

Whatchamacallits

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Integrated Behavioral Health



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

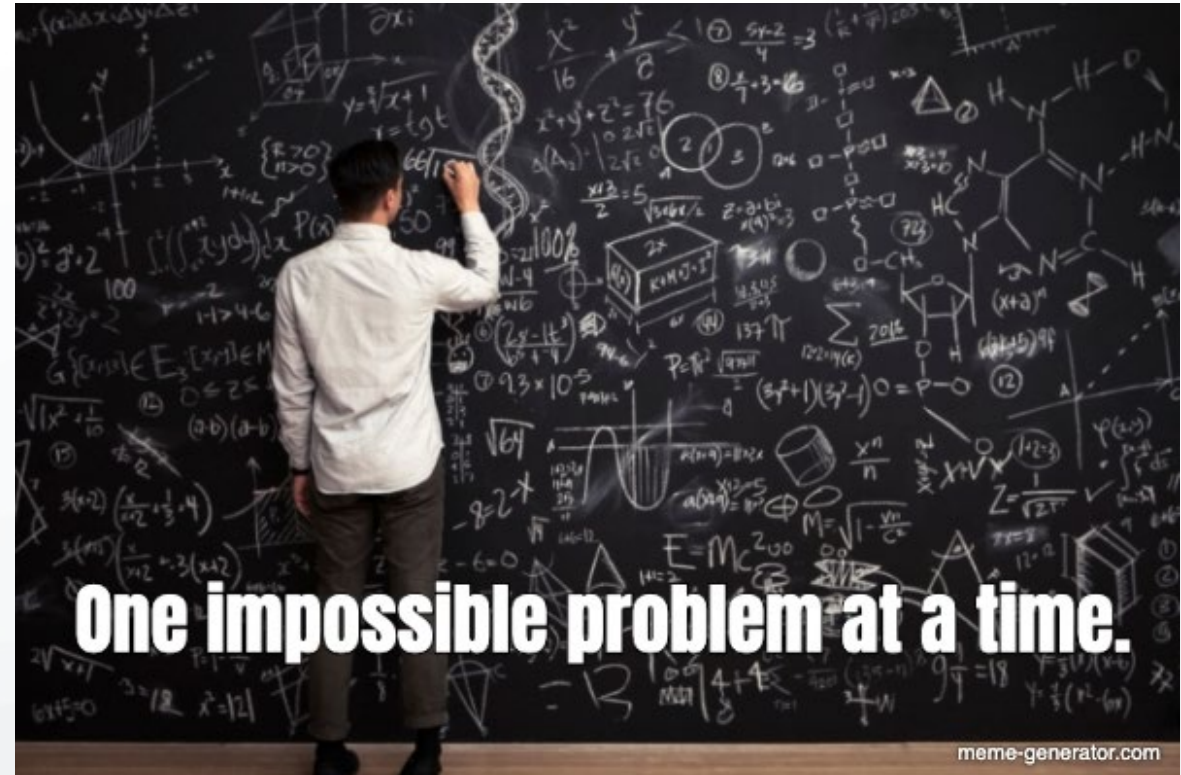


- ❑ Montana has 56 counties.
- ❑ 34 are rural.
- ❑ 46 have 6 or fewer people per square mile,
 - ❑ They are "frontier".

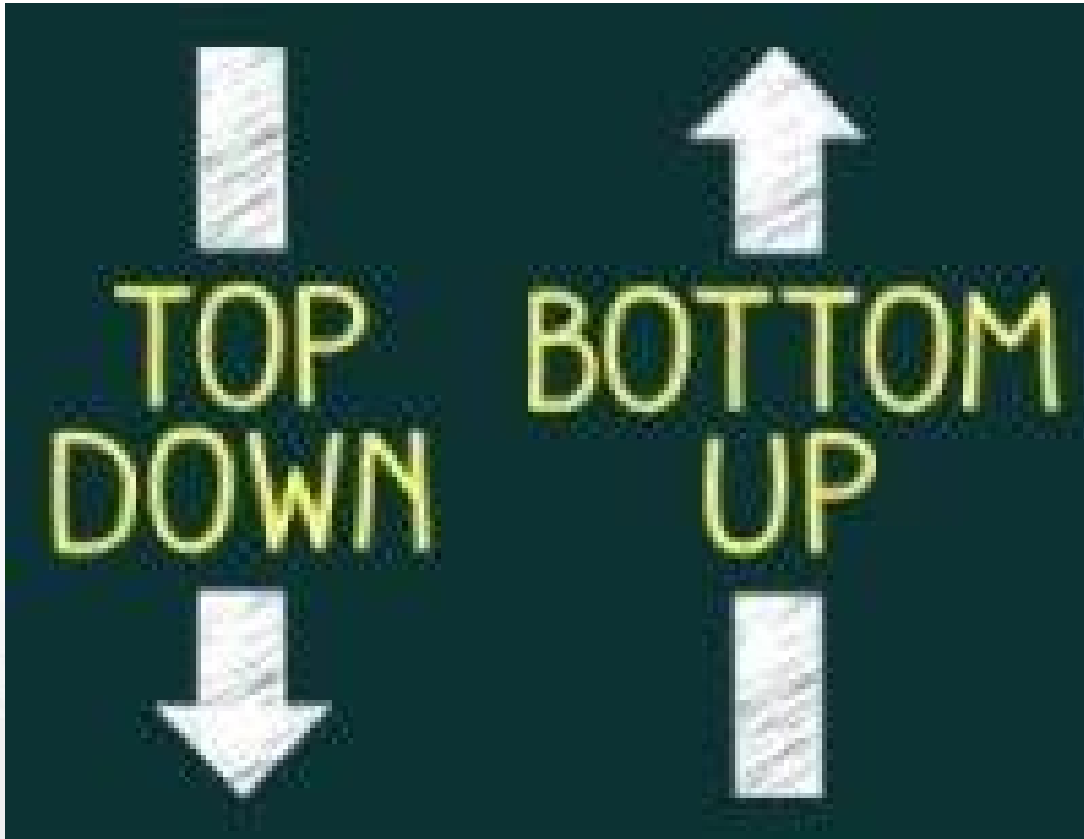


Exasperating That...

- Decades of bias and stigma impacting individuals' ability to engage in services
 - Pull yourself up by the bootstraps!
 - Parity in coverage...
 - 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



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 Medicaid Expansion
 - 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?

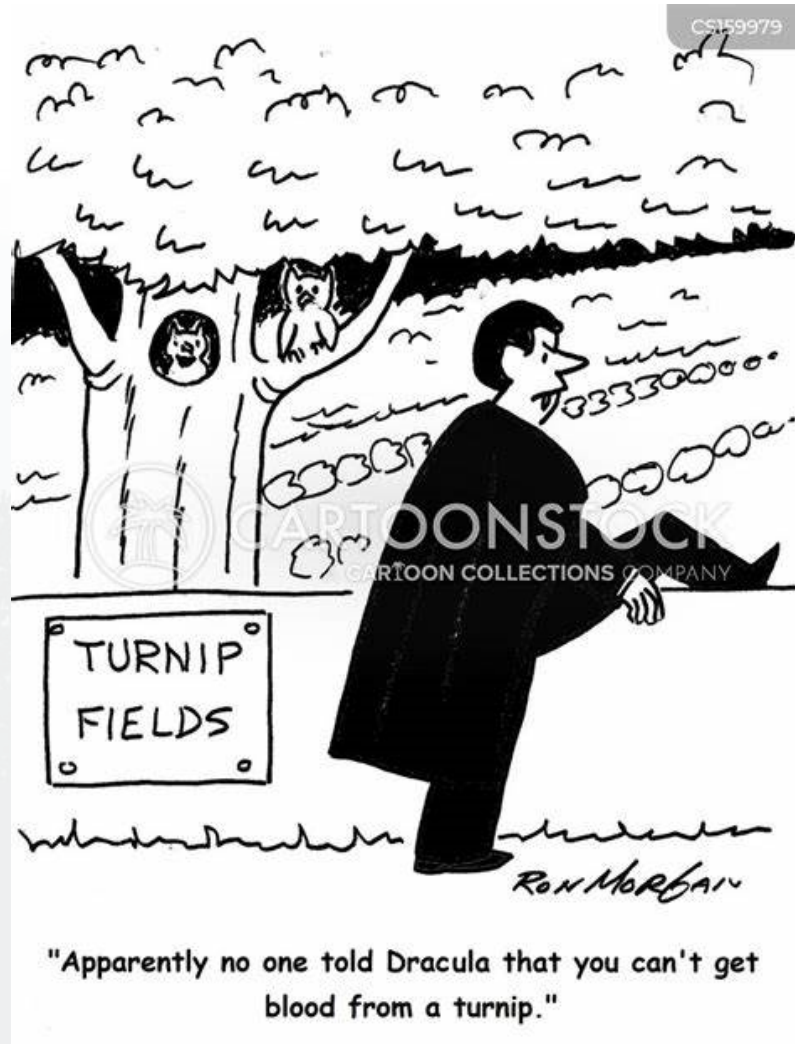


Mobilize!

- Enter whatchamacallits
- We have long waits to access healthcare of all sorts.
- We have lack of resources and lack of licensed individuals.
- Licensed individuals know that there are some foundational skills that anyone could benefit from.
- 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 paraprofessionals can do leading to burnout of our paraprofessionals...
 - I'm sorry!!



Side Note - Resources

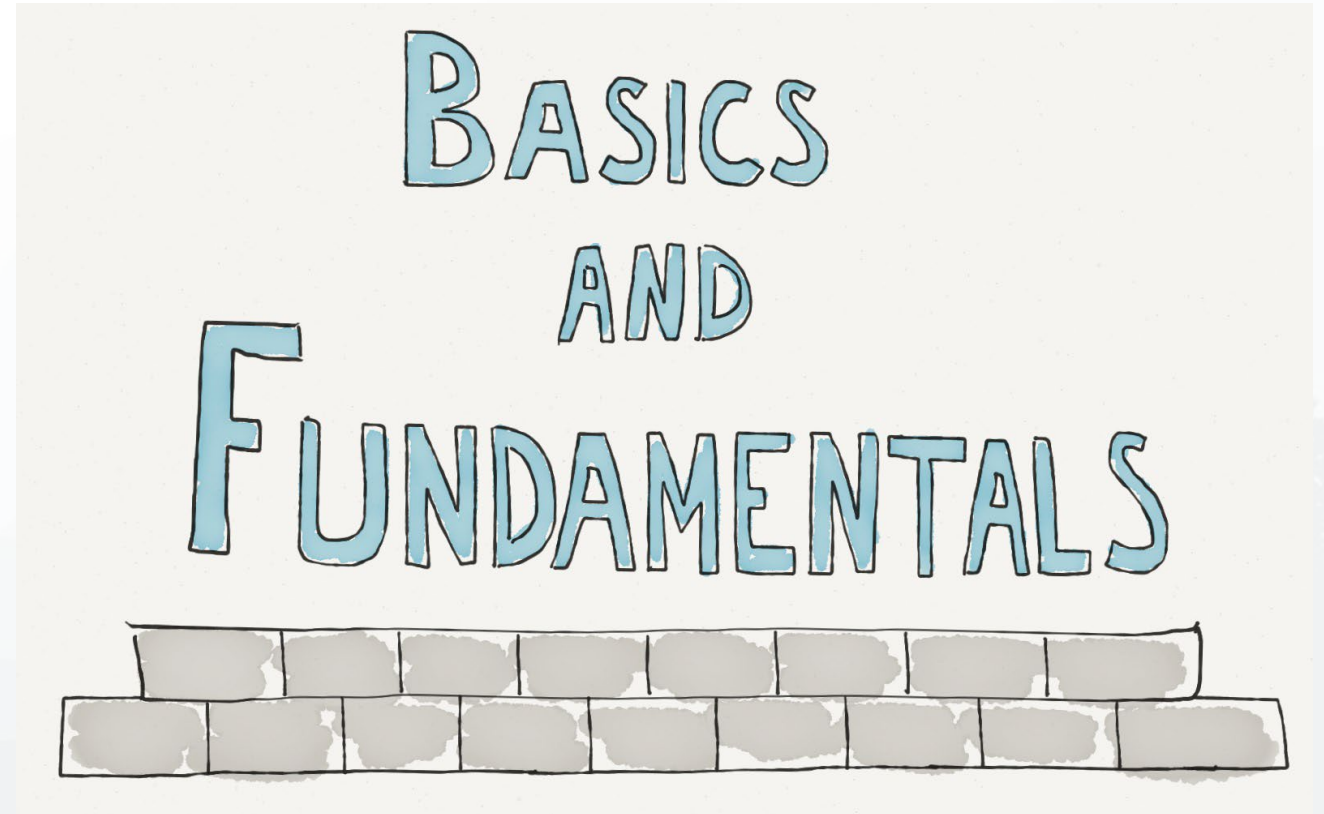


- Many of us are using our paraprofessionals for assessing Social Drivers of Health and then connecting to resources.
- However, we have a severe lack of resources in our state right now which is another source of burnout to professionals and patients alike.
- So our focus in this series will be on foundational skills for a non-clinician that will support you as you support patients/clients.
 - Instead of squeezing blood from a turnip.



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?



Shared Goals

- We have ideas about what a “good life” looks like based on the context of our lives...
- When we are working with patients, 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...



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.

someecards
user card



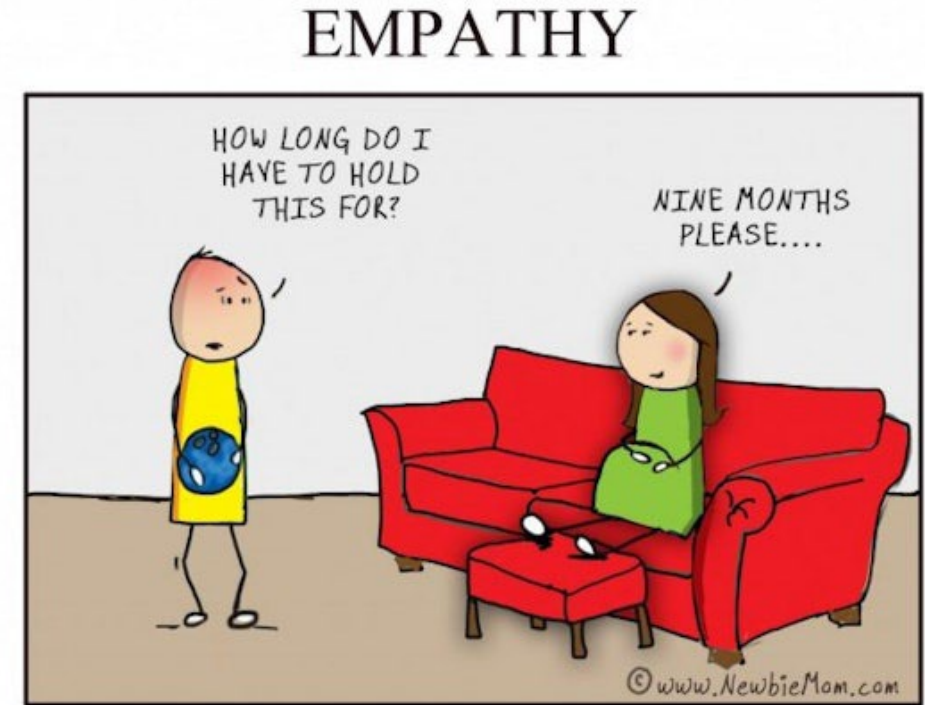
1. When you've been in a similar situation.
2. When you begin telling a patient/client what they should be doing, and you believe they are resistant if they don't agree with you.
3. Or when you interpret that they don't want to improve because they aren't doing what you recommended.
4. When you are trying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



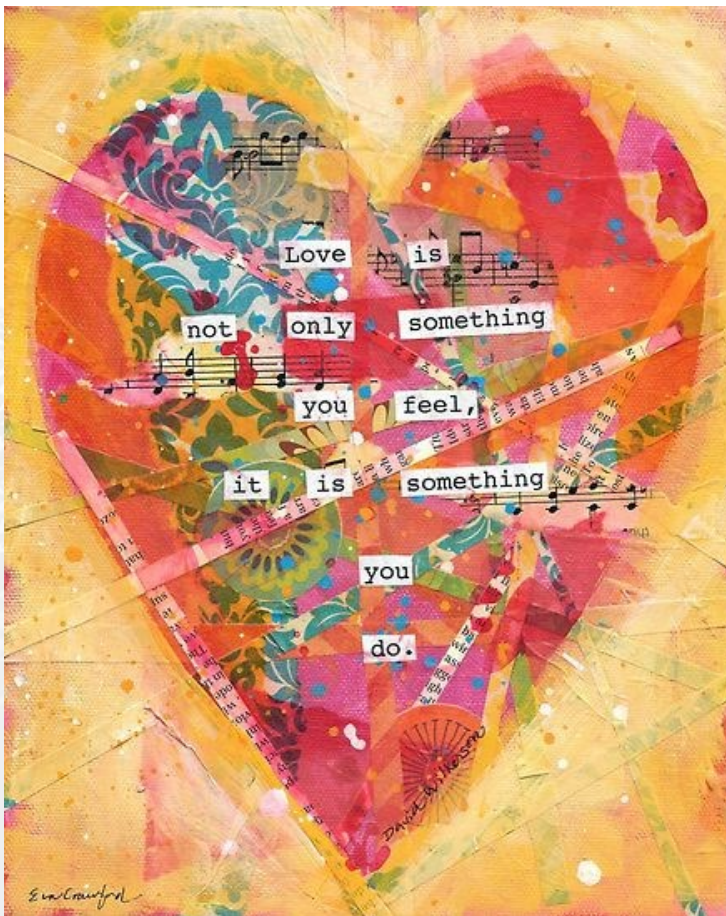
Accurate Empathy

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.



Be Genuine

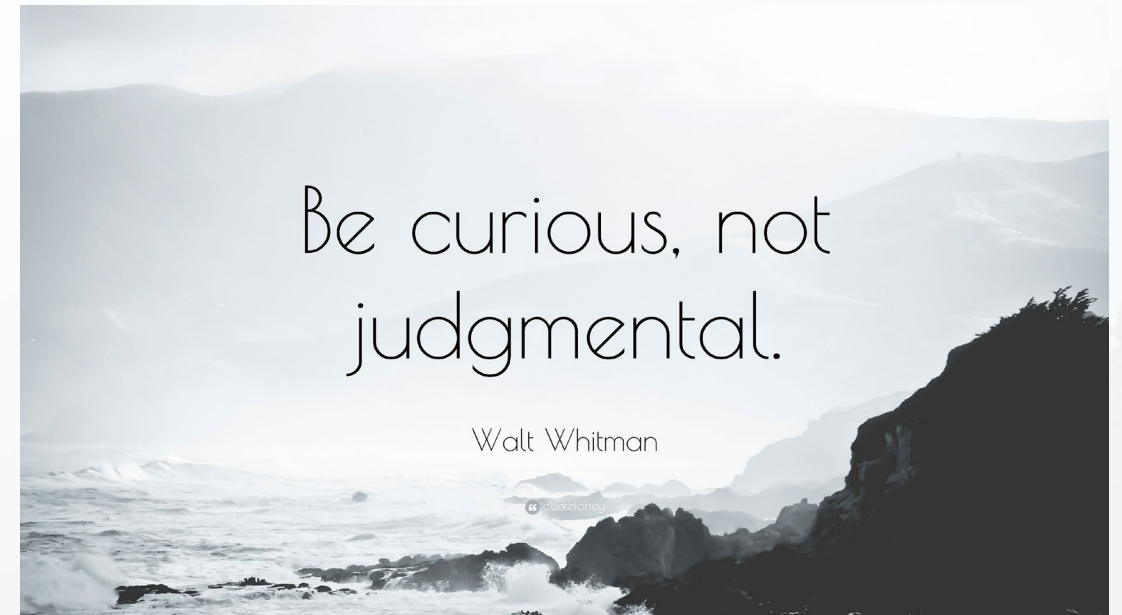


- Often new helping professionals want to “say the right things”
- That’s why we check our worldview first.
- Then listen with genuine curiosity about the individual we are with.
- Because the words will come based in our beliefs.



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 – Trauma and Survival

- People that have survived trauma are excellent at reading non-verbal cues.
- This is 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 winds through a forest with autumn foliage. The trees are mostly bare, with some evergreens visible on the right. The ground is covered in fallen leaves and grass. 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?”



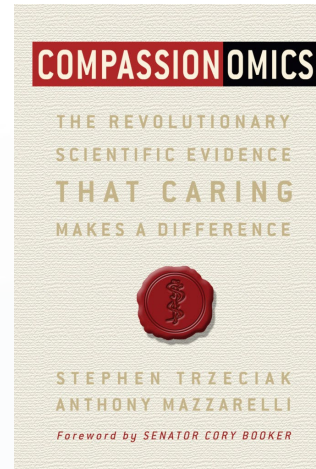
Hope

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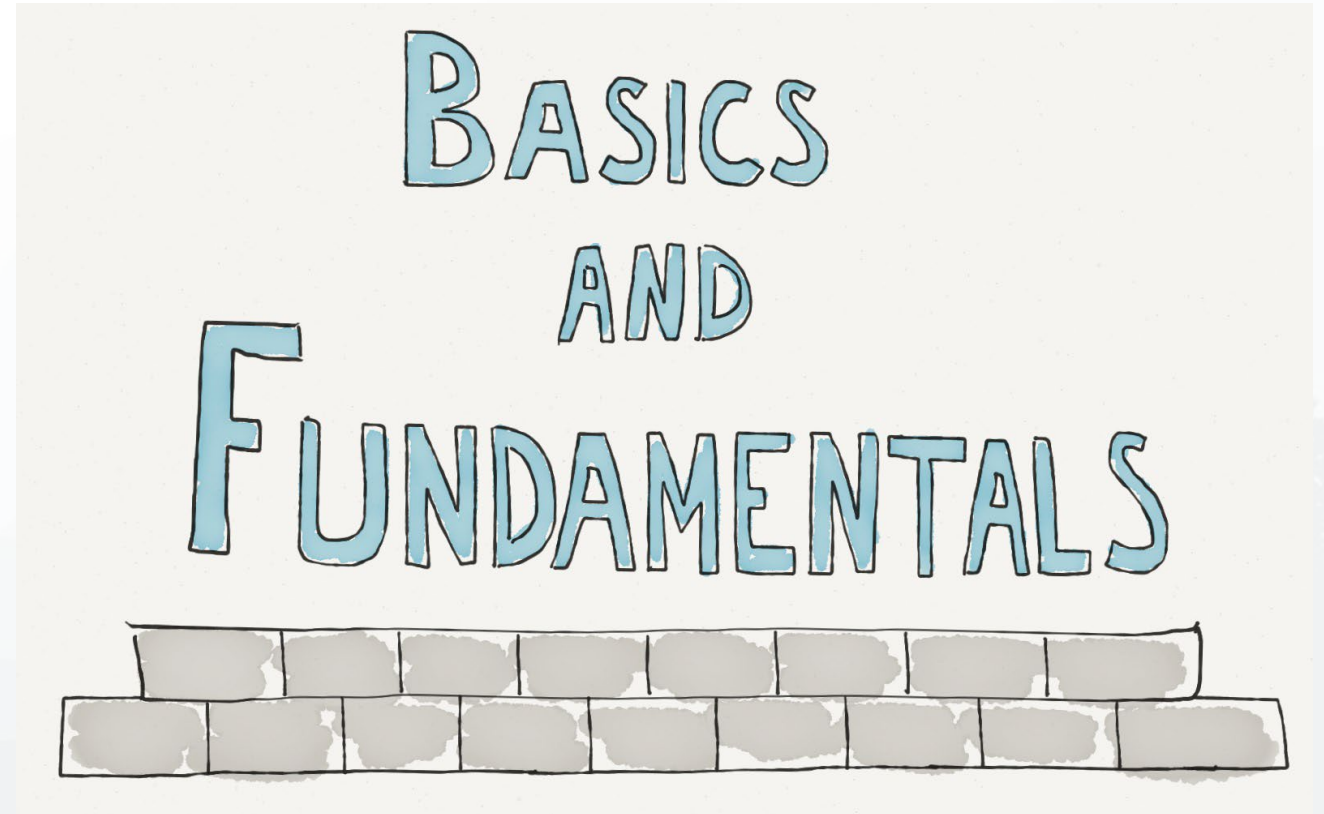
"You have to learn about thousands of diseases, but I only have to focus on fixing what's wrong with ME! Now which one of us do you think is the expert?"

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.



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Break Out Groups



- ☐ Let's take a few minutes to process in groups of about 5 people.
- ☐ Consider one patient 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, October 23rd 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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