ADVOCATE™
EDUCATE
ELEVATE

Allowing High-Quality Primary Care to be Realized

September 16–18, 2026 | Williamsburg, Virginia

Meet Drs. Beachy &Bauman

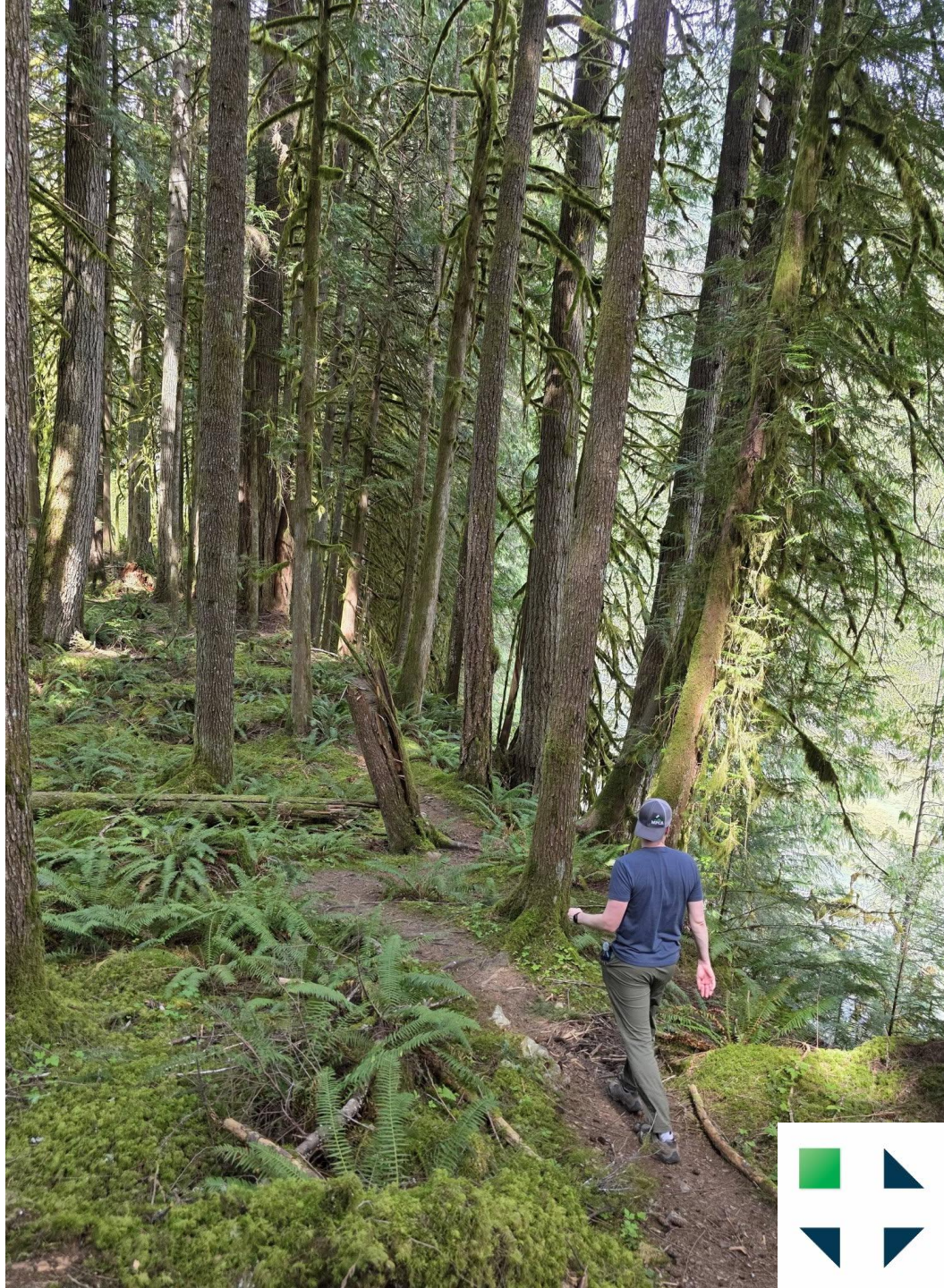
- Licensed Psychologists by trade
- BHCs a decade+ (underserved)
  - Trained under Kirk Strosahl, Patti Robinson & Jeff Reiter
  - Expertise in ACT/fACT & trained in MI, SFBT, CBT
- Directors – Clinical & Academic at Community Health of Central Washington in Washington State (FQHC) since 2016
  - Started PreDoc/PostDoc training program 2017
- Speakers and trainers
  - Our presentations reflect our values & will challenge traditional thinking!
- Follow us on social media for content! @pcbhlife, Beachy Bauman Consulting on LI, FB, X
  - YouTube: https://www.youtube.com/@PCBHlife/videos

Agenda

- Probably a little ambitious… and, that's okay!!!
- Clinical stance
  - High-Quality Primary Care
  - A moment-at-a-time
  - Functional contextualism
- How to love your craft without losing your mind

Before we “jump into the deep…”

- We are passionate about integrated behavioral health in primary care, as well as changing how we view BHCs/BHPs throughout the world
- 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…
- This isn’t about competency; this is about interest and excitement…
  - This is about knowing there is a way…

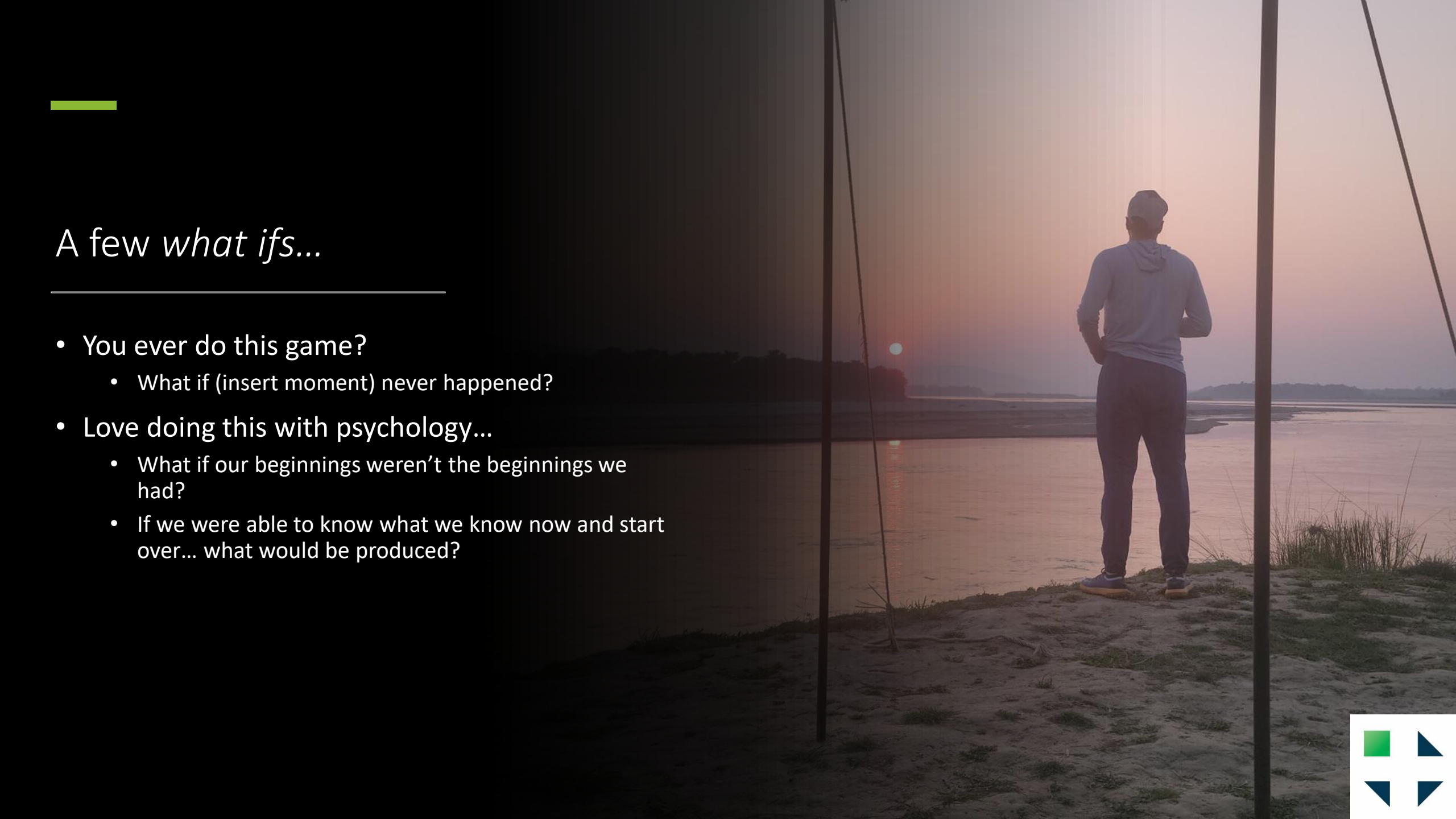


Today…

- We love stories… and, to date, this is one of our favorites to tell…
- The idea of functional contextualism will transcend…
  - Reverse engineering…
- Be kind… Be compassion… and, above all, be love…
  - Towards each other…

A few *what ifs…*

- You ever do this game?
  - What if (insert moment) never happened?
- Love doing this with psychology…
  - What if our beginnings weren’t the beginnings we had?
  - If we were able to know what we know now and start over… what would be produced?



Let’s talk about the why of all of this…

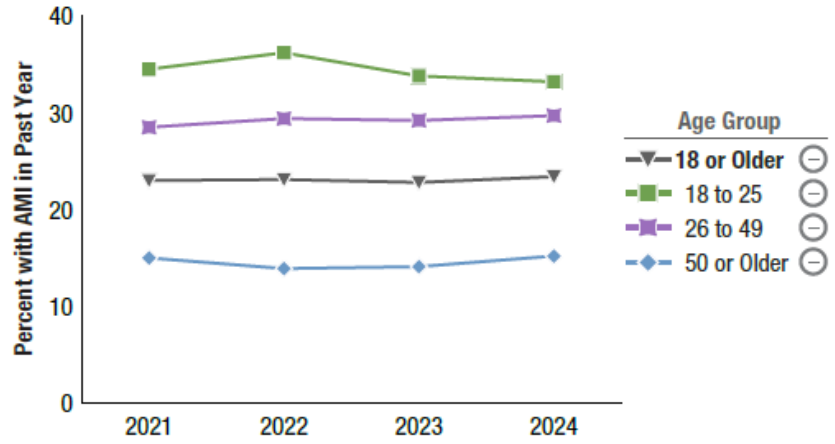
- **The reality of mental health care in the US…**
- **The reality of having to feel good about the work you do…**
- **The reality… maybe what we were all taught… isn’t actually true…**
- **Let’s just sit with these realities right now…**
- **Two beautiful quotes from Kirk:**
  - **“Assumptions can be magnificently instructive and useful; and, (assumptions) can be magnificently destructive and un-useful.”**
  - **"I am not satisfied that I know what I need to know to help the maximum number of people I can"**

SOME DATA YOU ALL MAY KNOW….

And… the data that you all are aware of…

What percent of adults have Any Mental Illness in a given year?[1]

Figure 51. Any Mental Illness (AMI) in the Past Year: Among Adults Aged 18 or Older; 2021-2024



Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

Figure 51 Table. Any Mental Illness (AMI) in the Past Year: Among Adults Aged 18 or Older; Percentages, 2021-2024

Age Group	2021	2022	2023	2024	Trend
18 or Older	23.0	23.1	22.8	23.4	No Change
18 to 25	34.5	36.2	33.8	33.2	No Change
26 to 49	28.5	29.4	29.2	29.7	No Change
50 or Older	15.0	13.9	14.1	15.2	No Change

Note: Estimates for 2021 may differ from previously published estimates because the 2021 analysis weights were updated to facilitate between-year comparisons.

SOME DATA YOU ALL MAY KNOW…

But, where do they get treatment?[1]

Figure 76. Types and Locations of Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older; 2024

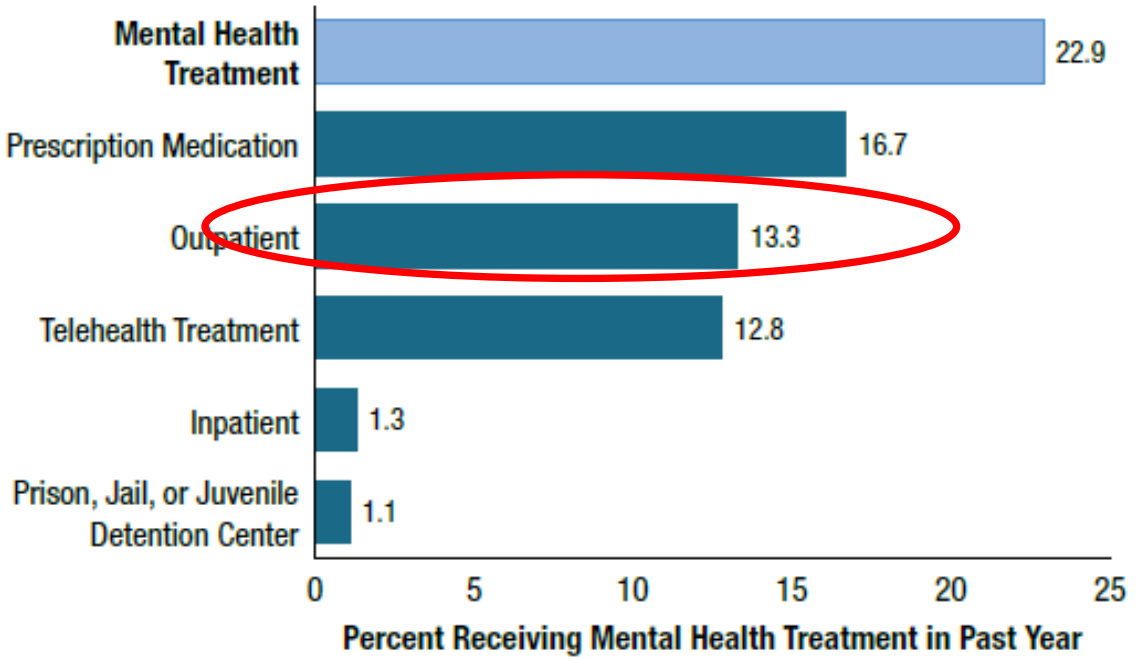
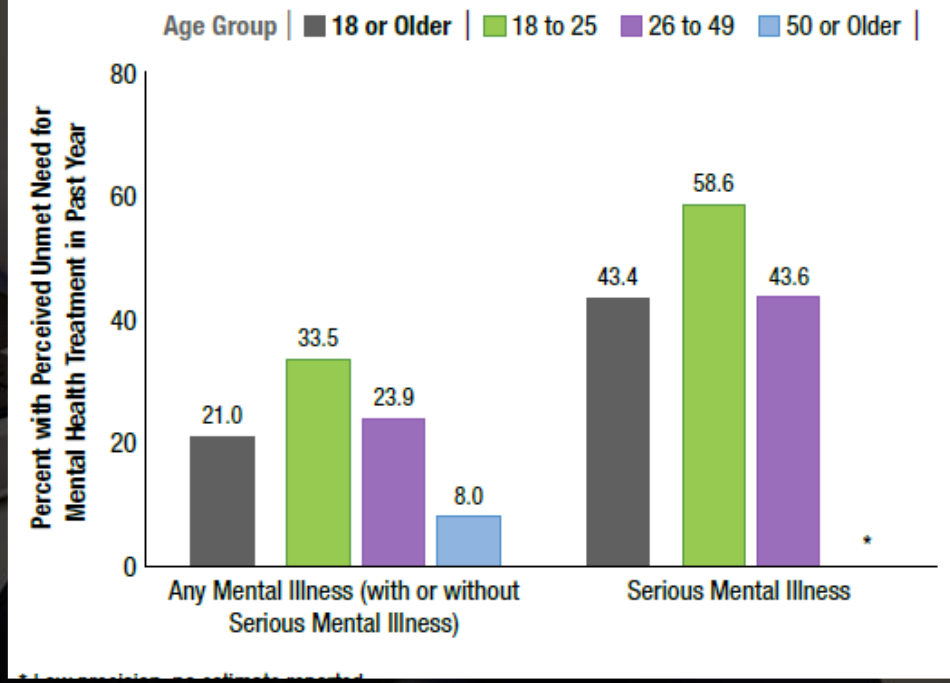


Figure 78. Perceived Unmet Need for Mental Health Treatment in the Past Year: Among Adults Aged 18 or Older with Any Mental Illness or Serious Mental Illness in the Past Year Who Did Not Receive Mental Health Treatment; 2024



SOME DATA YOU ALL MAY KNOW . . .

Recent data from SAMSHA[1]

Reason for Not Receiving Mental Health Treatment[1]	AMI	
Thought It Would Cost Too Much	65.2	(1.89)
Did Not Have Health Insurance Coverage for Mental Health Treatment	39.1	(2.03)
Health Insurance Would Not Pay Enough of Costs for Treatment	39.9	(2.00)
Did Not Know How or Where to Get Treatment	49.2	(1.96)
Could Not Find Treatment Program or Healthcare Professional They Wanted to Go to	45.0	(2.06)
No Openings in Treatment Program or with Healthcare Professional They Wanted to Go to	16.5	(1.57)
Had Problems with Things Like Transportation, Childcare, or Getting Appointments at Times That Worked for Them	26.4	(1.73)
Did Not Have Enough Time for Treatment	47.9	(1.95)
Worried That Information Would Not Be Kept Private	23.4	(1.85)
Worried about What People Would Think or Say if They Got Treatment	26.4	(1.73)
Thought That if People Knew They Were in Treatment, Bad Things Would Happen, Like Losing Their Job, Home, or Children	12.5	(1.32)
Not Ready to Start Treatment	48.1	(1.97)
Thought They Should Have Been Able to Handle Their Mental Health, Emotions, or Behavior on Their Own	71.0	(1.90)
Thought Their Family, Friends, or Religious Group Would Not Like It if They Got Treatment	13.4	(1.42)
Afraid of Being Committed to Hospital or Forced into Treatment against Their Will	19.6	(1.40)
Thought They Would Be Told They Needed to Take Medication	34.4	(1.92)
Did Not Think Treatment Would Help Them	36.9	(1.94)
Thought No One Would Care if They Got Better	17.5	(1.39)

And.. You know what…[2-5]

- That is usually where the story ends… it's about mental health and substance use….
- Yet, close to ½ of all Americans have a chronic health concern (e.g., HTN, DM, heart disease, etc.)
  - Nearly 2/3 of all deaths in US are contributed to heart disease, cancer, stroke, COPD, & DM
- What is **1 universal recommendation** for chronic conditions?
- What are the realities **of treatment adherence** in primary care?
- What does the research **Adverse Childhood Events** say?

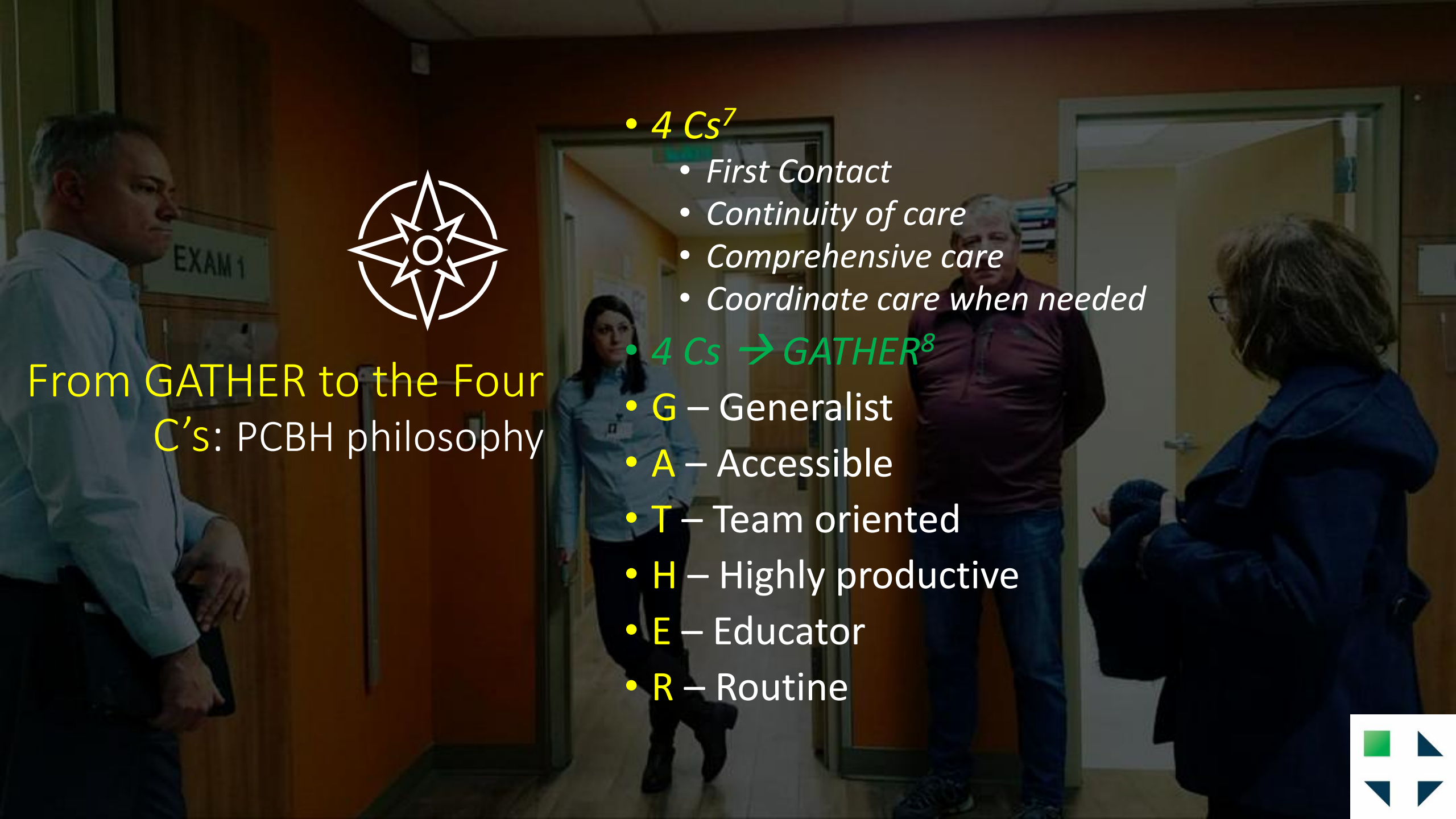
This is so MUCH bigger than mental health…

- This is about healthcare and high-quality primary care
- This is about us redefining behavioral health providers' role in healthcare…
  - **What if instead of behavioral health visits, we did *'behavioral' visits*?**
- Even if we would double the number of BH providers in the US…

"Primary care provides comprehensive, person-centered, relationship-based care that considers the needs and preferences of individuals, families, and communities.

Primary care is unique in health care in that it is designed for everyone to use throughout their lives—from healthy children to older adults with multiple comorbidities and people with disabilities.

People in countries and health systems with high-quality primary care enjoy better health equity and health outcomes"[6]



From GATHER to the Four C's: PCBH philosophy

- *4 Cs*[7]
  - *First Contact*
  - *Continuity of care*
  - *Comprehensive care*
  - *Coordinate care when needed*
- *4 Cs → GATHER*[8]
- G – Generalist
- A – Accessible
- T – Team oriented
- H – Highly productive
- E – Educator
- R – Routine

Contextualizing Care[9]

An opportunity to provide life-saving care…

- Striving to deliver High-Quality Primary care that is "***comprehensive, person-centered, relationship-based care that considers the needs and preferences of individuals, families, and communities***," embracing a **Moment-at-a-Time** and **Functional Contextualism** naturally produces this…

A MOMENT-AT-A-TIME APPROACH

"we are all doing single session therapy… we just aren't aware that we are…" – Jeff Young

Homework

- If able, run your own data…

Mode # of visits in any setting[10-12]

And… you know what is interesting about the data about those one visits… patients often think…

Interesting study… it is our beliefs our that are probably holding us back… again… what if?[16]

A MOMENT-AT-A-TIME APPROACH

<u>When polled, patients say, they want care that[10]…</u>

- 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[13]

SST isn't an orientation, rather it is an approach…

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

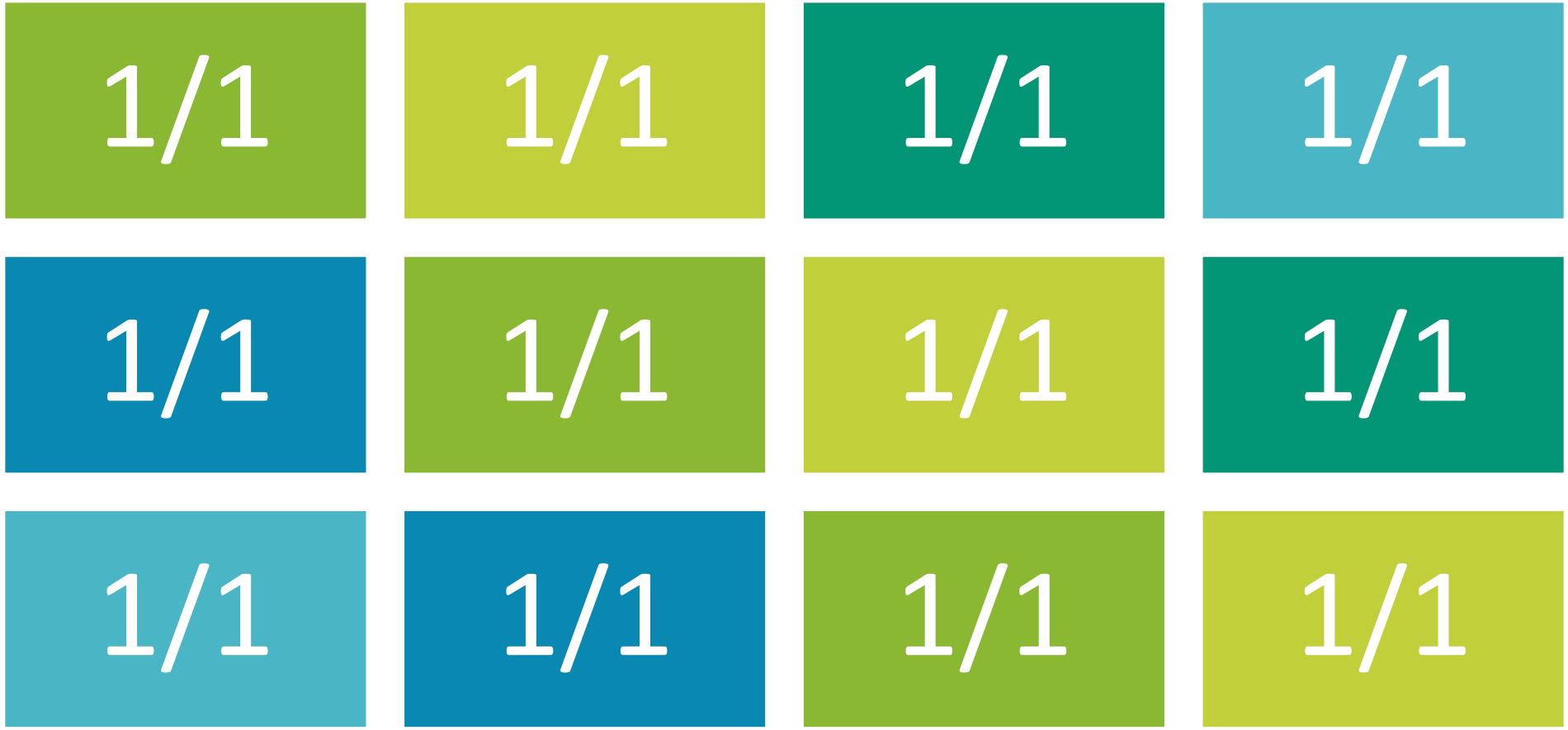
Research on this approach… dang, you all… how we didn't know/learn about this is alarming…

- Robust for both outcomes and acceptability…


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

COUPLE OF CLARIFYING POINTS

12 visits with a patient

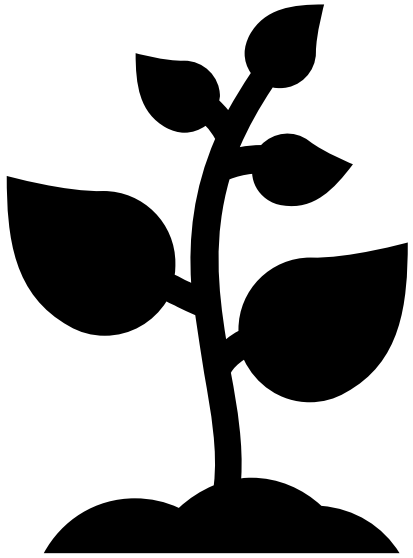


PAUSE…

If we embraced what people are requesting, our communities are asking for… what would we focus on?

Functional Contextualism[14]

- Truth is only defined by a behavior's ability to accomplish a context-dependent goal/value
  - Based off this, everything that someone does is serving a function and ***makes sense***…



Behavioral concerns…substance use… depression… eating challenges… well, everything ***grows*** from same soil

KEY TAKEAWAY: What context is sustaining a particular behavior?

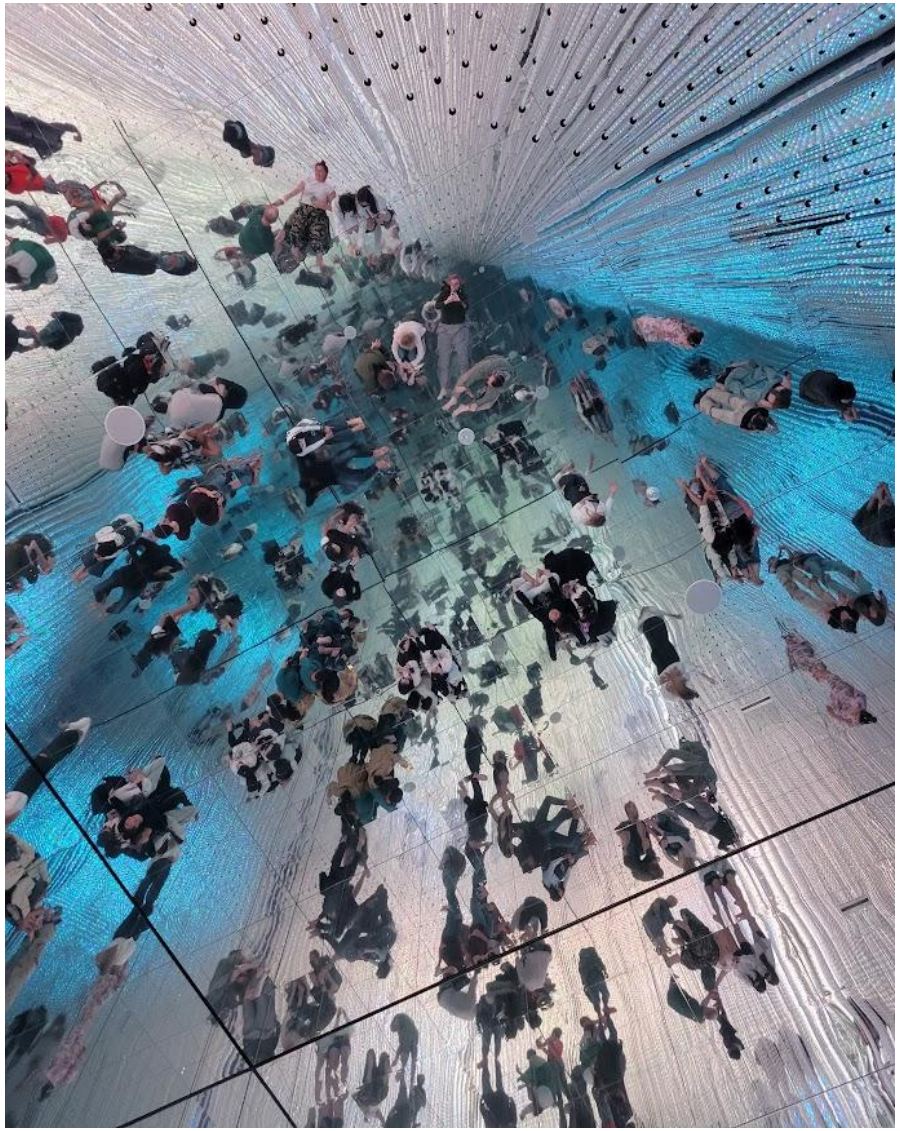
In other words: What is **helpful** about a patient's behavior given their context?

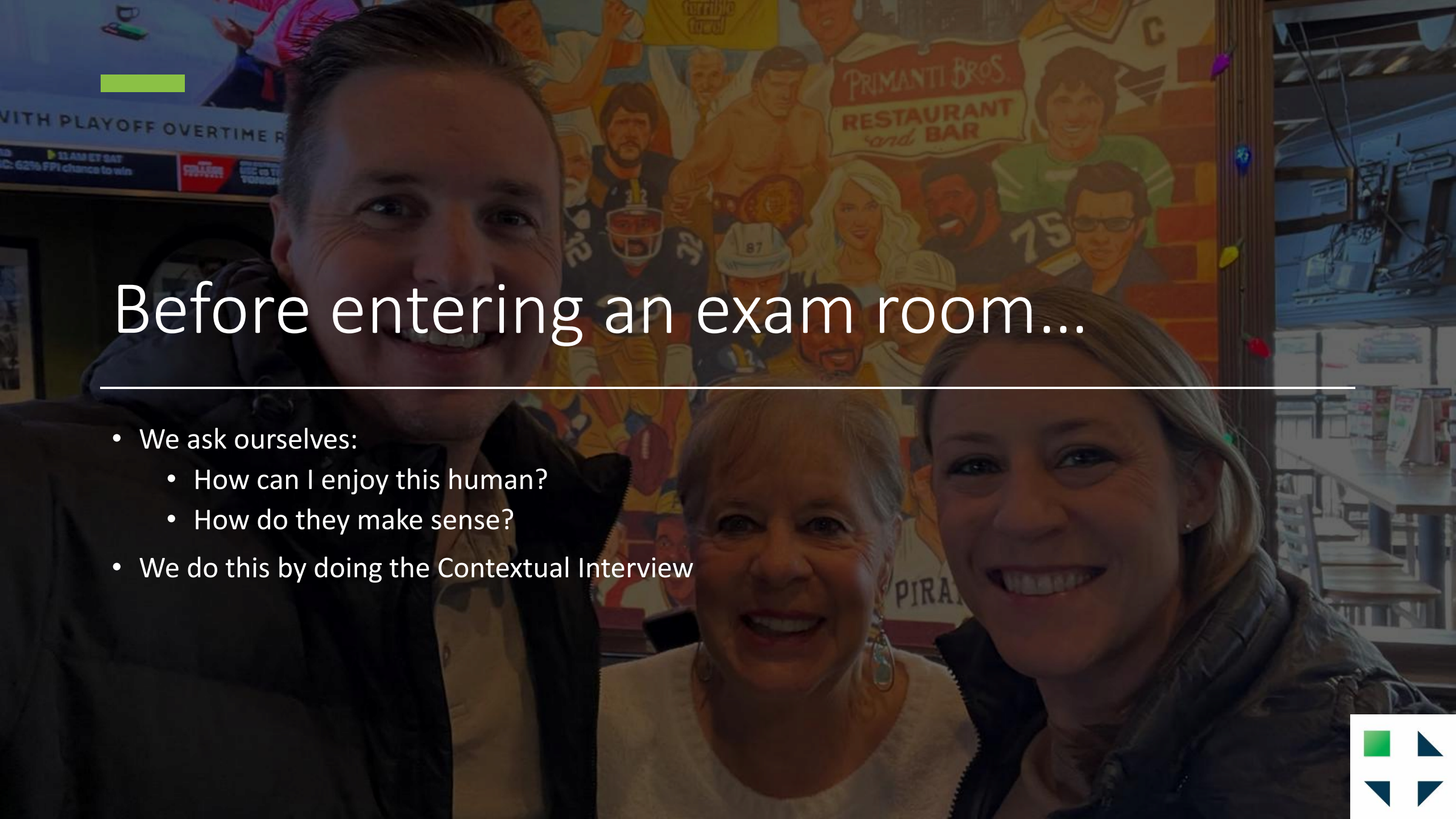
There is a function to every behavior

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

A contextual approach

- Most of us agree with this, right?
  - But, how often do we actually practice in this way?
  - How often do we label things without taking in the context?
- *How we ask questions, what we focus on, what does this create as far as relational frames?*
- *How does that impact our duration and frequency of visits?*
- If we really did believe that everything the individual was experiencing was based in their context… **what *should* we focus on???**
- **What if instead of behavioral health visits, we did *behavioral visits*?**





Before entering an exam room…

- We ask ourselves:
  - How can I enjoy this human?
  - How do they make sense?
- We do this by doing the Contextual Interview

Contextual Interview

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, cannabis, substances, etc.)

ACEs → Adverse Childhood Events (major 10)

Culture & Cultural Intelligence

Context: Internal (self, others, world & TEAMS)

External Context ("Day in the life")

SDoH & Structural/systemic discrimination

Stages of Change (pre, cont, prep, action, maint)

Values (who/ what's important)

ACCESS-V

Clinician Expertise

C
I

Patient's Expertise

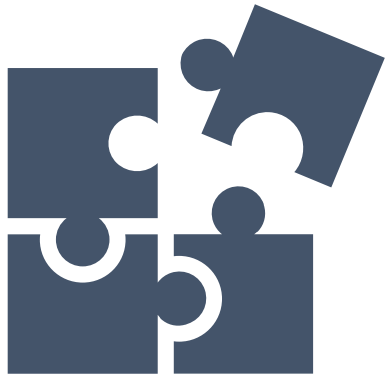
Knowledge, Assessment and **Intervention (evidenced-based)** re: Health-Related Conditions **& Conceptualization** skills

Patients' *ACCESS-V

(Psycho)education, Resources, VCBxs, SMART plans

What's discussed & what's the patient going to do?

Putting it all together!



AND… WHAT THIS LEADS US TO…

Visits that are in the moment, rooted in the patient's context and infused with compassion, while implementing evidence-based guidelines… It is… High Quality Primary Care

CONTEXTUAL MOMENTS…

When we contextualize and normalize things…

- We soften…
- Rather than limited options, infinite opportunities present
- We see our community and their context…

What if we asked ourselves:

- What if this makes sense?
- And, within this… we move towards connection, healing, and love…

As we tell our trainees…

- Simply and profoundly… *just have a moment with someone today*

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

As we begin to transition…

- Truly… thank you for today…
- Remember:
  - Just have a moment with someone… try to enjoy them, and visit their world…
- Be kind, be compassion, and be love…

QUESTIONS?

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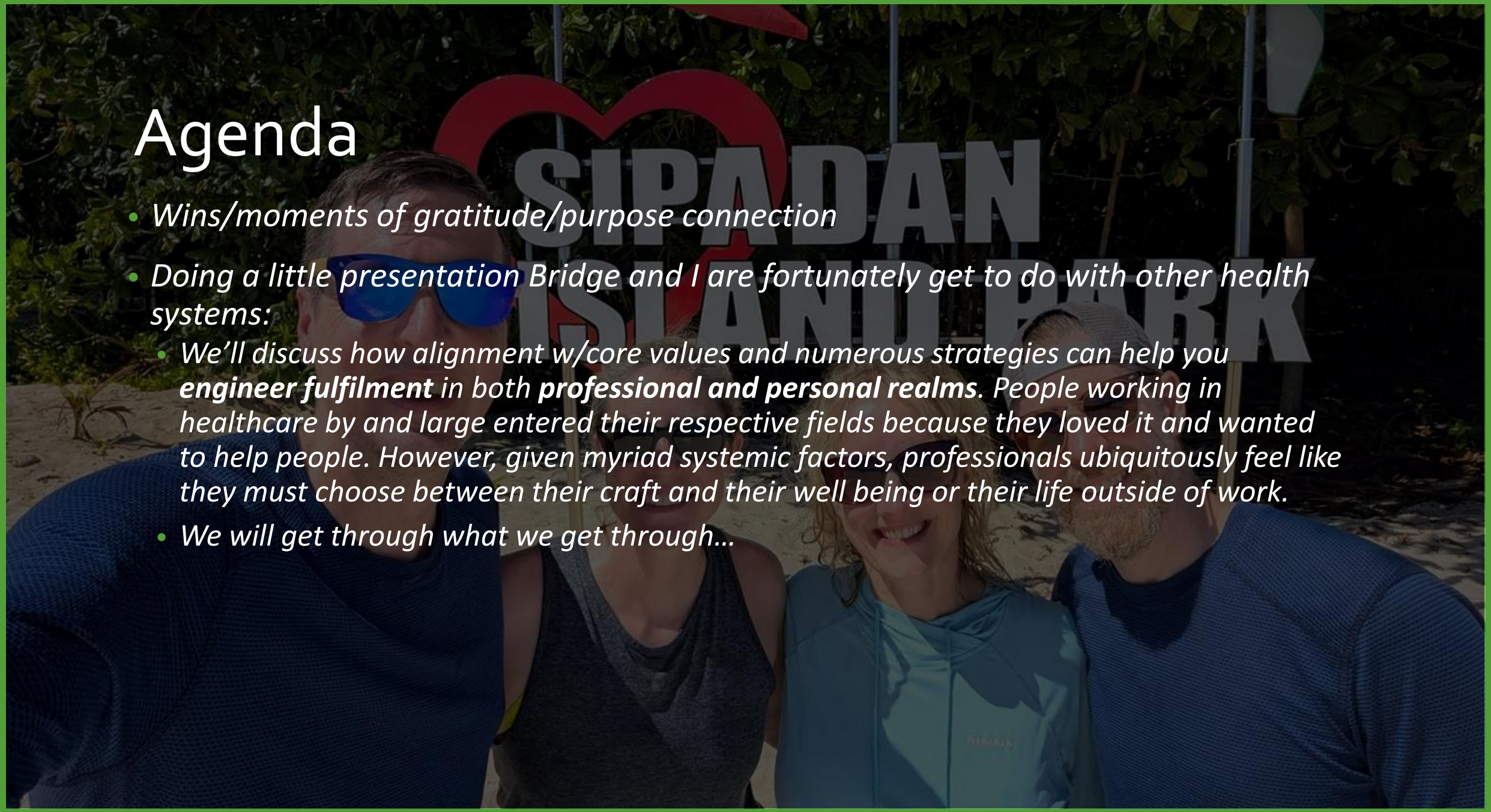
HOW TO LOVE YOUR CRAFT WITHOUT LOSING YOUR MIND



Agenda

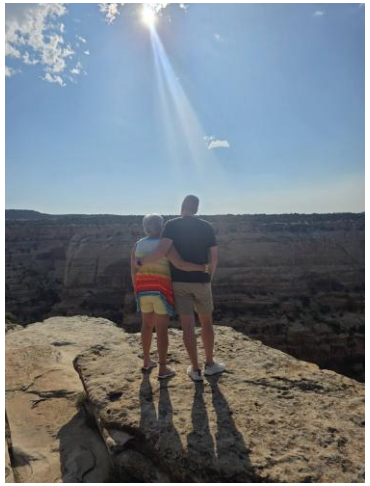
- *Wins/moments of gratitude/purpose connection*
- *Doing a little presentation Bridge and I are fortunately get to do with other health systems:*
  - *We'll discuss how alignment w/core values and numerous strategies can help you **engineer fulfilment** in both **professional and personal realms**. People working in healthcare by and large entered their respective fields because they loved it and wanted to help people. However, given myriad systemic factors, professionals ubiquitously feel like they must choose between their craft and their well being or their life outside of work.*
  - *We will get through what we get through…*

How are we going to do this!?!

- A quick story from a retreat in Nepal…
- Intentionality – both personally & professionally! (work-life integration vs balance)
  - Part 1
    - Who/What's important → "Start with the end in mind"
  - Part 2
    - Engineer work & life → "An ounce of prevention is worth a pound of cure"
- Take notes!!!
  - *Identify what you are already doing
  - *Add in low hanging fruit
  - *Add in strategies w/strong alignment
  - *Add in strategies w/high return on investment (ROI)
  - Chip away a little at time

WHO & WHAT'S IMPORTANT

PART ONE – START WITH THE END IN MIND!



Values / "Who & What matters"[1-2]

- Who's done a values inventory?
- Where? Which ones? Was it helpful? When was the last time?
  - HO in your materials – Psychology Tools
  - Google Search
  - VLQ by Kelly Wilson
  - MI Personal Values Card Sort

Contextual Interview

Love – Work – Play

- Living situation
- Relationship status
- Inner Circle
  - Family/Friends
- Belief System
- Work/School/Income
- Fun

VALUES WORK ISN'T JUST FOR PATIENTS/ CLIENTS[10]

What's "success" look like? What would we find you doing or what do you want to be doing? (think SMART)

*Love/Loathe List by Marcus Buckingham[11]

- Blank piece of paper and draw a line down the middle
- One column: "Loved It" & other column "Loathed It"
- For the next week pay attention to your job tasks/activities
  - When you do an activity where you feel love → write it down
    - E.g., you look forward to it, time flies, you're in flow, you're energized
  - When you feel an aversion to activity → write it down
    - E.g., you procrastinate, push it off, time drags on
- Doesn't have to be 100%! Mayo study for just 20% for physicians led to far lower burn out
- 5 min video by Marcus Buckingham https://www.youtube.com/watch?v=knxVp4u8fGA&t=16s
  - "They didn't find it…they built it"

NOW THAT WE KNOW WHERE WE ARE HEADED…

How do we get there?

Engineering your life!

- How long did it take to learn your craft? Time/energy/investment put into the content of your specialty/profession?
- Now, how much time have you put into learning how to…
  - Manage your schedule
  - Manage your work tasks
  - Identifying the main things in your role
  - Learning how to adult
  - Manage who & what matters to you
- These strategies can be helpful for both personal & professional

If there's a topic you're struggling with…

- 99.9% chance someone's already done a deep dive on this for you…that's where reading becomes so crucial

Engineering your Life & Work

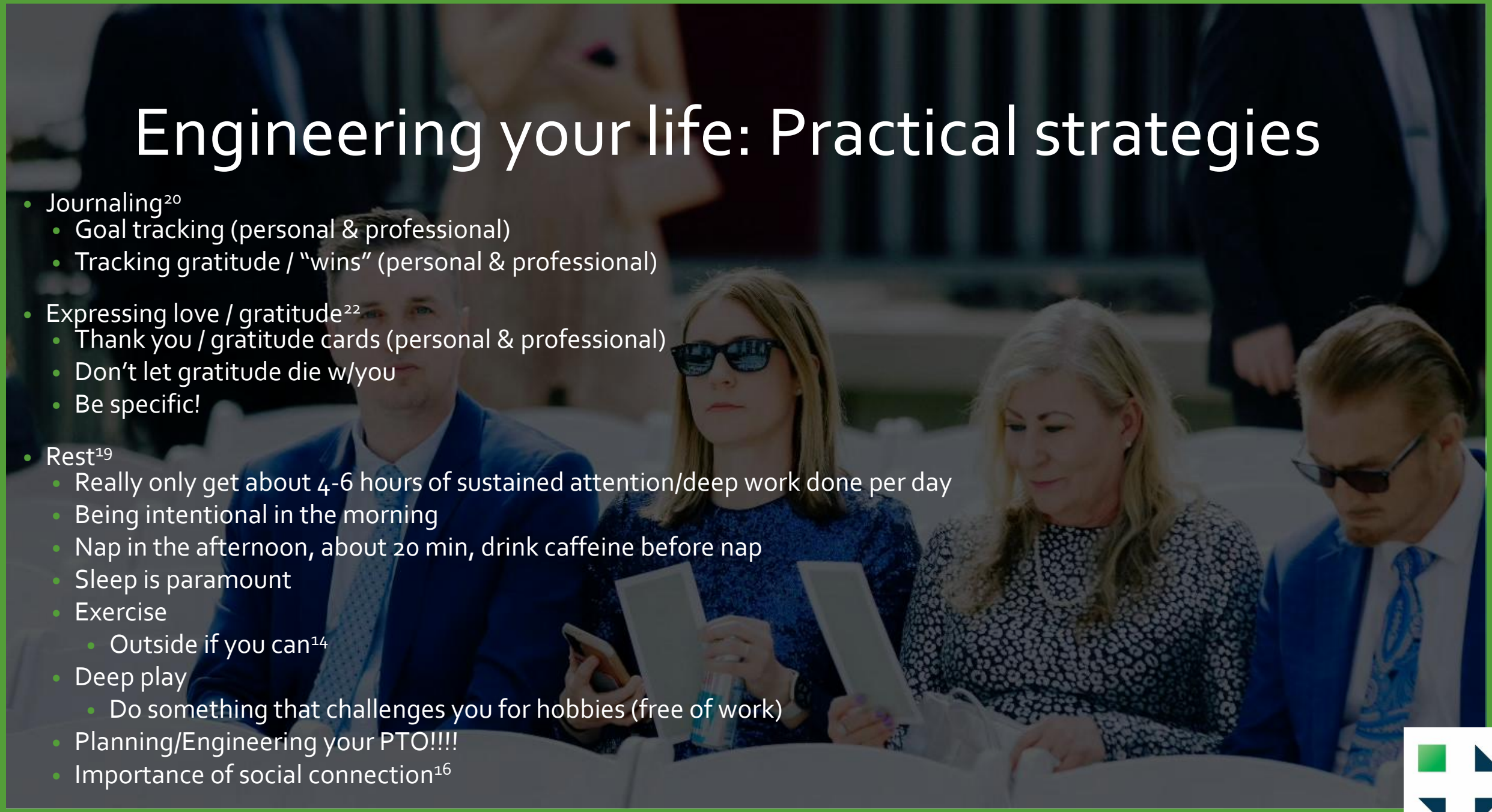
- This is a skillset
  - *Don't be unlucky
  - *Be the 10%
- Strategies
  - Stimulus Control
  - Time blocking
  - Journaling
  - Expressing gratitude
  - Rest
  - Other tips/tricks

Engineering your life: Practical strategies

- Stimulus control[12,13,17,18]
  - Only doing work in certain locations
  - Playlists for productivity
  - Remove work email from your phone
  - Multitasking doesn't work…no matter what your brain says
  - How else can you do to remove distractions?

- Timing/ Time blocking & Use of Calendars, Planners, etc.
  - What calendar do you use? Planner? Identify this…
    - Dave's suggestion – The High Performance Planner20
  - Planning
  - Schedule what you are going to do in time blocks[18]
  - *Working in 90 minute blocks – no longer
  - Identify (either night before or in the AM) top 3 things that are the best ROI for your main goals
    - Replace to do list w/ a "Done List"[17]
  - When: The Scientific Secrets of Perfect Timing[12]
    - *Deep work in the AM
    - Nap/reset in the afternoon
    - Bump in the evening

Engineering your life: Practical strategies



- Journaling[20]
  - Goal tracking (personal & professional)
  - Tracking gratitude / "wins" (personal & professional)
- Expressing love / gratitude[22]
  - Thank you / gratitude cards (personal & professional)
  - Don't let gratitude die w/you
  - Be specific!
- Rest[19]
  - Really only get about 4-6 hours of sustained attention/deep work done per day
  - Being intentional in the morning
  - Nap in the afternoon, about 20 min, drink caffeine before nap
  - Sleep is paramount
  - Exercise
    - Outside if you can[14]
  - Deep play
    - Do something that challenges you for hobbies (free of work)
  - Planning/Engineering your PTO!!!!
  - Importance of social connection[16]

Recommended Readings 11-22

- Anything by Brene Brown
- Indistractable by Nir Eyal, Julie Li
- Nine Lies About Work by Marcus Buckingham & Ashley Goodall
- The One Thing by Gary Keller, Jay Papasan
- Anything by Jim Rohn
- Essentialism & Effortless – Greg McKeown
- Stand and Deliver by Dale Carnegie
- Off Balance by Matthew Kelly
- The Compound Effect by Darren Hardy
- Love + Work by Marcus Buckingham
- The Busy Leader's Handbook by Quint Studer
- The 80/20 Principle & 92 Other Powerful Laws of Nature by Richard Koch
- Rest by Alex Soojung-Kim Pang
- When: The Scientific Secrets of Perfect Timing by Daniel H. Pink

ENGINEERING YOUR LIFE: LET'S GET SPECIFIC… WHAT WILL YOU TRY? (2 TAKEAWAYS)

As we end…

- Remember, start with the end in mind and the value
- Engineer the experience to produce connection to those values
- Many practical suggestions out there…
  - Don't accept premises
  - Be just as intentional with your personal life as you are with your professional
  - Be the 10%
  - If struggling, know, someone else most likely has done a deep dive… read!
- And, keep iterating, keep evolving, keep progressing…
- Be kind, be compassion, and, above all, be love…

Thank you!

- For coming on this journey with us!
- We are so very grateful!
- Please give us feedback, so we can keep what works and improve what can be improved!

Contact us!

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LinkedIn: https://www.linkedin.com/company/beachy-bauman-consulting-pllc

Twitter: https://twitter.com/pcbhlife

YouTube: www.youtube.com/@pcbhlife
& https://www.youtube.com/user/commhealthcw/videos

Thank You!

VIRGINIA COMMUNITY HEALTHCARE ASSOCIATION

ADVOCATE™
EDUCATE
ELEVATE

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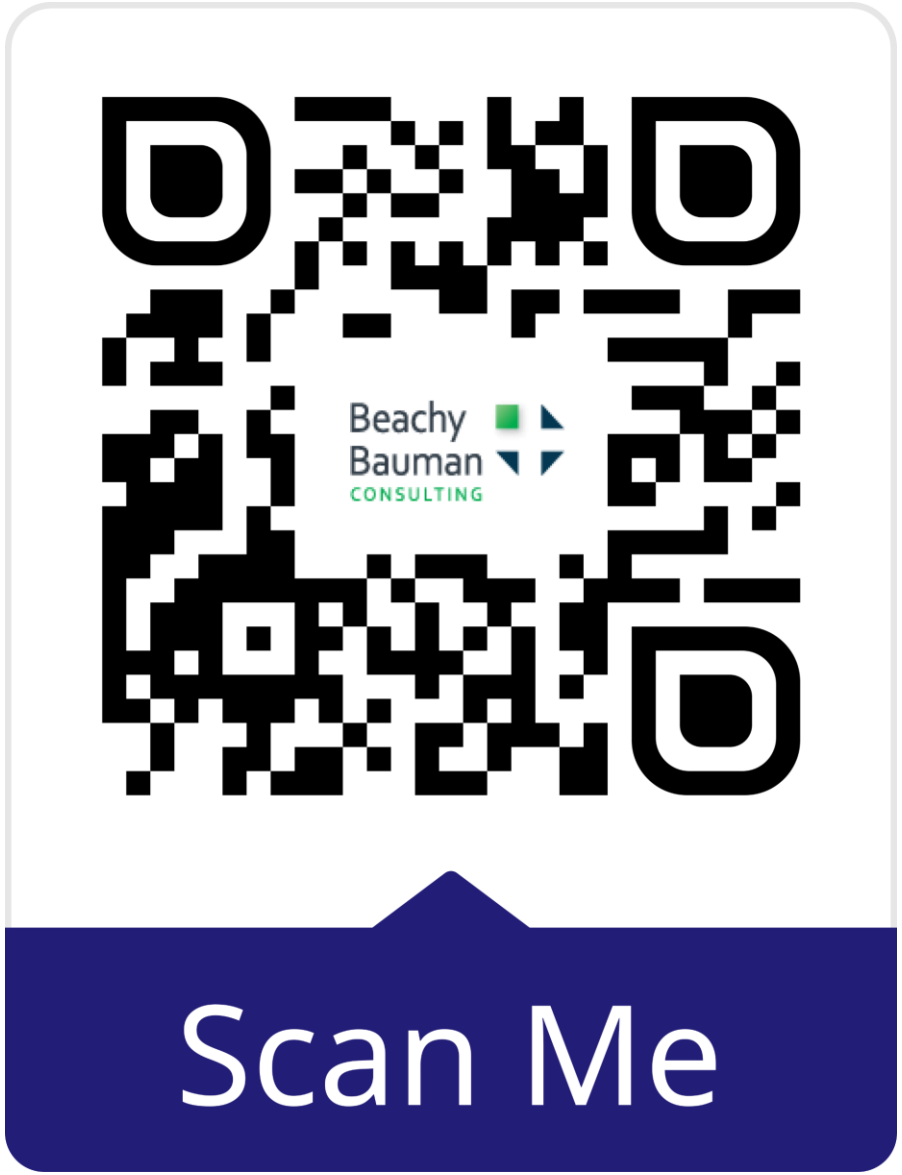
Bonus Slides

BBC Google Doc

Beachy
Bauman GPT

Beachybauman.com



CFHA
BluePrint

PCBH Corner Podcast

Scan Me

PCBH Lab

Scan Me

PCBH Life
YouTube
Channel

NPTC Homestudy – BHC Clinician Track

Playlists!

- **PCBH Corner Playlist:** https://www.youtube.com/playlist?list=PLvLh_YdubBs5P-dw9IrSH7-TwTqM8fkqo
- **BBC's BHC Essentials (2024):** https://www.youtube.com/playlist?list=PLvLh_YdubBs4GbtvNPumODXtbMmTI6G4R foundational videos for PCBH
- **Dr. Beachy's Leadership Playlist**: https://www.youtube.com/playlist?list=PLeMBJpr1eRa4KXLDRRfZg_y4AK1zPOxFO --> Support for directors and managers for building and maintaining integrated care services.
- **Dr. Beachy's BHC Onboarding INTRO Part I:** https://www.youtube.com/playlist?list=PLeMBJpr1eRa4WapnqACBwHOpKjPSGRJOd --> Save time and energy by having folks learn introductory concepts of PCBH during the onboarding process.
- **Dr. Beachy's BHC Onboarding Advanced Part II:** https://www.youtube.com/playlist?list=PLeMBJpr1eRa68kHL9rctf66fBE9TdND4Z --> Help clinicians during the onboarding process step up their game!
- **Clinician's Corner (Playlist for BHCs):** https://www.youtube.com/playlist?list=PLeMBJpr1eRa4wZkQ3HwF1xm6B1RktGhmv --> Videos for supporting BHCs working in integrated care.

The Tool: The Contextual Interview (CI)

- AKA – The **L**ove – **W**ork (School) – **P**lay & Health Behavior Assessment
- "TOP" priority: **T**ransdiagnostic, **O**rganized & **P**erson Centered
- Importance of practice
- Same sequence and order, every time
- NOT a checklist –a story builder
  - You're a detective trying to find the missing puzzle pieces
  - Polling
- ***The CI is a living, breathing, dynamic tool***

Contextual Interview

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, cannabis, substances, etc.)

- **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?"***

Peds CI 12+

- **Love – Work/School – Play**
  - ☐ **Living situation – exactly who's in the home (especially if in different homes) / % of time at different homes / who's raising them**
  - ☐ **Relationship status**
  - ☐ **Family (r/s of parents/guardians, attachment / relationship quality – communication development)**
  - ☐ **Friends / Peer relationships (social development & comm, too)**
  - ☐ **Belief system of family**
  - ☐ **Work/School**
    - ☐ **Income or Work of parents (financial stability)**
    - ☐ **School/Academics / Structured learning (learning, social development)**
  - ☐ **Play (Physical, social, learning, communication development)**
    - ☐ **Fun/hobbies/interests/Extra curricular (exposure to Screens / Social Media)**
- **Health Behaviors & Risk**
  - ☐ **Nutrition**
  - ☐ **Sleep**
  - ☐ **Exposure to and/or use of:**
    - ☐ **Caffeine**
    - ☐ **Nicotine**
    - ☐ **Alcohol**
    - ☐ **Marijuana**
    - ☐ **Substances**
    - ☐ **ACEs**

Peds CI 11 and under

- **Love – Work/School – Play**
  - ☐ Living situation – exactly who's in the home (especially if in different homes) / % of time at different homes / who's raising them
  - ☐ Relationship status of parents and/or guardians
  - ☐ Family (attachment / relationship quality – communication development)
  - ☐ Friends / Peer relationships (social development & comm, too)
  - ☐ Belief system of family
  - ☐ Work/School
    - ☐ Income or Work of parents (financial stability)
    - ☐ School/Academics / Structured learning (learning, social development)
  - ☐ Play (Physical, social, learning, communication development)
    - ☐ Fun/hobbies/interests (exposure to screens)
- **Health Behaviors & Risk**
  - ☐ Nutrition
  - ☐ Sleep
  - ☐ Exposure to
    - ☐ Caffeine
    - ☐ Nicotine
    - ☐ Alcohol
    - ☐ Marijuana
    - ☐ Substances
    - ☐ ACEs

ACEs → Adverse Childhood Events (major 10)

Culture & Cultural Intelligence

Context: Internal (self, others, world & TEAMS)

External Context ("Day in the life")

SDoH & Structural/systemic discrimination

Stages of Change (pre, cont, prep, action, maint)

Values (who/ what's important)

Physical Development

Emotional Development

Development – Cognitive & Language

Social Development

ACCESS-V-PEDS

SEEing

- **S**hared vulnerability
- **E**mbodied
- **E**mpathy
- inquiry
- **n**otice exceptions / moments
- **g**uiding

Clinician Expertise

C
I

Patient's Expertise

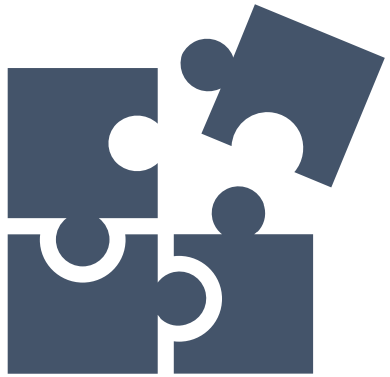
Knowledge, Assessment and **Intervention (evidenced-based)** re: Health-Related Conditions **& Conceptualization** skills

Patients' *ACCESS-V

ACCESS-V Filter

(Psycho)education, Resources, VCBxs, SMART plans

What's discussed & what's the patient going to do?



Clinician Expertise

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Patients' *ACCESS-V

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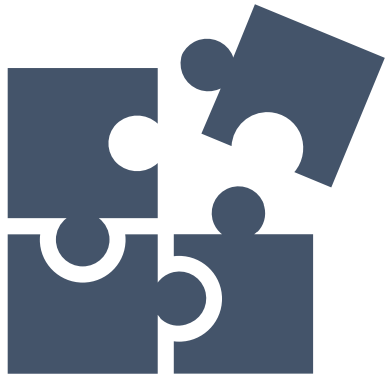
Putting it all together!



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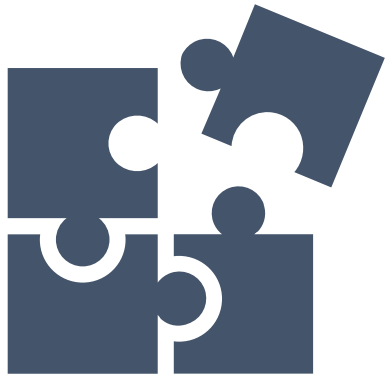
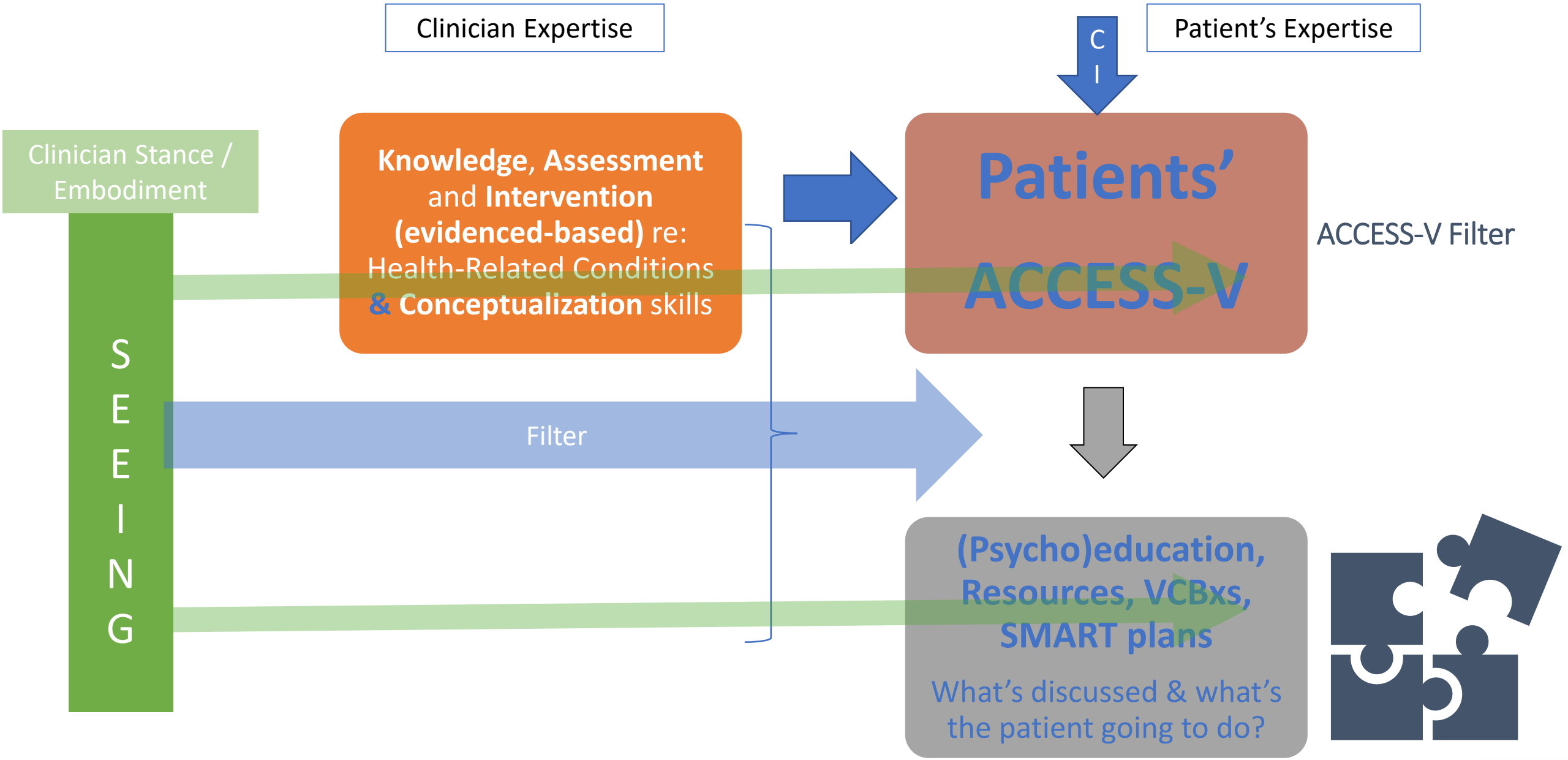


The Integrated Care Association



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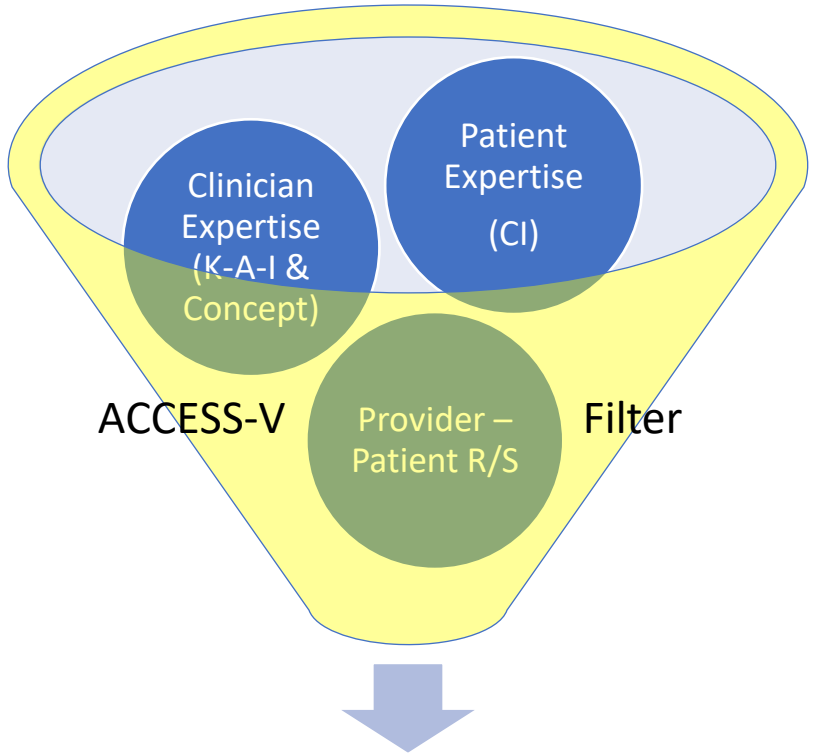

Value Congruent Bxs via SMART Plan