



A stepped approach to care allows patients to receive the right level of support based on their symptom severity and motivation to engage in services, while prioritizing the least intensive and most effective service offering. This saves the most limited and clinical intensive services for those with the highest need. In this model, the therapeutic approach is rooted in CBT to support functional improvement.

*Amanda Brooks, LCSW, CADC, Brooks Integrated Health Solutions*

## Integrated Care

- Universal screening using PHQ-9 and GAD-7 annually
- Rescreening 4 - 6 weeks for patients with anxiety or depression diagnosis
- Assess for Sx severity
- Provide behaviorally focused interventions, focusing on sleep and safety
- Determine appropriateness for medication  
Reschedule with PCP for 1 - 2 weeks
- Reassess Sx severity using validated assessment
- Improved- maintain in integrated care
- No change- provide brief intervention, reschedule with PCP in 2 weeks
- Worsened - refer for therapy

- Reached treatment goals » Refer back to PCP for integrated care
- Making progress but not reached » additional 3 months
- Stagnant/worsening severity/not met goals at 6 months » refer for additional services

- Evaluate therapy impact using validated assessment every 4 weeks
- Reassess treatment plan and adjust goals as appropriate

Establish expectations:

- Begin termination in first session
- Establish treatment plan
- Up to 12 sessions in 3 months

## Scheduled Therapy

## Exclusionary Criteria for Referral to Therapy:

1. Declines referral
2. On Likert Scale of 1-10, reports less than 7 on likelihood to attend appointment
3. Lacks motivation to engage in therapy
4. Unmanaged psychosis
5. Unmanaged mania
6. Personality disordered patients
7. Adolescents with ADHD Dx and NOT on medication
8. Adolescents without commitment from parent for engagement in services