

Telephone Assessment, Support, and Counseling for Depression in Primary Care Medical Clinics

Christopher Sheldon, *Denver Health, and University of Colorado Denver, School of Medicine*

Jeanette A. Waxmonsky, *University of Colorado Denver, School of Medicine*

Rachael Meir, *Denver Health*

Courtney Morris and Laura Finkelstein, *Denver Health, and University of Denver*

Melissa Sosa, *University of Colorado Denver, School of Medicine*

David Brody, *Denver Health, and University of Colorado Denver, School of Medicine*

The Telephonic Assessment, Support, and Counseling Program (TASC) was developed to improve access to behavioral health assessment, counseling, and evidence-based psychotherapy in a public health system with an underserved, diverse population. The program is described in detail with examples of materials that can be replicated in other sites. TASC was designed to augment the management of depression provided through primary care clinics, which is where most people in the United States receive treatment for depression. The program used behavioral activation treatment for depression (BA), a well-researched evidence-based form of cognitive behavioral therapy that can be delivered by telephone in a relatively brief time period. TASC also incorporated motivational interviewing (MI) strategies into medication adherence and depression counseling. The intervention was conducted with primary care patients diagnosed with depression by their PCPs through five telephone calls targeting education about depression, medication adherence, and strategies to teach patients to monitor their mood and daily activities and to increase the number of specific activities in which they engage. Prior to beginning BA treatment, the Patient Health Questionnaire-9 and the Mini-International Neuropsychiatric Inventory were conducted to effectively identify alternative diagnoses or serious comorbidities. Primary care clinics providing medical care to low-income, diverse populations have many patients who could benefit from contact with a mental health provider, and telephonic delivery of these services in a program such as the TASC model may be a viable and cost-effective option that can increase access.

THERE is a large gap between the need for evidence-based treatment for depression and provision of these services to affected individuals. Most people in the United States who receive treatment for depression get help from their primary care provider (PCP; Kessler et al., 2003). While recognition of depression by PCPs has increased (Mitchell, Vaze, & Rao, 2009) assessment of depression history and symptoms remains suboptimal (Hepner et al., 2007; Mitchell et al., 2009). Treatment is almost exclusively just antidepressant medication (Olfson et al., 2002), but adherence rates for antidepressant medications are low (Bauer et al., 2013; Simon et al., 2002). Less than 10% of primary care patients with depression receive a minimally adequate level of evidence-based psychotherapy (Unutzer et al., 2002), despite extensive literature support-

ing the efficacy of evidence-based interventions such as cognitive behavioral therapy (CBT; Butler, Chapman, Forman, & Beck, 2006). Limited access to behavioral health services is especially pronounced for clinics serving ethnic minority, ethnically diverse, and low-income communities (Fiscella, Franks, Doescher, & Saver, 2002; Gonzalez et al., 2010). Undertreated or untreated depression in these populations negatively impacts health status and leads to significantly higher medical costs due to increased use of general medical services (Blount et al., 2007; Thomas et al., 2005). Factors contributing to non- or under-treatment in these groups include lower rate of insurance coverage (Alegria et al., 2002), lack of transportation, limited child care, and stigma (Miranda & Cooper, 2004).

The Telephonic Assessment, Support, and Counseling (TASC) program was developed and implemented in a large urban public health medical system primarily serving a low-income, ethnically diverse population through eight primary care clinics. In this environment cost-effectiveness is a major priority, and efficiency of telephonic delivery of the program was an important consideration to enhance the potential for sustainability. The TASC program was

Keywords: telephonic behavioral activation; depression; primary care; low income; underserved

1077-7229/13/282-295\$1.00/0

© 2014 Association for Behavioral and Cognitive Therapies.
Published by Elsevier Ltd. All rights reserved.

developed by a multidisciplinary team of psychologists, primary care physicians, pharmacists, and social workers with interest in and knowledge about psychiatric disorders in primary care. One purpose of the TASC program was to address a gap in the literature regarding implementation of telephonic treatment of depression in primary care clinics with an ethnically diverse and predominantly low-income population. The program also supplemented other interventions by including a formal psychodiagnostic assessment, by featuring education and support to encourage medication adherence, and by incorporating enhanced communication tools for use with both PCPs and program participants. The TASC program was conducted as a grant-funded research project, with the statistical results to be included in a future publication. The purpose of the current paper is to describe the TASC program in sufficient detail such that professionals will be able to adapt the protocols for use in their own primary care clinics or in other medical and clinical settings.

Telephonic Behavioral Activation Treatment to Reduce Depression

Behavioral activation (BA) was employed as the main psychotherapeutic intervention. BA is a variant of CBT that is likely to be culturally acceptable (Kanter, Santiago-Rivera, Rusch, Busch, & West, 2010) and can be delivered in a relatively brief treatment package (Cuijpers, van Straten, & Warmerdam, 2007). Depressed individuals engage in fewer activities, especially pleasant activities, than do nondepressed people (MacPhillamy & Lewinsohn, 1974). They also have more difficulty identifying potentially pleasant experiences (Bachman, Swenson, Reardon, & Miller, 2006). BA seeks to reduce self-punishment and increase positive reinforcement from the environment by teaching individuals to monitor their mood and daily activities and to increase the number of specific activities in which they engage. This increases the potential for rewarding experiences and positive social interactions. There is research to suggest that BA is the key active component of CBT (Dobson et al., 2008) and the effectiveness of BA in treating depression has been supported in two recent meta-analyses (Cuijpers et al., 2007; Mazzucchelli, Kane, & Rees, 2009). BA's conceptual framework is relatively straightforward and easy to understand (Cuijpers et al., 2007), with the potential to be effectively implemented within the limited number of sessions planned in the TASC program. In addition, the concrete behavioral approach focusing on contextual factors outside of the individual may be less stigmatizing and more readily accepted by Hispanics and other underprivileged groups (Collado, Castillo, Maero, Lejuez, & Macpherson, 2014; Kanter et al., 2010). Given the evidence that BA is a key component of CBT that is accepted by underprivileged populations and the potential for it to be delivered more

briefly than the entire CBT package, BA was included as the depression treatment intervention for the TASC program.

Telephonic delivery of depression treatment services with a low-income population is appealing compared with face-to-face services for several reasons. Telephonic services may be deliverable at a lower cost, with the ability to cover a larger geographic area, and with increased potential to match a client to a therapist who speaks his/her native language (Swinton, Robinson, & Bischoff, 2009; Zur, 2007). Additionally, telephone contact eliminates the need for transportation or childcare, both of which represent significant barriers for low-income, minority patients in accessing health care (Uebelacker et al., 2012). Although other non-face-to-face modalities such as the Internet have also been suggested as alternatives to office-based mental health intervention, low-income individuals may lack access to these technologies, whereas nearly all adults in our society have some access to a telephone. Telephonically delivered mental health care seems to be well accepted by patients (Morgan, Patrick, & Magaletta, 2008). With regards to depression specifically, a meta-analysis (Mohr, Vella, Hart, Heckman, & Simon, 2008) found that psychotherapy administered by telephone, particularly CBT, was effective in reducing depression severity, with pre-post reductions in symptoms comparable to face-to-face psychotherapy. Although there is some evidence (Simon, Ludman, Tutty, Operskalski, & Von Korff, 2004; Tutty, Ludman, & Simon, 2005) that CBT delivered by telephone may reduce depression for patients in primary care clinics, more work in this area is needed regarding primary care clinics focused on serving low-income and minority populations.

Population and Therapists

The TASC program was conducted at an urban public health system with eight primary care clinics. The system provides preventative, primary, and specialty care as well as inpatient and emergency services. Approximately 100,000 adult patients are enrolled in this system. Nearly 90% of the adult population is either uninsured or covered by Medicaid. The adult population is approximately 38% Hispanic, 32% non-Hispanic White, 18% Black, 3% Native American, 2% Asian, and 7% other. Potential participants, aged 18 years and older who had recently been prescribed antidepressants, were identified through a pharmacy database as part of a quality improvement project. For these persons, PCP approval for participation was obtained for enrollment in the quality improvement project, and they were then offered the opportunity to provide informed consent for the TASC program. Direct referrals by PCPs were also encouraged, and fliers in the primary care clinics invited those potentially interested in the TASC program to contact program

Download English Version:

<https://daneshyari.com/en/article/904330>

Download Persian Version:

<https://daneshyari.com/article/904330>

[Daneshyari.com](https://daneshyari.com)