

USING INTEGRATED BEHAVIORAL HEALTH TO REDUCE HEALTHCARE DISPARITIES:

PRIMARY CARE BEHAVIORAL HEALTH STRATEGIES SERVING RURAL POPULATIONS

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SPRING 2021

“NO AMOUNT OF SOPHISTICATED TECHNOLOGY CAN DO WHAT HEALTH PROFESSIONALS HAVE DONE THESE PAST FEW MONTHS — OFFERED CARE WITH UNCERTAIN EVIDENCE, SAT WITH THE DYING, COMFORTED FAMILY MEMBERS FROM AFAR, HELD ONE ANOTHER IN FEAR AND GRIEF, CELEBRATED UNEXPECTED RECOVERIES, AND SIMPLY SHOWED UP. WE HAVE ASKED AND EXPECTED CLINICIANS TO SHOW UP IN WAYS THEY WERE NEVER TRAINED TO DO. NO ONE HAS BEEN TRAINED IN HOW TO EMOTIONALLY MANAGE MONTHS OF MASS CASUALTIES. NO ONE HAS BEEN TRAINED ON HOW TO KEEP SHOWING UP DESPITE FEELING FECKLESS ON THE JOB. NO ONE HAS BEEN TRAINED HOW TO KEEP REGULAR LIFE AFLOAT AT HOME AND ANXIETY AT BAY, WHILE WORKING DAY AFTER DAY WITH A LITTLE KNOWN BIOHAZARD.”

- DR. CHRISTINE RUNYAN



Banksy, The Game Changer

SUMMARY

- THIS TRAINING WILL OUTLINE THE FOUNDATIONS OF THE PRIMARY CARE BEHAVIORAL HEALTH PCBH MODEL OF INTEGRATION AND DISCUSS A VARIETY OF CLINICAL APPLICATIONS TO WHY MEETING PATIENTS WHERE THEY ARE AT AND WORKING WITHIN THE PRIMARY CARE SYSTEM PROVIDES HOLISTIC AND QUALITY TO PATIENT CARE. THE PRESENTER WILL ALSO PROVIDE STATISTICS AND CASE EXAMPLES HIGHLIGHTING HOW THIS APPROACH COVERS GAPS IN OUR HEALTHCARE SYSTEM AND WORKS TOWARDS TRUE POPULATION HEALTH STRATEGIES.
- ATTENDEES WILL:
- UNDERSTAND WHAT PCBH IS AND HOW THIS IS DEFINED
- SEE EXAMPLES OF HOW THIS MODEL ADDRESS SOCIAL DETERMINANTS OF HEALTH TO REDUCE HEALTHCARE DISPARITY
- LEARN CLINICAL APPLICATIONS ABOUT HOW HOLISTIC PRIMARY CARE THAT ENCOMPASSES BEHAVIORAL HEALTH ALLOWS FOR IMPROVED OUTCOMES IN BEHAVIORAL HEALTH AND PHYSICAL HEALTH METRICS.

NEFTALI SERRANO

CEO OF COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION (CFHA)

- “OUR COMMUNITY IS A RARITY IN THE HEALTHCARE WORLD. WE DO NOT REPRESENT A GUILD. WE DO NOT REPRESENT A SECTOR OF THE HEALTHCARE INDUSTRY. WE DO NOT REPRESENT A DISEASE CATEGORY. **WE REPRESENT AN IDEA.**
- THAT IDEA IS THAT HEALTHCARE WORKS BEST WHEN PROFESSIONALS, IN TANDEM WITH FAMILIES AND THEIR COMMUNITIES, WORK TOGETHER WITHIN SYSTEMS THAT SUPPORT THEIR “TOGETHER” WORK. THAT’S WHY OUR MISSION IS: “TO SUPPORT HEALTHCARE PROFESSIONALS IN INTEGRATING PHYSICAL AND BEHAVIORAL HEALTH.””



Yakima Valley Farm Workers Clinic

we are **family**

- AT YAKIMA VALLEY FARM WORKERS CLINICS WE UTILIZE THE PRIMARY CARE BEHAVIORAL HEALTH MODEL OF INTEGRATION. BEHAVIORAL HEALTH CONSULTANTS (BHC) PROVIDE EXPERT ACCESS IN PRIMARY CARE TO MEET THIS PRIMARY CARE BEHAVIORAL HEALTH NEEDS.
- WITH OVER 1,000 VISITS EACH YEAR PER BHC, WE RECOGNIZED THE NEED TO BE INNOVATIVE IN THE DELIVERY AND COLLABORATION EFFORTS TO BETTER MEET THE NEEDS OF OUR BUSY CLINIC AND COMMUNITY.



Primary Care BH

YVFWC Outpatient BHS

16 BHC Providers
13 Clinics
22,000 visits Annually*
15,000 Unique Patients*

YVFWC Specialized BHS: Intensive Services

30 BHS Providers
4 Clinics
25,000 Visits Annually
2000 Unique Patients
Annually

21 Direct service staff
2 Clinics
16,600 Direct Service
Hours Annually
300 Unique Patients
Annually

Crisis Services

Inpatient

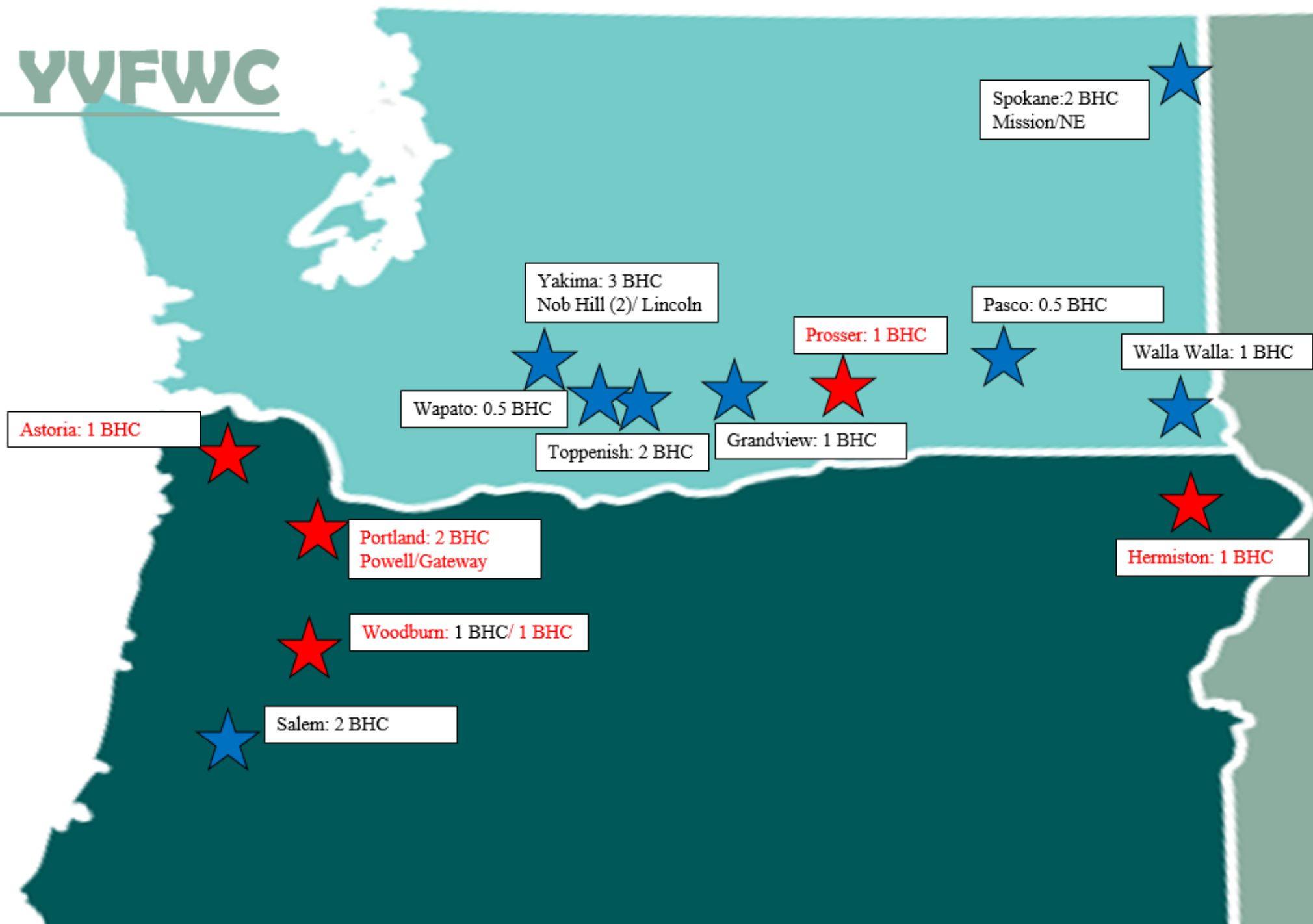
Low

Level of Complexity
Level of Intervention

High

PCBH @ YVFWC

Red Text indicates
current openings



What is Behavioral Health Integration?

Illustration: A family tree of related terms used in behavioral health and primary care integration

See glossary for details and additional definitions

Integrated Care

Tightly integrated, on-site teamwork with unified care plan as a standard approach to care for designated populations. Connotes organizational integration involving social & other services. "Altitudes" of integration: 1) Integrated treatments, 2) integrated program structure; 3) integrated system of programs, and 4) integrated payments. (Based on SAMHSA)

Patient-Centered Care

"The experience (to the extent the informed, individual patient desires it) of transparency, individualization, recognition, respect, dignity, and choice in all matters, without exception, related to one's person, circumstances, and relationships in health care"—or "nothing about me without me" (Berwick, 2011).

Coordinated Care

The organization of patient care activities between two or more participants (including the patient) involved in care, to facilitate appropriate delivery of healthcare services. Organizing care involves the marshalling of personnel and other resources needed to carry out required care activities, and often managed by the exchange of information among participants responsible for different aspects of care" (AHRQ, 2007).

Shared Care

Predominately Canadian usage—PC & MH professionals (typically psychiatrists) working together in shared system and record, maintaining 1 treatment plan addressing all patient health needs. (Kates et al, 1996; Kelly et al, 2011)

Collaborative Care

A general term for ongoing working relationships between clinicians, rather than a specific product or service (Doherty, McDaniel & Baird, 1996). Providers combine perspectives and skills to understand and identify problems and treatments, continually revising as needed to hit goals, e.g. in collaborative care of depression (Unützer et al, 2002)

Co-located Care

BH and PC providers (i.e. physicians, NP's) delivering care in same practice. This denotes shared space to one extent or another, not a specific service or kind of collaboration. (adapted from Blount, 2003)

Integrated Primary Care or Primary Care Behavioral Health

Combines medical & BH services for problems patients bring to primary care, including stress-linked physical symptoms, health behaviors, MH or SA disorders. For any problem, they have come to the right place—"no wrong door" (Blount). BH professional used as a consultant to PC colleagues (Sabin & Borus, 2009; Haas & deGruy, 2004; Robinson & Reiter, 2007; Hunter et al, 2009).

Behavioral Health Care

An umbrella term for care that addresses any behavioral problems bearing on health, including MH and SA conditions, stress-linked physical symptoms, patient activation and health behaviors. The job of all kinds of care settings, and done by clinicians and health coaches of various disciplines or training.

Patient-Centered Medical Home

An approach to comprehensive primary care for children, youth and adults—a setting that facilitates partnerships between patients and their personal physicians, and when appropriate, the patient's family. Emphasizes care of populations, team care, whole person care—including behavioral health, care coordination, information tools and business models needed to sustain the work. The goal is health, patient experience, and reduced cost. (Joint Principles of PCMH, 2007).

Mental Health Care

Care to help people with mental illnesses (or at risk)—to suffer less emotional pain and disability—and live healthier, longer, more productive lives. Done by a variety of caregivers in diverse public and private settings such as specialty MH, general medical, human services, and voluntary support networks. (Adapted from SAMHSA)

Substance Abuse Care

Services, treatments, and supports to help people with addictions and substance abuse problems suffer less emotional pain, family and vocational disturbance, physical risks—and live healthier, longer, more productive lives. Done in specialty SA, general medical, human services, voluntary support networks, e.g. 12-step programs and peer counselors. (Adapted from SAMHSA)

Primary Care

Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. (Institute of Medicine, 1994)

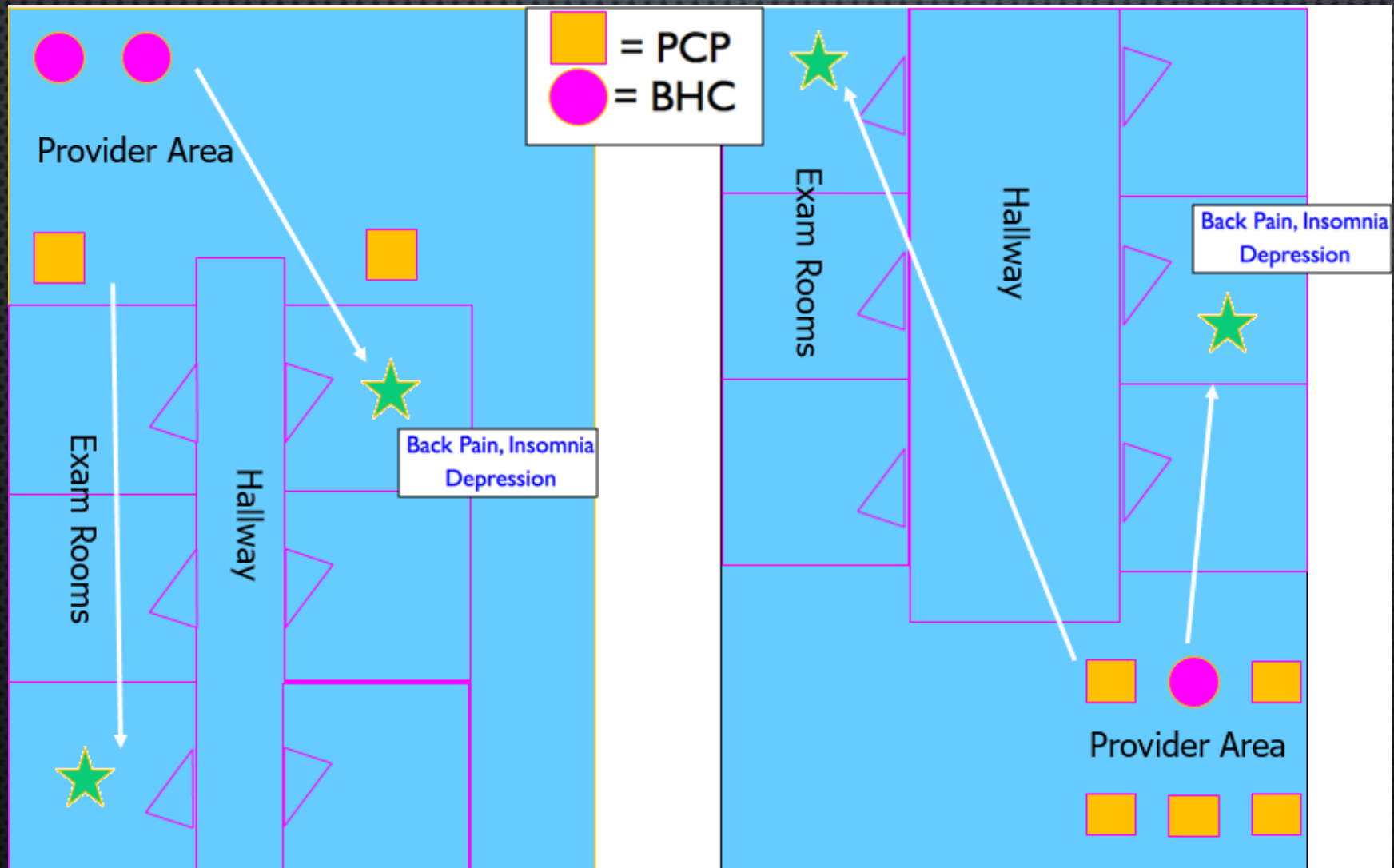
Thanks to Benjamin Miller and Jürgen Unützer for advice on organizing this illustration

What is Behavioral Health Integration?

Integrated Primary Care or Primary Care Behavior Health

Combines medical and BH service for problems patients bring to primary care including stress-linked physical symptoms, health behaviors, mental health, substance use disorders. For any problem, they have come to the right place... "no wrong door".
BH professional used as a consultant to PC colleagues

Primary Care Culture and Working in the PCP space



PCBH

G.A.T.H.E.R.

The Essentials of Primary Care Behavioral Health

Here's a way to remember the key features of PCBH work:

G ENERALIST	The BHC is a generalist who sees any behavioral issue and all ages.
A CCESSIBLE	Most BHC services are available on a same-day basis.
T EAM-BASED	The BHC is a regular member of the team and is ready to help in a variety of ways, such as pre-PCP visits, after-PCP visits, classes, group medical visits, and assisting with resources.
H IGH PRODUCTIVITY	The BHC sees 10 or more patients every day.
E DUCATOR	The BHC teaches behavioral interventions to others on the team.
R OUTINE PATHWAYS	The BHC helps the team develop pathways or protocols that routinely involve BHC help in care for high-impact patient groups.

Let's **G.A.T.H.E.R.** together!

PCBH vs. Traditional MH

Feature	BHC	Traditional MH
Model of Care	Population based	Patient based
Primary “Customers”	PCP, then patient	Patient, then others
Primary Goals	<ul style="list-style-type: none">- Promote PCP efficacy- Support change efforts related to patient's medical care	Resolve patient's mental health issues
Service delivery structure	<ul style="list-style-type: none">- Brief, intermittent- 1-3 Sessions (15-30 min)- Education/Self-Management Focus- “Present” Centered	<ul style="list-style-type: none">- Long-term, scheduled- 10+ sessions (50 min)- Insight focused- Etiology Centered
Who is “in charge” of patient's care	PCP	Therapist

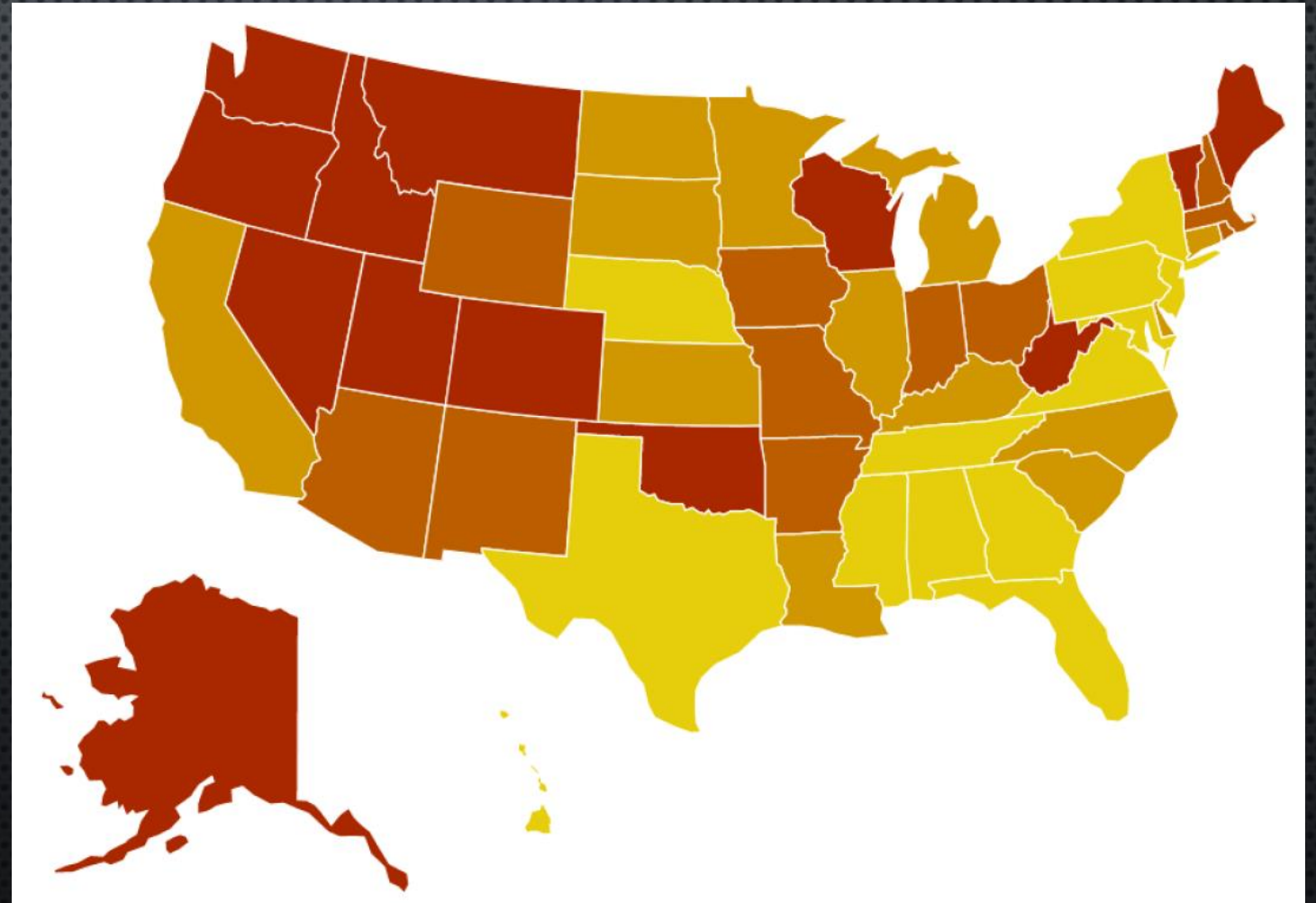
PCBH GOALS

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PREVALENCE

- MHA-2020 RANKS WA AS 46TH AND OR AS 51ST IN PREVALENCE OF MENTAL ILLNESS



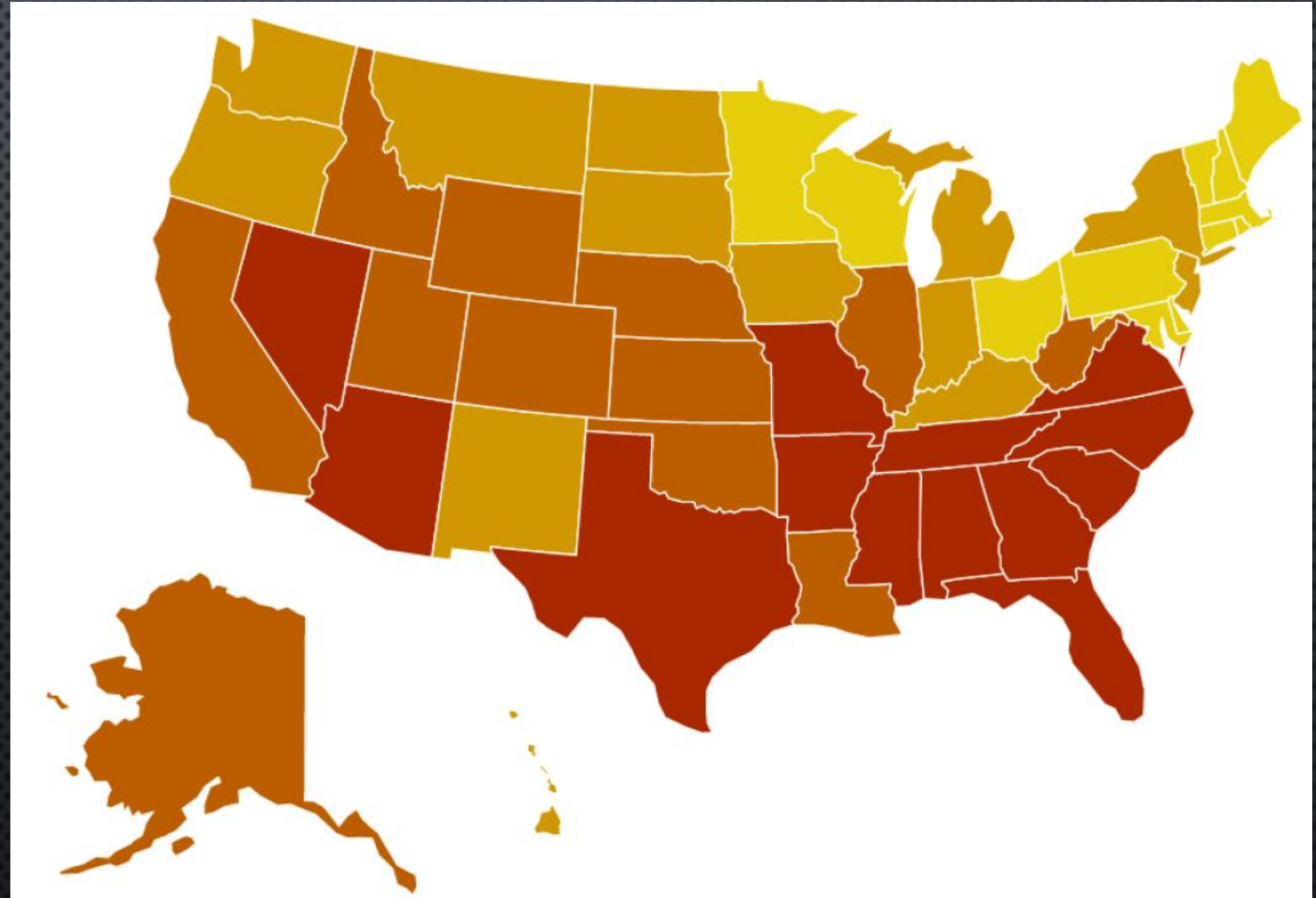
Reach

Year	BHC Visits	Unique Patients
2015	16,215	N/A
2016	19,675	13,176
2017	21,858	14,891
2018	19,439	15,637
2019	21,312	14,901
2020	17,867	14,687

Total of 116,366 BHC visits since 2015

ACCESS

- MHA-2020 RANKS WA AS 16TH AND OR AS 21ST IN ACCESS OF MENTAL ILLNESS



WAYS THAT A BHC CAN HELP IN THE PCBH MODEL: THE BHC MENU

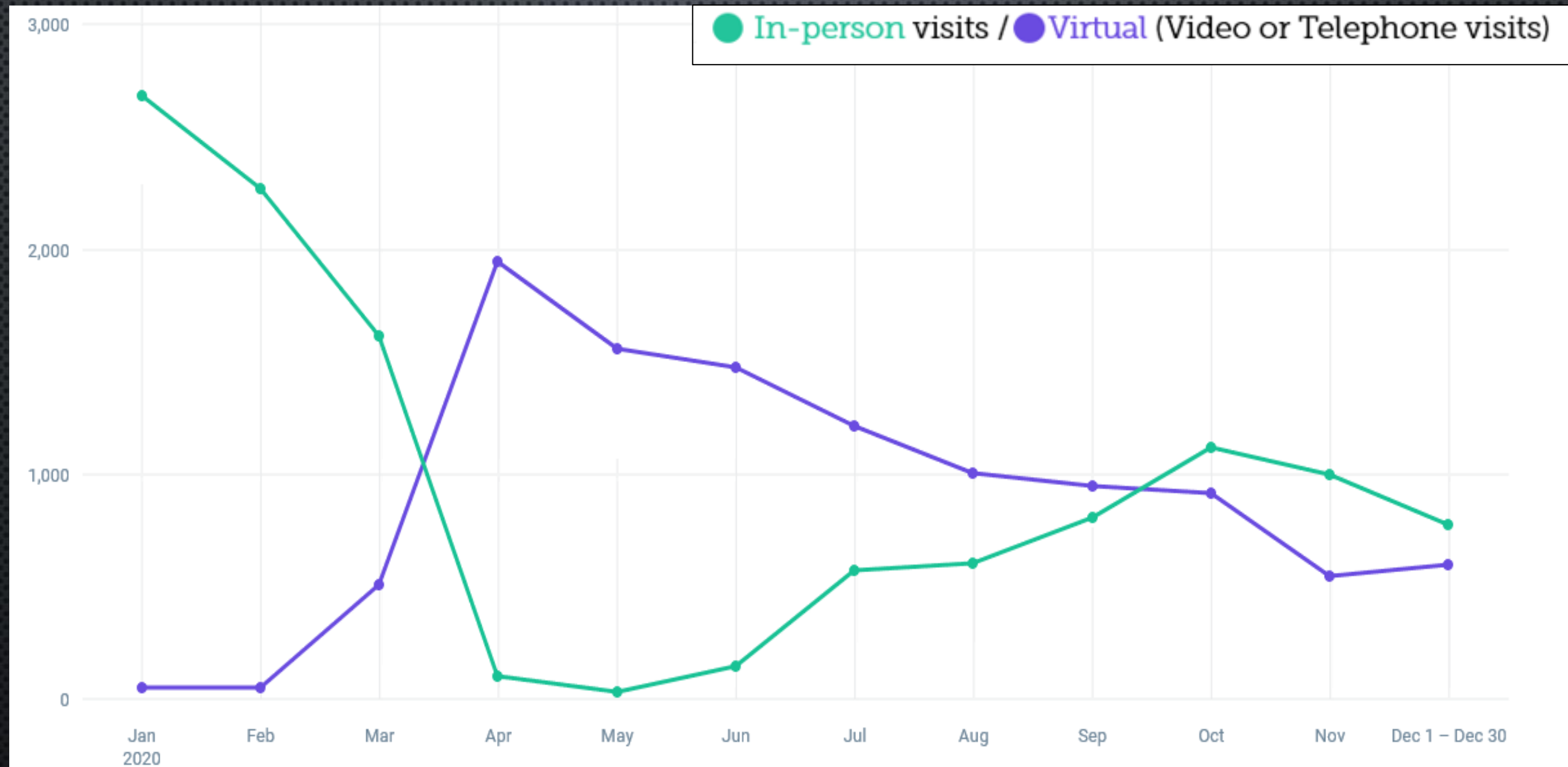
GENERAL PHYSICAL/MENTAL HEALTH PROBLEMS

- ☐ STRESS
- ☐ ANXIETY/FEARS
- ☐ DEPRESSION
- ☐ ANGER
- ☐ RELATIONSHIP PROBLEMS
- ☐ GRIEF OR BEREAVEMENT
- ☐ DIET (WEIGHT LOSS)
- ☐ EXERCISE
- ☐ CHRONIC ILLNESS MANAGEMENT:
- ☐ SEXUAL DYSFUNCTION
- ☐ PARENTING SKILLS/ STRATEGIES FOR ADHD
- ☐ DIABETES, GI PROBLEMS, COPD, MEDICATION ADHERENCE
- ☐ END OF LIFE DISCUSSIONS
- ☐ INSOMNIA
- ☐ CHRONIC PAIN
- ☐ HEADACHE
- ☐ FIBROMYALGIA
- ☐ TEMPOROMANDIBULAR DISORDERS
- ☐ LOW BACK PAIN
- ☐ TOBACCO USE
- ☐ ETOH USE
- ☐ COGNITIVE/ DEMENTIA SCREENING
- ☐ SUPPORT DURING/AFTER PREGNANCY
- ☐ ADJUSTMENT/ TRANSITIONS (MOVING, SCHOOL, ETC.)

2020 TOTAL NUMBERS

- BHCs SAW A TOTAL OF 14,687 UNIQUE PATIENTS IN 2020
- POPULATION REACH AVERAGE ACROSS CLINICS WAS 12.17%
 - RANGE: 7.00%- 21.92%
- 17,867 BHC ENCOUNTERS
- +7,407 ADDITIONAL PATIENT TOUCHES
 - THESE INCLUDE TELEPHONE CALLS, EPIC DOCUMENTATION NOTES, CARE COORDINATION, AND PCP CONSULTATION W/O PATIENT PRESENT VISITS.
- =25,274 TOTAL BHC PATIENT TOUCHES

SPECIAL FOCUS AREA- TELE-BHC



TELE-BHC CLINICAL OUTCOMES

TeleBHC vs Live Visits
(Pre/Post Measures)

PHQ-9	TeleBHC	Live
Significant Improvement	33.3%	30.8%
Significant Decline	13.6%	11.1%
No Change	53.0%	58.1%
GAD-7	TeleBHC	Live
Significant Improvement	24.2%	24.8%
Significant Decline	15.2%	13.7%
No Change	60.6%	61.5%

N = 183 Total
Patients

TeleBHC = 66
Live = 117

TMDC POPULATION DEMOGRAPHICS (PATIENTS RECOMMENDED FOR COGNITIVE SCREENING)

- EDUCATION
 - AVERAGE GRADE LEVEL OF PATIENTS SEEN FOR COGNITIVE SCREENING: 4 YEARS OF EDUCATION
 - 20/110 OR 18% HAD A HIGH SCHOOL EDUCATION.
 - 18 OF THOSE 20 SPEAK ENGLISH (AVERAGE GRADE LEVEL FOR SPANISH SPEAKING PATIENTS IN THIS GROUP: 2.2 YEARS)
- THE MODAL NUMBER WITH 26 PATIENTS WAS 0 YEARS OF EDUCATION (NO FORMAL EDUCATION FOR LONGER THAN 1 YEAR)
- COMPARED TO YAKIMA COUNTY THIS POPULATION WAS 2.5 TIMES MORE LIKELY TO NOT HAVE GRADUATED HIGH SCHOOL AND ALMOST 10 TIMES MORE LIKELY TO NOT HAVE COMPLETED HIGH SCHOOL WHEN COMPARED TO THE US POPULATION

SPECIAL FOCUS AREA- GENERALIST FOCUS

In 2020 PCBH Piloted a Diagnostic Variability Metric to demonstrate generalist focus. This table shows some of the most common diagnosis associated with patients seen by BHC

In 2020 BHC saw 4.9 different combinations of diagnosis each day

- Anxiety disorder, unspecified(ICD-...
- Major depressive disorder, single...
- Major depressive disorder, recurre...
- Adjustment disorder with depress...
- Generalized anxiety disorder(ICD-...
- Reaction to severe stress, unspeci...
- Persons encountering health servi...
- Post-traumatic stress disorder, un...
- Other symptoms and signs involvi...
- Other specified anxiety disorders(...
- Adjustment disorder with mixed a...
- Panic disorder (episodic paroxys...
- Acute stress reaction(ICD-10-CM:...
- Major depressive disorder, single...
- Major depressive disorder, recurre...
- Major depressive disorder, recurre...
- Adjustment disorder with other sy...
- Sleep disorder, unspecified(ICD-1...
- Adjustment disorder with anxiety(...
- Other specified problems related t...
- Other mental disorders complicati...
- Other symptoms and signs involvi...
- Postpartum depression(ICD-10-C...
- Other amnesia(ICD-10-CM: R41.3)
- Irritability and anger(ICD-10-CM: R...

What does a BHC see in a month

Anxiety- 521

Depression – 511

Stress – 339

Grief – 80

PTSD – 88

Behavior – 38

Sleep – 33

Insomnia – 31

Alcohol – 38

Cognitive - 9

Violence – 19

Marijuana – 15

ADHD - 25

Methamphetamine – 11

Pain – 18

Autism Spectrum – 7

Gender – 16

Eating – 9

Encopresis – 1

Enuresis - 2

What does a BHC see in a month

Hallucinations

Speech Delay

Sexual Abuse

Anorexia

Dizziness

OCD

Sibling Relationship

Trichotillomania

Foster Care Status

Anger

Avoidant Personality

Disorder

Bipolar Disorder

BPD

Social Anxiety

Memory Disturbance

Fibromyalgia

Learning Disability

Marital Conflict

Nightmares

and..... COVID-19

EVIDENCE BASED PRACTICE WITHIN PCBH



How is this different from mental health services?

A BHC visit is not like seeing a regular "therapist" or "counselor" because we tend to have shorter visits and meet with you less often. Sometimes an issue requires more support, and if that is the case we can help you find this kind of support. Your BHC is here to help you with everyday problems that we all encounter.

We work closely with your provider and share information. This information will be in your medical record, not a separate mental health record.

We make every effort to protect your privacy. Like all providers, however, we may have to report information regarding abuse or if we feel a person is at risk of harming themselves or others.

COMMON BHC INTERVENTIONS IN PRIMARY CARE

- BEHAVIORAL
- CBT
- ACT

ACCEPTANCE AND COMMITMENT THERAPY (ACT)

- RESEARCH SHOWS ACT HAS BEEN EFFECTIVE FOR:
 - CHRONIC PAIN
 - DEPRESSION
 - ANXIETY DISORDERS
 - PSYCHOSIS
 - OBSESSIVE COMPULSIVE DISORDER

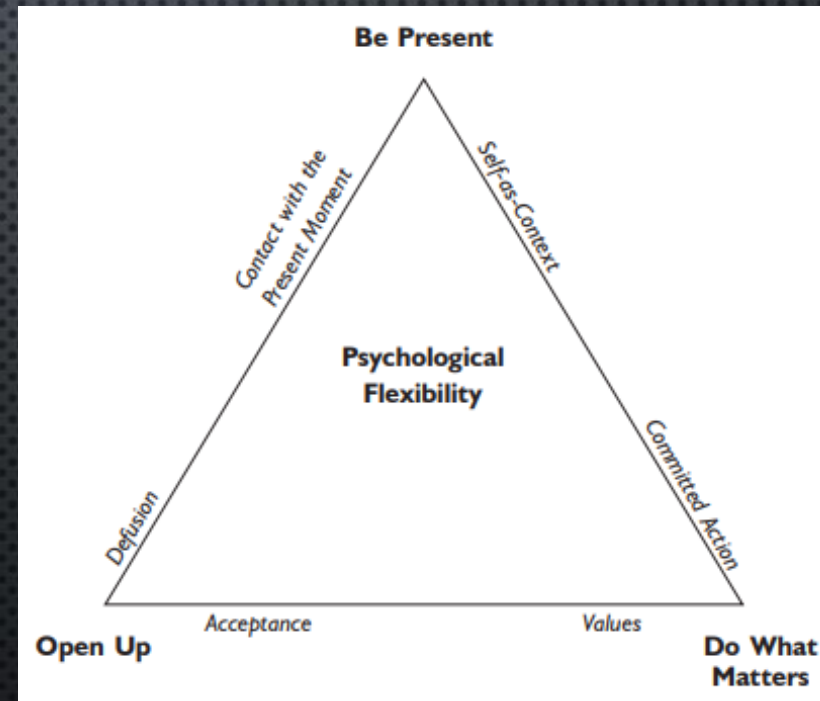


WHAT IS ACT?

- AN ORIENTATION OF THERAPY THAT ASSUMES DIFFICULT THOUGHTS AND FEELINGS CANNOT BE CHANGED.
- NOT A SET OF TECHNIQUES, BUT A THEORY THAT FOCUSES ON HOW LANGUAGE IMPACTS EMOTIONAL HEALTH AND SUFFERING.
- ACT TAKES AN APPROACH THAT FOCUSES ON HELPING YOU ENGAGE ON WHAT IS IMPORTANT IN YOUR LIFE, REGARDLESS OF THE FEELINGS, EMOTIONS, AND THOUGHTS THAT SHOW UP EACH DAY.

A FEW MAIN PROCESSES

- ACCEPTANCE
- COGNITIVE DEFUSION
- BEING PRESENT
- COMMITTED ACTION
- VALUES
- SELF AS CONTEXT

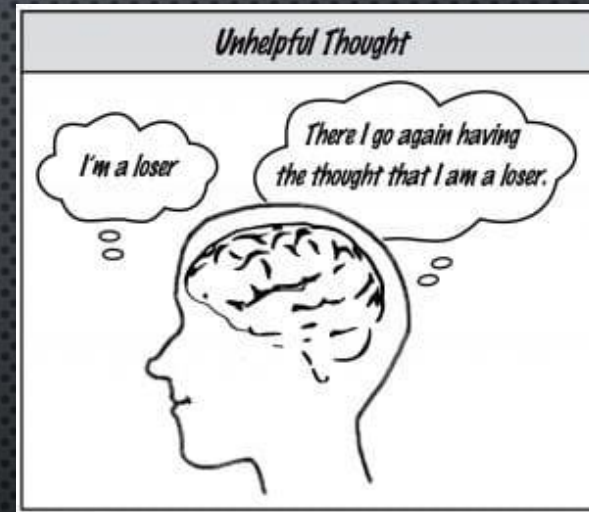


ACCEPTANCE

- ACCEPTANCE IS NOT GIVING UP, IT IS AN EMBRACE OF EXPERIENCES WITHOUT TRYING TO AVOID FEELINGS.
- RATHER THAN STRUGGLING WITH UNCOMFORTABLE FEELINGS OR EXPERIENCES, ONE CAN USE VARIOUS STRATEGIES TO BETTER TOLERATE THESE EXPERIENCES AND LIVE FULL LIVES.
- IT'S LIKE BEING STUCK IN QUICKSAND. THE HARDER YOU FIGHT, THE DEEPER YOU SINK.
- *WHEN WE ACCEPT THAT "LIFE'S CHALLENGES" ARE INEVITABLE, WE ARE MORE LIKELY TO MANAGE THEM MORE EFFECTIVELY AND LIVE THE TYPE OF LIFE THAT WE DESIRE*

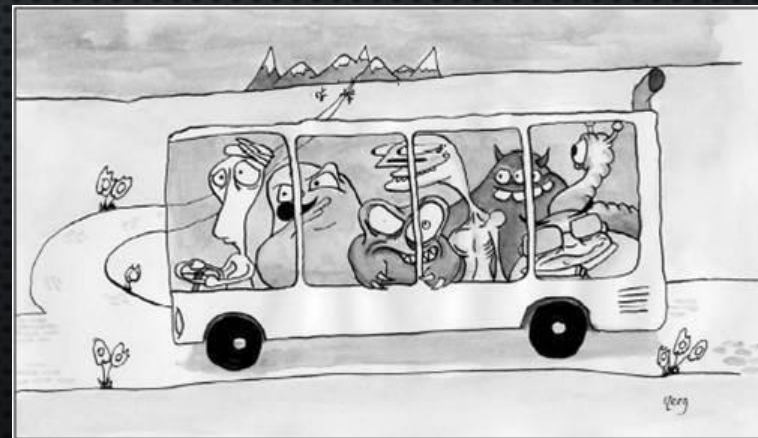
COGNITIVE DEFUSION

- STRATEGY THAT ATTEMPTS TO CHANGE ONE'S RELATIONSHIP WITH THOUGHTS RATHER THAN CHANGING THE THOUGHT ITSELF.
- CREATES DISTANCE FROM THOUGHTS AND ATTEMPTS TO REDUCE THE POWER OF UNCOMFORTABLE THOUGHTS.
- SOME THOUGHTS ARE HELPFUL, SOME ARE UNHELPFUL.



VALUES AND COMMITTED ACTION

- VALUES ARE QUALITIES OR WAYS OF LIVING THAT MOTIVATE AND DIRECT OUR LIVES.
- COMMITTED ACTION INVOLVES TAKING STEPS TOWARDS OUR VALUES.
- PASSENGERS ON A BUS.



BEING PRESENT

- ENCOURAGES BEING OPEN, NON-JUDGMENTAL, AND AWARE OF THOUGHTS, FEELINGS, AND MEMORIES.
- WE DON'T NEED TO CHANGE, CONTROL, OR MANIPULATE HOW WE FEEL OR THINK, AS THIS CAUSES MORE STRUGGLE.
- PROMOTES PSYCHOLOGICAL FLEXIBILITY, WHICH CAN HELP PEOPLE CONNECT MORE STRONGLY TO WHAT IS MOST IMPORTANT IN THEIR LIVES.

SCHEDULE/ CASE EXAMPLES

- PATIENT #1: JEFF: 1 YEAR WELL CHILD CHECK. FAMILY REPORTS PATIENT IS MEETING DEVELOPMENTAL MILE STONES. NORMAL BIRTH WITHOUT COMPLICATION. NO PRESENT CONCERNS
- PATIENT #2: ANDY A. (56 Y/O MALE). PT HERE TODAY TO DISCUSS HIS HIGH BLOOD PRESSURE. ALSO HAS SEVERE CHRONIC BACK PAIN AND THE SURGEON HAS SUGGESTED SURGERY. HOWEVER, THEY WILL NOT COMPLETE SURGERY UNTIL PT QUILTS SMOKING. SMOKES 1 PPDAY.
- PATIENT #3: BARBARA B. (43 Y/O FEMALE). PT HERE TODAY FOR A DM CHECK. PT DIAGNOSED WITH TYPE 2 DIABETES ABOUT 6 MONTHS AGO WITH AN A1C OF 8.1 AND STARTED METFORMIN. IN THE LAST 6 MONTHS, HER A1C LEVELS HAVE INCREASED TO 8.8.

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