

IT'S A MATTER OF CONTEXT: APPLYING FACT IN PRIMARY CARE

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BEFORE WE BEGIN...

...always a difficult presentation for us...

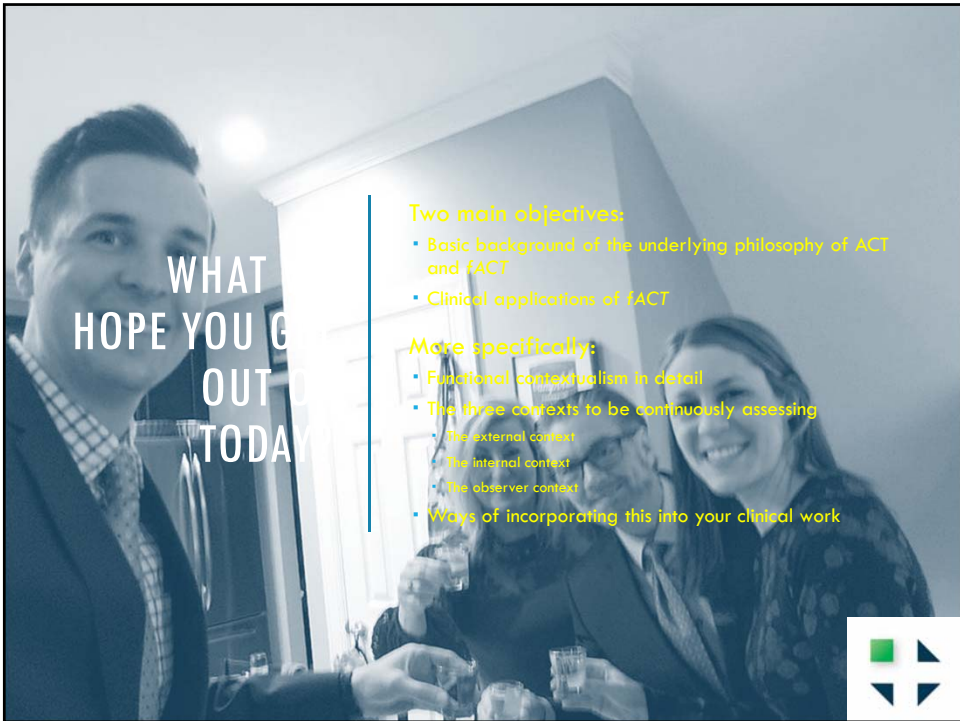
- And, for good reason ☺

We are glad that you will be here with us for today's journey

- ...it can be a scary one, at least it was for us...

We don't expect you all to switch to functional contextualism

- ...however... we expect you might ☺
- And, we have A TON of readings if you are interested!



BEFORE WE BEGIN...OUR *WHY*

Dr. Bauman – “To me, patients are not broken, they don’t have diagnoses or pathologies; instead, our system has “programed” people to be afraid and avoidant of life suffering, which in turn creates unneeded suffering. Contextualism/fACT changes that focus and humanizes our approach to the pervasive pain of life.”

Dr. Beachy – “The transdiagnostic approach of fACT allows me to conceptualize and help with any issue that someone walks through the door with. fACT “flips the script” in so many ways to where it opens the possibilities exponentially. To me, it is the most efficient way to understand a patient’s situation and offer not only compassion and validation, but tangible, science informed interventions.”



SOME MORE THOUGHTS FROM US

We don’t DO contextualism/ACT/fACT

- Patient with Chronic Pain? Oh, okay, now I am going to do an ACT intervention

...Instead, it’s the opposite...

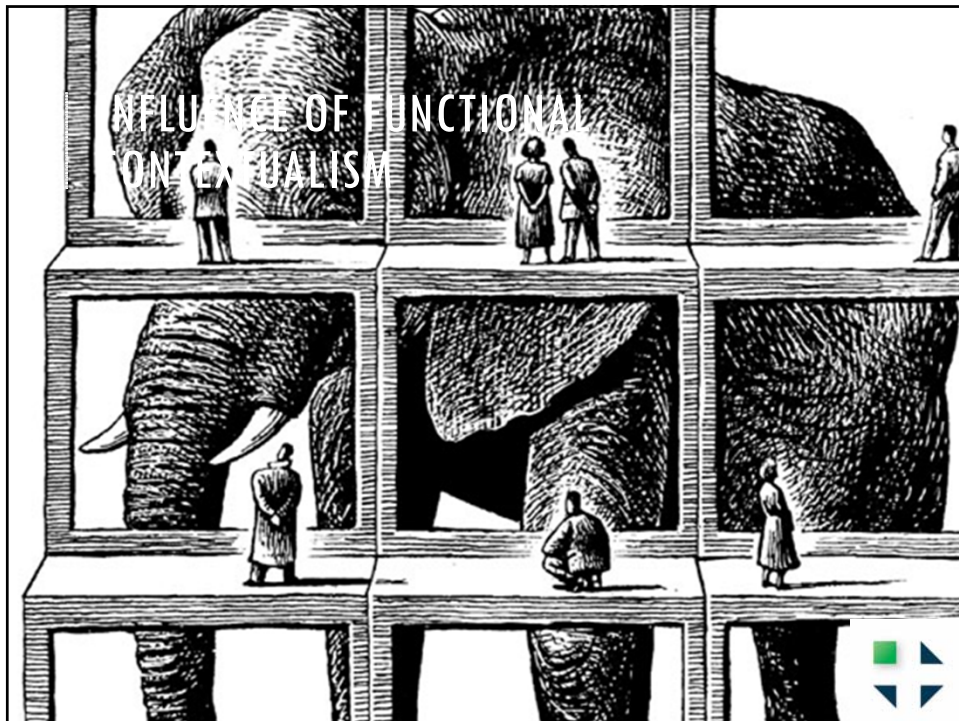
- Contextualism permeates throughout our clinical work
- We ALWAYS approach patients from this framework
 - Our interventions may or may not be ACT/fACTish
 - Pause... importance of you being a psychologist and having a basic framework...

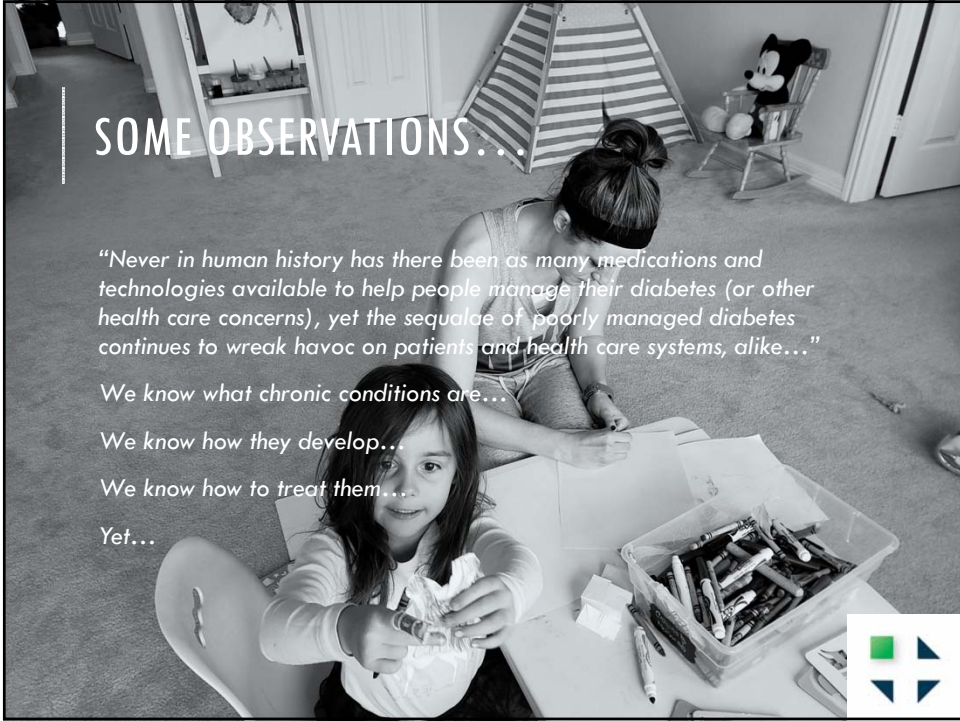


SO, WHAT IS FACT OR ACT?

First we need to understand the philosophies of these interventions

- Specifically:
 - Behaviorism
 - You know this stuff...
 - Relational Frame Theory
 - That's a presentation in and of itself, come talk to us for more information on how to learn more
 - Functional Contextualism
 - ...Ah... now, let's have some fun...





SOME OBSERVATIONS...


"Never in human history has there been as many medications and technologies available to help people manage their diabetes (or other health care concerns), yet the sequelae of poorly managed diabetes continues to wreak havoc on patients and health care systems, alike..."

We know what chronic conditions are...

We know how they develop...

We know how to treat them...

Yet...



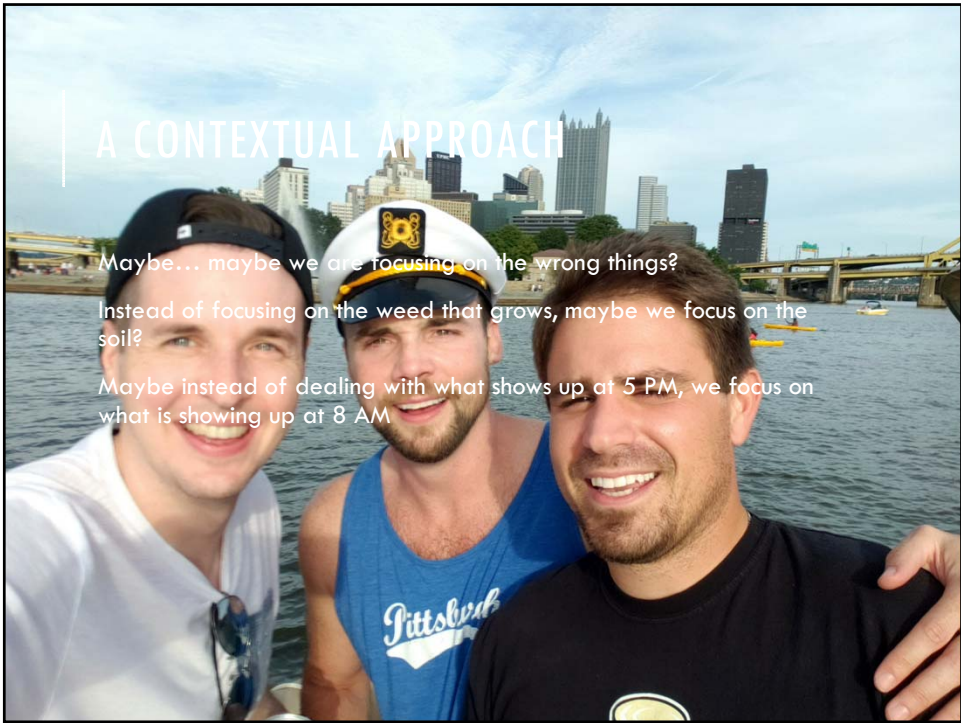
GROUP DISCUSSION

In your opinion, what causes us not to be great at curtailing chronic conditions?

In your clinical experience, what has helped some individuals?

In your clinical experience, what has not been helpful?





A CONTEXTUAL APPROACH

Remember when we said we would challenge assumptions... *hint, hint*

Mental health concerns...

- Why do we diagnosis individuals?
 - Where did that come from?

Even things that we think are purely biologically driven

- Bipolar, schizophrenia... they have a context



A CONTEXTUAL APPROACH

We are actually starting to see this in research

- Cancer research
- Adverse childhood experiences
 - https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime
 - https://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html
- *If we would rid the world of ACEs... would there be a DSM?... Would there be jails? ... would we have jobs?*
- *...every thing we deal with, has a context from where it grows*



A CONTEXTUAL APPROACH

Even treatment adherence research shows understanding the patient's context improves adherence

This isn't anything new... most of us agree with this, right?

- But, how often do we actually practice in this way?
- How often do we label things without taking in the context?

How often is this perpetuated in primary care/medical settings?

How often do we reinforce to patients, "you are broken?"



A CONTEXTUAL APPROACH

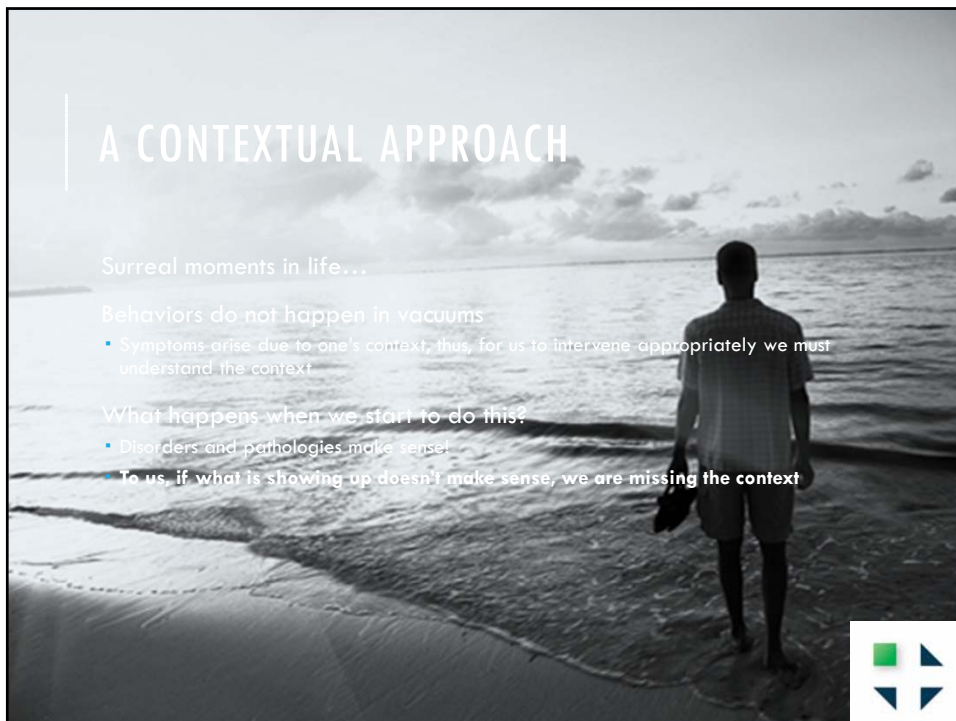
Surreal moments in life...

Behaviors do not happen in vacuums

- Symptoms arise due to one's context, thus, for us to intervene appropriately we must understand the context

What happens when we start to do this?

- Disorders and pathologies make sense!
- To us, if what is showing up doesn't make sense, we are missing the context



CONTEXTUALISM

Behavior is either inherited or learned, most likely learned

- Everything the patient is doing has a **purpose/function**, if we can help the patient find that, rapid change can occur
 - Simple but profound
 - For individuals with BPD, that are argumentative, etc... what if their behavior served a function in their context??? How would we treat them different?

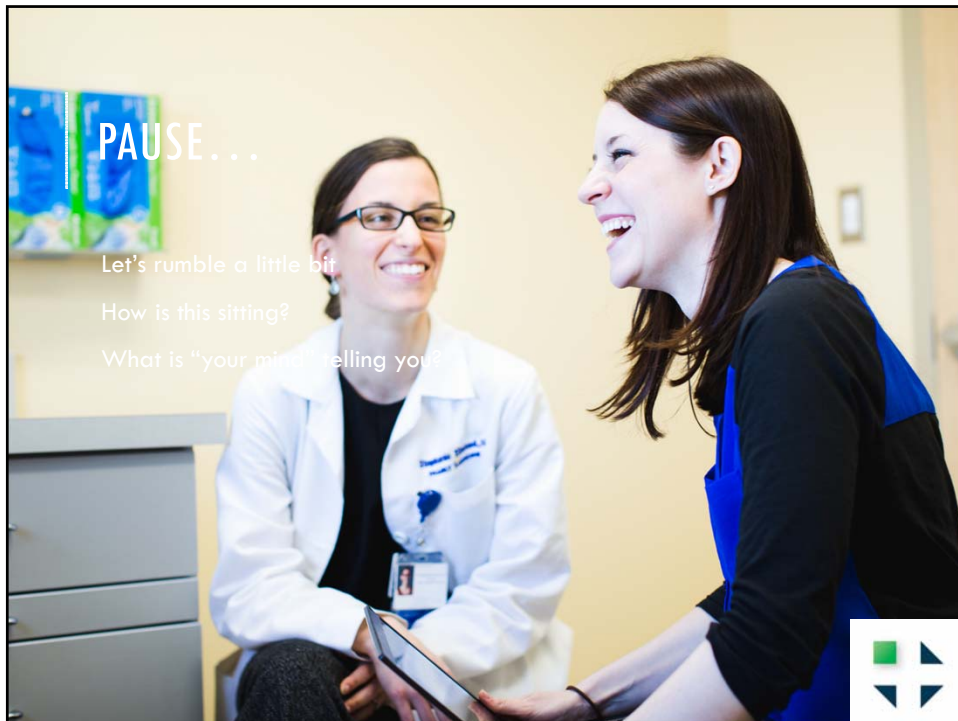
No "Truth" – *functional contextualism*

- Does it promote vitality, purpose, and meaning?
- Think about the impact of this when we approach patients... we could diagnosis them OR we could look at their presenting concerns as that which results from their context

"We are not interested in changing people... We are more interested in changing contexts (internal and external) so behaviors that are problematic no longer make sense"

PAUSE...

- Let's rumble a little bit
- How is this sitting?
- What is "your mind" telling you?





OKAY... SO, LET'S TALK ABOUT FACT

Well... not really

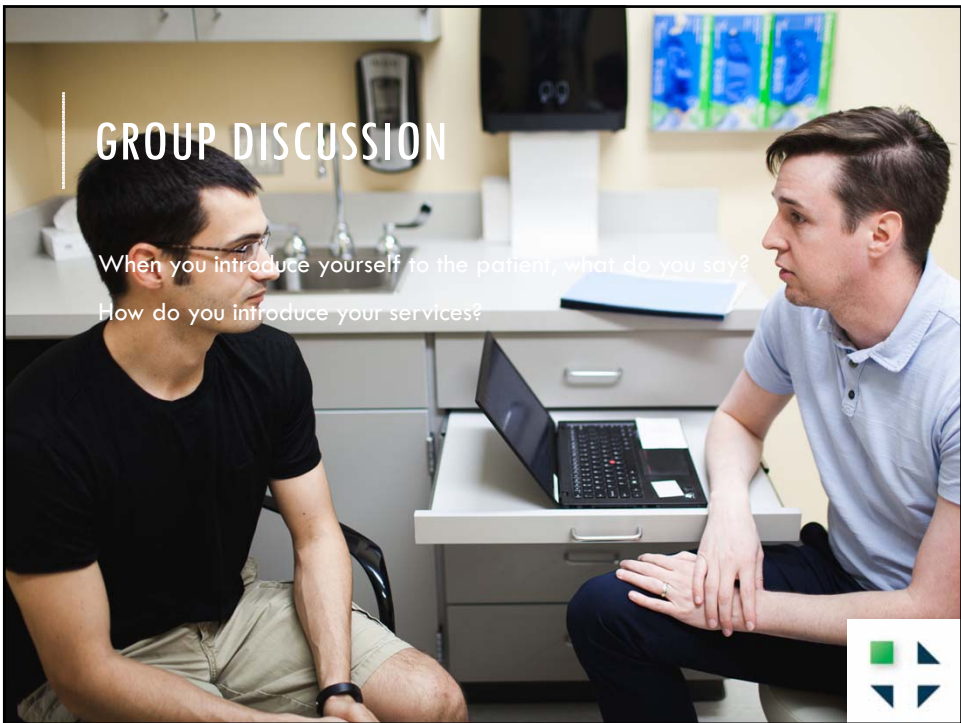
As we said before...

...interventions are great ... but...

...when done indiscriminately...

...literally is the antithesis of contextualism...

So, rather than interventions, let's talk about the *context* of our visits



GROUP DISCUSSION

When you introduce yourself to the patient, what do you say?

How do you introduce your services?





A CONTEXTUAL INTRODUCTION

Who you are

- A Behavioral Health Consultant (intern)
- Your profession (i.e., clinical psychologist, LCSW, LMHC, etc.)
- Predoctoral intern, which means I am in my final year of my clinical/community psychology doctorate program. I am supervised by ... you can contact them at any time by ...

Part of the team

- Work closely with the medical providers

Focus on overall health improvement, including physical and mental health

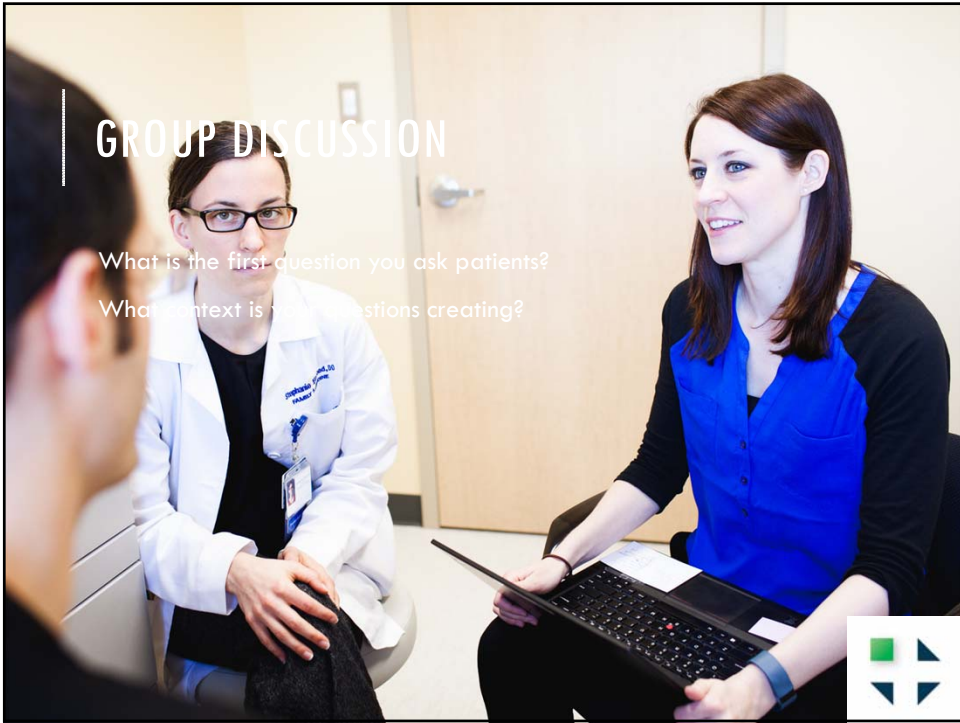
Duration of appointments (15-25 minutes) and what will happen today

- Will ask you a number of questions to get to know you
- Come up with a game plan

Some people get what they need after one visit, others follow up

You document in their medical chart and will communicate back to the PCP

Now... what context are we setting up?



A 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

A CONTEXTUAL INTERVIEW:

LOVE, WORK, PLAY &
HEALTH BEHAVIORS; 3 T'S

Love

- Living Situation
- Relationship
- 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, drugs, etc.)

3 T's

- Time, Trigger, Trajectory



A CONTEXTUAL INTERVIEW

Video

- Using your CI checklist, grade the contextual interview.

• <https://www.youtube.com/watch?v=wTHc4ZfOlrw&t=252s>

• <https://www.youtube.com/watch?v=JKFWsb8RrW0&t=113s>

• <https://www.youtube.com/watch?v=vuTrmRFDt9s&t=84s>



A CONTEXTUAL *INTERVIEW*

Let's role-play



WHAT YOU THINK?

Doable?

What context does this approach prompt/present?

... What are looking for when asking these questions???

RADICAL CHANGE
LOVE, COHORT OF 2018-2019
" PRE-DOCTORAL INTERNS
" POST-DOCTORAL FELLOWS

A CONTEXTUAL TALE

The Tale of Three Contexts

Sociocultural context: world around us

- External context
- Behavior can only be understood in its context

Ongoing processes of the mind

- Internal context
- How do we think about the world and ourselves

Observer

- How do we know what is going on? or is dependent on the External and Internal contexts?
- "The observer"

We're all in this together... how the are interacting with one another...

When things are in harmony... if, in harmony we can be flexible, if not, very rigid

A CONTEXTUAL TALE

Assessing the three contexts of:

- Sociocultural context
- The internal "minding"
- The observer

Let's practice (5:22 – 20:00):


<https://www.youtube.com/watch?v=NRZ7W1Lj25w&t=2s>

- While watching, what do we know about his sociocultural context?
- What do we know about his internal minding?
- How is his relationship with these two? Does he observe?

CONTEXTUAL SUBTLETIES

Model/reference ACT/FACT concepts

- Instead of "What are you thinking?"
 - "What is your mind telling you?"
- Instead of "I am thinking..."
 - "My mind is telling me..."
- Instead of "I'm sorry"
 - "I'm here."
 - "That hit me emotionally."
- When a patient clarifies/justifies
 - "I'm glad your mind is telling you to..."
 - "My mind is making an assumption right now, but I want to make sure it's accurate"



CONTEXT

Model/reference ACT/FACT concepts

- Stay in uncomfortable moments
 - "I can see the emotion that comes up, what is it?"
 - "What TEAMS are showing up right now?"
 - "I can see your struggle right now, can you tell me the emotion to be with TEAMS?"
 - "If you weren't feeling this way, that would be weird."
 - "If 1000 people went through this..."
- Inquire about the function
 - "What might be a function of that behavior?"
 - "Why would it be beneficial for your mind to tell you that right now?"
- Notice values and that it doesn't mean life will be great moving towards values
 - "Both situations will probably suck, so, maybe we don't decide on what sucks less, maybe we decide on what moves us closer to who we want to be."
 - "Maybe it is not a but; maybe it is an "and" in that both things can be present"
 - "If we judge success on how you are feeling, we will fail eventually... however, if we judge success on what we do, that's a winnable game."



MORE CONTEXTUAL *SUBTLETIES...*

Kirkisms:

- "I am not sure what will happen if you change, but I know what will happen if you don't."
- "Keep your cards close to your chest" (take it all in)
- "You will always have to pay the piper" (there is always a cost to everything)

Other "isms"

- "Mindfulness is not about ridding anything; it is about being with everything"
- "If we were good at changing the way we think or feel, we would change the way we think or feel."
- "What behaviors would show that you are being kind towards yourself?"

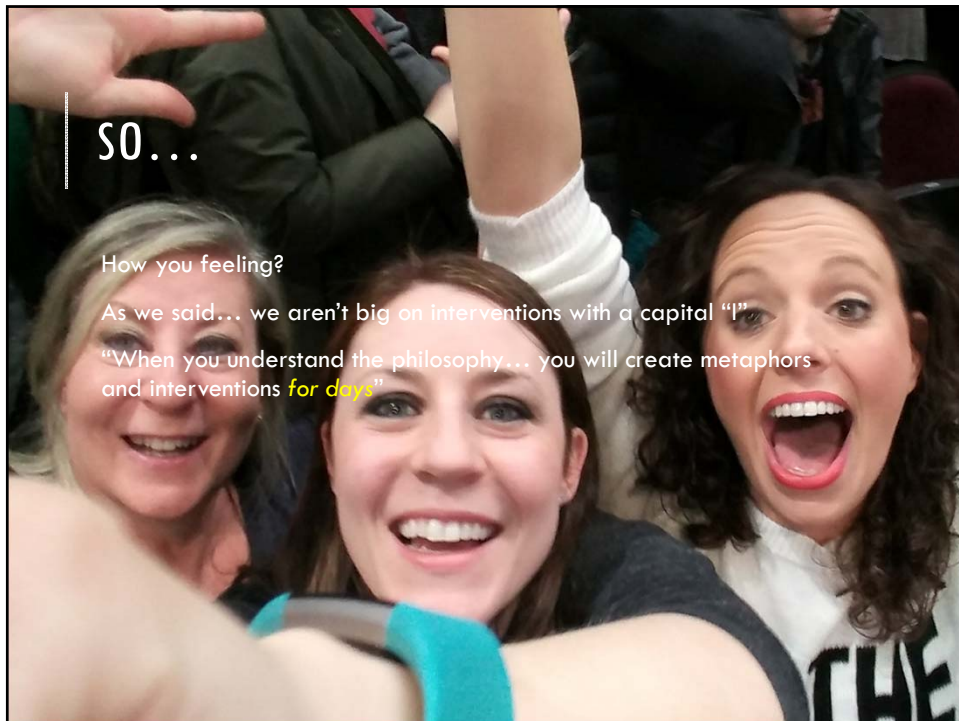


SO...

How you feeling?

As we said... we aren't big on interventions with a capital "I"

"When you understand the philosophy... you will create metaphors and interventions *for days*"





AS WE END...

Even with these techniques, 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... even like this presentation...

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

...We so appreciate you all... thank you for joining us today on this journey...



SEE RESOURCES AND STAY IN TOUCH!

Additional questions – reach out!

Email: Bridget.beachy@gmail.com DavidBauman4@gmail.com

LinkedIn: <https://www.linkedin.com/company/beachy-bauman-consulting-pllc>

FB: <https://www.facebook.com/mountainviewconsulting/>

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

YouTube:

https://www.youtube.com/channel/UCR_hf_LGVIUCQa_KFvqvtQ

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



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