

**NIBHQ Grants Provisional Accreditation To The Doctor of Behavioral Health Program  
At Arizona State University**

NIBHQ is pleased to announce that it has granted provisional accreditation to the Doctor of Behavioral Health Program that is housed on the campus of the Arizona State University. The new D.BH program is a unique training program for professionals whose practice will be in behavioral health care. The elements of this new program are described below. Currently, only students who possess a master's degree and are licensed to provide behavioral health services are eligible to apply to the program.

*Arizona State University*  
**Doctor of Behavioral Health (D.B.H.) Course Curriculum**

**Units   Course Title/Description**

**Fall 2009**

- 3   Evidence-based Behavioral Interventions I: Core Skills**  
The Biodyne model of brief, focused psychotherapy. How to succeed as a Behavioral Care Provider in the Primary Care setting. The Transtheoretical Model and Motivational Enhancement in Healthcare settings. Population based Case Management, Disease Management and Coaching. Stepped care. Survey of evidence based care for Depression, Bi-polar, Anxiety and Panic, Substance Use Disorders, Somatizers. Case presentations and classroom discussion
  
- 2   Practicum (6 hours/week)**  
Weeks 1-4 classroom based introduction to primary care culture. Weeks 5-15 screening and basic interventions in primary care, consultation with primary care medical team, medical record documentation.
  
- 3   Healthcare Systems: Organization, Delivery and Financing**  
Hospitals, Primary and Ambulatory Care. Mental Health and Substance Abuse. Health care workforce. Public health and the role of Government in health care. Managed Care. healthcare economics and finance. Healthcare research and performance. Market forces in healthcare. The healthcare crisis and healthcare reform.
  
- 3   Clinical Medicine/Pathophysiology**  
Overview of pathophysiology and medical treatment of common medical conditions in primary care (e.g., diabetes, coronary heart disease, hypertension, asthma, cancer, etc.). Emphasis on pathophysiology, common medical treatments and common co-morbid

behavioral conditions.

**3 Population-based Health Management**

Epidemiology and trends in medical/behavioral utilization/cost. Disease management for chronic conditions. Predictive modeling, clinical decision support and stepped care models. Screening, assessment and intervention. Outcomes management. Patient engagement and retention strategies: Transtheoretical model and motivational enhancement. Measurement of medical cost, intervention, medical cost offset and return on investment. Technology (e-mail, web tools, outcome measures) in disease management.

**14 Total**

**Spring 2010**

**3 Evidence-based Behavioral Interventions II: Medical, Co-morbid and Specialty Behavioral Conditions**

Chronic medical conditions (e.g., Hypertension, Diabetes) and behavioral medicine interventions (e.g., diet, exercise, stress, tobacco). Personality Disorders, Schizophrenia and Thought Disorder, PTSD. Child, geriatric, minority and rural populations.

**3 Practicum (9 hours/week)**

**3 The Behavioral Health Business Entrepreneur**

Management principles Business strategy. Writing and presenting a business plan. Basic accounting and finance. Business law and government regulation. Venture capital and investment. Small business start-up. Contracting. The healthcare business case: establishing baseline utilization/costs, intervention costs, projected savings and return on investment/medical cost offset.

**3 Psychopharmacology for the Behavioral Care Provider**

**3 Quality and Performance Measurement, Improvement and Incentives in Healthcare**

Total Quality Management and evidence based medicine. . Performance measurement. Oversight and accreditation agencies. Health Infomatics. Pay for performance and value-based medicine. Current and alternative funding sources. Distribution of rewards. Design, implementation, monitoring and evaluation of pay for performance. Health care reform and performance incentives.

**15 Total**

**Summer 2010 - Session 1**

- 1     **Practicum** (4 hours/week)
- 3     **Neuroanatomy / Neurology** (CNS structure and function, with emphasis on neurotransmission)
- 2     **Statistics** (overview of statistical methods and applications to behavioral health)
- 6     **Total**

**Summer 2010 – Session 2**

- 1     **Practicum** (4 hours/week)
- 3     **Physiological Psychology** (relationship of brain and behavior; psychoneuroimmunology; endocrine system and behavior)
- 2     **Research Design / Scientific Method** (training consumers of science)
- 6     **Total**

**Fall 2010**

- 3     **Evidence-based Behavioral Interventions III.** Advanced topics: Challenging medical/behavioral co-morbidities (e.g., medication interactions, multiple chronic co-morbidities). Effective interventions for denial/resistance and nonadherence. Family and couples interventions.
- 3     **Practicum** (9 hours/week)
- 3     **Innovative Technologies in Behavioral Health**  
A professional online presence and web site. Phone and web assisted assessment and intervention (e-mail, group e-chat, web self-help tools, podcasts). Electronic practice management and the electronic medical record. Electronic outcomes management and quality improvement reporting. Technical, ethical, legal and privacy standards.
- 3     **Psychological and Neuropsychological Assessment** (basics of neuropsychological evaluation and intervention)
- 3     **Culminating Project.** Practical paper, such as outcomes, quality improvement or pilot program to be completed in conjunction with practicum placement.
- 15    **Total**  
**(Grand Total 56 Units)**