**FOCUSED ACT – FACT**

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Skills Training Packet

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Dancing with Danger: Can You Do It Well?

*The journey of a healthcare worker during the pandemic offers many challenges. This tool encourages healthcare workers to take a moment to attend to their wellness and to pursue resilience. We’ve a ways to go and regular checks on our own health will help us . . . dance with danger.*

*Part 1*

*Sit quietly for a moment and bring your attention to yourself, you mind, your body, and your heart. How are you doing? What do you need at this moment?*

*Part 2*

*Use this rating scale of 1 to 10 to look at the strength of your connection to what matters and who matters in 4 important areas of your life now, during this very difficult moment in our world.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *0* | *1* | *2* | *3* | | *4* | *5* | *6* | *7* | | *8* | *9* | *10* |
| *Needs attention* | | | | *Okay for now* | | | | | *I feel very strongly connected* | | | |

|  |  |  |
| --- | --- | --- |
| *4 Areas of Life* | *Use these questions to check-in on your connection to each area.* | *0-10* |
| Love | Who do I love? How am I showing my love? Do I feel loved by my loved ones? |  |
| Work | How important is my work to me? Do my efforts at work reflect my personal values? Do I feel safe at work? Do I feel valued by my coworkers and patients?  Do I have a good balance between work and the rest of life? |  |
| Play | Do I find joy in small moments of life every day? Do I plan and engage in playful and restorative activities every day (e.g., prioritizing my sleep, planned relaxation)? |  |
| Health | Are my lifestyle behaviors what I want them to be (e.g., eating well, moderating alcohol, etc.)? Am I mindful about screen time? Am I attending to my emotional needs? |  |

*Part 3*

*What area of life needs your attention at this point in time – Love, Work, Play, or Health?*

*Part 4*

*Live with Intention; make a plan and commit to it. Today, my plan to promote my resilience is:*

A FACT Tool developed by the FACT COVID Collaboration Patti@Mtnviewconsulting.com

FACT Pillars of Psychological Flexibility



The Acceptance and Action Questionnaire-II (AAQ-II)\*

Below you will find a list of statements. Please rate how true each statement is for you by using the scale below to fill in your choice.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| never true | very seldom true | seldom true | sometimes true | frequently true | almost always true | always true | |
|  | | | | | | | |
| 1. My painful experience and memories make it difficult for me to live a life that I would value. | | | | | | |  |
| 1. I’m afraid of my feelings. | | | | | | |  |
| 1. I worry about not being able to control my worries and feelings. | | | | | | |  |
| 1. My painful memories prevent me from having a fulfilling life. | | | | | | |  |
| 1. Emotions cause problems in my life. | | | | | | |  |
| 1. It seems like most people are handling their lives better than I am. | | | | | | |  |
| 1. Worries get in the way of my success. | | | | | | |  |
| TOTAL SCORE | | | | | | |  |

\*Bond, Hayes, Baer, Carpenter, Guenole, et al., 2011

|  |  |
| --- | --- |
| **Life Context: Love, Work, Play and Health** | |
| **Love** | Where do you live?  With whom?  How long have you been there?  Are things okay at your home?  Do you have loving relationships with your family or friends? |
| **Work** | Do you work? Study?  If yes, what is your work?  Do you enjoy it?  If not working, are you looking for work?  If not working and not looking for a job, how do your support yourself? |
| **Play** | What do you do for fun?  For relaxation?  For connecting with people in your neighborhood or community? |
| **Health** | Do you use tobacco products, alcohol, illegal drugs, social media?  Do you exercise on a regular basis for your health?  Do you eat well? Sleep well? |
| **Problem Context: The Three T’s** | |
| **Time** | When did this start? How often does it happen? What happens before / after the problem? Why do you think it is a problem now? |
| **Trigger** | Is there anything--a situation or a person--that seems to set it off? |
| **Trajectory** | What’s this problem been like over time? Have there been times when it was less of a concern? More of a concern? And recently . . . getting worse, better? |
| **Workability**  **Question** | What have you tried (to address the problem)? How has that worked in the short run? In the long run or in the sense of being consistent with what really matters to you? |

\*Adapted from Robinson, Gould, & Strosahl, 2010.

FACT Rating Scale Questions

|  |
| --- |
| 1. How big of a problem is *x*?   1 = not a problem and 10 = a very big problem |
| 1. How confident are you that you will *do* this experiment?   1 = not confident and 10 = very confident |
| 1. How helpful was this visit?   1 = not helpful and 10 = very helpful |

Four-Square Tool\*

|  |  |  |
| --- | --- | --- |
|  | **Avoidance / Controls Suffering** | **Approach / Supports Flourishing** |
| **Actions** |  |  |
| **Thoughts** |  |  |
| **Emotions** |
| **Sensations** |

\*Adapted from Strosahl, Robinson, and Gustavsson, 2012.

Bull’s-Eye Plan



Bull’s-Eye Plan Worksheet

|  |
| --- |
| 1. Begin the conversation by asking what value seems most important as a guide to working with the problem. Ask the patient to talk more about that value, identifying a time in their life when that value inspired them. When they talk about the memory, slow the pace of the interview and encourage them to attend to thoughts and feelings that show up. Ask for more details. Often, patients will experience emotion and, if so, encourage them to allow it and use it to fuel actions they may want to take at this point in life. |
| 1. Reflect on what you hear and then write a statement on the Bull’s-Eye Plan using words and images the patient used when talking about the value. |
| 1. Explain that the bull’s-eye on the target represents the strongest connection possible between a behavior representing a value and the experience of the value. Explain that the purpose of the bull’s-eye is to direct our attention or focus. Most people do not hit the target. However, having a target helps us make daily choices with more awareness and attention. |
| 1. Ask the patient to choose a number to represent how close to the bull’s-eye value statement their behavior has come, on average, over the past 2 weeks (1 is outer circle and 7 is bull’s-eye). |
| 1. Ask the patient to plan a specific behavioral experiment to do in the next 2 weeks; one that they believe would tell that them they are on target and perhaps have moved closer to the bull’s-eye than their average for the past 2 weeks. |
| 1. If time allows, ask the patient to anticipate possible barrier(s) to their implementing the plan and teach a skill to help the patient work with an anticipated barrier. Barriers are often related to skill deficits in one or more of the pillars. |
| 1. At follow-up, ask the patient to make a mark on the target to indicate consistency between behaviors and the targeted value. Discuss their experience with the plan. Identify barrier(s) to implementing the plan and teach skills that address the barrier(s). Then, plan another behavioral experiment to help the patient flourish. |

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**Thank you for helping us evaluate your experience at this workshop by answering the following questions as completely as possible.**

1. **Please rate this event overall:**

1 2 3 4 5

*Very Poor OK Excellent*

1. **The opportunity to network with one or more people who do work similar to mine was useful.**

1 2 3 4 5

*Not at all Useful* *Somewhat Useful* *Very useful*

1. **Please rate the quality of presenter skills.**

1 2 3 4 5

*Very Poor Fair Excellent*

1. **This workshop increased my knowledge and skills related to:**
   1. Focused Acceptance and Commitment Therapy  Yes  No
2. **One example of a tool, strategy or idea that I learned about during this workshop that I plan to use is:**
3. **Please share the most interesting or helpful parts of this workshop:**
4. **What could have made the workshop better?**
5. **Please share any other comments you would like the organizers or presenters to know about today’s session:**

**Thank you! We appreciate your feedback.**