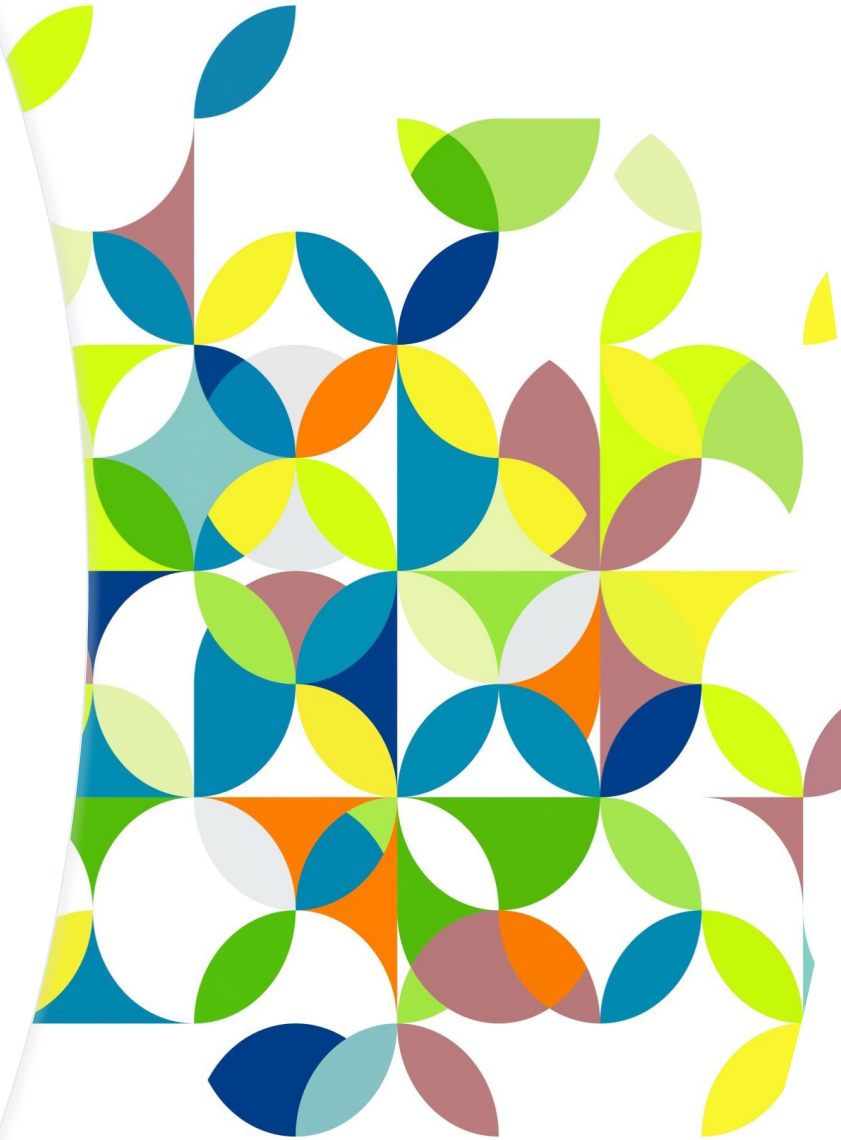


# The Contextual Interview



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# Focused Acceptance and Commitment Therapy

Focus on	Allow	Choose	Take
<p>Focus on functioning and barriers to functioning related to</p> <ul style="list-style-type: none"><li>• rule following</li><li>• emotional and behavioral avoidance</li></ul>	<p>Allow the presence of distressing, unwanted private experiences that act as barriers</p>	<p>Choose a life path based in personal values rather than avoidance of pain</p>	<p>Take actions which propel the him/her down that path</p>

Robinson, 2020. Robinson, Gould & Strosahl, 2010; Strosahl, Robinson & Gustavsson, 2012

# Why FACT ?

- By emphasizing care at the time of request, FACT improves the possibility of access to care for people with addiction and mental health problems – most of whom do not receive service from a MH provider.
- FACT is designed for brief settings, so better matches low to moderate levels of motivation and limited financial resources.
- FACT assessment is functional and strength-based, reducing barriers such as stigma and enhancing connection with values.
- Eliminates the mismatch between the traditional “diagnosis and treat” approach and patient engagement.

**FACT supports clinical services that are accessible, feasible, and helpful to individuals and families**

# AWARE

***Able to find the present moment and to be flexible with our stories about self***

---



## ***Present Moment Awareness requires . . .***

Flexible attention / focus, or ability to effectively shift focus of attention

Ability to be aware of and use ongoing stream of private experience



## ***Perspective Taking requires . . .***

Sense of continuity of consciousness

Ability to “step back” and become an observer of events

Ability to imagine the point of view of someone else

# OPEN

## *Willing and able to find an observational distance*

- ***Willingly experiencing***, rather than controlling . . .
  - Private experiences (thoughts, feelings, memories, sensations)
  - Personal history
  - Attitudes/behavior of others
- Seeing how our mind works
- Noticing while not reacting to the content of our mind





So, in summary, use *FACT* to help a person cultivate an “**observational distance**” for perceiving the approach / avoidance dynamic . . .

“**choose to pivot**”

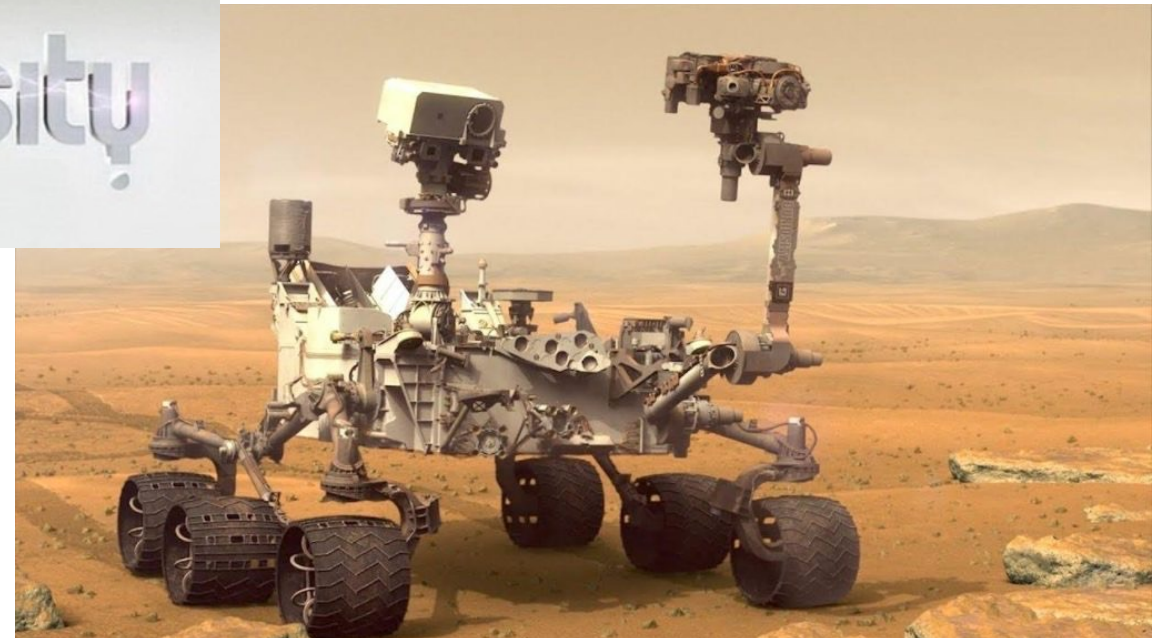
from experiential avoidance to “**name and notice**”

from behavioral avoidance to


”**taking action that shows what matters**”



Curiosity



# ACT is effective with many problems

- Stress
  - PTSD and other co-morbid conditions
  - Anxiety
  - Depression
  - Eating Disorders
  - Psychosis
  - Chronic Pain
- 
- Diabetes
  - Hypertension
  - Over-weight
  - Tobacco Cessation
  - Multiple medical conditions



# Two Studies from 2021

Arroll, B., et al., (2021). FACT effectiveness in primary care; a single visit RCT for depressive symptoms. *The International Journal of Psychiatry in Medicine*, 0(0), 1-12. SAGE DOI: 10.1177/00912174211010536

Dochat, Wooldridge, Herbert, Lee & Afari (2021). Single-session acceptance and commitment therapy (ACT) interventions for patients with chronic health conditions: A systematic review and meta-analysis. *Journal of Contextual Behavioral Science*, 20, 52-69.

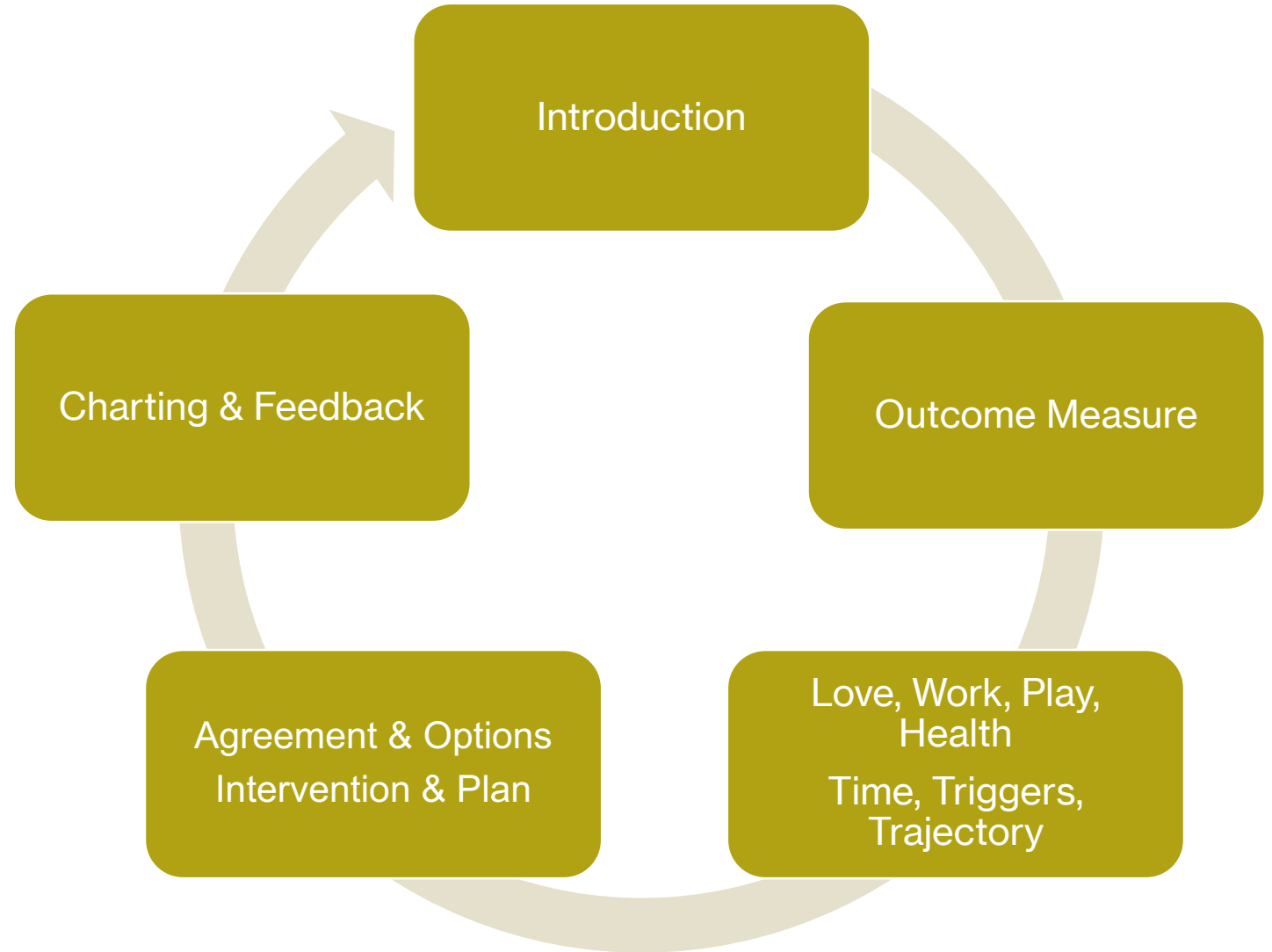
## FACT group TX in Integrated PC Glover, et al., 2016

- 4-week group, 51 participants
- Pre- to Post-treatment analyses of variance demonstrated
  - Large effects for quality of life
  - Moderate effects for depressive symptoms
  - Moderate effects for perceptions of mental health functioning
  - Small effects for perceptions of perceived stress and physical health functioning

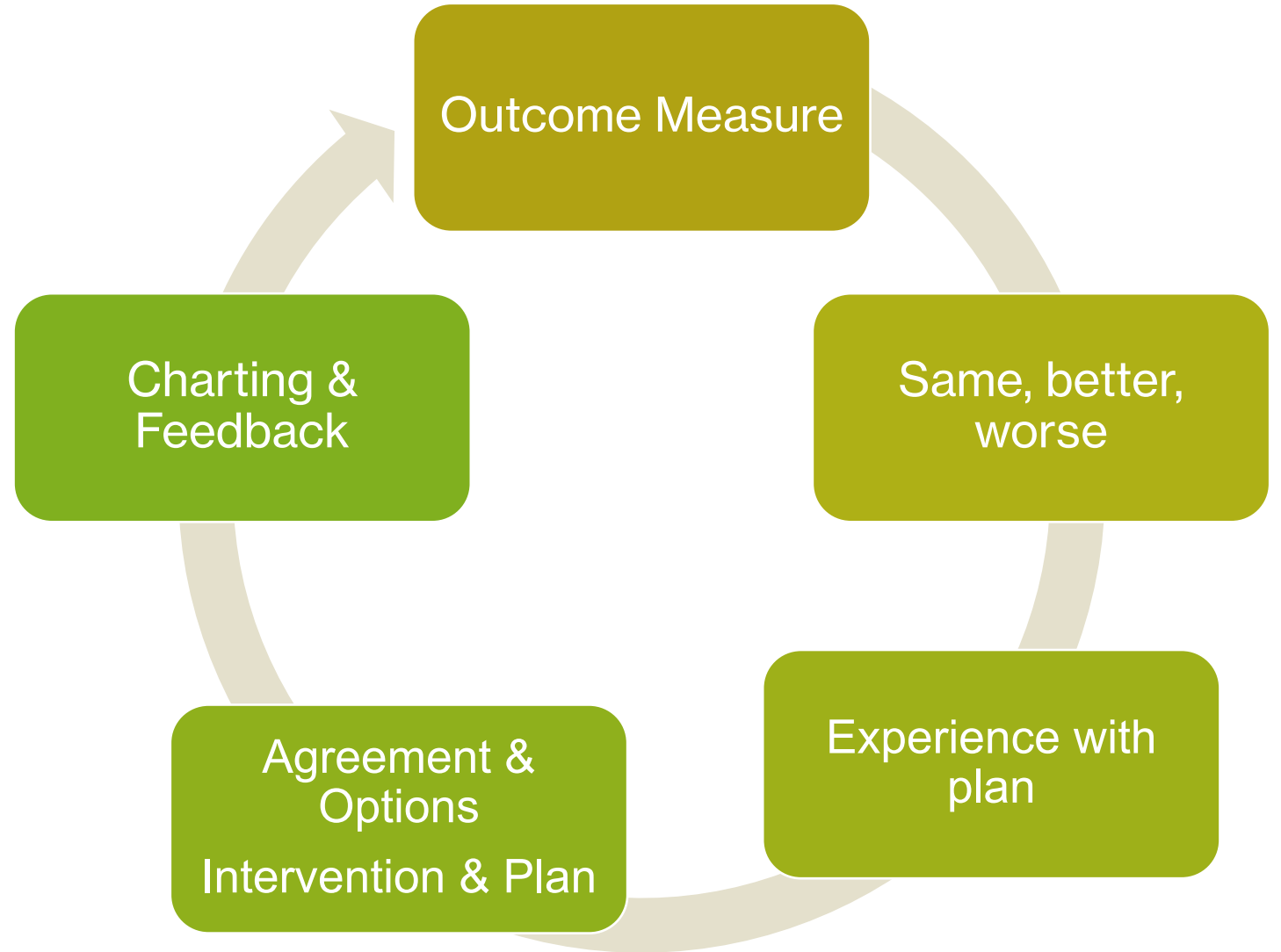


**Now, let's get to work**  
**FACT BASICS**

# FACT Initial Visit (25 minutes)



**FACT**  
**Follow-Up**  
**Visit (15-25**  
**minutes)**



# First, prepare the patient

Hello. My name is X and I am a X. My job is **to help** with stress, health behaviors, and problems of living.

Today, I'll be asking a lot of questions to get a picture of your life and an understanding of the problem you're concerned about today.

Then, we'll put our heads together and try to develop a plan to make your life better. Our visit will take 20-25 minutes, and I'll let your doctor know what we decide.

Sometimes people get what they need from a single visit and other times people return to learn new skills.

I'll chart to your medical record as we talk to make sure I get things accurately. Any questions?

# Functional assessment

- An alternative to the diagnostic interviewing and treatment matching approach
- Helps clinician develop behavior change plans that target specific factors maintaining problem behaviors
- Helps clinician use evidence-based interventions with greater precision and impact
- Functional assessment of a problem behavior involves
  - Indirect assessment (e.g., results of a health-related QOL survey)
  - Direct assessment (e.g., interview questions, rating scales)
  - Functional analysis involves the clinician intentionally changing factors in the environment (e.g., changing positions in the room, asking the patient to stand or speak at a faster or slower rate) and then observing the impact of the change of the problem (e.g., the patient's attention, experience of emotion, etc.)

# Measures to use in a functional assessment

Depends on your setting, relationship with patient, length of appointment

Health-related quality of life measures reduce patient sense of stigma

Duke Family Medicine and Community Health Department has developed a variety of measures:

Duke Health Profile (DUKE), Duke Health Profile-8 (Duke-8)

Duke Population Health Profile (Duke-PH)

See <https://fmch.duke.edu/research/duke-health-measures>)

Another option for estimating patient functioning is the PROMIS<sup>®</sup> (Patient-Reported Outcomes Measurement Information System)





# **FACT ASSESSMENT**

**SKILLS TRAINING  
PACKET,  
pp. 2, 3, 4**

Contextual Interview Questions  
(adults, children & youth)

Rating Scale Questions

## Contextual Interview Questions\*

**Skills Training  
Packet p. 2-3**

Presented with flavors of  
Curiosity &  
Possibility  
As Clinician notices  
indicators of  
Psychological Flexibility (PF)

*Life context*

**LOVE**

**WORK (School)**

**PLAY**

**HEALTH**

*Problem context*

**TIME**

**TRIGGERS**

**TRAJECTORY**

**WORKABILITY**

\*Adapted from Robinson, Gould &  
Strosahl, 2010

# Rating Scale Questions

**Skills Training Packet**  
**p. 4**

**How big of a problem is x?**

**1 = not a problem 10 =, a very big problem**

**How confident are you that you will do this experiment?**

**1 = not confident and 10 = very confident**

**How helpful was this visit?**

**1 = not helpful and 10 = very helpful**

# Conceptualize

## FACT Four-Square Tool\*

(Actions vs thoughts,  
emotions, action  
tendencies, memories,  
sensations)

\*Adapted from Strosahl,  
Robinson, & Gustavsson,  
2012

	Avoidance / Controls Suffering	Approach / Supports Flourishing
Actions		
Thoughts		
Emotions		
Sensations		

**Skills Training Packet p. 5**

	<b>Avoidance / Controls Suffering</b>	<b>Approach / Supports Flourishing</b>
<b>Actions</b>		
<b>Thoughts</b>		
<b>Emotions</b>		
<b>Sensations</b>		

# PILLARS ASSESSMENT TOOL (PAT)

## Open

- Accepts distressing thoughts and feelings
- Creates a safe observational distance from distressing thoughts and feelings
- Uses experiences to inform behavior, rather than habits and rules

STRENGTHS

DEFICITS

TARGETS

## Aware

- Intentionally focuses on present moment experience
- Uses self-reflective awareness to promote sensitivity to context
- Can change perspectives on stories told about self and others

STRENGTHS

DEFICITS

TARGETS

## Engaged

- Speaks about values with emotion, recalls moments of values-in-action, and accepts vulnerability that comes with caring
- Plans and implements behavior change experiments that promote vitality

STRENGTHS

DEFICITS

TARGETS

# The Five Central Workability Questions

- What would tell you that you are doing "better"?
- What have you tried so far to achieve that result?
- How have those strategies worked up to now?
- What impact have your strategies had on your ability to live that kind of life?
- In a life where you were free to choose the things that really mattered to you, what would that life look like?



# Demonstration

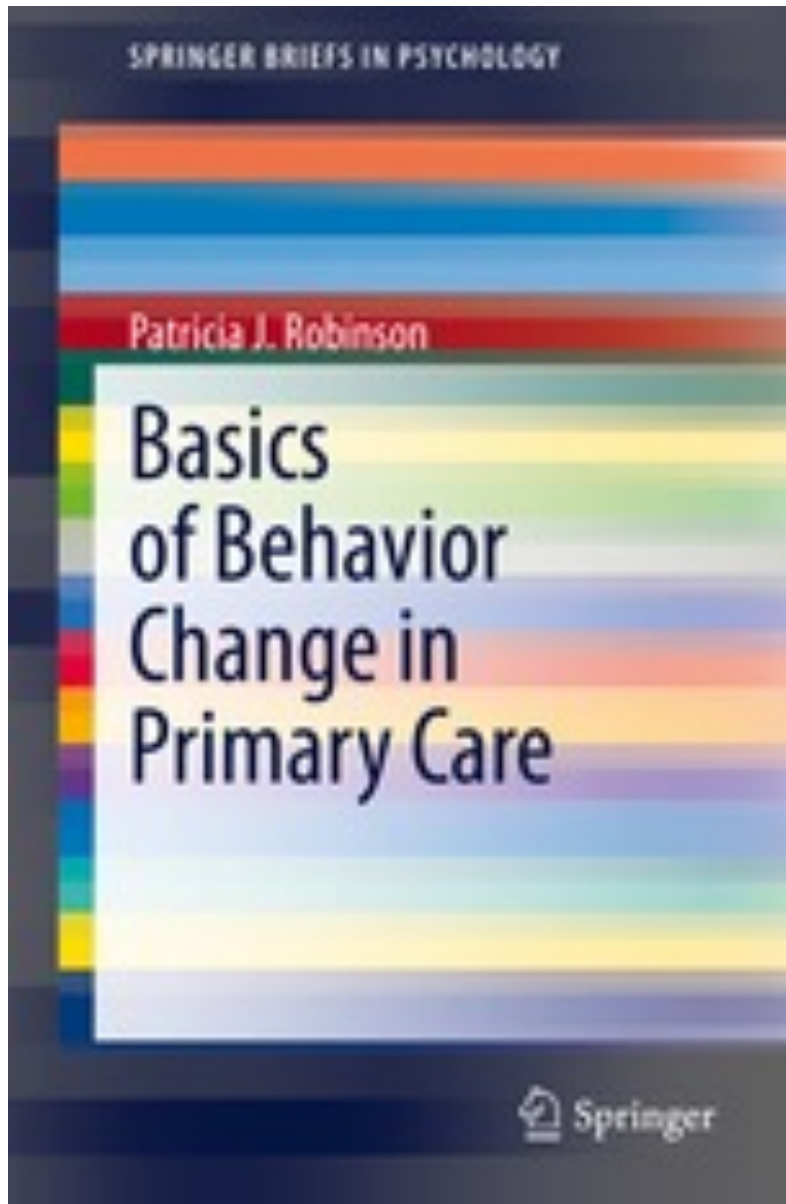




# Practice



# Discussion



Robinson, P. J., (2020)

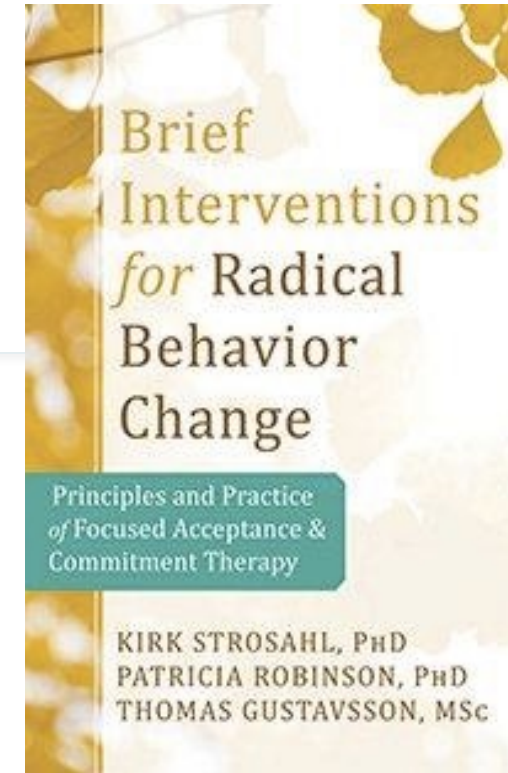
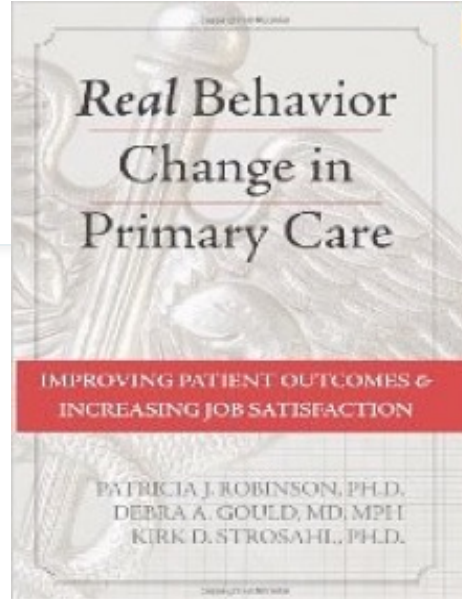
Springer

<https://www.springer.com/gp/book/9783030320492>

Amazon

[https://www.amazon.com/Basics-Behavior-Primary-SpringerBriefs-Psychology/dp/3030320499/ref=sr\\_1\\_1?dchild=1&keywords=basics+of+behavior+change+in+primary+care&qid=1590948683&sr=8-1](https://www.amazon.com/Basics-Behavior-Primary-SpringerBriefs-Psychology/dp/3030320499/ref=sr_1_1?dchild=1&keywords=basics+of+behavior+change+in+primary+care&qid=1590948683&sr=8-1)

# Resources



Association for Contextual Behavioral Science

<http://www.contextualpsychology.org/>

<http://www.newharbingeronline.com/real-behavior-change-in-primary-care.html>

**Let's talk ...**

**and let's  
keep  
talking😊**



# **CONTEXTUAL INTERVIEW MATERIALS**

Patti Robinson, PhD and Kirk Strosahl, PhD

[Patti@MtnviewConsulting.com](mailto:Patti@MtnviewConsulting.com) [Kirk@heartmattersconsulting.com](mailto:Kirk@heartmattersconsulting.com)

## Skills Training Packet

	<i>Page</i>
Contextual Interview Questions - Adult	2
Contextual Interview Questions – Children, Adolescents	3
Rating Scale Questions	4
Four Square Tool	5
Agreement and Options Worksheet	6

### Life Context: Love, Work, Play and Health - Adult

<b>Love</b>	<p>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?</p>
<b>Work</b>	<p>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 you support yourself?</p>
<b>Play</b>	<p>Spirituality? What do you do for fun? For relaxation?          For connecting with people in your neighborhood or community?</p>
<b>Health</b>	<p>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?</p>

### Problem Context: The Three T's

<b>Time</b>	<p>When did this start? How often does it happen? What happens before / after the problem? Why do you think it is a problem now?</p>
<b>Trigger</b>	<p>Is there anything--a situation or a person--that seems to set it off?</p>
<b>Trajectory</b>	<p>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?</p>
<b>Workability Question</b>	<p>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?</p>

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

## Contextual Interview Questions – Children and Teens\*

### Life Context: Love, School, Play, and Health

<b>Love</b>	<p>Who lives in your home with you?          How long have you lived there?          Does everybody get along okay?          Who makes the rules in your house? Are they good rules?          Who are you close to? Family? Friends?</p>
<b>School</b>	<p>Are you going to school? Do you like it?          What do you like about school?          Do you make good grades?          Are your teachers nice?          Are the kids at school nice to you?          What do you want to be when you grow up?</p>
<b>Play</b>	<p>Spirituality?          What do you do for fun? For relaxation?          To get together with your friends?</p>
<b>Health</b>	<p>Do you use tobacco products, alcohol, illegal drugs, social media?          Do you exercise on a regular basis for your health? Play sports?          Do you eat well? Sleep well?</p>

### Problem Context: The Three T's

<b>Time</b>	<p>What is the problem that you are concerned about today? When did it start? How often does it happen? What happens before / after the problem? Is it important that you do something about it now? How come?</p>
<b>Trigger</b>	<p>Is there anything--a situation or a person--that seems to set it off?</p>
<b>Trajectory</b>	<p>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?</p>
<b>Workability Question</b>	<p>Who helps you with this problem? 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?</p>

\*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

2. How confident are you that you will *do* this experiment?

1 = not confident and 10 = very confident

3. How helpful was this visit?

1 = not helpful and 10 = very helpful

## Four-Square Tool\*

	<b>Avoidance / Controls Suffering</b>	<b>Approach / Supports Flourishing</b>
<b>Actions</b>		
<b>Thoughts</b>		
<b>Emotions</b>		
<b>Action Tendencies</b>		
<b>Memories</b>		
<b>Sensations</b>		

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

## FACT Agreement and Options Worksheet

1. Based on your Four Square, what intervention options are you considering?
  
2. Based on the PAT, what pillars do you want to target?

Write out your conceptualization, including

- a. What are the patient's strengths?
  
- b. What are the values related to the problem?
  
- c. What are the barriers to addressing the problem more optimally?
  
- d. What options will you offer the patient for addressing the current problem with greater psychological flexibility?
  - i. Option A (requires less effort, less risk, more certain results)
  
  - ii. Option B (requires greater effort and perhaps more radical change)

# LIFE NOW PROGRAM MATERIALS

## Work Acceptance and Action Questionnaire

Use this scale in responding to the 7 statements below. Record the number in the box to the right of the item.

1	2	3	4	5	6	7
Never true	Very seldom True	Seldom True	Sometimes True	Frequently True	Almost Always True	Always True

	Record 1-7
1. I am able to work effectively in spite of any personal worries that I have.	3
2. I can admit to my mistakes at work and still be successful.	4
3. I can still work very effectively, even if I am nervous about something.	2
4. Worries do not get in the way of my success.	2
5. I can perform as required, no matter how I feel.	2
6. I can work effectively, even when I doubt myself.	3
7. My thoughts and feelings do not get in the way of my work.	2

## Contextual Interview and Assessment

The Contextual Interview helps the Life NOW worker understand the life context for the caller. These are the areas that the caller may explore.

1. Love – friendships
2. Love – intimate partner or family members
3. Work – satisfaction, sense of control, meaningfulness
4. Play – fun activities, relaxation activates, spiritual practice, hobbies
5. Health – alcohol, drugs, tobacco, caffeine, eating habits, exercise, sleep, social media
6. Problem of concern (Time, Triggers, Trajectory)
  - a. When did it start? Recent change?
  - b. Triggers?
  - c. Things that make it better. Worse?
  - d. Impact on ability to love, work, and play

Contextual Interview Assessment: As part of the Contextual Interview, the worker will encourage the caller to choose a rating for each of the key areas of life and then to choose an area to target to improve their quality of life now.

### 1. Love – friendships

1      2      3      4      **5**      6      7      8      9      10  
*Needs work*      *Good here*

### 2. Love – intimate partner or family members

1      2      3      **4**      5      6      7      8      9      10  
*Needs work*      *Good here*

### 3. Work – satisfaction, sense of control, meaningfulness

1      **2**      3      4      5      6      7      8      9      10  
*Needs work*      *Good here*

### 4. Play – fun activities, relaxation activates, spiritual practice, hobbies

1      2      **3**      4      5      6      7      8      9      10  
*Needs work*      *Good here*

### 5. Health – alcohol, drugs, tobacco, caffeine, eating habits, exercise, sleep, social media

1

2

3

4

5

6

7

8

9

10

Needs work

Good here



## Life NOW Tip Sheet

Life is precious, and every moment counts!

Life, more now than ever before, requires us to have strong coping skills to be the leaders we want to be in our communities. Here are some of the skills that we offer in the Life NOW service.

To help ourselves live the life we want to live, we need to learn and practice Life NOW skills. These three skills are core areas for this program and we recommend them to most callers.

		<i>When life is difficult, it helps to live NOW</i>
<b>N</b>	<b>Notice</b>	What is going on in this moment? Inside you? Outside of you? Describe 3 things that you see or hear right now. Name 3 things you feel at this moment. Without judgement, just notice and describe.
<b>O</b>	<b>Orient</b>	Pause and reflect on what matters most in this moment. Do you matter the most? Does someone else? Does action matter? What action? Is stillness or silence better than talking or doing something that shows what matters to you? After orienting, lean in and go with your plan.
<b>W</b>	<b>Work-around</b>	Work around barriers to noticing and orienting and perhaps prioritize solutions that you can pursue for the long term. Life is long, and it's all about look at the barriers and working with them. Sometimes, it's enough to just know the barrier; you don't have to push it down. Sometimes, in knowing a barrier, you start to see a way to walk around it. The walk might take a little more time than battling the barrier, and you have time. Be gentle with yourself. You are worth it!

PLAN: Limit extra shift to once a week. Take a hike with family and dogs to the park once a week. Practice "pause" on lunch break; go to lounge (or outside) and listen to music or CALM app 10-15 minutes.