The Webinar will begin promptly at 12pm

Due to the number of participants, you will be automatically placed on mute as you join to ensure good quality sound. If you would like to comment or ask a question, please use the "chat feature"

Send your questions to the host via the chat window in the Zoom meeting.

Q+A will open at the end of the presentation.

Follow-up questions?

Contact

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MAKING BRIEF INTERVENTIONS RADICAL: INFUSING FOCUSED ACCEPTANCE AND COMMITMENT THERAPY INTO INTEGRATED PRIMARY CARE

PRESENTED BY:
Suzanne Daub, LCSW
David Bauman, PsyD

Tuesday,
September 20 , 2022
12:00 pm – 1:00 pm EST

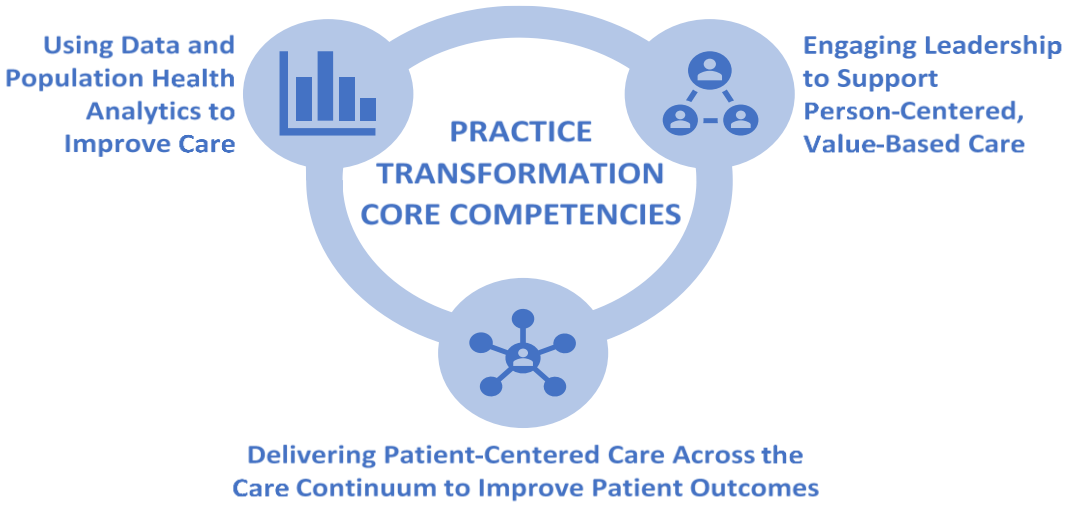
Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $4,616,075.00 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, CMS/HHS, or the U.S. Government.

WHAT IS INTEGRATED CARE DC?

- Integrated Care DC is a five-year program aimed to enhance Medicaid providers' capacity and core competencies to deliver whole person care for physical, behavioral health, SUD and social needs of beneficiaries.

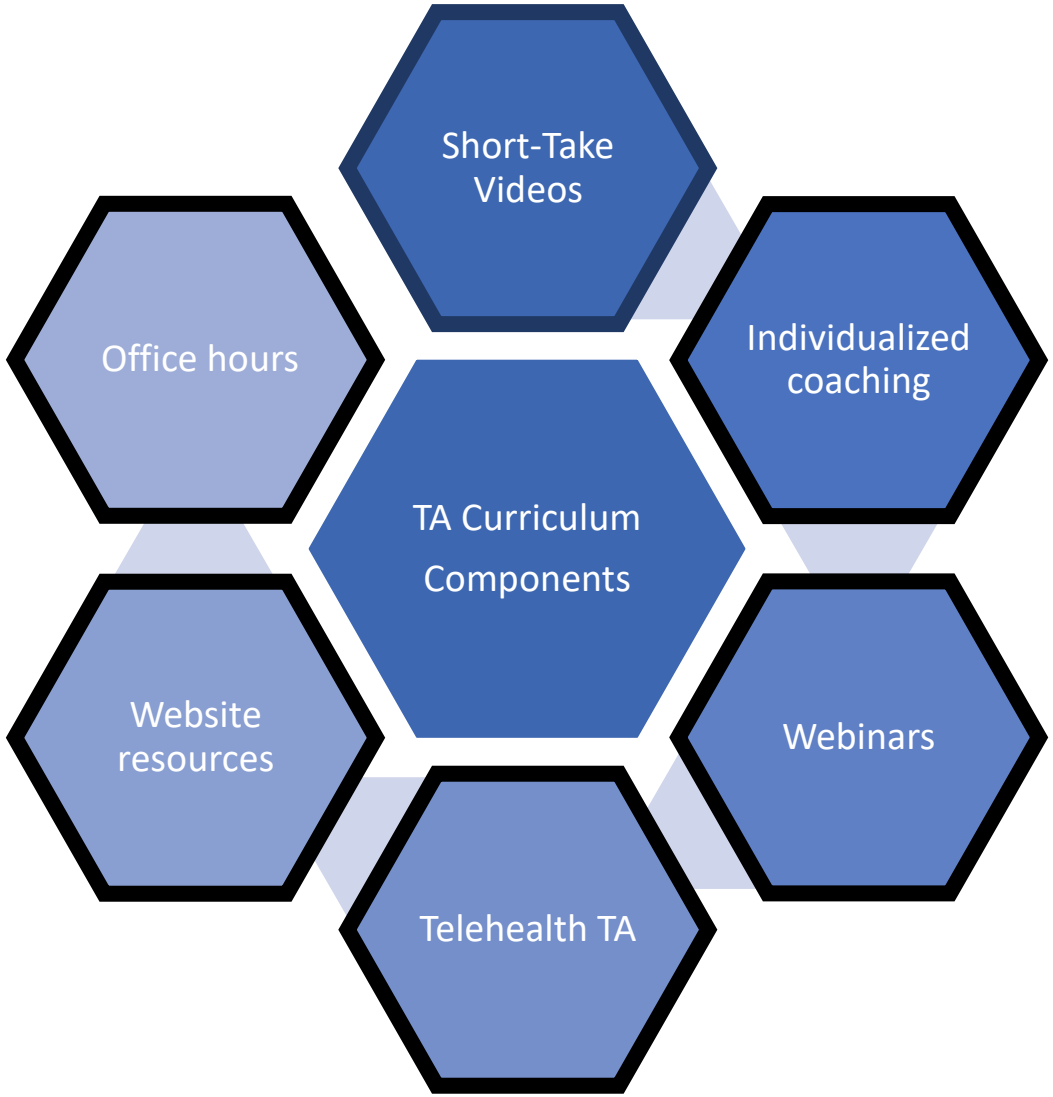
- Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). Health Management Associates will provide the training and technical assistance.

The goal is to improve care and Medicaid beneficiary outcomes within three practice transformation core competencies:



INTEGRATED CARE DC TECHNICAL ASSISTANCE

- The program offers several components of coaching and training. Material is presented in various formats. The content is created and delivered by HMA subject matter experts with provider spotlights.
- All material is available on the project website: Integratedcaredc.com
- Educational credit is offered at no cost to attendees for select elements.



INTEGRATED CARE DC UPDATES

Are you receiving our Integrated Care DC Newsletters?

Check your inbox at the beginning of the month for the Monthly Newsletter and around the 15th for the Mid-Month Update.

Got ideas?

Take this short survey to share suggestions and requests for trainings.
https://www.integratedcaredc.com/survey/

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Company	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures
Nature of relationship	N/A	N/A	N/A	N/A

HMA discloses all relevant financial relationships with companies whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients.

CONTINUING EDUCATION CREDITS

- Health Management Associates, #1780, is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. Health Management Associates maintains responsibility for this course. ACE provider approval period: 09/22/2021 – 09/22/2025. Social workers completing this course receive 1 continuing education credits.
- To earn CE credit, social workers must log in at the scheduled time, attend the entire course and complete an online course evaluation. To verify your attendance, please be sure to log in from an individual account and link your participant ID to your audio.
- Application for CME credit has been filed with the American Academy of Family Physicians. This session is approved by AAFP for up to 1 AMA Level 1 CME credit.
- **If you would like to receive CE/CME credit, the online evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar**.**
- Certificates of completion will be emailed within 10-12 business days of course completion.

AGENDA

Making Brief Interventions Radical: Infusing focused Acceptance and Commitment Therapy Integrated into Primary Care

- Welcome and Program Announcements
- Defining Primary Care Behavioral Health (PCBH)
- Functional Contextualism
- The Contextual Interview
- Putting it all Together
- Case Consultation
- Closing Remarks/Q&A

OBJECTIVES

1. Describe functional contextualism (fACT) and describe how it fits harmoniously within the PCBH context
2. Complete fACT related interviewing via the Contextual Interview
3. Explain how functional contextualism can be implemented with common primary care problems, including medical, behavioral, and psychological concerns

Image permitted by DC Department of Health Care Finance

POLL

- For this PCBH series, the one-hour training time is:
  - The right amount of time
  - 1.5 hours would be better

MAKING BRIEF INTERVENTIONS RADICAL: INFUSING FOCUSED ACCEPTANCE AND COMMITMENT THERAPY INTEGRATED INTO PRIMARY CARE

DEFINING PCBH

- The Primary Care Behavioral Health Consultation model (PCBH) is a psychological approach to **population-based clinical health care** that is simultaneously **co-located, collaborative, and integrated** within the primary care clinic
- The goal of PCBH is to improve and promote **overall health within the general population**

Collaborative Family Healthcare Association, https://www.cfha.net/

THE BEHAVIORAL HEALTH CONSULTANT (BHC) ROLE IN PCBH MODEL: GATHER[1]

Generalist: The goal is to have the BHC work with patients of any age and any behavioral concern, from anxiety or tobacco use to parenting strategies

Accessible: The BHC should be available to help the primary care provider at all times during the workday

Team-based: The BHC is part of the health care team and participates in meetings and huddles about patient care

High productivity: To make this model work financially, the BHC must be able to see many patients each day. Many of these visits are short

Education: The BHC educates patients about health issues and the health care team about patients' psychosocial needs. The BHC supports the primary care provider in continued care of the patient

Routine: When making referrals to the BHC becomes part of the clinic's normal daily workflow

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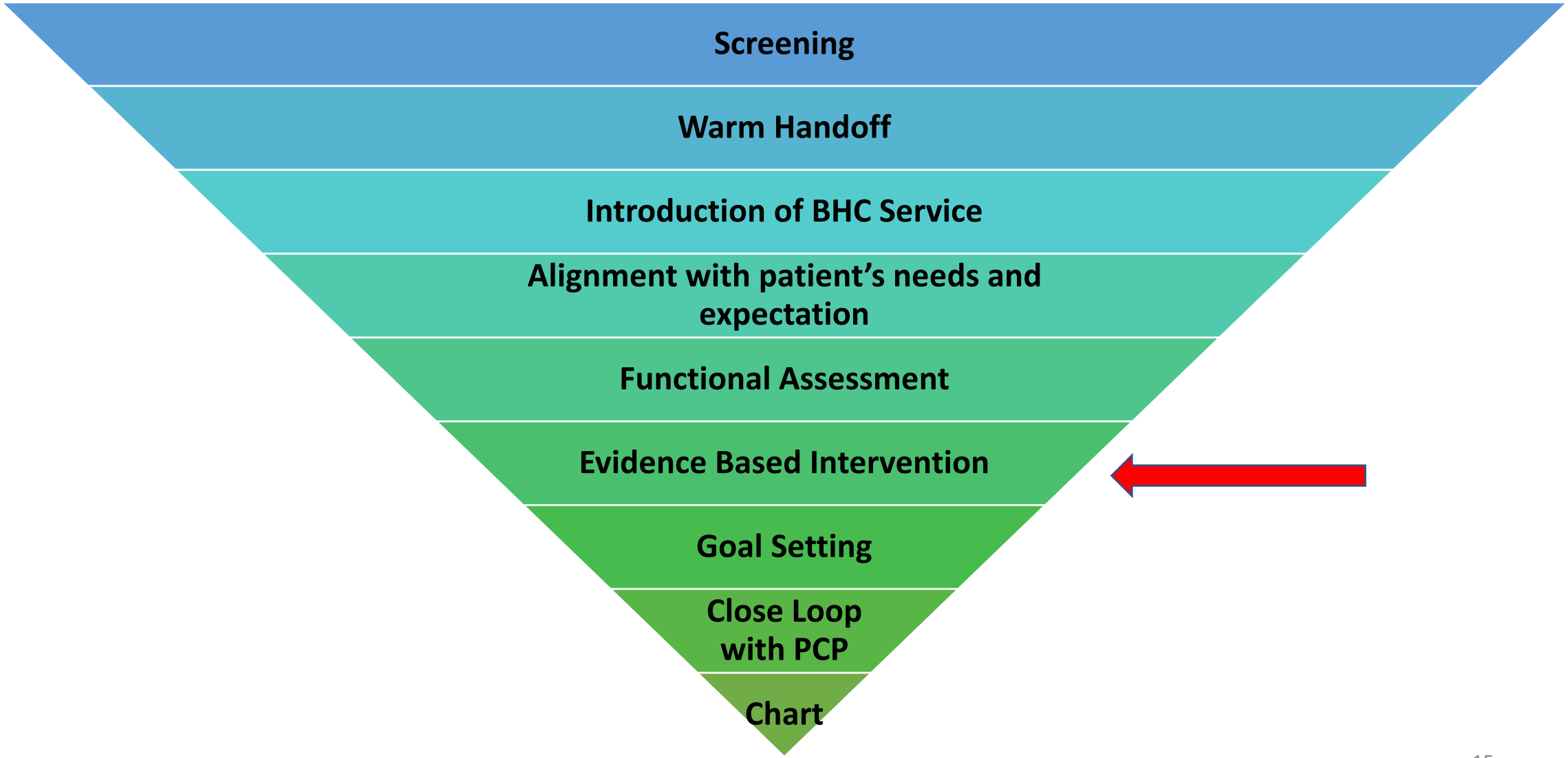
FOUR Cs[2]

- First Contact
- Comprehensive Care
- Continuity of Care
- Coordination of Care

PCBH VISIT STRUCTURE



BEFORE WE BEGIN THE JOURNEY…

Passionate about high fidelity to PCBH

- As well as contextual approaches to presenting concerns
- This is what drives us…

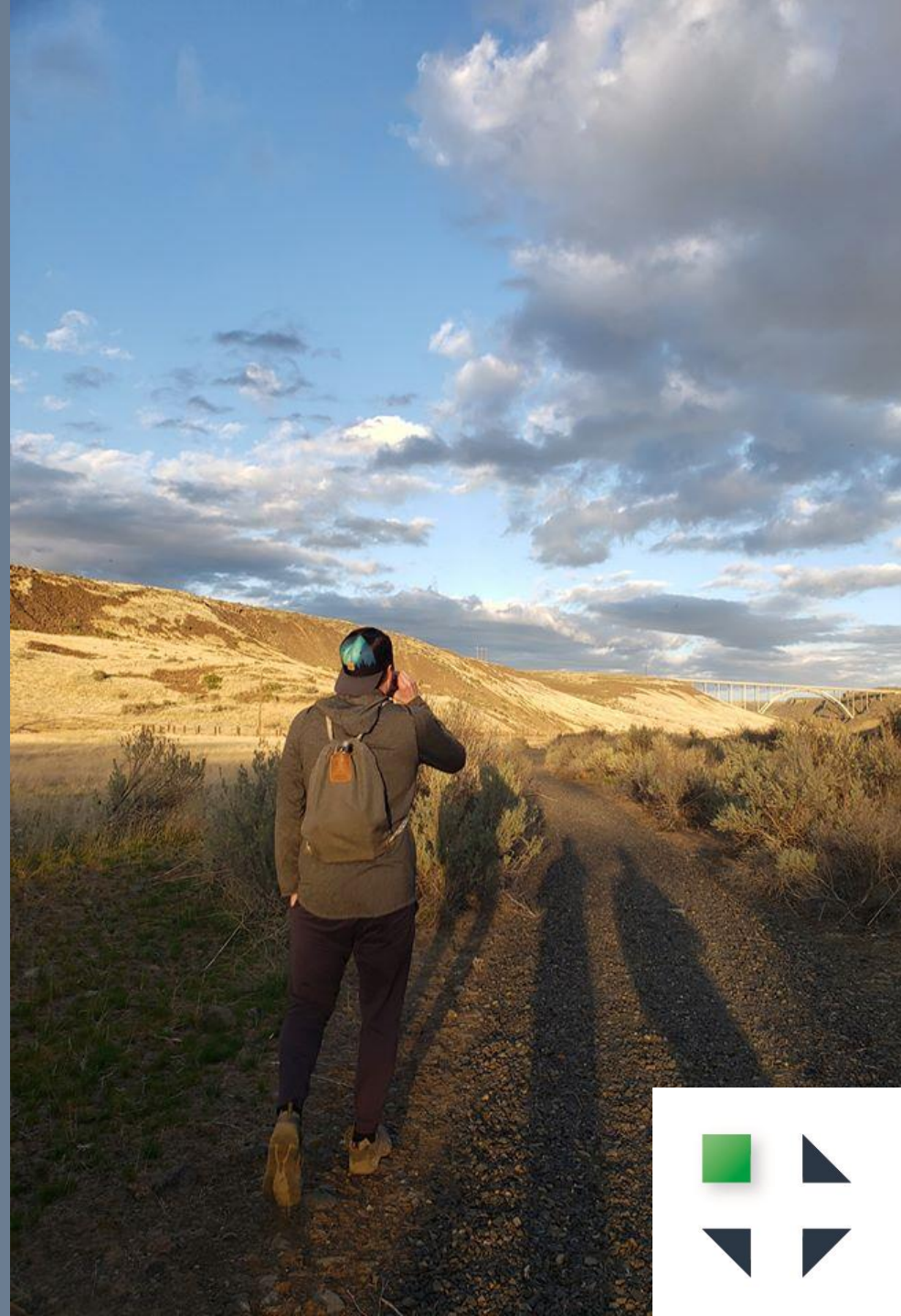
~~May~~ will say things that challenge some assumptions…

…And that is okay… that is the hope… here with you…

Perspectives aren't truths…

…Let's promise each other to rumble…

…Be kind on the journey…



AND...

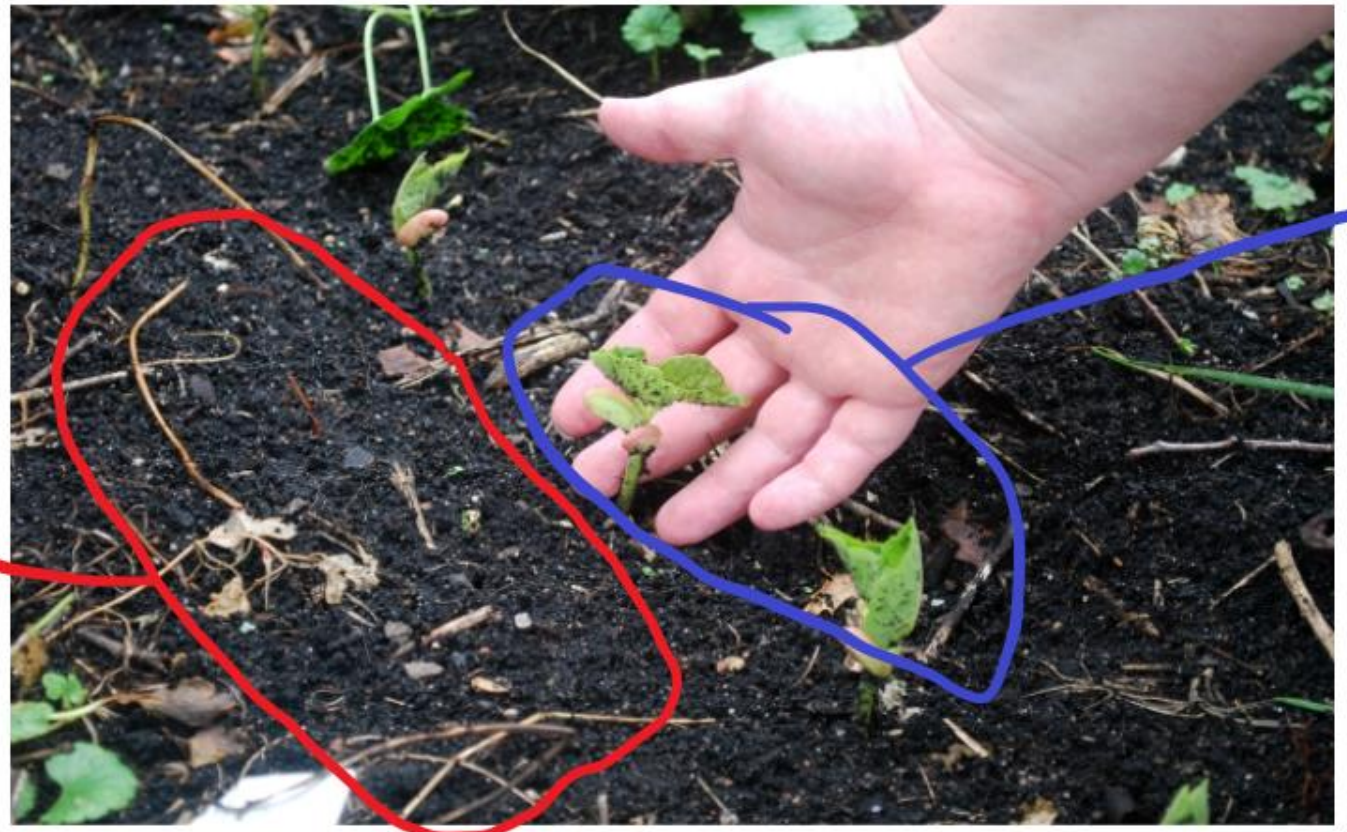
While GATHER and the Four C's will be our beacon, our guiding path will largely be made out of Functional Contextualism

Today:

- What is Functional Contextualism and Why in PCBH?
- Overview of the Contextual Interview and ACCESS-V

WHY FUNCTIONAL CONTEXTUALISM?[3]

Soil = Context, where this surface complexity arises from



Weeds = Symptoms or signs (what we define as complexity)

FUNCTIONAL CONTEXTUALISM…[3-4]

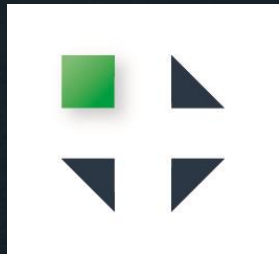
All behaviors arise from a context, which promotes said behaviors

…rather than focus on symptoms (e.g., depression, anxiety, chronic pain, etc.) or signs (e.g., blood pressure, A1C, etc.)… assume they make sense due to the context they are coming from…

Why this matters for PCBH and primary care…

…thus, our approach is simplified, we only need to focus on context…

…its amazing to see how this impacts both us and patients taking this approach… compassion naturally occurs…



OUR TOOL TO GET AT CONTEXT:

THE CONTEXTUAL INTERVIEW
LOVE, WORK, PLAY & HEALTH BEHAVIORS; 3 T'S[5-6]

Love

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

Work/School

- Work/school situation
- Income?

Play

- Fun/Hobbies
- Relaxation

Health Behaviors

- Exercise
- Sleep
- Diet
- Substance use (caffeine, cigs, alcohol, drugs, etc.)

3 T's

- Time, Trigger, Trajectory

PAUSE

Some perspective…

- This has helped us tremendously… saved our careers before they started…
- It makes us stay curious with patients
- It honors what is surrounding them and normalizes
- It creates obvious interventions and keeps us from doing algorithms that patients don't follow
- 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 Person-Centered Care, Trauma Informed Care and Compassionomics research[7-8]
- 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…

CONTEXTUAL INTERVIEW (CI)[5-6]

We will reference regularly…

Remember, look at this as a procedure…

- Do it the same way, in the same order, every time

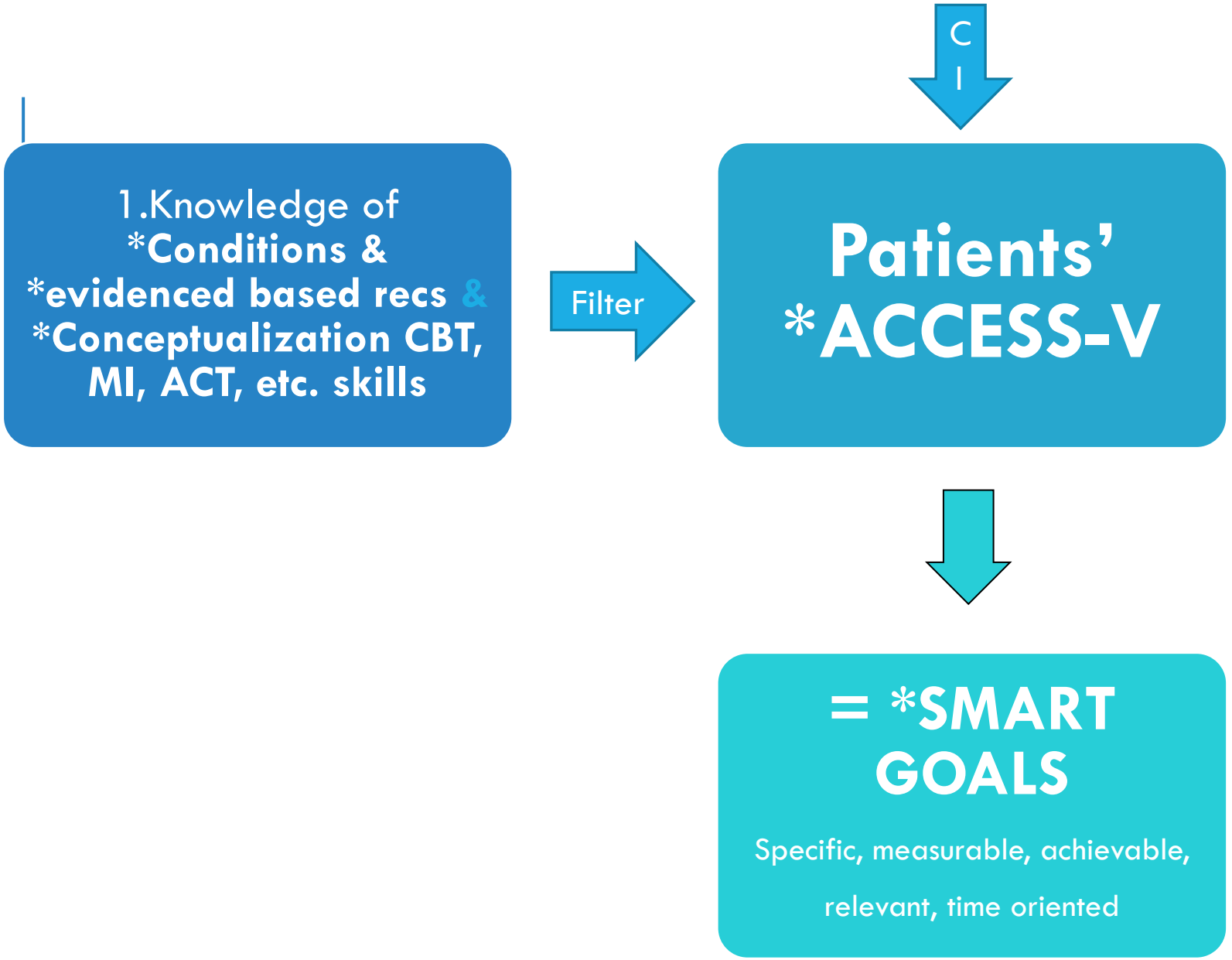
And, remember… learn it, do it well, then become efficient

- Primary care often prompts us to skip the first two steps

All the CI to prompt mental representations of ACCESS-V

*ACCESS-V
(INSTEAD OF DSM-V)

- ***Adverse** Childhood Experiences[9]
- ***C**ulture context
- ***C**ontext, Internal/**E**xteneral[10]
- ***S**ocial Determinants of Health[11-12]
- ***S**tages of change[13-14]
- ***V**alues[10]



PUTTING IT ALL TOGETHER!

OUR GOAL…

We don't *fix people/symptoms*, as they aren't something to fix… (it makes sense)

Rather:

- We focus on helping individuals see why their presenting concerns make sense…
- Change their contexts (i.e., internal & external) or their relationship with them
- Initiate behaviors that move towards values

Thus:

- Enter the exam room not focused on symptoms or a pathology, but with curiosity on what contexts are producing these symptoms
  - Assume it all makes sense
- **We don't need to fear complexity, comorbidities, etc., we know it arises from a context…**

Confused? Check out this PCBH Corner on Context

- https://www.youtube.com/watch?v=toawBMszpKk&list=PLvLh_YdubBs5P-dw9IrSH7-TwTqM8fkqo&index=2

CASE DISCUSSION: BREAD FOR THE CITY

- Petrea Simpson, MS, NCC, LPC, Behavioral Health Specialist Supervisor

  - African American man in his late 50s
  - Presented with poor sleep, anxiety, and chronic pain, recent knee injury in need of surgery
  - Pain is uncontrolled with medication
  - He feels helpless as he was the primary bread winner in his family and now, he cannot work due to his condition/doctor's orders

Q&A

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WRAP UP AND NEXT STEPS

- Please complete the online evaluation! **If you would like to receive CE or CME credit, the evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar.

- The webinar recording will be available within a few days at: https://www.integratedcaredc.com/learning/

- **Upcoming Webinar:**
  - ***It's a Matter of Context and Compassion: Utilizing Contextualism to Promote Engagement and Health Behavioral Change***, October 18, 12:00-1:00pm EST

- For more information about Integrated Care DC, please visit: https://www.integratedcaredc.com/