



**How to implement
a shared contextual behavioral approach**

in and across mental health care settings
from inpatient units to first line providers

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ACBS World Conference XII – Minneapolis June 20th 2014

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Thanks for sponsoring this presentation

- Contextual Medicine SIG
- Leadership, Organization and Public Policy SIG



Exercise 1: Who are the participants

- Survey
- How many of you work with patients
 - Inpatient setting?
 - Outpatient setting?
 - Community setting?
- How many of you are therapists
- How many of you see yourself as change agents?
- How many of you
 - Work in management
 - Work with implementation?

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How are we supposed to help our patients?

*Give a man a fish
and you feed him for a day
Teach a man to fish
and you feed him for a lifetime*

Chinese proverb

How do we help the helpers to help patients?

*Teach a man how to teach men to fish
and his descendant will never go hungry*

Norwegian implementation proverb

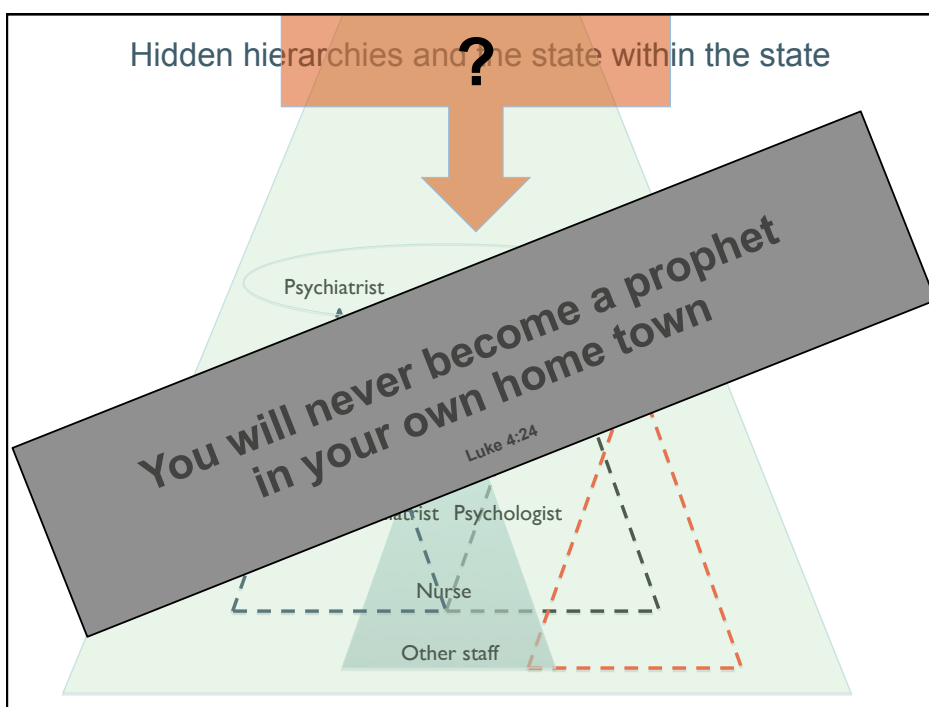
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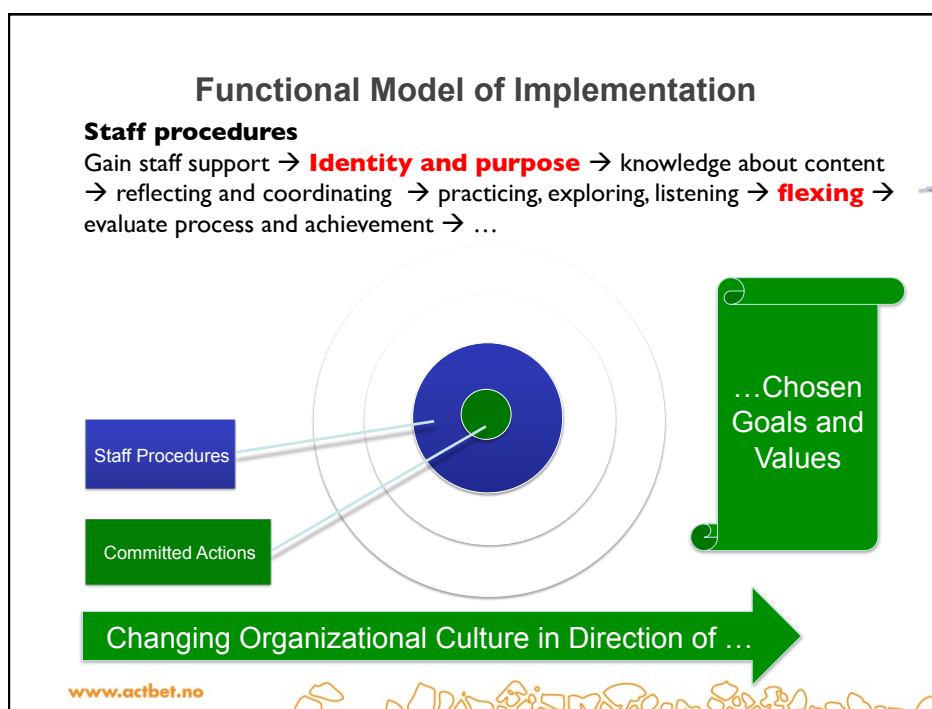
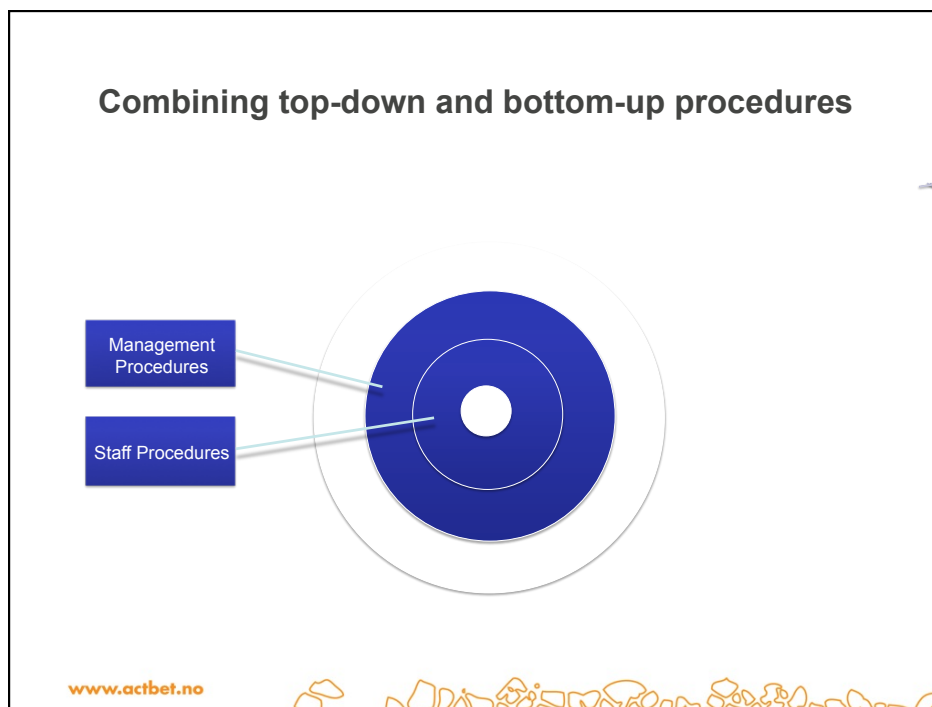


What we hope you will get out of this workshop

- ✓ Knowledge about a generally applicable model for implementation of evidence based methods in mental health care
- ✓ Be able to describe the dynamics of Complementary External Regulation and contrast CER with regulating treatment
- ✓ Get some ideas about challenges and ways to go regarding implementation of a shared therapeutic stance and treatment modality in the whole treatment network

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The BET-patients: characteristics

- Severe generalised, psychological and psychosocial dysfunction (GAF < 30)
- Self-harm and suicide attempts
- A wide range of severe symptoms associated with both Axis I and Axis II disorders
- Delusions, hallucinations and dissociation
- Extreme levels of pathology and fluctuating symptoms with several and shifting diagnoses
- They use a cocktail of various medications
- Despite cost-intensive treatment efforts they remain low functioning – some of them even get worse
- ✓ *There is no research on treatment effects related to this group of patients*
- ✓ *There are no other treatment models that are used systematically for treating this group of patients*

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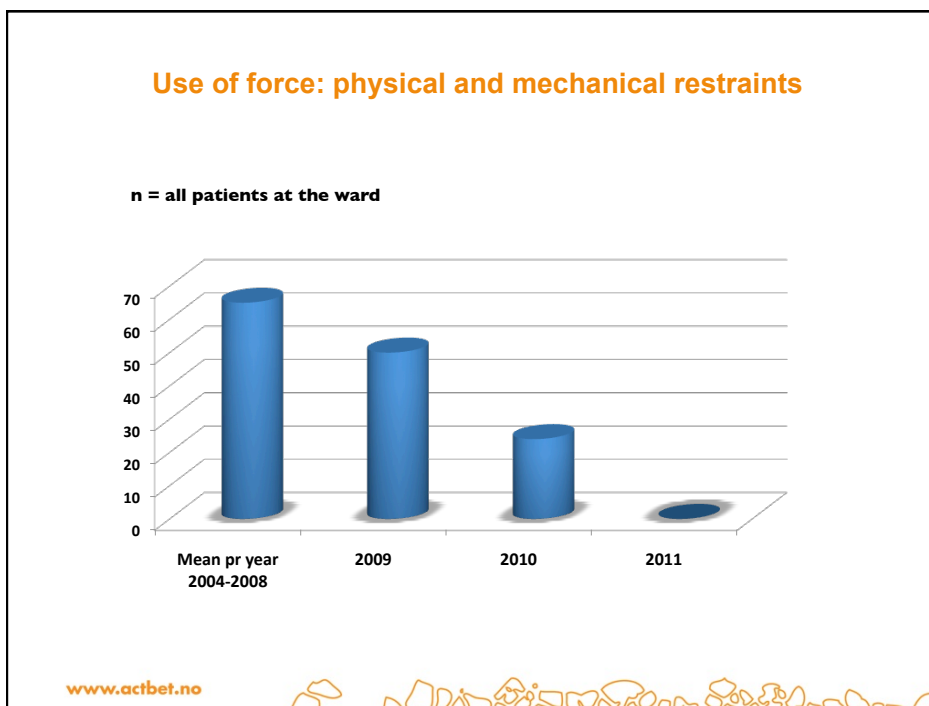
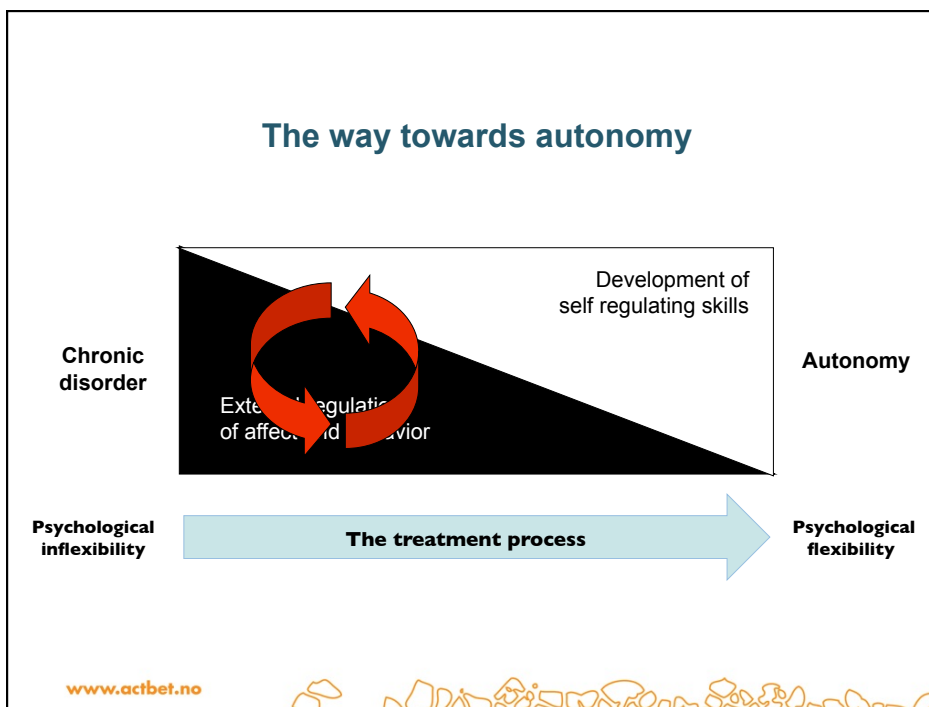


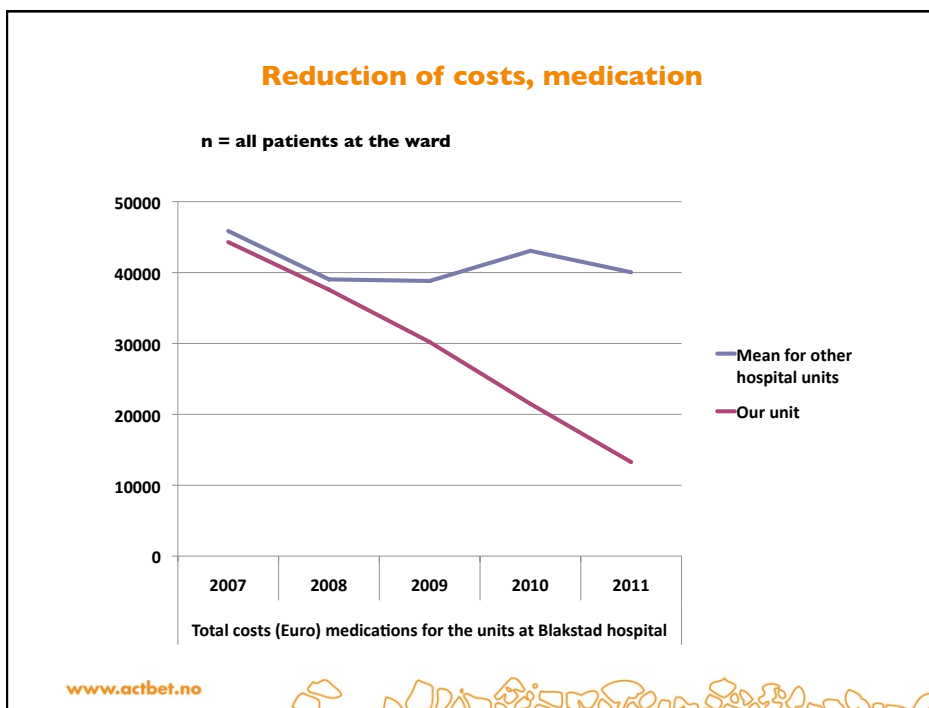
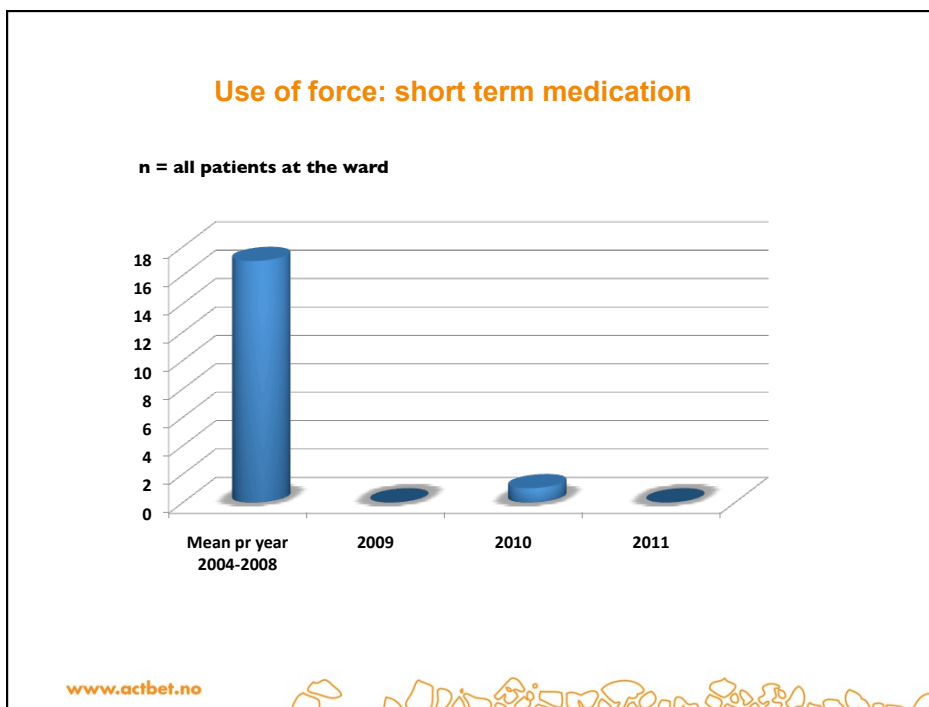
Exercise 2: Identification of challenges

- Plenary
- What challenges do health professionals and mental health care system typically meet when treating these patients?
- Matrix

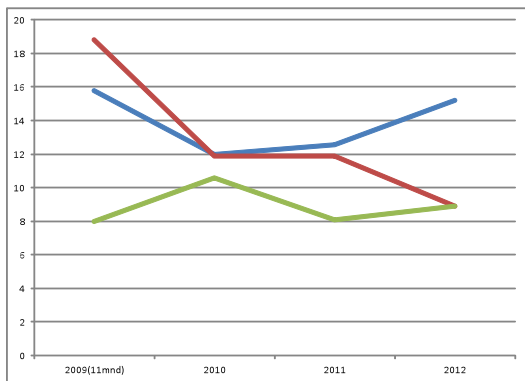
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Average sickleave in a Healt Trust in Norway



Other inpatient units
Rehabilitation unit
Outpatient units

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Fostering competence



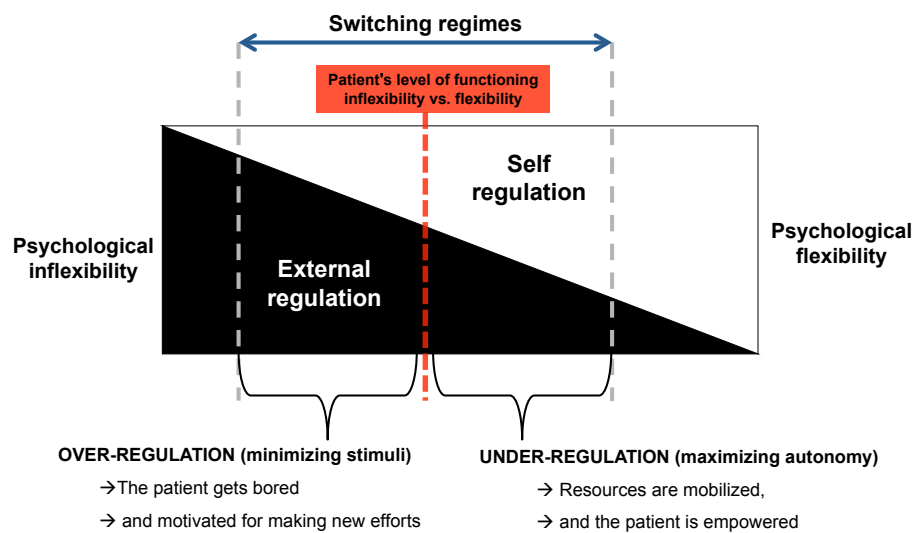
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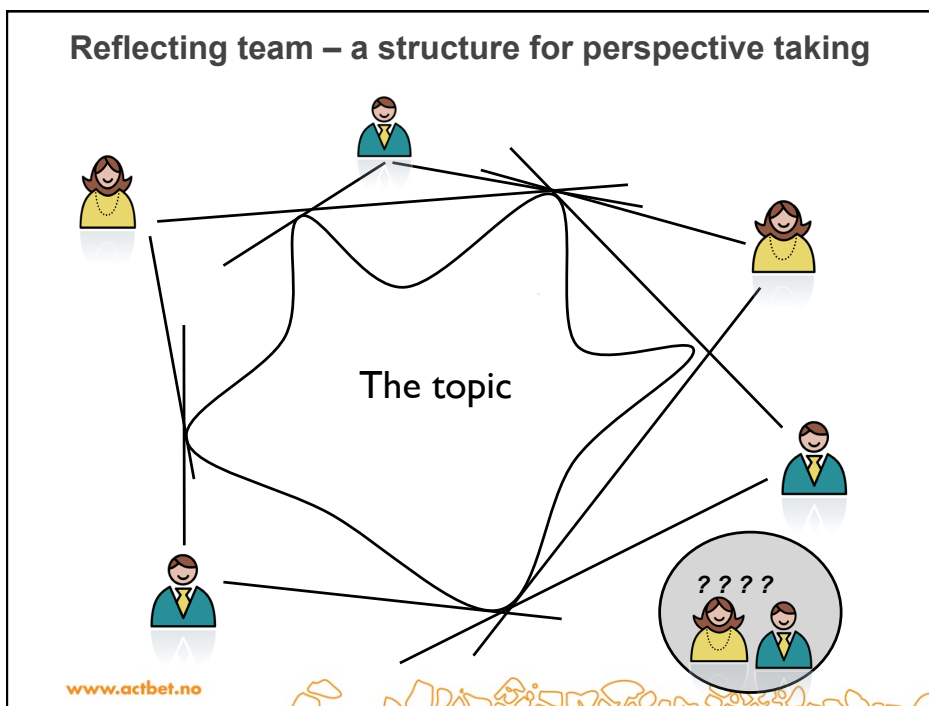
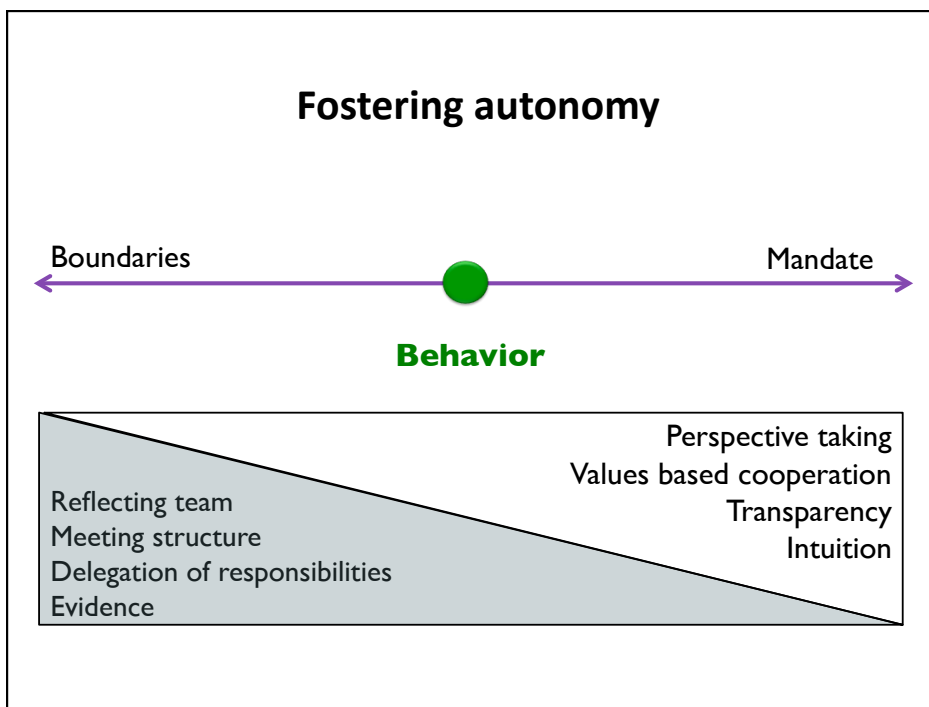
Exercise 3: The basic tool

- Demonstrating Complementary External Regulation (CER) – visualizing stance and interventions

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Complementary External Regulation (CER): Reversing marginalization processes





	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
07.00-07.15	Report night/day	Report night/day	Report night/day	Report night/day	Report night/day
08.00-08.10	Joint meeting G.1/2	Group report	Group report	Group report	Group report
08.10-08.45	- Focus last week - Focus this week - Process evaluation	Reflecting team system/ ethics	Reflecting team system/ ethics	Reflecting team: Clinical coordinator's meeting	Process evaluation: -Focus this week -New focus next week
08.45-08.55	Practical: sessions, info, coaching	Practical: sessions, info, coaching	Practical: sessions, info, coaching	Practical: sessions, info, coaching	Practical: sessions, info, coaching
08.55-09.00	A1-A2 Coordinate	A1-A2 Coordinate	A1-A2 Coordinate	A1-A2 Coordinate	A1-A2 Coordinate
09.00-09.30	Focus sessions	Focus sessions	Focus sessions	Focus sessions	Focus sessions
09.30-09.50	Morning meeting cl.	Morning meeting cl.	Morning meeting cl.	Morning meeting cl.	Morning meeting cl.
09.50-10.30	Physical activity	Physical activity	Physical activity	Physical activity	Physical activity
10.30-11.30	Psych ed group - 11.15	Therapy client A and B	Therapy client C and D	Therapy client E and F	Therapy client A and B
11.30-12.00	LUNCH	LUNCH	LUNCH	LUNCH	WEEK END LUNCH
12.00-12.45	Therapy cl. A, B and C	Therapy cl. E and F	Therapy cl. A and B	Therapy cl. C and D	Therapy cl. E and F
12.45-13.30	Therapy cl. D, E and F	Therapy cl. C and D	Therapy cl. E and F	Therapy cl. A and B	Therapy cl. C and D
13.45-14.30	Group supervision role play	Treatment planning: Refl team with client	Group supervision role play	Treatment planning: Refl team with client	Group supervision role play
14.30-15.00	CI Reflecting team	CI Reflecting team	CI Reflecting team	CI Reflecting team	CI Reflecting team
15.00-15.20	Group ind report	Group ind report	Group ind report	Group ind report	Report gr1 gr2
15.20-15.30	A1-A2 Coordination	A1-A2 Coordination	A1-A2 Coordination	A1-A2 Coordination	A1-A2 Coordination
16.00-16.15	Afternoon meeting	Afternoon meeting	Afternoon meeting	Afternoon meeting	Afternoon meeting
16.15-16.45	Focus sessions	Focus sessions	Focus sessions	Focus sessions	Focus sessions
17.00-20.00	Milieu therapist sessions when needed	Milieu therapist sessions when needed	Milieu therapist sessions when needed	Milieu therapist sessions when needed	Milieu therapist sessions when needed
21.15-21.30	Report evening/night	Report evening/night	Report evening/night	Report evening/night	Report evening/night

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Exercise 4: Introducing the basic therapeutic stance through *Basic Validation*

- Patient expresses
- Plenary: identify possible feelings, states
- 2 x 2 Formulate validating response
- 3-4 therapist responses
- Dissect the validating statements

Basic validation



- 1. Identify inner state/emotion/feeling based on what you presume (you're listening, observing)**
- 2. Communicate what you think may be the patient's experience**
- 3. Assume responsibility for your perspective**
- 4. No question mark**
- 5. Period**

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A patient says:

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Exercise 5: Skills training and calibrating therapeutic stance

- Plenary:
- Present rules for giving and receiving feedback
- Demonstrate Basic Validation - bad ass therapist
- 3 participants give negative feedback
- Demonstrate Basic Validation – empathetic, tuned
- 3 participants give positive feedback
- We coach the delivery of feedback and demonstrate the exploration

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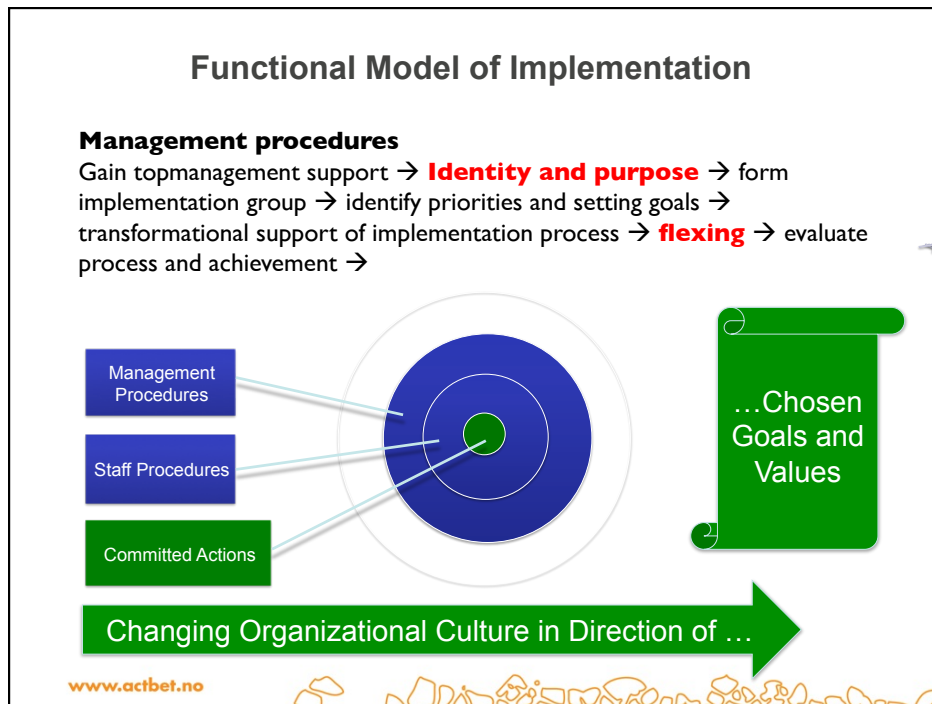
Guidelines for giving feedback

You shall	You shall not
✓ Be direct and specific	✓ Wrap up the message
✓ Talk about behaviors	✓ Focus on character traits
✓ Explain the function of behaviors	✓ Seek for revenge

Guidelines for receiving feedback

You shall	You shall not
✓ Listen	✓ Argument and discuss
✓ Focus on yourself	✓ Talk about the one who gives you feedback
✓ Explore the function of the focused behavior	✓ Just say "thank you"!

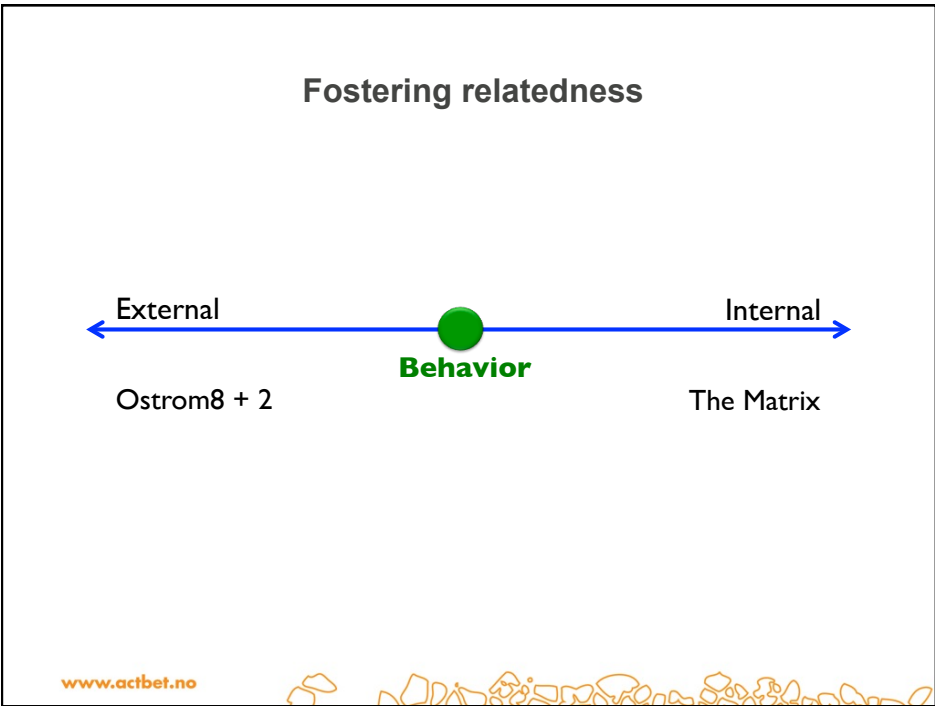
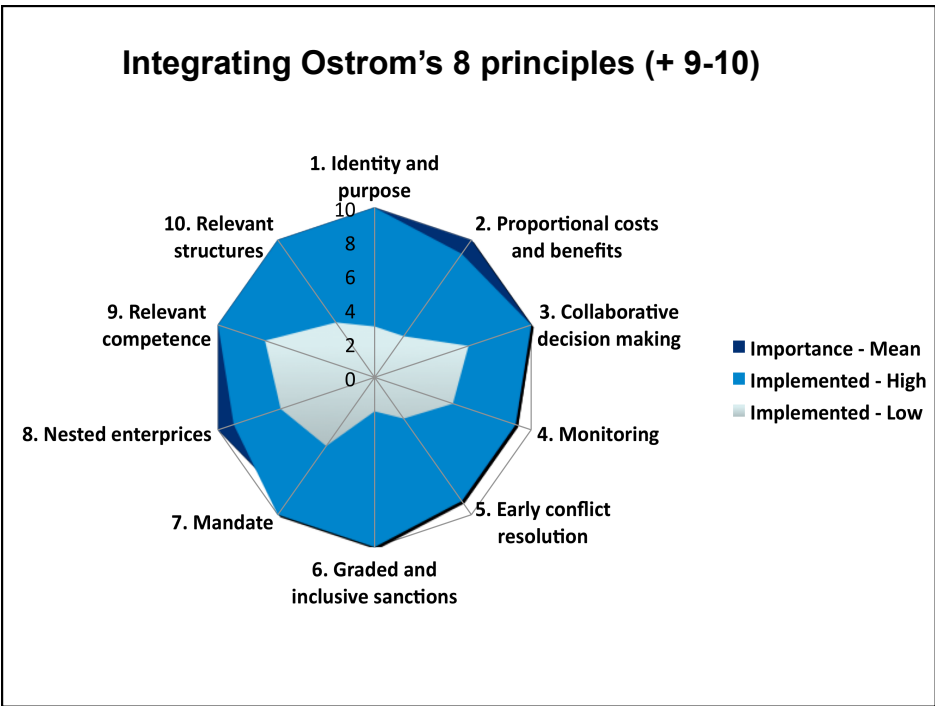
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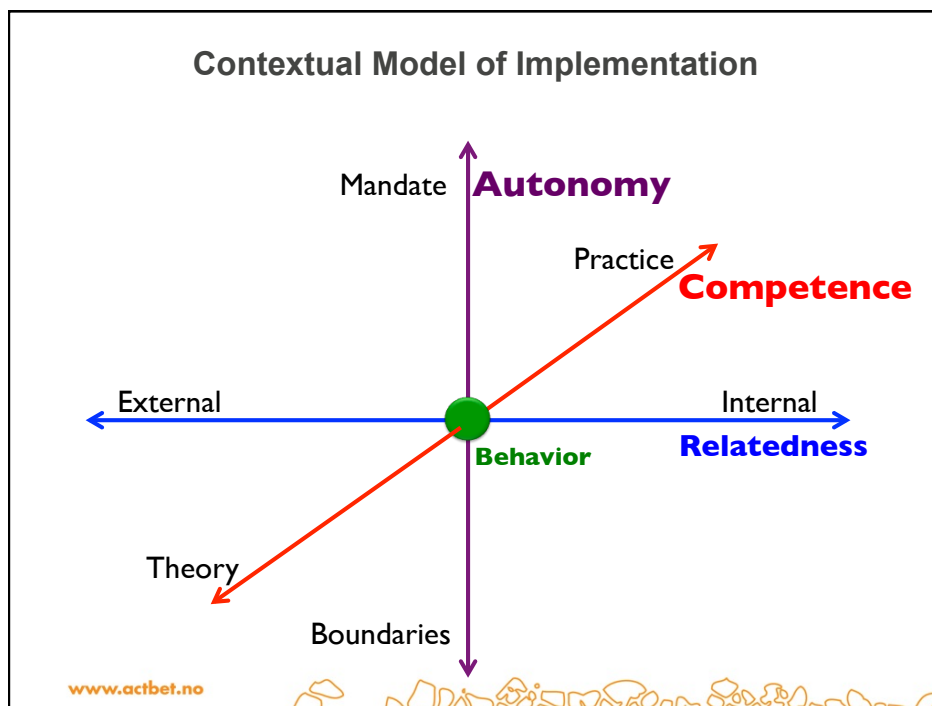
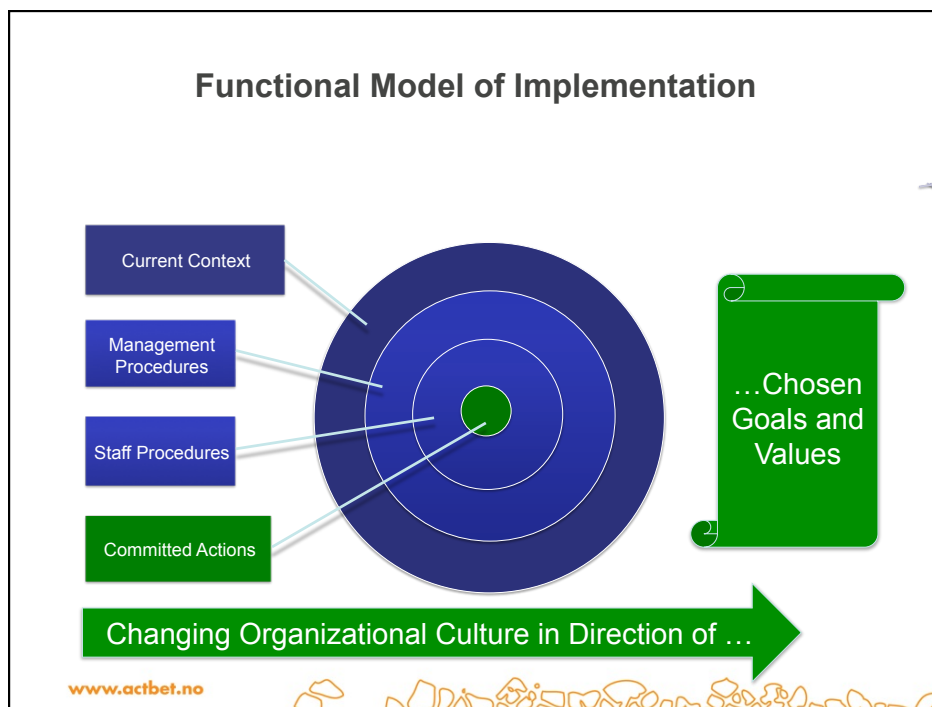


Exercise 6 – Using reflecting team

The 3 groups – 3 implementation teams

- Coach process
 - Explore
- 1) *What specific behavioral steps could you make if you were to start implementing CER tomorrow?*
 - 2) *Identify potential obstructive behavior that you will expect when implementing CER in your work context*
 - 3) *Identify contextual cues that guides when to use graduated sanctions (external axis) and when to work on psychological flexibility (Internal axis) to ensure survival and efficacy of the group*





Exercise 7 – Collaboration Across settings

2 representatives from each group

- 1) Place around a table in the middle of the room, reflecting team:

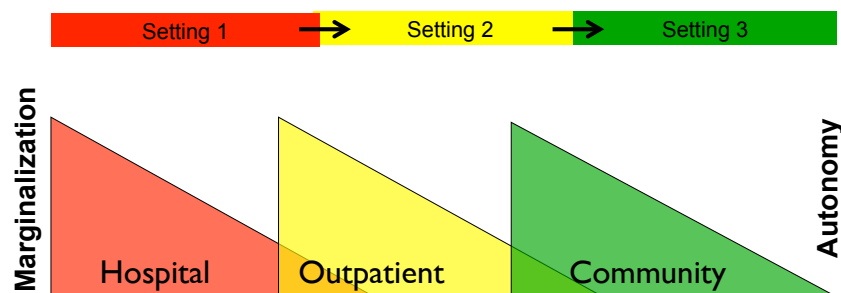
How can you as “a cross-setting leader-team” ensure that the patient is met in the same manner (CER) throughout the treatment network?

- 2) All others around in a circle (aquarium), meta-reflection, exploration

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CER and the health care system

Coordinating under-regulation across settings



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Thanks for your attention

