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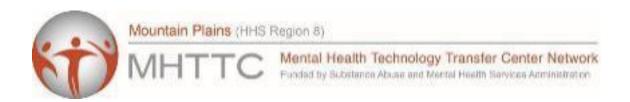


Short-Term Success with Long-Term Impact: Using Focused-Acceptance & Commitment Therapy (FACT) to Improve Patient Engagement

Dr. Jordan Thayer (he/him)

May 22, 2024





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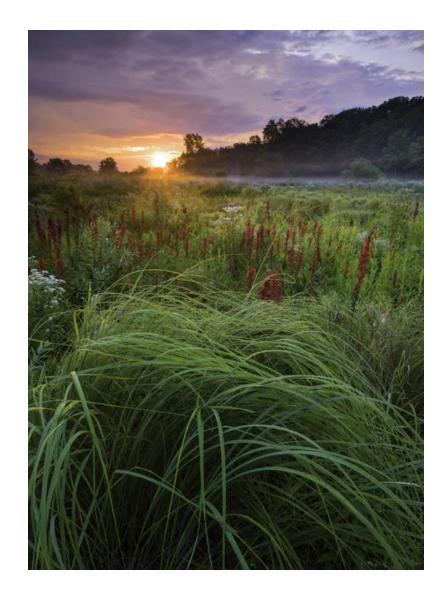
The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use, and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS

PERSON-FIRST AND FREE OF LABELS

NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

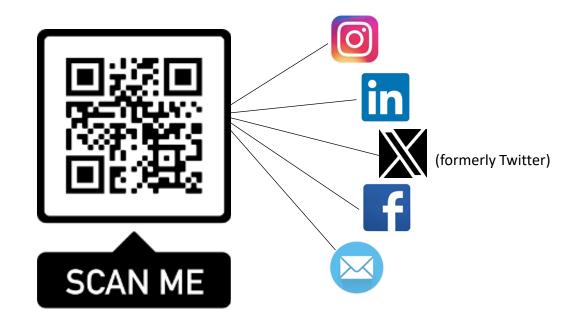
RESPECTFUL, CLEAR AND UNDERSTANDABLE

CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

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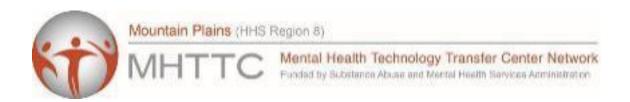


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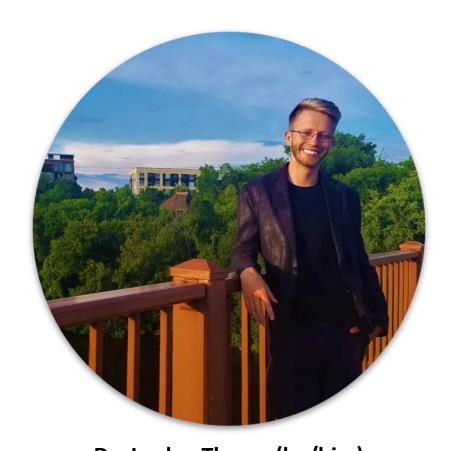




Short-Term Success with Long-Term Impact: Using Focused-Acceptance & Commitment Therapy (FACT) to Improve Patient Engagement

May 22, 2024

Facilitator



Dr. Jordan Thayer (he/him)
Licensed Pediatric and School
Psychologist, SAMHSA Faculty Trainer, TFCBT Certified Therapist (NCTSN)

Practiced short-term therapy in Minnesota, Illinois, and Nebraska.

Overview of Today's Session

By the end of today's session, you will be able to:

- Articulate the core components of the fact modality and why you would use it
- Implement a basic assessment practice fit for brief therapy case conceptualization
- Demonstrate and train others in at least 1 fact-specific intervention practice

We will have time for a Q&A at the end.

Why are we here?

Guiding question from April 3rd session

Meet them where they are at (IBH)

How do we get them to come back?

Some basic assumptions I am making about you

- Work in IBH or a similar environment that a) necessitates brief therapy modalities and
 b) Has high no-show rates for follow up sessions
- Either in direct service provision or training others
- Work with populations needing immediate solutions

How do we get them to come back?

Set aside the "rules" for how things "should" be done





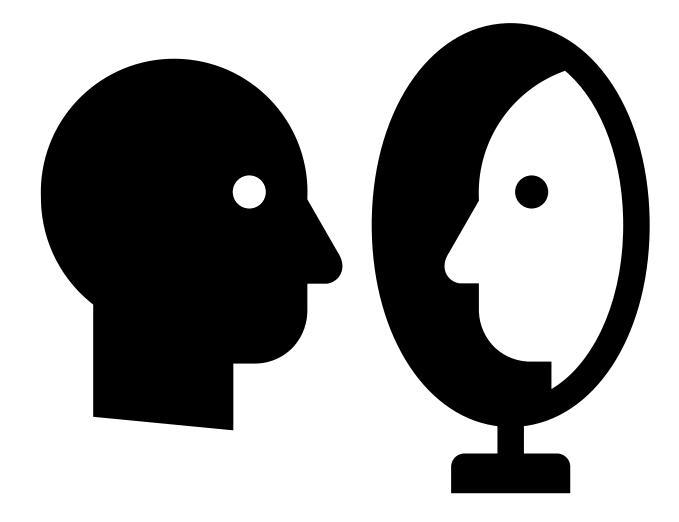
Focus on the person and their needs





Focused Acceptance & Commitment Therapy

Why FACT?



Act vs FACT

What makes it a focused version of acceptance & Commitment THerapy

ACT

Duration: weeks-months (50 minutes)

Format: flexible

Focus: Hexaflex

Scope: everyday psychological needs

Depth: deep reflection on

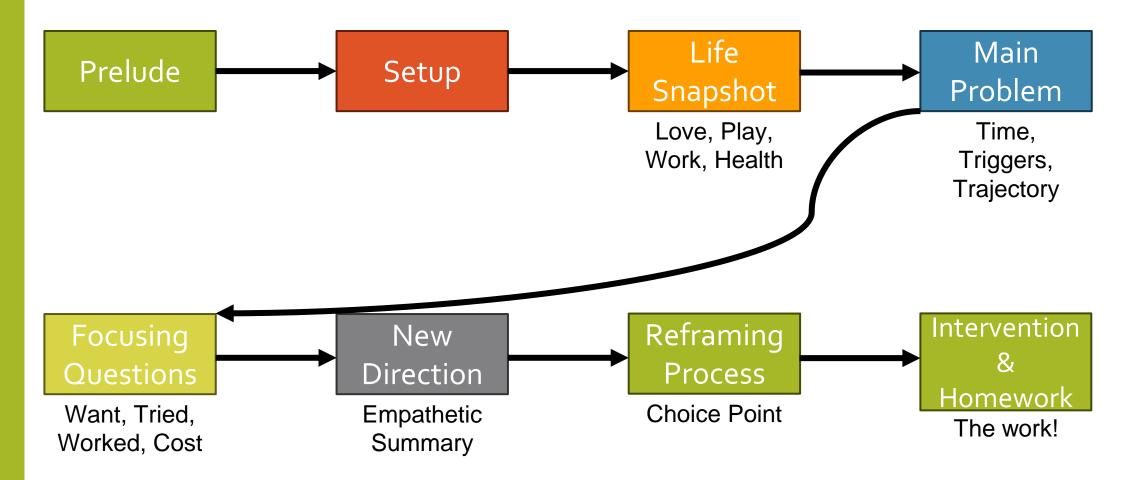
values/barriers

Suitability: settings for comprehensive

therapy

Goal: paradigm shift

Flow of a first session



Role-play: Focusing in the first session

Objective: Get hands on practice with focusing intently, and gracefully, in the first session

Outcome: You will have a draft flow for yourself how to quickly connect with someone and have some comfort in letting old practices go.

Protocol (5-7 minutes):

- 1. Paired Breakout: One of you selects to be a potential patient, and the other the practitioner. The patient secretly selects their problem of practice (Love, Play, Work, or Health)
- 2. Getting to New Direction: The practitioner attempts to move through setup, assess life snapshot, focus on the problem with the Three T's, uses focusing questions, and moves into empathetic summary (5 min)

Reframing & Intervention

This is your hook

Reframing

Goal: Get them to say something like "I hadn't thought about my situation that way" or "That is a perspective I hadn't perspective."

Techniques:

- Choice Point
- Metaphors
- Reframing Messages
 - "You can control everything, but to do so you actually lose control over your life."
 - "A rabbit must first stop running before it can see if it is safe."

More in the accompanying packet

Get The Objective

True North Worksheet



What are your values?

What are your current strategies, and are they working?

What skills will you need to make the journey?

Clinical Issues

1. Openness (Accepts private events without struggle? Notices and lets go of unworkable rules?)

2. Awareness (Able to be present? Aware of private experiences? Able to take perspective? Shows compassion for self and others?)

3. Engagement (Clear values? Can organize for effective action? Can obtain reinforcement? Sufficient interpersonal skills?)

FACT-specific Interventions

2 Goals

Target Process

- 1. Awareness
- 2. Openness
- 3. Engagement

Immediate Practicality

- Trackable behavior that is frequent enough to be on patient's awareness
- 2. Tracking method that is minimally invasive
- 3. End with Motivational Interviewing

Role-play: Getting Movement

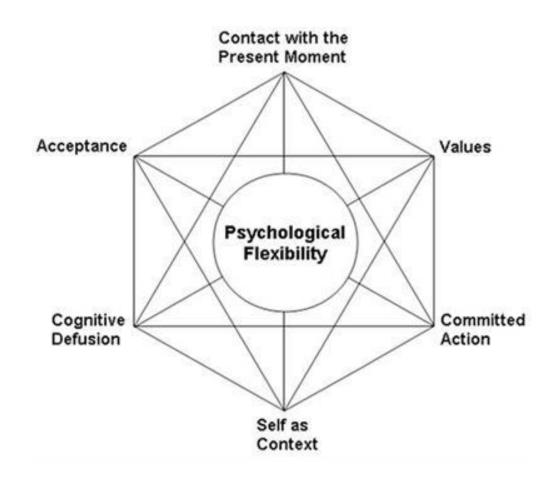
Objective: Build off first role-play to move patient into action.

Outcome: You will have some practice with using True North and moving patients into action, while also getting first hand experience with the need to modify and update your preferred methods to be far more targeted and concise.

Protocol (5-7 minutes):

- 1. Paired Breakout: Return to your pairings from the first role-play and resume the same roles as before.
- 2. Getting Movement: The practitioner now needs to attempt to use the True North exercise to identify a clear value/goal, and then move into an intervention. For the purpose of today, use a metaphor you already know. Then complete your session with a quick MI practice to assess and remove barriers, and set expectations.

Next Steps



- 1. Create your own FACT Toolkit
- 2. Gather and practice other brief intervention efforts
- 3. Determine which of your current practiced interventions can be "retooled" for brief therapy
- 4. Get practice. FACT requires a combination of empathy and directedness

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