EMBRACING A MOMENT-AT-A-TIME APPROACH

David Bauman, PsyD &
Bridget Beachy, PsyD

MEET DRS. BEACHY &BAUMAN

- Licensed Psychologists by trade
- BHCs for over a decade (underserved)
- Directors – Core & Education at Community Health of Central Washington in Washington State (FQHC)
- Trained under Kirk Strosahl & Patti Robinson
- Speakers and trainers
  - Functional contextualist, through and through…
  - Our presentations reflect our values…
- Will challenge traditional thinking!
- Follow us for FREE content! @pcbhlife

BEFORE WE "JUMP INTO THE DEEP…"

We are passionate about integrated BH in primary care, as well as changing how we view MH care in the US

We may will say things that challenge some assumptions…

- We are intentional on this…

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

Our perspectives aren't truths…

- So, RUMBLE WITH US OFTEN!
- Our request today… lean in, be curious, and when your mind says "I don't agree," say it!!!

We will present data… more though, we will present a context through stories and moments…

Transforming a healthcare system is hard…

…Be kind on the journey…

WORKING IN IBH/HEALTHCARE/PC CAN FEEL LIKE…

Anyone that says IBH/PCBH is easy…

…probably hasn't done it…

REVERSE ENGINEERING…

Objectives:

- Attendees will be able to describe the rationale and support for a moment-at-a-time approach to behavioral health care
- Attendees will learn about philosophies, such as functional contextualism, and mental representations (e.g., ACCESS-V) that allow a moment-at-a-time approach to be pragmatic and uptaken
- Attendees will be able to practice skills related to how to introduce oneself to a patient, gather information during visits, and make pragmatic plans from a moment-at-a-time philosophy

Rereading those objectives, lol…

Our minds' hope:

- There is more curiosity at the end
- There is more flexibility
- There is more inspiration

OUR WHY'S

To do this work, there has to be a *calling*, *a value, a why*…

- Great book by Quint Studer, "The Calling"

Let's partner up…

- What do you love about your role?
- What difference are you able to make?
- What helps you to "show up"?

LET'S TALK ABOUT THE WHY OF ALL OF THIS…

The reality of what caused BHPs to start integrating…

The reality of primary care…

The reality of having to feel good about the work you do…

The reality… maybe what we were all taught… isn't actually true…

Let's just sit with these realities right now…

A beautiful quote from Kirk, "Assumptions can be magnificently instructive and useful; and, (assumptions) can be magnificently destructive and un-useful."

- https://www.youtube.com/watch?v=HRqA5C7oV1s&list=PLvLh_YdubBs5P-dw9IrSH7-TwTqM8fkqo&index=80

Not saying they are right/wrong, good/bad, true/untrue… and, let's for the rest of our time assumed they are true…

A MOMENT-AT-A-TIME APPROACH

Really great quote from SST Jeff Young[1], "we are all doing single session therapy… we just aren't aware that we are…"

- Mode, any setting, for decades, has been 1 visit… and, it probably will never change[2]
  - And… you know what is interesting about the data about those one visits… patients often think…

A MOMENT THAT YOU HAVE EXPERIENCED…

Take a moment…

- Think of a time when someone said something, it wasn't long, it wasn't planned, and, it was felt…
- Sit with that experience…
- What allowed it to be a moment?
- That… that is what we are looking for…

A MOMENT-AT-A-TIME APPROACH

We have loved telling people, “this is what you need…”

- And… we actually aren’t that great at knowing that…
  - Why that matters…

When polled, patients say, they want care that[2-3]…

- Has access right away, in the moment of need
- Where they feel seen and heard
- Is flexible and dynamic (not protocolized and rigid)
- Provides options
- Supports their autonomy and promotes solutions
- Love this… focus on psychohealth, not psychopathology

A MOMENT-AT-A-TIME APPROACH

SST isn't an orientation, rather it is an approach…[2-3]

"Psychotherapy is not long or short… it depends instead on 'good moments' where something profound shifts for a (patient)" – Bob Rosenbaum

Believing:

- Something good can come from one visit…
- And… any visit could be the last

Research on this approach… god damn, you all… how we didn't know/learn about this is alarming…

- Robust for both outcomes and acceptability…

THE PARSIMONIOUS CONNECTION WITH PRIMARY CARE…

Interestingly, primary care was doing single visits before we even began to think about it…

Remember those four C's of primary care…[4]

- First contact
- Continuity of care
- Comprehensive care
- Coordinate care

Moments-at-a-time align seamlessly…

And… our minds says, not so humbly, aligns seamlessly with everything we should do in healthcare…

OUR APPROACH

Embracing a Moment-at-a-time Mindset

Starts with our introduction

- Hello, my name is Dr. Bauman and I am a BHC at the clinic. That means that I work closely with your medical team to help improve health in anyway possible. This may mean working on things such as improving diet, sleep, exercise, as well as if there are any emotional or stressors going on. I am going to ask you some questions to get to know you better, and, most importantly, come up with a game plan to help you in anyway possible. We will have around 20 minutes and some people get what they need out of one visits, other's follow-up if needed, we can discuss that at the end of the visit. After we get done, I'll check back in with your PCP, let them know what we discussed and also put a note in your medical chart. Any questions?

Hearing/reading that? What context has started to be created?

- Is there hope? Is there belief in this?

INITIAL VISIT: INTRODUCTION

Who you are

- A Behavioral Health Consultant (intern)
- Your profession (i.e., clinical psychologist, LCSW, LMHC, etc.)

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

YOUR TURN…

Reverse engineering…

What would you want someone to feel after your introduction?

How can you promote this may be a helpful and *only needed* moment…

Write out…

Let's practice…

OUR VISIT STRUCTURE

If you been through a training with us before… you already know what is coming…

Being a functional contextualist, the only thing that matters is context…[5]

- Two beliefs of FC:
  - Truth is only defined by a behavior's ability to accomplish a context dependent goal
  - All behavior arises from the context from which it is from…
- And, this aligns with a SST approach
  - Feeling seen/heard, supporting autonomy…

Thus, we will do the Contextual Interview[6]

*CONTEXTUAL INTERVIEW[6]

- Love – Work/School – Play
  - ☐ Living situation
  - ☐ Relationship status & sex
  - ☐ Inner Circle
    - ☐ Family
    - ☐ Friends
  - ☐ Belief system
  - ☐ Work/School
    - ☐ Work
    - ☐ School/Academics
    - ☐ Income
  - ☐ Play
    - ☐ Fun/hobbies/interests
- Health Risk & Behaviors
  - ☐ Caffeine
  - ☐ Nicotine
  - ☐ Alcohol
  - ☐ Marijuana
  - ☐ Substances
  - ☐ Diet
  - ☐ Exercise
  - ☐ Sleep

ACCESS-V

ACES[6]

Cultural considerations

Context: Internal, TEAMS

External Context

SDoH & Structural/systemic discrimination

Stages of Change

Values

Clinician Expertise

C
I

Patient's Expertise

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

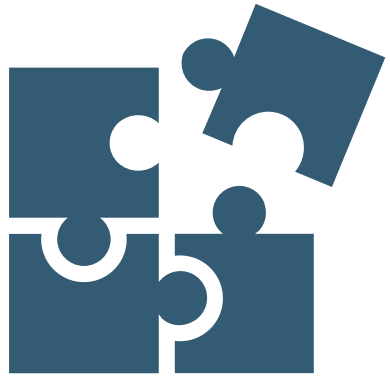
Filter

Patients' *ACCESS-V

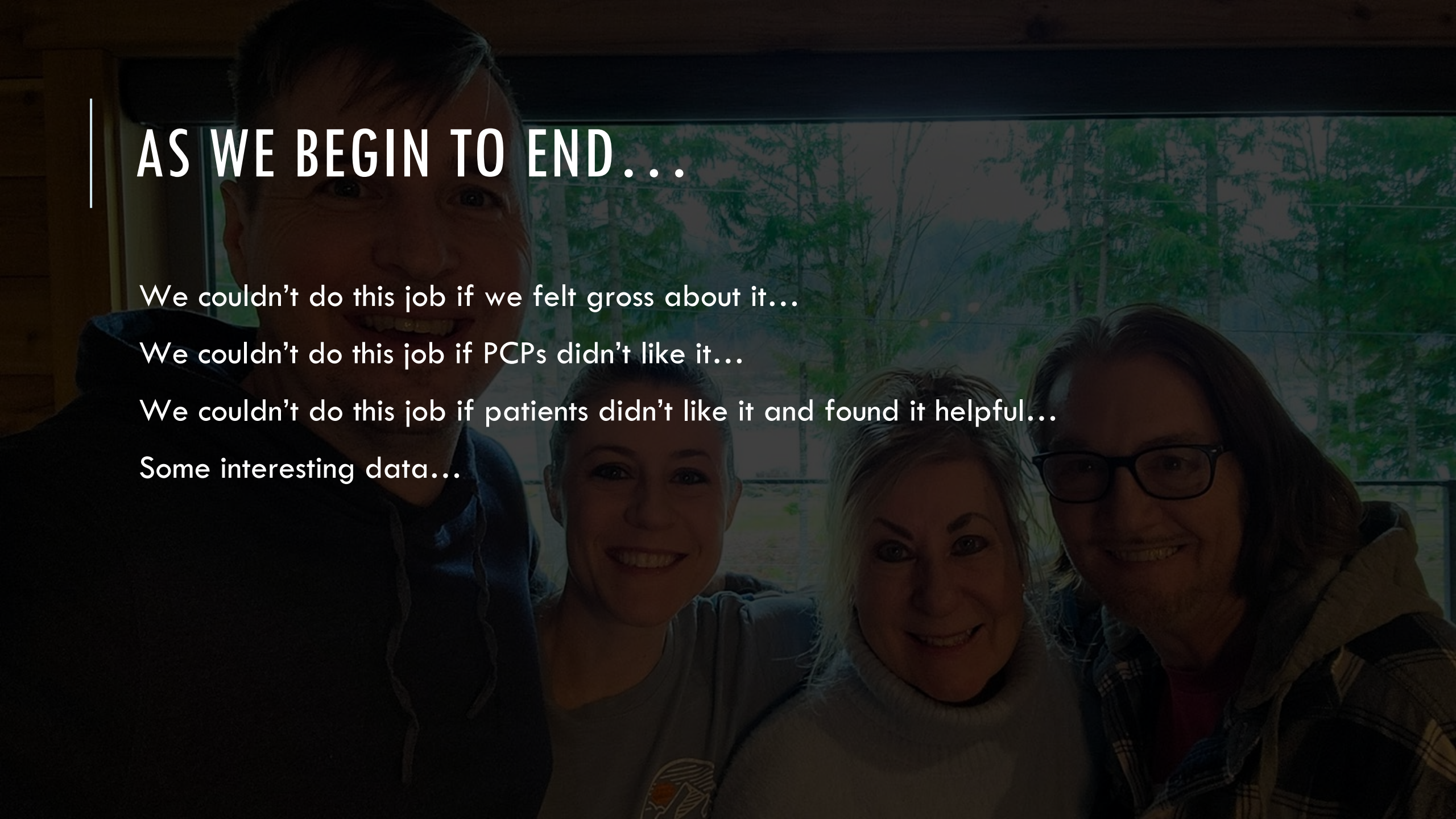
= Psychoed, Resources,*SMART GOALS

Specific, measurable, achievable, relevant, time oriented

PUTTING IT ALL TOGETHER !



IF TIME… ROLE-PLAY…



AS WE BEGIN TO END…

We couldn't do this job if we felt gross about it…

We couldn't do this job if PCPs didn't like it…

We couldn't do this job if patients didn't like it and found it helpful…

Some interesting data…

AS WE BEGIN TO END…

Now go out there and do a MAAT approach…

- No chance… that wasn't the point of this presentation…

Understanding

- The *why* for us to think differently
- Maybe we got this wrong from the beginning
- Maybe we aren't losing anything
- Embracing primary care fully and providing something that has IMPACT
- This is… psychohealth over psychopathology; hope over despair; access over waitlist; collaboration over hierarchy; context over symptoms; autonomy over dependence; love over broken

Be kind, be compassion, and, above all, be love…

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