

It's a Matter of *FACT*: Utilizing Contextualism in the Primary Care Behavioral Health Model

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Agenda

- Introductions
- Brief overview of the PCBH model
- Brief overview of ACT/FACT and contextualism
- Why FACT and PCBH
- How we integrate FACT in our setting



Financial disclosures

- Mountainview Consulting Group
 - Associate Consultants



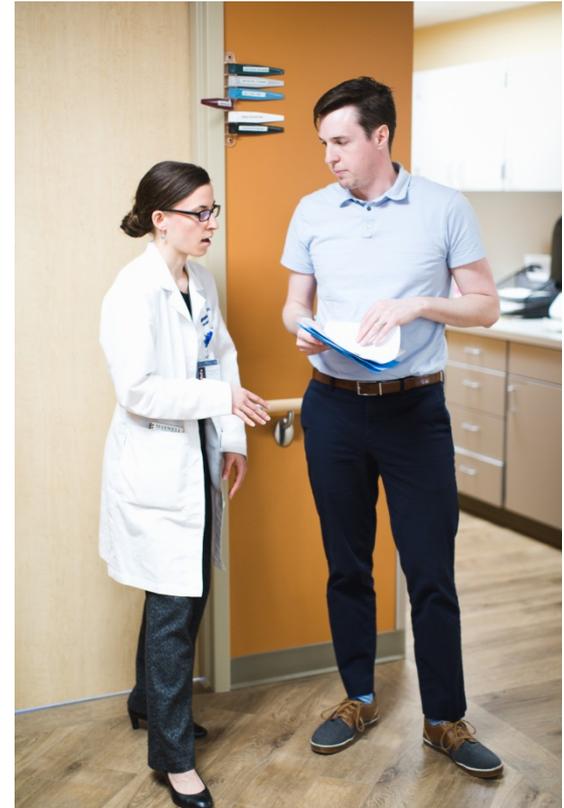
Introductions

- Dr. Beachy
 - Director of Behavioral Health at Community Health of Central Washington
 - BHC and faculty member at Central Washington Family Medicine
 - Instructor at Arizona State University's DBH program
 - Predoctoral internship and postdoctoral fellowship in PCBH at HealthPoint and CWFM, respectively



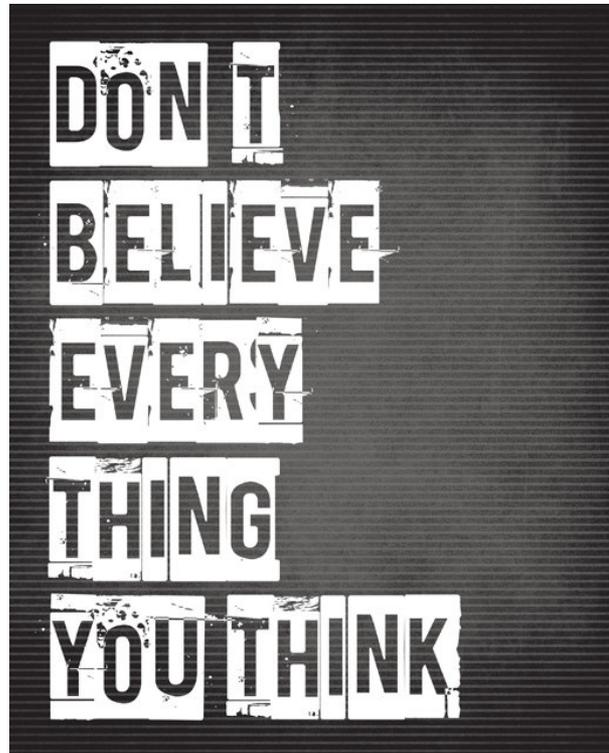
Introductions

- Dr. Bauman
 - Behavioral Health Education Director at Central Washington Family Medicine
 - BHC and faculty member at CWFM
 - Instructor at ASU's DBH program
 - Same training as Dr. Beachy



We are grateful for you being here...

- Surreal moments in life...
- After this presentation you will know FACT...
 - Maybe instead you will want to learn more, we can help with that!



A day in the life of CWFM BHC

- Average 9 – 12 visits per day
- Constant communication and collaboration with the docs
- Broad spectrum of Primary Care
 - Kiddos to late adulthood
 - Depression to DM management
- Training clinic
 - Family medicine residents, medical students, & behavioral health interns
 - Always someone shadowing 😊



Primary Care Behavioral Health model

- Robinson & Reiter, 2016
- Population based behavioral health delivery
- Embedded within PC culture
 - Model service delivery after primary care
 - Brief, episodic care that spans the lifetime
 - Constant communication with medical team

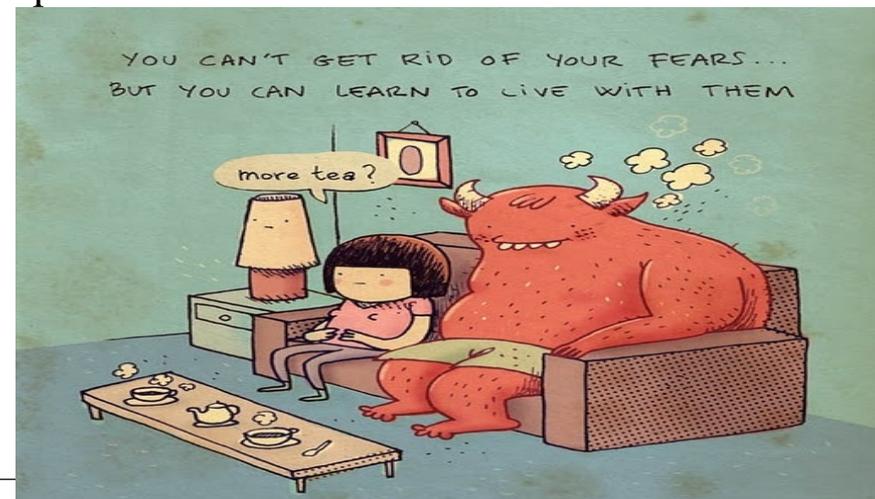


Trident approach to PCBH

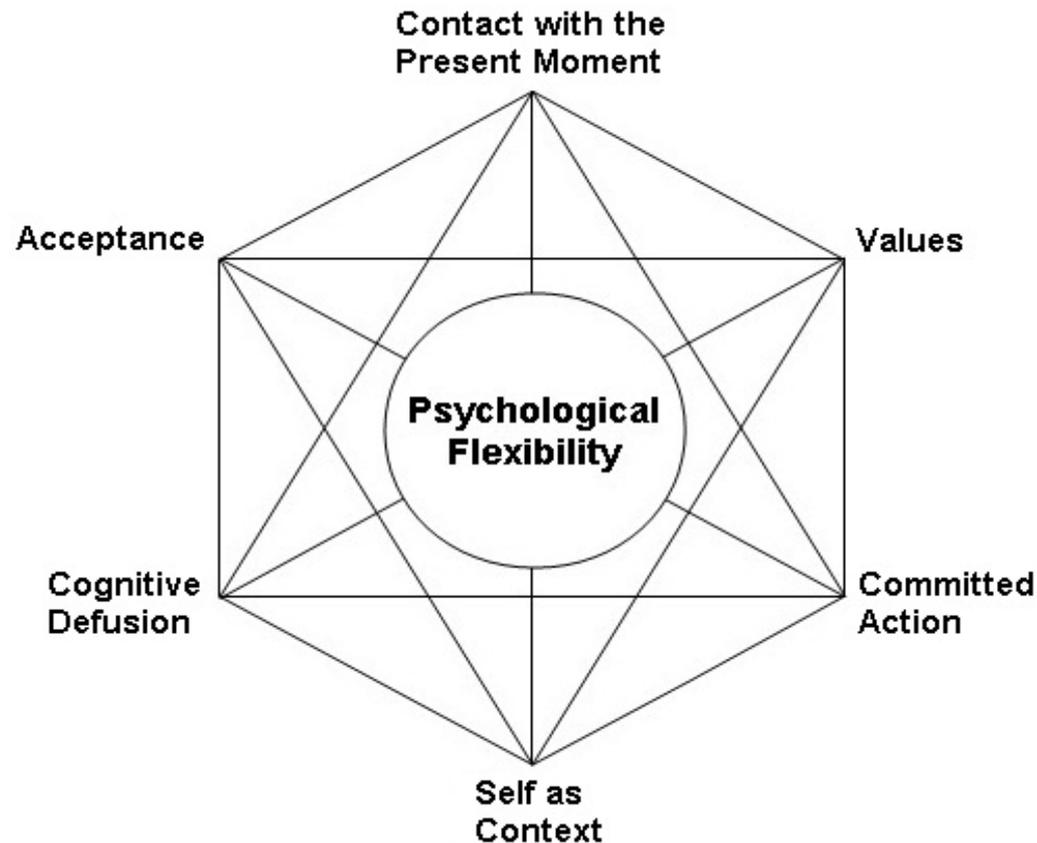
Direct Clinical Services	<ul style="list-style-type: none">• Provide brief, evidence-based interventions during patient visits<ul style="list-style-type: none">• ≤ 30 min, limited follow-up• Flexible• Improving quality of life vs. symptom reduction• Develop group interventions that utilize multiple professionals• Transdiagnostic approaches
BHC Presence/ Training	<ul style="list-style-type: none">• Give presentations at meetings• Distribute educational flyers• Clinical pathways incorporating the BHC• Develop shared treatment plans containing straightforward behavioral interventions
Supporting PC System	<ul style="list-style-type: none">• Follow-up with patients instead of PCPs• See patients before PCP to help• Take over care during a PCP visit so PCP can move to next patient• Phone visits for behavioral issues• Review outside mental health records and brief PCPs

Focused Acceptance and Commitment Therapy

- Acceptance and commitment therapy¹
 - Growing research support
 - Empirical support for the its use with:
 - Chronic Pain (strong); Depression (modest); Anxiety (modest)²
 - Growing research for: smoking³, diabetes⁴, MS⁵, weight loss⁶
 - Human suffering is ubiquitous
 - The symptoms of human suffering are *not* the problem but our wants/desires to control these symptoms are



ACT Hexa-Flex



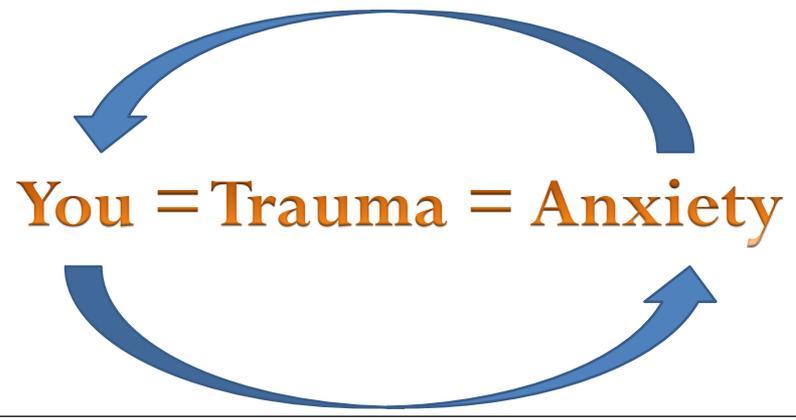
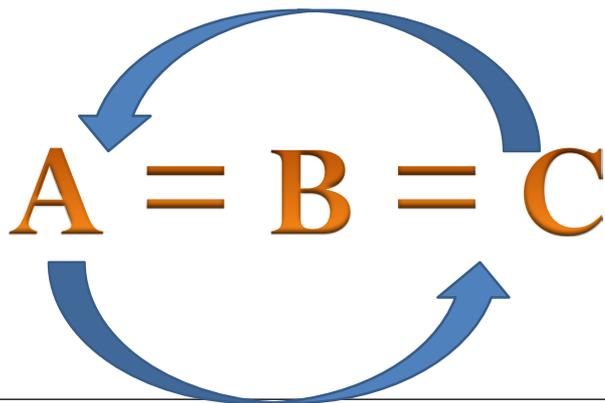
- A comment regarding the hexaflex – not sequential but total

Case

- Mike has been struggling lately. His wife recently divorced him after 10 years of marriage. Marriage struggles began after their son passed away suddenly 5 years ago. After the death of his son, he began experiencing depressive and anxiety sx's (e.g., sadness, heart palpitations, worry, mind racing, loss of interest, etc.). To combat these symptoms, he began staying home more and drinking alcohol excessively, which ultimately ended in the demise of his marriage.
 - What's Mike's problem?
 - Are his depressive and anxiety sx's *normal* or *expected*?
 - What would we treat? His depression/anxiety? His substance use? Maybe, his avoidance?

FACT

- ACT is based on the philosophy of contextualism⁷
 - Behaviors do not happen in vacuums
 - There is always a context in which we do things
- ACT is also based off Relational Frame Theory¹
 - We observe $A = B$, then observe $B = C$, we derive that $A = C$ and vice versa
 - The impact of Adverse Childhood Experiences on this theory... for another time



FACT⁸

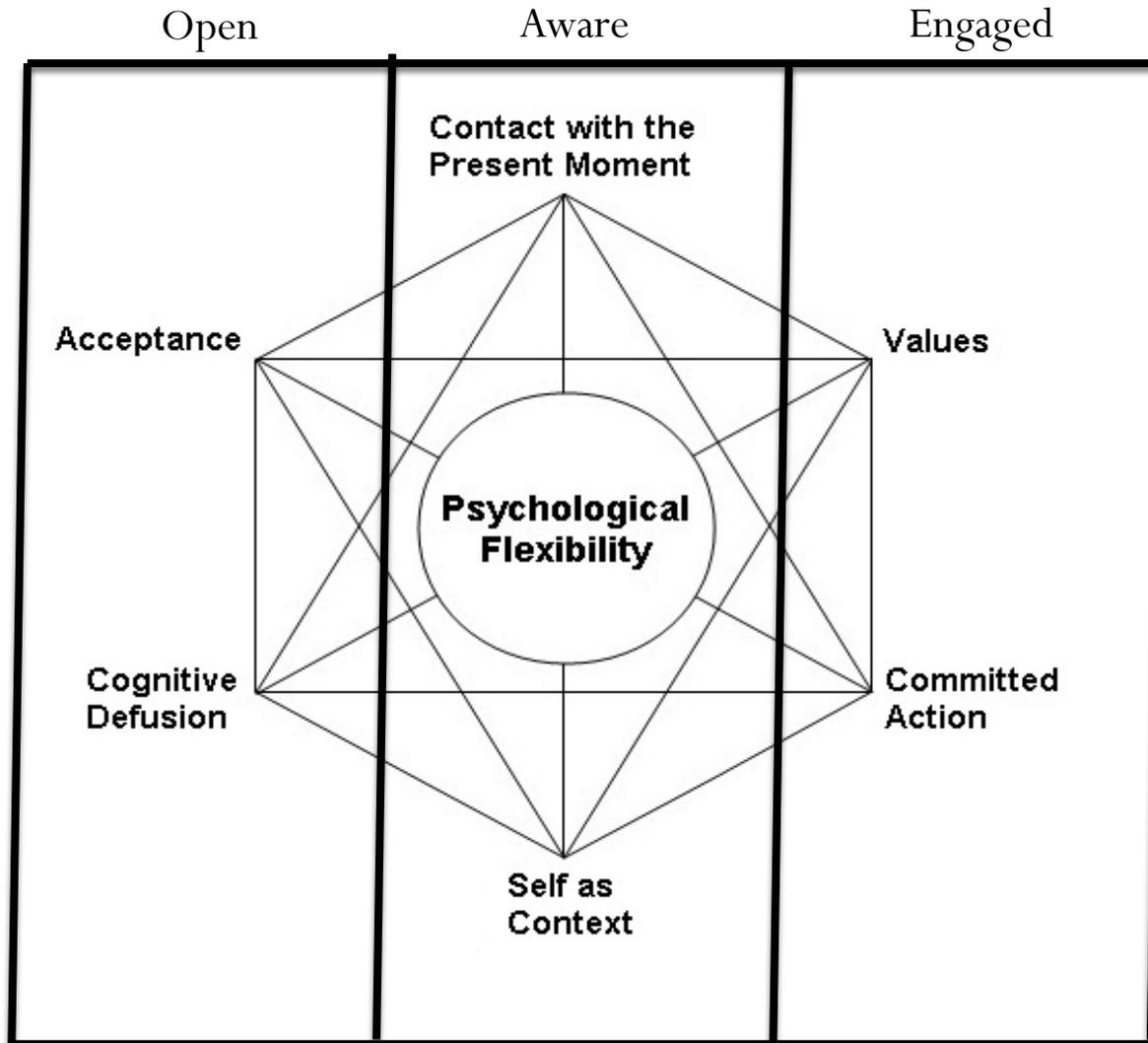
- Simplifies, well, maybe *condenses* ACT
- Born out of Kirk and Patti's work in primary care
 - Steve Haye's quote:
 - "Kirk is the hands of ACT" and this is his and Patti's masterpiece
 - If PCBH is about making small ripples in people's lives, then FACT is the most *radical* ripple
- People can have radical change in one to two visits
 - Something we convey to patients at every visit
 - Rather than focus on what shows up at 5 PM, *swim up stream* and find out what happens at 8 AM
- What prevents a vital life is our want to be symptom free
 - Acceptance/willingness to engage in life while suffering



FACT

- Condenses the hexa-flex into three pillars
 - Open
 - Aware
 - Engaged

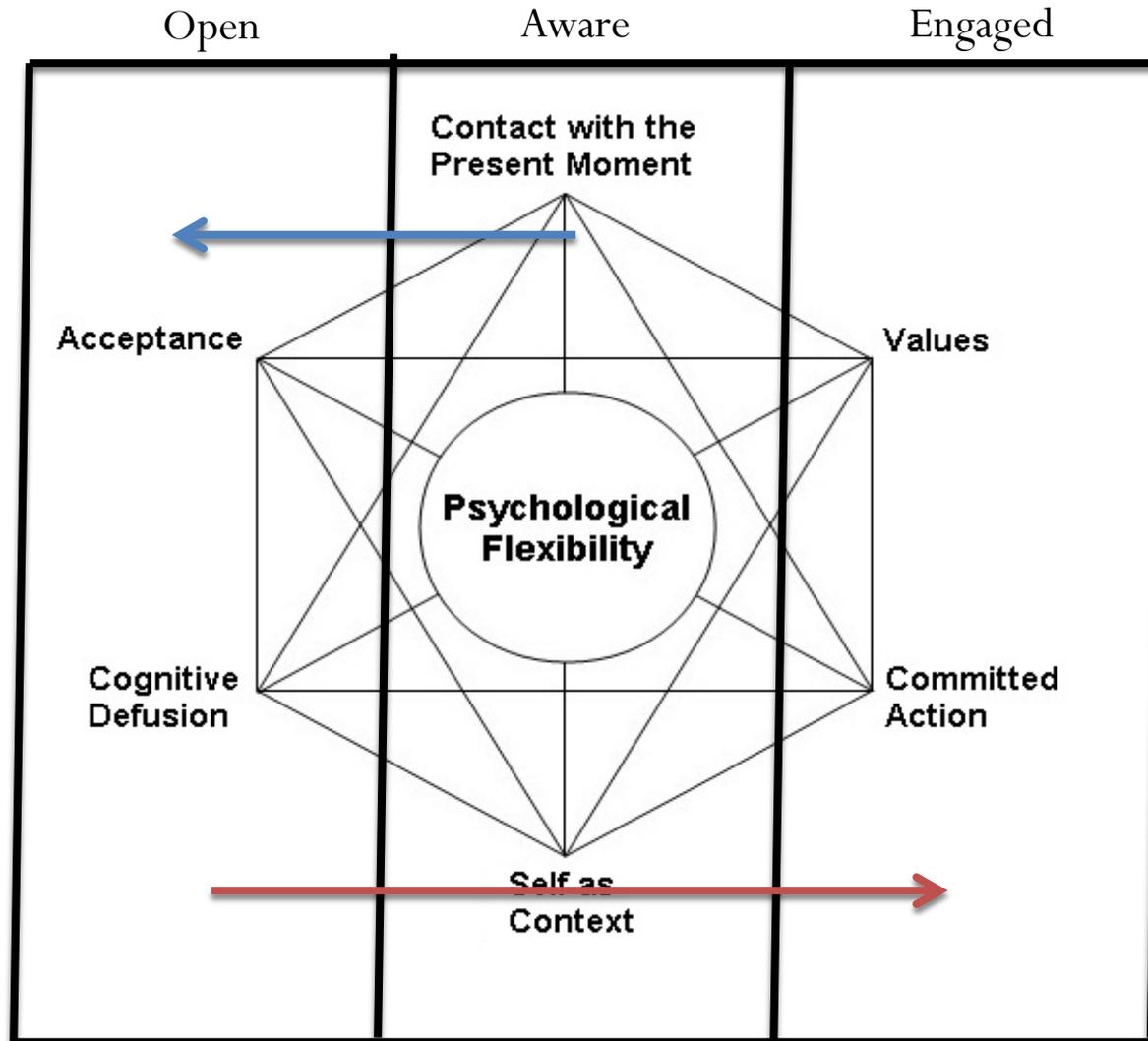
FACT Pillars



FACT

- Again, similar to Hexa-flex, not sequential but a total experience... *however...*

FACT Pillars



Our FACT-PCBH protocol

- Breakdown of visit:
 - 10-15 minutes – Contextual Interview
 - Love, Work, Play, Health Behaviors
 - We cannot work on something without knowing what we are working on
 - 2-3 minutes of contextual summary
 - 5-10 minutes of psychoeducation/metaphors/interventions
 - Our intervention may not be ACT/FACT specific (most definitely behaviorally specific) but our contextual philosophy remains

Contextual interview

Love, Work, Play & Health Behaviors; 3 T's

- LOVE
 - Living Situation
 - Relationship
 - Family
 - Friends
 - Spiritual, community life?
- Work/School
 - Work/school situation
- Play
 - Fun/Hobbies
 - Relaxation
- Health Behaviors
 - Exercise
 - Sleep
 - Substance use (alcohol, drugs, cigarettes, caffeine)
 - Sex
 - Diet, supplements, medications?
- 3T's
 - Time, Trigger, Trajectory



FACT

- Different metaphors for different pillars:

- OPEN

- *Acceptance*

- Three little pigs
 - Baseball pitcher
 - Quick sand
 - Chinese finger trap
 - Unwelcome party guest

- *Defusion*

- Driving a car (GPS & rearview mirror)
 - Velcro
 - Zoomed in, Zoomed out?
 - Prison bars
 - Fish out of water
 - Computer screen



FACT

- Different metaphors for different pillars:
- AWARE
 - *Present Moment*
 - Driving a car
 - 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*
 - Watching your life on a movie screen
 - Imagine you are 5, 15, 25 y/o
 - Self stories – who witnessed the writing or telling of the story?
 - Chess metaphor



FACT

- Different metaphors for different pillars:
- ENGAGED
 - *Committed Action*
 - “Try to pick up the pen”
 - Person in the ocean
 - Bull’s eye action steps
 - Passengers on a bus
 - *Values*
 - Bull’s eye value identification
 - True north
 - Retirement party



Case example

- Mike has been struggling lately. His wife recently divorced him after 10 years of marriage. Marriage struggles began after their son passed away suddenly 5 years ago. After the death of his son, he began experiencing depressive and anxiety sx's (e.g., sadness, heart palpitations, worry, mind racing, loss of interest, etc.). To combat these symptoms, he began staying home more and drinking alcohol excessively, which ultimately ended in the demise of his marriage.
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Resources

- Brief Interventions for Radical Change: Principles and Practice of Focused and Acceptance Commitment Therapy (Strosahl, Robinson, & Gustavsson, 2012)
- [FACT in action](#)
 - https://www.youtube.com/playlist?list=PLvLh_YdubBs5l1Nt4s44-KcqRysQpTBhl
- Come visit us!
 - Bridget.beachy@chcw.org
 - David.bauman@chcw.org

Resources

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