APPENDIX D

PATIENT EDUCATION HANDOUTS AND PRACTICE TOOLS

(See Compact Disc)

1. TOOLS FOR BHCS AND PCPS TO USE IN INTERVENTIONS WITH PATIENTS

   The ACT Behavioral Health Prescription Pad
   Primary Care Patient Values Plan
   BHC Diabetes Screener

2. PATIENT EDUCATION HANDOUTS FOR ADULT PATIENTS

   Beating Insomnia
   CALM Exercise
   Change Plan Worksheet
   Diaphragmatic Breathing Tips
   The ABCs of Habit Change
   Healthy Sleeping Tips
   Managing Chronic Pain
   Progressive Muscle Relaxation
   Premature Ejaculation
   Stress Awareness

3. PATIENT EDUCATION HANDOUTS FOR PARENTS

   Enuresis Plan
   Great Reward Ideas
   Designing Reward Plans
   Using Time Out with Your Child

4. HANDOUTS FOR BHCS TO USE TO INFLUENCE AND SUPPORT PCPS

   HO for PCPs: BHC Referrals
   Staff Overview (Handout for Introducing new BHC)

TOOLS FOR BHCS AND PCPS TO USE IN INTERVENTIONS WITH PATIENTS

ACCEPTANCE AND COMMITMENT THERAPY

BEHAVIORAL HEALTH PRESCRIPTION PAD*

Your Behavioral Health Consultant at Your Clinic
1213 Fourth Avenue, Your Town, USA
Your Phone

Plan:

*This format is useful with patients who are struggling with emotions, such as sadness and fear. The BHC or PCP can explain that the figures at the top represent people experiencing negative thoughts and emotions, as most people do from time to time. Then, he or she can ask the patient if he or she would like to learn ways to have these emotions without giving up on the things most people enjoy and value (represented by figures at the bottom of the pad). The BHC or PCP can teach mindfulness strategies to help the patient be present with the unwanted feelings at the top of the pad and help the patient plan specific activities related to the patient's values represented by figures at the bottom of the pad (e.g., enjoying the outdoors, caring for his or her body, caring for animals, being a part of a family/community/strong work group, being able to dance/have fun/enjoy music, working hard/being a team player/getting to the top, etc.). To complete the visit, the BHC or PCP can jot down the behavior change plan on the pad. We often have these pads made with pressure sensitive copies, so that the BHC or PCP has a copy

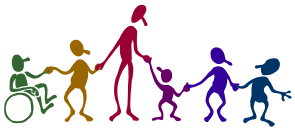
for reference when charting or dictating after the visit. This supports more specificity in behavioral planning and in questioning in follow-up visits.

Note: We provide another version of a Behavioral Health Prescription Pad (the Bull's Eye) in Chapter 10, along with instructions for using it.

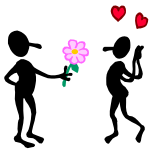
PRIMARY CARE PATIENT VALUES PLAN*

Area of Life	Intention	Barrier	Plan

1. Family and Friends

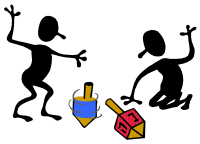


2. Partner



3. Work

4. Leisure



5. Spirit

6. Body

There are a variety of ways that the BHC or PCP can use the Primary Care Values Plan (PCV Plan). Its general purpose is to bring the patient's values into the process of planning long-term lifestyle changes to improve quality of life.

Prior to starting the planning process, the provider (whether BHC or PCP) needs to explain the difference between a goal and a value. Goals are specific, objective plans (e.g., walk outdoors 20 minutes daily), while values are global and abstract (e.g., treat my body well so that it treats me well).

Here are two possible ways for a provider to use the PCV Plan in visits with patients.

1. The provider may simply ask the patient to talk about his or her values in one or more of the 6 areas/dimensions. This lays the groundwork for future discussions. The provider can begin by suggesting, "In a world where anything was possible, what would your intention be in regards to _____ (your family and friends / partner / work / leisure time / spirituality / body)?" As the patient talks, the provider can make a few notes and conclude the visit by summarizing what he or she has heard. The provider should express appreciation to the patient for the discussion and suggest spending more time discussing the patient's values in future visits.
2. The provider may also use the form to establish a behavioral plan. This begins by asking the patient to select one value dimension that is of importance in their lives at the present moment. The provider can then listen and make notes on the form as the patient explains his or her value and intention. Next, the provider can ask the patient to explain which of his or her behaviors in the past week has reflected the stated value or intention. As the patient talks, the provider can reinforce value-based actions and/or record perceived barriers to action on the form. The provider might then ask the patient to generate ideas for feasible behavioral experiments that could be performed over the subsequent few weeks. The goal of the experiments is to see if they bring the patient closer to his or her stated values. The pros and cons of each experiment can be discussed to produce a specific plan that can be charted.

The provider can use a PCV Plan over multiple visits, and more than one provider can facilitate a patient's work on the plan.

PLEASE PLACE PT LABEL HERE

Date: _____

BHC DIABETES SCREENER

1. How much do you know about how to manage your diabetes?

1 2 3 4 5 6 7 8 9 10

Nothing A lot

2. How much do your friends and family know about your diabetes?

1 2 3 4 5 6 7 8 9 10

Nothing A lot

3. How much do family/friends support you in managing your diabetes?

1 2 3 4 5 6 7 8 9 10

Not at all A lot

4. Please list dietary changes you need to make for your diabetes: _____

_____

5. How motivated are you to make these dietary changes?

1 2 3 4 5 6 7 8 9 10

Not at all Very

6. How confident are you that you can make the necessary dietary changes?

1 2 3 4 5 6 7 8 9 10

Not at all Very

7. How motivated are you to make changes in exercise to help your diabetes?

1 2 3 4 5 6 7 8 9 10

Not at all Very

8. How confident are you that you can make the necessary changes in exercise?

1 2 3 4 5 6 7 8 9 10

Not at all Very

9. How motivated are you to begin testing your glucose regularly?

1 2 3 4 5 6 7 8 9 10

Not at all Very

10. How confident are you that you will test your glucose regularly?

1	2	3	4	5	6	7	8	9	10
Not at all									Very

11. How motivated are you to take your medicines as prescribed?

1	2	3	4	5	6	7	8	9	10
Not at all									Very

12. How confident are you that you will take your medicines as prescribed?

1	2	3	4	5	6	7	8	9	10
Not at all									Very

13. How much control do you think you can have over diabetes?

1	2	3	4	5	6	7	8	9	10
None at all									Complete Control

14. How often do you worry about your diabetes?

1	2	3	4	5	6	7	8	9	10
Never									Constantly

15. How much will your work (or housework) or school schedule interfere with your diabetes self-care?

1	2	3	4	5	6	7	8	9	10
Not at all									A lot

16. How much stress do you have in your daily life?

1	2	3	4	5	6	7	8	9	10
None at all									A lot

17. How much will stress interfere with your diabetes self-care?

1	2	3	4	5	6	7	8	9	10
Not at all									A lot

18. Please list below any other concerns you have about managing your diabetes.

19. Please list below any questions you have about your diabetes.

20. Please list any mental health diagnoses you have had: _____

PATIENT EDUCATION HANDOUTS

FOR ADULT PATIENTS

BEATING INSOMNIA

For many people, insomnia is a learned problem. Repeated nights spent worrying or tossing and turning in bed teaches the body to associate the bed with arousal and alertness, when instead we want the body to associate the bed with relaxation and drowsiness. In order to break this problem we need to help the body "relearn" to associate the bed with sleepiness. The steps below will do this. Read them carefully, follow them closely, and call the clinic if you have any questions. You can sleep better!

STEP 1: DO NOT GO TO BED UNTIL YOU ARE VERY DROWSY (NO MATTER WHAT TIME IT IS!).
Do not go to bed according to the clock. Instead, go to bed only when you are so drowsy you can barely stay awake. You might end up getting in bed long after your usual bed time if you do this, but that's ok. With time, you will get drowsy earlier in the night.

STEP 2: IF YOU ARE AWAKE IN BED MORE THAN 20 MINUTES, GET OUT OF BED AND DO SOMETHING RELAXING.
This is very important! Remember that by lying in bed a long time awake, you are teaching your body to associate the bed with wakefulness. We want the opposite to happen, so you must leave the bed if you're not sleeping. When you get out of bed, avoid doing activities that excite you or make you tense. Instead, do something relaxing.

STEP 3: WHEN YOU BEGIN TO FEEL DROWSY AGAIN, TRY GOING TO BED AGAIN.
If you again lie awake in bed for 20 minutes, it's important to go back to Step 2 by getting out of bed. Repeat Steps 2 and 3 until you eventually fall asleep. When you start this program, you might need to repeat these steps several times until you fall asleep, but this will improve after 1 week for most people.

STEP 4: GET OUT OF BED AT THE SAME TIME EACH DAY.
No matter what time you fall asleep during the night, make sure to get up at about the same time each day (even weekends). Do not stay in bed more than 1 hour later than your usual waking time.

STEP 5: DO NOT NAP DURING THE DAY.
If you absolutely must nap, limit the nap to 20 minutes. You might want to set a timer to make sure you don't sleep longer.

MOST IMPORTANTLY: HAVE PATIENCE!
Chronic insomnia doesn't develop overnight and it doesn't go away overnight. In fact, most people who follow these steps find their sleep gets worse before it gets better. However, in 1-2 weeks, you should notice significant improvement in your sleep if you follow these steps closely.

SWEET DREAMS!

THE "CALM" EXERCISE

This relaxation strategy is designed to help you relax muscles that have become tense due to stress. Because you have immediate and direct control over your muscles, you can learn to relax them on command. However, this is a skill that requires practice.

As the word "CALM" is used here, each letter stands for a particular muscle group to relax. The "C" stands for chest, "A" stands for arms (including hands and shoulders), "L" stands for legs (including feet), and "M" stands for mouth (including the jaw).

For this exercise, say the word "CALM" to yourself. If you are able, close your eyes so you can concentrate better. As you repeat the word to yourself, scan each of the four areas for muscle tension, then relax that area. Move from the Chest to the Arms to the Legs to the Mouth, scanning for tension and releasing any that exists, as you rehearse the word "CALM".

Repeat this as long as needed, but at least 30-60 seconds. If you are using a particular muscle group and so cannot relax it (e.g., if you are walking down the street), simply focus on the other muscle groups.

The CALM Exercise

Chest: Chest/torso sinks back into the chair
Arms: Shoulders and arms sag, hands rest in lap
Legs: Loose and flexible, not crossed
Mouth: Jaw drops slightly

CHANGE PLAN WORKSHEET

Here's a way to think about making some changes….

1. The changes I want to make are (right now or in the future):

2. The steps I plan to take in changing are:

3. The ways other people can help me are:

Person	Possible ways to help

4. Some things that could interfere with my plan are(e.g., boredom):

5. How realistic is this plan? How likely are you to follow through with it?

YOUR CONFIDENCE IN SUCCESSFULLY MAKING THIS CHANGE

1	2	3	4	5	6	7
NOT AT ALL CONFIDENT						EXTREMELY CONFIDENT

DIAPHRAGMATIC BREATHING TIPS

If you've taken Lamaze classes before, you might have been taught diaphragmatic breathing. This relaxation strategy involves breathing in a slow and deep fashion using your diaphragm, which is a muscle that separates your abdominal and chest cavities. Breathing with the help of the diaphragm is the most natural way for your body to breathe (as opposed to using your upper chest).

You can tell you are using your diaphragm to breathe if your stomach expands as you breathe in (like a balloon filling up with air). You can check for this during breathing by placing one hand on your stomach and one on your chest, then watching them as you breathe deeply. The hand on your stomach should be moving up and down more than the one on your chest. Check for this when you practice diaphragmatic breathing until you are certain you're doing it correctly.

Here's the basic breathing procedure:

1) Breathe in deeply and slowly (about 4 seconds) through your nose.

2) Breathe out deeply and slowly (again about 4 seconds) through your mouth, allowing the air to fully escape.

3) Repeat this procedure for 30-60 seconds, or as long as needed.

Keep in mind that diaphragmatic breathing is a skill that requires practice. Like all skills, some people will have more trouble learning it than others. For most people, diaphragmatic breathing feels awkward initially. Stick with it! With practice, you will begin to feel more comfortable with it and will be able to use it more effectively.

THE ABC'S OF HABIT CHANGE

Are you hoping to change your diet; exercise more; stop smoking; eliminate caffeine or alcohol from your diet; or make some other change in behavior? If so, you are trying to develop a new habit. The steps below can guide you through this process…give them a try!

STEP 1: PRIORITIZE.

If you have more than one habit to change, don't try to change them all at the same time. Start with the most important or, alternatively, the easiest.

STEP 2: CHOOSE SPECIFIC AND MEASURABLE GOALS.

GOOD:	NOT AS GOOD:
walking/swimming/tennis regularly	getting into shape
eat less fatty food/cholesterol	change my diet
schedule more relaxation, call friends more	manage my stress better

STEP 3: BREAK YOUR OVERALL GOAL INTO SMALLER PIECES.

WALKING REGULARLY: Buy walking shoes; walk 10 minutes 3 days/week; increase as able
EAT LESS FAT/CHOLESTEROL: Buy new cookbook; buy low-fat/cholesterol foods; reduce intake by ¼ for 2 weeks
MORE RELAXATION/FRIENDS: Call 2 friends this week; go bowling this week

STEP 4: MAKE SURE EACH PIECE IS REALISTIC.

GOOD:	NOT AS GOOD:
Walk for 10 minutes	Walk for an hour everyday, rain or shine!
Count calories, cut back as needed	Never eat junk food again
Call one friend I've been out of touch with	Re-connect with all my friends
Schedule 15 minutes of relaxation daily	Take an hour to myself everyday

STEP 5: SET A DATE FOR COMPLETING EACH PIECE.

Examples: I'll buy my walking shoes by Tuesday
I'll call my friend this weekend
I'll buy different food on tomorrow's grocery trip

STEP 6: MAKE IT FUN—REWARD YOURSELF; PICK A FUN WAY TO CHANGE THE BEHAVIOR.

STEP 7: HAVE A RELAPSE PLAN.

- Don't panic! Problems/slips happen, you can get back on track
- Revise your goal (is it unrealistic? no fun? not clear?)
- Review your reasons for wanting to change
- Enlist someone for support

HEALTHY SLEEPING TIPS

If you've been having trouble sleeping, check out the suggestions below. Sometimes making just a few adjustments in your lifestyle can help sleep a lot.

1. AVOID ALCOHOL WITHIN 2 HOURS OF BEDTIME. Although alcohol may help you fall asleep faster, it will also lead to broken, lighter sleep. You don't have to stop alcohol completely, but do not drink close to bedtime.
2. AVOID SMOKING/DIPPING WITHIN 2 HOURS OF BEDTIME. Many people feel smoking/dipping is relaxing, but actually nicotine is a stimulant that may make it harder to sleep. If you must smoke/dip at night, be sure not to do so close to bedtime.
3. DO NOT EXERCISE OR TAKE A HOT BATH WITHIN 2 HOURS OF BEDTIME. Either of these activities will help if done earlier in the day or evening, but anything that raises your body temperature close to bedtime will hurt your sleep.
4. AVOID CAFFEINE IN THE EVENINGS. Some people are very sensitive to caffeine, so be sure to avoid it at night. Remember that tea, chocolate and colas, as well as coffee have a lot of caffeine.
5. KEEP SNACKS LIGHT. If you snack before bed, avoid heavy, greasy foods or anything you know might upset your stomach. If you wake during the night, try not to snack.
6. MAKE SURE YOUR BEDROOM HELPS YOUR SLEEP! Make sure your mattress is comfortable, the temperature is right in the room, and there is not too much noise. Sometimes just adding another blanket, playing soft music, or wearing ear plugs can make a big difference.
7. USE YOUR BED FOR WHAT IT'S BEST FOR: SLEEPING (NOT WATCHING TV!). Avoid worrying, arguing, watching TV, or reading in bed. If you do these activities, try to do them outside the bedroom. Also, avoid tossing and turning for more than 20 minutes. If you can't sleep, leave the bed to do something relaxing until you are tired again.
8. HAVE A PRE-BEDTIME ROUTINE. Prepare your body for sleep by keeping the same routine each night close to bedtime. After a short time, your body will start to expect sleep when you start your routine.

If your sleep continues to be a problem after trying these suggestions, be sure to mention it to your primary care provider. He or she can refer you to the Behavioral Health Consultant, who may have additional suggestions.

MANAGING CHRONIC PAIN: THE BASICS

FIRST, A LITTLE BACKGROUND: "Chronic pain" is pain that lasts longer than 3 months. This can be very frustrating because there might be no quick fix and doctors might not even be able to explain the cause of the pain. As a result, it is extremely important for people with chronic pain to begin thinking about how to live a healthy, satisfying lifestyle despite the pain. What follows are some tips for making this happen. Give 'em a try!

1. ACCEPT THE PAIN: It might sound odd, but people actually do best when they accept that they have pain that might not go away. "Accepting the pain" means realizing your doctor can't cure the pain. It means you begin to work on living life again, despite the pain. Try to focus on improving your functioning rather than decreasing your pain.
2. UNDERSTAND THE DIFFERENCE BETWEEN "ACUTE" AND "CHRONIC" PAIN: Acute pain is that which usually results from an injury (for example a sprain or cut or broken bone). Treatment for this often involves resting the injured area to allow it to heal. However, with chronic pain, the original cause of the pain has usually healed. As a result, resting is not likely to help. In fact, it often makes the problem worse.
3. BEGIN TO EXERCISE: The decrease in activity that often occurs with chronic pain can make the pain worse. When you are less active, you lose muscle strength and flexibility. This means that an activity that caused pain before might cause even more pain after a period of rest. To avoid the cycle this can produce, ask your doctor or physical therapist for some simple stretching and strengthening exercises to try.
4. PACE YOUR ACTIVITIES: People with chronic pain often avoid chores or other activities on "bad pain days" and then try to make up for this by doing a lot on "good pain days". Unfortunately, this usually produces a flare-up in pain after a good pain day, which results in more rest and inactivity. This back-and-forth worsens the pain problem. To avoid this, try to do the same amount of activity on good days as you do on bad ones. Do not do less activity on bad days and do not do more on good days.
5. PRACTICE RELAXATION: Have you noticed that your pain worsens when you are stressed or upset? Stress naturally produces muscle tension, which can worsen pain. Ask your doctor about ways to relax your muscles when you feel tense, then practice these at the first signs of stress or increased pain.
6. DISTRACT YOURSELF WHEN YOU HAVE PAIN**:** We have all heard stories of athletes who get injured but continue to play. When focused on the game an athlete doesn't notice pain as much. Try this yourself: When you feel pain, find something to distract yourself. The less you think about your pain, the less it will bother you.
7. TRY NOT TO WORRY ABOUT THE PAIN. Remember that for chronic pain, pain is not the same as injury. Worry increases muscle tension which increases pain.

PROGRESSIVE MUSCLE RELAXATION

Both diaphragmatic breathing and the CALM exercise are helpful for breaking up stress when it starts to occur. Sometimes, though, they do not produce the deep level of relaxation that is desired. Other times, they are not enough to break up stress (for example, when it is very intense). For such times, progressive muscle relaxation (PMR) can be very helpful. It requires more time and a quiet environment, but the results can be very worthwhile!

PMR involves tensing one muscle group to about 1/3-2/3 maximum tension for 4-5 seconds, followed by a complete release of tension for 45-60 seconds. The muscle group is then tensed again and given a second release period. After completing both cycles, the next muscle group is used. The muscles used and the positions for tensing them are presented below:

1. BOTH LEGS: Lift both legs off the ground, straighten your knees and point your toes toward your head.

2. CHEST: Take a very deep breath (through the upper chest, not the diaphragm) and hold it.

3. BOTH ARMS: Turn your palms up, then make a fist. Bring your fists up to your shoulders while tensing the biceps.

4. ABDOMEN: Tighten these muscles as if you were about to be elbowed in the stomach.

5. SHOULDERS: Lift both shoulders up toward your ears.

6. BACK OF NECK: Tuck in and lower your chin toward your chest.

7. FOREHEAD: Raise your eyebrows.

8. EYES: Squint.

HELP FOR PREMATURE EJACULATION

Premature ejaculation is a common condition in which orgasm occurs before or shortly after intercourse begins. It is a harmless condition but can cause stress in the relationship.

Your partner's help will be important for overcoming premature ejaculation. One way she or he can help is to work with you on becoming more aware of each other's bodies. Practice caressing each other's body without intercourse. When doing this, focus on the pleasures of touch and don't worry about having intercourse. In fact, do not plan intercourse during these interactions.

Another way your partner can help is called the "squeeze technique". For this, engage in sexual activity (including penile stimulation) without intercourse until you are almost ready to ejaculate. At that time, have your partner squeeze the head of your penis for several seconds. After the pressure has decreased, wait about 30 seconds. After waiting, you may continue foreplay. Repeat this process until both you and your partner are ready to climax. The goal of this technique is for the man to become accustomed to the feeling of delayed ejaculation. After several sessions, regular intercourse may be tried without the squeeze technique. This can also be practiced during masturbation.

Remember that the most common problem related to premature ejaculation is relationship stress. A partner might feel frustrated and need to talk about the problem. Enlisting his or her help (using the squeeze technique or perhaps just being patient) can take some pressure off the sexual act. Remember also that premature ejaculation has nothing to do with masculinity or "weakness" and that it can be overcome.

STRESS:
WHAT IT IS AND HOW TO RECOGNIZE IT

"Stress" is defined as a change in emotions, behavior, and/or physical functioning resulting from a perceived threat. Emotional changes include how you feel "on the inside" (your mood, for example). Behavioral changes include changes in what you do or how you act. Physical changes include actual changes in how your body functions or feels.

The first step to managing stress is to notice how it affects you. Once you recognize stress, you can catch it early and work on managing it. Stress affects us all differently, but most people experience the same effects over time.

HOW TO USE THIS HANDOUT:

1) Review the list below and circle those things that usually happen to you when you feel stressed.
2) Watch for these changes in your daily life.
3) When you notice one or more of these changes, use relaxation or some other stress management technique to break up the stress.

If you catch stress early and often, you can prevent it from becoming a problem!

Physical	Emotional	Behavioral
Headaches	Sad	Increased substance use (cigarettes,
Stomach problems	Angry	alcohol, drugs, caffeine)
Muscle aches/tension	Impatient, irritable	Isolate/withdraw from people
Flushed/warm face	Feeling Guilty	More aggressive (yelling, swearing,
Increased heart rate	Nervous/anxious	throwing things, fighting)
Decreased/increased appetite	Lose interest in things	Increased/decreased eating
Decreased/increased sleep	Hard to concentrate	Decreased activity level
Increased muscle/joint pain	Hopelessness	Talking more/less
Being ill more than usual	Thoughts of suicide/homicide	Arguing more/snapping at people

(Note: There are other physical, emotional and behavioral changes that can occur with stress. You might notice some in yourself that are not on this list. Some of these changes can also result from a medical condition. Talk to your doctor about these problems.)

See your Behavioral Health Consultant if you would like more information on stress.

PATIENT EDUCATION HANDOUTS

FOR PARENTS

TREATMENT ROUTINE FOR NOCTURNAL ENURESIS

This procedure will help you help your child with the problem of bedwetting. When a good behavior plan is followed consistently, results are usually positive. Follow these steps carefully and call if you have questions.

1. Use either a pad or sensor that attaches to underwear (see your provider about this). This device will sound as soon as your child begins to urinate.

2. Follow the below routine when the alarm sounds on the pad or sensor:

    a. Ensure the child goes to the bathroom. There may only be a couple of drops left in the bladder but s/he must still go to the bathroom.
    b. Have your child remove soiled clothing and dispose of them in the proper place.
    c. Have your child clean his or her body with soap and water.
    d. Have the child put on clean underwear/clothing.
    e. Have the child put on clean bed sheets and reattach the alarm.

3. Avoid scolding your child, putting him/her down, or penalizing him/her in anyway. Instead, simply follow the above steps and act in a supportive manner.

4. Reward dry nights. Usually this can be done by granting a sticker for each dry night, and arranging ahead of time for stickers to be turned in for rewards. This part of the plan should be discussed with the Behavioral Health Consultant before starting.

5. Be patient! Most cases will resolve in 2-3 months if the above plan is followed consistently.

IDEAS FOR GREAT REWARDS

(See Also the "USING REWARDS WITH YOUR CHILD" Handout)

Many parents use rewards to try to change a child's behavior. For example, you've probably said, "If you clean your room today, you can have pizza for dinner!" or "When you finish your homework, then you can visit your friend." There are many things you can use for rewards, and most don't cost any money. The best rewards are probably the things your child likes to do in his or her spare time. The list below contains many examples. Check it out and see if they might work for your child.

Having a friend stay overnight
Choosing what is for dinner
Staying up 15 minutes later than usual
Going on a walk with Mom or Dad
Having a friend over to play
Selecting a movie to rent
Fifteen minutes of "special time" with Mom or Dad
Having a friend over for dinner
Mom or Dad does one of the child's chores for the day
Getting to pick a favorite food on the next grocery trip
Going to visit a friend during the day
Rental of a video game
Going to a friend's house for the night
One penny (or nickel or dime, etc.)
A smiley sticker (or some other sticker that s/he likes)
Having Mom or Dad read to him or her 15 minutes
Going to the pet store to look at pets
Choosing the screensaver for the family computer
Buying a small toy

If you'd like more information on how to use rewards effectively to improve your child's behavior, ask to see the Behavioral Health Consultant in the clinic. A second handout titled, "Using Rewards with Your Child," might also be helpful for you to read. Good luck!!

USING REWARDS WITH YOUR CHILD

Many parents try at one time or another to manage a child's behavior by providing rewards. The good news is that reward plans can work great. The bad news is that developing a good reward plan can be tricky. Many times when parents get frustrated with a reward plan it's because the plan wasn't developed quite right. If you're using rewards with your kids, check out the ideas below. If you'd like more information or help, ask your provider about seeing the clinic's Behavioral Health Consultant. Good luck!

BE SPECIFIC ABOUT WHAT BEHAVIORS EARN THE REWARD

Asking a child to "clean your room" to get a reward might cause problems because your idea of "clean" probably differs from your child's. Instead, you might say, "Putting away all of your clothes and making your bed" earns the reward. (You might also make the bed yourself once to show your child exactly what "making the bed" means.)

DON'T TRY TO WORK ON TOO MANY BEHAVIORS AT ONCE

Select 1 or 2 behaviors that concern you the most and focus on these. Choose your battles carefully!

INVOLVE YOUR CHILD IN CHOOSING REWARDS

Of course, you're the final authority on what rewards are possible, but ask your child for ideas. (S/He'll have plenty!) The key is to find rewards that your child gets excited about. Also think about what activities your child chooses to do during free time. Those activities will probably make great rewards. And remember, rewards don't have to cost money. (See the "Great Rewards Ideas" handout for ideas).

MAKE IT EASY FOR YOUR CHILD TO GET THE REWARD

We want your child to get the reward, because that means s/he is behaving appropriately. Also, in order for the appropriate behavior to occur again it needs to be rewarded. Thus, make it easy for your child to earn a reward at the beginning. As his/her behavior improves, you may gradually make it harder to get a reward.

EXPLAIN THE PLAN TO YOUR CHILD

Before starting, take a few minutes to sit down with your child and explain exactly what behaviors will be rewarded, what rewards are possible, and when the plan will start. Your time will be well spent!

BE CONSISTENT

Using rewards one day but not the next, or failing to give rewards that have been earned, will almost surely prevent the rewards from being successful. (Think of it this way…would you go to work everyday and work hard if your employer only paid you some of the time?)

DEVELOP NEW REWARDS AS NEEDED

Rewards often lose their power over time. This doesn't mean the plan stopped working, it simply means you might need to find some new rewards that will excite your child again.

REMEMBER TO PRAISE YOUR CHILD, TOO!

Every time you give a reward, give lots of praise, too. Praise is a reward, and will also increase the positive feelings between you and your child.

USING TIME-OUT WITH YOUR CHILD

WHAT IS TIME-OUT? Time-Out is a punishment given to children when they act inappropriately. It involves sending the child to a specific chair or room if he or she refuses to stop acting out. She or he stays in the room/chair for a set amount of time. However, he or she is not released from Time-Out unless calm (see "General Guidelines" below).

WHEN SHOULD I USE TIME-OUT? Parents might use this if a child is yelling, whining, being aggressive, refusing to listen, or in other situations where the child's behavior is a problem. Time-Out should NOT be used for sadness or nervousness; only use it for disruptive behavior.

HOW DOES TIME-OUT WORK? By removing the child when he or she acts out, you remove any possibility that the behavior will be rewarded. Also, the child learns that acting out has a cost. Together, this makes the child less likely to act out again in the future.

GENERAL GUIDELINES FOR USING TIME-OUT

SELECT A TIME-OUT SPOT AHEAD OF TIME
Your Time-Out spot can be a chair placed in the corner of the room you're in; or it can be a separate room. Choose your spot ahead of time and use the same spot for each Time-Out. If you decide to use a room that will be out of your sight (for example, the child's bedroom), make sure there is nothing fun for the child to do in the room.

WARN YOUR CHILD BEFORE SENDING HIM OR HER TO TIME-OUT
First, use a simple statement to ask your child to stop the behavior (for example: "Please stop changing the channels on the TV").

→ Wait 10 seconds. If the behavior doesn't stop, warn the child about Time-Out:
"If you don't stop changing the TV channels, it will be a Time-Out."

→ Wait 10 seconds again. If the behavior doesn't stop, give the Time-Out.
"You didn't stop changing the channels. That's a Time-Out."

DO NOT INTERACT AT ALL WITH YOUR CHILD DURING TIME-OUT
Do not check on, talk to, or comfort your child during Time-Out. Ignore any of his or her comments.

USE THE CORRECT AMOUNT OF TIME
Time-Out should last less than 5 minutes if your child is age 5 or younger. Add one minute for each year over 5 (for example, an 8 year-old would need 8-minute Time-Outs). Use a timer if possible.

WHAT IF MY CHILD WON'T GO??
For every 10 seconds that your child refuses to go to Time-Out, add one minute. For example, if your 5 year-old child refuses to go for 20 seconds, he or she must stay in Time-Out for 7 minutes (5 minutes plus 2 extra minutes for the two 10-second delays). Announce the extra minutes every 10 seconds (for example, after the first 10 seconds of delay say, "Okay, that's six minutes.") Do not use Time-Out for longer than 10 minutes, however.

STAY CALM WHEN SENDING THE CHILD TO TIME-OUT
Keep a neutral and calm appearance, and do not yell. However, be firm.

DO NOT TALK ABOUT THE PROBLEM AFTERWARD
Do not make your child apologize after the Time-Out; praise for calming down is okay.

THE CHILD MUST BE CALM AT THE END OF THE TIME-OUT
If the time is up and the child is still acting-out, add 1 more minute. If he or she is not calm at the end of that minute, add 1 more. Continue this as needed, but do not use more than 10 minutes total time. Tell the child each time you add 1 minute ("You're still yelling, so that's one more minute.")

HANDOUTS FOR BHCS TO USE TO INFLUENCE AND SUPPORT PCPS

BHC REFERRALS

COMMON REFERRALS:

- ✓ Typical psych complaints (anxiety & mood disorders, grief, stress, ADHD, substance abuse, etc.)
- ✓ Tension or Migraine HA
- ✓ Hypertension
- ✓ Diabetes
- ✓ Back pain, headaches, or other chronic pain
- ✓ Fatigue without medical etiology
- ✓ Hyperlipidemia
- ✓ Obesity
- ✓ Smoking cessation
- ✓ Parenting and behavioral problems in kids

OTHER APPROPRIATE BUT LESS COMMON REFERRALS:

- ✓ Temporomandibular Disorder (TMD)
  - o often successfully treated with habit-reversal and stress management education
- ✓ Habit-reversal (Thumbsucking, Fingernail-biting, Hair-pulling)
- ✓ Acute post-trauma problems
  - o recent evidence that early behavioral intervention can prevent PTSD
- ✓ Irritable Bowel Syndrome w/o clear psychiatric comorbidity
  - o behavioral interventions can reduce IBS sx
- ✓ Some dermatological problems (urticarias, alopecia, hyperhydrosis)
  - o often worsened by stress
- ✓ Chronic nonspecific dizziness
  - o 2001 study showed 2/3 of chronic dizziness patients had panic attacks
- ✓ Irritable Bladder Syndrome
  - o patients may need a behavioral plan to gradually increase time between voids
- ✓ Patients currently doing well, but w/ a history of chronic problems or high relapse risk
  - o patients often utilize BHC instead of PCP in a future crisis or for case management needs (thus decreasing the load on PCP)
- ✓ Every newly diagnosed diabetes patient
  - o BHC will screen for potential problems, intervene before problem develops

BHC USES YOU MIGHT NOT HAVE THOUGHT OF:

- ✓ Information-gathering calls (e.g., to school, other health care providers)
  - o such persons often will call BHC for future needs because of easier access, thus decreasing your phone call load
- ✓ Complete medication contracts with patients
- ✓ Gather history on a work-in with acute psychiatric symptoms
- ✓ Gather history on a scheduled patient with psychiatric problems when you are behind
- ✓ Return phone call to patient with psychiatric complaints

YOUR NEW BEHAVIORAL HEALTH CONSULTANT: WHO I AM AND WHAT I'M DOING HERE

WHO IS THIS GUY (GAL)? Your consultant, _____, is a _____ who has recently moved to the area. I am not a physician and do not prescribe medications. Instead, I use "talk" interventions with patients.

WHAT DOES A BEHAVIORAL HEALTH CONSULTANT DO? My role here is to provide CONSULTATION TO THE PHYSICIANS when they have patients whose problem is at least partly psychosocial. This includes patients whose stress is affecting their medical condition, as well as patients whose primary problem is psychiatric. Thus, I'm just as likely to see patients with headaches or insomnia or gastrointestinal problems as I am to see patients with depression or anxiety.

WHAT WILL YOU ACTUALLY DO WITH PATIENTS? It might be easier to describe what I *won't* be doing. As a consultant, I won't be doing traditional "therapy" with patients. When a physician identifies an acute problem that needs my attention, I will see the patient briefly to help the patient and physician figure out a treatment plan. I will often only see the patient once or twice, and for brief visits. The goal is to teach the patient some self-management techniques, which their physician can support and monitor. I'll focus on small changes with patients, not broad or major life changes. If patients need more than I can offer, we will still try to refer them to a specialty mental health service.

HOW DO PATIENTS GET SCHEDULED WITH YOU? Because I am a consultant, patients must be referred to me by their physician. If the patient can stay, I will typically see him/her right after they see the physician, then I might schedule him/her for follow-up appointments.

HOW WILL YOU DOCUMENT PATIENT VISITS? I will chart in the medical records, just like a regular medical visit. I'll dictate many of my notes.

WHAT WILL YOU DO WHEN NOT SEEING PATIENTS? This is a very new way of delivering mental health care to patients, and has never been done at this organization. Thus, I will initially be getting the service organized and educating staff about the service. I'll also work on developing patient education handouts, group medical visits and other special services.

If you've read to here, congratulations! Thanks for reading, and please feel free to discuss with me any questions you have. I look forward to working with you all!

Dr. / Ms. / Mr. _____, BHC ext. _____