. At SUWS of the Carolinas, I am privileged to see children cared for by clinicians who understand the connection and value of supporting their social, physical, and emotional needs.

Student Spotlight

Taylor Maxson

There is a great term from the Greek philosophical tradition that sums up rather neatly my journey to counseling. I am a "peripatetic," or one who travels from place to place, working in varied positions for a relatively short duration. My entry point to relational work was initially teaching ESL right out of college. Attending skills are an essential part of effective teaching, and I discovered over a series of jobs throughout my twenties in education and in social work (in cities like London, Chicago, and Atlanta) that the relational dimension of work felt most natural to me. It took some trial and error through my twenties to further unveil that I am at my most optimal when I work in dynamic, experiential, highly stimulating environments. Facilitating adventure therapy, teaching rock climbing, and living on the trail with probated adolescents seemed to fit the bill. I did this for a spell, and like many, found the level of energy output required unsustainable. So, like a good peripatetic, I went back to the classroom. After almost ten more years teaching high school electives and then elementary science in a forest-based environmental education program, the timing was right to pursue counseling as my main vocation.

Though the lion's share of my work has centered on children and adolescents, I chose to embark on a new journey in my practicum at WCU. I am counseling at MAHEC, a family health clinic and education/training center. MAHEC is a model integrated care setting, where doctors and other medical staff work collaboratively with behavioral health professionals to coordinate care of the patient as a whole person. The central work I do is individual counseling with patients who have been referred by medical professionals. My notes from each session enter the electronic health records system and remain as a record of the patient's progress. My patients come from a wide variety of backgrounds and socioeconomic statuses, and each has challenged me to enhance my attending skills, theories, and community resources in unique ways. In addition to direct counseling, as a practicum student I observe consultation sessions between the medical and behavioral health staff, where patient medical and mental health issues are creatively identified and problem-solved. It was evident from the first day of practicum how much the medical staff value LPCs and LCSWs. The general vibe is of immense gratitude and appreciation for what we do, and how we help.

One present drawback to integrated care settings is that the preference for LCSWs, owing to a long history of interaction between social workers, Medicare and insurance reimbursement in medical practices. Of the four full-time behavioral health staff at MAHEC, only one is an LPC. Thus, we have further advocacy work to do to ensure more LPC-level counselors can practice in integrated care settings. Nonetheless, I feel the experience I am getting is indispensable. I am learning to navigate a system that was previously unfamiliar, to speak the language of medical professionals, and to bring our rich training to a setting that has clearly identified a gap in its historical effectiveness in treating mental health-related issues. It is well-worth learning more about MAHEC and their fully integrated model of integrated care. Feel free to contact me at tmaxson@wcu.edu to learn more about practicum and internship in integrated care practices.