

# Core Interventions and Clinical Applications (Module 3)

## Learning Objectives

By the end of this module, learners will be able to:

- Implement evidence-based brief interventions appropriate for PCBH settings
- Explain the primary advantage of delivering behavioral activation via telehealth.
- Apply specific interventions for common conditions seen in primary care

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## Executive Summary

The Primary Care Behavioral Health (PCBH) Training program equips healthcare teams with the knowledge and skills to deliver fully integrated, evidence-based care. At its core, the PCBH model recognizes the undeniable link between physical and behavioral health and brings behavioral health expertise directly into the medical home. With the addition of telehealth technology, this approach ensures patients can access high-quality, coordinated services regardless of location or resource barriers.

Module 1 introduces the need for integrated behavioral health, highlighting how conditions like depression, anxiety, chronic pain, and sleep disorders impact medical outcomes. It explains how the PCBH model, enhanced by telehealth, provides a systematic and accessible solution by embedding behavioral health within primary care. Module 2 shifts focus to team effectiveness, emphasizing the importance of clear roles, cross-discipline collaboration, and strong communication processes. These elements are especially vital in telehealth-enabled PCBH, where providers may be working across different locations and systems. Module 3 centers on evidence-based brief interventions—the heart of PCBH—demonstrating how skill-based, immediately applicable strategies can be effectively delivered both in person and via telehealth to improve health and wellbeing.

Together, the three modules provide a comprehensive roadmap for implementing PCBH. Participants will understand the model's rationale, learn how to build high-functioning integrated teams, and gain practical clinical skills that improve outcomes and advance the Triple Aim of better care, improved population health, and reduced costs.

## **Introduction: Evidence-Based Brief Interventions in PCBH**

The heart of PCBH lies in delivering effective, evidence-based interventions within the brief timeframes available in primary care settings. Unlike traditional mental health treatment that may unfold over months or years, PCBH interventions are designed to provide immediate benefit while supporting ongoing medical care. These interventions aren't simply shortened versions of traditional therapies—they're specifically designed approaches that maximize impact within a limited time.

The integration of telehealth technology has expanded access to these interventions without diminishing their effectiveness. Research consistently demonstrates that brief behavioral health interventions deliver equivalent outcomes whether provided in person or through secure video platforms. This evidence base provides strong support for implementing PCBH services via telehealth, ensuring that patients receive high-quality care regardless of geographic location or transportation barriers.

Effective PCBH interventions share several characteristics: they're immediately applicable, skill-based rather than insight-oriented, focused on behavior change, and designed to complement medical treatment. They emphasize teaching patients concrete tools and strategies they can use right away to improve their health and wellbeing. This practical approach aligns perfectly with primary care's focus on helping patients manage their health conditions and improve their quality of life.

## Foundational Intervention Techniques

### Relaxation Training: Building Stress Management Skills

Relaxation training forms the foundation of many PCBH interventions because stress affects virtually every medical condition. Chronic stress contributes to hypertension, diabetes management difficulties, chronic pain, sleep problems, and numerous other health concerns. Teaching patients effective relaxation techniques provides them with tools they can use throughout their lives to manage stress and improve their overall health.

#### Deep Breathing Techniques

Deep breathing is often the first relaxation technique taught in PCBH because it's simple, immediately effective, and can be used anywhere. The technique focuses on controlled respiration that activates the body's natural relaxation response.

The basic technique involves having patients place one hand on their chest and one hand on their stomach, then breathing in a way that pushes the stomach out while keeping the chest relatively still. This diaphragmatic breathing is more efficient and naturally calming than shallow chest breathing. Patients breathe in slowly through their nose, hold briefly, then exhale slowly through their mouth while thinking of a calming word like "relax" or "peace."

When delivered via telehealth, deep breathing instruction is highly effective because patients can practice in their own environment where they'll actually use the technique. The BHC can observe the patient's breathing pattern through the video connection and provide immediate feedback to ensure proper technique.

#### Progressive Muscle Relaxation (PMR)

Progressive muscle relaxation teaches patients to recognize the difference between muscle tension and relaxation by systematically tensing and releasing different muscle groups. For primary care settings, PMR is typically adapted to focus on four main muscle groups: legs, arms, shoulders/abdomen, and face/neck.

The process involves tensing each muscle group for about five seconds, then releasing the tension and focusing on the sensation of relaxation for 10-15 seconds. Patients learn to notice where they carry tension in their bodies and develop the ability to release that tension consciously.

In telehealth delivery, PMR works particularly well because patients can practice in a comfortable, private environment. The BHC can guide the patient through the technique while observing their posture and providing encouragement. Many patients find it easier to relax in their own space rather than in a clinical setting.

#### Cue-Controlled Relaxation

Cue-controlled relaxation associates a specific environmental cue with a brief relaxation response. This technique is particularly valuable for busy primary care patients because it can be integrated into daily routines. Common cues include looking at a watch, hearing a phone ring, or walking through a doorway.

When the patient encounters their chosen cue, they take two deep breaths and consciously release any tension they're carrying. This creates frequent opportunities for brief relaxation throughout the day, preventing stress from building up to problematic levels.

## Visual Imagery

Visual imagery uses the power of imagination to induce relaxation. Patients are guided to create detailed mental images of peaceful, calming places using all five senses. The key is consistency; using the same image repeatedly builds a strong association between the mental picture and the relaxation response.

Effective imagery involves more than just visualizing a scene. Patients are encouraged to imagine what they would hear (waves, birds, wind), feel (warmth, breeze, soft sand), smell (ocean air, flowers, pine trees), and even taste in their peaceful place. The more vivid and detailed the imagery, the more effective it becomes.

Telehealth delivery of imagery techniques is particularly effective because patients can practice in a quiet, comfortable environment where they won't be interrupted. The BHC can guide the initial imagery session, then provide patients with recorded instructions they can use for ongoing practice.

## Sleep Interventions: Addressing a Common Primary Care Concern

Sleep problems are among the most common concerns addressed in primary care, affecting up to 30% of adults at any given time. Poor sleep contributes to numerous health problems, including diabetes, hypertension, obesity, depression, and anxiety. Brief sleep interventions in PCBH settings can significantly improve both sleep quality and overall health outcomes.

### Sleep Restriction Protocol

Sleep restriction is one of the most effective brief interventions for insomnia. The technique involves limiting the time spent in bed to match the actual time spent sleeping, creating mild sleep deprivation that helps patients fall asleep faster and stay asleep longer.

The process begins with patients tracking their sleep for one week to determine their average sleep time. Their time in bed is then restricted to match this average, plus 30 minutes. For example, if a patient sleeps an average of 6 hours but spends 8 hours in bed, their initial time in bed would be restricted to 6.5 hours.

As sleep efficiency improves (typically when it reaches 85% or higher), the time in bed is gradually increased by 15-30 minutes per week until the patient achieves their desired amount of sleep. This approach helps consolidate sleep and reduces the frustration of lying awake in bed.

Sleep restriction can be effectively implemented via telehealth, with patients tracking their sleep using simple logs and reporting progress during brief follow-up calls or video sessions. The BHC can monitor progress and adjust the protocol based on patient response.

### Sleep Hygiene Education

Sleep hygiene involves environmental and behavioral factors that promote good sleep. While sleep hygiene alone rarely resolves chronic insomnia, it provides important foundational habits that support other sleep interventions.

Key sleep hygiene principles include maintaining consistent sleep and wake times, creating a cool, dark, quiet sleep environment, avoiding caffeine and alcohol before bedtime, limiting screen time in the evening, and using the bed only for sleep and intimacy. Regular exercise promotes better sleep, but should be completed at least 3-4 hours before bedtime.

Sleep hygiene education is well-suited to telehealth delivery because patients can implement changes in their actual sleep environment. The BHC can even conduct virtual "bedroom assessments" to identify environmental factors that might be interfering with sleep.

## **Stimulus Control Procedures**

Stimulus control helps patients associate their bed and bedroom with sleep rather than with frustration and wakefulness. The basic principle is that patients should only be in bed when they're sleepy and likely to fall asleep.

Key stimulus control instructions include going to bed only when sleepy, getting out of bed if unable to fall asleep within 15-20 minutes, using the bed only for sleep and sex, maintaining consistent wake times regardless of sleep quality, and avoiding napping during the day.

These procedures help break the cycle of spending hours awake in bed, which can create anxiety about sleep and make insomnia worse. When delivered via telehealth, patients can implement stimulus control procedures in their own environment, making the intervention more naturalistic and effective.

## **Mood and Anxiety Interventions**

Depression and anxiety are the most common behavioral health concerns seen in primary care settings. Brief interventions for these conditions focus on symptom management and behavior change rather than extensive exploration of underlying causes.

## **Behavioral Activation for Depression**

Behavioral activation is based on the understanding that depression often involves a cycle of reduced activity, which leads to fewer positive experiences, which further reduces motivation and activity. Breaking this cycle by gradually increasing pleasant and meaningful activities can significantly improve mood.

The intervention begins with patients tracking their daily activities and mood to identify patterns. They then work with the BHC to identify pleasant activities they used to enjoy or might enjoy trying. These activities are gradually scheduled into their daily routine, starting with small, achievable goals.

Virtual behavioral activation is particularly effective because patients can implement activities in their natural environment. The BHC can help patients use screen sharing to review activity schedules, collaborate on identifying pleasant activities, and set up reminders through phone or text messaging.

## **Worry Management for Anxiety**

Excessive worry is a core feature of anxiety that can significantly interfere with daily functioning. Brief worry management techniques help patients gain control over worry patterns and reduce anxiety symptoms.

One effective technique is “worry time”—setting aside a specific 15-20 minute period each day for focused worrying. When worries arise outside this time, patients write them down and postpone thinking about them until worry time. During the designated period, they can worry about items on their list or use problem-solving techniques to address concerns that can be acted upon.

Another approach involves helping patients distinguish between productive and unproductive worry. Productive worry leads to problem-solving and action, while unproductive worry involves repetitive thinking about things that can't be controlled or changed. Patients learn to engage with productive worries through problem-solving and let go of unproductive worries through acceptance techniques.

## Problem-Solving Therapy Adaptations

Problem-solving therapy teaches patients a systematic approach to addressing life stressors and challenges. The brief PCBH version focuses on immediate problems that are contributing to health concerns or interfering with medical treatment.

The six-step problem-solving process includes:

- 1. Problem Identification:** Clearly defining the specific problem to be addressed, avoiding vague or overwhelming issues.
- 2. Goal Setting:** Establishing specific, measurable, achievable goals related to the problem.
- 3. Solution Generation:** Brainstorming multiple potential solutions without immediately evaluating their feasibility.
- 4. Decision Making:** Evaluating potential solutions using pros and cons lists or other decision-making tools.
- 5. Implementation Planning:** Creating specific, step-by-step action plans for implementing chosen solutions.
- 6. Follow-up Evaluation:** Reviewing progress and adjusting the approach as needed.

When delivered via telehealth, problem-solving therapy can utilize virtual whiteboards, screen sharing, and collaborative documents to make the process visual and interactive. Patients can work on their problems in their natural environment, where they'll need to implement solutions.

## Trauma-Informed Interventions

Primary care settings frequently encounter patients who have experienced trauma, whether recent or in the distant past. PCBH interventions for trauma focus on safety, stabilization, and symptom management rather than trauma processing, which is typically reserved for specialty mental health settings.

## Psychoeducation About Trauma Responses

Many trauma survivors benefit from understanding that their symptoms represent normal responses to abnormal events. Psychoeducation helps reduce self-blame and provides hope for recovery by explaining how trauma affects the brain and body.

Key educational points include explaining the fight-flight-freeze response, normalizing symptoms like hypervigilance and avoidance, discussing how trauma can affect sleep and concentration, and emphasizing that recovery is possible with appropriate support and treatment.

This education can be effectively delivered via telehealth, with BHCs using visual aids and handouts to help patients understand their experiences. The private nature of telehealth may actually make some patients more comfortable discussing trauma-related concerns.

## Grounding Techniques

Grounding techniques help patients manage overwhelming emotions and dissociative symptoms by focusing attention on the present moment. The “5-4-3-2-1” technique is particularly effective and easy to remember.

The technique involves identifying: 5 things you can see, 4 things you can touch, 3 things you can hear, 2 things you can smell, and 1 thing you can taste. This systematic focus on sensory input helps ground patients in the present moment and reduces overwhelming emotions or dissociation.

Other grounding techniques include deep breathing, progressive muscle relaxation, holding ice cubes or cold objects, listening to calming music, or engaging in repetitive activities like counting or naming objects in the environment.

## Safety Planning

Safety planning is crucial for trauma survivors who may be at risk for self-harm or who are currently in dangerous situations. The process involves collaborating with patients to develop specific plans for managing crisis situations and accessing help when needed.

Safety plans typically include: identifying warning signs that indicate increased risk, listing coping strategies that have been helpful in the past, identifying people who can provide support during crisis situations, listing professional contacts and crisis resources, and creating environmental safety measures.

When developed via telehealth, safety planning requires careful attention to the patient’s current environment and access to local emergency resources. BHCs must be familiar with crisis resources in the patient’s community and have protocols for coordinating with local emergency services when necessary.

## Substance Use Interventions

Substance use concerns are common in primary care settings, often co-occurring with medical conditions or interfering with medical treatment. PCBH interventions for substance use focus on brief interventions that can be delivered within primary care consultations.

## Motivational Interviewing Techniques

Motivational interviewing is particularly effective for substance use concerns because it addresses ambivalence about change rather than assuming patients are ready to quit using substances. The approach emphasizes patient autonomy and works to enhance motivation for change.

Key motivational interviewing techniques include:

- **Open-ended questions** that explore the patient’s perspective: “What concerns you about your drinking?”
- **Affirmations** that recognize patient strengths: “You’ve shown real courage in discussing this today.”
- **Reflective listening** that demonstrates understanding: “It sounds like you’re torn between wanting to cut back and worrying about how you’ll cope with stress.”
- **Summarizing** that pulls together key themes: “On one hand, drinking helps you relax after work, but on the other hand, you’re concerned about your health and your family’s reactions.”

These techniques can be effectively delivered via telehealth, with the visual connection helping maintain engagement and rapport. The private nature of telehealth consultations may make some patients more comfortable discussing substance use concerns.

### **Brief Intervention Protocols**

Brief interventions for substance use typically follow the FRAMES model: Feedback about risks, Responsibility for change, Advice about reducing use, Menu of options, Empathy, and Self-efficacy support.

The intervention begins with providing personalized feedback about the patient's substance use patterns and associated risks. Patients are given information about how their use compares to general population norms and what risks they may be facing based on their current consumption patterns.

The BHC then works with the patient to set realistic goals for reducing use, providing a menu of strategies and resources that can support change. The emphasis is on patient choice and self-determination rather than prescribed treatment approaches.

### **Harm Reduction Strategies**

For patients who aren't ready or able to stop substance use completely, harm reduction strategies can significantly improve health outcomes and safety. These approaches acknowledge that abstinence may not be immediately achievable while working to reduce the negative consequences of continued use.

Harm reduction strategies might include: using substances in safer environments, avoiding mixing different substances, staying hydrated, eating regularly, using clean supplies, avoiding driving while impaired, and having sober friends present during use.

While some healthcare providers are uncomfortable with harm reduction approaches, they can be highly effective in primary care settings where the goal is improving overall health rather than achieving abstinence from all substances.

### **Crisis Intervention and Safety Protocols**

PCBH services must be prepared to address crisis situations and ensure patient safety, particularly when services are delivered via telehealth. This requires specific protocols and competencies that account for the unique challenges of providing crisis intervention remotely.

## Virtual Crisis Assessment

Crisis assessment via telehealth requires careful attention to both clinical indicators and environmental factors. BHCs must be skilled in conducting thorough risk assessments while managing the limitations of virtual contact.

Key components of virtual crisis assessment include:

- **Verifying patient location and contact information** to ensure emergency services can be dispatched if needed
- **Assessing immediate safety** by evaluating the patient's environment and access to means of self-harm
- **Utilizing standardized risk assessment tools** like the Columbia Suicide Severity Rating Scale (C-SSRS)
- **Maintaining backup communication methods** throughout the session in case of technology failure
- **Having protocols for contacting local emergency services** when immediate intervention is required

The assessment process must be adapted for virtual delivery while maintaining the same thoroughness and accuracy as in-person evaluation. This may require additional time and careful attention to verbal and visual cues that might indicate increased risk.

## Safety Planning in Virtual Settings

Safety planning via telehealth involves collaborating with patients to develop written safety plans that they can access and implement in their own environment. The process is often more collaborative than in-person safety planning because patients are already in the environment where they'll need to implement the plan.

Virtual safety planning includes:

- **Collaborating on written safety plans** using shared documents or screen sharing
- **Identifying warning signs** that indicate increasing risk
- **Developing coping strategies** that can be implemented in the patient's environment
- **Establishing emergency contact procedures** with clear instructions for accessing help
- **Coordinating with local emergency services** to ensure appropriate response protocols
- **Providing clear instructions** for crisis situations, including local emergency numbers

The advantage of virtual safety planning is that patients can identify resources and supports that are actually available in their environment, making the plan more realistic and implementable.

## Emergency Procedures and Protocols

PCBH programs delivering services via telehealth must have clear emergency procedures that account for geographic separation between providers and patients. These protocols must be well-rehearsed and regularly updated.

Emergency procedures include:

- **Written emergency care and handoff plan** that specifies roles and responsibilities
- **Training for all personnel** on emergency protocols and local resources
- **Established relationships with emergency services** in communities served
- **Clear documentation requirements** for emergency situations
- **Quality improvement processes** that review emergency responses and identify improvement opportunities

All team members must understand their role in emergency situations and have access to current contact information for emergency services in the communities they serve.

## Adapting Interventions for Telehealth Delivery

While research demonstrates that behavioral health interventions are equally effective when delivered via telehealth, successful virtual delivery requires some adaptations to account for the technology interface and patient environment.

### Safety Planning in Virtual Settings

Building therapeutic relationships via video platforms requires attention to visual presentation, communication style, and technology management. Key considerations include:

- **Camera positioning at eye level** to maintain natural eye contact
- **Good lighting and clear audio** to ensure effective communication
- **Minimizing distractions** in both provider and patient environments
- **Using active listening techniques** with visual confirmation of understanding
- **Adapting body language and gestures** for the video format

The goal is to create as natural and comfortable an interaction as possible, despite the technology interface.

### Safety Planning in Virtual Settings

Patients receiving telehealth services are in their own environment, which creates both opportunities and challenges. BHCs must help patients optimize their environment for effective intervention delivery.

Environmental considerations include:

- **Ensuring privacy** for sensitive discussions
- **Minimizing distractions** from family members, pets, or technology
- **Creating a comfortable space** for relaxation or other interventions
- **Having the necessary materials available** for intervention activities
- **Planning for potential interruptions** and how to manage them

The home environment can enhance some interventions, such as sleep hygiene education or behavioral activation, because patients can practice skills in the setting where they will use them.

## Technology Troubleshooting and Backup Plans

Successful telehealth delivery requires preparation for technology failures and backup communication methods. Common issues include poor internet connections, audio/video problems, and platform difficulties.

Backup planning includes:

- **Testing technology** before sessions begin
- **Having alternative communication methods** available (phone, text, email)
- **Providing clear instructions** for reconnecting if sessions are interrupted
- **Training patients** on basic troubleshooting techniques
- **Having technical support available** for both patients and providers

The key is ensuring that technology problems don't prevent patients from receiving needed care or create additional stress during crisis situations.

## Summary

Effective PCBH interventions provide immediate, practical tools that patients can use to improve their health and well-being while supporting ongoing medical care. These evidence-based techniques are specifically designed for brief delivery within primary care settings, focusing on behavior change and skill development rather than extensive exploration of underlying causes.

The integration of telehealth technology has expanded access to these interventions without compromising their effectiveness. Research consistently demonstrates equivalent outcomes for virtual delivery of behavioral health interventions, provided that appropriate adaptations are made for the technology interface and patient environment.

Core intervention techniques include relaxation training, sleep interventions, mood and anxiety management, trauma-informed approaches, and substance use interventions. Each technique can be effectively adapted for telehealth delivery while maintaining fidelity to evidence-based practices.

Crisis intervention and safety planning require special attention in telehealth settings, with clear protocols for emergency situations and careful attention to patient safety despite geographic separation. These protocols ensure that patients receive appropriate care and support even when providers are not physically present.

The success of PCBH interventions depends not only on clinical competence but also on understanding how to adapt evidence-based techniques for brief delivery in primary care settings. When implemented effectively, these interventions provide significant benefit to patients while supporting the overall goals of integrated healthcare.