



Armando Hernández, PhD  
drarmandohernandez@gmail.com  
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## Interventions for Common Behavioral Health Problems

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1. Give patient a **psychoeducational** handout and explain some aspect of the problems (e.g., physiology of anxiety, depression, insomnia, sleep hygiene, cognitive distortions).
2. Discuss how changing any one or several of the different areas (**thoughts or behaviors**) can be useful to help a person feel and function more the way they would like.
3. Review **stress management strategy** (e.g., deep breathing) and explain how to get started and why it would be useful. Show patient how to do deep breathing through a 2-3 minute exercise.
4. Explain that increased **physical activity** can play a significant role in improving concentration, sleep and energy. Recommend starting physical activity program. Help patient specify days, times, and activities.
5. Explain that as people feel worse they generally cut out **enjoyable activities** and how increasing them may help. Help the patient develop specific fun or enjoyable activities and when they will do them.
6. Explore **past coping strategies** or how they have successfully responded to similar situations in the past.
7. Ask patient to keep a **diary/journal** (e.g., mood, sleep, exercise) and follow-up with you in 2 weeks to assess progress.
8. Discuss potential **medications** may help decrease some of the symptoms making it easier for the patient to make some of the thinking and behavior changes suggested.

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## Stages of Change

<b>Stage</b>	<b>Client May Say</b>	<b>Attitude, Behavior, Skills</b>	<b>What the Client Needs</b>
<b>Pre-contemplation</b>	Never	No intent to change; unaware of problem	Information on benefits of change; encouragement of any talk or inclination of change
<b>Contemplation</b>	Someday	No specific plans or commitment to change	Support and to address difficulties and solutions for change
<b>Preparation</b>	Soon	Plans to take action in the next 30 days; ready to learn new skills	To set a date for action; skills; and to maintain realistic expectations
<b>Action</b>	Now	Has modified behavior or environment; not consistent with new behavior; is learning new skills	Multiple strategies to prevent relapses; reinforcement and rewards for effort.
<b>Maintenance</b>	Forever	Free of unhealthy behavior for 6 months; skills are integrated	Acknowledgement of the length of time to accomplish sustained change; periodic review of reasons for making the change; to identify benefits that have resulted from the change.
<b>Relapse</b>	Oops	Relapse may occur at each stage; Avoid discouragement and demoralization	Empathy and support during relapse; to renew motivation; to resume action and maintenance efforts.

# Collaborative Helping Map

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Introduction: (1) Who is involved (relationship, age)? (2) Nature of involvement (time, etc.)? (3) How are participants likely to introduce themselves to us?

<b>Organizing Vision</b> (life direction, goals/commitments/hopes, shared, meaningful, clear, built on motivation and resourcefulness)	
<b>Obstacles</b> (individual, relational, socio-cultural / using externalizing language)	<b>Supports</b> (individual, relational, socio-cultural / intentionality and natural)
<b>Plan</b> (Integrated, meaningful, who will do what)	

## Essential Elements of A SOAP Note

Element	F/U Note Element	Section
▼ Subjective		
Referred By		Subjective
Reason for Referral		Subjective
Presenting Symptoms		Subjective
Severity of Symptoms		Subjective
Chronicity of Symptoms		Subjective
Prior Treatment History		Subjective
Mitigating Factors		Subjective
Chief Complaint Today		Subjective
	Subjective Progress	Subjective
	Reason For F/U	Subjective
▼ Objective		
Orientation (x3, cognition, speech)		Objective
Affect		Objective
Suicide		Objective
Substance Abuse		Objective
Medications (adherence, type)		Objective
Test results		Objective
Appearance		Objective
▼ Assessment		
Provisional Diagnosis and/or Functional Assessment		Assessment
Motivation and/or Stage of Change		Assessment
Key Area For Intervention		Assessment
Clinician Assessment of Progress		Assessment
	Clinician Assessment of Progress	Assessment
▼ Plan		
Follow-Up Date		Plan
Medication-Related Recommendations		Plan
Behavior Plan		Plan
▶ (blank)		

## Behavioral Health Approach

“Maladaptive behavioral are learned and maintained by various external and internal rewards ▪ Many maladaptive behaviors result from skills deficits ▪ Direct behavioral change is the most powerful forms of human leaning.”  
(PBHCS Practice Manual, 2002, p. 21)

## Axis II

Pt would benefit from (1) ensuring that Pt feels understood and accepted (appreciate Pt's need to develop extreme coping strategies), (2) developing explicit behavioral goals, (3) collaborating to solve practical problems, (4) reflection rather than impulsive action, (5) thinking through the consequences of actions.

## Bipolar

Pt would benefit from (a) promoting regular patterns of activity and sleep, (b) anticipating stressors that induce mania or depression, (c) being mindful of early indicators of new episodes, (d) minimizing barriers and functional impairments, and (e) learning about bipolar disorder.

## ADHD

Pt would benefit from (1) maintaining a daily schedule/routine, (2) keeping distractions to a minimum, (3) providing specific and logical places for child to keep his things, (4) rewarding positive behavior, (5) using charts and checklists to help the child stay "on task," (6) limiting choices, (7) finding activities in which the child can be successful.

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