



SCHOOL OF SOCIAL WORK  
CONTINUING EDUCATION  
UNIVERSITY OF MICHIGAN

Web-Based Certificate in  
Integrated Behavioral Health and Primary Care  
Pediatric & Adult Track  
Spring 2018

Definitions:

*“Live coursework”* consists of interactive lectures viewed online from a home or work computer. *All participants in the program log on at the same time* and view the live streaming lecture and PowerPoint presentation. You can see the instructors, but they can’t see you. During live coursework, participants have instant access to the instructors for questions and comments via chat bar.

*“Self-paced coursework”* consists of pre-recorded podcasts and web modules. Participants can view these materials at any time during the term.

*“Small group videoconferences”* are part of the live coursework component, and consist of meetings with classmates. At appointed times, participants are invited to enter the online videoconferences and discuss course materials and projects with their peers. Each participant can see and hear their small group of five to seven peers, and can be seen and heard by them. In certain cases, participants from the same agency meet together in person during these times in lieu of entering a videoconference.

## SCHEDULE OF LIVE SESSIONS

<b>Day</b>	<b>Date</b>	<b>Time</b>	<b>Track</b>
Wednesday	3/14/2018	5:30pm to 7:30pm	ALL
Monday	3/19/2018	5:30pm to 7:30pm	PEDIATRIC
Wednesday	3/21/2018	5:30pm to 7:30pm	ADULT
Monday	3/26/2018	5:30pm to 7:30pm	PEDIATRIC
Wednesday	3/28/2018	5:30pm to 7:30pm	ALL
Monday	4/9/2018	5:30pm to 7:30pm	PEDIATRIC
Wednesday	4/11/2018	5:30pm to 7:30pm	ADULT
Monday	4/16/2018	5:30pm to 7:30pm	ALL
Wednesday	4/18/2018	5:30pm to 7:30pm	ADULT
Monday	4/23/2018	5:30pm to 7:30pm	PEDIATRIC
Wednesday	4/25/2018	5:30pm to 7:30pm	ADULT
Monday	4/30/2018	5:30pm to 7:30pm	ALL
Wednesday	5/2/2018	5:30pm to 7:30pm	ADULT
Monday	5/7/2018	5:30pm to 7:30pm	PEDIATRIC
Wednesday	5/9/2018	5:30pm to 7:30pm	ALL

### **TIMED AGENDA: LIVE COURSEWORK**

*Note: All times listed below are in the Eastern time zone*

Wednesday March 14, 2018

5:30 - 7:30, J. Capobianco, "Introduction to Bidirectional Integrated Care"

Monday March 19, 2018

5:30-7:30, C. Bares, "Social Determinants of Health"

Wednesday March 21, 2018

5:30-6:30, M. Baker, "A Model of Behavioral Health Consultation"

6:30-7:30, A. Lapidos, "Primary Behavioral Health/"Social Determinants of Health""

Monday March 26, 2018

5:30-6:30, M. Duprey, "Model"

6:30-7:30, D. Lee, "BHC"

Wednesday March 28, 2018

5:30-7:30, J. Capobianco, "Introduction to Bidirectional Integrated Care"

Monday April 9, 2018

5:30-7:30, M. Ruffolo, "Interventions"

Wednesday April 11, 2018

5:30-7:30, M. Ruffolo, "Cognitive-Behavioral Approaches"

Monday April 16, 2018

5:30-6:30, A. Lapidos and M. Duprey, "IPAT" Small Group Videoconference

6:30-7:30, J. Capobianco, "Financing"

Wednesday April 18, 2018

5:30-7:30, S. Wiland, "Motivational Enhancement I"

Monday April 23, 2018

5:30-6:30, E. Attisha, "Asthma"

6:30-7:30, S. Bobak, "ADHD"

Wednesday April 25, 2018

5:30-7:30, S. Wiland, "Motivational Enhancement II"

Monday April 30, 2018

5:30-6:30, A. Marks, "Ethics"

6:30-7:30, A. Lapidos and M. Duprey, "Ethics" Small Group Videoconference

Wednesday May 2, 2018

5:30-7:30, A. Lapidos, "ACT & Pain"

Monday May 7, 2018

5:30-6:30, C. Grim, "Trauma"

6:30-7:30, T. Holtrop, "Obesity"

Wednesday May 9, 2018

5:30-6:00, A. Lapidos, "Mindfulness"

6:00-6:30, Small Group Videoconference

6:30-7:30, M. Duprey, "Implementation"

## **SELF-PACED COURSEWORK**

### *Video Lectures:*

M. Scalera, "SBIRT"

C. Dahlem, "Medical Aspects of Behavioral Health"

M. Ruffolo, "Biopsychosocial Assessment"

J. Hopper, "Prescription Drug Abuse"

L. Raney, "Integrated Primary Care & BH Consultation"

K. Harmes, "Patient-Centered Medical Homes"

D. Furgeson, "Oral Health for Collaborative Care"

P. Pfeiffer, "Primary Care Psychopharmacology"

M. Kaems, "Registries"

D. Cordova, "Culturally Responsive Practice"

J. Salerno, "Teen Suicide"

C. Rheingans, "Affordable Care Act"

J. Salerno, "Teen Sexual Health"

C. Johnsons, "Integrated Infant Mental Health"

L. Biggs, "DD/Autism"\*\*\*

"Eating Disorders"\*\*\*

K. Rogalski, "Anxiety and Depression"

J. Lane, "Adolescent Medical home"

G. Seedott, "Pediatric Substance Abuse"

## COURSE DESCRIPTIONS: ADULT CURRICULUM

### Bidirectional Integrated Care

In this module, participants will build upon their knowledge of integrated care implementation in adult healthcare settings. Topics will include the Wagner Chronic Care Model; collaborative care; stepped care; care coordination; and billing in integrated health environments. Participants will learn the "care coordination standard" for integrated primary care and discover new roles in primary care for the behavioral health consultant.

#### Learning Objectives:

1. Explain the difference between colocation and integration.
2. State three key features of the Affordable Care Act related to integrated health.
3. Compare and contrast interdisciplinary and multidisciplinary teams.
- 4. Identify level of integration based on standard model that is used in current workplace and determine what changes can further integrate practice.**
5. Apply the four quadrant model to stratify a patient population.
6. Identify at least two ethical challenges to integrated health practice.
- 7. Address/resolve common ethical challenges in integrated health practice.**
- 8. Develop skills to hire and train staff in integrated health practice.**
- 9. Implement an organizational self-assessment for cultural responsiveness.**
10. Define "stepped care."
- 11. Determine current level of Patient Centered Medical Home (PCMH) development in the practice setting.**
12. Identify key entities and access key resources involved in PCMH certification.
13. Define the collaborative care model, and identify the particular model used in their current clinical practice.
14. Describe the care coordination standard.
15. Identify two financing strategies that can facilitate integrated care.
16. Identify two purposes of a patient registry.

### Assessment in Integrated Care

Initial and follow-up assessments play a critical role in effective integrated care. This course addresses free-form interviews such as biopsychosocial-spiritual assessment, structured screening tools such as the PHQ-9 and the AUDIT-C, and mixed assessment and intervention models such as SBIRT. The strengths, weaknesses, benefits, and limitations of common assessment tools in integrated health environments are reviewed.

Learning Objectives:

1. **Conduct a biopsychosocial-spiritual interview in a fast-paced integrated care setting.**
2. List the evidence-based components of Screening, Brief Intervention, and Referral to Treatment (SBIRT) for addicted populations.
3. **Identify and be able to educate patients about health behaviors underlying common physical health presenting problems in their clinical practice.**
4. Identify at least three social determinants of health.
5. Identify two system-wide strategies to address social determinants of health.

## Behavioral Intervention in Integrated Care

Common elements often form the basis of evidence-based behavioral health interventions. This course teaches and reviews behavioral intervention skills relevant to everyday clinical practice across disciplines and practice settings. Brief interventions around motivational enhancement, psychoeducation, cognitive restructuring, mindfulness, and values-based behavior change can help promote adaptive health behaviors in support of improved wellness. There is a strong emphasis on feasible brief interventions in a fast-paced clinical context and on adapting interventions to each consumer's unique biopsychosocial, socioeconomic, and cultural context.

Learning Objectives:

1. Identify two core features of motivational enhancement.
2. Identify "change talk."
3. Define "reflective listening."
4. Identify examples of ambivalence in client statements.
5. Identify two core features of cognitive-behavioral approaches.
6. Define "cognitive restructuring."
7. Identify two core features of acceptance and commitment therapy.
8. Differentiate between client values and goals.
9. Explain how provider mindfulness and self-care relate to workforce challenges such as burnout prevention.

## Biomedical Aspects of Integrated Care

Many presenting medical problems are deeply influenced by health behaviors, and a growing body of evidence suggests that mental health consumers, especially those with serious mental illnesses or substance use disorders, are faced with a broad range of physical health disparities.

In this module, participants will deepen their understanding of bidirectional integrated care for medical issues such as diabetes and obesity, and behavioral health issues such as substance use disorders and depression. This course emphasizes the medical sequelae commonly associated with behavioral health diagnoses and psychotropic medications. There are special sections on primary care psychopharmacology and prescription drug abuse.

Learning Objectives:

1. State the health disparities facing individuals with serious mental illness.
2. List the three most common psychiatric medications prescribed in primary care and their uses, contraindications, and potential side effects.
3. List three features of primary prevention of oral diseases such as dental caries.

## COURSE DESCRIPTIONS: PEDIATRIC CURRICULUM

### Foundations of Pediatric Integrated Health Care

Although "pediatrics" describes the age range from birth through 18 years of age, children develop through a number of distinct developmental, psychological, and social stages. The Pediatric track explores how to address the most common issues of these stages using a pediatric integrated health model of care. Topics include an introduction to the model, the role of the pediatric behavioral health consultant, pediatric social determinants of health, and interventions in the medical setting.

Learning Objectives:

1. Identify and describe an example of the Pediatric Integrated Health Care model.
- 2. Identify requisite skills to serve in the role of behavioral health consultant in pediatric integrated health care.**
3. Identify at least five social determinants of health for the pediatric population.
- 4. Apply a population health model to develop programs or interventions for children and/or adolescents.**

### Pediatric Interventions

As the healthcare system is transformed from non-integrated to integrated, many services and interventions can be provided directly to the pediatric population as well as their parents in the medical clinic. Although many clinicians know typical child and adolescent diagnoses from a clinical perspective, this module helps participants develop an integrated understanding of typical

topics that may present in the medical setting. Topics include ADHD, pediatric asthma, DD-autism, anxiety, depression, trauma, and adverse childhood experiences.

Learning Objectives:

1. Identify recommended evidence-based treatment options for ADHD in pediatric primary care.
2. Identify two primary causes of pediatric asthma.
3. **Teach patients, stakeholders, and community about the impact of pediatric trauma on health.**
4. Identify trauma symptoms and/or adverse childhood experiences in primary care.
5. Identify symptoms of depression that could present in pediatric primary care.
6. Identify appropriate depression medications for the pediatric population.
7. List three common anxieties in children and adolescents.
8. Identify symptoms of autism that are likely to present in pediatric primary care.
9. **Identify a need for further assessment for developmental disabilities.**
10. **Educate parents/caregivers on issues of pediatric obesity causes and interventions.**

## Adolescents

Many adolescents are required to attend at least one physician appointment a year, presenting an annual opportunity to engage them in management of their own health care and in the detection and early intervention of risky behaviors which can have lifelong consequences. Adolescents can be best engaged in self-management when their unique social, developmental, physical and psychological needs are considered. Topics include adolescent-centered medical homes, adolescent sexual health, substance abuse, suicide, eating disorders, and school-based health centers.

Learning Objectives:

1. **Identify and normalize developmental considerations in adolescent sexual health.**
2. **Modify a physical environment to become a developmentally-appropriate and engaging adolescent medical home.**
3. **Apply two prevention and/or intervention strategies for pediatric substance abuse.**
4. Identify three risk factors for teen suicide.
5. Identify three symptoms of an eating disorder that likely present in healthcare settings.