



ACA Interest Network

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Steps for Joining Interest Network for Integrated Care

IC in the Media

The Council on Social Work Education in collaboration with SAMHSA has created a draft integrated care curriculum full of helpful books, articles, and links to training videos, including a draft syllabus. Of special note, one of the two required textbooks in the draft syllabus was the Curtis & Christian (2012) Integrated Care textbook, both editors of this book are Licensed Professional Counselors! Visit the site and scroll midway to see the PDF sample syllabus:

<http://www.cswe.org/CentersInitiatives/DataStatistics/58020/62695.aspx>

[Click here](#) to access the **Early Childhood Mental Health Toolkit**. This is a resource that can be beneficial in integrating mental health services into the medical care setting.

[Click here](#) to view an inspiring **TED Talk by Dr. Nadine Burke Harris** on the Adverse Childhood Experiences Study (ACE Study) and how childhood trauma affects health across the lifetime.

[Click here](#) to read more about the discussion on the benefits of integrating behavioral health into primary care that occurred at the **Clinton Foundation's annual Health Matters Summit**.

Congratulations to the ACA Integrated Care Interest Network member, Beth Glueck, PhD, on the publication of her study! Glueck, B. P. (2015). Roles, attitudes, and training needs of behavioral health clinicians in integrated primary care. *Journal of Mental Health Counseling*, 37(5), 175-188.



Message from the President

Jessica Cole, PhD, LPC-S
Director of Psychological Health, US
Department of Defense
Doctoral Professor, Mississippi College

Hello All,

My name is Jessica Cole. I have been Licensed Professional Counselor-Supervisor in Mississippi for over a decade. My experience in behavioral health encompasses many areas including inpatient, partial, and private practice focusing on issues from depression to traumatic brain injury. While completing a project with traumatic brain injury, I decided I wanted to return to school for my doctoral degree. My experience with TBI in a rehabilitation hospital gave me a new perspective. I knew that I wanted to eventually specialize in “health counseling.” At that point, integrated care had not “jumped the pond.” It started off in Europe and other countries before being implemented in the U. S. It was not until after beginning my doctoral program years later and diving into the research that I discovered health counseling was more contemporarily referred to as “integrated care.”

The more research I did, the more I found that most of the articles on health counseling or integrated care were NOT from the counseling discipline. Though this was a new arena for all behavioral health fields, the majority of the research articles were from the psychology and social work branches. Around that time, an article was published in *Counseling Today* that discussed the issue that counselors are not at the integrated forefront, like our counterparts.

It was then I decided that I wanted find out what we, as a counselor-educators, need to pass on to counselors-in-training. I found out is that we need to provide education on classes like psychopharmacology, teach brief therapies, and provide practicum and internships at integrated care sites.

The reason I share this experience with you is two-fold. First, **as counselors-in-training, you need to know what is up and coming in the counseling field to help yourself stay relevant. It is easy to fall into a position or private practice and only focus on what is going on around you. Secondly, you (and all of us) have to be advocates for your profession and yourself. If you are in a program that does not offer these types of classes, make an inquiry about adding them. If you want to internship at an integrated health site, you may have to search for one and get it approved. Get involved at your state and national level (ACA) and join the Integrated Care interest group. It is up to each one of us to make a difference with our clients and our profession.**

Thanks!

Katie Goetz, MS, LPC, LCAS, CSI
Meridian Behavioral Health Services, Waynesville, NC



Katie Goetz, MS, LPC, LCAS, CSI. Katie received her M.S. in Community Counseling from Western Carolina University in 2006. In addition to her LPC, Katie is a licensed clinical addiction specialist (LCAS) and a clinical supervisor intern (CSI). Katie Goetz is the co-producer of the instructional video, *Positive Psychotherapy: Helping People Thrive* published and distributed by Microtraining Inc. of Alexander Street Press. To date, she has led over 16 positive psychotherapy groups in a mental health center with clients who experience issues ranging from anxiety disorders, major depression, PTSD, and schizophrenia. Katie began her career in St. Louis, MS where she worked at a strengths-based, community agency, Youth in Need, under the supervision of Dr. Bob Bertolino, positive psychotherapist and co-author with Bill O'Hanlon of the book, *The Therapist's Notebook on Positive Psychology* (Routledge, 2012). During her stint at Youth in Need she provide mental health and substance abuse services through their emergency shelter, mobile street outreach program, and developed a collaborative multi-agency position at an integrated care program for adolescents and young adults.

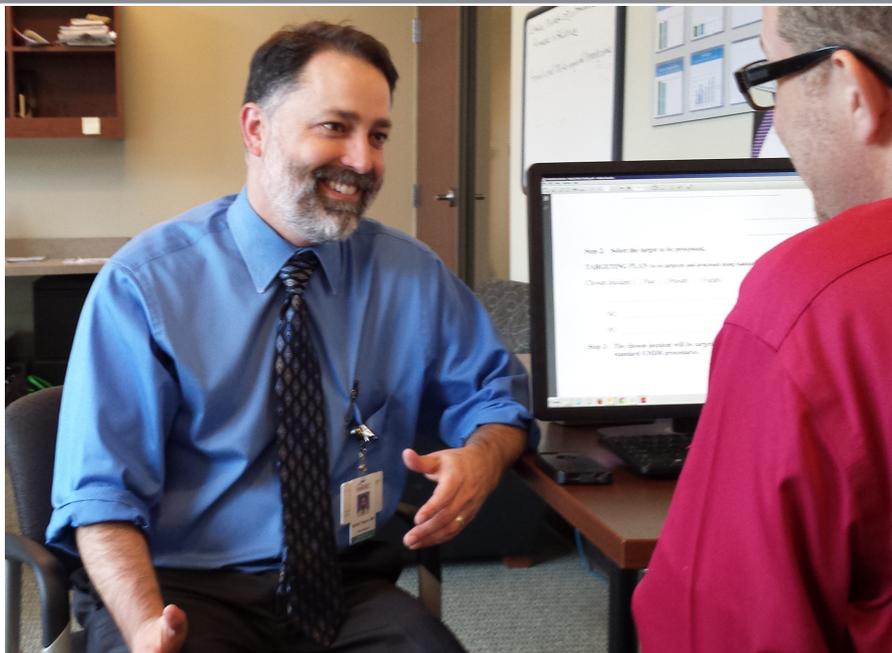
For the past 4 years, Katie has been working at Meridian Behavioral Health Services in Waynesville NC, first providing substance abuse and mental health services to children and their families before working with adults in the Recovery Education Center. Katie is now the team leader for the Recovery Education Center, which facilitates wellness and skill building through an educational model in a unique and positive milieu. In addition, Katie helped secure a Kate B. Reynolds grant which funds a physician two half days per week to provide medical care to clients/students within this reverse integrated care setting. What follows is a list of Katie's recommendations for working effectively within an integrated care agency:

1. Shared language: I learned the value of using the same language as our physician, using the same terminology so that the client hears it multiple times and knows we are working closely together. You enhance this skill by spending time with the doctor. It was valuable to not only shadow the doctor but make him/her familiar with our programs as well. Physicians want to hear about the progress clients are making, so keep them informed.

2. I paid very little attention to people's health before we became integrated but **now I realize that clients pay attention to what I pay attention to**. As I view clients/students more holistically, they begin to inculcate this mindset as well.
3. I don't have to know every medical condition. Clients are great teachers and are very willing to learn more about their conditions alongside with us. We don't have to be experts. To start, just learn 3 things about a specific condition. Use the doctor as a resource and find out what are good follow-up questions to ask regarding specific conditions. Nurses and CMA's are invaluable, as well.
4. Follow up quickly after a doctor's visits. It's been my experience that we quickly forget important things that were discussed with the physicians.
5. People are motivated (and have often thought about changes) more than we think. Change often feels overwhelming to clients, so, look for small practical steps and celebrate small successes.
6. I love positive psychology because it can be used quickly and immediately, and positive psychological interventions (i.e., gratitude, using strengths) come naturally to many folks.
7. **Get curious about how people see (or don't see) connections between their physical and mental health. Ask about this connection in many different ways. Although integrated care is popular, it is still new to many clients and they need education about how mental and physical health are connected.**
8. Make culture and society the enemy when you need to so we can all diminish self-blame. Example, "Fast food restaurants are everywhere and offer cheap food so it's easy to fall prey to their appeal." It's really easy to make unhealthy choices so give your clients some slack.
9. Find out what a goal of health would really mean to someone versus just losing weight or improving blood pressure. What would good health mean to your clients in terms of their ability to function better and enjoy life?
10. Don't assume people know basic health. Help them understand calories and blood pressure numbers.
11. Simple is good. I appreciate it when the provider offers me simple and basic information to pass onto the patient. Don't overwhelm yourself or clients with information.
12. A simple follow up call to clients goes a long way. It means a lot to clients when you call a few days after an appointment to see how they are doing.
13. Be human. We all know what it is like to falter from an exercise plan, eat another donut, and skip meditation—normalize this with clients.
14. Slip health and wellness into the work you are already doing (mention it in groups you lead, quotes in your office, pamphlets, informational signs).
15. Utilize a team approach. My team tries to become familiar with a new health issue every few months. We learn more when we learn together. Invite the physician to staff meetings, they often see more people than we do each day and they are excited to share their knowledge.

I Believe in Integrated Care: A Family Physician's Testimony

**Daniel Frayne, MD
Mountain Area Health
and Education Center
(MAHEC)
Asheville, NC**



I am a family physician and I believe in integrated and team based care. I came to western North Carolina out of residency in Lancaster, PA to practice full spectrum family medicine in a rural environment. I was fortunate to find a private practice in Linville, NC, high in the mountains of Appalachia, in a county of roughly 18,000, but a population that surged to more than 50,000 in the summer due to second home residents. The medical services were delivered by primary care physicians, 2 general surgeons, an ER staff, and a dedicated rural hospital. No specialty care. I was able to provide outpatient and inpatient care, adult, obstetrical and pediatric care. I quickly became a member of the community and a “community doctor.” There is great joy in being a family physician, caring for people from “cradle to grave.” However, I also encountered the struggles. Most importantly, I became increasingly aware of the struggles of an inadequate healthcare system to serve the needs of my patients and my ability to serve them. One issue quickly became clear to me as a newly practicing physician – providing excellent “medical care” was not going to address the many underlying psychosocial stressors influencing their health. Ordering more tests, prescribing another pill, or giving health promotion advice, was not going to impact their health as much as addressing their mental and social well-being. A large majority of the issues facing my patients had some mental health component, hammering home the concept that one cannot separate the physical from the mental health. Unfortunately, the resources to assist me in providing this type of whole-person care were extraordinarily lacking. The mental health referral system was complex, poorly funded, and the few patients I was able to get assistance with often did not follow through. They came back to me instead. Patients want a personal physician – a physician to care for all of them, and not “pass them off” to someone else. It also is a frequent perception that referring someone to a mental health professional meant that I thought, “it was all in their head,” that I did not believe them, or that they were “crazy.” I found myself being the primary provider for the mentally ill (depression, bipolar, schizophrenia, addiction) trying to negotiate medications and side effects with some help from outside psychiatrists. I became a chief advocate and counselor helping my patients to see the inextricable connection between their physical issues and their mental and emotional well-being.

But, I will admit, this was not what I was trained to do, not what I had time to do, and I did not have the resources to do, and I did not have the resources to do it as effectively as I would have liked. In short, it was difficult and a constant area of frustration for me as a physician.

I was given the opportunity to focus my career on training the next generation of primary care providers and joined the faculty of the MAHEC Family Medicine Residency Program in Asheville, NC in 2006. I was introduced to the integrated care model of behavioral health – having the resource of a behavioral medicine provider in the office and available to assist in the care of patients in “real time.” Not a referral somewhere else. The benefit of this was quickly evident. First, I was able to have quick access to counseling resources. Second, patients were more likely to show up for counseling as it was in my same office and they had already been introduced to the counselor at the time of the referral (putting a face with a name). Third, I was finally able to handle a host of issues that accompany people to the medical office more effectively and efficiently: the emotional crises, the relationship issues, the day to day stressors that sometimes get mentioned at the end of a clinical encounter – “oh, by the way...” or “one more thing, Doc...” Having a behavioral health provider there to assist me with these everyday issues allows me to say, “I can help you with that. Let me introduce you to my colleague and they will be able to spend some time with you today gathering more information and coming up with a plan.” It has also expanded my capacity to care for more severe mental illness. I am now more comfortable dealing with severe depression, bipolar disorder, and anxiety because of the expertise to help me do it effectively.

Opportunities for integrated care are endless. **I find that almost every patient I see, for any reason, has a behavioral medicine component to their health issues. Commonly it is related to chronic and situational stress, sleep issues, relationship struggles, or unhealthy behaviors in need of motivation for change.** Some medical issues such as fibromyalgia and irritable bowel syndrome have mental wellness at the core of the treatment plan. Integrated care truly is an efficient and effective model of healthcare delivery, able to address the biopsychosocial model of health and disease. It also can go beyond the patient and assist the provider. I often have the behavioral medicine provider accompany me in the room to assist with a difficult patient interaction. They can observe the encounter, give me feedback, assist in communication, and identify opportunities for improvement. This is commonly used in teaching centers, but I find it extremely valuable as an ongoing process of professional development - improving my ability to care for complex and challenging patients.

Atul Gawande made the case that medicine is no longer about being a “cowboy,” a solo provider trying to do it all. We need to become like NASCAR “pit crews” working together as a team. Integrated care is exactly that – an integrated team approach to provision of care. It is better for patients and better for providers. After working in this kind of environment for 8 years now, I don’t know how I ever practiced without it.

Daniel J. Frayne, MD

Assistant Residency Director, MAHEC Family Medicine Residency Program, Asheville, NC
Medical Director, MAHEC Division of Regional Education

Professional Spotlight



Brittany Hall,
MS, LPC
Integrated
Treatment Care
Coordinator at
Community Health
Center of the New
River Valley

I received my Masters in Counseling & Human Development from Radford University, as well as my Certificate in Integrated Care. While I was at Radford, Cathy Hudgins, PhD was a professor of mine and was an up and coming expert in integrated care. Because so many of my career aspirations were centered around medical-based counseling, Cathy took me under her wing and helped me tailor my graduate experience around integrated care as much as possible, including my internship with a local hospice group. After graduating, there weren't any opportunities for me to enter an integrated care site, so I worked with children for about a year in a clinician/care coordination role at the CSB. A local Free Clinic (now a Community Health Center) received a grant to begin integrating while Cathy was volunteering with them as they built their program. Thankfully, she let me know that they would be hiring for an integrated care position. I applied and was offered the position shortly after. **Because I had tailored my graduate experience (internships, research, papers, projects) to integrated care, I was able to move seamlessly from the job I had been doing into my position at the clinic, building their integrated care program.** Now, I serve as the Behavioral Health Consultant (as a LPC) and Care Coordinator for the clinic, overseeing all behavioral health services and working with both medical and dental providers to integrate our patients' care. I would encourage those of you who are interested in integration to tailor your graduate experience to the field as much as possible. That made the world of difference for me and I know it will for you all as well.

Professional Spotlight

Graduating with my MS in Counseling in 2006 from Western Carolina University, **I didn't anticipate joining an integrated care team once I began working in the counseling field. With my last two positions, however, it is clear that integrated care is the direction the field is going.** I worked six years in psychosocial rehabilitation where I collaborated closely with nurses and psychiatrists to assist clients and best advocate for their needs. It wasn't formally identified as integrated care, but it's the best way to describe what we did. Currently, I'm working at a managed care organization on an Integrated Care Team (ICT). My team includes licensed behavioral health professionals (LCPC or LCSW), Program Specialists, and Licensed Professional Nurses. We consult at least weekly on cases with staff doctors and psychiatrists in order to provide the best care for clients/members. **What we do makes so much sense to me. I have a hard time imagining not having the ability to collaborate with other professionals in the field with my clients. It seems to be common sense to incorporate integrated care into our professional identify to help our clients achieve better outcomes.**



Amy Forst, MS,
LCPC

Behavioral Health
Care Coordinator

IlliniCare Health

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 Ntwk**.
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 Sara Hunter, 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.