*Client Centered Collaboration and Integrated Care*

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* Key mechanisms for change reside in the individual who needs to change for intentional change to be sustained

* Clients are really consumers of services and to be engaged and valued

* If clients are consumers products and services need to be tailored to be consumer focused and friendly

* Each client is unique in history and problems that make change challenging

* Why Focus on the Client/Consumer
* Recovery is not simply an absence of symptoms or substances
* Recovery involves wellness and health
* Recovery requires integrated care that is comprehensive
* Systems of care must be responsive to the multiple needs of the consumers in their care
* Open rather than closed systems (not silos)
Often isolated treatment programs or single problem focused systems (SA or MH or HIV or PC)

Stigma breeds hyper confidentiality and unwillingness to share information (MH, HIV, SA)

Focus has been unitary and even if a diagnosis is in the same set of ICD or DSM categories, the programs are segregated (TRIMS experience)

Workers are not cross trained to address co-occurring conditions

Is this true in Alaska?

**Mental Health and Substance Abuse Services**
* We need to treat people not diagnoses
  * The whole person not a single problems
* Every change of a targeted problem really involves multiple changes and often is complicated by problems and changes needed in multiple life domains
* Healthcare providers are facing this reality particularly with Non Communicable Diseases (CVD, COPD, Diabetes, Addictions) responsible for 63% of mortality worldwide (*WHO report 2012*)

* Why Integrated Care?
Chronic conditions always involve some behavior change and managing psychological/emotional dimensions.

**Multidisciplinary** -

*Medical, Pharmacological, Psychological, Behavioral, Environmental, Community, Systems must be blended together to achieve goals of integrated care.*

**Collaborations** in terms of how and where services will be offered and information integrated.

**Use of new technologies** to reach out and extend services to where patients are.

*Integration in the New Health Care System*
<table>
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<tr>
<th>Healthcare Interventions &amp; Disease Prevention</th>
<th>Require Behavior Change</th>
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<tr>
<td>Cancer Prevention</td>
<td>Initiation</td>
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<tr>
<td>Chronic Illness Management</td>
<td>Modification</td>
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<td>Mental Health</td>
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<td>Medication Adherence</td>
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<td>Health Protection</td>
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<tr>
<td>Substance Abuse</td>
<td>Cessation</td>
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Different Patterns of Behavior Change

Initiation, Modification, Cessation

EXCESS

Moderated and Self-Regulated Behavior Pattern

ABSENCE
The best way to achieve good health is to take care of yourself.

Your lifestyle is destroying you.

You should change your eating habits, and stop smoking and drinking.

Start an exercise program. Get plenty of rest. Learn how to handle stress.

You're right, Doc. Thanks!

Man! I've got to find another doctor!
* MULTIPLE
* MULTIDIMENSIONAL
* VARY IN FREQUENCY
* VARY IN INTENSITY
* REQUIRE DIFFERING LEVELS OF MOTIVATION
* CAN BE INTEGRATED INTO DIFFERENT LIFESTYLES TO VARYING DEGREES

* *DESIRED HEALTHCARE BEHAVIORS*

*Includes Mental Health Behaviors*
**Cardiovascular Risk Reduction**
- Physical Activity
- Cholesterol screening and treatment
- Weight Reduction
- Dietary changes
- Aspirin regimen
- Alcohol and Substance Use

**Diabetes Prevention and Treatment**
- Obesity Prevention and Reduction
- Glucose monitoring
- Dietary changes
- Physical Activity
- Regular screening for associated problems
- Alcohol Consumption

*Prescribed Health Behaviors*

Why Do We Need Integrated Care?
* Quitting Substance Abuse
  * Stopping substance use
  * Possible medication adherence
  * Changing social network

* Stress Management
* Co-morbid conditions
* Healthy Lifestyle
* Drinking behaviors

* Reducing Excessive Drinking
  * Drinking behaviors
  * Social situations and networks
  * Assertiveness
  * Associated legal problems
  * Managing anxiety and stress/PTSD
  * Domestic Violence

* Prescribed Health Behaviors
* Basic self-regulatory capacity and self control strength (Change Regulating Mechanisms)
* Completing critical tasks of stages
* Using appropriate coping processes of change (Change Generating Mechanisms)
* Understanding target behavioral goal and connected goals
* Managing complicating problems and securing important resources to accomplish and sustain change of target behavior

* **Essential Elements for Change**
* In a large study researchers at National Cancer Institute in the US have discovered that watching television more than 1 to 2 hours a week causes brain cancer.

* How many of you would stop watching TV immediately?

* Breaking News
People change voluntarily only when

* They become *interested and concerned* about the need for change

* They become *convinced* the change is in their best interest or will benefit them more than cost them

* They organize a *plan of action* that they are *committed* to implementing

* They *take the actions* necessary to make the change and sustain the change
* **Stage of Change: Labels and Tasks**

* **Precontemplation**
  * Not interested

* **Contemplation**
  * Considering

* **Preparation**
  * Preparing

  Action
  * Initial change

* **Maintenance**
  * Sustained change

* **Interested and concerned**

* **Risk-reward analysis and decision making**

* **Commitment and creating an effective/acceptable plan**

* **Implementation of plan and revision as needed**

* **Consolidating change into lifestyle**
Theoretical and Practical Considerations Related to Movement Through the Stages of Change

<table>
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<tr>
<th>Stages of Change</th>
<th>Motivation</th>
<th>Decision Making</th>
<th>Self-efficacy</th>
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<tbody>
<tr>
<td>Precontemplation</td>
<td>Contemplation</td>
<td>Preparation</td>
<td>Action</td>
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**Personal Concerns**
- Precontemplation
- Contemplation
- Decisional Balance
- Cognitive Experiential Processes

**Environmental Pressure**
- Precontemplation
- Contemplation
- Decisional Balance
- Cognitive Experiential Processes

**Decision Making**
- Precontemplation
- Contemplation
- Decisional Balance
- Cognitive Experiential Processes

**Self-efficacy**
- Action
- Maintenance

**Behavioral Processes**
- Recycling
- Relapse

What would help or hinder completion of the tasks of each of the stages and deplete the self-control strength needed to engage in the processes of change needed to complete the tasks?
* Readiness is usually behavior specific.

* Involves one key behavioral goal and important component behaviors related to the goal. (Cutting Down vs. Abstaining; Dietary change vs. Exercise)

* Multiple behavior change is also possible:
  * A constellation of behaviors Under an overarching goal (healthy lifestyle)
  * Quantum Change: A conversion or awakening to new life (becoming a parent, significant loss, etc)

* Readiness to Change
A STAGE BY HEALTH BEHAVIOR INITIATION: Managing Diabetes

<table>
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<tr>
<th>TYPE OF BEHAVIOR</th>
<th>STAGE OF INITIATION</th>
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<tr>
<td></td>
<td>PC</td>
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<tr>
<td>Physical Activity</td>
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<tr>
<td>Medication - A</td>
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<tr>
<td>Medication - B</td>
<td></td>
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<tr>
<td>Glucose Monitoring</td>
<td>X</td>
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<tr>
<td>Fruits &amp; Vegetables</td>
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STAGES OF CHANGE AND INTERVENTION TASKS

PRECONTEMPLATION
Raise doubt - Increase the client’s perception of risks and problems with current behavior

CONTEMPLATION
Tip the decisional balance - Evoke reasons for change, risks of not changing; Strengthen client’s self-efficacy for change of current behavior

PREPARATION
Help the client to determine the best course of action to take in seeking change; Develop a plan

ACTION
Help the client implement the plan; Use skills; Problem solve; Support self-efficacy

MAINTENANCE
Help the client identify and use strategies to prevent relapse; Resolve associated problems

RELAPSE
Help the client recycle through the stages of contemplation, preparation, and action, without becoming stuck or demoralized because of relapse
*Task Completion and Movement Between Stages*

- Interest Concern
- Risk/Reward Decision
- Commitment Planning Prioritizing
- Implement The Plan Revise
- Lifestyle Integration Avoid Relapse

Diagram:
- PC
- CON
- PREP
- ACT
- MAIN

Arrows indicate movement between stages.
The Transtheoretical Model of Intentional Behavior Change

STAGES OF CHANGE

PRECONTEMPLATION → CONTEMPLATION → PREPARATION → ACTION → MAINTENANCE

PROCESSES OF CHANGE

COGNITIVE/EXPERIENTIAL

Consciousness Raising
Self-Reevaluation
Environmental Reevaluation
Emotional Arousal/Dramatic Relief
Social Liberation

BEHAVIORAL

Self-Liberation
Counter-conditioning
Stimulus Control
Reinforcement Management
Helping Relationships

CONTEXT OF CHANGE

1. Current Life Situation
2. Beliefs and Attitudes
3. Interpersonal Relationships
4. Social Systems
5. Enduring Personal Characteristics

MARKERS OF CHANGE

Decisional Balance
Self-Efficacy/Temptation
THE STAGES OF CHANGE FOR ADDICTION AND RECOVERY

ADDICTION

PC \rightarrow C \rightarrow PA \rightarrow A \rightarrow M

PROCESSES, CONTEXT AND MARKERS OF CHANGE

Dependence

Sustained Change

RECOVERY
* Critical Components for understanding Addiction Severity

* Assessing quantity and frequency

* Measuring critical mechanisms of addiction

* Evaluating consequences in critical life domains

* Creating a New View of Addiction Severity
Defining Severity of Addiction

Use Patterns

- Low-Risk
- Infrequent High Risk
- Frequent High-Risk
- Extensive High-Risk

Mechanisms

- Neurobiological Adaptation
- Reduced Self Regulation
- Salience/Narrowing

Domains

Social

Psychological

Physical

Mild to Severe
Reduced Self-Regulation

- Use becomes more automatic
- Difficulty controlling or cutting back
- Using to cope and self-regulate
- Continued use despite consequences
- Impulsivity increases
- Upset if use is interfered with
- Underestimating consequences
- Both ECF and Affect Regulation effects

Mild
Severe
* Self Regulation and Important Dimensions of the Process of Change

* Most models of self regulation include
  * self-observation, self-evaluation
  * decision making
  * willingness to consider change
  * planning (Miller & Brown, 1991, Bandura, 1986)

* Self Management, Self Control, Self Monitoring are important for treatment so this is not new to treatment providers
* Self Regulation and Important Dimensions of the Process of Change

* The ability to manage both internal and external demands in a way that is
  * responsive to feedback and available information,
  * flexible in seeking solutions, and
  * does not overtax the system

* Important Self Regulation Skills & Abilities) for behavior change:
  * Executive Cognitive Functioning
  * Affect Regulation
In a vulnerable brain...

..the brain’s frontal (STOP!) circuitry is not modulating downstream (GO!) systems – the “brain brakes” may be bad – or the connection between the brakes and the other regions may be “broken”.

Result: poor decision-making...poor impulse control...greater risk-taking...poor inhibition...an “over-reacting” brain
A longitudinal study of 10,000 children from ages 9-10 through early adulthood to assess factors that influence individual brain development trajectories and functional outcomes.
Self-regulation seems critical for understanding addictions, recovery from addictions, and management of other types of health problems

* Deficits in self-regulation are at the core of definitions of addiction and mental illness

* Interesting new information that looks at more generic mechanisms involved in self-regulation

*What are we learning about Self Regulation*
*What is Self-Control?*

*Occurs when a person attempts to change the way he or she would otherwise think, feel or behave*

*Is needed to follow rules or inhibit immediate desires and to delay gratification*

*Involves overriding or inhibiting competing urges, behaviors, or desires as well as production of behaviors that are not immediately reinforcing*

*Differs from purely automatic processes since involves effort*

Muraven & Baumeister, Psych Bull 126, 247-259, 2000
* Self-Control Strength

* “Is necessary for the executive component of the self (i.e., the aspect of the self that makes decisions, initiates and interrupts behavior, and otherwise exerts control) to function (Baumeister, 1998)”

* “Acts of volition and control require strength”

* This strength is a limited resource that is like a muscle that can become fatigued and depleted but can be replenished with regular exercise followed by periods of rest - Not just a Skill or a Capacity

Muraven & Baumeister, Psych Bull 126, 248, 2000
What Depletes Self-Control Strength?

- Coping with stress (focus attention, monitor, stop thoughts, urges, etc)
- Affect Regulation and managing negative and emotions of depression, anxiety, anger
- Changing habits (until new becomes habitual)
- Managing or stopping addictive and excessive behaviors
- Inhibiting thoughts and behaviors may require more self-control than performing behaviors

Muraven & Baumeister, 2000
* Not a limitless resource
* Must be conserved
* Can be increased but not infinitely
* Can be strengthened by exercise of self-control but need time to consolidate gains in strength
* Is involved in all efforts to inhibit or perform behaviors but less or not involved when they become automatic or habitual

*Managing Self-Control Strength*
Scaffolding: A strategy for Managing Self Control Strength
* Recognize that this can disrupt the client’s work and the process of change

* Provide “scaffolding” external support systems that can support the change process

* Provide a way the client can build self-control muscle

* Make sure the building is well build before you take down the “scaffolding”

**What Can We Do About Impaired Self Regulation**
How does motivation and the process of change interact with this self regulation process and the self-control “muscle”?

Who are the successes in our programs?
* Facilitating Factors
  * Accurate, empathic feedback
  * Good Self-Evaluation skills
  * Important values, goals and self-standards
  * Understandable consequences and reasons
  * Good Affect Regulation

* Hindering Factors
  * Obsessive style
  * Environments and experiences that protect against consequences
  * Ambivalence
  * Impulsiveness and poor ECF skills
  * Depression

* Contemplation: risk reward analysis leading to a decision
*Facilitating Factors
  * Support Systems
  * Choice
  * Public Commitment
  * Ability to defer gratification
  * Ability to take a longer-term perspective

*Hindering Factors
  * Poor planning ability
  * Multiple Problems
  * Distracting Activities and Events
  * Stress
  * Multiple Tasks
  * Depleted Self-Control Strength

*Preparation: Creating Commitment, Planning, and Prioritizing
Multiple Targets and Untreated Problems Complicate the Process of Change

The Context of Change:
A Figure Ground Perspective

How do these further complicate the change process?
I. SITUATIONAL RESOURCES AND PROBLEMS

II. COGNITIONS AND BELIEFS

III. INTERPERSONAL RESOURCES/PROBLEMS

IV. FAMILY & SYSTEMS

V. ENDURING PERSONAL CHARACTERISTICS
* Symptom/Situation
  * Psychiatric
  * Financial/housing
* Beliefs and Attitudes (explicit and implicit)
  * Religious views
  * Cultural beliefs and family myths
* Interpersonal (dyadic)
  * Marital/Significant Other Issues
* Systemic and Ecological/Environmental
  * Employment
  * Family/Children dynamics
* Intrapersonal
  * Self-Esteem
  * Sexual Identity

* Typical Complications
* Stages by Context Analysis

PreC  Cont  Prep  Action  Maint
I    Sit
II   Cog  Experiential Processes
III  Rel
IV   Sys
V    Per  Behavioral Processes
* Safety and security needs of client or others
* Critical first Problem to be addressed (Patient)
* Problem that Provider evaluates as critical key to change target behavior
* Problem where I have the most leverage (motivation, importance, identified problem)
* Collaboration in prioritizing with client(s)

**Strategies for Identifying Priorities**
Prioritizing Exercise

- Family Problems
- Cocaine Use
- Excessive Drinking
- Legal Problems
- No Stable Housing
- No Job or Job Skills
- HIV Positive
*SEQUENTIAL - start with initial symptom or situation and try to resolve that and work way down.

*KEY AREA OR CONTEXT - Find problem or area where you may have the most leverage, client is most motivated, or seems critical first problem. Start here?

*MULTI-LEVEL OR MULTI-PROBLEM - Work back and forth across the context identifying and addressing client stage and processes of change for each separate problem
* How serious is the problem?
  * Not Evident
  * Not Serious
  * Serious
  * Very Serious
  * Extremely Serious

* Differs whether the perspective is that of patient or provider

* When and What Intervention is needed?
  * Needs no intervention
  * Needs intervention in the future
  * Needs Secondary Intervention
  * Needs primary intervention but can wait
  * Needs immediate intervention

* Evaluating Severity of Client Problems and Intervention Needs
Clearly identify target behavior and contextual problems

Evaluate stage of readiness to change for each

Discover beliefs, values and practices that are culturally and personally relevant to the individual
  * What is important to this person
  * Who are important people in their lives

Create stage based multi-component interventions

Re-evaluate the change process regularly
* Housing and Financial Problems need specific social services
* Belief systems may require consultation with specialists and cognitive therapy skills
* Interpersonal and Systems Problems need special expertise
* Legal problems need criminal justice involvement
* Personality disorders and deep seated problems need long term treatment

* Multiple Problems Require Multidimensional Solutions
* Multiple Addictions
  * Multiple motivations
  * Comprehensive or sequential strategies
* Tobacco
* Criminal Justice
* Restricted Access to target behaviors
* Process of Change

* Dually Diagnosed
  * Same Process of Change with different targets
* Integrated Treatment critical
* Homeless
* Not helpless
* Contingent or Housing First

* Challenging Populations and the Process of Change
* Single agency with all services
* Multiple Agencies in single building
* Case Management
* Single server with multiple roles
* Referral Network
* Patient Navigator
* Patient controlled as needed

*What are the best way to integrate care?
Case Management

* A manager of problems or services
* Tries to link patient and various providers
* Often affiliated with a single provider and trying to connect to others
* Inadequate resources to meet needs

Integrated Care

* A coordinated approach to addressing the person in light of multiple complicating problems
* A team of providers working together linked by client needs
* Reciprocal Communication and Referral flow

* Differences between Case Management and Integrated Care
* Needs
  * A Process Model to guide decision making
  * Interdisciplinary and multidisciplinary resources
  * Time sensitive communication system
  * Client oriented, empowerment approaches
  * Flexible allocation of Resources

* Barriers
  * Lack of adequate actionable assessment
  * Specialist Model of Care
  * Lack of collaboration among providers and programs
  * Lack of integrated medical record accessible to all healthcare providers
  * Lack of incentives and lack of trust among providers

* Needs and Barriers for Patient Centered and Integrated Care
Static Interaction Model

INDIVIDUAL

Target Problem

INTERVENTION

*How Do Interventions Work?
*How Do Interventions Work?*

Dynamic Model: Stepping into a Flowing Stream
* Use an intervention model that focus on patient needs and desires, motivation, and self-regulation
* Create systems of care not treatment programs
* Build Integrated Care training capacity not just cross training or just learning about what other specialists do
* Create a system of communication among professionals that focuses on client and is used to coordinate interventions and treatment (patient oriented medical record?)

*Some Solution Focused Suggestions*