



**NATIONAL COUNCIL OF SCHOOLS AND PROGRAMS
IN PROFESSIONAL PSYCHOLOGY**

Annual Conference CONTINUING EDUCATION OPPORTUNITIES

“Training for Integrated Health Care (IHC)”

February 10 -11, 2010

Goals of the NCSPP Training for Integrated Health Care (IHC) Conference

- To explain integrated health care (IHC) and its growing presence and importance
- To inform program faculty/administrators about the growing need for psychologists skilled in IHC
- To determine how IHC training can become a part of doctoral training in psychology and encourage more programs to incorporate IHC training
- To determine essential elements of an IHC curriculum
- To learn how to develop IHC practica and internships
- To address obstacles to IHC training and employment.
- To learn how to advocate for IHC jobs and funding with local providers and at the state and federal levels and involve more people in these efforts

Continuing Education credits will be available for NCSPP's 2010 Mid-Winter Conference attendees. You will be able to obtain 5.5 CE credits if you attend the first day of the Conference and 3.0 CE credits if you attend second day of the Conference. Credits will be awarded by event. Each event offering CE credit is clearly marked below. Participants must attend the entire session to receive that event's credits. This Conference is designed for doctoral level psychologists. NCSPP, is approved by the American Psychological Association to sponsor continuing education for psychologists. NCSPP, maintains responsibility for this program and its content.

NCSPP Program Committee: Clark Campbell (NCSPP President), Mary Beth Kenkel (Co-Chair), Philinda Hutchings (Co-Chair), Morgan Sammons, Stephanie Wood

Wednesday, February 10

8:00 – 9:00 Breakfast

9:00 – 10:30 **Introduction to the Conference** *Clark Campbell, PhD; NCSPP President & Mary Beth Kenkel, PhD, Program Co-chair* **The What and Why of Integrated Health Care** *Christine Runyan, PhD, University of Massachusetts Medical School, Department of family Medicine and Community Health* (1.5 CE credits)

This presentation will describe a rationale for integrated care from multiple perspectives including epidemiological, economic and in light of current health care reform. Although several models of integrated care will be described, the core components of integration that are supported by available evidence will be described. Emerging trends in integrated care as well as the need for practice based evidence and other types of research to promulgate integration nationally will be presented. Objectives:

1. Utilize epidemiological and economic data to describe a rationale for integrated care
2. Summarize and compare models of integrated mental healthcare
3. Describe several key components of effective integrated care models
4. Discuss the relationship between and role of integrated care and healthcare reform and the patient centered medical home
5. Be aware of emerging trends in integrated care and needed areas for future research

10:30 – 10:45 Break

10:45 - Noon **Learning from Doctoral Programs with Integrated Health Care Training** *Gilbert Newman, PhD, The Wright Institute; Stephanie Wood, PhD, MHA, Forest Institute* (1 CE credit)

This presentation will describe the training and service activities of students in integrated health care (IHC) training programs facilitated by the Wright Institute and The School of Professional Psychology at Forest Institute. The presenters will outline some of the common patient health problems and issues that are presented and the assessment tools and interventions utilized. Brief examples of lessons from the training syllabi and of typical student clinical experiences will be described. The presenters will discuss evaluation methodology and efforts to produce outcome data. Participants will learn about how the graduate psychology program and its students collaborate with other health care providers in a primary care service site. The presenters will also discuss the interface between psychology and other provider cultures. Also, the challenges and benefits associated with graduate training concentrations in IHC will be addressed. A Question and Answer session will follow the power-point presentation. Objectives:

1. Participants will understand how predoctoral psychology students can be prepared to meet the challenges of working in a primary care setting.
2. Participants will become familiarized with some of the assessment and intervention strategies being implemented in primary care psychology training.
3. Participants will learn about some of the cultural differences and challenges inherent in integrating psychology in the culture of primary care service.

Noon – 1:15 Awards Lunch

1:15 – 2:45 Concurrent Sessions (1.5 credits for full attendance in one group)

(1) Developing Practica in Integrated Care *Mary Peterson, PhD, George Fox University, Graduate Department of Clinical Psychology*

This presentation will highlight the essential components of developing integrated care practicum positions. Information will cover how to initiate contact and develop the site as well as practical ideas on how to train practicum students in the essential skills to necessary to provide integrated care. Emphasis will be placed on the developmental level of the practicum student. Objectives:

1. Presentation will explain how to prepare the potential training site.

- a. Identify potential primary care clinics who may be interested in integrated care.
 - b. Explain integrated care model to administration and medical providers.
 - c. Develop a simple project plan to pilot the practicum.
2. Presentation will demonstrate how to train practicum students in the essential competencies required for integrated care.
 - a. Create a developmentally appropriate resource to explain competencies that are unique to primary care setting including assessment, treatment, consultation and documentation.
 - b. Provide opportunities for students to shadow and observe, then demonstrate baseline competency skills.
 - c. Effectively use relevant outcome assessment measures in PC.

(2) Developing an Integrated Health Care Curriculum – What you have and what you need;
Adam L. Arechiga, PsyD, Loma Linda University Department of Psychology; Stephanie Wood, PhD, MHA, Forest Institute.

This presentation will provide an overview of IHC terminology and current models. Examples of the range of IHC training in doctoral programs will be provided, as well as basic foundations for curricula in IHC. Participants will have the opportunity to discuss what they are currently doing and/or are interested in developing in the area of IHC. Discussion will address what required courses are currently contained within a training program's curriculum, what types of courses would be beneficial to offer, and resources for developing these courses. Objectives:

1. Participants will have a general understanding of IHC terminology and models.
2. Participants will be able to identify courses currently offered within their curriculum that could be a part of IHC training.
3. Participants will be able to identify courses that could be developed in their training programs.

(3) Forming Collaborative Alliances with Other Health Training Programs on Campus
Stephanie H. Felgoise, PhD, Philadelphia College of Osteopathic Medicine Department of Psychology Deborah Lewis, PhD, Midwestern University – Glendale Campus

The presenters will discuss interdisciplinary opportunities for clinical training, research, and curriculum. We strongly encourage persons new to the concept of integrative training to attend. Time for questions and discussion about attendees' environments, opportunities and challenges will be allotted for collective brainstorming.

Objectives:

1. Describe the roles and responsibilities of other health care providers with whom students may collaborate.
2. Explain the culture of health care and how practice differs in health care vs. traditional mental health settings.
3. Describe necessary curriculum to prepare psychologists to work in multidisciplinary settings with other health care professionals.
4. List at least three ways to offer students exposure and training opportunities in collaborative and integrative health care.
5. List at least three "foot in the door techniques to get collaboration started on campus." Discussion will address research, evaluation, and consultation.
6. Describe how to gain and develop practicum opportunities for doctoral students.

(4) Developing Integrated Health Care Competencies
Mary Beth Kenkel, PhD and Kristi Sands Van Sickle, PsyD, Florida Institute of Technology, College of Psychology and Liberal Arts

Many authors have suggested competencies necessary for Integrated Health Care (IHC). Presenters will describe these competencies and lead discussion of how NCSPP's competency model might be expanded to accommodate them. Training experiences necessary to develop requisite knowledge, skills, and attitudes in IHC and means of assessing these competencies will also be highlighted. Objectives:

1. Describe the competencies necessary for Integrated Health Care (IHC).
2. Demonstrate how the knowledge, skills and attitudes (KSAs) associated with education in integrated health care relate to the seven professional core competency areas of NCSPP's professional psychology education model.
3. Provide examples of training goals and experiences appropriate to different IHC competencies and identify means for assessing these competencies.

(5) The Economics of Training and Practice in Integrated Health Care *Morgan T. Sammons, PhD, California School of Professional Psychology Alliant International University*

The presenter will discuss economic issues surrounding the integration of psychological care into the primary care environment. Challenges regarding funding for training, reimbursement and billing will be addressed along with the potential economic benefits that can accrue from practice in integrated healthcare delivery settings.

Objectives:

1. Participants will understand some basic issues of funding and reimbursement involved in primary care delivery of psychological services
2. Participants will understand issues surrounding CPT code billing for primary care psychological services
3. Participants will gain an understanding of the economics of larger scale mental health service delivery in integrated settings.

2:45 - 3:00 Break

3:00 - 4:30 Concurrent sessions (1.5 CE credits for full attendance in one group)

(1) Developing Integrated Health Care Practica (repeat of above) *Mary Peterson, PhD, George Fox University, Graduate Department of Clinical Psychology*

This presentation will highlight the essential components of developing an integrated care practicum positions. Information will cover how to initiate contact and develop the site as well as practical ideas on how to train practicum students in the essential skills to necessary to provide integrated care. Emphasis will be placed on the developmental level of the practica student. Objectives:

1. Presentation will explain how to prepare the potential training site.
 - a. Identify potential primary care clinics who may be interested in integrated care.
 - b. Explain integrated care model to administration and medical providers.
 - c. Develop a simple project plan to pilot the practicum.
2. Presentation will demonstrate how to train practicum students in the essential competencies required for integrated care.
 - a. Create a developmentally appropriate resource to explain competencies that are unique to primary care setting including assessment, treatment, consultation and documentation.
 - b. Provide opportunities for students to shadow and observe, then demonstrate baseline competency skills.
 - c. Effectively use relevant outcome assessment measures in PC.

(2) Developing an Integrated Health Care Curriculum – What you have and what you need

(repeat of above) *Adam L. Arechiga, PsyD, Loma Linda University Department of Psychology; Stephanie Wood, PhD, MHA, Forest Institute.*

This presentation will provide an overview of IHC terminology and current models. Examples of the range of IHC training in doctoral programs will be provided, as well as basic foundations for curricula in IHC. Participants will have the opportunity to discuss what they are currently doing and/or are interested in developing in the area of IHC. Discussion will address what required courses are currently contained within a training program's curriculum, what types of courses would be beneficial to offer, and resources for developing these courses. Objectives:

1. Participants will have a general understanding of IHC terminology and models.
2. Participants will be able to identify courses currently offered within their curriculum that could be a part of IHC training.
3. Participants will be able to identify courses that could be developed in their training programs.

(3) Addressing Issues of Diversity in Integrated Health Care,

Suni Petersen, PhD, Associate Professor Clinical Psychology Alliant International University Cardiovascular

disease Behavioral Cardiology: Psychological factors influencing the onset of heart disease, changing health behavior to prevent heart disease and interventions that facilitate the reduction of cardiovascular risk. The presentation will focus on new research on interventions designed to close the health disparities gap in cardiovascular disease among racial and ethnic minorities. Objectives:

1. Participants will be able to identify the relationship between various behaviors and cardiovascular disease.
2. Participants will be able to identify evidence-based interventions for health behavior change on risk factors within minority populations.

Greg Shrader, PhD, Argosy University/American School of Professional Psychology Phoenix, AZ An Integrated and Culturally Responsive HIV Prevention & Harm Reduction Psychoeducational Program

Objective: To encourage participants to continue to offer preventative programming to help reduce the prevalence rate of HIV disease, and find creative & innovative ways of making health-related programming more holistic, integrated and culturally responsive, through exposure to the Man 2 Man Sexual Health seminars. Objectives:

1. Participants will be updated on current statistics on the prevalence of HIV/AIDS in the United States, and have increased awareness of high-risk behavior within specific populations.
2. Participants will learn the interconnectedness of physical, emotional, mental, spiritual, relational and sexual health issues and the need for an integrated approach to psychoeducation and skill building in these areas.
3. Participants will learn the importance of adapting existing programming to cultural subgroups.

Philinda Smith Hutchings, Ph.D, Midwestern University – Glendale Campus Integrated Healthcare for women’s issues: For women, primary care settings include Obstetrics and Gynecology practices as well as Internal Medicine, and Family Practice. Addressing psychological issues centered around pregnancy, childbirth, reproductive control and options, and surrounding preventive care, such as pap smears and mammograms become particularly important for women’s health and adjustment. Objectives:

1. Identify women’s issues to be addressed in integrated healthcare.
2. Describe benefits of integrated healthcare approaches for women’s issues.

(4) Postdoctoral Training and Faculty Development for Integrated Health Care Linda Garcia-Shelton, PhD, Executive Director, California Psychology Internship Council; Bob Bohanske, PhD, Southwest Behavioral Health

This presentation will address the basic information required to practice in primary care integrated co-located settings. Behavioral health interventions and mental health interventions will be discussed, as well as requirements related to charting, billing, and regular ongoing collaboration with physicians and other health professionals in the practice. The focus is on structure and implementation of postdoctoral training in this model, as well as continuing education for fully licensed psychologists wishing to develop practice skills in this area.

Objectives:

1. Participants will be able to describe the central elements of a "Co-located Integrated" practice between family physicians (FP), primary care psychologists (PCP), and other health professionals.
2. Participants will be able to list five common patient problems that are effectively and efficiently managed by a FP/PCP partnership.
3. Participants will be able to describe the use of "Health and Behavior" (H&B) procedural codes to bill for many of the services provided in a co-located integrated FP/PCP practice.
4. Participants will be able to describe the requirements for charting H&B visits, "Mental Health" (MH) visits, and HIPPA requirements specific to this setting.

(5) Research opportunities in Integrated Health Care Bret A. Boyer, PhD, Institute for Graduate Clinical Psychology Widener University

This presentation will overview strategies for developing research opportunities in integrated health care contexts; review issue for consideration when developing research opportunities in integrated health care; and describe important considerations for maximizing interrelated research, clinical training, and clinical screening and service provision in integrated health care. Examples from ambulatory care and tertiary care, internal medicine, oncology, cardiology, and rehabilitation will be provided. Objectives:

1. Participants will utilize factors discussed in this presentation to initiate research in integrated medical settings.
2. Participants will avoid barriers to successful implementation of research in integrated medical settings by considering the factors discussed in this presentation.

3. Participants will maximize the multiple agendas of clinical training, clinical service provision, and clinical research in integrated medical settings.

5:00-7:00 Opening Reception with Joint Councils

Thursday, February 11, 2010

7:45 – 8:45 Breakfast

8:45 - 9:45 **Federal Initiatives in Integrated Health Care, *Teresa Chapa, PhD, Senior Policy Advisor, U.S. Department of Health and Human Services, Office of Minority Health*** (1 CE credit)

Eliminating Mental Health Disparities through the Development of a Bilingual & Bicultural Workforce for Integrative Behavioral and Primary Healthcare Settings: Recommendations and Strategies. The Office of Minority Health (OMH) works in partnership to develop and support new efforts aimed at eliminating disparities among racial and ethnic minority populations and is actively addressing health and behavioral health workforce development as a key strategy. In 2009, OMH focused on the lack of Latino bilingual/bicultural providers for the behavioral health workplace. And because Latinos in the U.S. appear to utilize the primary care setting more frequently for mental health interventions, training for this intersection of care is key to eliminating mental health disparities for this vulnerable population. Issues involved in convening a national expert panel, steering committee and consensus statements will be discussed. Objectives:

1. Participants will be able to identify and discuss mental health disparities and the need for building a bilingual/bicultural Spanish-speaking workforce to support integrated behavioral health intervention sites, as a mechanism for eliminating disparities for Latino populations in the U.S.
2. Participants will become familiar with key barriers to care for Latinos, and why integrative care is most appropriate approach.
3. Participants will learn about the HHS Sponsored Initiative: *Movilizandonos por Nuestro Futuro-- Strategic Development of a Mental Health Workforce for Latinos* and the subsequent development of the (National) Alliance for Latino Behavioral Health Workforce

9:45- 11:00 Concurrent sessions (1 CE credit for full attendance at one session)

(1) Developing Integrated Health Care Internships, *James H. Bray, PhD, Baylor College of Medicine; Jenine L. Chiles, PsyD, Lake Michigan Internship Consortium Argosy University, Chicago*

Psychology is at an important juncture and is in the process of evolution and change to meet the needs for practice and science in the 21st century. With advances in neuroscience, genetics, and collaborative healthcare, psychology is more relevant than ever. This presentation will discuss current challenges and future opportunities for the practice of psychology. The work of the Future of Psychology Practice Task Force and Summit will be discussed and recommendations how the field of psychology needs to changes and evolve in the 21st century.

This presentation will discuss several key principles: (1) Expanding the focus of traditional psychology practice; (2) Integrated health care; (3) Integrating technology into practice; (4) Applying basic and applied scientific evidence in our practice; (5) Accountability; (6) Meeting the needs of our diverse society. In addition, Training Directors will be provided with information and tools to develop integrated health care pre-doctoral clinical psychology internships.

Objectives:

1. Understand the current status of internship training in clinical psychology
2. Understand future opportunities for practice of clinical psychology
3. Understand the different models of psychology integration in health care
4. Identify potential training partners
5. Assess the psychological service needs of potential training partners
6. Develop program –specific training proposals

(2) Reducing Health Disparities through Integrated Health Care, *Helen M. DeVries, PhD, Psychology Department, Wheaton College, Wheaton, IL*

This presentation will briefly review the literature documenting disparities in health care, identify several key factors in perpetuating or creating these disparities, and discuss ways in which integrated health care might address and overcome some of the barriers to equitable health care. There will be opportunity for discussion and interaction regarding how graduate training programs can raise student awareness of these disparities and create training opportunities in integrated health care models that seek to address these disparities. Objectives:

1. Describe the types of disparities in health care documented in the literature
2. List several key factors that contribute to creating these disparities
3. Describe ways in which integrated health care might address/overcome some of the barriers to equitable health care
4. Discuss how professional psychology training programs can increase student awareness of these disparities in health care and create opportunities for training students in integrated health care models that seek to address these disparities.

(3) Creating Integrated Health Care job opportunities for psychologists *Christine Runyan, PhD, University of Massachusetts Medical School, Department of family Medicine and Community Health*

This presentation will describe core competencies for integrated healthcare practitioners and describe current formal training programs addressing these skills. The workforce shortage for integrated care providers will be described and the potential means to shrink this gap will be discussed. Additionally, suggestions for how to create and sustain training initiatives in integrated care at the pre-doctoral level will be discussed. Objectives:

1. Discuss potential training experiences to foster and develop future IHC practitioners
2. Describe current training programs and initiatives in IHC at various levels of training (pre and post-doctoral)
3. Use competencies and training models discussed to develop meaningful IHC didactic and training opportunities at the pre-doctoral level

(4) Developing and accessing Integrated Health Care opportunities at local and state levels *Gilbert Newman, PhD, The Wright Institute; Mark Skrade, PhD, Forest Institute*

Participants will learn about efforts to promote psychological services and psychology graduate training experiences in community health centers. The presenters will discuss the impetus, development, funding and staffing of their programs; what added value psychologists bring to the community health center workforce; what expertise is needed and available; clinical approaches that are taught (i.e., Key Problem Triage); curriculum support in the graduate program; supervision issues; commitment to training by the graduate program and faculty; issues related to jurisdiction authority to practice; coordinating with other partners (i.e., State primary care association, State psychological association, State mental health, health and substance abuse departments, etc.); integration of psychology culture and practices with other health and helping professions; program assessment and evaluation; medical records and issues regarding incompatibility of record keeping practices; and reimbursement challenges. This workshop will be conducted by power point presentation followed by a question and answer discussion. Objectives:

1. Participants will be provided with information aimed at aiding them in considering and planning the implementation of psychology training/service programs in community health centers.
2. Participants will be able to summarize some of the most salient issues such as funding, reimbursement, and the culture differences of professions, and other topics related to the development of community health center training sites.
3. Participants will be familiarized and conversant with the obstacles that organized psychology will need to confront for there to be a proliferation of psychology training in community health centers.

(5) Developing and accessing Integrated Health Care opportunities at the federal level *Kevin P. Mulligan, PsyD; Florida Institute of Technology; Teresa Chapa, PhD, Senior Policy Advisor, U.S. Department of Health and Human Services, Office of Minority Health; Ronald H. Rozensky, PhD, University of Florida*

As an outgrowth of the United States Air Force Suicide Prevention Program, psychologists and others within the Air Force Medical Service developed, implemented, and deployed the Behavioral Health Optimization Project (BHOP), starting in 2000. The goal of BHOP was to improve identification and appropriate management of behavioral health needs within the population. A model integrating behavioral health providers into primary care clinics was developed. From this model, a demonstration program was completed and training programs were

developed and implemented; providers were then deployed to Air Force medical facilities worldwide. Issues involved in developing and implementing such a program on a large scale will be discussed. Objectives:

1. Participants will be able to identify and discuss the steps necessary to develop and implement an integrated behavioral health program within a healthcare system.
2. Participants will be able to discuss the differences between specialty and primary behavioral health care and recognize why different models are necessary.
3. Participants will be able to identify the ways in which an integrated model of behavioral health care more appropriately meets the needs of patients, providers, and the healthcare system as a whole.

This presentation will further focus on the organizational structure of the Bureau of Health Professions and the Advisory Committee on Interdisciplinary Community Based Linkages with particular focus on ongoing activities within healthcare reform. This will include a description of several reports to the Secretary of Health and Human Services and the Congress regarding interdisciplinary health care and interprofessional education and training.

Objectives:

1. Participants will be able to identify and describe the structure HRSA and where graduate psychology education support is found.
2. Participants will be able to discuss the activities of the Bureau of Health Profession's Advisory Committee on Interdisciplinary Community Based Linkages and its role in psychology's interdisciplinary education.
3. Participants will be able to define "interprofessionalism" and the move towards integrated care in healthcare reform.

11:00 - 11:15 Break

11:15- 12:15 Advocacy for Integrated Health Care *Patrick H. DeLeon, PhD*, Former APA President

This address will orient participants to effective mechanisms of advocacy promoting greater participation by the profession of psychology in integrated healthcare settings. Delivered from the perspective of a psychologist who has been involved in advocacy at the local, state, and national level for over 3 decades, the presentation will address effective advocacy strategies engaged in by psychologists and other non-physician healthcare providers to implement changes in law and regulatory processes. Federal legislative and regulatory processes affecting reimbursement and scope of practice of psychologists will be discussed. Objectives:

1. Participants will acquire an understanding of the mechanics of effective advocacy at the state and federal level
2. Participants will acquire an understanding of key federal statutes affecting the delivery of healthcare services by psychologists
3. Participants will acquire an understanding of mechanisms involved in advocacy efforts with key federal agencies and regulatory bodies affecting reimbursement and scope of practice of psychologists working in integrated healthcare settings.

Conference fees are \$395.00 for attendance to all functions

Refund Policy: Up to two weeks prior to start of conference: Full refund
Two weeks to one week notice: 50% refund
Less than one week notice: No refund