

# Community of Practice (CoP) Behavioral Health Strategies in Primary Care

Tuesday, September 2, 2025

2:00 p.m. to 3:00 p.m. ET

# Session Four

Stages of Behavior Change  
& Increasing Patient  
Motivation for Improving  
Health Outcomes

# Continuing Education (CE)

- We offer behavioral health (BH) continuing education units (CEUs) for participation in BH/substance use disorder (SUD) integration technical assistance (BH/SUD TA) events.
- You must attend the event and complete the online Health Center TA Satisfaction Assessment Form after the event (2–3 minutes).
- A link with instructions will be provided at the end of the session.
- CE certificates will be sent within 5 weeks of the event from the Health Center BH/SUD TA Team via Smartsheet <user@app.smartsheet.com>.



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# Session Facilitator

**Laura Ross, MS, LMFT, CCTP, CTMH**  
BH/SUD TA Technical Expert Lead  
JBS International, Inc. (JBS)



# Today's Agenda



## Session Three Reflection

- Use of Structured and Semi-Structured Interventions: Your Thoughts, Comments, and Questions
- Opportunities for Action Planning



## Key Stages of Behavior Change



## Strategies for Motivating Patients to Make Healthy Behavior Changes



## Peer-to-Peer Discussion

# CoP Overview and Schedule

- This CoP occurs every other Tuesday from July 22 to October 28, 2025
- The CoP sessions run from 2:00 to 3:00 p.m. ET
- Optional office hours will take place from 3:00 to 3:30 p.m. ET, immediately after each CoP session.

## SESSIONS:

1. **July 22** *Identifying and Addressing Common Behavioral Health Conditions of Health Center Patients*
2. **August 5** *An Approach to Team-Based Care*
3. **August 19** *Use of Structured or Semi-Structured Interventions*
4. **September 2** *Stages of Behavior Change & Increasing Patient Motivation for Improving Health Outcomes*
5. **September 16** *Core Evidence-Based Behavioral Health Intervention Strategies – Part 1*
6. **September 30** *Core Evidence-Based Behavioral Health Intervention Strategies – Part 2*
7. **October 14** *Assessing Patient Needs and Developing a Plan for Supporting New Skills in Practice*
8. **October 28** *Plan to Practice: Next Steps for Enhanced Care*

# Session Objectives



## Participants of today's session will learn about:

- Name the key stages of behavior change
- Identify strategies employed at each stage of behavior change
- Describe strategies used to enhance patients' motivation for change

# Stages of Behavior Change



# Health Conditions and Behaviors Discussion (1)

- What health conditions are most commonly seen in your health center's patient population?
- What health behaviors do you observe in patients who have these health conditions?




## Health Conditions and Behaviors Discussion (2)

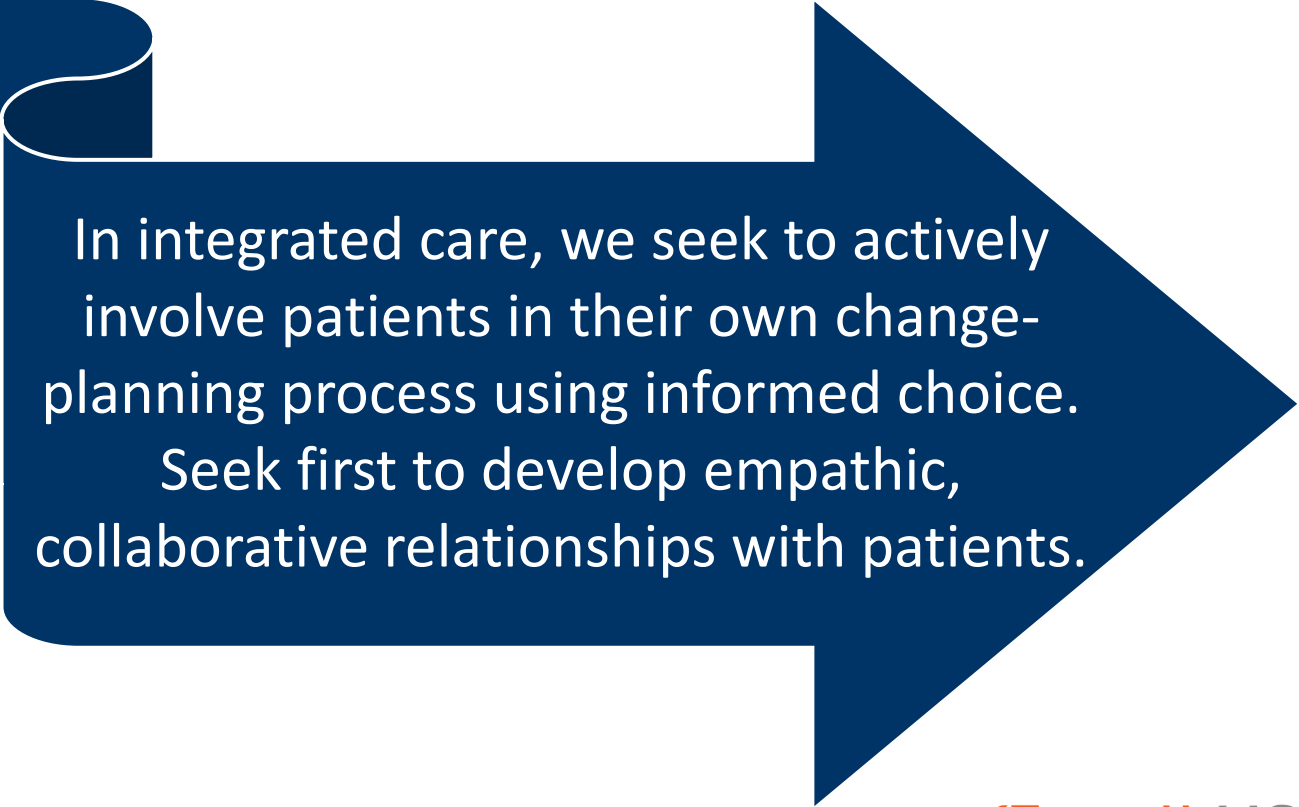
- What treatment interventions does your health center use most often to treat these conditions?
- What health behaviors could your patient population practice to manage or reduce the recurrence of these health conditions?
- How does your health center promote health behavior change?



# The Patient's Role in Behavior Change



*Expect and respect that patients bring their wisdom and understanding to planning and services.*



In integrated care, we seek to actively involve patients in their own change-planning process using informed choice. Seek first to develop empathic, collaborative relationships with patients.

# Structured Intervention: Brief Consultation

- Team-based is collaborative and flexible, based on function and health outcome improvement.
- The team is made up of everyone who is involved in serving the patient from the time they make an appointment through the end of the episode of care.
- Each member of the team has input into the patient's care plan.
- The patient is at the center of the care team.

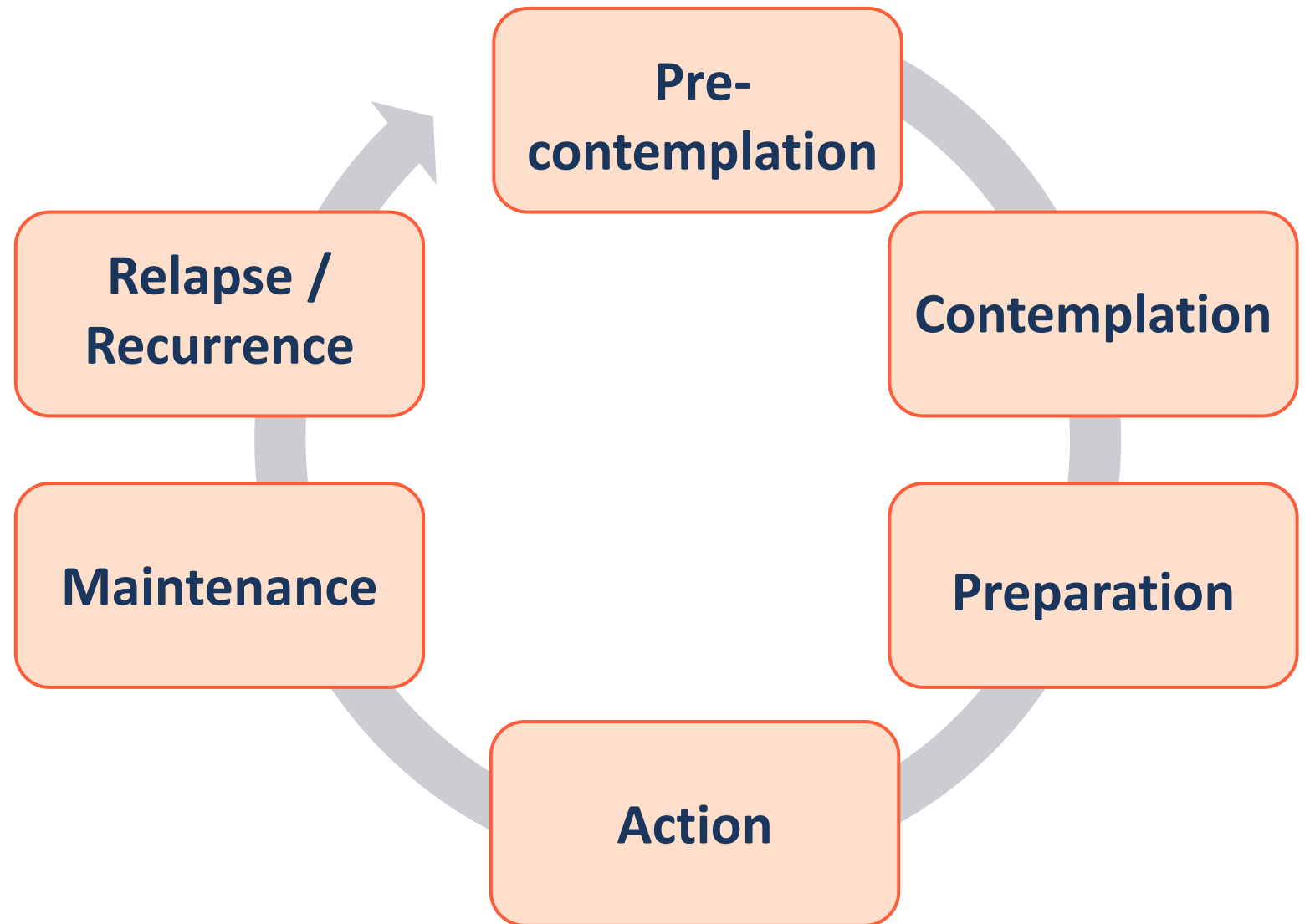


# Key Stages of Health Behavior Change



# A Model of Behavior Change

## Stages of Behavior Change



# What Happens During a Behavior Change Process

## Precontemplation

- Behavior is not considered unhealthy or is not in patient's awareness.
- Patient is aware of the behavior and does not desire to change it.

## Contemplation

- Behavior is acknowledged; an understanding of health risks emerges.
- Patient is weighing the positive and negatives of behavior change.

## Preparation

- The patient commits to behavior change, begins goal-setting.
- Resources and support for behavior change are identified.

## Action

- New health behavior is practiced routinely.
- Challenging situations arise; new identity begins forming.

## Maintenance

- Behavior change continues.
- New behavior patterns, routines, benefits, and challenges are recognized.

## Relapse/Recurrence

- *Return to previous health behavior for an undetermined period of time.*

# Structured Intervention: Motivational Interviewing (MI)

- Remain curious
- Reserve judgment
- Offer education as feedback
- Ask questions with an intention to understand, not to make decisions or assessments
- Use Motivational Interviewing (MI) as a conversational platform and incorporate MI Spirit throughout the conversation.





# Contemplation: Behavioral Health Strategies



- Inquire about and listen for ambivalence:
  - Reasons to make changes.
  - Reasons not to make changes.
- Within the patient's stated reasons, listen for patient's strengths and priorities:
  - What is important to them?
- Seek to increase patient awareness of risks of continuing current health behavior and benefits of decreasing that behavior.

# Preparation: Behavioral Health Strategies

- Discuss patient strengths and previous successes as they support the patient's ability to change the health behavior.
- Offer intervention/treatment options.
- Provide warm-handoff, referral, or assistance connecting with care options the patient chooses.
- Begin creating a plan for behavior change:
  - What will happen?
  - When will it happen?
  - What skills/resources are needed?
  - What if challenges or barriers emerge?
  - When will followup occur?



***Gain a Commitment***

# Action: Behavioral Health Strategies

Behavior change plan begins:

- Recognize all successes, even small ones, as soon as it is feasible.
- Acknowledge and normalize challenges:
  - Use problem-solving as necessary.
  - Predict a need for skills training refreshers.
- Hold patient accountable with regular followup.
- Plan for 'relapse prevention.'



# Maintenance: Behavioral Health Strategies



- Review your Relapse Prevention Plan regularly.
- Increase frequency of target health behavior:
  - Consider adding additional health behaviors as patient confidence builds.
- Discuss path to behavior change with patient; point out challenges they overcame.
- Provide a 'snapshot' of their health behavior before behavior change and current health picture.



# Additional BH Clinical Strategies & Interventions

1. Motivational enhancement
2. Situational awareness
3. Communication skills
4. Enhancing social supports
5. Healthy replacement activities
6. Problem solving
7. Urge-surfing, dropping anchor, distress tolerance
8. Values clarification
9. Decision making (based on values)
10. Mindfulness and meditation
11. Working with thoughts
12. Working with emotions: Fostering some, dissolving others
13. Behavioral activation
14. Self-care

# Who Might Participate in Patient-Centered Behavior Change...and How?

- **Contribution**: ALL clinicians and clinical care support staff have input to inform patient care.
- **Collaboration**: Team members are flexible and focus on function, not title.
- **Ownership**: Medical providers lead the care team, but patients do not “belong” to them; patient care responsibilities belong to the team.
- **Value**: Your patient becomes your most valued resource for care and treatment planning.



\* Registered nurses (RNs), medical assistants (MAs)

# Group Discussion/Breakout: 10-minute Discussion

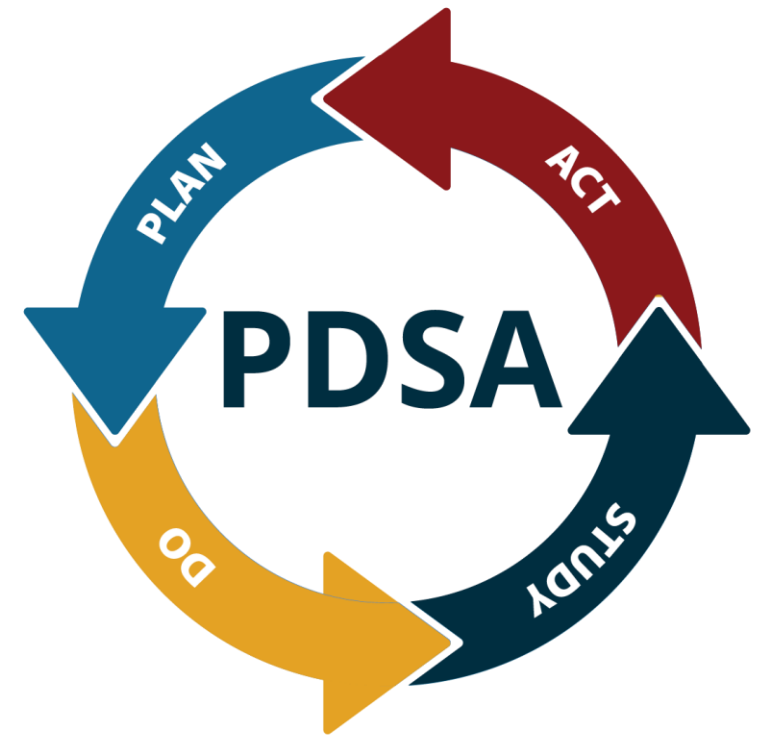
- How do the strategies described in the presentation align with your current practices?
- What strategies could you implement to enhance current practices?
- How would stage-based strategies and interventions promote behavior change with your patient population?



***Select a team member to report out following your discussion.***

# Reflection and Assessment (1)

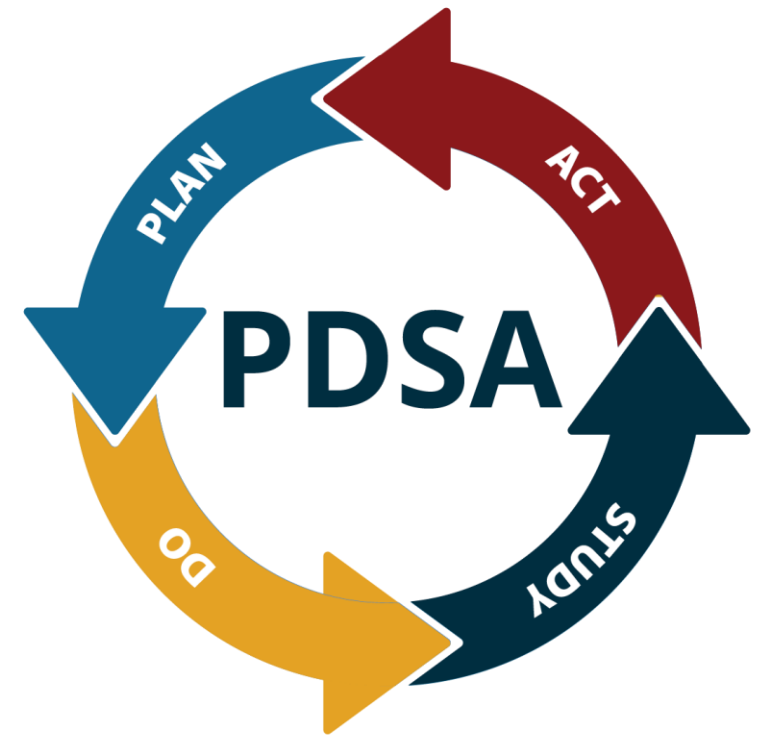
- What strengths does your organization have that would help with implementing stage-based behavior change planning and intervention(s)?
- Who might be on a change-planning team to help implement these strategies and interventions? Who is missing?





## Reflection and Assessment (2)

- What challenges might you face in adding or improving your organization's use of stage-based behavior change interventions?
- How might you partner with identified champion(s) and/or clinical and administrative leadership to build departmental/organizational buy-in for stage-based interventions?



Q&A



# Resource/Reference

Substance Abuse and Mental Health Services Administration. Enhancing Motivation for Change in Substance Use Disorder Treatment. Treatment Improvement Protocol (TIP) Series No. 35. SAMHSA Publication No. PEP19-02-01-003. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2019. Available from: <https://library.samhsa.gov/sites/default/files/tip-35-pep19-02-01-003.pdf>.

# Accessing Training and TA Opportunities



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# Health Center Satisfaction Assessment

We'd love your feedback on today's session!

Please take 2 minutes to complete the Health Center TA Satisfaction Assessment.

**Thank you for your time!**



<https://www.surveymonkey.com/r/CoP3Session4>

# Thank you!

See you on

Month Date, Year

TIME p.m. to TIME p.m. ET



Office Hours  
Tuesday, September 2, 2025  
3:00 p.m. to 3:30 p.m. ET