



Community of Practice (CoP) Interventions for Integrated Behavioral Management of Chronic Conditions

Mental Health/Substance Use Disorder Integration Technical Assistance

February 10, 2026

Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People



Disclosure

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Session
Eight

CoP Summary & Close-out
for Integrated Behavioral
Management of Chronic
Conditions



Your Facilitator



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CoP Session Objectives

Participants in this CoP session will:

1. Review key themes from our CoP addressing interventions for integrated behavioral management of chronic conditions.
2. Share how you've applied the tools, PDSA planning resources, and CoP information to apply to your integrated behavioral management of chronic conditions.
3. Discuss identified actions and next steps for implementing integrated behavioral management interventions at your health center.



Today's Agenda



Check-in and Attendance



Sharing What We've Learned: Concept Review & What You've Implemented or Plan to Implement



Putting it All Together: Case Study

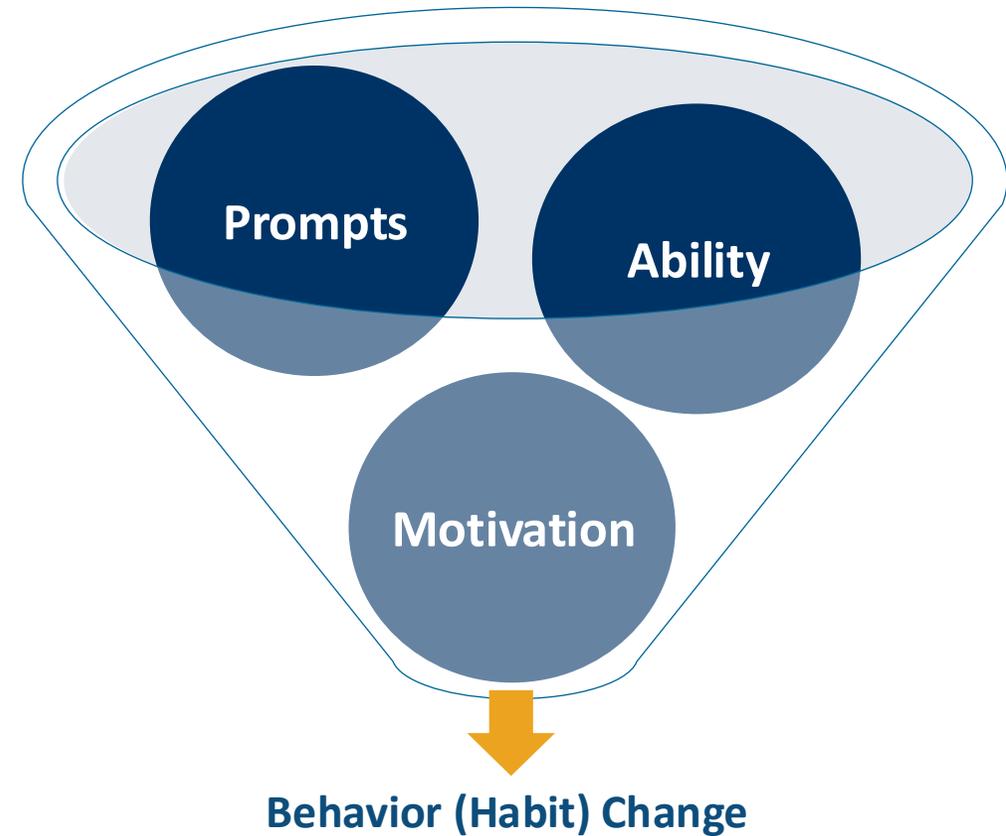
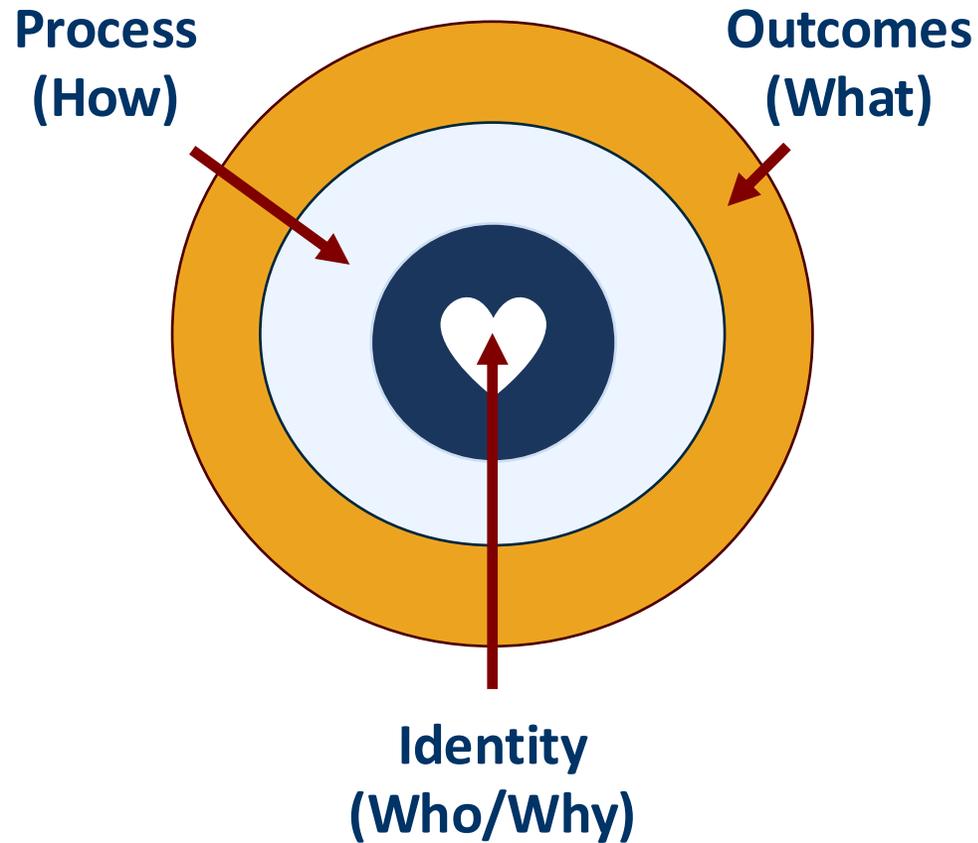


CoP Participant Reflections



Office Hours and Interactive Discussion

The Three Levels & Ingredients for Behavior (Habit) Change



Participant Share-Out: Behavior (Habit) Change (1)



- When you assess and/or provide interventions with patients, how do you use the three levels of behavior/habit change?
 - Outcome
 - Identity
 - Process
- How has your use of the three levels of behavior/habit change evolved since our first CoP session, if at all?

Participant Share-Out: Behavior (Habit) Change (2)

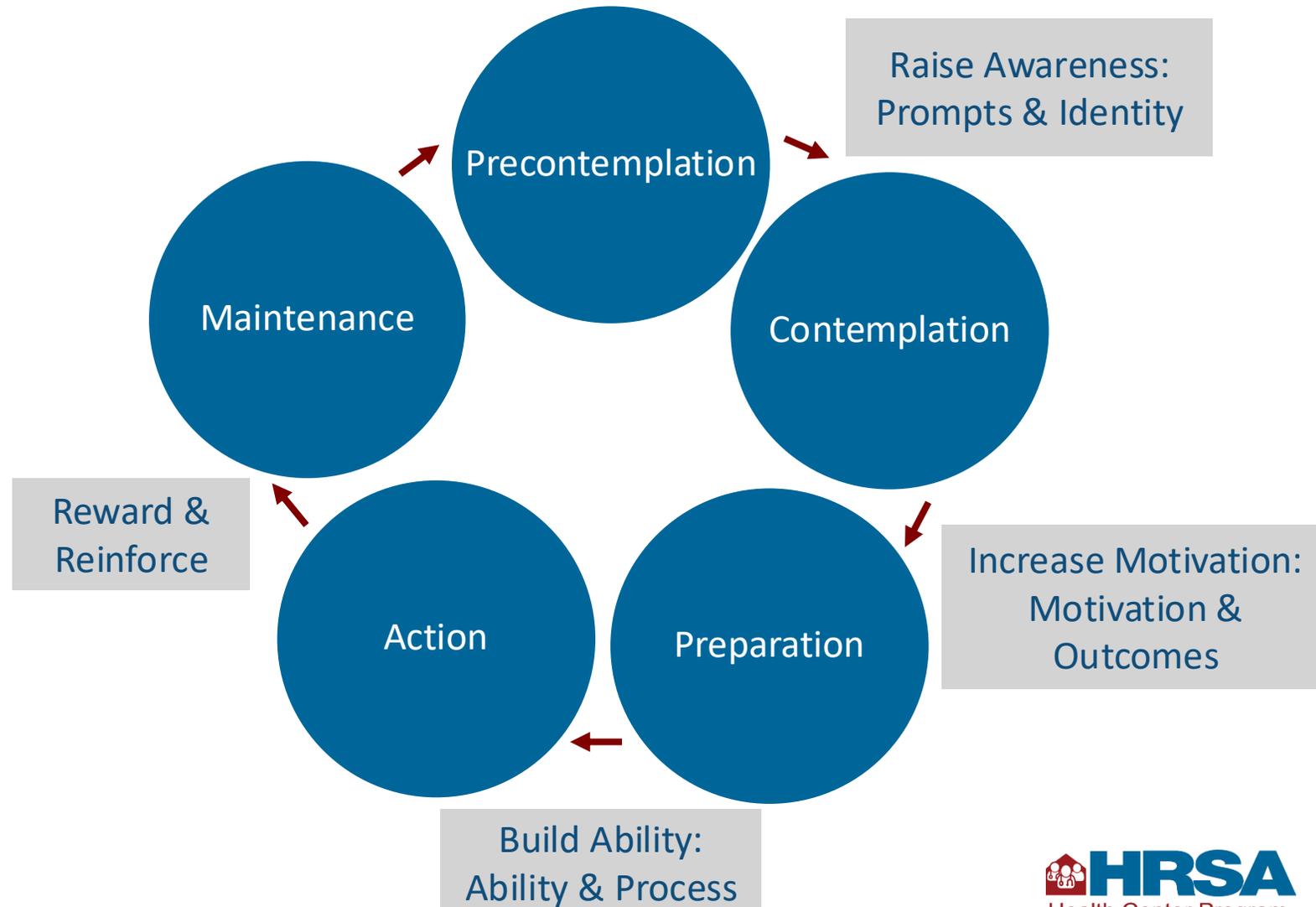


- When you assess and/or provide interventions with patients, how do you use the three ingredients of behavior/habit change to support sustainable health behavior changes?
 - Prompts
 - Ability
 - Motivation
- How has your use of the three ingredients of behavior/habit change evolved since the first CoP session?

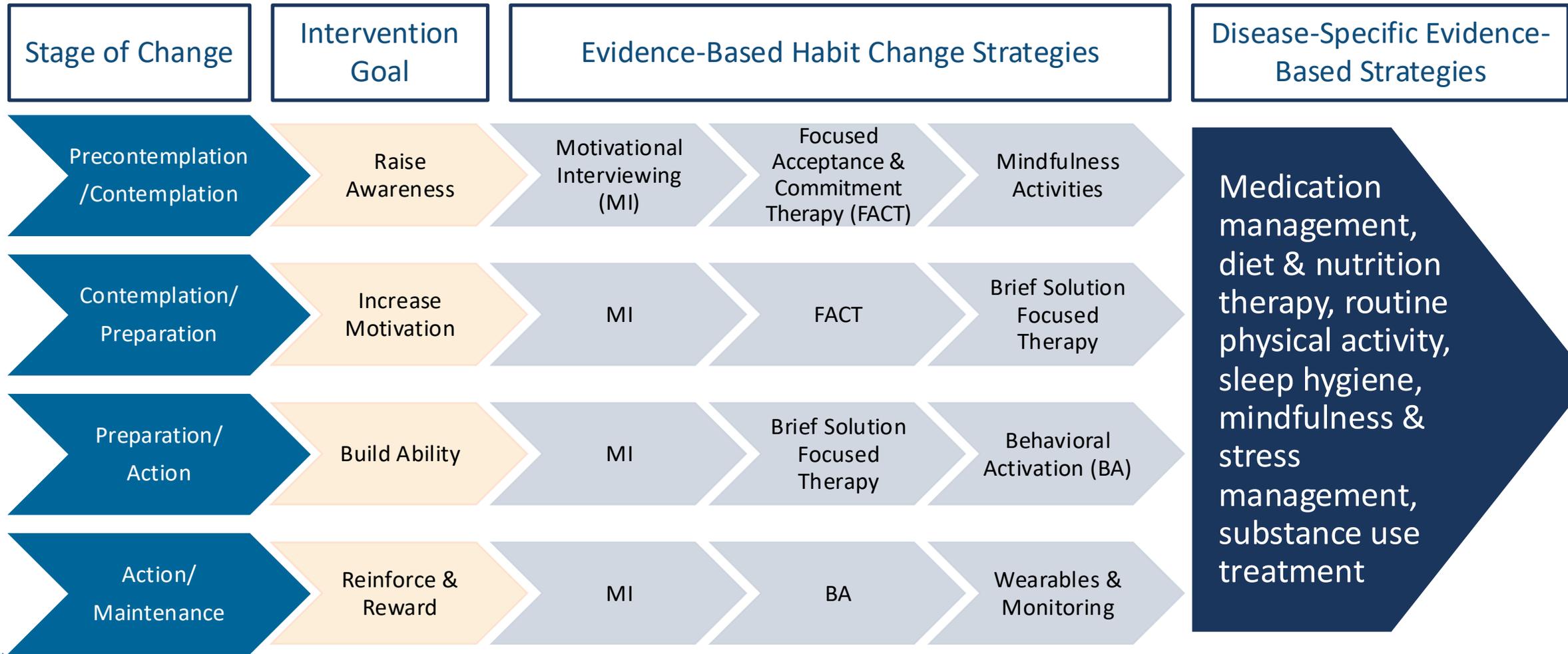
Using Stages of Change in Assessment and Treatment Planning

Transtheoretical or Stages of Change Model:

1. Precontemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
6. *Recurrence/Lapse/Relapse



Change-Based Assessment to Intervention



Participant Share-Out: Stages of Change



- How often do you assess for stages of change when working with a patient compared to our first CoP session?
- Why is understanding stages of change important?
- How have you used stages of change (i.e., precontemplation, contemplation, preparation, action, etc.) to inform the way you approach health behavior management with your patients?

Evidence-Based Practices (EBP) Using Behavior Change Principles

Motivational Interviewing

- Evoke change talk
- Address/resolve ambivalence to change
- Readiness rulers – advanced skill

Behavioral Activation

- Set small, realistic goals; do meaningful, enjoyable activities; anticipate and plan to overcome obstacles
- Activity planning, scheduling, problem-solving, skills training

Solution Focused Brief Therapy

- Identify strengths and past successes
- Focus on future solutions
- Ask “the Miracle Question”

Behavioral EBPs for Diabetes & Metabolic Syndrome

Self-Management / Education

- Diabetes education
- Blood sugar monitoring

Lifestyle Modification

- Healthy eating
- Regular exercise
- Weight loss

Behavioral EBPs for Hypertension & Heart Disease

Self-Management / Education

- Lifestyle education
- Blood pressure monitoring

Lifestyle Modification

- Healthy eating (e.g., DASH diet)
- Regular exercise
- Weight loss
- Reduced tobacco and alcohol use

Participant Share-Out: Evidence-Based Strategies



- What evidence-based strategies do you use most often with your patients?
- What have these strategies helped your patients accomplish?
- Which, if any, new evidence-based practice or strategy did you learn about in this CoP?

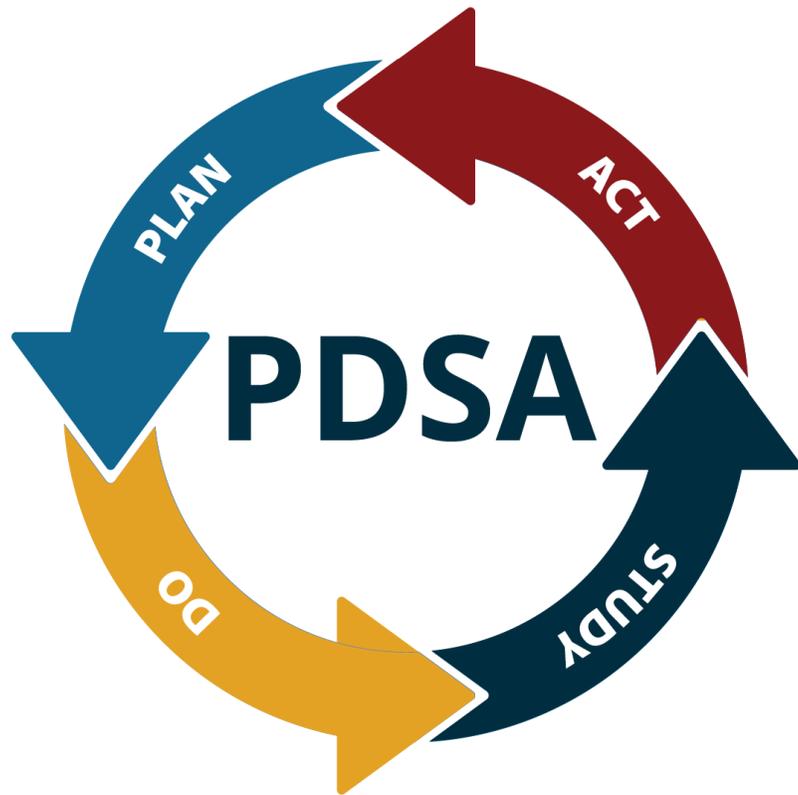
Putting it All Together: Case Study with Alex

- **History:** 33 years; married; 3 young children; rents a house and lives with family and in-laws; employed as school bus driver
- **Diagnoses/signs:**
 - Depression—most recent PHQ-9 score = 18, negative response to question #9
 - Anxiety—most recent GAD-7 score = 7
 - Hypertension—most recent BP reading = 182/98
 - Diabetes—most recent A1C = 12%
 - Obesity—most recent weight = 227
- **Care to date:**
 - Despite multiple interventions, Alex has not achieved healthier indicators of wellness.
 - Alex has expressed wanting to lose weight, despite a stabilized weight for the past 2 years.
 - Alex quit smoking 8 years ago; weight increased after.

- What stage of change might Alex be in?
- Based on the stage of change, what level of habit/behavior change would you focus on?
- Based on the stage of change, what ingredient of habit/behavior change would you focus on?
- What evidence-based tools or strategies would you use?

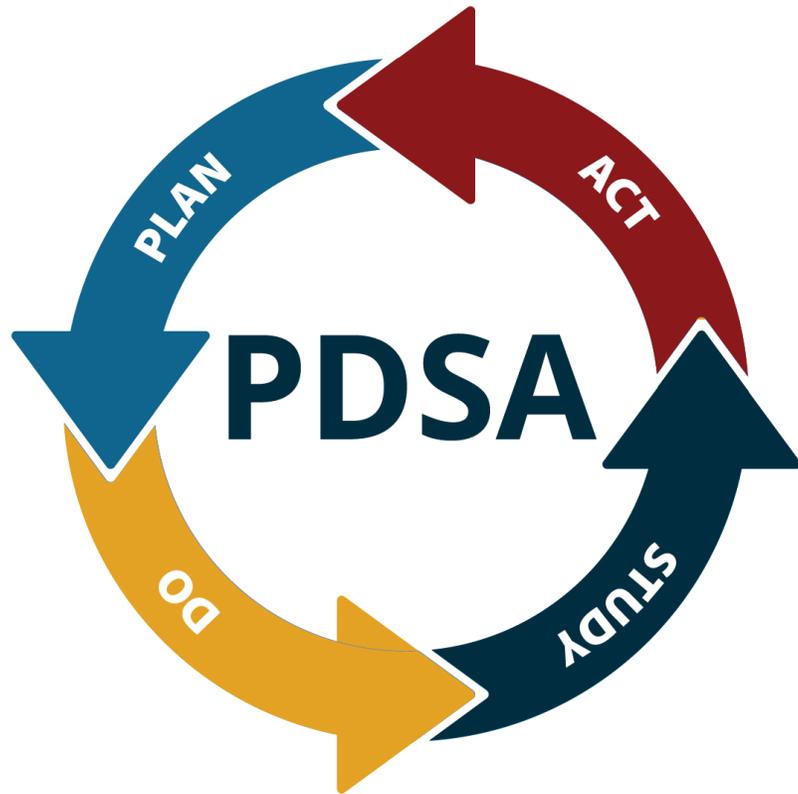


Participant Share-Out: Reflection on CoP Series (1)



- What have been your main takeaways from this CoP?
- Which behavior change management strategies and approaches do you use, or have you implemented?
 - What has been the result so far?
- What other behavior management strategies, approaches, and best practices have worked best with your patients?

Participant Share-Out: Reflection on CoP Series (2)



- Which CoP tools, resources, or information have you found the most helpful?
- To what extent did you apply the PDSA cycle during (or do you plan to after) your participation in the CoP?
- What additional questions, resources, or supports would help with your integration/expansion efforts?

Q&A



Health Center Satisfaction Assessment

If you want to receive CEs for participating today, you must complete the TA Satisfaction Assessment.

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

You must complete the assessment to claim continuing education credit.

Thank you for your time!



<https://www.surveymonkey.com/r/CoP5Session8>

Thank You!



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