Promoting Change in Primary Care: Patient Tools

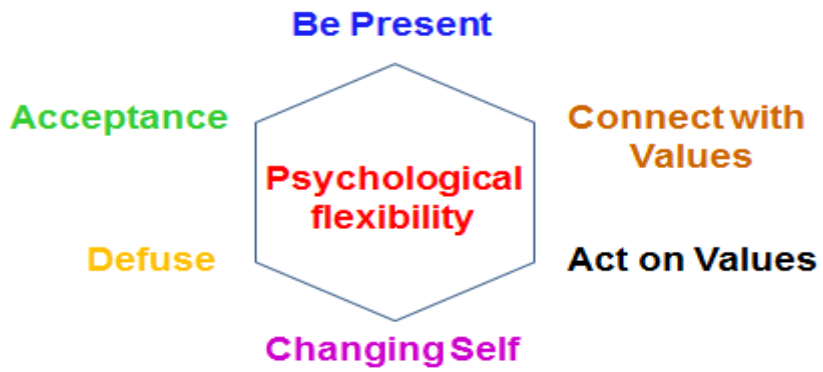
TEAMS Worksheet

Thoughts	
Emotions	
Associations	
Memories	
Sensations	

TEAMS Skill Training: *Sit in silence and think about your health and your desire to have someone help you with your health and lifestyle problems. Write down the TEAMS that come up for you.*

Acceptance and Commitment Therapy (ACT)
A Model for PATIENT Resiliency

Resiliency - Core Processes



Core Processes Assessment Tool (CPAT):
A Tool for Assessing Patient Vulnerability / Resilience and Planning Interventions

BURNOUT / ILLNESS (1)	Rating	Flexibility / Resilient Lifestyle (10)
Avoid TEAMS		Acceptance (Accept TEAMS)
Stuck TEAM/Rules		Defuse (Step Back)
In past or future		Be Present
Stuck / self story		Changing Self (Observer sees)
Values disconnect		Connect with Values
Impulsive, passive, self-defeating		Act on Values
		Total Score (0-60)

Real Behavior Change Pocket Guide

I. *Experience the Present Moment*

- Time Line
- Three (or Five) Senses
- Balloon Breath

II. Strengthen Connection with Values

- Retirement Party
- Tombstone
- Bull's-Eye: Values Identification
- Bull's-Eye: Value Discrepancy
- Bull's-Eye: Professional and Personal Values Assessment

III. Sustain Value-Consistent Action

- You Are Not Responsible;
- You Are Response Able
- All Hands on Deck
- Bull's-Eye: Action
- Burnout Prevention and Recovery Plan

IV. Use Observer Self to See Limiting Self-Stories

- What Are Your Self-Stories?
- Be a Witness
- Circles of Self
- Miracle Question

V. Step Back from TEAMS and Unworkable Rules

- Playing with Sticky TEAMS
- TEAMS Sheet
- Velcro
- Clouds in the Sky

VI. Accept TEAMS and Focus on Action

- Eagle Perspective
- Book Chapter
- Rule of Mental Events
- Lose Control of Your Feelings, Gain Control of Your Life

From *ACT in Primary Care, Robinson & Gould, ACBS, 2012, robinsonpatricia@me.com , deb.gould@commhealthcw.org.*

Enhance Present-Moment Experience

Time Line. The Time Line is an experiential technique. You draw a horizontal line on a piece of paper and label the left end "the past" and the right end "the future." In the middle of the line, write, "the present." Then, place your finger on the line and begin to model watching your thoughts, feelings, and sensations as they appear, and tracing where they are on the line. For example, you might say, "I'm having the sensation of touching the paper with my finger—that's the present. And now I'm noticing a grumbling in my stomach—this is now, too. But now I'm thinking about what I'll have for lunch" (moving your finger toward the right, or "the future," side of the line). Then, invite your patient to try it for a minute or two. This allows you to check his understanding. Ask the patient if she is willing to practice the exercise every morning for five minutes, advising that she will probably get lost in the future or past—where the mind likes to hang out—and that keeping a finger on the line will help her come back to the present, where feeling the paper is possible.

Three (or Five) Senses. The Three (or Five) Senses technique is also experiential. As PCP, ask your patient to name three (or five) things she sees, then three things she hears, and continue with the senses of smell, taste, and touch. At the end of the three-to-five-minute exercise, you can explain that the patient just spent three to five minutes in the present moment.

Balloon Breath. In this exercise, as PCP, you teach the patient to breathe ina relaxed manner from the diaphragm.The cycle of breathing should be slow, approximately four seconds on the outbreath with a one-second pause, then four seconds on the in-breath with a one-second pause before repeating the cycle. We like to have the patient use the image of a balloon in the abdomen that empties on exhalation and fills on inhalation. Once the patient is able to follow the breath using the balloon image, you can suggest switching to using the word "here"when emptying and "now" when filling. A next step is to have the patient focus on an object in the room and continue using the words "here" and"now." This technique can serve as the basis for later homework assignments involving its use while the patient engages in planned exposure (through imagination or in real life) to previously avoided situations and TEAMS.

Strengthen Connection with Values

Retirement Party/Tombstone. This exercise is useful for PCPs and medical trainees, as well as patients.If you are a PCP, imagine that you are at the end of your career and your colleagues are giving you a retirement party. Your family members have come too, and now is the time when people are beginning to talk, one by one, about you and how you pursued your career, your work with patients and relationships with colleagues, and how you balanced your personal and professional lives. What do you hope they will say? ("Provider Tool: Retirement Party Worksheet.")

For patients, say this: "I want to better understand your values—what matters most to you in life—and a good way of getting at this is for you to imagine that you are at the end of your life and being laid to rest. What do you hope your loved ones will put on your tombstone? What would they sayabout you and how you lived your life?"

Bull's-Eye: Value Identification. If you like, you can use the Patient Education: Bull's-Eye Worksheet to introduce this exercise to the patient. Explain that values are global, abstract concepts about what matters most to us in life, stating, "Values are like the bull's-eye on a dartboard; we don't usually hit the bull's-eye in a game of darts, but it gives us a direction. I'd like to know what your bull's-eye, or value, is in one of three areas today; you choose. Would you like to

talk with me about your values concerning love and loving relationships, work or study, your community, or play? What you do to just have fun and feel alive?" When the patient responds, note the area of values focus on the handout, and then either write key words the patient says about his values, or have the patient write out the values statement. Often, you can end the visit by asking the patient to pay attention to times when he seems to be coming closer to the bull's-eye, just as a matter of what he does on a daily basis, and to come prepared to talk briefly about that at the follow-up visit.

Bull's-Eye: Value Discrepancy. This exercise builds on the previous one and might be used during the same visit if time allows Ask the patient to make a mark somewhere on the target on the Bull's-Eye Worksheet, to indicate how consistent her behavior has been with her stated value over the past few weeks. Total consistency would be the bull's-eye. It's important to explain to the patient, "Most of us are not hitting the bull's-eye but, rather, coming in somewhere out here" (pointing to one of the most distant rings).Sometimes patients respond, "Not even on the page." When this happens, let the patient know that it's okay and that the point of the Bull's-eye is to create a focus so we can be more intentional in our day-to-day choices.

Support Ability to Sustain Value-Consistent Action

You Are Not Responsible; You Are Response Able. This exercise helps the patient sort out blame and fault, because they impact commitment to a course of action. Write the word "responsible" and then "response able." Explain to the patient that today we often associate "being responsible" with blame and fault. However, he original meaning of "responsible" was "being alive." Let the patient know that pursuing a life consistent with your values requires you to see the available options for responding in a vital, life-supporting way at any given moment in time and to choose that course: response able.

All Hands on Deck. This technique involves a metaphor. When stressed, the mind calls out for help from all possible "hands," or resources. Unfortunately, the hands (our TEAMS) who show up may not be helpful after all, but instead hinder our ability to keep the ship on course. We think all hands should help us deal with challenges at sea (or difficulties we face in pursuing our values), but often some hands help and some don't; that is, some TEAMS help and others don't. The All Hands on Deck game helps the patient learn to continue pursuing a valued direction even when that pursuit causes more distress. Invite the patient to be the captain of a ship, steering it toward a value direction, knowing that many negative TEAMS will emerge once the journey is under way. Have the patient name the TEAMS and command them, as "crew members," to come to the top deck to be ready to help out: "All hands on deck!" You can do this exercise in brief individual visits, but it works especially well during group visits, where group members can enact the metaphor. The targeted skill is to stay at the helm and continue steering, and this exercise allows the patient to experiment with how it works to argue with unruly or unskilled crew members, even making them walk the plank, versusacknowledging their presence while staying at the helm and steering the ship in its original direction.

Bull's-Eye: Action Steps. You can use the Bull's-Eye Worksheet or simply draw a bull's-eye on a piece of paper. After the patient describes a value, ask him to identify one or two behaviors he could do that might bring his behavior on a daily or weekly basis closer to the bull's-eye value. Note steps—both short- and long-term—on the worksheet and give it to the patient to take home, requesting, "Will you, if possible, make a note or two when you try to do these things: how it went; what, if anything, got in the way? Then, you can bring it back, and we'll look at what the next step needs to be." If you decide to add a step or two concerning action steps for the patient to consider over the long term, note these and explain, "These are possible steps for us to ponder for the future."

At a follow-up visit, ask the patient how the behavior-change plan worked. Did he do it? Did this process take the patient closer to the experience of vitality and purpose, as anticipated? What barriers did the patient experience? You and the patient can then revise the action plan, as indicated by the patient's experience.

Burnout Prevention and Recovery Plan. This exercise is for students, residents, and providers of primary care services . Using this written exercise can help reduce the risk of burnout. When you complete this form, try to describe specific behaviors and details about when and how often you will use techniques to increase your resiliency. Planning areas on the worksheet include practice of acceptance, mindfulness, contact with personal values, and value-consistent action on a daily basis.

Enhance Ability to Use Observer Self to See Limiting Self-Stories (Changing Self)

What Are Your Self-Stories? Ask the patient to try an experiment. Ask the patient to write three to four sentences in response to each of the following situations: Imagine meeting someone you want to befriend and telling that person about yourself: "I am…"Imagine being falsely accused of something and needing to clear yourself: "I am…"Imagine applying for a job and telling the interviewer about yourself: "I am…"When the patient returns, you can discuss differences among the self stories and ask what part of the patient is the same in all stories. The answer is the part that witnessed the writing or telling of the story. Label that part as the "observer self."

Be a Witness. The concept of being a witness—for example, to a crime—is easy for patients to understand, and most can readily describe the qualities of witnessing as "watching, observing details, and so on." You ask the patient to be present (perhaps having taught the patient one of the techniques suggested for developing the first of the six core processes: experience the present moment) and to just witness or watch her uncomfortable thoughts, feelings, and memories. After the patient starts to witness or watch, suggest that she look at a troubling problem or decision and continue to witness. You might say, "Try using the words 'I am a witness for my thoughts, and I am having the thought that…'" Patients will also benefit from encouragement: "Noticing sticky thoughts and feelings in this way helps you stay present, so stay with it and also notice that you are the person right here and right now, the witness, who is aware of those thoughts, feelings, memories—whatever your mind offers up."

Circles of Self. This exercise helps the patient connect current distressing TEAMS with the witnessing self or "observer self ." To start this exercise, draw three circles. In the first circle, write a self-story and explain that this is the content, or TEAMS, that is pertinent to the patient's problem at the moment. In the second circle, write out the five senses and explain that these help the patient come into the present-moment experience of the self. In the third circle, write "observer self," and ask the patient to hold the piece of paper and to be an accepting observer who simply watches the story and the sensory experience. Sit in silence with the patient for two to three minutes and explain that practicing this exercise may help the patient learn to move among the circles of self more easily.

Miracle Question. This technique is quite useful in helping patients defuse and access a more open perspective. You may phrase the miracle question in a variety of ways; for example, "Let's pretend that while you are sleeping tonight, a miracle happens. You don't know what has happened, but on awakening in the morning, various things in your life have changed. You notice them as you go through the day. What do you notice first? What's different?" Or, you can be briefer: "Let's pretend for a moment that I can wave a magic wand and you suddenly feel better. What's different about you? What do I see that tells me you are feeling better?" If the patient responds negatively (for example, "I'm not losing my temper so much"), encourage him to reframe the response in a positive

way (such as, “What are you doing instead of losing your temper?”). You need to encourage the patient to elaborate on his image of a better future. When a patient can access a more open perspective, she is more prepared to step back from limiting self-stories and take action one baby step at a time.

Enhance Ability to Step Back from TEAMS and Unworkable Rules (Defusion)

Playing with Sticky TEAMS. In this technique, you invite the patient to develop a playful stance in response to thoughts or other TEAMS that tend to distress the patient and provoke avoidance and other unhealthy responses. Here’s an example: Have a patient who often buys a distressing thought put some music to the phrase (a favorite tune perhaps) and workup a dance, so that she can sing and dance the phrase, changing its control over her. Over time, the patient can learn to hum the tune when the thought or other TEAMS elements show up.

TEAMS Sheet. In this technique, briefly explain each of the TEAMS elements and then ask the Ideally, you will ask the patient to use it during the same visit in which it is introduced and then to practice sitting with the sheet at home for a few minutes every day. At the end of the brief home practice periods, the patient can jot down a few notes about the TEAMS he observed, bringing the results to you on a follow-up visit. Once the patient learns to use the TEAMS Sheet, you and the patient can use the sheet during visits, particularly when interaction between you and the patient may be under the influence of negative TEAMS that limit present-moment experience during the visit.

Velcro. This technique helps patients create some space around their most sticky TEAMS. Explain to the patient that we have many thoughts, feelings, memories, and so on, but that some appear to be “terribly important and worthy of immediate attention.” These thoughts or feelings appear to have Velcro on them, so that they attach immediately to invisible Velcro strips on our foreheads. Once they are attached, we can no longer see them as just thoughts or feelings. If time permits, you can jot down a few of the patient’s Velcro thoughts or feelings on sheets from a pad of sticky notes and hand them to the patient to place on her head or chest. The patient can take these with her and practice putting the Velcro thoughts and feelings on her head while standing before a mirror, and then taking them off and just holding them.

Clouds in the Sky. This exercise involves identifying troubling TEAMS and just noticing them when they show up, without evaluating them or struggling to change them in any way. As a way of cultivating this type of acceptance, you imagine lying under a shade tree and watching clouds in the sky. The goal is to place each TEAMS element on clouds drifting by, allowing them to reform and change, simply watching the ever-changing pattern.

Enhance Ability to Accept TEAMS and Focus on Action(Acceptance)

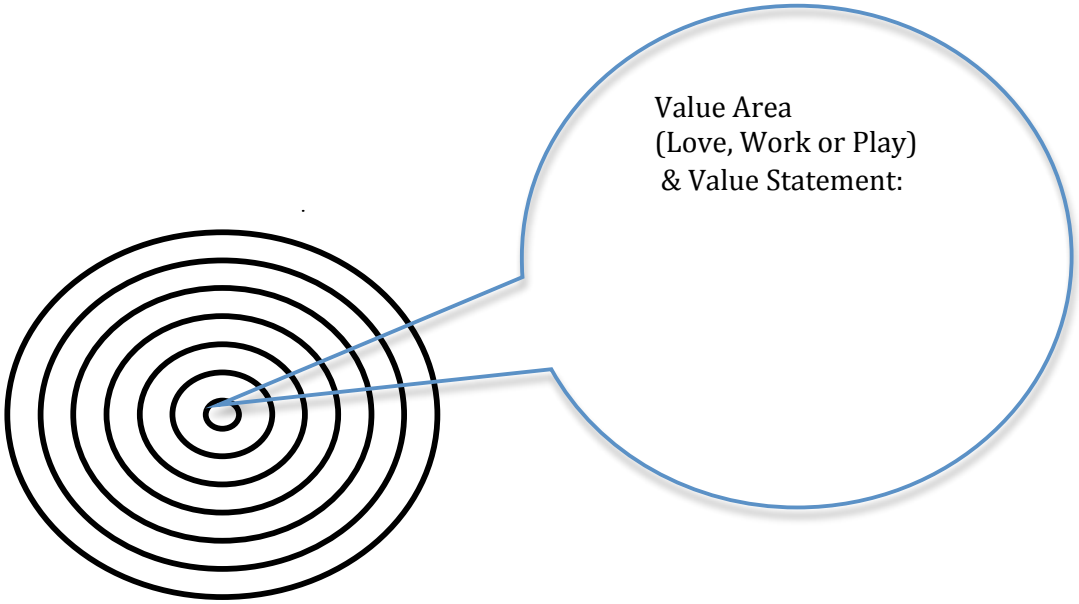
Eagle Perspective. Use the metaphor of an eagle, soaring high, to talk to the patient about the perspective that empowers us to plan a course and stick with it (see chapter 7 for a case example concerning chronic pain). An eagle headed for a nest notices a rabbit here and there, feels the shift in the wind, hears the screech of a red-tailed hawk, and continues to fly toward the nest. You might suggest that the patient simply take a deep breath and float up, letting go of both internal and external phenomena that distract from continuing on the chosen course.

Book Chapter. This technique helps patients begin to see their life narratives from an acceptance context, making it possible for them to have painful life experiences without letting such experiences "define" who they are. These experiences are part of a book in which no one chapter is more important than the other chapters. You could disclose, "I have lots of chapters in my life storybook; some I like and some I don't," while offering encouragement: "Maybe the chapter you are reading right now is called 'My Pain and Disappointments.' There are other chapters in your life storybook, maybe 'My Vision for Life,' 'My Best Moments,' 'People I've Loved,' 'My Spiritual Self,' and so on. Your life story isn't about one single chapter; it's the whole book. When the chapter about pain and disappointment comes up, try saying something like, 'Oh, this is the "Pain and Disappointments" chapter. I've read you before.'" You need to explain that it's important for us to honor every chapter in our life storybooks and to keep the "book" perspective.

Rule of Mental Events. This technique helps patients experience the paradoxical trap inherent in suppressing or avoiding painful TEAMS. The rule of mental events refers to the fact that it's impossible to get rid of mental events and that, in fact, our attempts to suppress inside-the- skin phenomena actually result in the avoided event being more present. To help patients experience this, ask the patient to imagine an apple for a minute and then to make that image go away completely. Most patients will observe and see that, at best, they can change the apple from red to green (or some variation).Then, you can introduce the idea that the patient's efforts to control painful TEAMS are actually not working in the sense of making them go away and are, perhaps, only making the painful thoughts and feelings worse.

Lose Control of Your Feelings, Gain Control of Your Life. When using this technique, you may want to use the online patient education form associated with it. Alternatively, you can add a few features to the Bull's-Eye Worksheet. Basically, you will draw a box to the left of the bull's-eye and write inside of it, "Control your feelings? How? " In a few words, describe what the patient does to avoid painful TEAMS (for example, drink alcohol or use drugs, or avoid going to certain places). Maintain a nonjudgmental attitude, perhaps saying, "I can see how you've settled on this. The problem is that you have only so much energy, and you can use it to control your feelings or to gain control of your life by choosing to live the way you want to. I am willing to help you gain control over your life. I will work with you, and we will plan small behavior changes that will help you live in a more meaningful way, making room for painful thoughts and feelings about ." While saying this, you can draw a vertical line from the phrase, "Control your feelings?" toward the bull's-eye and write "Control your life" above and to the right of the bull's-eye, near the value statement box. Then, ask the patient, "What do you want to choose now: control your feelings or control your life? Then, you can enter into a discussion about the Value Identification component of the Bull's-Eye Worksheet.

Bulls Eye Plan



1	2	3	4	5	6	7
Not Consistent	Slightly Consistent	Somewhat Consistent	Consistent	Remarkably Consistent	Very Consistent	BULLS EYE!

Behavior Plan:

1.

2.

3.

Guide for Using the Bulls Eye Plan

1. Ask the patient to choose Love, Work, or Play as a focus for a short discussion about values. Ask the patient to explain what is important to him or her in each area of life.

2. Listen closely, reflect what you heard and then write a statement on the Bulls Eye Plan using the words (global, abstract) the patient used in talking about the value.

3. Explain that the Bulls Eye on the target represents the patient's hitting her / his value target on a daily basis (and explain for most of us fall far short of that on a day to day basis, but knowing the target helps us make choices, set goals, and implement plans).

4. Ask patient to chose a number to represent how close to the Bulls Eye value statement her/his behavior has come over the past 2 weeks.

5. Ask patient to plan 2 specific behavior experiments for the next 2 weeks that patient believes will make her / his behavior more value consistent (closer to the Bulls Eye target).

6. At follow-up, ask patient to re-rate and identify barriers to engaging in planned behaviors.

7. If time allows, rate the patient's current functioning level in one core area on the CPAT. This will provide a baseline against which you can judge the impact of the Bulls Eye Plan and REAL Behavior Change techniques you use with the patient.

8. If time allows, chose one technique from the REAL Behavior Change Pocket Guide to use in the visit.

Assessment: The Three Ts Questions

Time	When did this start? How often does it happen? What happens immediately before / after the problem? Why do you think it is a problem now?
Trigger	What happens just before the problem? Is there anything or anyone 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?
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?

Assessment: The Love, Work, Play and Health Questions

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 no, are you looking for work? If no, 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? Do you exercise on a regular basis for your health? Do you eat well? Sleep well?

In-Session Assessment Tools

In-session assessment strategies take only minutes and can aid the clinician in determining whether the intervention is working, detecting possible barriers to change, and assessing clients' perceptions about the helpfulness of each session.

- **Assessment of Problem Severity, Confidence, and Helpfulness:** At the beginning of every session, it's useful to ask clients to rate the severity of the problem that brought them to the session. These ratings can be charted, as demonstrated in the graphs of problem severity ratings in part 3 of the book. Near the end of the session, it's highly worthwhile to ask clients about their confidence that they will follow through on actions and behaviors planned in that session. Also seek their input on how helpful the session was.

Problem Severity

At the beginning of each session, ask clients to rate the severity of the problem that is bringing them in for help using a scale of 0 to 10, where 0 = not a big problem, and 10 = a very big problem. Over multiple visits, you can use a graph to track changes in problem severity ratings as a way of assessing the client's response to the intervention, as illustrated in figures in part 3 of the book. If problem severity scores don't change over time, this is a signal that you need to change intervention strategies. If you go to the book's website, you can download a graphing macro that will allow you to enter and track scores on a session-by-session basis.

Confidence

Near the end of each session, ask clients to rate their level of confidence that they will do what was planned in that session using a scale of 0 to 10, where 0 = not at all, and 10 = very confident. Generally, a rating of 7 or above is the target. Ratings below that should trigger an additional interaction about barriers to action that might be showing up for clients. There might be a need to either identify a new goal or to reduce the scale of the original goal.

Helpfulness

Near the end of each session, ask clients to rate how helpful the session was using a scale of 0 to 10, where 0 = not at all, and 10 = very helpful. Generally, a rating of 7 or above is the target. Low ratings (0 to 4) signal that there is a major disconnect between the goals of the therapist and the goals of the client. Midrange ratings (5 to 6) might trigger a conversation about what the therapist and client could do to create a more helpful approach for the client.