

Context is Key: Understanding Substance Use in Youth

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YAKIMA CONVENTION CENTER





Agenda

Introductions

Contextualism

Contextual interview

Risk factors (including ACEs) + Resiliency + Function of behavior?

What can you do?





Who I am...

Bridget Beachy, PsyD

- Licensed Clinical Psychologist
- Director of Behavioral Health for Community Health of Central Washington (Primary Care Behavioral Health; PCBH)
- Clinical role: Behavioral Health Consultant
- Teaching: Faculty for CWFWM's residency pre-doc and post doc psychology training program
- Co-owner Beachy Bauman Consulting, PLLC
 - **Roles include:** Individual consultation, organizational consultation, onsite integration of behavioral health into medical, distal trainings

Passion for helping people understand the context of the people they work with...let's do something different...let's be human...



Primary Care Behavioral Health Services at Community Health of Central Washington

CWFM

Yakima Pediatrics

Ellensburg

Highland

Naches

Primary Care Behavioral Health (PCBH) Model

(Robinson & Reiter, 2016)

Philosophy & Setting	<ul style="list-style-type: none"> • Team-based, population based health approach • Improve efficacy & efficiency of primary care • Share pods, office centrally located, exam rooms • Routine part of care
Behavioral Health Consultants (BHCs)	<ul style="list-style-type: none"> • Doctoral level psychologists • LCSWs, MHCs, LMFTs and other master's level clinicians
BHCs' Interventions	<ul style="list-style-type: none"> • Functional improvement vs symptom reduction • CBT, ACT & SFBT; Psychoeducation & coping skills
BHCs' Qualities	<ul style="list-style-type: none"> • Accessible (on demand, warm handoffs) • Generalist (sees all patients) • Highly productive (average 8-10 pts per day) • Educator (provide formal & informal training)
Nature of Visits	<ul style="list-style-type: none"> • < 30 minutes • Episodic care • 10-15% long term





Who's in the room?

Roles?

What are you hoping to learn?

What are you hoping to get out of this presentation?

What are your thoughts on youth risk factors for opioid use disorder?



It's a matter of context...

Behaviors do **not** happen in **vacuums**

- Symptoms arise due to one's context, thus, for us to intervene appropriately we must understand the context
- *Focus on the soil, rather than the seed*
- There's a function to every behavior
 - Even the seemingly most "dysfunctional" behaviors serve a purpose

Never is this more obvious than working with youth who are at risk for opioid use disorder –

If you can't imagine why this youth might be using, then you don't have enough information...

Okay, you're in agreement, but how do I get this information in an organized fashion?



*How do I know
what's in the
soil?*

Contextual
Interview:
Love,
School/Work,
Play & Health

LOVE

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

Work/School

- Income/Work/School situation

Play

- Fun/Hobbies/Relaxation

Health Behaviors

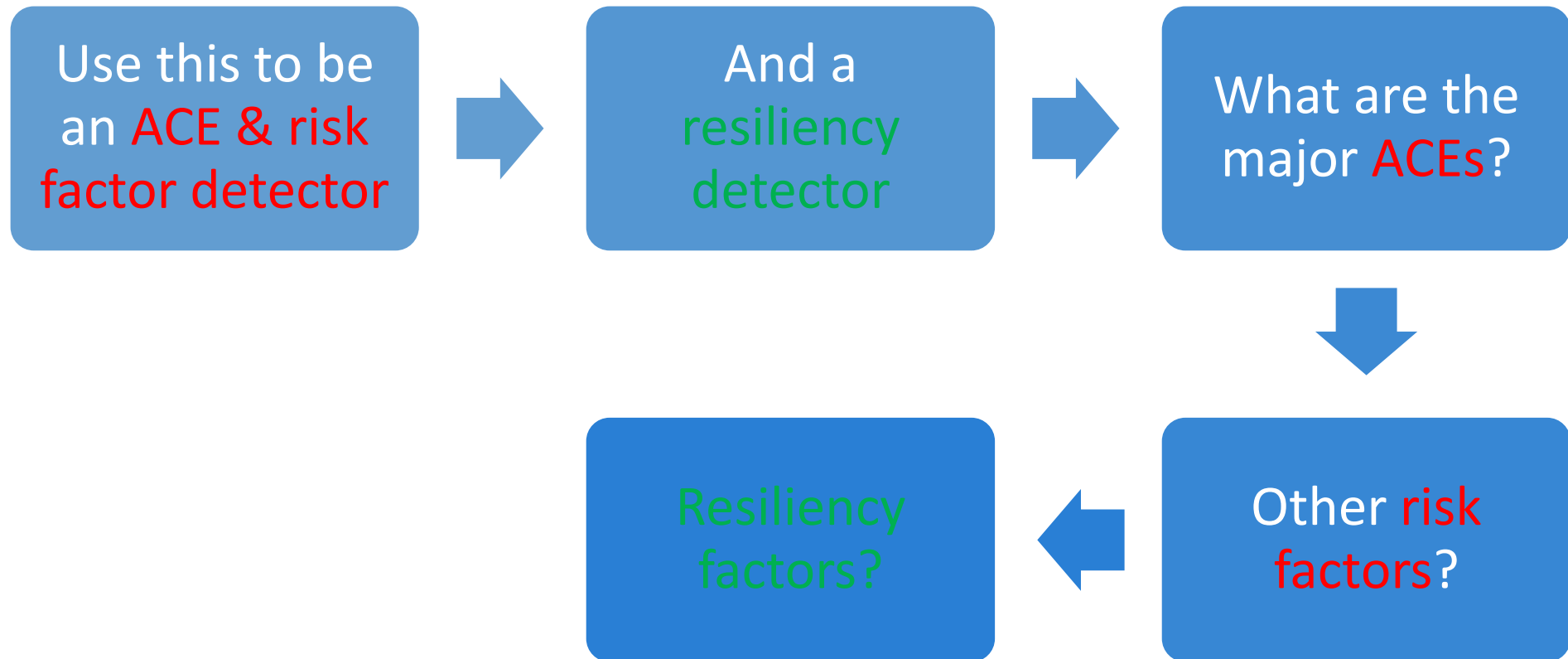
- Exercise
- Diet, supplements, medications?
- Sleep
- Sex

Health Risk

- Substance use (i.e., caffeine, cigarettes, etoh, MJ, street drugs)



Love-School/Work-Play



Let's try it!



“Katie”

Katie, 16, is a junior in high school. She lives with her mother, father & three younger siblings. She's of Mexican, Native American and Caucasian descent. Katie's father heavily uses alcohol regularly and on occasion so does her mother. Her parents often get into violent fights in front of her and her siblings. Although her father mostly becomes verbally and physically violent with her mother, he will sometimes come after Katie and her siblings. Anything could've set it off, the younger kids being too loud, Katie asking too many questions, or because he didn't like the look she gave him – she never could tell. Her extended family also struggles with alcohol & substance use disorders. Katie wasn't interested in dating and kept only a few teammates as friends because she wanted to stay as private as possible...She did confide in her older cousin. Katie was a great basketball player and mostly tolerated school so she could play sports...She'd often get scolded by teachers for “spacing out” or not participating in class. As Katie became a starter on the varsity team, her coach demanded more out of her and would often yell and get in her face. One practice she walked out and quit the team. The coach reasoned she was tired of Katie's attitude and poor grades anyway. Katie had sprained her ankle the year before and was prescribed pain pills that she never really took...they were left in the bathroom. One day, Katie's cousin found the prescription and suggested she take them because they'd help her to be less shy and more relaxed before a party...other than taking a few sips of her parents' alcohol over the years and trying cigarettes once, this is her first time taking any substances...



Let's do this
together...

ACE detector: How many ACEs does Katie have?

Other risk factors?

Resiliency factors?

What is the function of her behavior?



Practical skills! You already have a lot of them...what works?

Resist the urge of the “righting reflex” (motivational interviewing (MI), who’s heard of this?)/ roll with resistance (more MI)

Use your reflective listening (yup)

Give them a different experience with you than they’ve had

Validate those “sore areas;” while helping youth to engage in those resiliency factors

Connect with their primary care – find out organizations that have BHPs - CHCW, YNHS, YVFW



Summary

Be

Aware

- Function to every behavior
- ACEs
- Resiliency factors

Be

Inquisitive

- About their life...their context...their soil...
(Love-School/Work-Play)

Be

With them

- Unconditional positive regard
- Use MI techniques
- Validate ACEs/hardships
- Connect with sources of resiliency





Questions



More Resources & Contact Info

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Contextual interview demonstrations: <https://www.youtube.com/playlist?list=PL0TZFp-0mqRndxHEydvASy98mtFlei6KP>

More videos on PCBH YouTube:

https://www.youtube.com/channel/UCR_hf_LGVtUOoLa_KFvqvtQ

LinkedIn: <https://www.linkedin.com/company/18708631/admin/>

Twitter: <https://twitter.com/pcbhlife>

Facebook: <https://www.facebook.com/mountainviewconsulting/>

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Bonus Slides!





What are ACEs?

- Adverse Childhood Events
 - Abuse
 - Emotional
 - Physical
 - Sexual
 - Neglect
 - Emotional
 - Physical
 - Household Dysfunction
 - Substance use in household
 - Mental illness use in household
 - DV in household
 - Imprisonment of household members
 - Parental separation/discord
- Other factors: bullying, systemic racism other minority status, historic traumas



(SKIP) ACEs are linked with...

*Why would they be
linked to BOTH
substance use and
mental health?*

https://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html

Behaviors

- Lack of physical activity
- Smoking
- Alcoholism
- Drug use
- Missed work
- Earlier initiation of sexual activity

Physical & Mental Health

- Severe obesity
- Diabetes
- Depression
- Suicide attempts
- STDs
- Unintended pregnancies
- Academic achievement
- Heart disease
- Cancer
- Stroke
- COPD
- Broken Bones
- Risk of fetal death
- Risk of DV



Resiliency factors?

Over and over again – it's connection with a trusted adult

- Family member
- Coach
- Teacher
- Mentor
- What else?

