



# Values-Based Care Training

October 9<sup>th</sup> and 10<sup>th</sup>, 2017

Patient Care Intervention Center

Baylor College of Medicine

Houston, TX

Baylor  
College of  
Medicine

UNIVERSITY OF  
Southampton

# Schedule—Day 1

Time	Content
8:00-8:15	Introductions, Aims, Overview
8:15-10:00	Cognitive-behavioural model
10:00-10:15	Coffee Break
10:15-12:00	Complex Trauma
12:00-1:00	Lunch
1:00-2:30	Facilitating change
2:30-2:45	Coffee break
2:45-3:45	Facilitating change continued, Attachment
3:45-4:00	Day 1 review (Please bring smartphones/tablet for Day 2)

# Schedule—Day 2

Time	Content
8:00-8:15	Aims, Overview
8:15-10:00	Values tool
10:00-10:15	Coffee break
10:15-12:00	Values tool continued
12:00-1:00	Lunch
1:00-2:30	Assessment & Evaluation
2:30-2:45	Coffee break
2:45-3:15	Reflective practice
3:15-3:45	Group activity
3:45-4:00	Training evaluation survey

# Introduction to Faculty

- ▶ **Stephanie L. Barker, PhD Candidate 2017**

*Department of Clinical Psychology, University of Southampton, UK*

- ▶ **Nick Maguire, DClin Psych**

*Associate Professor of Clinical Psychology, University of Southampton, UK*

- ▶ **Mark Sperber, MA LPC-S LMFT, LCDC**

*Baylor College of Medicine*

- ▶ **David S. Buck, MD, MPH**

*Professor, Baylor College of Medicine*

*President, Patient Care Intervention Center*



# Why We're Here:

- ▶ **High-Need, High-Cost (HNHC)**, or complex patients
  - ▶ Suffer from multiple chronic illnesses
  - ▶ Lack connections to social/behavioral resources

**5% of the population is responsible for 50% of healthcare spending**

- ▶ The US spent \$3.2 trillion on healthcare in 2015
- ▶ \$1.6 trillion of that was spent by 50% of the population

# Why We're Here:

- ▶ Harris County's annual healthcare spend: \$9.5B\*
  - ▶ HNHC represent \$4.75B, of which at least 12% could be avoided
  - ▶ (\$570M in savings by conservative estimates)
- ▶ E.g.: 1 hospital's highest 53 super-users received care at 36 different hospitals in 1 year!
  - ▶ These clients cost one hospital \$8.6M and the health system \$20.2 million overall (underestimate)

\*Based on Harris County 22% population (4.59M persons) and state of Texas healthcare spend: \$42.9B (2015)

# Patient Care Intervention Center



- ▶ **MISSION**: To **improve healthcare quality and costs** for the vulnerable in our community through **data integration** and **care coordination**.
- ▶ **VISION**: We envision a **coordinated health safety-net** where all stakeholders **share data** to make **better decisions**.

# Building a Unified Safety Net

- ▶ To improve care for complex patients





# Values in Practice

- ▶ Our research, intervention, and technology teams came together over the concept of **values-based** practice
  - ▶ Grounded in our work on the street: Goal Negotiated Care
  - ▶ Values-based care planning and reflective practice
- ▶ Essential to include patient/client values and provider/care manager input

# Represented Institutions

- ▶ Baylor College of Medicine
- ▶ Harris Health System
- ▶ Healthcare for the Homeless-Houston
- ▶ Houston Methodist Hospital
- ▶ Houston Recovery Center
- ▶ Patient Care Intervention Center
- ▶ Star of Hope Mission
- ▶ University of Southampton - England

# A values-based approach to change for people **with complex needs**

Nick Maguire  
Stephanie Barker  
Mark Sperber

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Southampton

# Aims and learning outcomes

## Aim

- ▶ Methods and strategies for using cognitive-behavioral and complex trauma frameworks to gain a greater understanding of why people with complex needs behave in a way that seems self-destructive
- ▶ A values-driven approach is supported by a good understanding of cognitive-behavioral methods

## Learning outcomes

- ▶ Enable participants to understand their own emotions and behaviors related to these complex situations
- ▶ Acquire and improve skills related to 1) metacognitive awareness and 2) perception of small increments of change



Do you have any hopes for the day?

Is there anything you hope to go away having learned or understanding?

Do you have any fears about the training?

# Cognitive Behavioral Approach

# Working with people who have complex needs

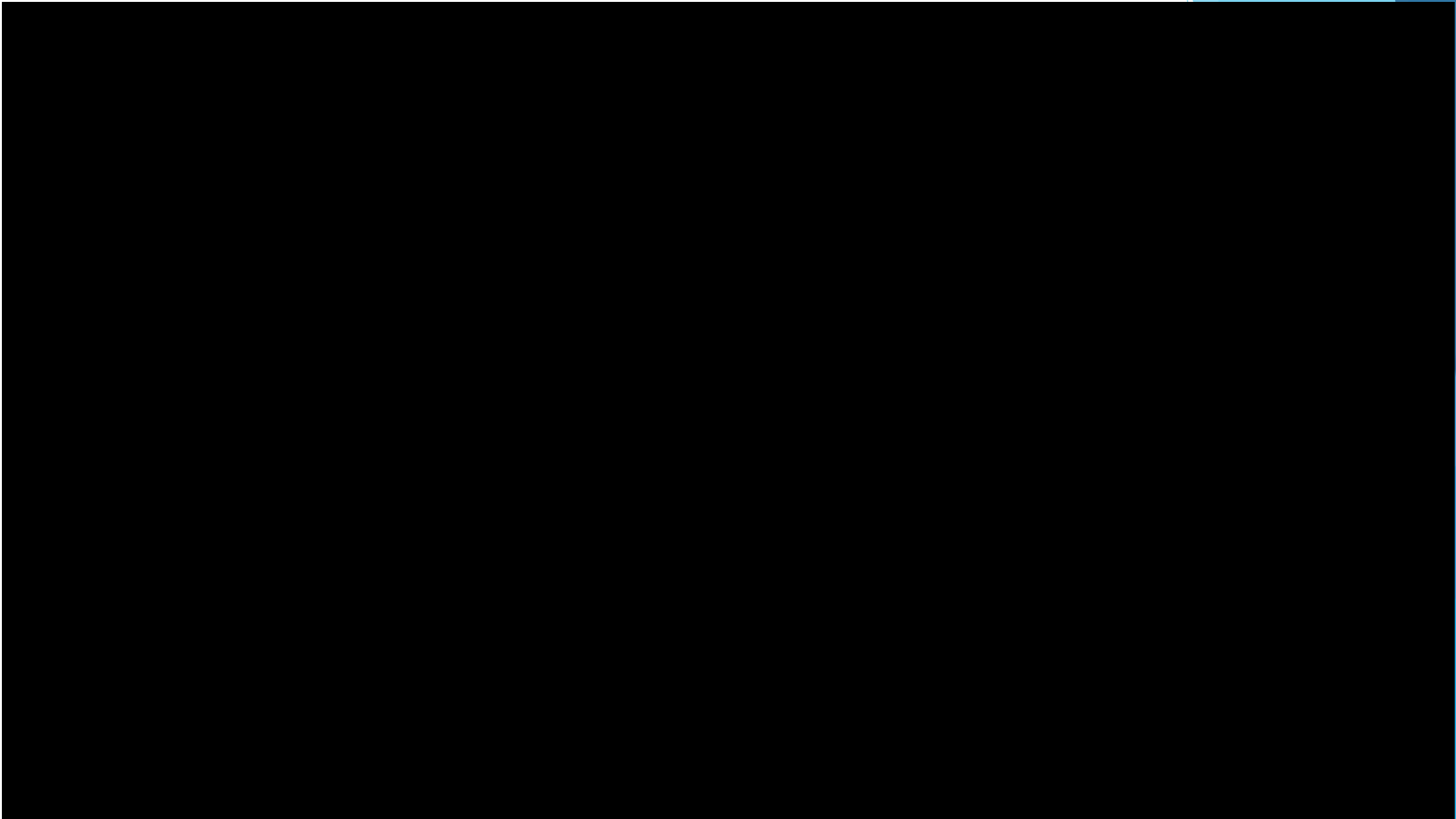
- ▶ How do you feel when working with this client group?
- ▶ What happens to make you feel this way?
  - ▶ What do people do? (Staff and clients)

# Specifics

- ▶ Six basic emotions (evolutionary perspective; Ekman, 1992)
  - ▶ Anxiety
  - ▶ Anger
  - ▶ Sadness
  - ▶ Happiness (including love)
  - ▶ Surprise
  - ▶ Disgust







*Random thoughts...*



# Relating Beliefs, Emotions, and Behaviors

# The Cognitive Model

# Identifying Beliefs: The ABC Model (Ellis, 1966)

Antecedent event	Belief	Consequence
		Emotion:
		Behavior:

*“Is what I’m thinking about what they’re doing absolutely true?”*

*“Are they doing it for the reasons that I think that they’re doing it?”*

# Complex Trauma



# Exercise

- ▶ Imagine a child grows up in an unpredictable, abusive environment
- ▶ How may they come to think about
  - ▶ Themselves
  - ▶ Others (people, e.g. caregivers, friends)
  - ▶ The world in general
- ▶ How would they feel thinking these things?
- ▶ What might they learn to do to cope with these perceptions and emotions?



# Coping

- ▶ Emotion regulation difficult
- ▶ Impulsivity
- ▶ Reading emotions
- ▶ Relationship difficulties
  - ▶ Attachment

“Self-destructive”  
behaviors you’ve  
observed?



# Characteristics of complex trauma

- ▶ People may be very needy, but often don't express those needs in ways that we would expect or are understandable
- ▶ They generate a lot of stress in staff groups by:
  - ▶ Demanding care but being unable to accept it
  - ▶ Generating a mixed response
- ▶ They absorb a lot of energy and time, but rarely benefit from the service they are given

# Characteristics of complex trauma

- ▶ Ongoing “non-compliance” with treatments, sometimes in a hostile manner
- ▶ Involvement with a client comes to a sudden halt for no apparent reason
- ▶ Client seems unaware of the negative effect of their behaviors on others
- ▶ Problems seem to be acceptable and natural to individual. Motivation for change is low

# Characteristics of complex trauma

- ▶ Staff can have powerful negative reactions, which may fuel clients' mistrust and negative expectations
- ▶ Client misses many appointments, arrives late and sometimes leaves abruptly
- ▶ Client has difficulty moderating emotions, especially outbursts of anger
- ▶ Client does many things which directly or indirectly cause some sort of self-harm

# Characteristics of complex trauma

## Behavioral coping:

- ▶ Emotional vulnerability
  - ▶ Highly sensitive, high intensity, slow to dissipate
- ▶ Self-invalidation
  - ▶ Fails to recognize own emotional responses
  - ▶ High levels of shame, self-hate and self-directed anger
- ▶ Unrelenting crises
  - ▶ Pattern of frequent stressful and negative environmental events
- ▶ Inhibited grieving
  - ▶ Inhibits or controls negative emotional responses, especially associated with grief and loss (anger, guilt, shame, anxiety and panic)

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# Facilitating change

- ▶ What gets in the way of changing behaviors?
  - ▶ Who is responsible for behavior change?
  - ▶ What are some of the assumptions we make about change?

# Change...

Think about a behavior change that you have been failing to make!

For example:

- ▶ Eating 5 portions of fruit & vegetables per day
- ▶ Decorating a room in your house
- ▶ Going to an evening class
- ▶ Drinking less tea and coffee
- ▶ Staying in touch with old friends who you don't often see
- ▶ Increasing your daily exercise
- ▶ Stopping smoking
- ▶ Spending more time with your partner / children / friends / dog / on your own.
- ▶ Getting your work things ready the night before, rather than running around in the morning!

(Tip: Choose a behavior that occurs [or you would like to occur] quite frequently)



# An exercise

- ▶ Person A - *Advisee*; person B *Advisor*
- ▶ Advisee: start by saying: “I’ve been thinking about trying to ...[your example],” then just respond as feels natural
- ▶ Advisor: Its your job to MAKE this person change

Make sure that you:

- ▶ Advise on what to do - “I think you should...”
- ▶ Be stern about pointing out the problems that not changing will bring, and effusive about the benefits of change
- ▶ Shoot down any resistance in flames
- ▶ Don’t take any nonsense, this person needs to change and change now!
- ▶ DON’T bother with questions

# Feedback on the exercise

- ▶ What happened?
  - ▶ Advisee
  - ▶ Advisor

# Another exercise - exploring

- ▶ Person A - *Listener*; person B - *Consulter*
- ▶ *Consulter*: Start by saying: “I’ve been thinking about trying to ...[your example],” then just respond as feels natural
- ▶ *Listener*: Your job is to explore and understand this person’s difficulties with change - not to encourage change

Make sure that you:

- ▶ Don’t advise, persuade, confront
- ▶ Don’t see your job as making them change
- ▶ Do explore your consultee’s experience with open questions, reflect talk of possible change
- ▶ Do listen actively, reflect, try to understand your consulter

# Feedback on the exercise

- ▶ What happened?
  - ▶ Consulter
  - ▶ Listener

# Did the exercise fit with the research?

Miller, Benefield & Tonigan (1993)

- Two sessions offered to problem drinkers
- Either “directive-confrontational” or “person centered” therapist style

## Results

- A directive-confrontational style led to...
  - more client resistance and...
  - worse outcome a year later

.... “a single therapist behavior was predictive .... of 1-year outcome such that the more the therapist confronted, the more the client drank”



# Intrinsic vs. extrinsic motivation

- ▶ The exercise looked at extrinsic motivation - situational pressure to change (e.g., from other people)
- ▶ Motivational Interviewing aims to enhance Intrinsic (internal) motivation to change

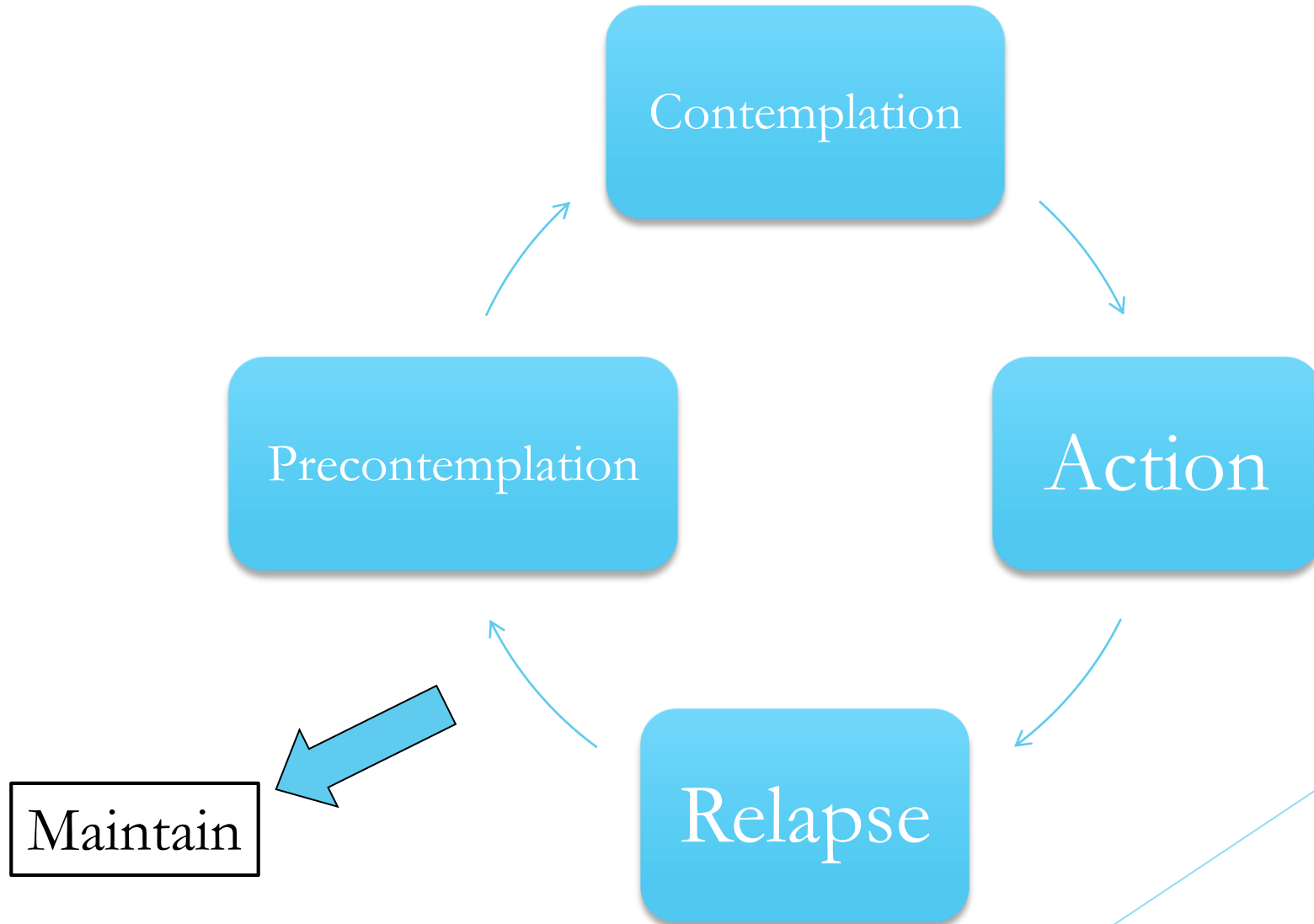
# Implications of intrinsic motivation

- ▶ Clinician's job is not to produce change, but to create the conditions for intrinsic motivation to increase
- ▶ Responsibility for change lies with the client

# Engagement in the process of change

- ▶ We cannot assume that people are ready to make *behavioral* change
- ▶ It may be that change in the *belief about change* is necessary
- ▶ We may therefore need to engage people in the process of belief change in order to enable behavior change
- ▶ “Validation foundation for change”
  - ▶ Motivational Interviewing makes implicit and explicit use of validation within person-centered approach
  - ▶ Values may be a further way of engaging in change

# Cycle of Change





MIGUEL TORALBA © 2015

# Engaging in change



# Levels of validation

(taken from DBT, M. Linehan, 2014)

## 1. Staying awake - listening and observing

Being aware of what is happening in the session - staying present - trying to understand the client and their context

## 2. Accurate reflection

Reflecting client's own thoughts, feelings, assumptions and behaviors non-judgementally

## 3. 'Mind' reading

Articulating unverbilized thoughts, emotions and behavior - offer a hypothesis. This could communicate to the client that you understand their unspoken feelings by "reading their behaviour" and working out what they may feel

# Socratic dialogue

- ▶ Questioning style more effective in changing beliefs than “telling”
  - ▶ Individual “owns” belief
  - ▶ Individual encouraged to solve own problems
  - ▶ Avoid the “yes but...”
- ▶ Open and closed questions
- ▶ Information gathering / discursive
- ▶ Patience...
- ▶ Short term costs for longer term gains



# Values

- ▶ Values expressed as fundamental beliefs
- ▶ Values analogous to a direction in which we move
  - ▶ Never “reach” values
- ▶ Engage in “behaviors in the service of values”

# Techniques

- ▶ Grounding
  - ▶ Help keep someone in the present
  - ▶ Ease emotional flooding (overwhelming emotions, usually related to trauma)
  - ▶ Ask the client to notice and pay attention to things in immediate area
- ▶ Square breathing
  - ▶ Breathing technique to reduce anxiety, help relaxation

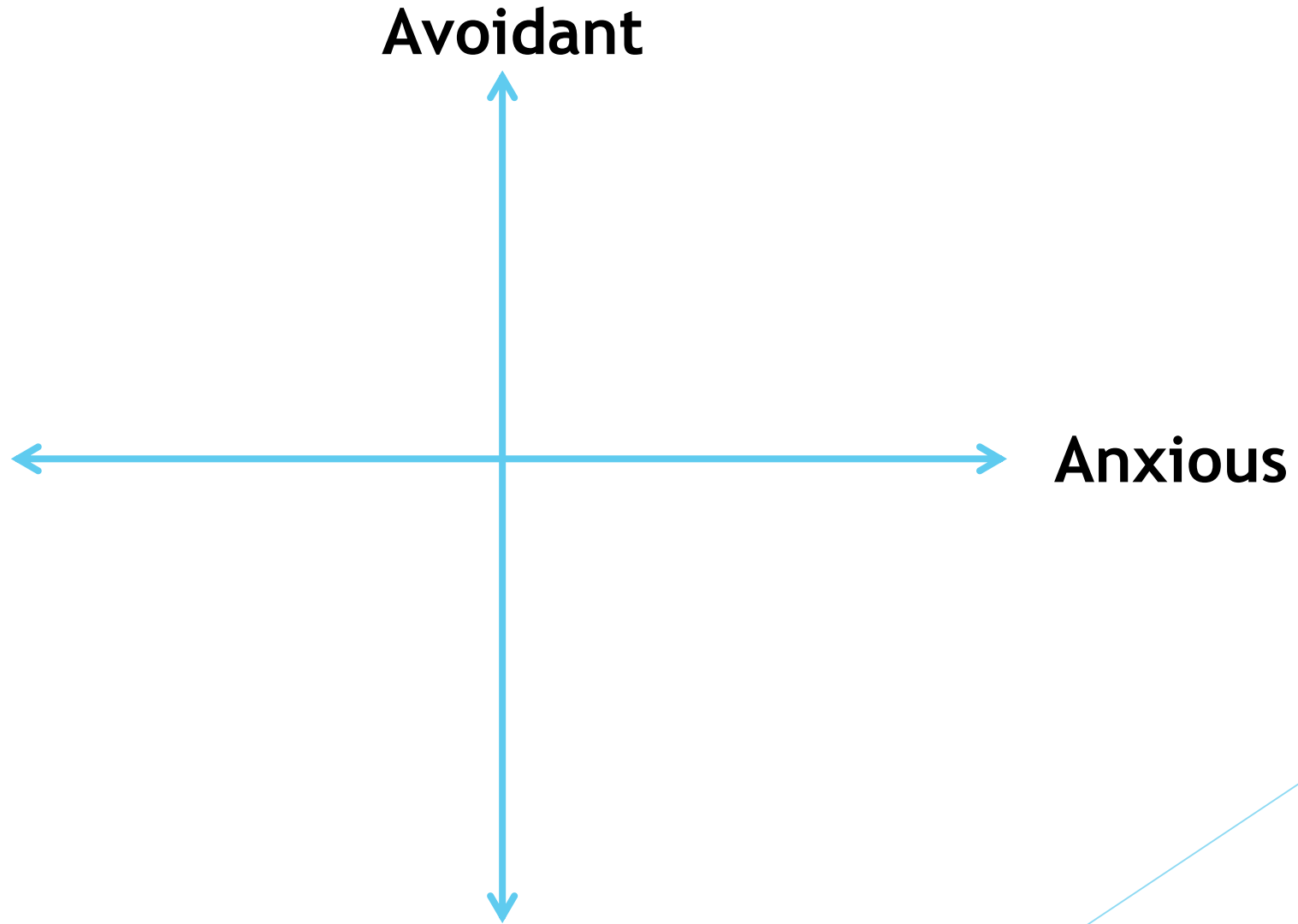
# Attachment & Impulse Regulation

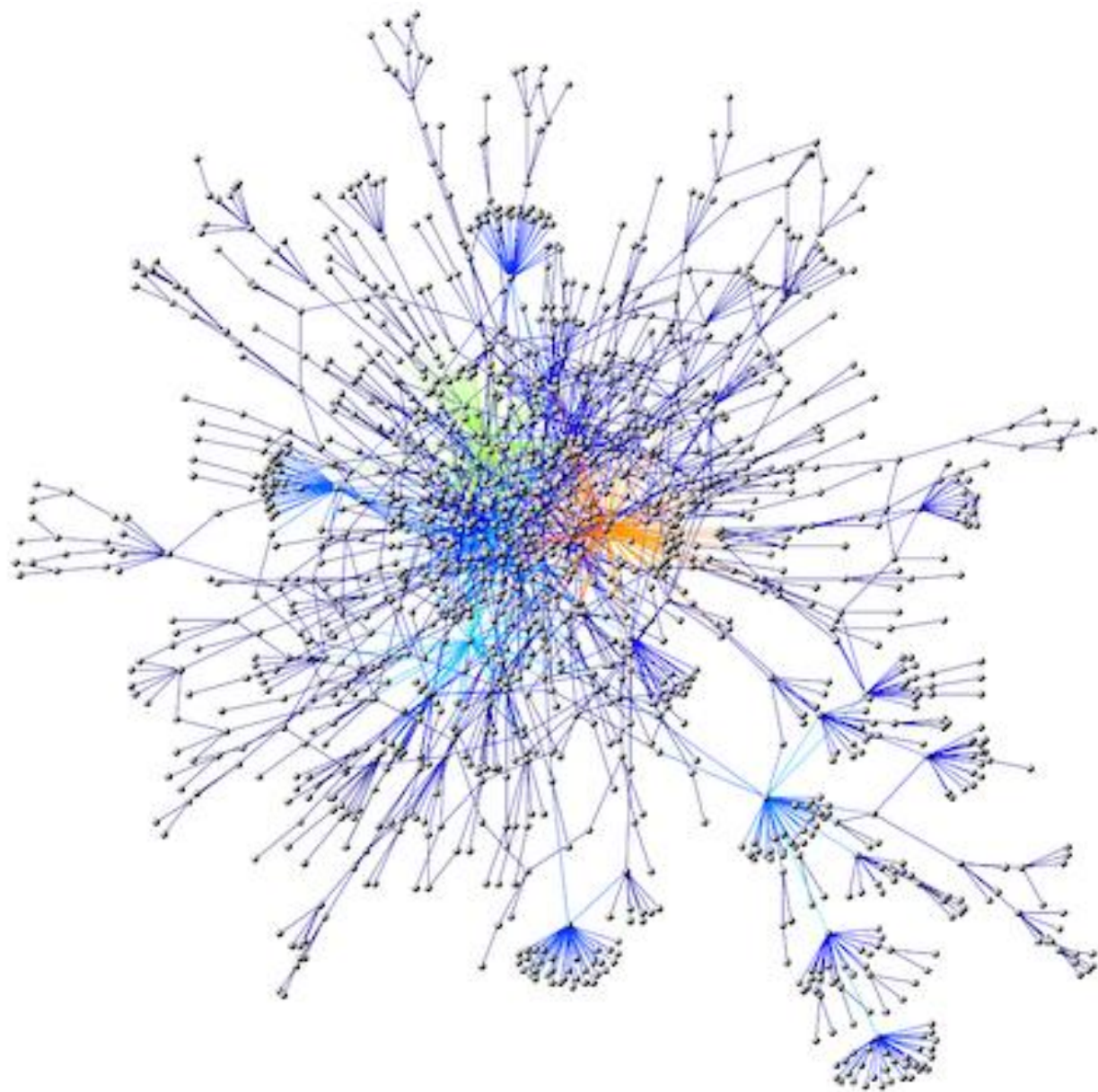


# Attachment and Separation

- ▶ Attachment: Dynamic, bonding process starts at birth
- ▶ Separation: Individuation process in adolescence

# Attachment





# ***Complex systems***

# Systemic Issues

- ▶ Values (to cure)
- ▶ Expectations
- ▶ Training for acute issues, rather than chronic
- ▶ Social/behavioral resources not well integrated with medical resources
- ▶ Difficulty navigating complex medical systems

# Trust

- ▶ Beliefs that someone will not behave to your cost and may behave to your benefit
- ▶ Could be an attachment component
  - ▶ “Experience” of another



# Aims and learning outcomes

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# Day 2

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# Values Tool

Mark Sperber, MA  
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Behavioral Health Consultant

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# Agenda for the Morning

1. Morning warm-up
2. Introduction to values
3. Grounding exercise
4. Values tool
5. Practice administering values tool

# How do you solve???

- ▶  $3 + 6 = ?$
- ▶  $2x + 4 = 18$
- ▶ What is the square root of 169?
- ▶ What is the square root of 576?



How do you solve???





# Sweet Spot Exercise

retrieved from <http://legacyproject.human.cornell.edu/wp-content/uploads/2012/04/savoring1.jpg>



# What are Values?

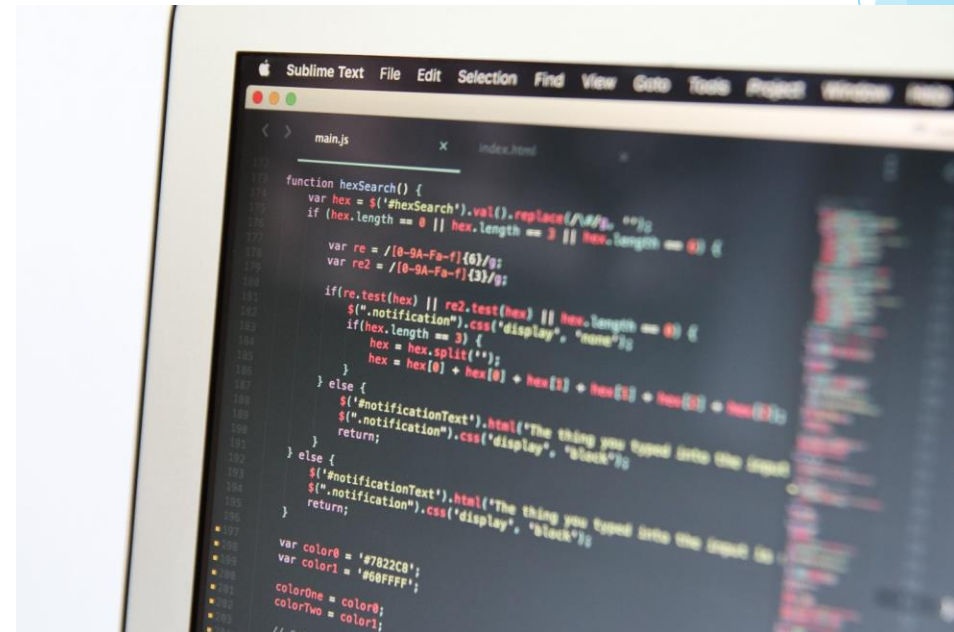


- ▶ Values = freely chosen life directions
- ▶ Beacon
- ▶ NOT a goal

# “Technology” behind values

- ▶ Acceptance and Commitment Therapy (ACT)
- ▶ Evidence Based Treatment (EBT) for multiple psychological conditions
  - ▶ Transdiagnostic
- ▶ Other modalities in this training also are EBT
  - ▶ (CBT and DBT)

<http://www.div12.org/psychological-treatments/treatments/>



# Building a Safe Container



Values can trigger unpleasant thoughts & feelings

- ▶ Grounding Skills
- ▶ Referral list for specialty mental health

# Emotional Flooding

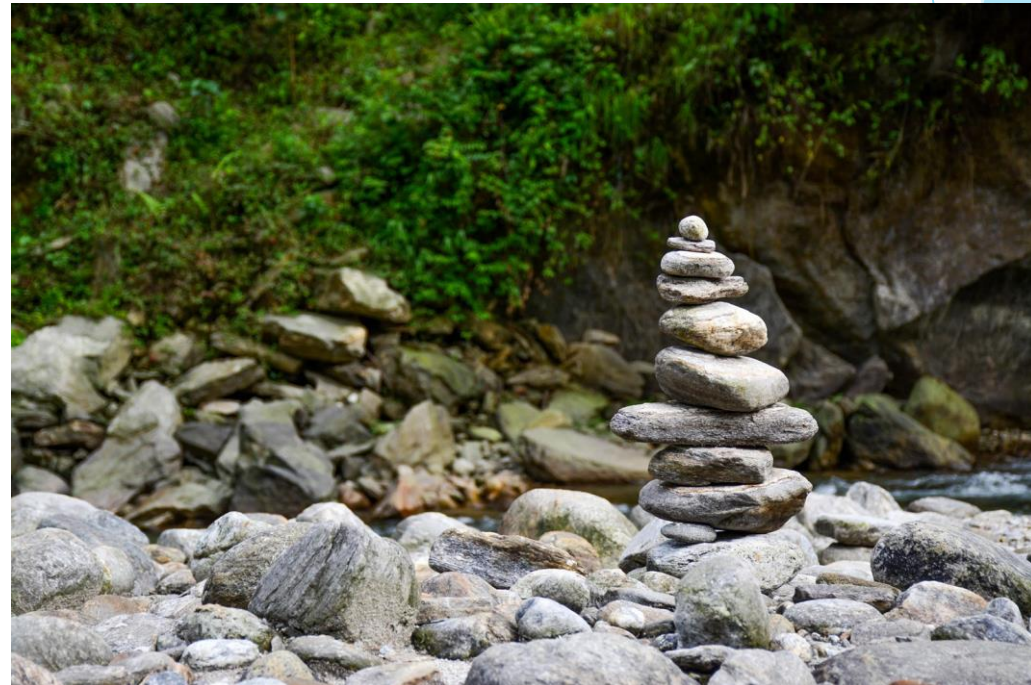
- ▶ Signs of emotionally flooding?
  - ▶ Agitated, shifting in seat
  - ▶ Loss of eye contact
  - ▶ Tears





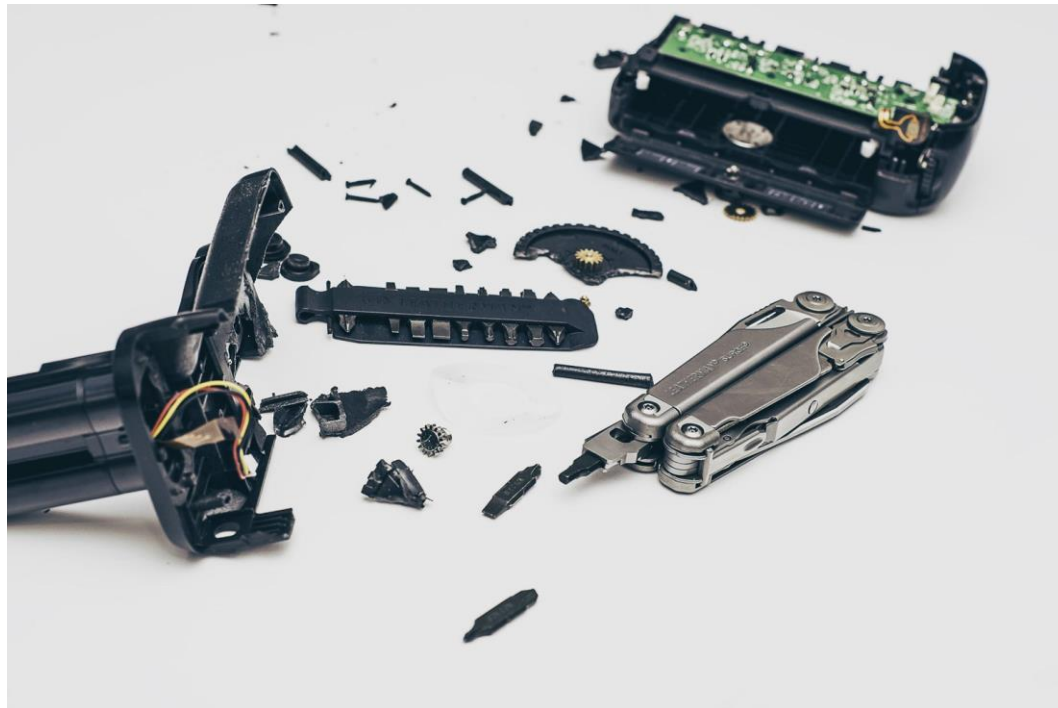
# Grounding Practice!

- ▶ Noticing Day, Month, Year, Time, Place and Person
- ▶ Noticing: touch/hear/see
  - ▶ “Feel the floor under your feet”
  - ▶ “Listen to the birds outside”
  - ▶ “Describe object in detail”
- ▶ Square Breathing
  - ▶ Breathe in for 4 seconds
  - ▶ Hold it in for 4 seconds
  - ▶ Breathe out for 4 seconds
  - ▶ Repeat this 4 times



# Values - Rationale

- ▶ Business as usual... does not work!
- ▶ Values = Alignment
- ▶ Cost of not engaging values?









# Values Tool Exercise

1. Groups of 4
2. Roles
  - ▶ Interviewer
  - ▶ Patient
  - ▶ Coach
  - ▶ Observer
3. 10 minutes of practice/ 5 minutes of reflection



# Behavior Rating Scale (Interviewer)

## Domain 1: Nonverbal skills

Did the interviewer display nonverbal skills in an effective manner?

Such as:

- ▶ Eye contact
- ▶ Head nodding
- ▶ Appear interested (maintain curious stance)
- ▶ Body position towards patient (i.e. arms are not crossed)
- ▶ Smile
- ▶ Indicate Appropriate Concern

## Domain 2: Verbal skills

Did the interviewer use verbal skills effectively?

Such as:

- ▶ Open questions
- ▶ Summarizing what the patient says
- ▶ Writing Down what the patient says (Values tool)
- ▶ Tone of voice
- ▶ Affirming noises (“yes,” “mhmm,” “uh-huh” etc.)
- ▶ Using “We” statements



# Introduction script to values tool

- What is important to you, what gets in the way, and what specific barriers do you experience?
- There is no “right” to complete this
- Share as much or as you want with us
- 10 minutes to complete

# Values Tool

## PLANNING CARE

Who is important to you? What is important to you?

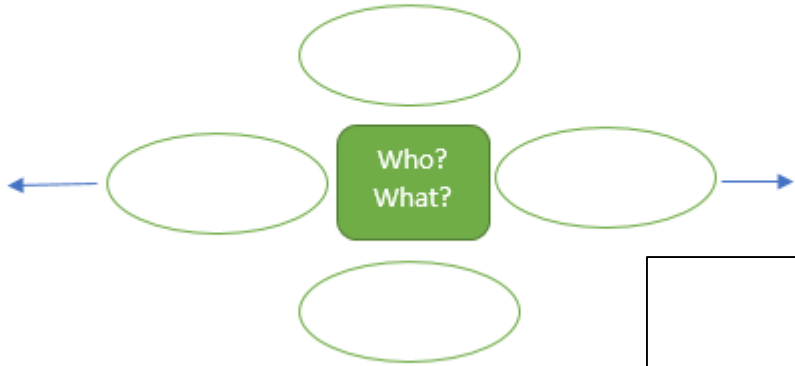
What gets in the way?

---

---

---

---



What would you like to be doing?

---

---

Client Name: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Administered by: \_\_\_\_\_

## BARRIERS

THE SYSTEM

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

YOU ----- ready to change?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

# How to administer the tool?



“treasure hunt”

## Values script

–Ask the following question and write down the patient’s answers

1. Who is important to you? What is important to you?
  2. If you were moving toward these things, what kinds of thing might you be doing (what could I see you doing on a camera)?
  3. What things get in the way of you moving toward the life that they would want (thought, feelings, behaviors, systems)?
  4. What gets in the way (system/ individual) with you taking good care of you?
- \*It is ok to not get all the data, you are simply beginning the conversation with the person - rapport building and engaging the patient’s values are the main goals

# Reflection





# Questions?

What questions do you have at this time?

You can also email me at  
[mark.sperber@bcm.edu](mailto:mark.sperber@bcm.edu)

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# Assessment and Evaluation



# Types of assessment

- ▶ Patient assessment through interview e.g.
  - ▶ Where people are on the cycle of change
  - ▶ Mood
  - ▶ Suicidal ideation
  - ▶ Values tool
- ▶ Outcome evaluation
  - ▶ Narrative
  - ▶ Measures

# Evaluation: Rationale

- ▶ For individual to build confidence in their ability to change
  - ▶ Challenge hopelessness, beliefs about failure
- ▶ For staff to be able to demonstrate change to themselves and people they work with
  - ▶ Own confidence
  - ▶ Knowledge of what is effective
- ▶ Organization
  - ▶ Demonstrate effectiveness to commissioners

# Evaluation

- ▶ Think of a person with whom you're working, or a service for which you work.
  - ▶ Discuss a little context in pairs
  - ▶ What is the expected, anticipated or hoped for change which results from your work?
  - ▶ How will you know if the change has taken place?

# Behavioral incidence rates

- ▶ Simple count of the number of times someone does something that has a negative consequence
- ▶ Or count of of a behavior which has a positive consequence
- ▶ Identified behavior needs to be meaningful to individual
  - ▶ Meaningful change

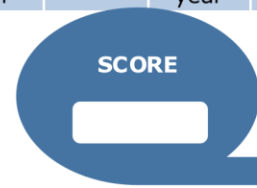
# Emotions and distress

- ▶ Rate emotions associated with e.g. incidents, new experiences etc.
- ▶ Clear about emotion
  - ▶ Anxiety
  - ▶ Anger
  - ▶ Sadness, hopelessness
  - ▶ Happiness
- ▶ Rate e.g. 0 - 10, 0 - 100
- ▶ Or visual analogue line

# Psychometric tests

- ▶ Formally constructed tests which have been administered to hundreds of people and have “psychometric properties”
  - ▶ Reliable, valid
- ▶ Designed to measure “constructs”
  - ▶ Depression, anxiety, paranoia, general mental health etc.
  - ▶ Self-esteem, self-efficacy
  - ▶ Alcohol and drug use, dependency

AUDIT	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	0 -2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	





# Presenting data to patient and services

- ▶ Graphs
- ▶ Visual analogues
  - ▶ Values tool
- ▶ Pictures
  - ▶ .... Be creative!



# Basic economic analysis

- ▶ If behaviors which have a negative social consequence can be counted, the cost of that social consequence can also be counted
  - ▶ Health behaviors (visits to ER, ambulance calls, hospital days)
  - ▶ Costs to city (e.g. loss of private tenancies, estate damage)
  - ▶ Criminal activity (behaviors leading to arrest, court costs)

## Uses:

- ▶ Can use to calculate costs incurred by small number of individuals, to make a case for service funding (spend to save)

# Exercise

- ▶ Design an evaluation strategy for the individual or organization identified earlier
  - ▶ What tools will be used to measure change?
  - ▶ How would the information be best used?
  - ▶ What would the best way of sharing the information be (data to information)
  - ▶ What problems in gathering data would you anticipate?

# Reflective Practice

# Supervision / reflective practice

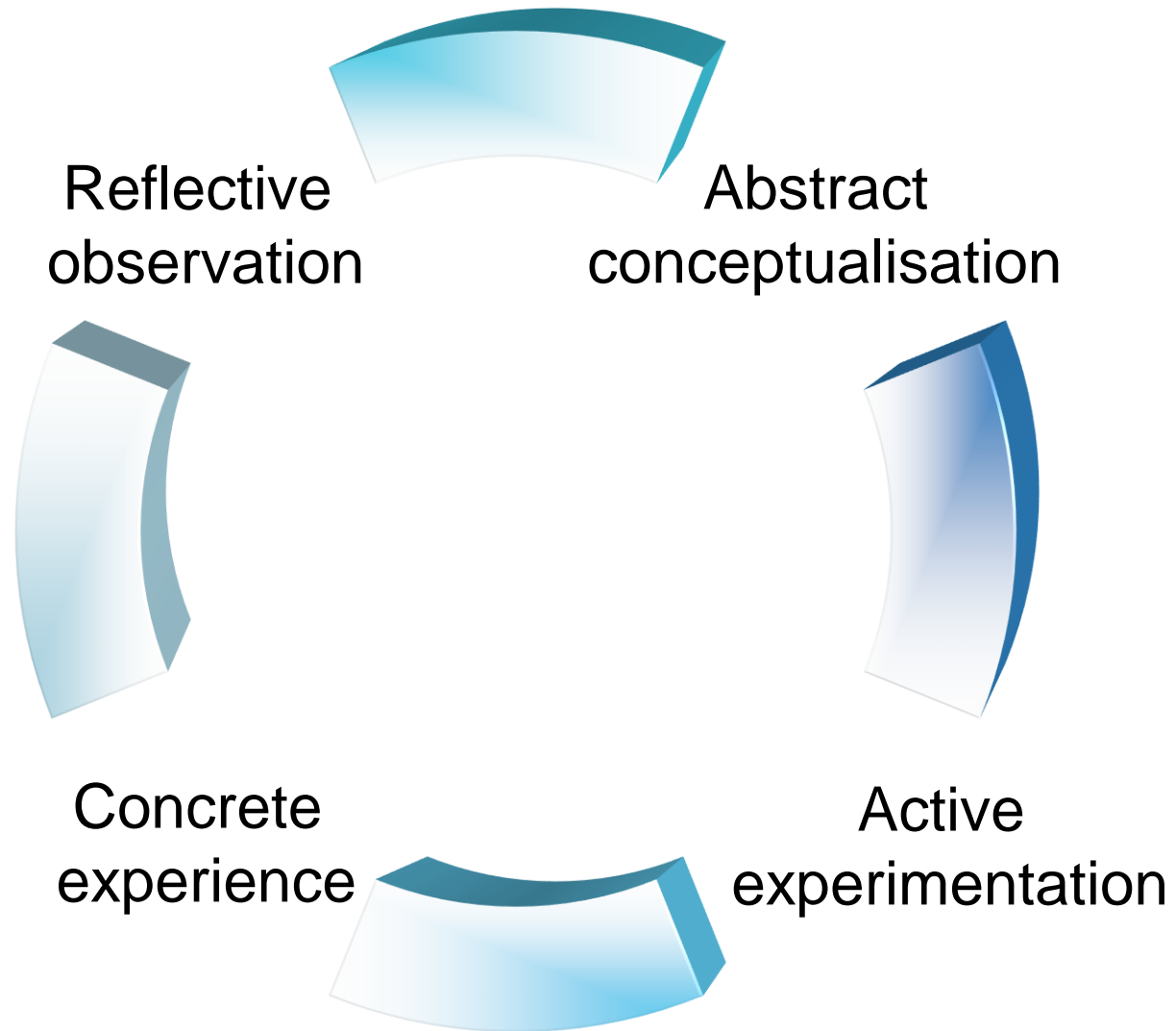
- ▶ How might your organization set up a peer supervision process?



# Supervision / Reflective Practice

- ▶ Clinical supervision is set-aside time to:
  - ▶ Reflect on difficult processes (emotions and cognitions)
  - ▶ Develop skills through reflection and practice
  - ▶ Reflect on goals and processes of therapy using cognitive model
  - ▶ Refine formulations and interventions through discussion and problem-solving
- ▶ Group supervision
  - ▶ All reflect on and learn from each other's issues
  - ▶ Efficient in terms of time

# Kolb's Learning Cycle



# Questions?

- ▶ Contact information:
  - ▶ Stephanie Barker: [s.l.barker@soton.ac.uk](mailto:s.l.barker@soton.ac.uk)
  - ▶ Nick Maguire: [Nick.Maguire@soton.ac.uk](mailto:Nick.Maguire@soton.ac.uk)



# Aims and learning outcomes

## Aim

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# Feedback and Survey

Survey Link:

[www.isurvey.soton.ac.uk/24653](http://www.isurvey.soton.ac.uk/24653)

# Citations

Hayes, S. C., Stosahl, K. D., & Wilson, K. G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change (2nd ed.)*. New York: Guilford Press.

Polk, K.L, Schoendorff, B., Webster, M, Olaz, F.O. (2016). *The essential guide to the ACT matrix: A step-by-step approach to using the ACT matrix model in clinical practice*. Oakland, CA: Context Press.

Treatments. (n.d.) *In Society of Clinical Psychology*. Retrieved from <http://www.div12.org/psychological-treatments/treatments/>

Wilson, K.G., Dufrene, T. (2008). *Mindfulness for two: An acceptance and commitment therapy approach to mindfulness in psychotherapy*. Oakland, CA: Newharbinger.

# Citations Cont.

Motivational Interviewing:

<https://www.guilford.com/excerpts/miller2.pdf>

Reflective Practice

<https://books.google.co.uk/books?id=msvMCgAAQBAJ&printsec=frontcover&dq=reflective+practice+barbara+bassot&hl=en&sa=X&ved=0ahUKEwjRs6vCop3WAhXEJMAKHcdQBSoQ6AEIKDAA#v=onepage&q=reflective%20practice%20barbara%20bassot&f=false>

Program evaluation guide

<http://managementhelp.org/evaluation/program-evaluation-guide.htm>

Levels of Validation:

[https://books.google.co.uk/books/about/DBT\\_Skills\\_Training\\_Manual\\_Second\\_Editio.html?id=VfMZBQAAQBAJ&source=kp\\_cover&redir\\_esc=y](https://books.google.co.uk/books/about/DBT_Skills_Training_Manual_Second_Editio.html?id=VfMZBQAAQBAJ&source=kp_cover&redir_esc=y)

The Evolution of Goal-Negotiated Care:

[https://pcictx.org/Papers\\_Publications/2006-GNC\\_HIC2006.pdf](https://pcictx.org/Papers_Publications/2006-GNC_HIC2006.pdf)

(Rochon, Donna, Buck, David S., Mahata, Kallol, Turley, James P. The Evolution of Goal-Negotiated Care, Health Informatics of Australia, Ltd. 2006)