

## Utilizing Behavioral Health Technicians





## Disclaimer

The views expressed are those of the presenter and do not necessarily reflect the opinions of the Uniformed Services University of the Health Sciences, the Department of Defense, or the U.S. Government.



## **Clinic Optimization Toolkit**

#### **Modules**

Clinic Gap Analysis

Patient Management

**EBP Utilization** 

Group Therapy Expansion

> Technician Support

> > Metrics

**Evaluation** 

#### **Types of Resources**



Uniformed Services

University

### Learning Objectives

 Analyze models for Behavioral Health Technicians (BHTs) utilization

 Distinguish best practices for using BHTs as provider extenders to support use of EBPs





### Overview of a BHT



### Definition of a BHT



Allied health professionals

Assess/evaluate for mental health care

Trained in communication and behavioral health skills

**Provider extenders** 



Photo by Staff Sgt Ryan. Permissions Granted



#### Medical Education and Training Campus

#### 14-17 weeks

Didactic classroom instruction

Supervised practical exercises



U.S. Army Garrison Yongssan image https://creativecommons.org/licenses/by-nc-sa/2.C



(PHCoE, 2019)

### BHT Program Topics

| Communication                              | Human            | Psychological                         |
|--|------------------|---------------------------------------|
| Techniques                                 | Development      | Disorders                             |
| Psychological<br>Testing                   | Consultation     | Interviewing                          |
| Psychiatric<br>Behavioral<br>Interventions | Counseling       | Combat<br>Operation Stress<br>Control |
| Administrative                             | Ethics, Culture, | Basic Life                            |
| Management                                 | & Law            | Support                               |



(PHCoE, 2019)

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### BHT as "Provider Extender"

Administer & track outcome measures





Screening appointments







### BHT Roles



### Administrative Roles

### Patient scheduling

### Management of clinic forms

#### Front desk operations

#### Program management







### Additional Duties

### Briefings

### Bullet fodder

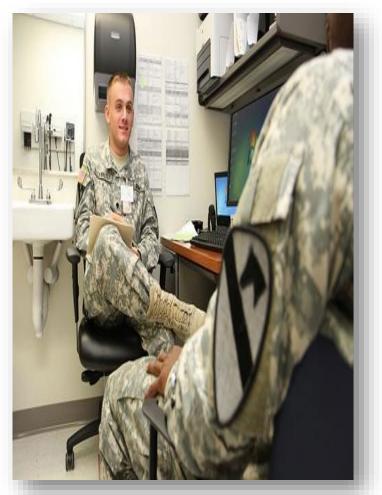
### Honor guard

#### Security manager





### **Clinical Roles**



U.S. Army photo by SGT Christopher Calvert. http://www.dvidshub.net/image/1006077/ai r-cavalry-mental-health-specialist-helps -troops-combats-stigma

#### Triage and screen patients

Provide treatment with supervision

Teach psychoeducational groups

Draft clinical notes for providers



### Current State of Affairs

#### Administrative tasks

### Additional duties

### Less clinical work



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(Holliday et al., 2019)



### Models of BHT Utilization



### Model One: Purely Admin

No direct patient care

Aims to reduce admin pressure on providers to see more patients

Reactive vs proactive strategy



## Purely Admin Model Challenges

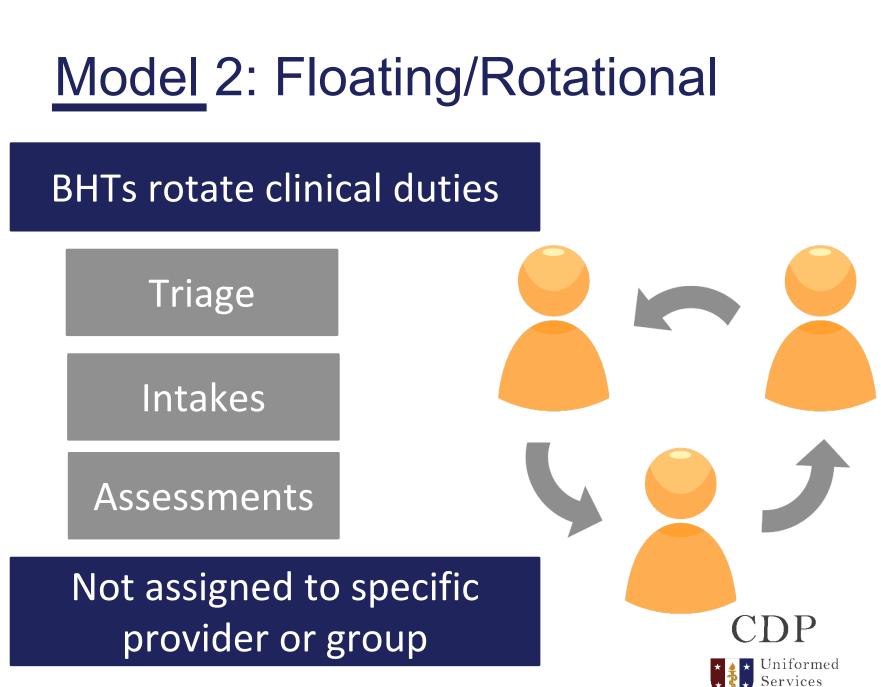


### BHTs lose vital skills

BHTs not allowed to be provider extenders

Not effective solution for high caseloads





### Floating/Rotating Model Challenges

Adjusting to different supervisors

Exposure vs skill development

Easier for BHTs to avoid clinical duties





### Model 4: Paired Model

### Endorsed by DHA working group

### Assigned to provider or group

#### Acts as a provider extender



(Hattie et al., 1984; PHCoE, 2019)



## Paired Model Challenges

### BHTs assigned to provider or group

### Pairing BHTs with providers

Switching from observing to provider extender activities





### Implementation Strategies



### **Implementation Strategies:**

### Administrative

- Screen referrals
- Maintenance of EBP materials
- Pre & post session follow-up

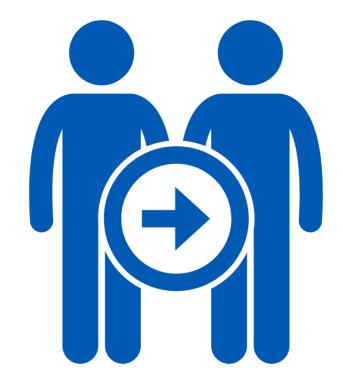
### Patient Care

- Assess BHT skills
- Pair BHT with an EBP group
- NCO supervision



### Administrative BHT Tasks: Referrals

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### Administrative BHT Tasks

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| Maintena  | nce         |              |  |
|-----------|-------------|--------------|--|
| stock     | Pre-session |              |  |
| EBP-      | reminder    | Post-session |  |
| related   | calls       | scheduling   |  |
| materials | outcome     | educate      |  |
|           | measures    | and screen   |  |
|           |             | -            |  |



### Assessing BHT Clinical Skills

#### **EBP Competency Checklist for BHTs**

Core EBP competencies

#### BHT competency assessment

# Strengths and areas of improvement

#### Technician Name:

Date:

The technician must be able to demonstrate the necessary knowledge, skills, and professionalism to provide care based on the physical, emotional, cognitive, and safety needs of patients served in their assigned area.

Please use this Competency Checklist to assess the competency level of behavioral health technicians. To complete the form, please enter the validation method using the designated letters from the legend below. Please initial and date each entry.

#### Methods of Validation:

Demonstration (D) Observation (O) Medical Records Review (MRR) Verbal Response (V)

| Domain  | Specific Competencies  | Validation<br>Method | Validated<br>By | Date |
|---|--|----------------------|-----------------|------|
| Administer<br>and score<br>outcome<br>measures                      | Identify appropriate outcome measures for<br>patient conditions     Appropriately administer and score*:     PHQ-2/8/9     PCL-5     GAD-7     AUDIT-C     Others (e.g., ISI, C-SSRS):   |                      |                 |      |
|   | *When BHDP is not available  |                      |                 |      |
| Provide<br>logistical<br>support to<br>individual EBP<br>therapists | Complete patient check-ins through EMR<br>(electronic medical record)     Schedule follow-up appointments for patients<br>when appropriate     Complete phone consults and transfers notes<br>to providers for co-signature     Knows locations of EBP forms and manuals<br>Ensures EBP forms and manuals are stocked     Follows procedures for administering and<br>scoring outcome measures |                      |                 |      |
|   |  |                      |                 |      |
| Conduct<br>group<br>screenings                                      | Explains rationale for group therapy     Apply inclusion/exclusion screening criteria for     various groups     Describes expectations for EBP groups     Can screen records to determine     appropriateness of referral   |                      |                 |      |



### Groups and BHTs

#### Limited BHT availability

Efficiency and effectiveness of group therapy

Maximize provider extender role



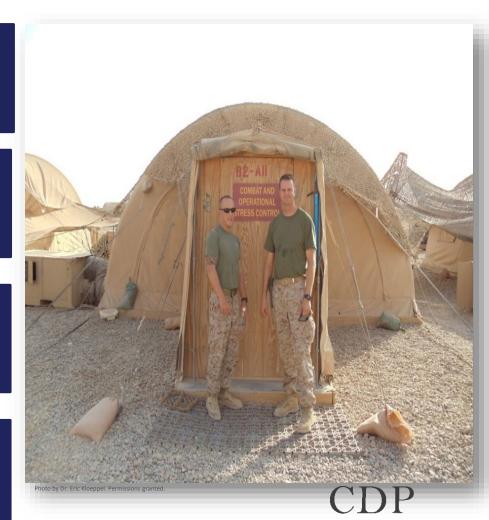
## **Group** Therapy BHTs Tasks

#### Prepare materials

#### Outcome measures

#### Tracking sheet

#### Initiate notes





### Additional Group Toolkit Items

#### Tracking forms

#### Attendance

#### Participation

#### Homework

Mood/affect

#### Scores on measures

| lame of Group:   |   |   | Facilitator(s):            |  |                                     | Date:                                   |  |
|--|---|---|----------------------------|--|-------------------------------------|---|--|
| Name of  | Patient   |   | Rank DOB                   |  | Gender                              | Contact Informatio                      |  |
|  |   |   |                            |  |                                     |   |  |
| ferral Source:   |   |   |                            |  | _                                   |   |  |
| imary Provider:  |   |   |                            |  | _                                   |   |  |
| atient's Reason for  | Wanting to J  | oin Group   | :                          |  |                                     |   |  |
| What are you ho  | ping to learn   | from partio   | pating in th               | ne group?                                    |                                     |   |  |
| How motivated a  | re you to get   | help for th   | is condition               | on a scale of 1                              | -10, with 10 be                     | ing the most?                           |  |
| How motivated a  | re you to att   | end group   | therapy on a               | a scale of 1-10,                             | with 10 being t                     | he most?                                |  |
| Do you have any  | worries or fe   | ars about s   | tarting the g              | group?                                       |                                     |   |  |
|  |   |   |                            |  |                                     |   |  |
| Past History of Thera  | ipy:  |   |                            |  |                                     |   |  |
| Have you ever tri<br>If yes, in gro  |   |   |                            | N<br>up / Individu                           | al                                  |   |  |
|  | story of early<br>t led to you d                                      |   |                            | tment? Y                                     | / N                                 |   |  |
| Do you have a hi<br>If yes, wha  |   |   |                            |  |                                     |   |  |
|  |   |   |                            |  |                                     |   |  |
| If yes, what<br>Informed Consent:<br>Are you able to a   |   |   |                            |  |                                     | M / PM                                  |  |
| If yes, wha<br>Informed Consent:<br>Are you able to a<br>If no, pre  | ferred day ar   | nd time?  | м / т / ч                  | W/R/F  | A                                   |   |  |
| If yes, wha<br>Informed Consent:<br>Are you able to a<br>If no, pre  | ferred day ar<br>mat (content   | nd time?<br>t/focus on a                                | M / T / '<br>diagnosis, tr | W / R / F                                    | structure, time                     | , attendance requirement                |  |
| If yes, wha<br>informed Consent:<br>Are you able to a<br>If no, pre<br>Review group for<br>number of sessio                | ferred day ar<br>mat (content<br>ns, ground ru                        | nd time?<br>t/focus on o<br>iles, not a p               | M / T / '<br>diagnosis, tr | W / R / F                                    | structure, time                     | , attendance requirement                |  |
| If yes, whan<br>formed Consent:<br>Are you able to a<br>If no, pre<br>Review group for                                     | ferred day ar<br>mat (content<br>ns, ground ru                        | nd time?<br>t/focus on o<br>iles, not a p               | M / T / '<br>diagnosis, tr | W / R / F<br>eatment goals,<br>ip, homework, | structure, time                     | , attendance requirement<br>gree? Y / N |  |
| If yes, wha<br>nformed Consent:<br>Are you able to a<br>If no, pre<br>Review group for<br>number of sessio<br>Outcome Meas | ferred day ar<br>mat (content<br>ns, ground ru<br><b>ures (Baseli</b> | nd time?<br>t/focus on a<br>ules, not a p<br><b>ne)</b> | M / T / '<br>diagnosis, tr | W / R / F<br>eatment goals,<br>ip, homework, | structure, time<br>etc.). Do you ag | , attendance requirement<br>gree? Y / N |  |
| If yes, wha<br>nformed Consent:<br>Are you able to a<br>If no, pre<br>Review group for<br>number of sessio<br>Outcome Meas | ferred day ar<br>mat (content<br>ns, ground ru<br><b>ures (Baseli</b> | nd time?<br>t/focus on a<br>ules, not a p<br><b>ne)</b> | M / T / '<br>diagnosis, tr | W / R / F<br>eatment goals,<br>ip, homework, | structure, time<br>etc.). Do you ag | , attendance requirement<br>gree? Y / N |  |



### Additional Group Toolkit Items

### Group screening form

#### Note templates

#### **EBP-related**

#### Customizable

| Group Name:                 | {{Insert Clinic Name}} Behavioral Health Clinic<br>Group Therapy Session Note Tracking |
|-----------------------------|--|
| Day & Time:                 |  |
| Facilitator(s):             |  |
| This group cycle: Begins on | Ends on  |

| Patient Name  | Last 4 | Outcome<br>Measure(s)              | Basic Info                                       | MSE                                       | Plans for Upcoming<br>Session: | <b>Comments</b> (bx obs, homework assignments, etc)   |
|---------------|--------|------------------------------------|--|---|--------------------------------|---|
| Joe Example 6 | 6789   | PCL: <u>57</u><br>OQ-30: <u>48</u> | Attend (V)N<br>Participate (V)N<br>Homework (V)N | Mood:_Arrigry<br>Affect Cong<br>SI/HI: YN |                                | Patient was it minutes late, stated<br>they are running out of meds.<br>Advised to book a follow-up with<br>psychiatrist. |
|               |        |                                    | Attend: Y/N<br>Participate: Y/N<br>Homework: Y/N | Mood:<br>Affect: Cong/Incon<br>SI/HI: Y/N |                                |   |
|               |        |                                    | Attend: Y/N<br>Participate: Y/N<br>Homework: Y/N | Mood:<br>Affect: Cong/Incon<br>SI/HI: Y/N |                                |   |
|               |        |                                    | Attend: Y/N<br>Participate: Y/N<br>Homework: Y/N | Mood:<br>Affect: Cong/Incon<br>SI/HI: Y/N |                                |   |
|               |        |                                    | Attend: Y/N<br>Participate: Y/N<br>Homework: Y/N | Mood:<br>Affect: Cong/Incon<br>SI/HI: Y/N |                                |   |
|               |        |                                    | Attend: Y/N<br>Participate: Y/N<br>Homework: Y/N | Mood:<br>Affect: Cong/Incon<br>SI/HI: Y/N |                                |   |

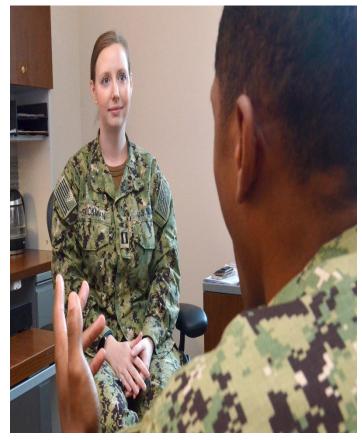


### **Developing Collaboration**

### Co-facilitator roles

Treatment responsibilities & expectations

# Managing disagreements



U.S. Navy photo by Jacob Sippel, Nava Hospital Jacksonville/Released. Permissions Granted



### Provider Role

### Clinical Complete risk oversight of assessment intakes and triage

Conduct and supervise group sessions Review and sign clinical note drafts





Regular observation of clinical work

### Evaluation & feedback

Promoting self-assessment of work

#### Know policy on BHTs\*

(PHCoE, 2019; Headquarters, Department of the Army (2017); Holliday et al., 2019; U.S. Department of the Air Force, 2018a, 2018b, 2020; U.S. Department of the Navy (2017, 2018a, 2018b))





## Barriers and Resources for Implementation



### Barriers to Implementation:



Leader and provider concerns:

# Few BHTs or administrative staff

Concerns about BHT skill

Turnover and deployments



### **Barriers to Implementation:**

### BHT Concerns:

### Administrative duties

#### Getting promoted

### Lack of practice







### Toolkit Resources

### Training Decks

- Factsheets & Handouts
- Forms & Templates
- Spreadsheets & Supporting Documents
- Standard Operating
  Procedures

#### Utilizing Behavioral Health Technicians





### **Toolkit Resources**

# Training Decks Factsheets & Handouts

### Forms & Templates

- Spreadsheets & Supporting Documents
- Standard Operating Procedures

EBP Competency Checklist for BHTs

Technician Name:

Date:

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| Domain        | Specific Competencies  | Validation<br>Method | Validated<br>By | Date |
|---------------|--|----------------------|-----------------|------|
| Administer    | <ul> <li>Identify appropriate outcome measures for</li> </ul>        |                      | -1              | -    |
| and score     | patient conditions   |                      |                 |      |
| outcome       | <ul> <li>Appropriately administer and score*:</li> </ul>             |                      |                 |      |
| measures      | - PHQ-2/8/9  |                      |                 |      |
|               | - PCL-5  |                      |                 |      |
|               | - GAD-7  |                      |                 |      |
|               | - AUDIT-C  |                      |                 |      |
|               | - Others (e.g., ISI, C-SSRS):  |                      |                 |      |
|               | *When BHDP is not available  |                      |                 |      |
|               |  |                      |                 |      |
| Provide       | <ul> <li>Complete patient check-ins through EMR</li> </ul>           |                      |                 |      |
| logistical    | (electronic medical record)  |                      |                 |      |
| support to    | <ul> <li>Schedule follow-up appointments for patients</li> </ul>     |                      |                 |      |
| ndividual EBP | when appropriate   |                      |                 |      |
| therapists    | <ul> <li>Complete phone consults and transfers notes</li> </ul>      |                      |                 |      |
|               | to providers for co-signature  |                      |                 |      |
|               | <ul> <li>Knows locations of EBP forms and manuals</li> </ul>         |                      |                 |      |
|               | <ul> <li>Ensures EBP forms and manuals are stocked</li> </ul>        |                      |                 |      |
|               | <ul> <li>Follows procedures for administering and</li> </ul>         |                      |                 |      |
|               | scoring outcome measures   |                      |                 |      |
|               |  | 11                   |                 | 1    |
| Conduct       | <ul> <li>Explains rationale for group therapy</li> </ul>             |                      |                 |      |
| group         | <ul> <li>Apply inclusion/exclusion screening criteria for</li> </ul> |                      |                 |      |
| screenings    | various groups   |                      |                 |      |
|               | <ul> <li>Describes expectations for EBP groups</li> </ul>            |                      |                 |      |
|               | <ul> <li>Can screen records to determine</li> </ul>                  |                      |                 |      |
|               | appropriateness of referral  |                      |                 |      |
|               |  | I                    |                 | 1    |



### **Toolkit Resources**

- > Training Decks Factsheets & Handouts **Forms & Templates** Spreadsheets & Supporting Documents
- Standard Operating Procedures

NOTE TO USER- This template is intended to give your clinic a head start on developing its own Standard Operating Procedure for this topic. The template can quickly be adapted to fit your clinic's needs. Drop content you do not need, and add anything you feel is relevant. There are several highlighted areas that allow you to customize this template for your clinic.

Subject: Standard Operating Procedures (SOP)/Operating Instructions (OI) outlining the role of Behavioral Health Technicians (BHTs) at the [Mental Health Clinic] at [Medical Center]

Purpose: To establish detailed expectations for BHTs to support our mission to provide the best care possible to our patients using evidence-based practices.

#### References:

Defense Health Agency, Medical Education and Training Campus (no date). "Behavioral Health Program: Behavioral Health Technician." <u>http://www.metc.mil/academics/BH/</u>

Holliday, S. B., Hepner, K. A., Tanielian, T., Meyer, A., & Pincus, H. A. (2019). Understanding behavioral health technicians within the military: A review of training, practice, and professional development. Rand Corporation. https://www.rand.org/pubs/research-report/RR2649.html

Psychological Health Center of Excellence Behavioral Health Technician Working Group (2019). Healthcare provider's practice guide for the utilization of behavioral health technicians (BHTs): Information and recommendations to optimize use of BHTs to support psychological healthcare in the Department of Defense. <u>https://www.health.mil/Reference</u>. Center/Dublications?guery=TechniciansRipDateRange=0&BoroadVector=00008.newsVector=000000008.re

#### 1. Objectives.

fVector=000000000001000&ref5rc=1

- 1.1. Provide appropriate treatment to as many patients as possible through efficient use of EBPs, especially in a group format.
- 1.2. Fully utilize existing personnel resources
- 1.3. Delegate appropriate tasks currently completed by licensed providers to BHTs.
  - 1.3.1. Offer fulfilling, challenging work to BHTs that assists in career advancement
- 1.4. Decrease burden on licensed providers.
- 1.5. Increase availability of services to patients.
  - 1.5.1. Decrease wait times.
  - 1.5.2. Broaden range of services available.



Learning Objectives

- Analyze models for Behavioral Health Technicians (BHTs) utilization
- Distinguish best practices for using BHTs as provider
   extenders to support use of EBPs



## **Clinic Optimization Toolkit**

#### Modules

Clinic Gap Analysis

Patient Management

**EBP Utilization** 

Group Therapy Expansion

> Technician Support

> > Metrics

**Evaluation** 

#### **Types of Resources**



Spreadsheets & Supporting Documents



Standard Operating Procedures



University



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