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REFLECTIONS, QS & RUMBLES



None of this makes any sense if we don't value /believe in what we can do...

-Something good can come from a visit/moment (yes, even in one visit)... -Any visit could be the last -This is what's already hoppening (& w/these patients -they're generally good w/this)

*Functional Contextualism/ fACT/ACT

KEY TAKEAWAY: What context is sustaining a particular behavior? In other words: What is helpful about a patient's behavior given their context? Transdiagnostic

Conceptualization/ organizing principles to translate complexity into parsimony

Basic idea of *functional contextualism

(philosophy that underlies fACT & origins of the CI)

*There is a function to every behavior

*We cannot focus on a single behavior w/o assessing the context in which the behavior occurs

Unlock the context

CONTEXTUAL INTERVIEW^{4-5,9} LOVE, WORK, PLAY & HEALTH BEHAVIORS

Love

- Living Situation
- Relationship
- Family
- Friends
- Belief system, spiritual, community life?

Work/School

- Work/school situation
- Income?

Play

• Fun/Hobbies/Relaxation/Passions/Interests

Health Behaviors

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

Contextual Interview Lite

- Love Work Play
- Living situation
- Inner Circle
 R/s/Family/Friends
- Income
 - U Work/School
- Fun

Contextual Interview Lite

Love – Work – Play

- Living situation
- Inner Circle
 - R/s/Family/Friends
- Income
 - Work/School
- Fun

- Love Work Play
 - □ Living situation "Who all's in the home? Who lives with you or who do you live with?"
 - □ Relationship status & sex "Are you dating anyone or in a relationship?" "Do you consider them a supportive person in your life or a main cause of stress? If 'yes' for stress → ask if it's regular 'ups and downs' or are they worried about their physical and/or emotional safety
 - □ Inner circle
 - □ Family *"Who are the most important family members in your life? Anyone you tend to spend time with or talk to?"* [Pay attention to any missing members mentions mom but not dad]
 - □ Friends "Do you have any friends you talk with or spend time with?"
 - Belief System "Do you have any spiritual, religious or just general beliefs that are important to you? Or, some type of motto you live your life by such as 'take things one day at time,' 'be kind to others,' etc.?"
 - □ Income "What do you do for income?"
 - □ Work "Where do you work? Do you like it? Is it meaningful?"
 - Academics "What grade are you in? Favorite subjects? Most challenging subjects?"
 - **Fun/hobbies/interests "Do you have any hobbies, passions or interests something you really like to do for fun?"**

Health Risk & Behaviors

- Caffeine "Do you drink coffee, tea, energy drinks, or take anything else w/caffeine in it?"
- □ Nicotine "Do you smoke, vape, chew or use any tobacco or anything w/nicotine?"
- Alcohol "Do you drink alcohol? How much and how often? Does it cause any problems for you?"
- □ Marijuana "Any marijuana like smoking, vaping or gummies? If so, how often? What's it help with? Does it have cause any problems for you?"
- Substances "Do you take anything not rx'd to you or any other substances such as methamphetamine, cocaine, etc.? How often? What's it help with? Does it have any difficulties for you?"
- Diet "How many meals do you eat per day? Fast food or homemade? Tend to be junk food or healthier items that have fresh fruit, veggies, lean meats and beans?"
- Exercise "Do you exercise or do any physical activity walking counts? Anything else you do to move your body?"
- Sleep "How many hours of sleep are you getting per night? What time do you go to bed, get up? Any difficulty falling asleep or staying asleep?"

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?

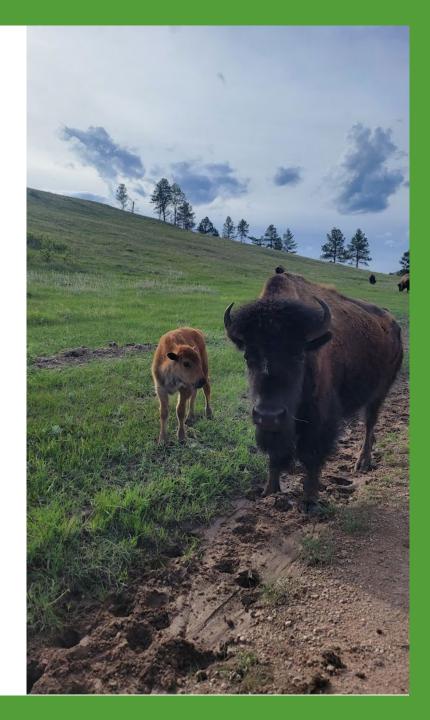
Not a checklist, but a story builder

- 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

Sample Contextual Interviews

Initial, f/u and debrief:

- https://www.youtube.com/watch?v=GmPh8BIyDdE&t=2710s
- https://www.youtube.com/watch?v=9QiaDVSgrbM&t=2275s
- 28 minutes, Chronic Pain
 - <u>https://www.youtube.com/watch?v=NRZ7WLsj25w&t=322s</u>
- 24 minutes, Type I Diabetes
 - https://www.youtube.com/watch?v=JKFWsb8RtWo&t=48s
- 15 minutes, Headaches
 - https://www.youtube.com/watch?v=vuTrmRFDt9s&t=150s
- 17 minutes, Type I Diabetes
 - <u>https://www.youtube.com/watch?v=wTHc4ZfOIrw</u>



ACES

Cultural considerations

Context: Internal, TEAMS

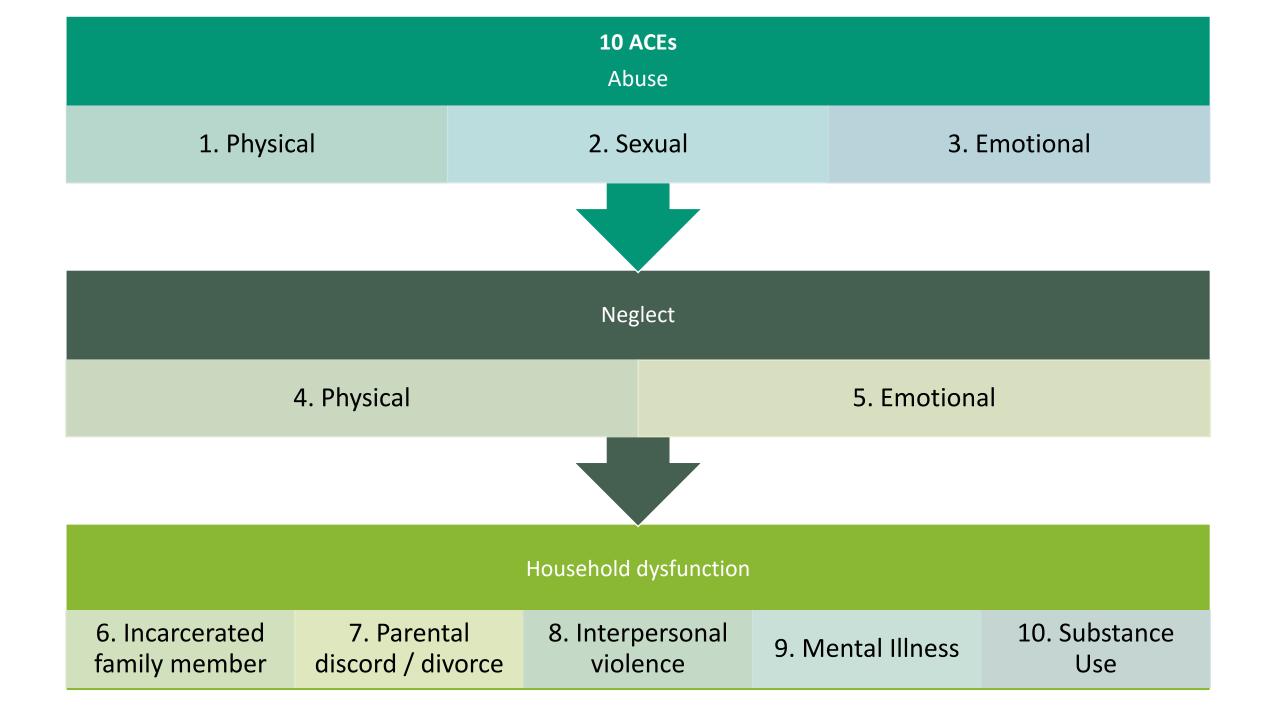
External Context

SDoH & Structural/systemic discrimination

Stages of Change

Values

ACCESS-V¹⁹

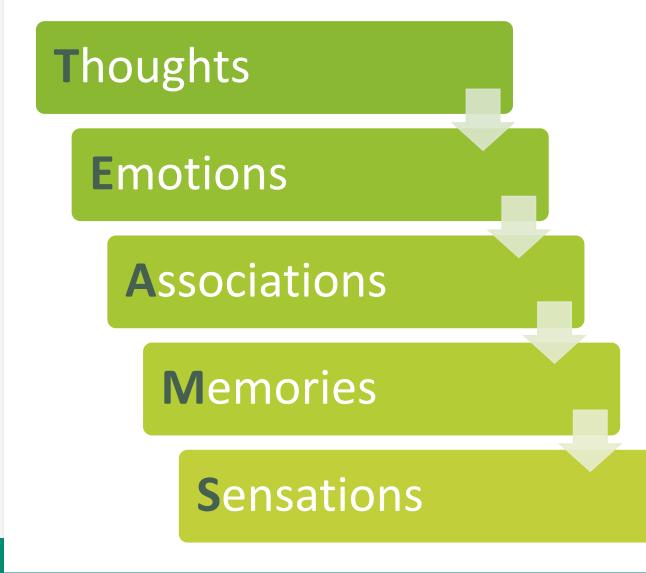




Cultural Considerations

- "isms"
 - Discrimination
 - Bias
 - Historical trauma
- Cultural norms
- Beliefs
- Then, of course, all the positives of a person's culture

Context: Internal (TEAMS)



Internal Context

(similar to Beck's cognitive triad – self, world, future)



How do they see themselves?



Others?



The world?

Context: External

- 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!

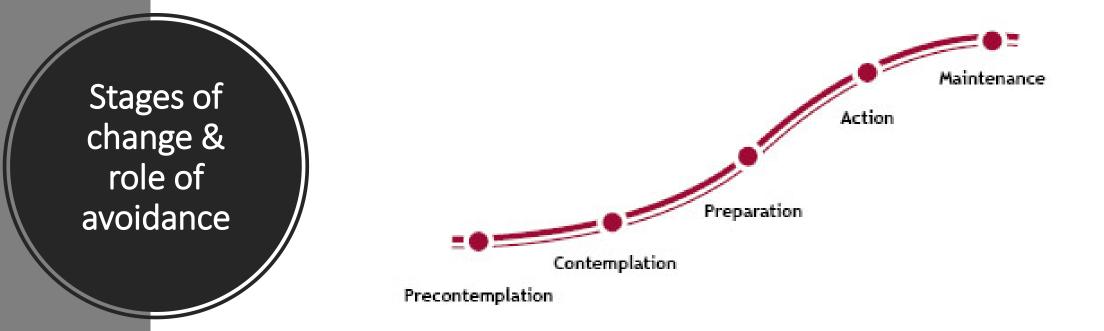


Social Determinants of Health

(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



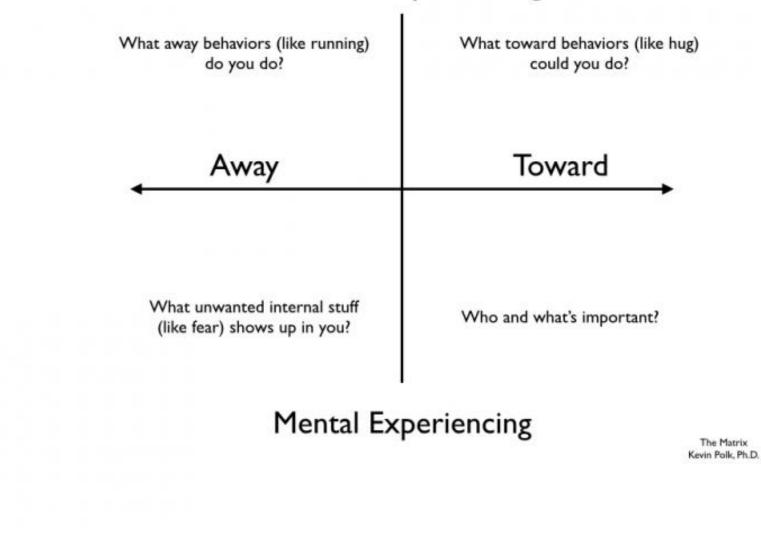
Importance of patient values?

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...



5-Senses Experiencing



Organize via 4 Main Constructs



VALUES - Who & what matters?



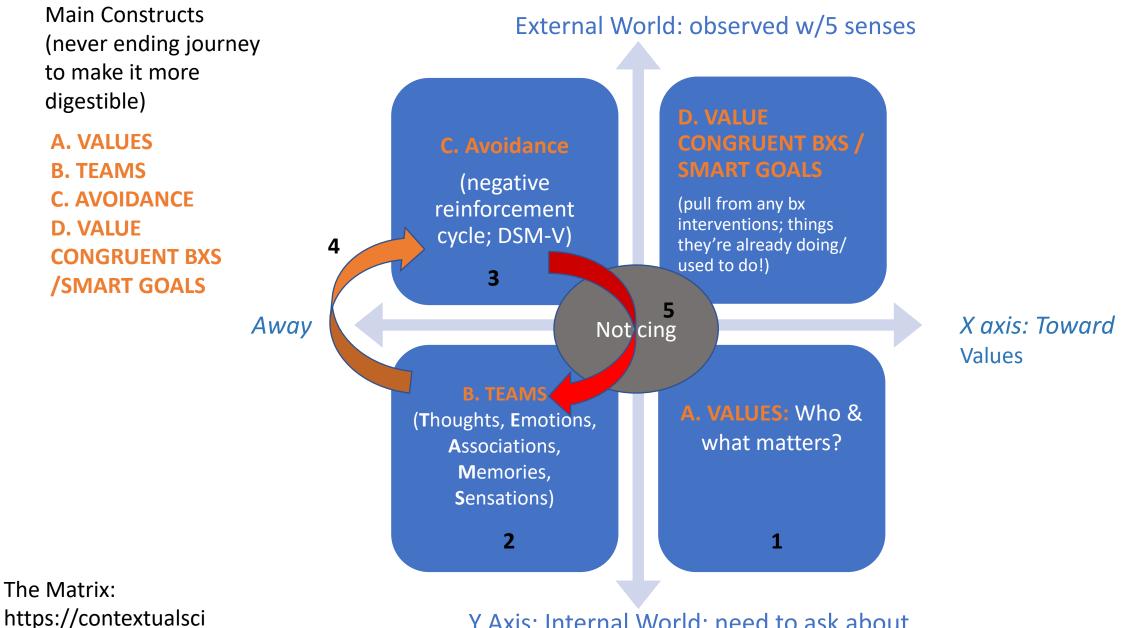
TEAMS - Thoughts, Emotions, Associations, Memories, Sensations



AVOIDANCE- Negative reinforcement cycle; DSM-V; what person does to attempt to "solve" their TEAMS?

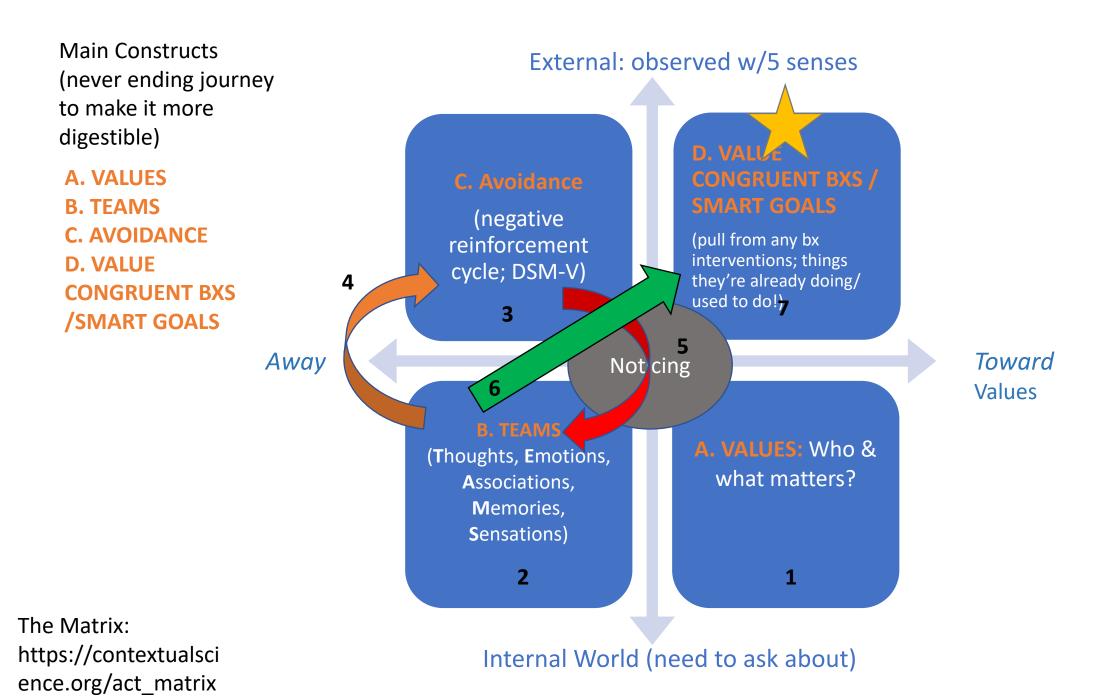


Value Congruent Bxs / SMART goals – specifically, what's the patient going to do?

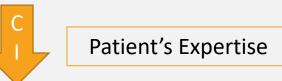


ence.org/act_matrix

Y Axis: Internal World: need to ask about



Clinician Expertise



I.Knowledge of *Conditions & *evidenced based recs & *Conceptualization CBT, MI, ACT, etc. skills



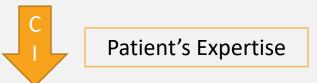
PUTTING IT ALL TOGETHER!

= Psychoed, Resources,*SMART GOALS

What's the pt going to do?



Clinician Expertise



I.Knowledge of *Conditions & *evidenced based recs & *Conceptualization CBT, MI, ACT, etc. skills

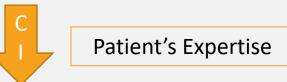
> = Psychoed, Resources, VCBxs,*SMART GOALS

What's the pt going to do?





Clinician Expertise



I.Knowledge of *Conditions & *evidenced based recs & *Conceptualization CBT, MI, ACT, etc. skills







= Psychoed, Resources, VCBxs,*SMART GOALS

What's the pt going to do?



QUESTIONS?

References

- 1. National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Committee on Implementing High-Quality Primary Care, Robinson, S. K., Meisnere, M., Phillips, R. L., Jr., & McCauley, L. (Eds.). (2021). Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. National Academies Press (US).
- 2. Substance Abuse and Mental Health Services Administration. (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report
- 3. Friedman, R., Sobel, D., Myers, P., Caudill, M., & Benson, H. (1995). Behavioral medicine, clinical health psychology, and cost offset. Health Psychology, 14 (6), 509-518.
- 4. Wang, P. S., Lane, M., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Twelve-Month Use of Mental Health Services in the United States: Results From the National Comorbidity Survey Replication. Archives of General Psychiatry, 62(6), 629–640. https://doi.org/10.1001/archpsyc.62.6.629
- 5. Raghupathi, W., & Raghupathi, V. (2018). An Empirical Study of Chronic Diseases in the United States: A Visual Analytics Approach. International Journal of Environmental Research and Public Health, 15(3). https://doi.org/10.3390/ijerph15030431
- 6. Aslam, I., & Feldman, S. R. (2015). Practical strategies to improve patient adherence to treatment regimens. Southern Medical Journal, 106(6), 325-331
- 7. Vermeire, E., Hearnshaw, H., Van Royen, P., & Denekens, J. (2001). Patient adherence to treatment: three decades of research. A comprehensive review. Journal of Clinical Pharmacy and Therapeutics, 26, 331-342.
- 8. Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., ... Marks, J. S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine, 14(4), 245–258. <u>https://doi.org/10.1016/S0749-3797(98)00017-8</u>
- 9. O'Malley, A. S., Rich, E. C., Maccarone, A., DesRoches, C. M., & Reid, R. J. (2015). Disentangling the Linkage of Primary Care Features to Patient Outcomes: A Review of Current Literature, Data Sources, and Measurement Needs. Journal of General Internal Medicine, 30 Suppl 3, S576-585. https://doi.org/10.1007/s11606-015-3311-9
- 10. Reiter, J. T., Dobmeyer, A. C., & Hunter, C. L. (2018). The Primary Care Behavioral Health (PCBH) Model: An Overview and Operational Definition. Journal of Clinical Psychology in Medical Settings, 25(2), 109–126. https://doi.org/10.1007/s10880-017-9531-x
- 11. Schleider, J. (2023). Little Treatments, Big Effects. Robinson
- 12. Young, J. (2024). No bullshit therapy: How to engage people who don't want to work with you. Routledge.
- 13. Talmon, M. (1990). Single-session therapy: Maximizing the effect of the first (and often only) therapeutic encounter. Jossey-Bass.
- 14. Hayes, L. J., & Fryling, M. J. (2019). Functional and descriptive contextualism. Journal of Contextual Behavioral Science, 14, 119–126. https://doi.org/10.1016/j.jcbs.2019.09.002
- 15. Strosahl, K., Robinson, P., & Gustavsson, T. (2012). Brief interventions for radical change: Principles & practice of focused acceptance and commitment therapy.
- therapy. Oakland, CA: New Harbinger Publications, Inc.

- 16. Robinson, P. J. (2015). Contextual Behavioral Science: Primary Care. Current Opinions in Psychology, Elsevier.
- 17. Strosahl, K., Robinson, P., & Gustavsson, T. (2012). Brief interventions for radical change: Principles & practice of focused acceptance and commitment therapy. Oakland, CA: New Harbinger Publications, Inc.
- 18. Robinson, P. J., Gould, D. A., & Strosahl, K. D. (2010). Real behavioral change in primary care: Improving patient outcomes & increasing job satisfaction. Oakland, CA: New Harbinger Publications, Inc.
- 19. Cahill, A., Martin, M., Beachy, B., Bauman, D., & Howard-Young, J. (2024). The contextual interview: a cross-cutting patient-interviewing approach for social context. Medical education online, 29(1), 2295049. https://doi.org/10.1080/10872981.2023.2295049