



It's a matter of fACT: Unleashing radical functional contextualism

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WHO WE ARE

Bridget Beachy, PsyD

- Principal Member, Beachy Bauman Consulting
- Director of Behavioral Health, at a Community Health Center (CHC) in Central WA
 - **Roles:** BHC, administrator, primary supervisor for interns and fellows, faculty for FM residency

David Bauman, PsyD

- Principal Member, Beachy Bauman Consulting
- Behavioral Health Education Director at a CHC in Central WA
 - **Roles:** BHC, administrator, primary supervisor for interns and fellows, faculty for FM residency

We both live and breathe contextual approaches (e.g., Acceptance and Commitment Therapy) and working in integrated primary care

We value what we do... and... we get emotional... well, Dave does...

Our values live through our presentations... the people that mean the most to us are with us today...



OUR JOURNEY TODAY...

Logistics

Some context

A Case Primer

Connecting to your why...

Assumptions and philosophy of fACT

Pragmatic skills

Questions



LOGISTICS

Zoom format – chat box

Our gratitude for you being here today...



BEFORE WE “JUMP INTO THE DEEP...”

We are passionate about functional contextualism, and integrated behavioral health into primary care

We ~~may~~ will most likely say things that challenge some assumptions...

...And that is okay... that is our hope... we are here with you...

Our perspectives aren't truths...

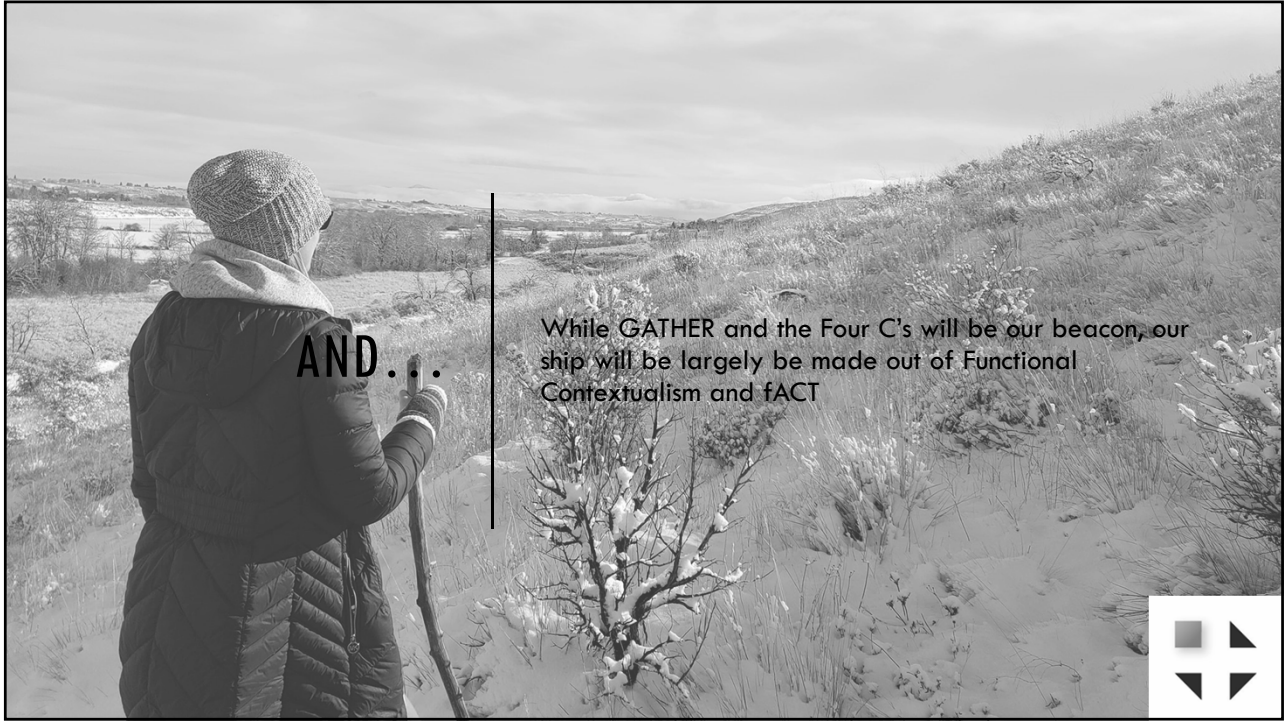
- We wouldn't be very good functional contextualists if we believed that

...Be kind on the journey...



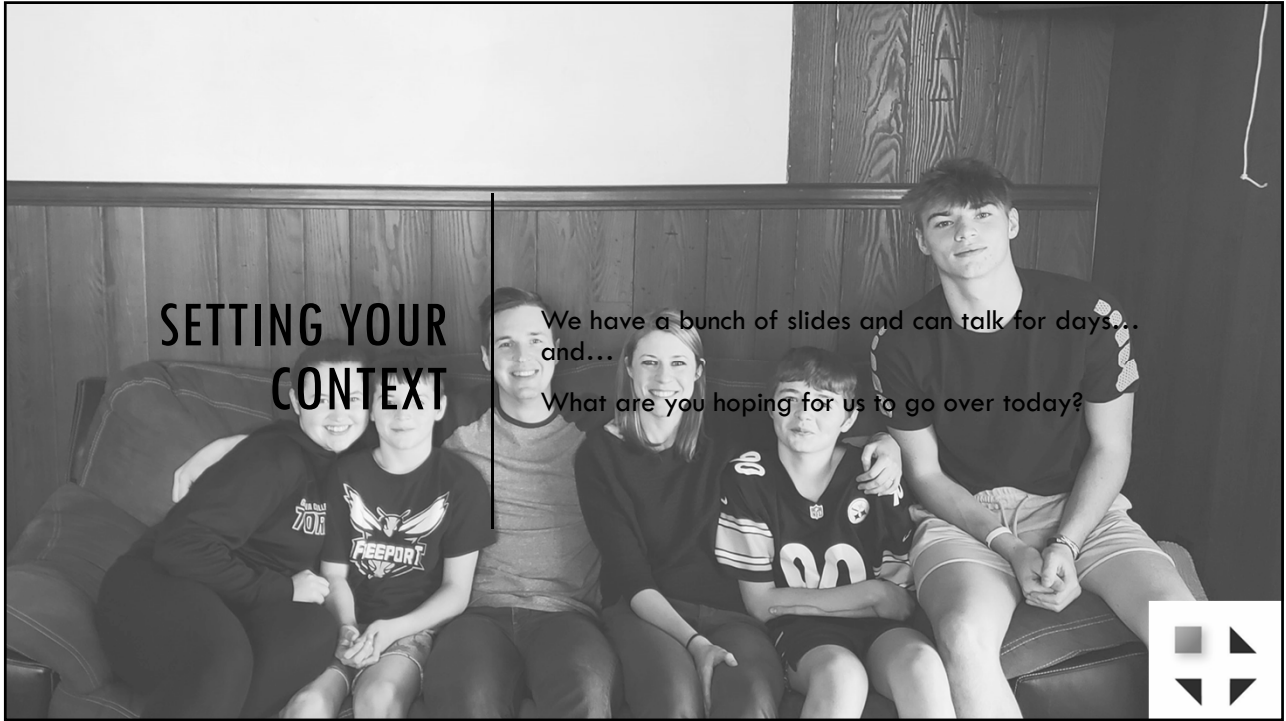
OUR CONTEXT^{1,2}

- Primary Care Behavioral Health model
 - G – Generalist
 - A – Accessible
 - T – Team Oriented
 - H – High productivity
 - E – Educator
 - R – Routine
- Helping PC achieve:
 - First contact
 - Continuity of care
 - Providing comprehensive care
 - Coordinating when needed



AND...

While GATHER and the Four C's will be our beacon, our ship will be largely be made out of Functional Contextualism and FACT



SETTING YOUR CONTEXT

We have a bunch of slides and can talk for days... and...
What are you hoping for us to go over today?



SOME ITEMS BEFORE WE GET STARTED...

- This is an overview & introduction to fACT...
 - Would be tough to do one webinar and say, "I got it!"... be kind...

We don't DO contextualism/ACT/fACT

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

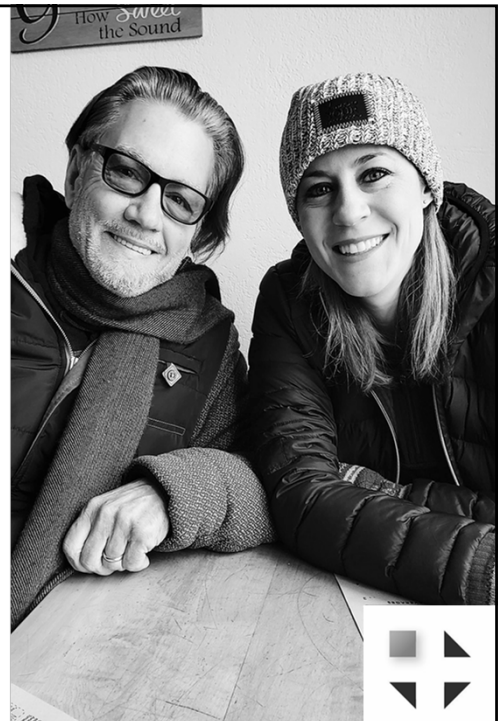
fACT **encompasses a philosophical shift**...a way of approaching and being with patients, not just "doing interventions"...today's didactic will be largely highlighting this shift

Again, we are going to be challenging some things that we accept as truth – be open together!

- Track and write down questions...

True to the fACT philosophy – we aren't going to wait to get started!

So here we go!



LET ME INTRODUCE
YOU TO YOUR NEW
BEST FRIEND³



CASE PRIMER: MARIA

Maria is a 40 y/o single mother of three children. She works long hours at an assisted living center. She has uncontrolled diabetes and has been referred to you to help address possible underlying mental/behavioral health concerns. You work in a setting where you are able to meet Maria that day. (If you are a medical or another type of provider, imagine you are meeting with Maria that day, too)



CASE APPLICATION OF CONTEXTUAL INTERVIEW: 40 Y/O MARIA: UNCONTROLLED DIABETES

Lives w/3 kids (19, 11, and 6 y/o)

Single

Then 19 y/o son passed away 5 yrs ago

Close w/mom and sisters (dad never involved)

Hard to find time for friends

Working long hours in assisted living

Christian, prayer but no church

No hobbies

Caffeine – coffee and soda all day

Denies cigs, etoh or substances

Convenience meals

Exercise at work/ADLs

Sleep – difficult – variable hours

Time: Dx'd w/type 2 diabetes 3 years ago

Trigger: Forgets medications, too tired, stress

Trajectory: Non adherent (A1C continues to rise) since dx

Anything help? Maria starts to cry and says she “tries not to think about it”



CASE APPLICATION OF CONTEXTUAL INTERVIEW:

40 Y/O MARIA, UNCONTROLLED DIABETES

Maria explains:

"I'm just so busy...these long hours to try to support my kids...their dads don't help at all...it's all on my shoulders. And, this month is the 5 year anniversary of losing my oldest. I just don't know what to do. It's hard to make my doctor's appointments, let alone remember to take my medications every day...or to even pick up my refills. The kids are such picky eaters and won't eat any of the healthier meals I've tried to make. I know they keep saying my sugars are high, but I honestly don't feel sick...so I guess it's easier to just not think about. Everyday I feel like I'm just hanging on, trying not to "lose it." I feel like if I just keep my head down and get done what I need to do that day, then I'll somehow make it to the next day...I mean what can I really do as a single mom?"



CORE ASSUMPTIONS OF FACT³

Assume the 1st visit may be the last visit (mode visits of psychotherapy)

The "f" in fACT is for "focused" – designed to help clinicians "jump-in," born out of population health principles...

Need to be efficient and effective at the same time

Challenges assumptions about duration and frequency of "treatment"... and it's to help meet the demands and realities of healthcare (fast paced) and...to meet patients where they are ...AND...most importantly...

Focused or brief is not a synonym for "surface level," "less than," or "sub-optimal"

Let me repeat:

Brief is not a synonym for "surface level," "less than," or "sub-optimal"

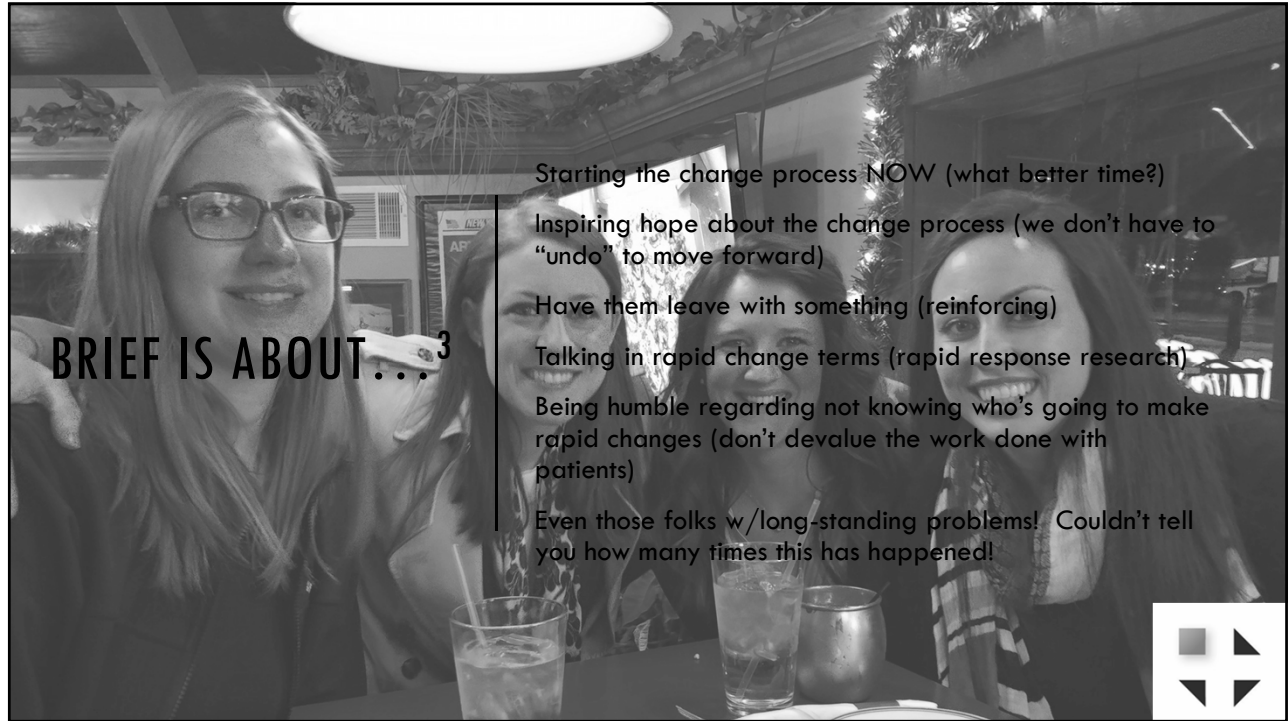
Okay, one last time:

Brief is not a synonym for "surface level," "less than," or "sub-optimal"

Now say it with me! Okay, just kidding, but you get the point...so if brief isn't that...then what is it about?

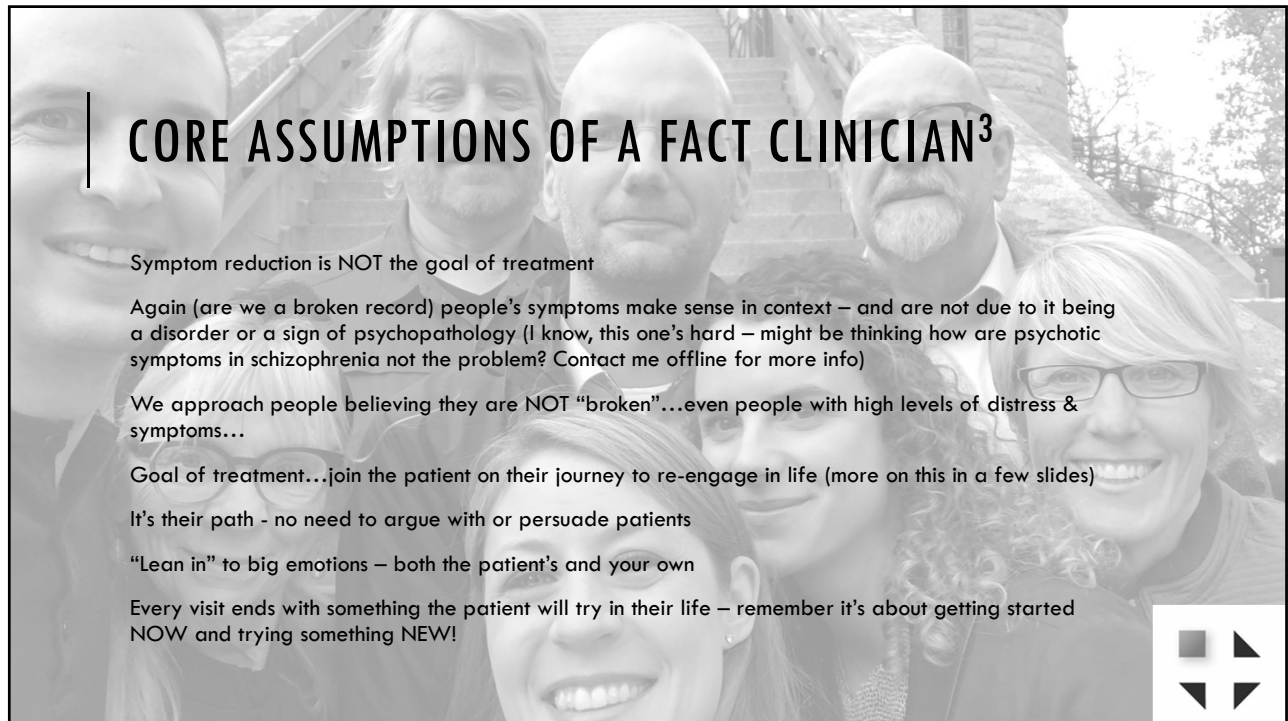
Meeting the demands of the masses!





BRIEF IS ABOUT...³

- Starting the change process NOW (what better time?)
- Inspiring hope about the change process (we don't have to "undo" to move forward)
- Have them leave with something (reinforcing)
- Talking in rapid change terms (rapid response research)
- Being humble regarding not knowing who's going to make rapid changes (don't devalue the work done with patients)
- Even those folks w/long-standing problems! Couldn't tell you how many times this has happened!



CORE ASSUMPTIONS OF A FACT CLINICIAN³

Symptom reduction is NOT the goal of treatment

Again (are we a broken record) people's symptoms make sense in context – and are not due to it being a disorder or a sign of psychopathology (I know, this one's hard – might be thinking how are psychotic symptoms in schizophrenia not the problem? Contact me offline for more info)

We approach people believing they are NOT "broken"...even people with high levels of distress & symptoms...

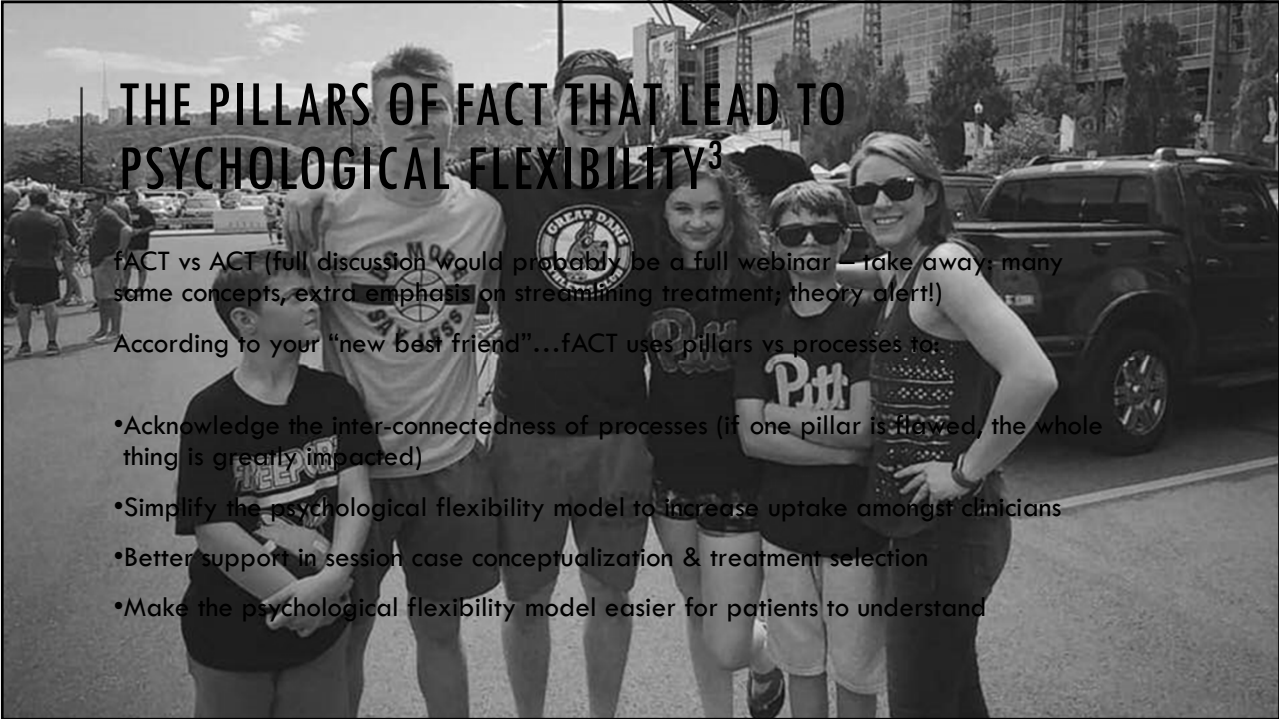
Goal of treatment...join the patient on their journey to re-engage in life (more on this in a few slides)

It's their path - no need to argue with or persuade patients

"Lean in" to big emotions – both the patient's and your own

Every visit ends with something the patient will try in their life – remember it's about getting started NOW and trying something NEW!





THE PILLARS OF FACT THAT LEAD TO PSYCHOLOGICAL FLEXIBILITY³

FACT vs ACT (full discussion would probably be a full webinar — take away: many same concepts, extra emphasis on streamlining treatment; theory alert!)

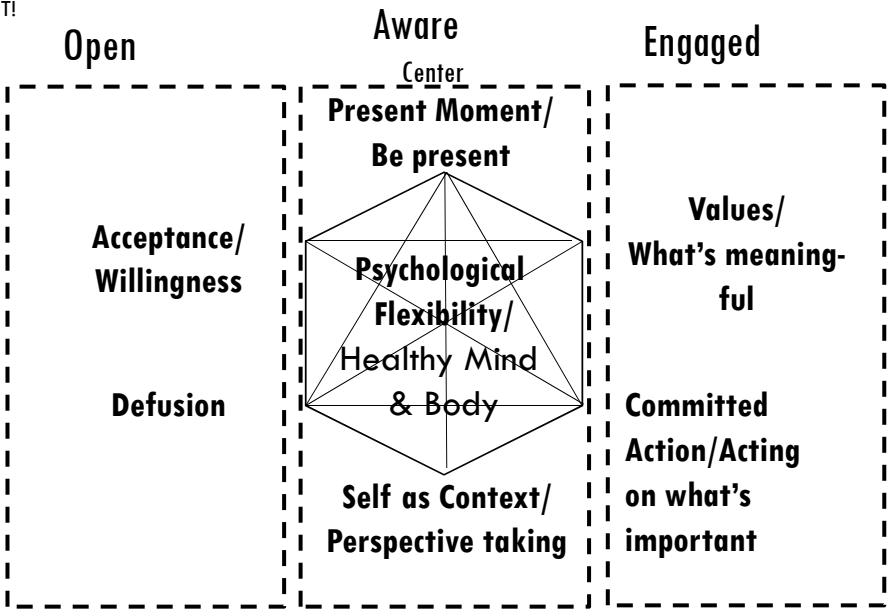
According to your “new best friend”...FACT uses pillars vs processes to:

- Acknowledge the inter-connectedness of processes (if one pillar is flawed, the whole thing is greatly impacted)
- Simplify the psychological flexibility model to increase uptake amongst clinicians
- Better support in session case conceptualization & treatment selection
- Make the psychological flexibility model easier for patients to understand

Check out Contextualscience.org for resources on ACT!

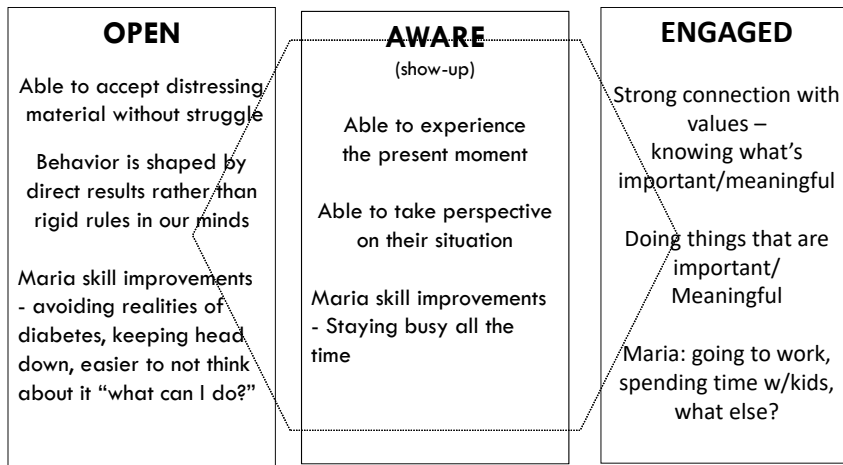
TAKE HOME:
6 core ACT processes are condensed into 3 pillars

FACT 3 Pillars³



DEFINITIONS: PILLARS OF PSYCHOLOGICAL FLEXIBILITY³

Rule of thumb:
Start center, go left
and then far right



UNDERLYING THESE PILLARS IS A RADICAL PHILOSOPHY OF FUNCTIONAL CONTEXTUALISM

"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 (or other conditions) continues to wreak havoc on patients and health care systems, alike."

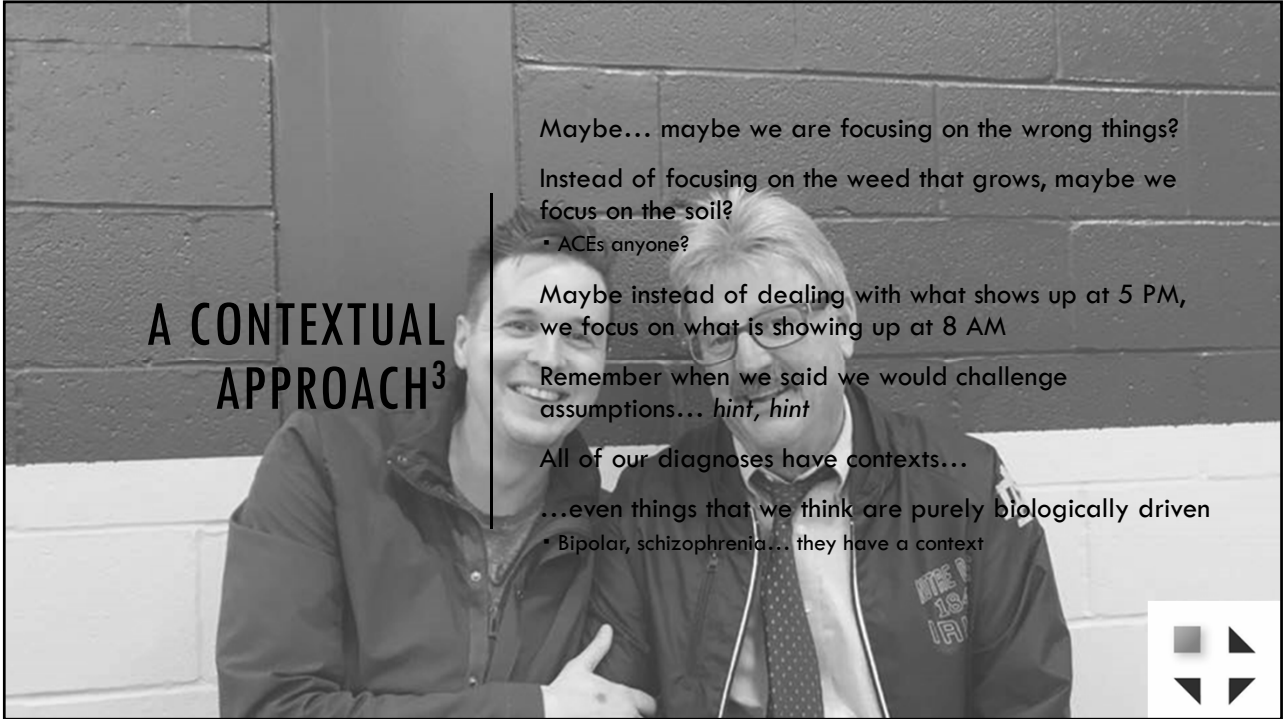
We know what chronic conditions are...

We know how they develop...

We know how to treat them...

Yet...





A CONTEXTUAL APPROACH³

Maybe... maybe we are focusing on the wrong things?

Instead of focusing on the weed that grows, maybe we focus on the soil?

- ACEs anyone?

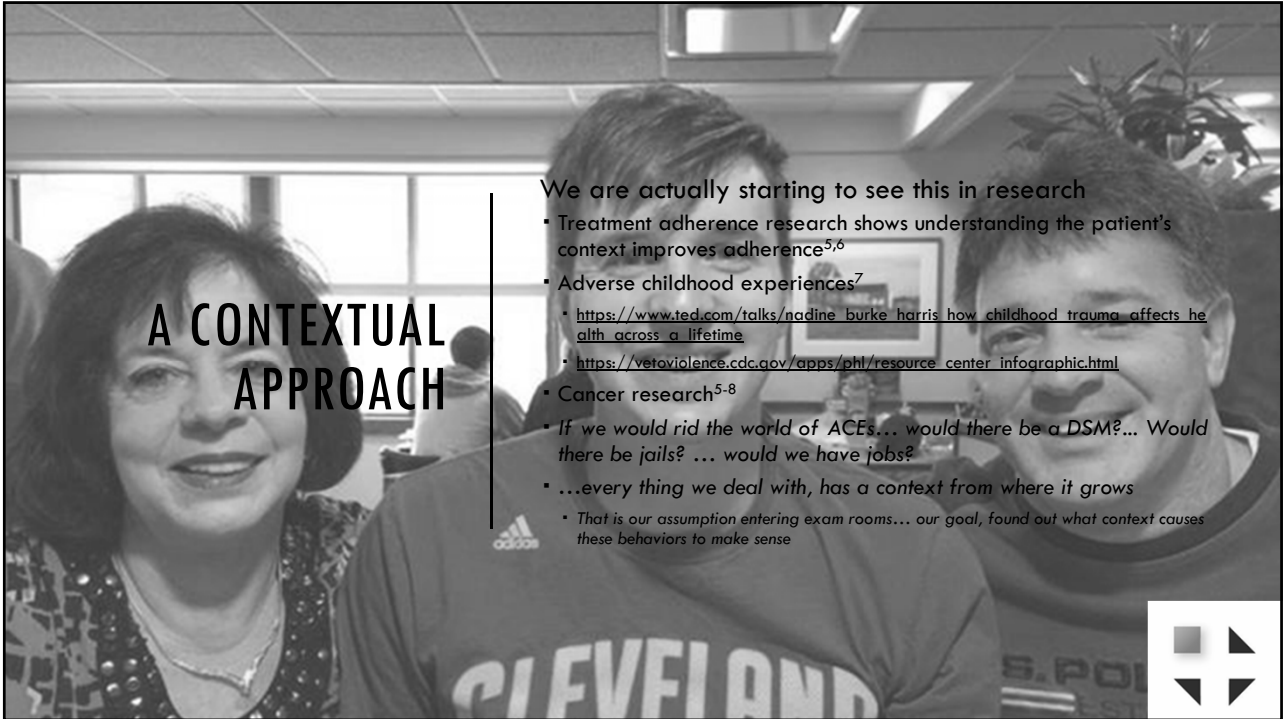
Maybe instead of dealing with what shows up at 5 PM, we focus on what is showing up at 8 AM

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

All of our diagnoses have contexts...

...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

- Treatment adherence research shows understanding the patient's context improves adherence^{5,6}
- Adverse childhood experiences⁷
 - https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime
 - https://vetoviolenecdc.gov/apps/phl/resource_center_infographic.html
- Cancer research⁵⁻⁸
- *If we would rid the world of ACEs... would there be a DSM?... Would there be jails? ... would we have jobs?*
- *...everything we deal with, has a context from where it grows*
 - *That is our assumption entering exam rooms... our goal, found out what context causes these behaviors to make sense*





RESEARCH ON ACT/FACT

Number of meta-analysis on ACT and the support...¹⁰⁻¹³

Growing evidence for fACT...¹¹⁻¹²

Growing evidence for brief interventions overall...³

• Recent meta-analysis showing promising results of a single session of ACT/fACT¹⁴



“In fACT, the focus is instead on living life in accordance with personal values, even if doing so produces symptoms. The goal is to help clients exchange responses that aren’t working, and that often are producing paradoxically negative results, for workable behaviors.” Strosahl, p. 53³

We are going to help Maria exchange responses that aren’t working...not “treat” her grief, depression and anxiety disorders





CONTEXTUAL INTERVIEW: LOVE, WORK, PLAY & HEALTH BEHAVIORS – ALL VISITS!^{4,9}

LOVE

- Living Situation
- Relationship
- Family
- Friends
- Spiritual, community life?

Work/School

- Income/Work/school situation

Play

- Fun/Hobbies
- Relaxation

Health Behaviors

- Exercise
- Sleep
- Sex
- Diet, supplements, medications?
- Substance use (caffeine, cigarettes, etoh, MJ, drugs)

The CI paints the picture of “walking a mile in someone else’s shoes”...allows you to get a snapshot of their internal and external context! You’re a detective...although it’s a framework with practice it’s very conversational...rapport building too!



FUNCTIONAL ANALYSIS: 3 T'S^{3-4,9}

A lot of this info comes out during the contextual interview...but in case it doesn't...

Time

- When did this problem start? How often?

Trigger

- Anything happen recently to trigger this problem? Antecedents?

Trajectory

- What's the problem been like over time? Times it's worse? Better?

Workability

- Strategies for addressing the problem, how it has worked in the short or long run (value consistent)?

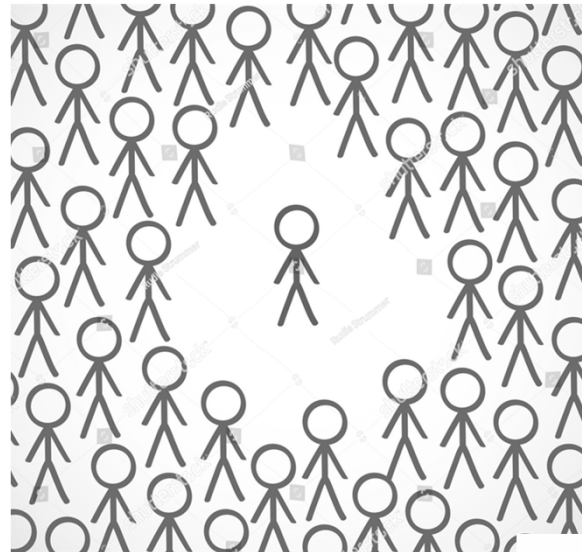


EXTERNAL CONTEXT⁴⁻⁵

Examples of external context?

How do we assess for the external context?

- Love, work, play, health behaviors



shutterstock



INTERNAL CONTEXT⁴⁻⁵

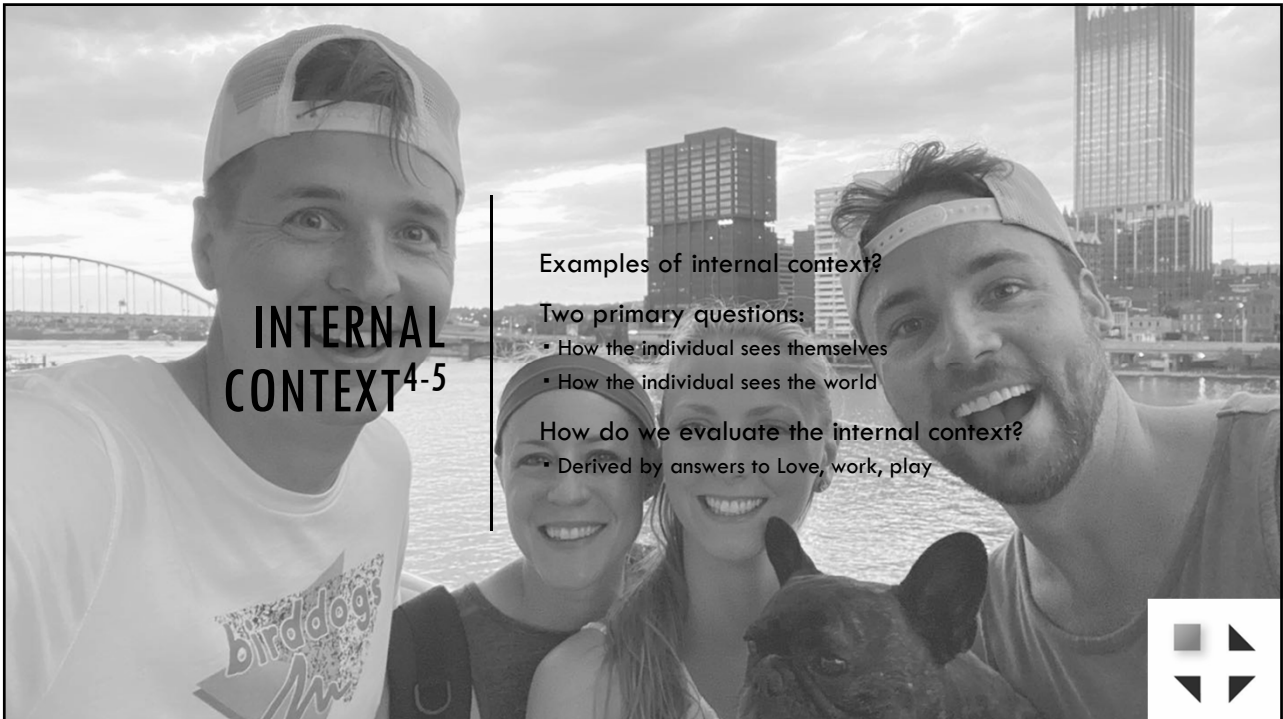
Examples of internal context?

Two primary questions:

- How the individual sees themselves
- How the individual sees the world

How do we evaluate the internal context?

- Derived by answers to Love, work, play





THE RELATIONSHIP WE HAVE WITH EACH⁴⁵

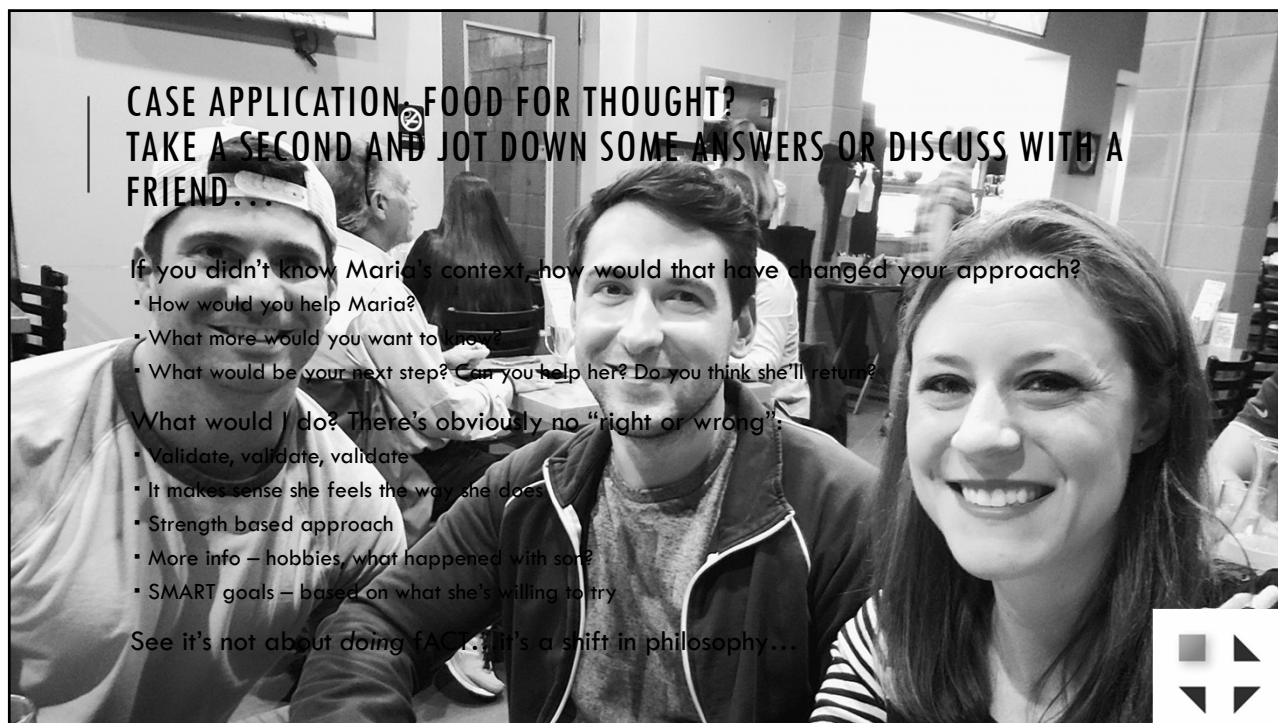
Examples of the relationship?

Primary question:

- Is the individual aware of their External and Internal Context?
- How do they respond to this External and Internal Context?

How do we evaluate the relationship?

- Derived by answers to Love, work, play



CASE APPLICATION: FOOD FOR THOUGHT? TAKE A SECOND AND JOT DOWN SOME ANSWERS OR DISCUSS WITH A FRIEND...

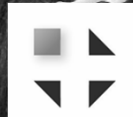
If you didn't know Maria's context, how would that have changed your approach?

- How would you help Maria?
- What more would you want to know?
- What would be your next step? Can you help her? Do you think she'll return?

What would I do? There's obviously no "right or wrong":

- Validate, validate, validate
- It makes sense she feels the way she does
- Strength based approach
- More info – hobbies, what happened with son?
- SMART goals – based on what she's willing to try

See it's not about *doing* FACT... It's a shift in philosophy...





SO... REALLY,
THOUGH 😊, WHAT
DOES A FACT
INTERVENTION LOOK
LIKE?

Well... as we just discussed, depending on the context, could be anything...

- Remember, the best interventions are derived from the patients' context

Could be a very obvious behavioral plan/SMART goal

Most likely... will be subtly interventions... because we know that's how relational frames are created... and...

Don't be afraid to talk it out with patients, "does this work?" "what is your mind saying?"

Iterate, iterate, iterate and experiment, experiment, experiment and share, share, share



SOME EXAMPLES OF
THESE EXERCISES...

Direct and subtle





PROGRAM EXERCISE

Who has heard of it?

How it came about?

When to use?

How to do?

fACT Pillars:

- Aware
- Open
- Engage

Example: https://www.youtube.com/watch?v=wrDZQDOo6EQ&list=PLvLh_YdubBs511Nr4s44-KcaRysQ&index=6

PEANUT BUTTER JELLY MOMENTS

Who has heard of it?

How it came about?

When to use?

How to do?

fACT Pillars:

- Aware
- Open



DRIVING IN THE PRESENT

Who has heard of it?

How it came about?

When to use?

How to do?

fACT Pillars:

- Aware
- Open

Example: https://www.youtube.com/watch?v=CNJvQudMhFM&list=PLvLh_YdubBs511Nt4s44-KcqRysQpTBhl&index=4



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”

CONTEXTUAL *SUBTLETIES*

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 we allow the emotion to be with us?”
 - “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 feel like 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 you do, that’s a winnable game.”

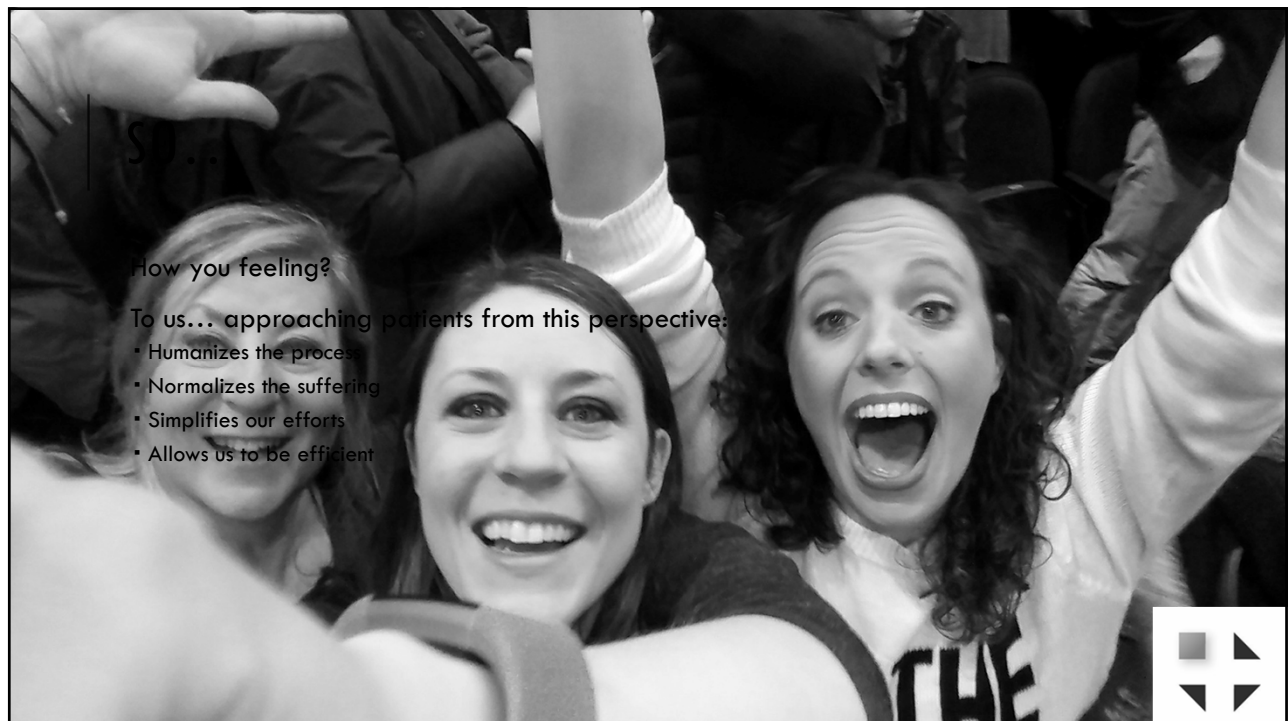
MORE CONTEXTUAL *SUBTLETIES...*

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?"



How you feeling?

To us... approaching patients from this perspective:

- Humanizes the process
- Normalizes the suffering
- Simplifies our efforts
- Allows us to be efficient



AS WE END...

Even with these techniques, strategies, skills... we will still fail...

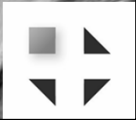
* And, maybe that is the point

Be kind, be compassionate, and above all, be **LOVE**...

...never underestimate how you can engineer 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...



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YouTube: https://www.youtube.com/channel/UCR_hf_LGvtUOoLa_KFvqvtQ
& <https://www.youtube.com/user/commhealthcw/videos>

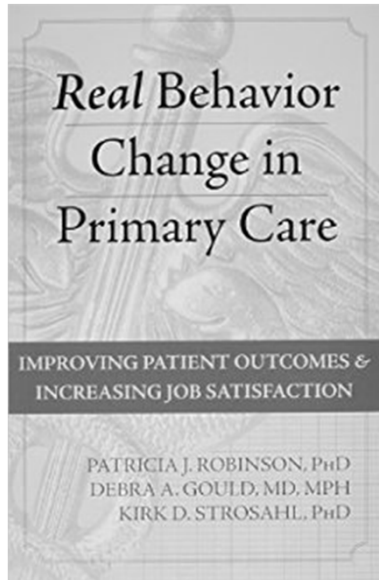


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RESOURCES & BONUS SLIDES

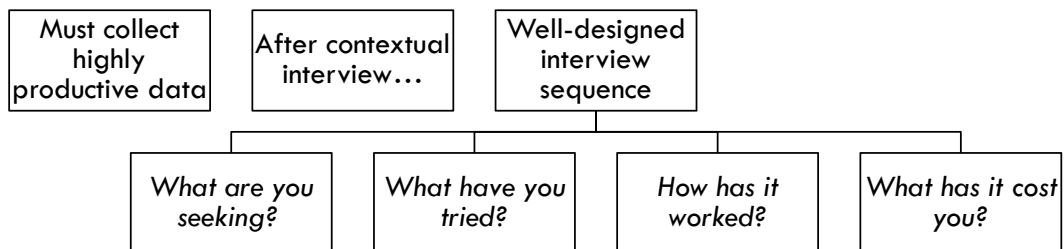


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FOCUSING QUESTIONS

(STROSAHL ET

AL., 2012; P. 70)



FLEXIBILITY PROFILE EXERCISE

OPEN

Strengths

Skill Deficits

AWARE

Strengths

Skill Deficits

ENGAGED

Strengths

Skill Deficits

VIDEOS

Contextual interview and intervention demo:

<https://www.youtube.com/watch?v=NRZ7WLsj25w&t=183s>

Dr. Strosahl's

https://www.youtube.com/watch?v=Qa_qH0DiAh4&t=28s

Program metaphor:

<https://www.youtube.com/watch?v=wrDZQDOo6EQ&t=14s>

Contextual interview and brief visit for headaches demo

<https://www.youtube.com/watch?v=vuTrmRFDt9s&t=74s>

Contextual interview and brief visit for diabetes demo:

<https://www.youtube.com/watch?v=JKFWsb8RtW0&t=150s>

FACT DANCING (STROSAHL ET AL., 2012)

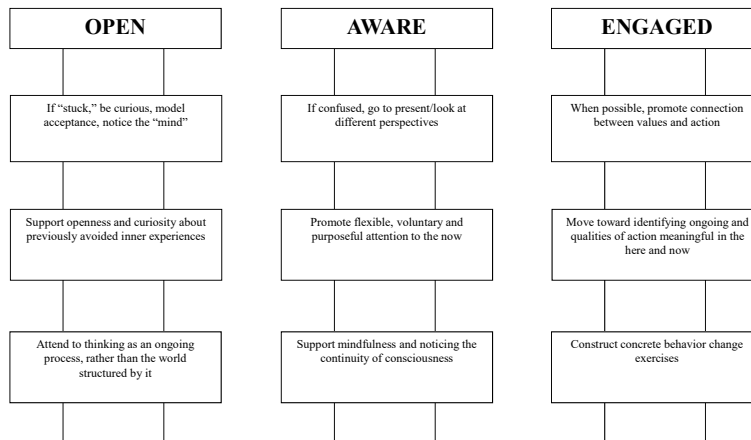


Figure 7.2 Pillars of Psychological Flexibility and suggested therapeutic actions.

METAPHORS / INTERVENTIONS FOR EACH PROCESS

OPEN

- Acceptance
 - Tiger metaphor
 - Book chapter
 - Quick sand
 - Chinese finger trap
 - Unwelcome party guest
- Defusion
 - TEAMS sheet
 - Leaves on a stream/clouds in the sky
 - Velcro
 - Zoomed in, Zoomed out?
 - Prison bars
 - "Menu of options"

Metaphors / Interventions for Each Process

AWARE

- Present Moment
 - Timeline – now, past, present
 - Name 3 things you see...hear, smell, taste, feel?
 - Deep breathing via balloon metaphor (here – inhale; now – exhale), focus on one item in room
 - I am having the thought.... The feeling.... The sensation...
- Self as Context
 - Monitor, person looking at screen
 - Imagine you are 5, 15, 25 y/o
 - Self stories – who witnessed the writing or telling of the story?
 - Miracle questions – what would be different about you? What would I see? What are you doing?
 - Chess metaphor



Metaphors / Interventions for Each Process

ENGAGED

- Committed Action
 - "Try to pick up the pen"
 - Response-able vs responsible
 - Bull's eye action steps
 - Passengers on a bus
- Values
 - Bull's eye value identification
 - True north
 - Retirement party

in
this
moment.

FIVE STEPS *to*
TRANSCENDING STRESS
USING MINDFULNESS
and NEUROSCIENCE



KIRK D. STROSAHL, PhD
PATRICIA J. ROBINSON, PhD

inside
this
moment.

A CLINICIAN'S GUIDE *to*
PROMOTING RADICAL CHANGE
USING ACCEPTANCE *and*
COMMITMENT THERAPY

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