

# Whatchamacallits

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Integrated Behavioral Health



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# Road Map



1. Why this webinar series?
2. Self-Awareness and Worldview
3. 8 Clinical Skills for Anyone!
4. Wrap Up



# The Crisis (HRSA)

- In 2022, about 59 million U.S. adults (23% of all U.S. adults) had a mental illness.
  - *Nearly half of them did not receive treatment.*
- 6 in 10 psychologists do not accept new patients.
- The **national** average wait time for BH services is 48 days.



# Workforce Shortage (HRSA)

**Table 3. Percentage of U.S. Rural and Urban Counties Without Behavioral Health Providers, 2021**

| Profession                                   | Rural Counties | Urban Counties |
|----------------------------------------------|----------------|----------------|
| Psychiatric mental health nurse practitioner | 69%            | 31%            |
| Psychologist                                 | 45%            | 16%            |
| Social worker                                | 22%            | 5%             |
| Counselor                                    | 18%            | 5%             |

Source: Data Briefs by WWAMI Rural Health Research Center at the University of Washington.



# Isolation and Access

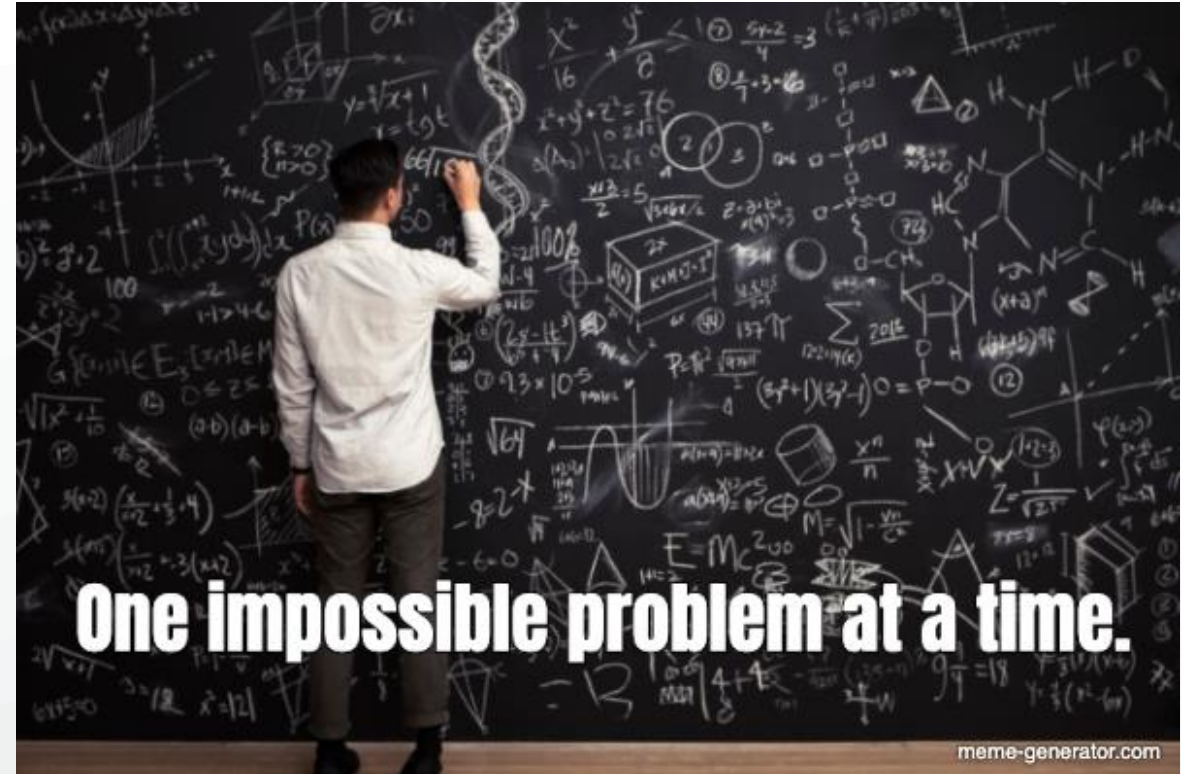


- ❑ Montana has 56 counties.
- ❑ 34 are rural.
- ❑ 46 have 6 or fewer people per square mile,
  - ❑ They are "frontier".



# Exasperating That...

- Decades of bias and stigma impacting individuals' ability to engage in services
  - Pull yourself up by the bootstraps!
  - Cultural opinion
- Social Drivers of Health barriers
  - Lack of insurance coverage or financial burden
  - Lack of transportation
  - Lack of internet or phone service
- Lack of training in Evidence Based Practices that match our context

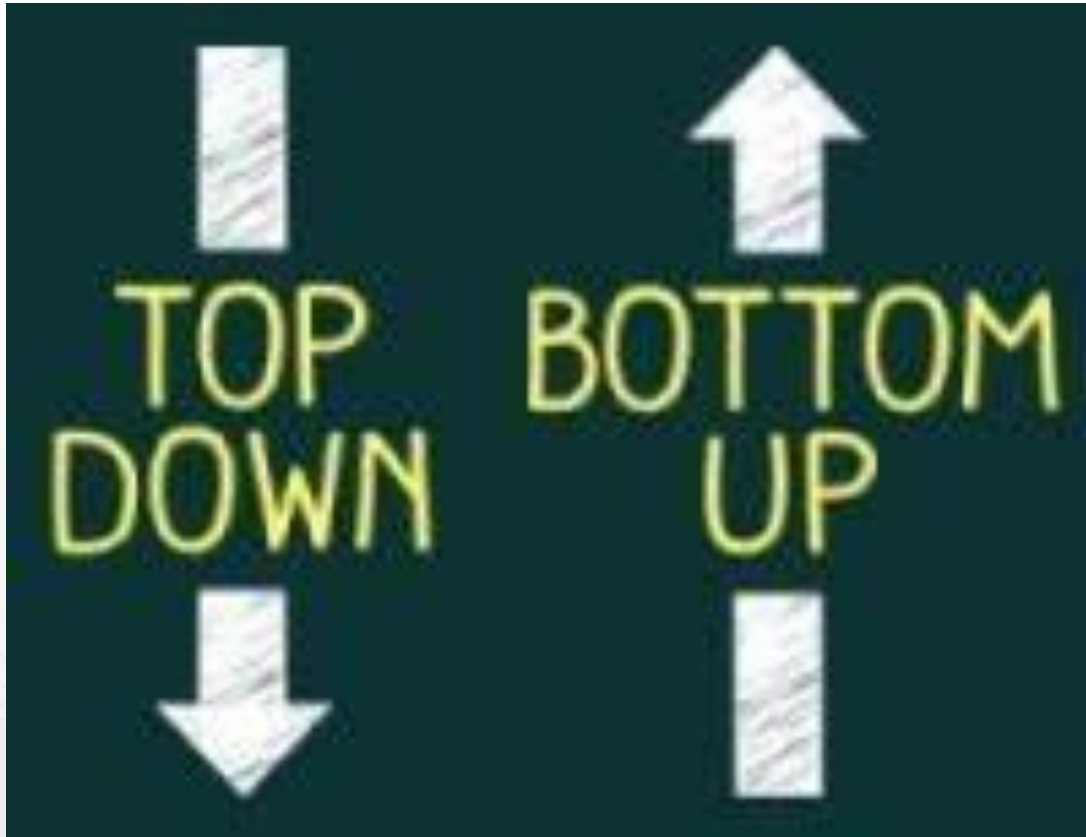


# AND Exasperating That...

- Emotions are contagious
- And chaos and negativity sell
- We ALL are experiencing the mental health crisis
  - Supervisors
  - Employees
  - Baristas
  - Cosmetologists
  - HR Directors
  - Union Reps
  - Carpenters
  - Dentists
  - Parents
  - Students
  - Teachers
  - Bus Drivers
  - EVERYONE



# Top-Down



- The policy and system changes necessary to see movement will take years...decades...
  - And isn't guaranteed to happen...
  - May or may not see affordable insurance
  - May or may not see increased wages for professionals working in mental health and substance use
  - May or may not see increased funding to mental health and substance use treatment
- In the meantime, how do we meet patient needs now?



# Mobilize!

- Enter YOU (whatchamallits)!
- We have long wait lists to access healthcare.
- We have lack of **resources** and licensed individuals.
- Licensed individuals **know** that there are foundational skills that anyone can do and help a person in need.
- And waiting for top-down action could be years out -- perpetuating the crisis.
- Unfortunately, many of us have not done the best job (due to time and crisis etc) of directly communicating HOW and WHAT the YOU can do which leads to more burnout and hopelessness...
  - I'm sorry!!



# Side Note - Resources

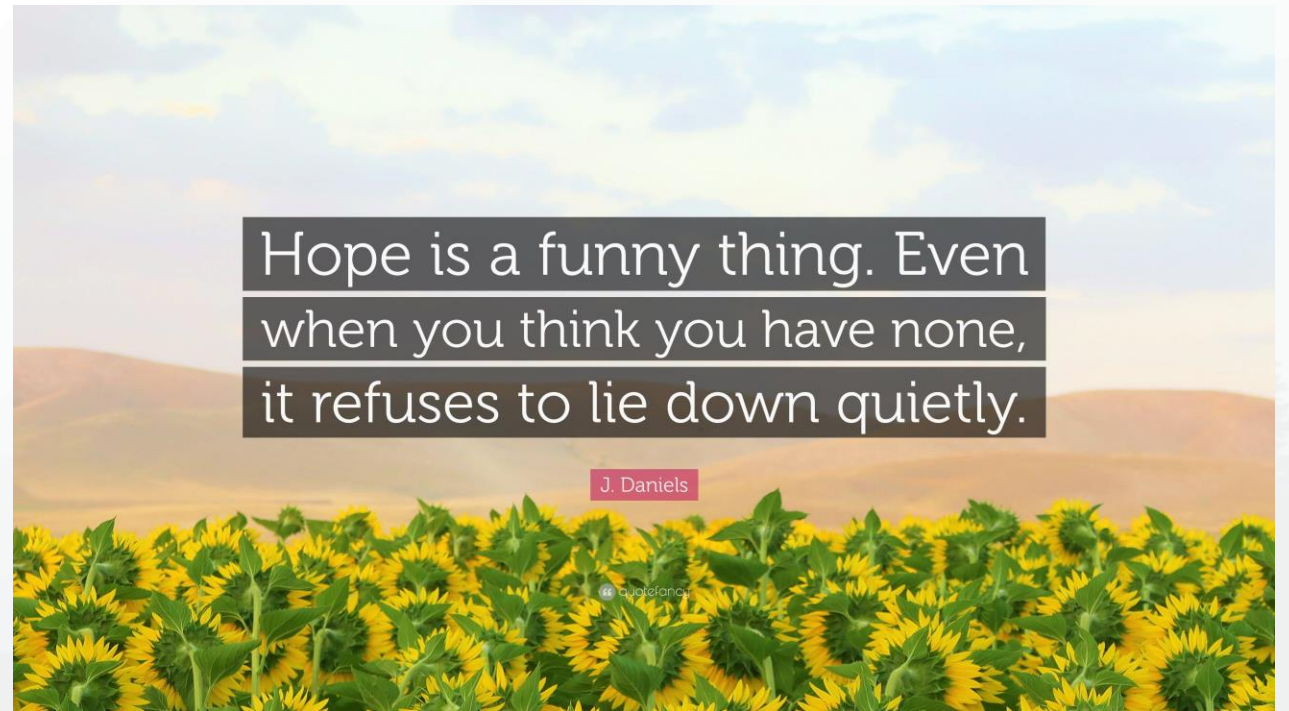


- Many of us are using whatchamacallits for screening Social Drivers of Health and then **connecting** to resources.
- Resources that we lack...which is another source of burnout.
- So, our focus in this series will be on **foundational skills** for a **non-clinician** that will support you as you support other humans.
  - Instead of squeezing blood from a turnip.



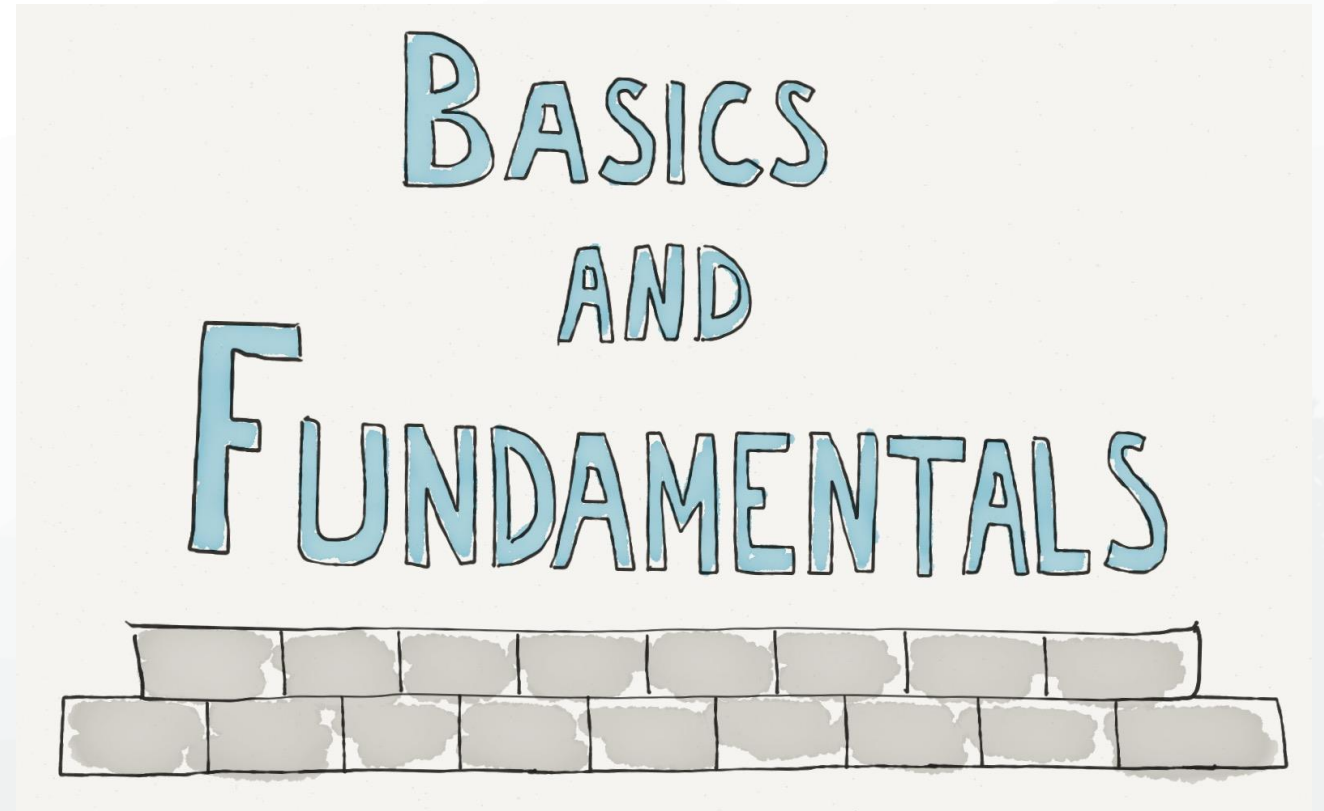
## Side Note #2 – We are ALL Frickin’ Tired

- Yet here you are!
- Assume the best of one another.
- Assess if this is right for you.



## 8 Clinical Skills

1. Accurate Empathy
2. Hope
3. Positive Regard
4. Acceptance
5. Shared Goals
6. Evocation
7. Offering Information and Advice
8. **Genuineness**



# What's your Worldview?



- What you believe about the world and humans impacts your work with them.
- Take a moment and check yourself as you are working with others – what thoughts are you having about them and their situation?



# Stigma and Bias



- Helping professionals usually come into the profession due to some sort of personal experience
- That experience sits with us whether we realize it or not
- And impacts our work
- Our brain sorts experiences so that it can process quickly
- How our brain interprets the situation as positive or negative imprints and can give us implicit bias without even knowing it.
- It's not good or bad – it just is – so we have to be aware of this in our helping professions



# Assessing Bias

- Ask yourself – Do I have a patient or “type” of patient that I dread working with? Or that makes me especially tired or frustrated?
- What is it about that individual or their context that is difficult for you to sit with?
- Do you have a personal belief that is impacting your thoughts around working with this type of patient?
- ***See people as individuals.***



# Warning Signs:

It's ok to disagree with me.  
I can't force you  
to be right.



som<sup>ee</sup>cards  
user card

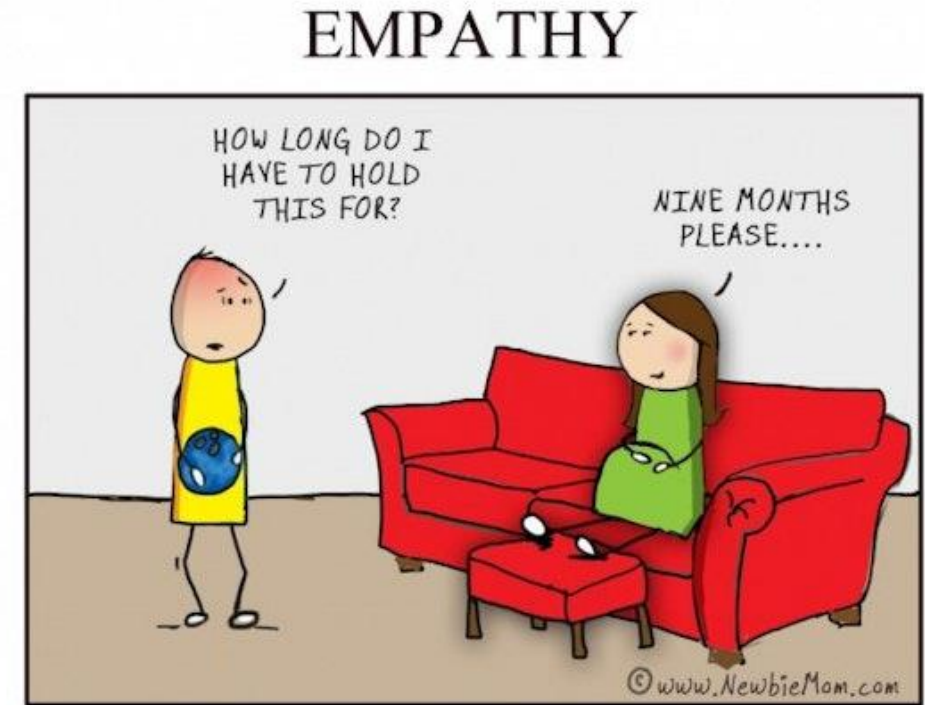
1. When you've been in a similar situation.
2. When you begin telling a patient/client what they **should** be doing, and you believe they are **resistant** if they don't agree with you.
3. Or when you interpret that they don't want to improve because they aren't doing what **you** recommended.
4. When you are trying to persuade someone to do what you believe is right.
5. When you feel fed up working with this patient or patient population.



# Accurate Empathy

So now that you've checked in with yourself – let's get to work.

1. Listening is much more important than anything you say.
2. Listen to understand, not to respond.
3. Be curious.

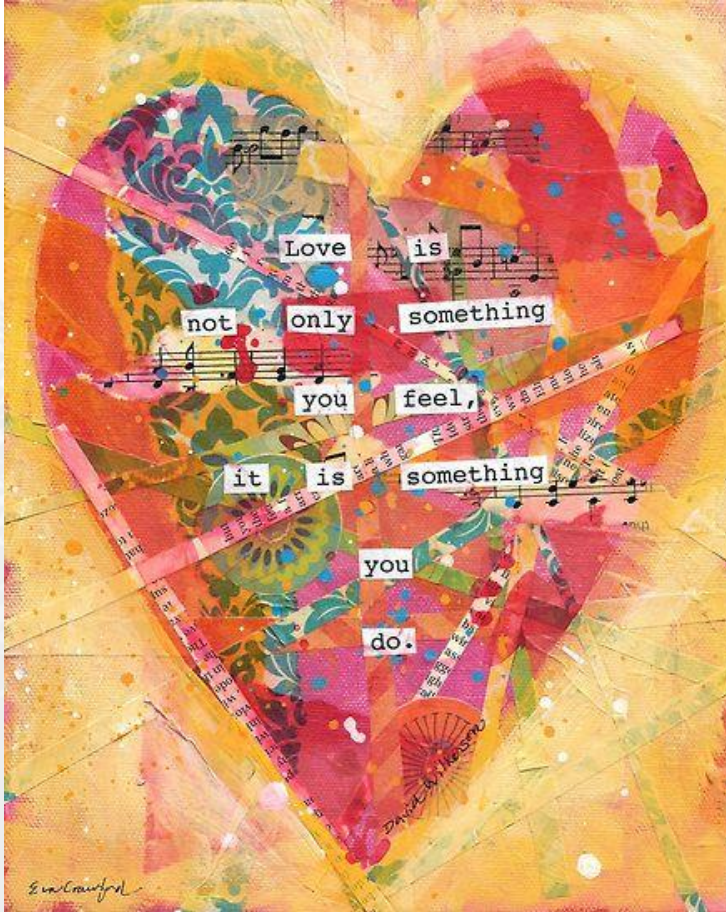


# Shared Goals

- We have ideas about what a “good life” looks like based on the context of our lives...
- When we are working with people, are we working on what they want to work on or what **we** believe they should work on?
- And how are we measuring “success?”
- More details on focusing and goal setting later in the series...



# Be Genuine

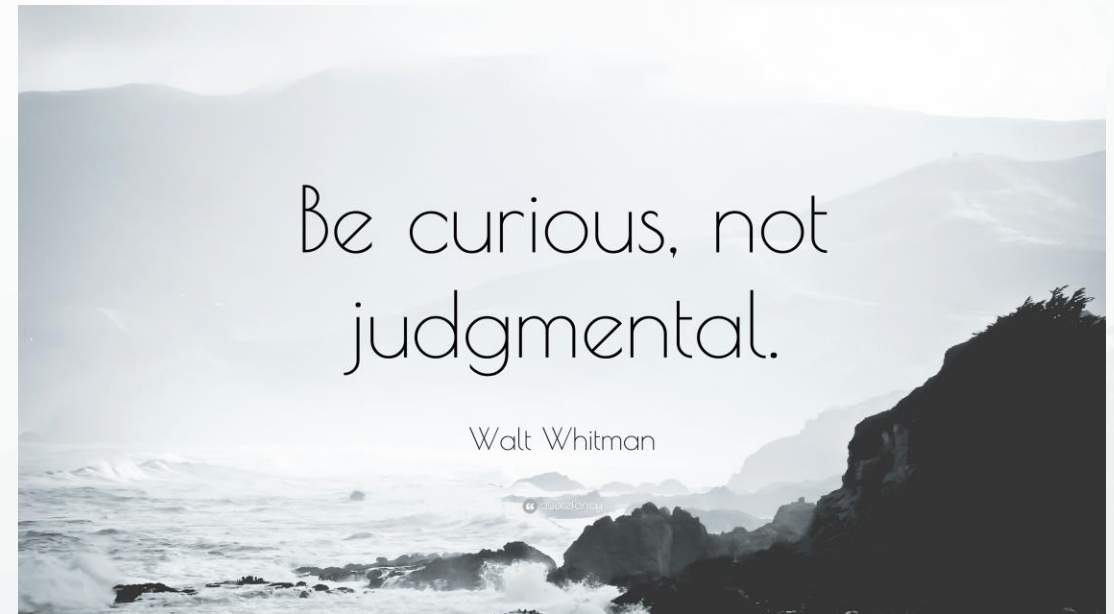


- Often new helping professionals want to “say the right things”
- That’s why we check our worldview first.
- Then listen with genuine curiosity about the individual we are with.
- Because the words will come based in our beliefs.



# Reflective Listening

- As you listen, challenge yourself to ask as few questions as you can and instead repeat a key phrase you heard...
- Ex) "You were referred to my service by \_\_\_\_\_. She mentioned you are struggling with \_\_\_\_\_."  
\*Pause\*
  - People will almost always take it from there if you pause.
  - Now just be curious and gain as much detail as possible.



# Non-Verbal Language

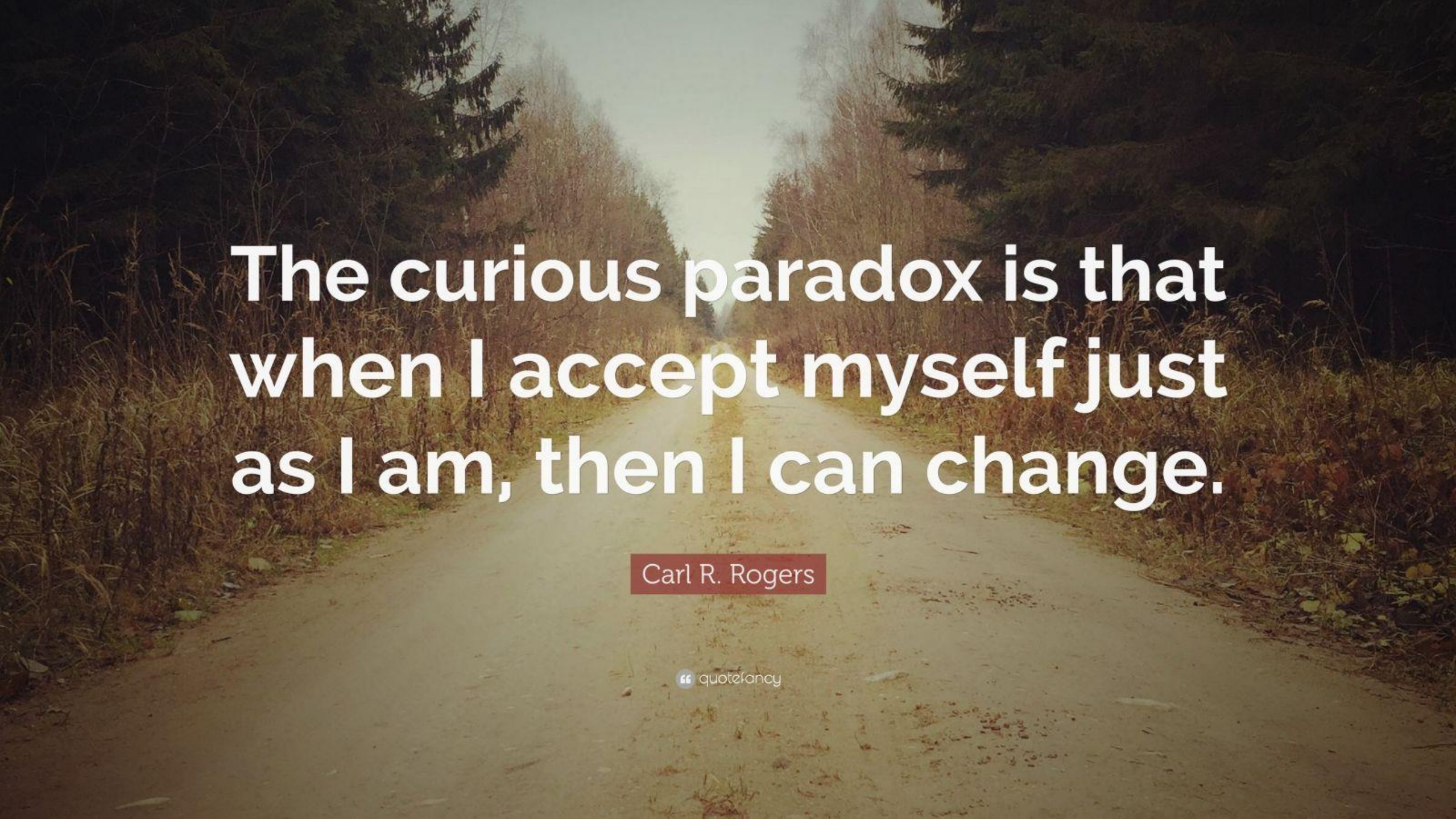
- How will you show this person positive regard?
- Eye contact or not? (Based on culture)
- Smiles, changes in your emotions as appropriate
- Non-judgement of what you are told
- Leaning forward
- Attunement



# Sidenote #3 – Trauma and Survival

- People who have survived trauma are **excellent** at reading non-verbal cues.
- That's how they survive.
- Check your thoughts because people can read you well and tell if you are genuine.
- If you can't be genuinely **accepting** of the patient you are working with, staff with your supervisor immediately.



A dirt road winding through a forest with autumn foliage. The road is light brown and leads into the distance, flanked by trees with yellow and orange leaves. The sky is overcast and grey.

**The curious paradox is that  
when I accept myself just  
as I am, then I can change.**

Carl R. Rogers

# When in Doubt - Evoke

- ***All people have inherent strength and capability.***
- Summarize what the individual has told you.
  - Then normalize – “Anyone going through \_\_\_\_ would feel this way.”
  - “Are there times that even though you are going through \_\_\_\_, that it is a little easier?”
  - Or summarize drawing on the strengths you heard.
- “You have been through so much. How have you made it this far?”
  - Focusing on Resilience; Validate; “Where did you learn that?”



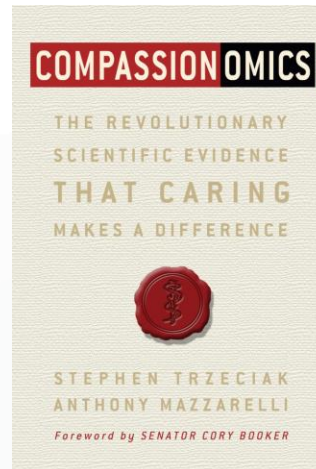
# Hope

- Without being a cheerleader...
- You're not trying to "fix" anything
- You are helping the person find their inner strength
- Believing that a person has existing strengths and resources
- ***Empowering*** the individual to access their resilience



# Compassion

- 80% higher odds of better blood sugar control in patients with diabetes
- Pt with a common cold had improved symptoms
- Pts more likely to take medications
- Lower Healthcare Costs



- 56% of physicians believe they do not have time for compassion
- 40 seconds of compassion makes a meaningful difference for patients
  - Powerful to the workers delivering compassion also
  - Triggers reward pathways in the brain



# Offering Info and Advice

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**"You have to learn about thousands of diseases, but I only have to focus on fixing what's wrong with ME! Now which one of us do you think is the expert?"**

1. Make sure that this is reasonable in the person's context!
2. "What have you tried already?"
  1. Offering the same info they already know is frustrating.
3. Ask, Offer, Ask
4. "Can I tell you what I know about \_\_\_\_\_?"
5. If they say yes – respond. If they say no – stop.
6. Give at least 3 things that could be helpful.
7. Then ask again, "What do you think?"
8. More practice during MI next week.



# Break Out Groups



- ☐ Let's take a few minutes to process in groups of about 5 people.
- ☐ Consider one person or situation that is a challenge to you. (DO NOT GIVE PHI)
- ☐ What have you already tried?
- ☐ Has that worked?
- ☐ What suggestions do others have for you?



# Next Time

Wednesday, November, 19<sup>th</sup> 9:00-10:00

Session 2: Why Won't They Listen to Me?!

A quick overview of Motivational Interviewing – the Spirit of Motivational Interviewing and why it is the most important skill for any helping professional.

If you have questions or comments, please email me!

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