

Making PCBH Radical Through Functional Contextualism and ACCESS-V

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Beachy 
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Meet Drs. Beachy & Bauman

- ❖ Licensed Psychologists by trade
- ❖ BHCs for over a decade (underserved)
- ❖ Directors – Core & Education at Community Health of Central Washington in Washington State (FQHC)
- ❖ Trained under Kirk Strosahl & Patti Robinson
- ❖ Speakers and trainers
 - ❖ Functional contextualist, through and through...
 - ❖ Our presentations reflect our values...
- ❖ Will challenge traditional thinking!
- ❖ Follow us for FREE content! @pcbhlife



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Twitter: <https://twitter.com/pcbhlife>

YouTube: www.youtube.com/@pcbhlife &

<https://www.youtube.com/user/commhealthcw/videos>

Playlists:

fACT: https://www.youtube.com/playlist?list=PLeMBJpr1eRa7yAhzr0W_OVe9DkLtR4Qj6

<https://www.youtube.com/playlist?list=PLeMBJpr1eRa4WapnqACBwHOOpKiPSGRJOd>

<https://www.youtube.com/playlist?list=PLeMBJpr1eRa68kHL9rctf66fBE9TdND4Z>

<https://www.youtube.com/playlist?list=PLeMBJpr1eRa4wZkQ3HwF1xm6B1RktGhmv>



Our hope for today...

Equipping clinicians with **practical solutions** that can be implemented **right away** in their everyday clinical work

Help clinicians **gain confidence** in their ability to work with patients and patients' families **longitudinally and episodically in the primary care (PC) setting (and in other clinical settings)**

We must **acknowledge and embrace the complexities** inherent in clinical work (including social determinants of health, impact of societal biases, adverse childhood events, cultural trauma, family systems, etc.)



Our hope for today...

Focused ACT is rooted in the philosophy of functional contextualism, which prompts clinicians to focus on the individual's context, rather than solely symptom presentation

*The result is to provide care that is more **precise, humane, and reflective of the patient's values and context***

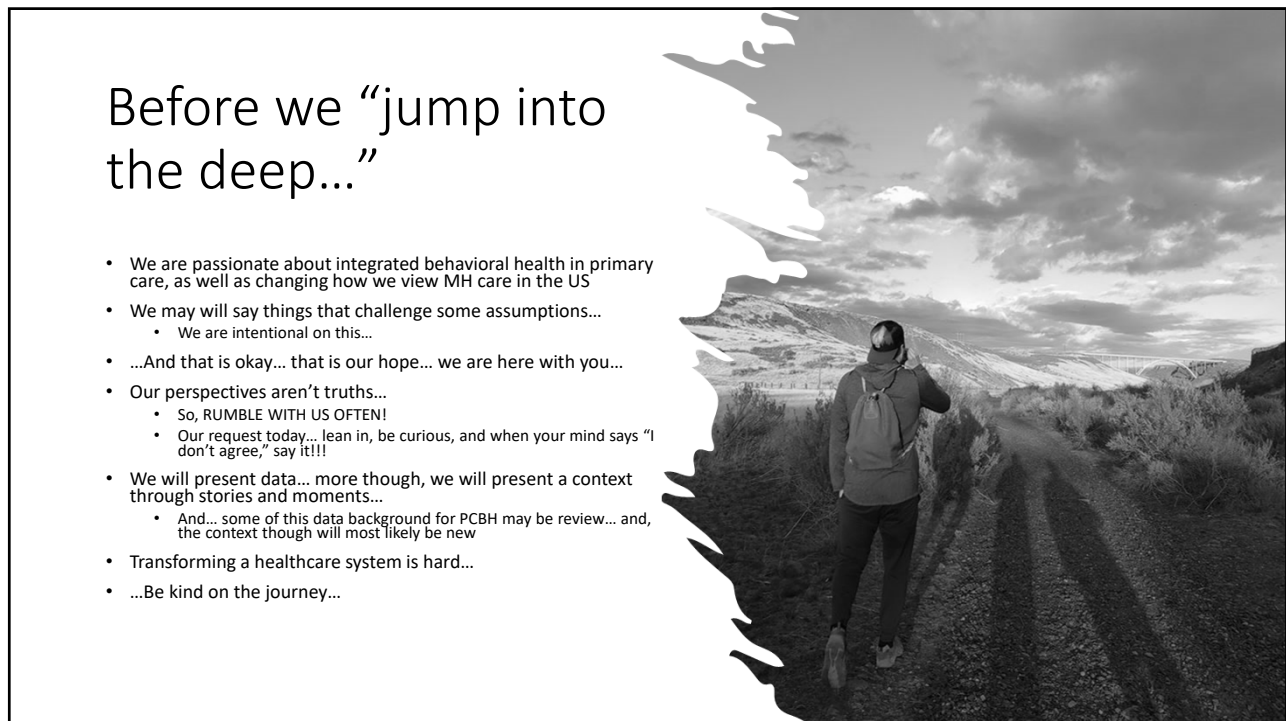


Learning Objectives

Attendees will be able to...

1. Attendees will be able to describe the realities of behaviorally related concerns seen in primary care
2. Attendees will be able to describe the theory of functional contextualism and how it prompts parsimony for the variety of presenting concerns seen in primary care
3. Attendees will be able to describe the components of initial and follow-up visits based on a functional contextualist philosophy
4. Attendees will learn and be able to apply the idea of Contextual Interviewing within a primary care setting
5. Attendees will be able to describe how clinicians can use the CI to inform intervention selection and promote patient engagement and compassionate healthcare





WORKING IN HEALTHCARE CAN FEEL LIKE...

Anyone that says IBH/PCBH is easy...



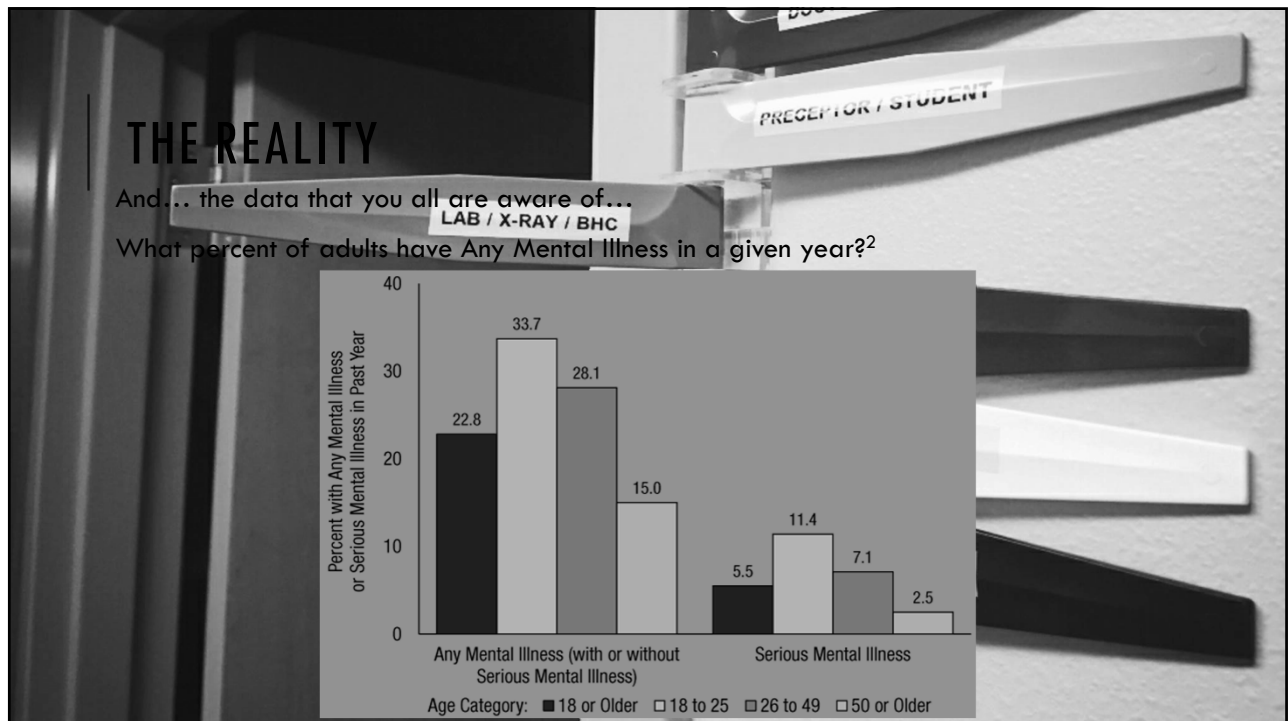
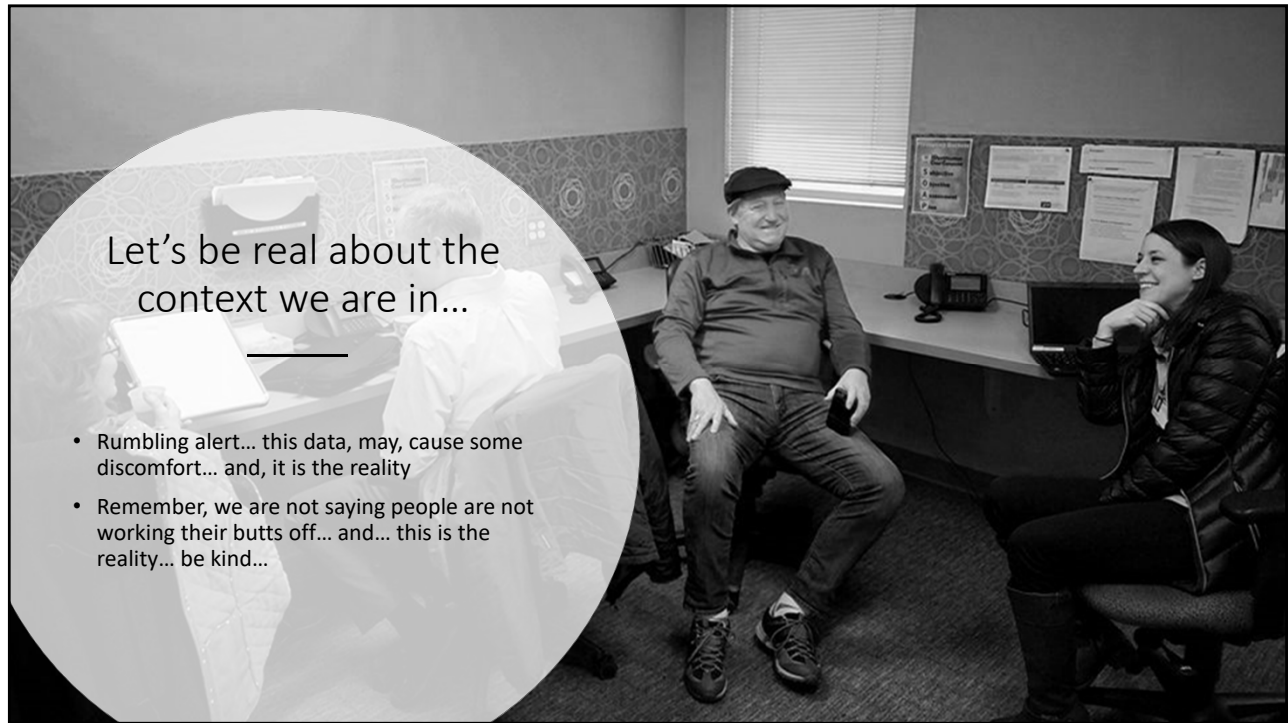
...probably hasn't done it...



Our why's

- To do this work, there has to be a *calling, a value, a why...*
 - Great book by Quint Studer, "The Calling"
- Let's partner up...
 - ❖ What do you love about your role?
 - ❖ What difference are you able to make?
 - ❖ What helps you to "show up"?





THE REALITY

But, where do they get treatment?²

Table A.38B – Type of Mental Health Services Received in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2021

| Type of Mental Health Service | 18 or Older | 18 to 25 | 26 to 49 | 50 or Older |
|-------------------------------|-------------|-------------|-------------|-------------|
| MENTAL HEALTH SERVICES | 18.8 (0.34) | 22.5 (0.63) | 21.6 (0.46) | 15.3 (0.53) |
| Inpatient | 1.0 (0.08) | 1.6 (0.18) | 1.1 (0.12) | 0.7 (0.13) |
| Outpatient | 8.1 (0.21) | 11.3 (0.48) | 9.5 (0.30) | 6.1 (0.34) |
| Prescription Medication | 13.9 (0.30) | 14.5 (0.51) | 15.4 (0.40) | 12.4 (0.48) |
| Virtual | 11.3 (0.26) | 15.5 (0.53) | 14.4 (0.39) | 7.5 (0.37) |

NOTE: Estimates shown are percentages with standard errors included in parentheses.
 NOTE: Additional estimates may be found in *Results from the 2021 National Survey on Drug Use and Health: Detailed Tables* at <https://www.samhsa.gov/data/report/2021-nsduh-detailed-tables>. Measures and terms are defined in Appendix A of the 2021 Detailed Tables.
 NOTE: Mental health services include inpatient treatment/counseling; outpatient treatment/counseling; use of prescription medication for problems with emotions, nerves, or mental health; and virtual services. Virtual mental health services include treatment/counseling for mental health, emotions, or behavior over the phone, by email, or through video calling. Respondents with unknown mental health service information were excluded.
 NOTE: Respondents could indicate multiple service types; thus, these response categories are not mutually exclusive.
 Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021.

The Reality

- Well, we just need to get more Traditional Mental Health (TMH) centers and refer more...
 - 20% of referred patients follow-through³
- Why many don't go to TMH?³
 - Lack of insurance
 - Stigma
 - View their problem as "physical"
 - Inconvenience
 - Better familiarity, comfort with PCP
 - Prior negative experiences
 - I don't want/need to go

The Reality

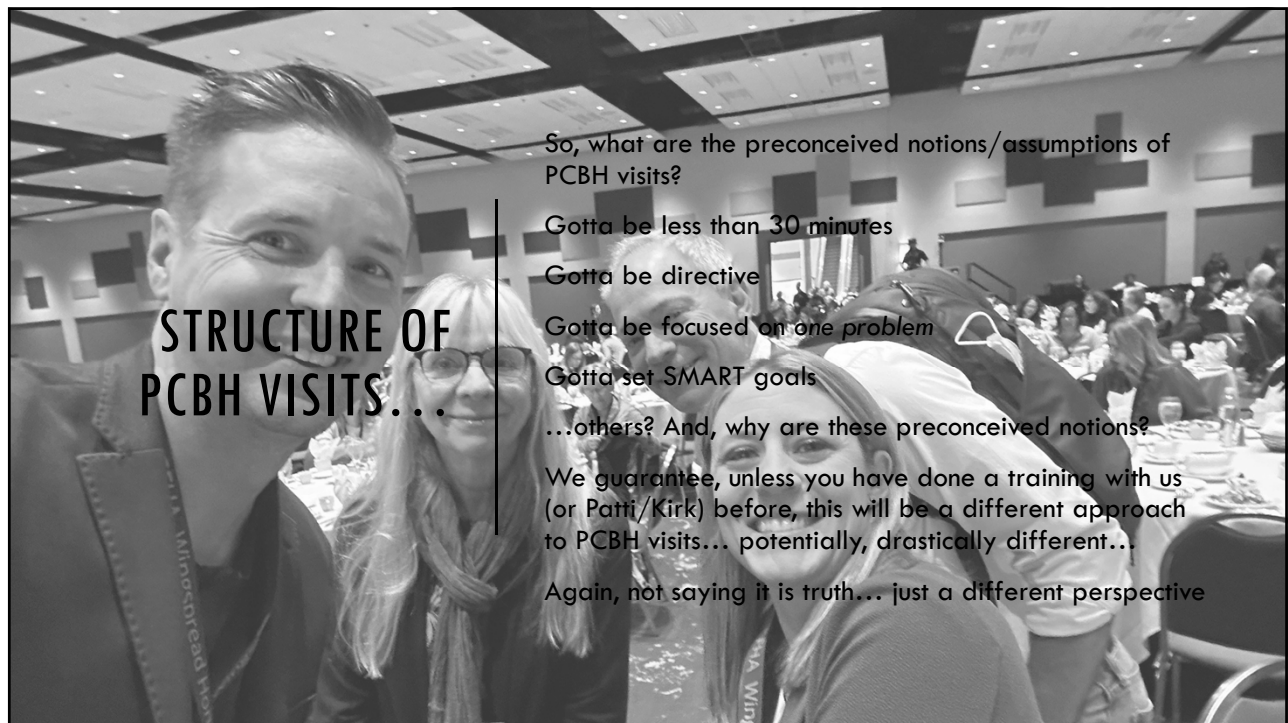
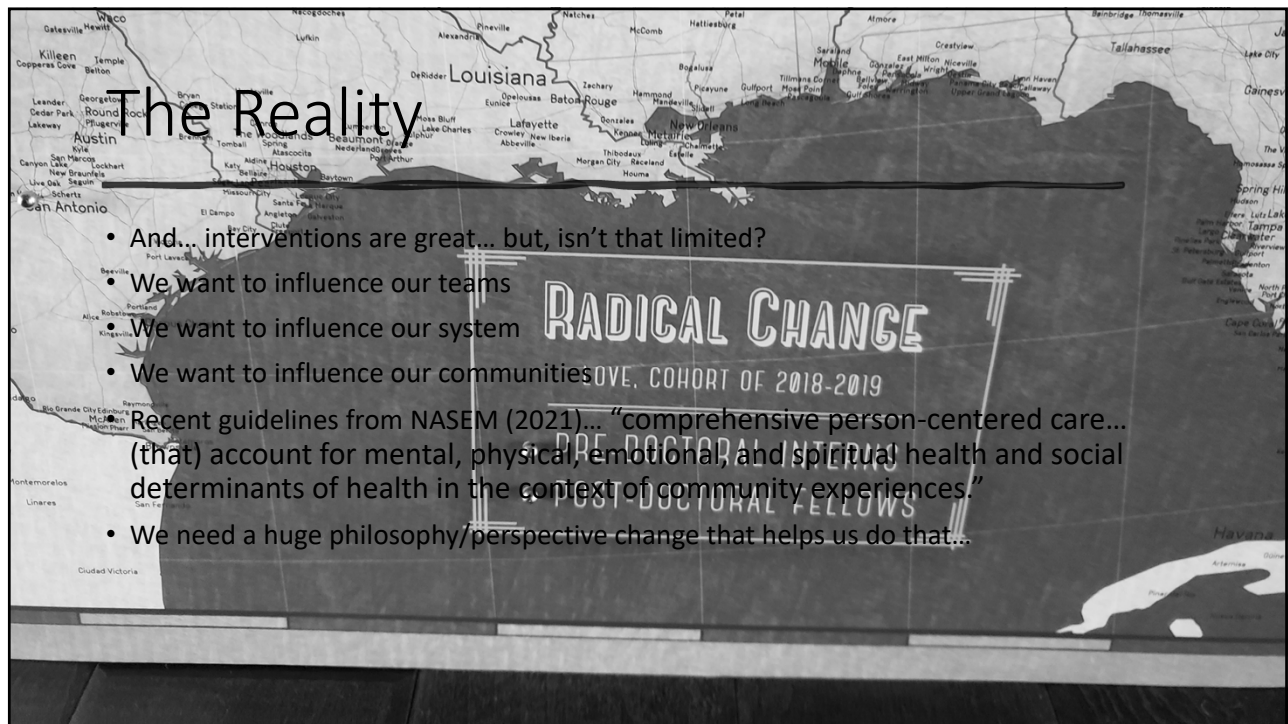
- Pause...
 - Is this data new to you?
- And, the reality, like it or not...is why primary care, not TMH, continues to be the de facto mental health care system...⁴⁻⁵
- And... this is definitely a rumbling point...
- Say they get to TMH...
 - Mode # of visits of any psychotherapy in any setting?
 - Median # of visits of psychotherapy?
 - When we start to look at our traditional way of doing therapy... an interesting question arises...
 - Is it actually what works or did it just happened to come first...



And.. You know what...

- That is usually where the story ends... its about mental health and substance abuse...
- Yet, close to half of all Americans have a chronic health concern (e.g., HTN, DM, heart disease, etc.)⁷
 - Nearly two-thirds of all deaths in US are contributed to heart disease, cancer, stroke, COPD, & DM
- What is one universal recommendation for chronic conditions?
- What are the realities of treatment adherence in primary care?⁸⁻⁹
- What does the research Adverse Childhood Events say?¹⁰





- Okay...
- Getting to the good stuff...
- How to use this training effectively



We need to establish some foundational mental representations

Tattoo these into your brain!



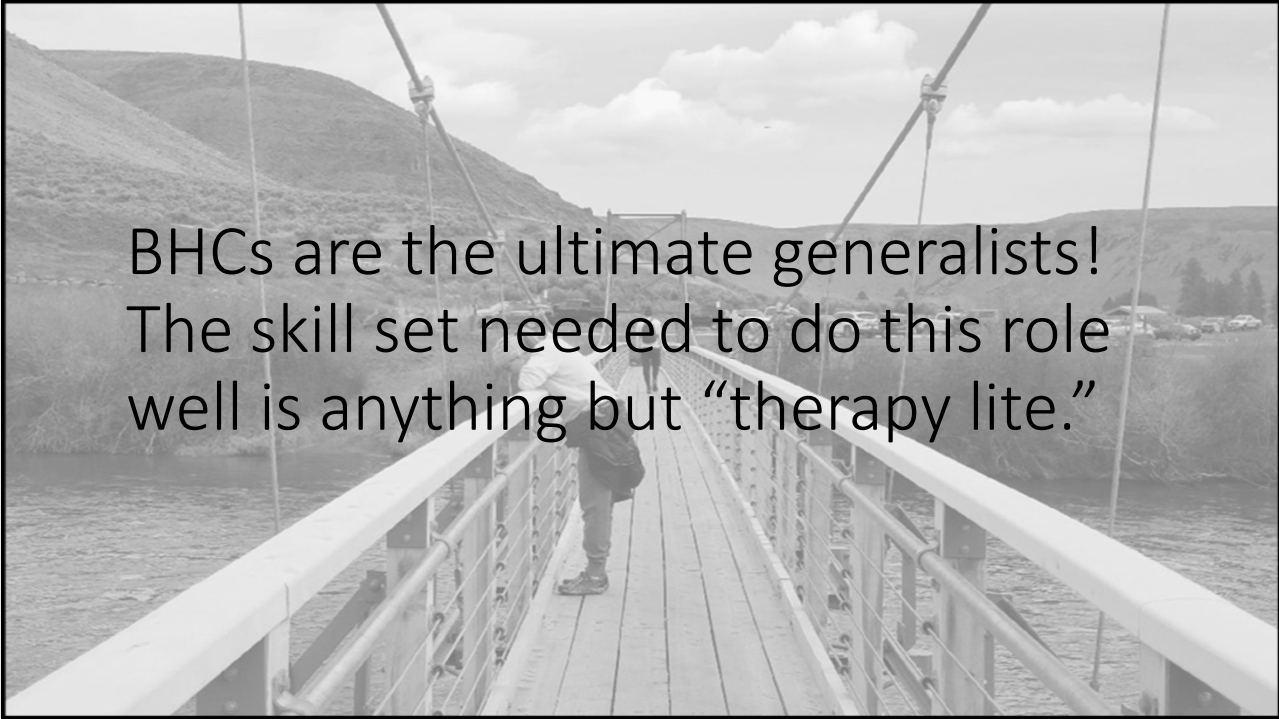
Then get to the CI (also tattoo in brain)



Teach you how to use the CI w/these mental reps



Then, we'll talk about how to translate that information into an action plan



BHCs are the ultimate generalists!
The skill set needed to do this role well is anything but “therapy lite.”

*Mental representations¹

*Mental representations for executing
CONTEXTUAL INTERVIEWING & THE BHC ROLE!

How experts become experts!



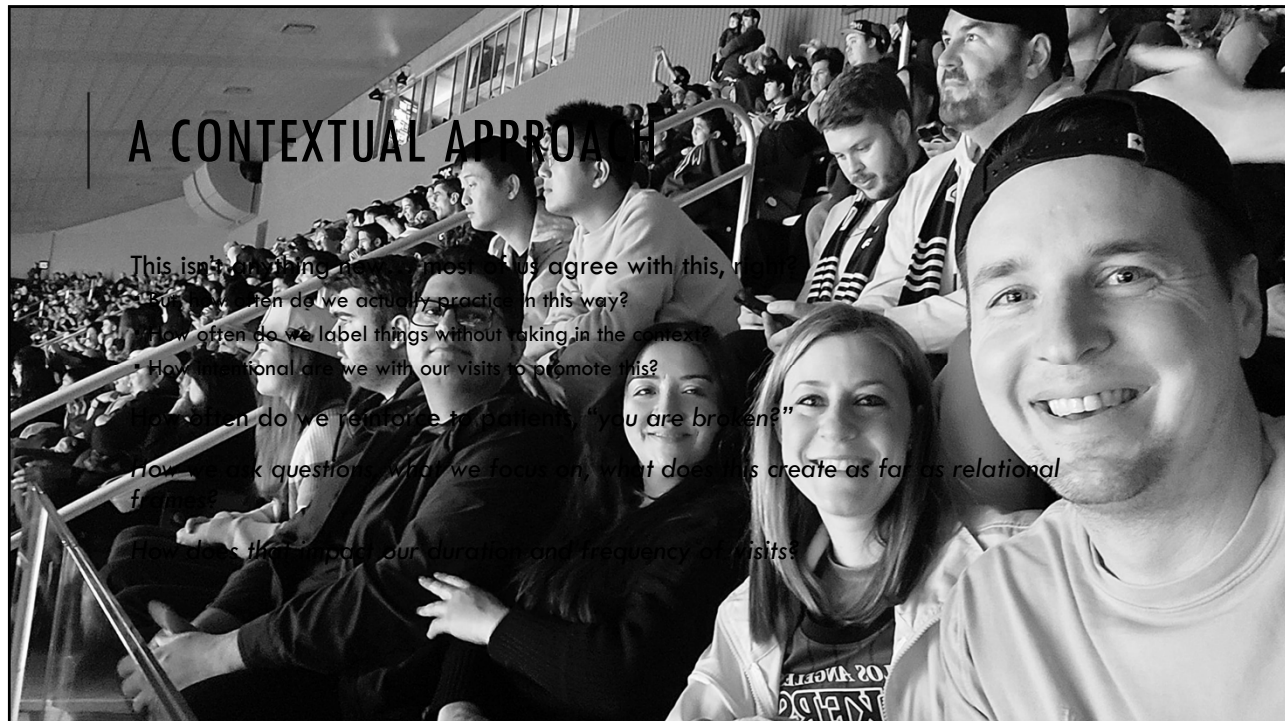
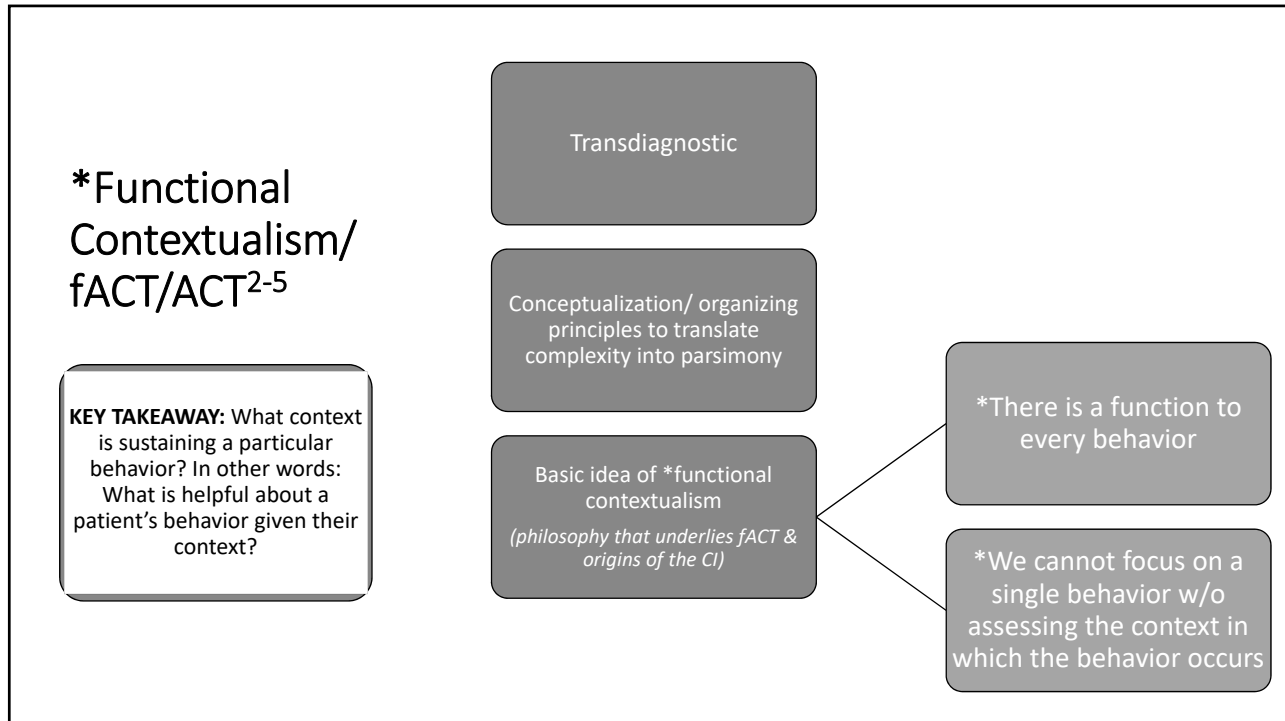
CONTEXTUALISM CAN FEEL LIKE...

This approach...



...heals us...





What does
this have to
do with
*primary care
work?



Pause...

- Don't overlook the power of this assumption...
- If we really did believe that everything the individual was experiencing was based in their context... what *should* we focus on???



*Contextual Interview

Our story...

Every.Single.Time

- Depression – Yep, Anxiety – Yep, Treatment Adherence – Yep, DM – Yep... you get the point
- Need to practice

Same sequence and in the same order every time

- Why?

Not a checklist, but a story builder

- Symptoms/behaviors do not happen in vacuums, they happen in a **context**
- We cannot intervene without knowing the context
- Metaphors
 - Polling
 - Puzzle
 - Detective
 - Social media
 - X-ray vision
- Curiosity + Contextual Interview = Free space, which transcends time

*Contextual Interview^{4-5, 9}

• **Love – Work/School – Play**

- Living situation**
- Relationship status & sex**
- Inner Circle**
 - Family**
 - Friends**
- Belief system**
- Work/School**
 - Work**
 - School/Academics**
 - Income**
- Play**
 - Fun/hobbies/interests**

• **Health Risk & Behaviors**

- Caffeine**
- Nicotine**
- Alcohol**
- Marijuana**
- Substances**
- Diet**
- Exercise**
- Sleep**

Pause

- What we are saying:
 - This has helped us tremendously... saved our careers before they started...
 - It makes us stay curious with patients and their families...
 - It honors what is surrounding them and normalizes
 - It creates obvious interventions and keeps us from doing algorithms that won't uptake
 - This allows us to filter any evidence informed intervention (which is paramount) through the lens of the patient's context
 - This, in and of itself, is an intervention... it reflects the PCC, TIC, and Compassionomics research
 - It allows us to be kind... it allows us to be compassion...
 - It prompts healing immediately... it prompts flexibility... it prompts love...
 - Give it time, practice, practice, practice... and then practice some more...



***ACCESS-V**
(instead of DSM-V)

***ACEs⁶**

***Cultural considerations**

***Context: Internal⁴*TEAMS & External Context**

***SDoH**

***Stages of change⁷⁻⁸** – Pros of avoidance

***Values⁴⁻⁵**



10 Original Adverse Childhood Events⁶

| | |
|-------------------------------------|--|
| Physical, emotional or sexual abuse | Physical or emotional neglect |
| Substance abuse | Mental illness |
| Domestic violence | Criminal household member |
| Parental marital discord | OTHERS now recognized: <ul style="list-style-type: none">•Historical, racial trauma•Bullying•Death of parent•refugee |

Adverse Childhood Experiences (ACEs)⁶
https://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html
<https://vetoviolence.cdc.gov/apps/aces-infographic/assets/pdf/aces-ig-narrative-508c-rv.pdf>

Chronic Health Conditions:

- Coronary Heart Conditions
- Stroke
- Asthma
- COPD
- Cancer
- Kidney Disease
- Diabetes
- Obesity

Health Risk Behaviors:

- Smoking
- Heavy drinking
- Substance misuse
- Physical inactivity
- Risky Sexual Behavior

Social Outcomes:

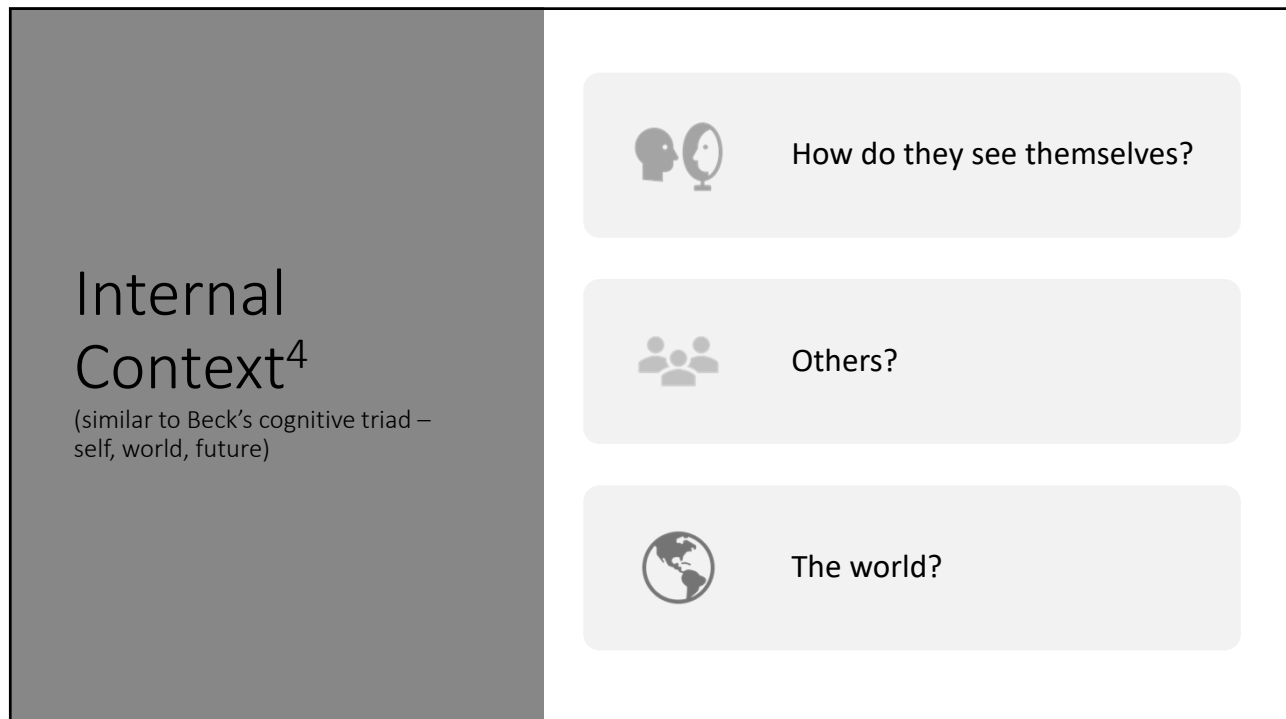
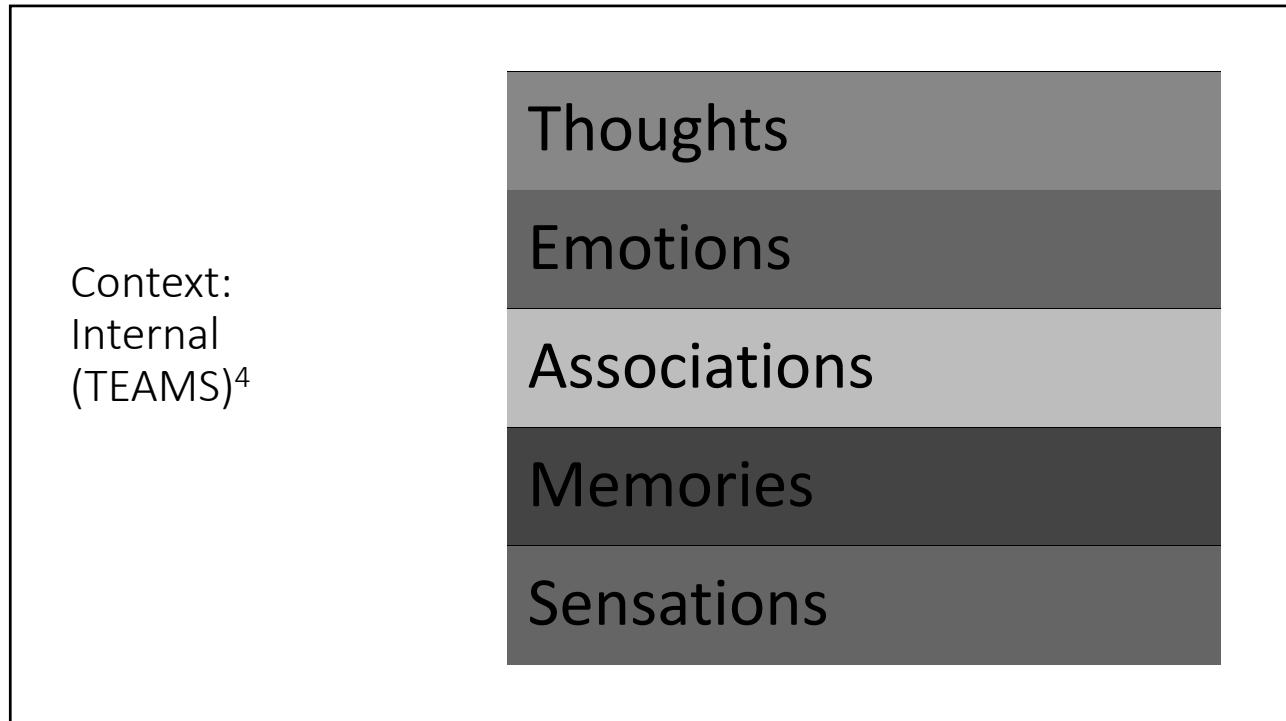
- Lack of insurance
- Unemployment
- Low education

Mental Health Conditions:

- Depression
- Suicide or suicide attempts

Cultural Considerations

- Discrimination
- Bias
- Historical trauma
- “ism”
- Cultural norms
- Then, of course, all the positives of a person’s culture



Context: External⁴

- What's it like to wake up and be this person in their environment?
- What's an average day look like?
- Who's there? Where do they go? What do they do?
- Need to be able to picture this!



Social Determinants of Health

(<https://www.cdc.gov/socialdeterminants/about.html>)

CDC definition, "SDoH are conditions in places where people live, learn, work, and play that affect a wide range of health risks and outcomes"

Healthcare access & quality

Education access & quality

Social & community context

Economic stability

Neighborhood and built environment

World Health Organization – SDoH are largest contributor of health inequities



Stages of change & role of avoidance⁷⁻⁸



- - “What’s _____(type of avoidance) help with?”



Quick Time Check

- ACCESS-V complete
- BREAK



*Understanding
of broad ranging
conditions!

KNOWLEDGE OF MEDICAL & BEHAVIORAL
CONDITIONS

*Conceptualization via Therapeutic Orientation

Recommend deep knowledge of BT,
CBT, MI, **ACT & FACT**
(https://contextualscience.org/state_of_the_act_evidence_principles)



*Evidenced Based Practice

- Point of Care Resources & knowledge of core behavioral skills



*Contextual Interview

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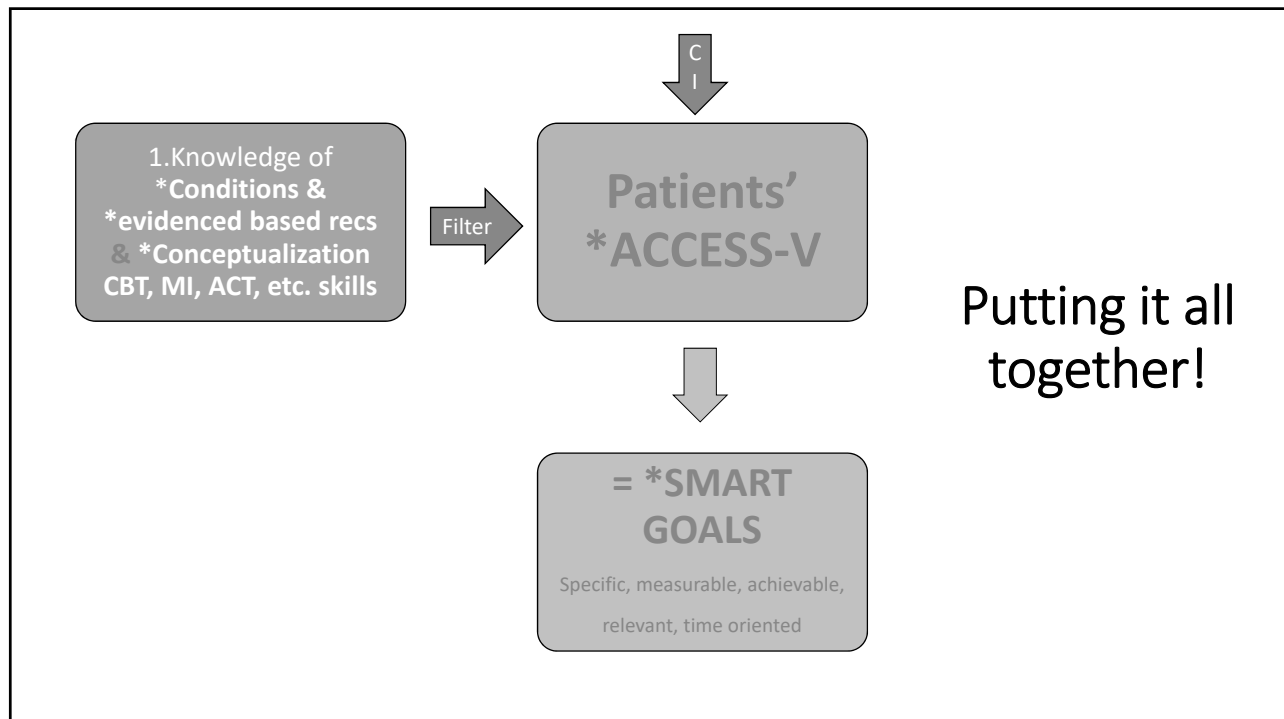
*Contextual Interview^{4-5, 9}

- **Love – Work/School – Play**

- Living situation**
- Relationship status & sex**
- Inner Circle**
 - Family**
 - Friends**
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- Work/School**
 - Work**
 - School/Academics**
 - Income**
- Play**
 - Fun/hobbies/interests**

- **Health Risk & Behaviors**

- Caffeine**
- Nicotine**
- Alcohol**
- Marijuana**
- Substances**
- Diet**
- Exercise**
- Sleep**



SMART Goals



SPECIFIC



MEASURABLE



ACHIEVABLE



RELEVANT



TIME
ORIENTED

Questions & BREAK



Case Presentation

Reveal case info via Contextual Interview

Organize based on Conditions/EBP & ACCESS-V

12 y/o Tatum

- Transgender male (he/they)
- Depression, anxiety, and school difficulties
- White
- Low SES

Check-in: Conditions, Recs & ACCESS-V

Conditions + EB Recs

ACCESS-V

- ACEs
- Cultural considerations
- Context – Internal (TEAMS) & External context
- SDoH
- Stage of change
- Values

Contextual Interview Love, Work, Play & Health Behaviors

Recent move? Where's dad? How long hasn't bio father been involved? Any family who they spend time with?

Love

- **Living Situation** – recent move to maternal grandma's (grandma, grandpa, mom)
- **Relationship** – single, self-identifies as "panromantic"
- **Family** – bio father no involvement; strain w/extended family
- Friends
- Spiritual, community life?

Work/School

- Work/school situation
- Income?

Play

- Fun/Hobbies
- Relaxation

Health Behaviors

- Exercise
- Sleep
- Diet
- Substance use (caffeine, cigs, alcohol, MJ, substances, etc.)

Check-in: Conditions, Recs & ACCESS-V

Conditions + EB Recs

ACCESS-V

- ACEs
- Cultural considerations
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- Values

Contextual Interview Love, Work, Play & Health Behaviors

What's the experience of a pre-teen who's in the LGBTQ community largely been like?

Love

- **Living Situation** – recent move to maternal grandma's (grandma, grandpa, mom); conservative community
- **Relationship** – single, self-identifies as "panromantic"
- **Family** – bio father no involvement; strain w/extended family
- **Friends** – 2 very close friends; many online friends; some friendly folks at school; long h/o bullying
- **Spiritual, community life?** – Evangelical Christian; some strain; not attending church

Work/School

- Work/school situation
- Income?

Play

- Fun/Hobbies
- Relaxation

Health Behaviors

- Exercise
- Sleep
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- Substance use (caffeine, cigs, alcohol, MJ, substances, etc.)

Check-in: Conditions, Recs & ACCESS-V

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Contextual Interview Love, Work, Play & Health Behaviors

What else might you want to know about school? Subjects of interest? What's difficult about attending school? How does low income impact their experience?

Love

- **Living Situation** – recent move to maternal grandma's (grandma, grandpa, mom); conservative community
- **Relationship** – single, self-identifies as “panromantic”
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Work/School

- **Work/school situation** - online school d/t difficulty w/school attendance
- **Income?** – mom (unemployed) and Tatum basically homeless, very low income

Play

- Fun/Hobbies
- Relaxation

Health Behaviors

- Exercise
- Sleep
- Diet
- Substance use (caffeine, cigs, alcohol, MJ, substances, etc.)

Check-in: Conditions, Recs & ACCESS-V

Conditions + EB Recs

ACCESS-V

- ACEs
- Cultural considerations
- Context – Internal (TEAMS) & External context
- SDoH
- Stage of change
- Values

Contextual Interview Love, Work, Play & Health Behaviors

What do we think their health behaviors will be like? What would we predict?

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- **Living Situation** – recent move to maternal grandma's (grandma, grandpa, mom); conservative community
- **Relationship** – single, self-identifies as “panromantic”
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Work/School

- **Work/school situation** - online school d/t difficulty w/school attendance
- **Income?** – mom and Tatum, basically homeless, very low income

Play

- **Fun/Hobbies** – video games, anime, drawing, dogs, animals of all kinds
- **Relaxation** – staying away from everyone, sleeping

Health Behaviors

- Exercise
- Sleep
- Diet
- Substance use (caffeine, cigs, alcohol, MJ, substances, etc.)

Check-in: Conditions, Recs & ACCESS-V

Conditions + EB Recs

ACCESS-V

- **ACEs**
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Contextual Interview Love, Work, Play & Health Behaviors

Love

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Health Behaviors

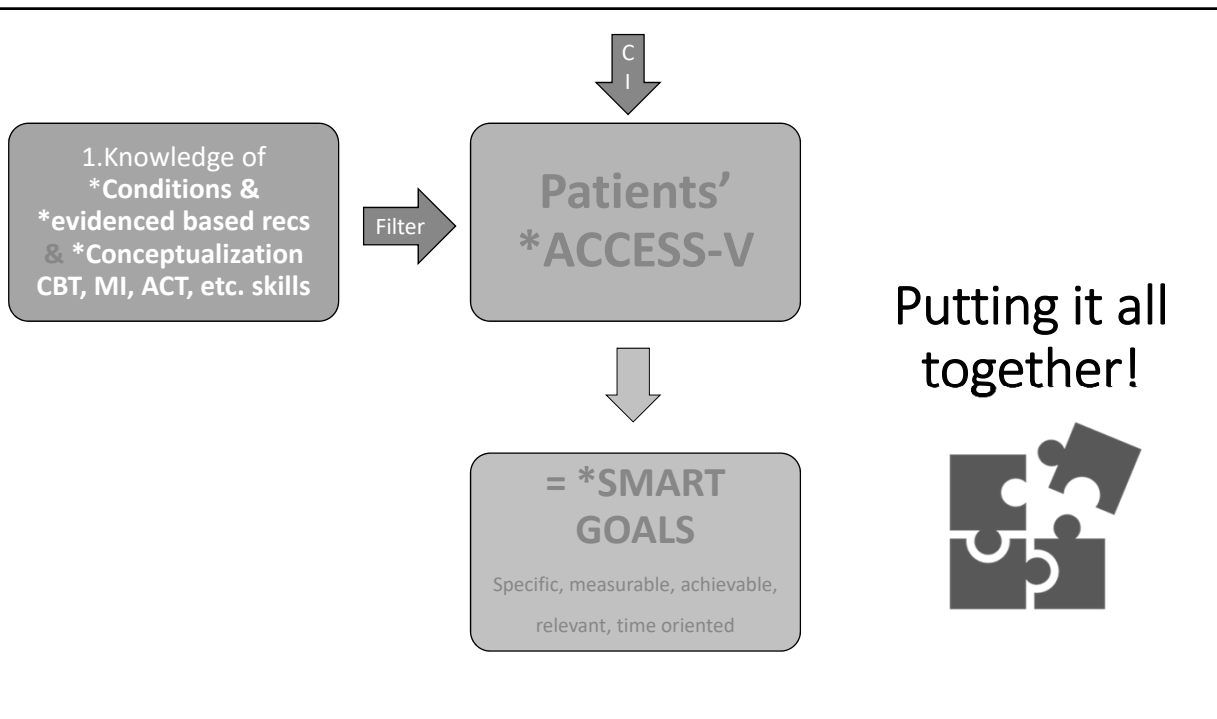
- **Exercise** – very little
- **Sleep** - disrupted
- **Diet** - convenience
- **Substance use** (caffeine, cigs, alcohol, MJ, substances, etc.) - denies

Check-in: Conditions, Recs & ACCESS-V

Conditions + EB Recs

ACCESS-V

- ACEs
- Cultural considerations
- Context – Internal (TEAMS) & External context
- SDoH
- Stage of change
- Values



Game Plan



Let's practice

- Pick a case
- Let's run in through the CI & ACCESS-V



How you feeling?

Again, to us... approaching patients from this perspective:

- Keeps us curious
- Allows the interventions to uptake
- ...allows patients to engage with us...

What if we asked ourselves before every visit:

- How do I want this patient to feel when they leave the room?

... what would happen if healthcare became just 5% more curious, more compassionate, more loving...

Be kind, be compassion, and, above all, be love

- Allow your visit structure to reflect this...

SO...



Even with this approach, and these strategies/skills... we will still fail...

- And, maybe that is the point

Be kind, be compassionate, be **LOVE**...

...never underestimate how you can create a context...

- Just like with pictures in a presentation...

...and create contexts that allow patients to thrive and move towards their values

...We so appreciate you all... thank you for being vulnerable today...

AS WE END...



References

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Extra slides!



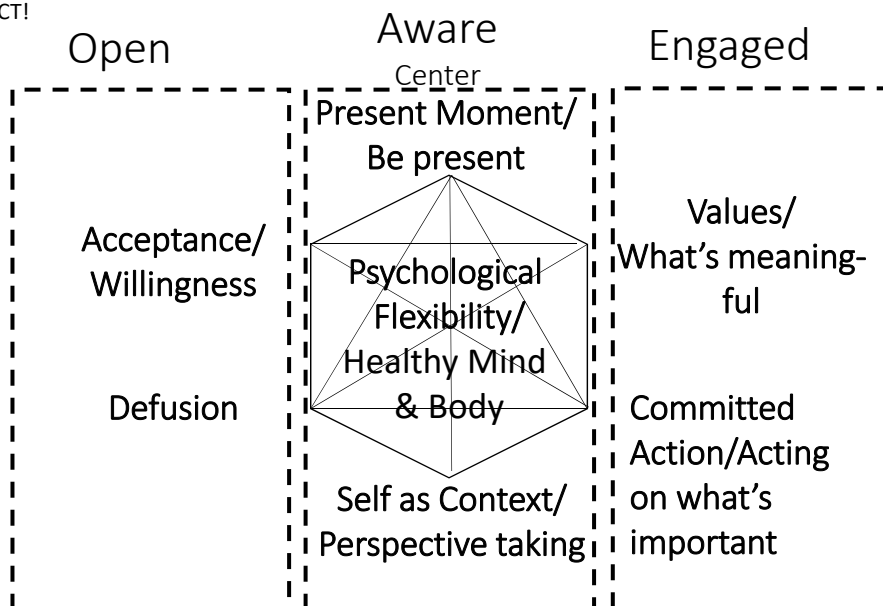
- “...fACT attempts to unravel portions of this unsolved mystery by proposing a unified, transdiagnostic approach in which human suffering and human vitality are linked to the same small number of core mental processes” (p. 26)

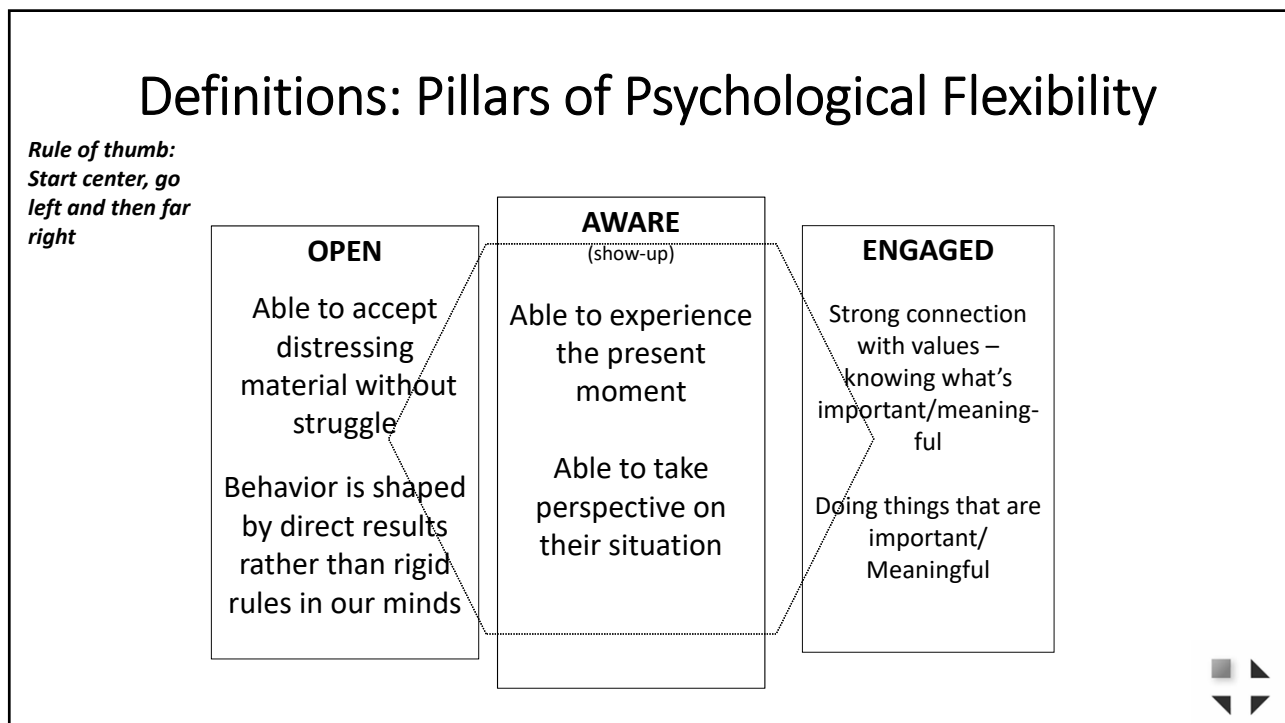
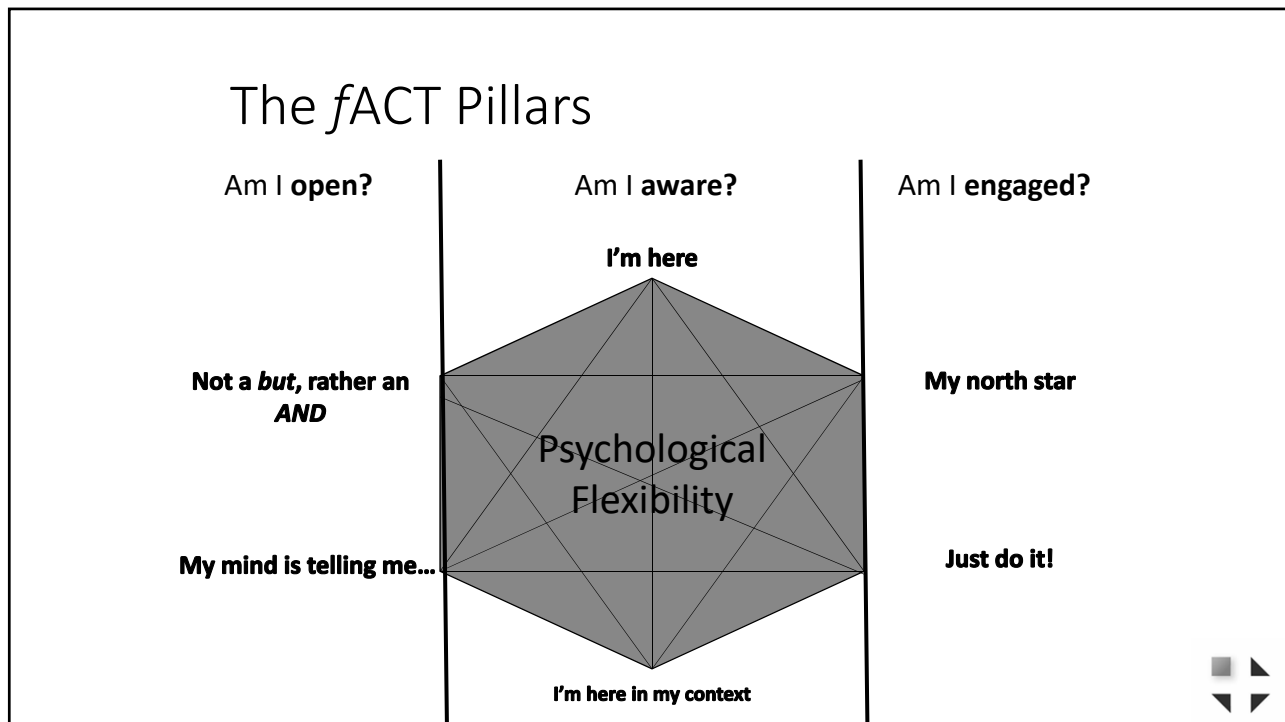


Check out Contextualscience.org for resources on ACT!

TAKE HOME:
6 core ACT processes are condensed into 3 pillars

fACT 3 Pillars





The Matrix Exercise

Conceptualization
for Learning ACT
& fACT

Exercise to do
w/patients

The Matrix Diagram
in Primary Care
Kevin Polk, Ph.D.
www.drkevinpolk.com

3. What have you been doing so far to deal with and move away from the internal stuff that you don't want to have?

4. What behaviors can you do to move you toward what's important to you while having the unwanted internal stuff?



2. What internal stuff has been getting in the way of moving toward what's important to you? (What have you been moving away from?)

1. What's important to you?

6. Homework: Notice moving toward and away.

<https://www.youtube.com/watch?v=LWttDrs40R0>



