



# CHAMP

## BA BH Care Manager Call 3

UW DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES  
 TRACY SIMPSON, PHD  
 UNIVERSITY OF WASHINGTON AND VA CENTER OF EXCELLENCE FOR SUBSTANCE ADDICTION TREATMENT & EDUCATION


PAUL BARRY, LICSW  
 UNIVERSITY OF WASHINGTON AIMS CENTER


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## CHAMP Introductions






**Tracy Simpson, PhD**  
 Psychologist &  
 Clinician Trainer




**Paul Barry, LICSW**  
 Care Manager Trainer  
 & Practice Coach

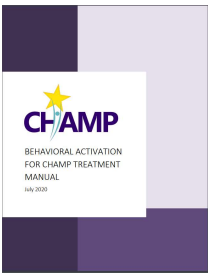
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## CHAMP BA Manual



<https://champ.psychiatry.uw.edu/training/cohort-2-intervention-clinic-resources/intervention-group-training-resources//> Behavioral Activation Manual




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## CHAMP Behavior Activation

### Regular BA Session

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## Learning Objectives




By the end of this session participants will:

- Recall the key features of a regular BA session
- Remember how to manage the rhythm of a regular BA session
- Have familiarity teaching and reviewing the *Daily Activity and Mood Monitoring tool*
- Be ready to create a list free local activities

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## Regular Session Components



1. **Set/review the session agenda**
2. **Status review: BH measures**, medication compliance, opioid cravings and any substance use
3. **Review of Activity and Mood Monitoring Form and Weekly Schedule** or a verbal review of activities that were planned, progress made and connection to mood
4. **Planning Activities** and discussion of work-for-the-week (homework!!)
5. **Close**

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### 1. Agenda Setting (2/3 Minutes)

**CF/AMP**

- **Set/review the session agenda together**

SAMPLE AGENDA

- Status Review: Review mental health and OUD measures
- Review the past week's Weekly Activity Schedule and the Activity and Mood Monitoring Form
- Plan activities for the next two weeks
- What else would patient like to cover today?

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### 2. Status Review (4/5 Minutes)

**CF/AMP**

- **Review of measures** mental health symptoms, medication compliance, opioid cravings and any use. Any symptoms or concerns contributing to de-activation?
  - use this information when reviewing the past week's work and
  - address it when planning the next week's goals and activities
- Recall that a core principal of collaborative care is "treat to target" and thus ongoing measurement and review is critical.
 

*The goal of BA is to help reach these targets through supporting the patient's choice of activity*

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### Opioid Treatment Response Inventory OTRI- 4

**CF/AMP**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Opioid Treatment Response Inventory – OTRI-4**  
The following four questions ask you about symptoms of opioid use. Please indicate your answer by circling the correct response.

| In the past week...                             |     |    |
|---|-----|----|
| 1. Have you had any opioid withdrawal symptoms? | Yes | No |
| 2. Have you had any opioid craving?             | Yes | No |
| 3. Have you used any illicit opioids?           | Yes | No |
| 4. Have you had any medication side effects?    | Yes | No |

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### 3. Past Weeks' Review (Part 1) Activities Plan (8-10 Minutes)

**CF/AMP**

- Review of **Weekly Activity Schedule**
- **Praise/reinforce** any and all progress (including coming to the appointment, taking meds, avoiding unwanted drugs)
  - Check in: how things went, doing the activities, reducing use
  - Listen for hesitations/concerns or for things that went better than expected
  - Any unexpected risk for returning to substance use?
- **What did patient want to accomplish but didn't?**
  - What got in the way?
  - Was the goal too ambitious?
  - Was there an unanticipated relapse risk that needs to be rethought?
  - Does patient need to enlist someone's help?
  - If it's still a desired/valued goal, rework the plan.

Consider using **Behavioral Analysis**

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### 3. Past Weeks' Review (Part 2) Activity and Mood (5-7 Minutes)

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- Review the **Activity and Mood Monitoring Form**
- Scan the form and identify a few different reported moods and their related activities
- Briefly review with patient what it was about each of those activities that led to the moods
- Help patient recognize any patterns that may be emerging regarding how their activities and moods go together

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### Activity and Mood Monitoring Form

**CF/AMP**

The form is titled "Activity and Mood Monitoring" and includes instructions for the patient to track their mood and activities over a period of time. It features a grid with columns for "Mood" and "Activity" and rows for "Morning and Day" and "Evening and Night". The grid is divided into sections for "Mood" and "Activity", each with a "Notes" section. The form also includes a "Date" field and a "Time" field. The form is designed to be filled out by the patient and reviewed by the clinician.

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