

Montana PCA PCBH Project: The Matrix Exercise

- Bridget Beachy, PsyD
- David Bauman, PsyD

Beachy  
Bauman  
Consulting, PLLC

A person is standing on a rocky shore, looking out over a wide river or lake. The scene is captured during sunset or sunrise, with a warm, golden glow on the horizon and mountains in the distance. The water reflects the light, and the sky is a mix of orange and blue. The person is silhouetted against the bright background. The overall mood is serene and contemplative.

REFLECTIONS, QS & RUMBLES

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...



CASE — MARIA, 55 Y/O

Maria, 2nd gen Mexican-American

survivor of breast cancer, treated via surgery and then radiation /chemo; dx'd 1 year ago; in remission

Experiencing panic attacks at f/u specialty visits (has even missed a few visits); has nightmares of it coming back

Dealing w/reduced energy/ruminating; notes she hasn't felt like herself; not texting sisters and cousins back; some missed work

Same PCP for the past 9 years, wants to support her; 1st time w/bhc (never any therapy in the past)

Maria agreed as the PCP recommended it strongly

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?

CASE: 55 Y/O (B.1969) MARIA

Love

- **Living Situation:** owns small house; safe; 25 y/o dtr (comes and goes) stays w/her
- **Relationship:** single, open to dating, not pursuing; divorced; married to FOC age 20-40 y/o
- **Family:** 2 kids, son b. 1989 & dtr b. 1999; 2 miscarriages; close w/mom (hx strain r/s); father emotionally distant, used etoh, died when pt was 40 y/o; oldest of 5 girls; close w/2 local sisters, 1 lives out of town, 1 major strain; many relatives in Mexico; parents moved to US before she was born
- **Friends:** close w/3 of 4 sisters; and cousins; acquaintances at work
- **Spiritual, community life, belief system:** treat others well; raised Catholic, but doesn't really follow; work hard

Work/School

- **Income/Work/Academic situation:** Associates degree; working as a medical assistant for 23 yrs; plans to retire in next 5 years

Play

- **Fun/Hobbies:** walking, dancing, going to Mexico to see relatives

Health Behaviors

- **Exercise:** Loves walking – forcing self to go right now d/t low energy
- **Sleep:** poor, hard to shut off mind; nightmares of cancer returning
- **Diet:** working hard in this arena – wants to start prioritizing self – spent whole life caring for others
- **Substance use (caffeine, cigs, alcohol, substances, etc.)**
 - Coffee daily (1 c)
 - Never used nicotine regularly
 - Alcohol – social drinking now; used to have some difficulty but not in last 2 decades
 - MJ – denies
 - Endorses experimenting w/other substances – mostly uppers when she was young but denies current use; last use ~24 yrs ago



ACES

Cultural considerations

Context: Internal, TEAMS

External Context

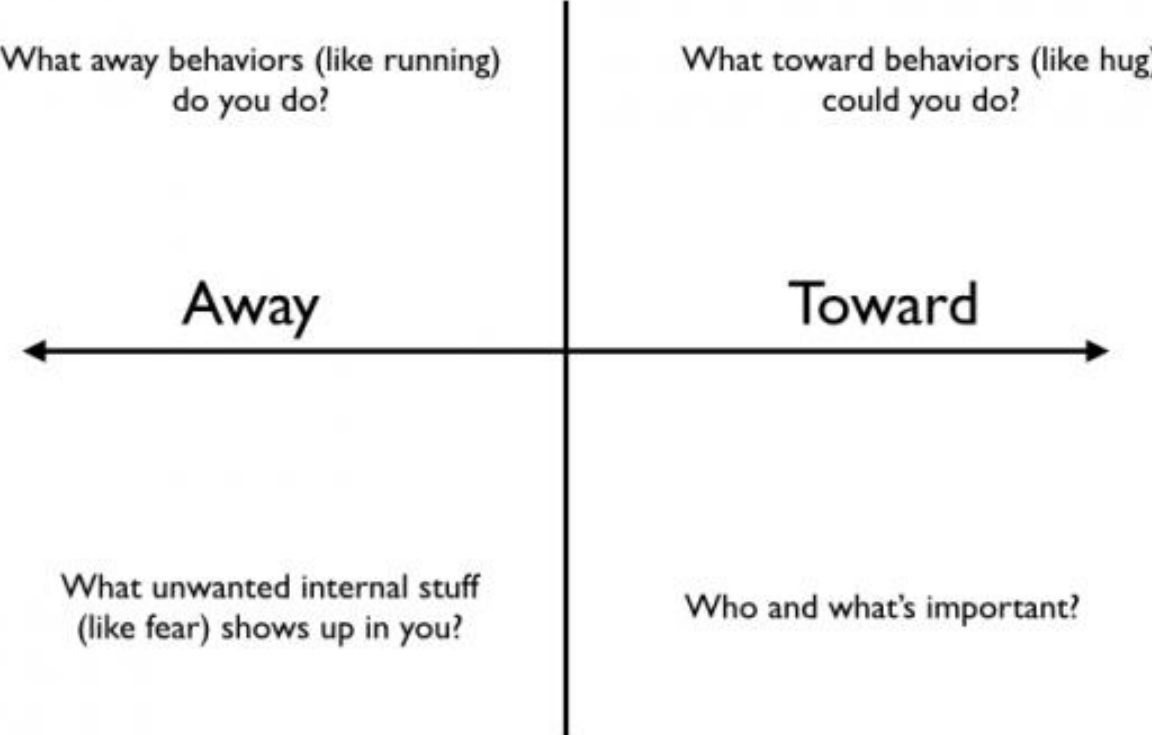
SDoH & Structural/systemic discrimination

Stages of Change

Values

ACCESS-V¹⁹

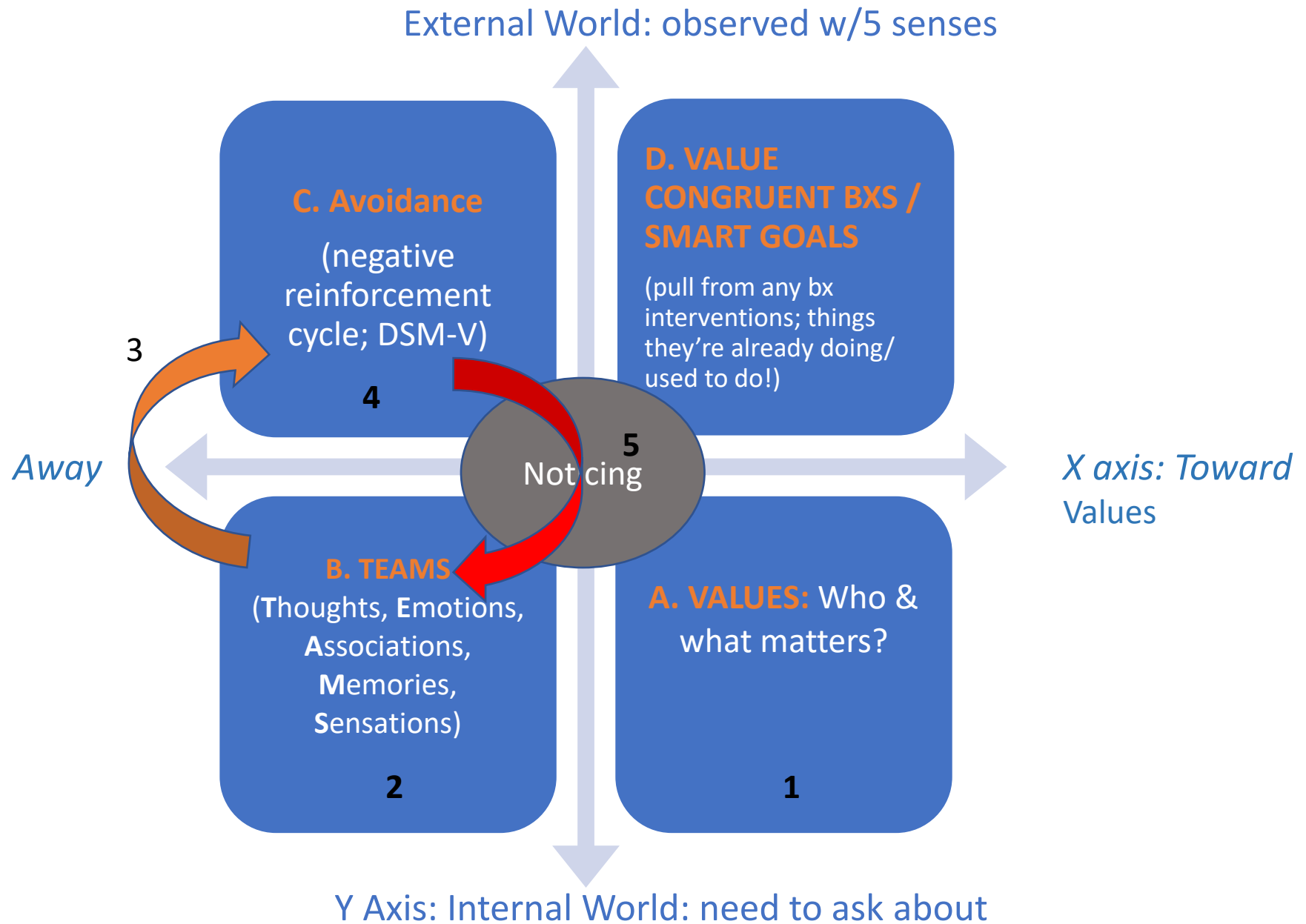
5-Senses Experiencing



Mental Experiencing

Main Constructs

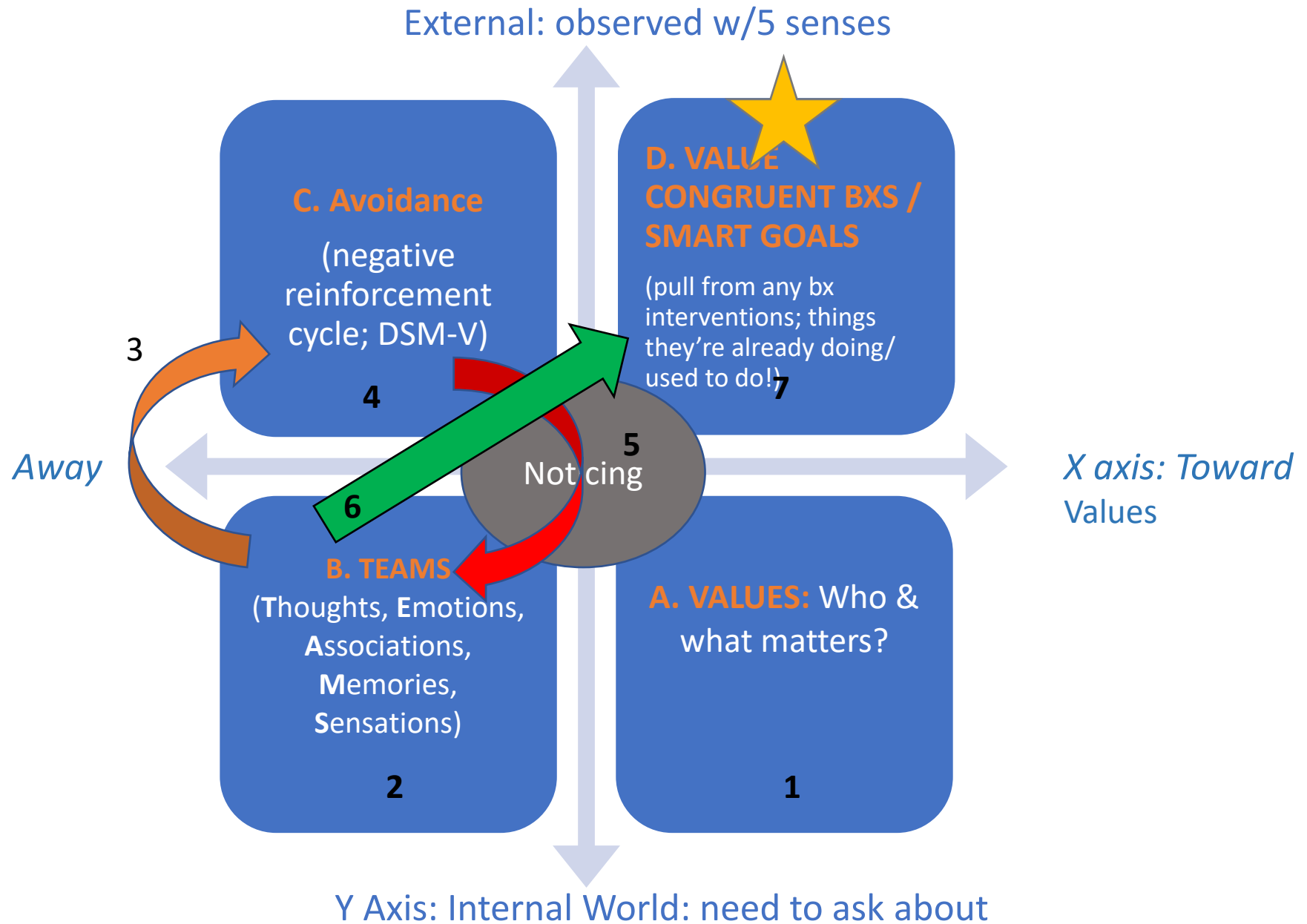
- A. VALUES
- B. TEAMS
- C. AVOIDANCE
- D. VALUE CONGRUENT BXS /SMART GOALS



The Matrix:
https://contextualscience.org/act_matrix

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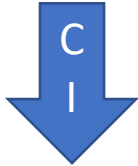
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Clinician Expertise

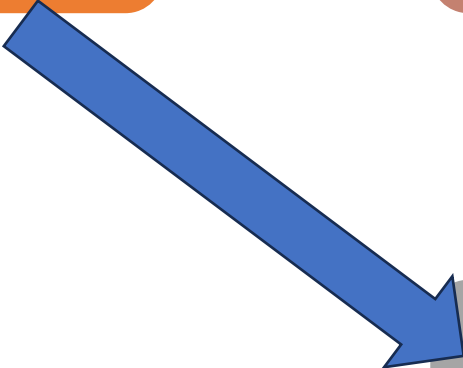
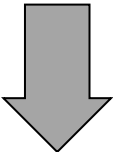


Patient's Expertise

Knowledge, Assessment and Plan (evidenced-based) re: Health-Related Conditions & Conceptualization skills

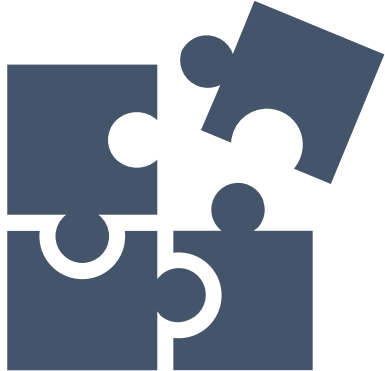


Patients' *ACCESS-V

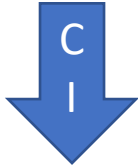


(Psycho)education, Resources, VCBxs, SMART plans
What's discussed & what's the patient going to do?

Putting it all together!



Clinician Expertise

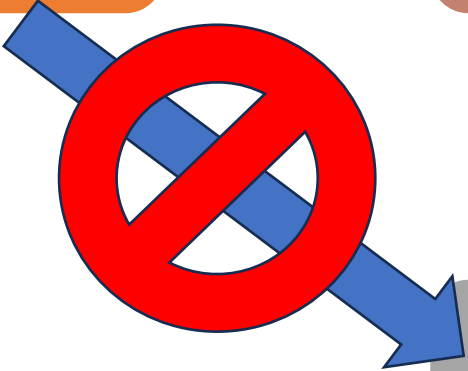
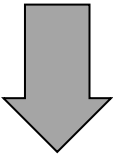


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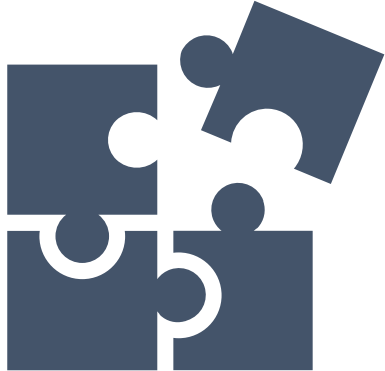


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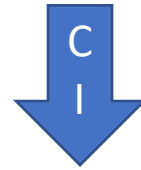
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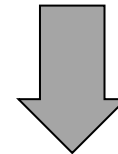
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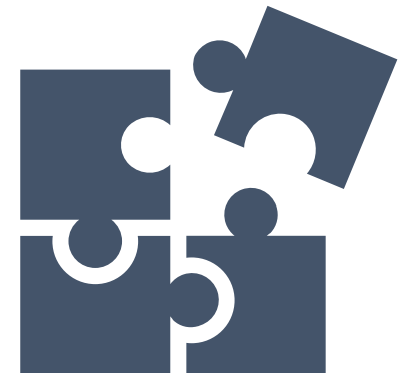


Patients'
*ACCESS-V



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What's discussed & what's
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Putting it all
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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. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
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*. 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>

