

We are all broken: Psychologically-Informed Physical and Occupational Therapy

Tips, Tricks, and Technology to Improve Patient Outcomes

Presented By: Ryan McConnell, PT, DPT, DSc, OCS, COMT, FAAOMPT & Michael D. Oliver, Ph.D.



By the end of this course the learner will be able to:

1. Identify and describe the core principles of psychometrics, adapted motivational interviewing, trauma-informed practice, coping skills, mindfulness, and patient management.
2. Identify clinical practice contextual factors (e.g., cultural, social, environmental, economic) that may augment or hinder the implementation of evidence-based interventions and patient outcomes.
3. Explain how therapeutic alliance can be increased through skillful application of communication with patients.
4. Apply learned communication skills to enhance therapeutic alliance and patient outcomes.

By the end of this course the learner will be able to:

5. Analyze research studies and evaluate effectiveness of interventions in respective areas of practice.
6. Design patient-centered treatment plans and interventions that integrate pain neuroscience education and mindfulness principles, and that are tailored to a patient's specific needs (informed by psychometrics).
7. Evaluate the application of pain neuroscience education and mindfulness through virtual reality in patient management, analyze the evidence and propose ways to optimize delivery in each respective setting.

Disclaimers and Disclosures

- In compliance with continuing education requirements, all presenters must disclose any financial or other associations with the manufacturers of commercial products, suppliers of commercial services or commercial supporters as well as any use of unlabeled product(s) or product(s) under investigational use.
 - Ryan McConnell, PT, DPT, DSc
 - BehaVR Inc. sponsored a clinical trial where VR-PNE software and equipment was utilized as the primary intervention by this presenter. The VR application used today is investigational.
 - There was no financial support for this activity.

Interest in Psychologically Informed Care

(George, Lentz, & Goertz, 2021)

1. American College of Physicians Clinical Practice Guidelines
2. Centers for Disease Control and Prevention Guidelines for treating chronic pain
3. International Association for the Study of Pain

APTA and AOTA's Vision and Mission for Therapy

APTA's vision is to *“transform society by optimizing movement to improve the human experience.”*

In order to do so, the mission is to *“build community that advances the profession of physical therapy to improve the health of society.”*

AOTA's vision is to *“... maximize health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living.”*

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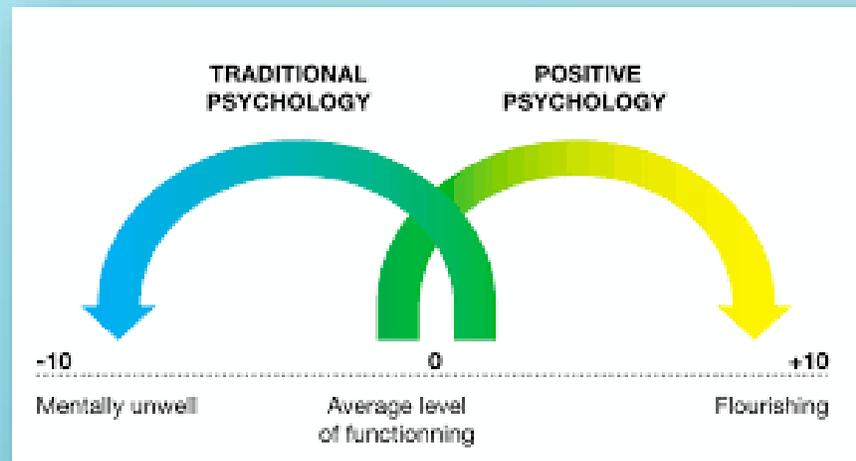
What is Positive Psychology?

(Seligman and Csikszentmihalyi, 2000)

“The scientific study of positive human functioning and flourishing on multiple levels that include the biological, personal, relational, institutional, cultural, and global dimensions of life.”

Main goal is to improve quality of life by optimizing well-being

Well-being integrates physical and mental health (and others), resulting in a more holistic approach to health promotion and disease prevention



WELL-BEING WHEEL

Well-being is a state of thriving influenced by both an **individual's** wellness and the **communities** to which they belong.



Key Features of Psychologically Informed Practice

(Ballengee, Zullig, & George, 2021)

1. **Educational** (threat reduction and activation)
2. **Behavioral** (adapting behaviors in response to pain)
3. **Cognitive-behavioral** (cognition and coping skills)
4. **Psychophysiological** (stress reduction and mindfulness)
5. **Contextual cognitive-behavioral** (acceptance and commitment therapy)

PATIENT INFORMATION

Patient Health History: Page 1

Patient Name: Recalcitrant Grinch Patient #: XMAS Date: 12/2/21

Who is your Primary Care Physician (PCP)? Edmondson

Are you? Right-handed Left-handed

Living Environment - Does your home have? Stairs with no railing Stairs and railing Ramps

Uneven terrain Elevator Assistive devices (raised commode):

With whom do you live? Alone Spouse Children Parents

How did you hear about us? Google

Employment/Work (Job/School/Play)

Occupation: Teacher Working full-time Working Part-time Homemaker

Health Habits

Smoking Currently: Yes No Alcohol: Current Past Never

Do you exercise beyond normal, daily activities and chores? Yes No

but not regular

Medical / Surgical History

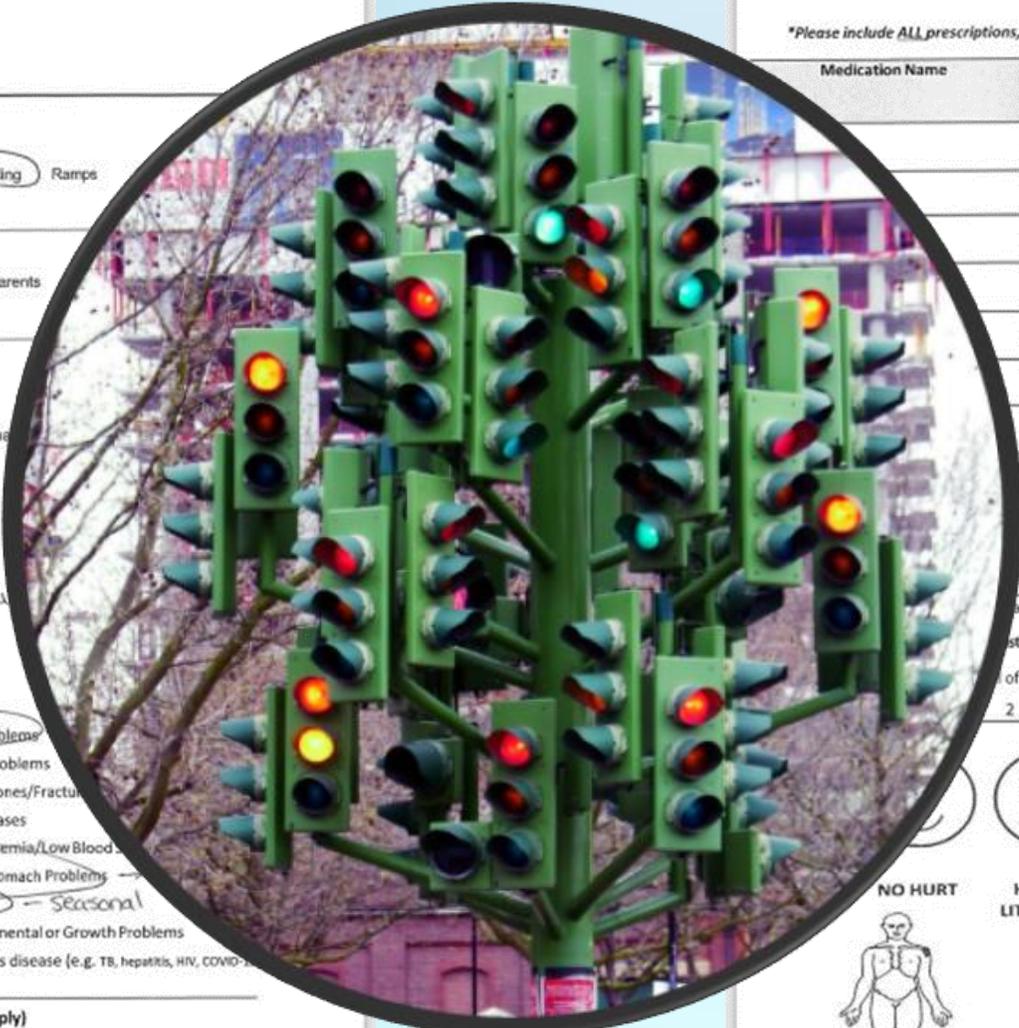
Please circle if you have ever had (circle all that apply):

The first column is used for outcome measures.

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Cancer | <input type="checkbox"/> Arthritis | <input checked="" type="checkbox"/> Lung Problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Circulation/Vascular Problems | <input type="checkbox"/> Kidney Problems |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Stroke | <input type="checkbox"/> Broken Bones/Fractures |
| <input checked="" type="checkbox"/> Obesity | <input type="checkbox"/> Thyroid Problems | <input type="checkbox"/> Skin Diseases |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Parkinson's Disease | <input type="checkbox"/> Hypoglycemia/Low Blood |
| <input checked="" type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Latex Allergy | <input checked="" type="checkbox"/> Ulcers/Stomach Problems |
| <input checked="" type="checkbox"/> Multiple Treatment Areas | <input type="checkbox"/> Osteoporosis | <input checked="" type="checkbox"/> Allergies - Seasonal |
| <input checked="" type="checkbox"/> Surgery for this problem | <input checked="" type="checkbox"/> Depression | <input type="checkbox"/> Developmental or Growth Problems |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Seizures or epilepsy | <input type="checkbox"/> Infectious disease (e.g. TB, hepatitis, HIV, COVID-19) |
| Other: _____ | | |

Within the past year, have you had any of the following symptoms? (circle all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Chest pain | <input checked="" type="checkbox"/> Bowel problems | <input type="checkbox"/> Urinary problems |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Dizziness or |
| <input type="checkbox"/> Coordination problems | <input type="checkbox"/> Weakness in arms or legs | <input type="checkbox"/> Loss of balance |
| <input checked="" type="checkbox"/> Difficulty walking | <input type="checkbox"/> Joint pain or swelling | <input type="checkbox"/> Pain at night |
| <input checked="" type="checkbox"/> Difficulty sleeping | <input type="checkbox"/> Loss of appetite | <input type="checkbox"/> Fever / chills / |
| <input type="checkbox"/> Difficulty swallowing | <input checked="" type="checkbox"/> Weight gain <i>stress</i> | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Vision problems | Other: _____ |



Patient Name: Recalcitrant Grinch DOB: 4/24/88 DATE: 12/2/21

Current Medications List

*Please include ALL prescriptions, over the counter medications, herbals, and vitamin/mineral/dietary nutritional supplements.

| Medication Name | Dosage (25 mg, etc.) | Frequency (3x per day, etc.) | Route of Administration (by mouth, etc.) | Prescribing MD |
|-----------------|----------------------|------------------------------|--|----------------|
| | 75mg | 1x/day | mouth | Edmondson |
| | 10mg | 1x/day | mouth | OTC |
| | 500mg | 1x/day | mouth | OTC |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Page is available for any additional medications**

How many times in the past year? Yes No If YES, how many? _____

Rate the level of pain at this time by marking either the numerical or visual scale:

2 3 4 5 6 7 8 9 10
Mild Moderate Severe Very Severe



NO HURT

HURTS LITTLE BIT

HURTS MORE

HURTS EVEN MORE

HURTS WHOLE LOT

HURTS WORST



Please mark on the diagram above where you are having your symptoms/pain

To be completed by therapist:

Height: 5'8"

Weight: 198 lbs

Research Recommends We Should Screen Yellow Flags

(Lin et al., 2020; Doiron-Cardin et al., 2020)

What does best practice care for musculoskeletal pain look like? Eleven consistent recommendations from high-quality clinical practice guidelines: systematic review

Box 2 Consistent recommendations across musculoskeletal (MSK) pain conditions

1. Care should be patient centred. This includes care that responds to the individual context of the patient, employs effective communication and uses shared decision-making processes.
2. Screen patients to identify those with a higher likelihood of serious pathology/red flag conditions.
3. Assess psychosocial factors.
4. Radiological imaging is discouraged unless:
 - i. Serious pathology is suspected.
 - ii. There has been an unsatisfactory response to conservative care or unexplained progression of signs and symptoms.
 - iii. It is likely to change management.
5. Undertake a physical examination, which could include neurological screening tests, assessment of mobility and/or muscle strength.
6. Patient progress should be evaluated including the use of outcome measures.
7. Provide patients with education/information about their condition and management options.
8. Provide management addressing physical activity and/or exercise.
9. Apply manual therapy only as an adjunct to other evidence-based treatments.
10. Unless specifically indicated (e.g. red flag condition), offer evidence-informed non-surgical care prior to surgery.
11. Facilitate continuation or resumption of work.



ACRM AMERICAN CONGRESS OF REHABILITATION MEDICINE
Archives of Physical Medicine and Rehabilitation
journal homepage: www.archives-pmr.org
Archives of Physical Medicine and Rehabilitation 2020;101:1233-42

SYSTEMATIC REVIEW

Shoulder Rotator Cuff Disorders: A Systematic Review of Clinical Practice Guidelines and Semantic Analyses of Recommendations

Check for updates

Assessment of shoulder pain

Thirteen clinical evaluation activities or strategies were identified in 7 guidelines.^{9,11,14,35,32,34,33} Taking a medical history, performing a physical examination, identifying red and yellow flags, measuring shoulder range of motion and strength, and using validated questionnaires to assess patient's condition were considered essential elements or were recommended in all guidelines. Using shoulder specific clinical tests and contacting an interpreter if needed were either "recommended" or "may be recommended," whereas performing a functional capacity evaluation and use of local anesthetic injections in the subacromial space for diagnostic purposes were considered "may be recommended" when the subject was covered.

Flag System

(Nicholas et al., 2011)

| Flag | Nature | Examples |
|---------------|--|---|
| Red | <i>Signs of serious pathology</i> | Cauda equina, fracture, tumor, sudden weight loss over 3 months, bowel and bladder |
| Orange | <i>Psychiatric symptoms</i> | Clinical depression, personality disorder |
| Yellow | <i>Beliefs, appraisals and judgements</i> | Unhelpful beliefs about pain, indication of injury as uncontrollable or likely to worsen. Expect poor outcomes, delayed return to work |
| | <i>Emotional response</i> | Distress not meeting criteria for diagnosis of mental disorder. Worry, fears, anxieties |
| | <i>Pain behavior (including coping strategies)</i> | Avoidance of activities due to expectation of pain or injury. Rely on passive treatments |
| Blue | <i>Perceptions about work relationships and health</i> | Belief that work is too onerous and likely to cause further injury. Belief that workplace supervisor and workmates are unsupportive |
| Black | <i>System or contextual obstacles</i> | Legislation restricting options for return to work. Conflict with insurance staff over claim Overly solicitous family and health providers Heavy work, with little opportunity to modify duties. |

What is meant by Psychometrics?

(Furr, 2021)

Development and implementation of psychological tests and measurement tools to evaluate and quantify psychological characteristics.

Important for:

- Assessment and therapy diagnosis
- Treatment planning
- Tracking progress
- Outcome measurement/ prognostics
- Research
- Communication
- Ethics

Screening Inventories

- Rehabilitation engagement
 - Hopkins Rehabilitation Engagement Rating Scale
- Positive and Negative Affect Schedule (PANAS)
- The Craig Handicap Assessment and Reporting Technique
- Optimal Screening for Prediction of Outcome – Yellow Flag
- Orebro Musculoskeletal Pain Questionnaire
- Beck Depression Inventory
- Tampa Scale for Kinesiophobia
- Generalized Anxiety Disorder-7
- General Health Questionnaire
- Coping Strategies Questionnaire
- Pain Self Efficacy Questionnaire
- Pain Anxiety Symptoms Scale
- Sickness Impact Profile
- Full or Short Form McGill Pain Questionnaires
- Pain Catastrophizing Scale
- Patient Health Questionnaire - 9
- Levine's Denial of Illness Scale

Follow-Up Questions

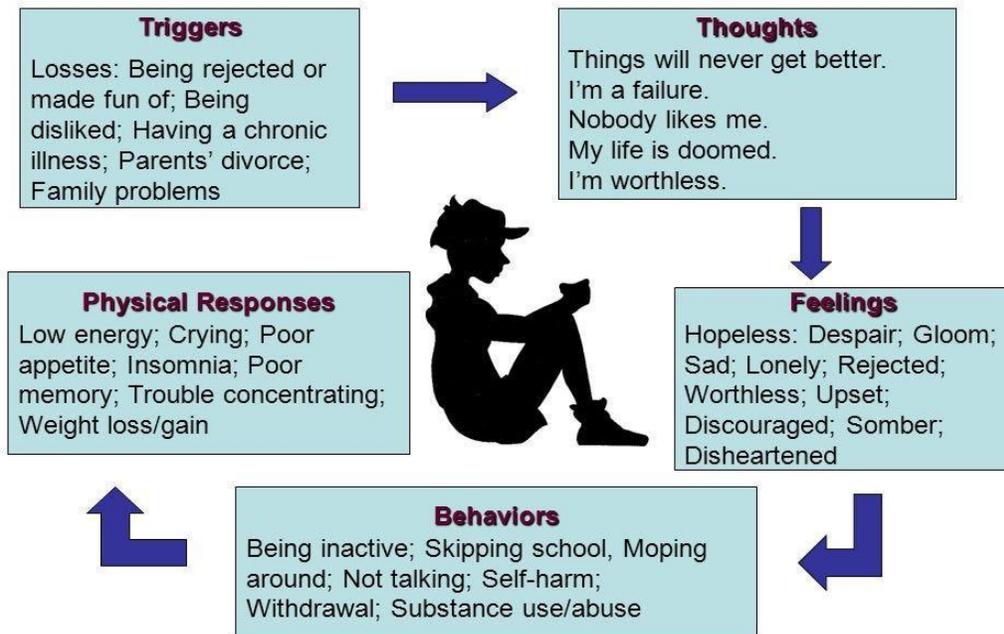
1. What made you decide to use screening inventories? If you are not currently using one, why not?
2. Which inventory/screening assessment has had the **highest** value for your understanding of the patient in relation to their treatment outcome?
3. Which inventory/screening assessment has had the **least** value for your understanding of the patient in relation to their treatment outcome?

Major Barrier to Behavior change - Depression

(Kneebone et al., 2013; Fay et al., 2017)

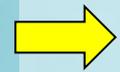
Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest/motivation in normal life activities.

The Cycle of Depression

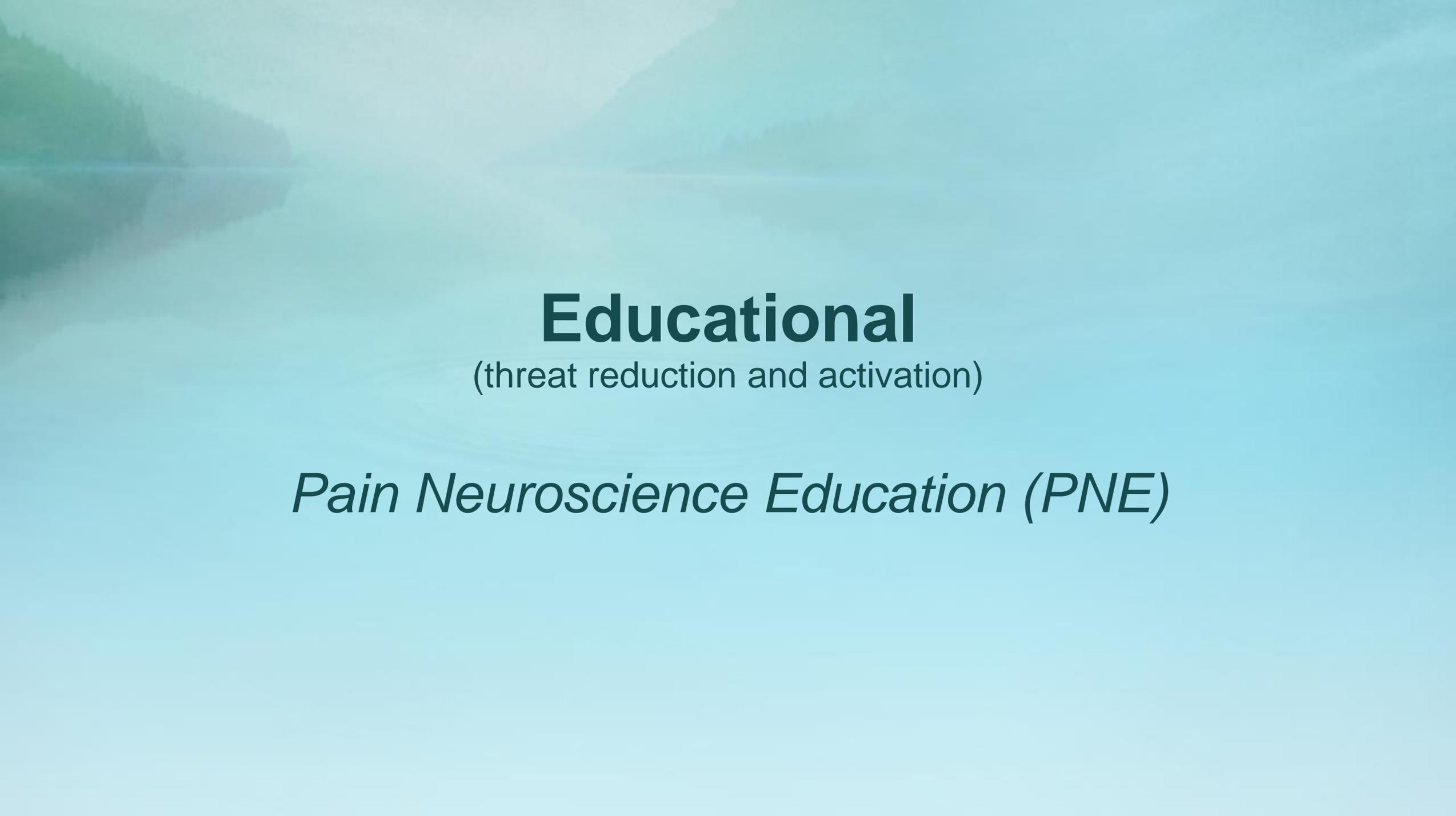


Key Features of Psychologically Informed Practice

(Ballengee, Zullig, & George, 2021)



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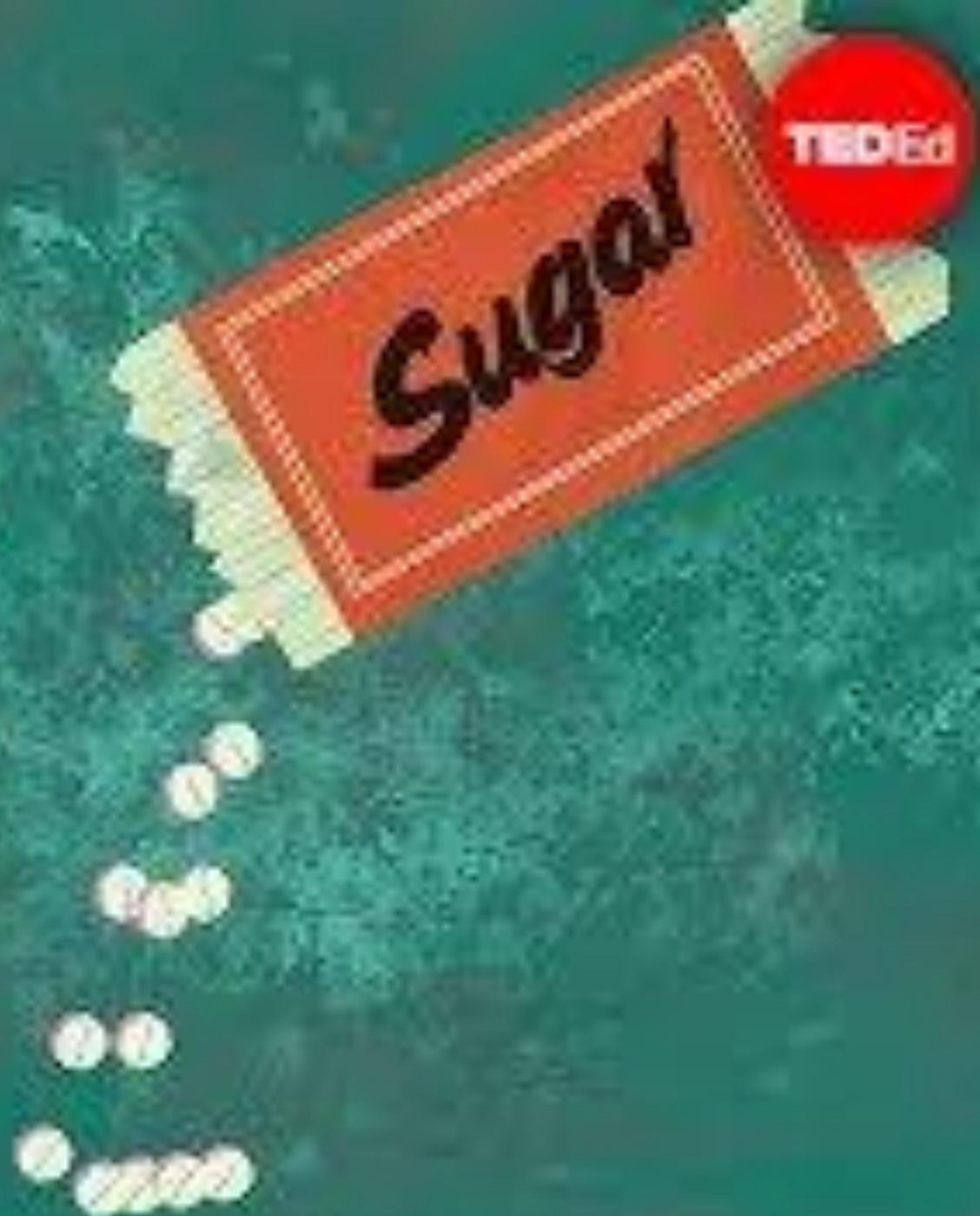


Educational

(threat reduction and activation)

Pain Neuroscience Education (PNE)

WHAT IS THE
PLACEBO
EFFECT?



PNE + Exercise

(Siddall et al., 2022)

- PNE is a multidimensional educational strategy that has been around for decades and helps patients to understand the pain experience as a multidimensional matrix (Moseley and Butler, 2015; Moseley, Nicholas, & Hodges, 2004)
 - Reduces kinesiophobia, catastrophization, and fear avoidance behavior
 - Can be used in conjunction with motivational interviewing, and mindfulness
 - Can be implemented as an interdisciplinary team (Louw et al., 2019; Serrat et al., 2021)

Screen Knowledge &
Beliefs About Pain

Intervene

Reassess

HC-PAIRS (provider)

r-NPQ (patient)

OSPRO- YF

Educate patient
on one question
(~10 minutes) per
visit and assign
homework. Start
with alarm
system analogy.

r-NPQ, OSPRO-YF

The Neurophysiology of Pain Questionnaire (Revised)

It is possible to have pain and not know about it.

When part of your body is injured, special pain receptors convey the pain message to your brain.

Pain only occurs when you are injured or at risk of being injured.

When you are injured, special receptors convey the danger message to your spinal cord.

Special nerves in your spinal cord convey 'danger' messages to your brain.

Nerves adapt by increasing their resting level of excitement.

The Neurophysiology of Pain Questionnaire (Revised)

Chronic pain means that an injury hasn't healed properly.

The body tells the brain when it is in pain.

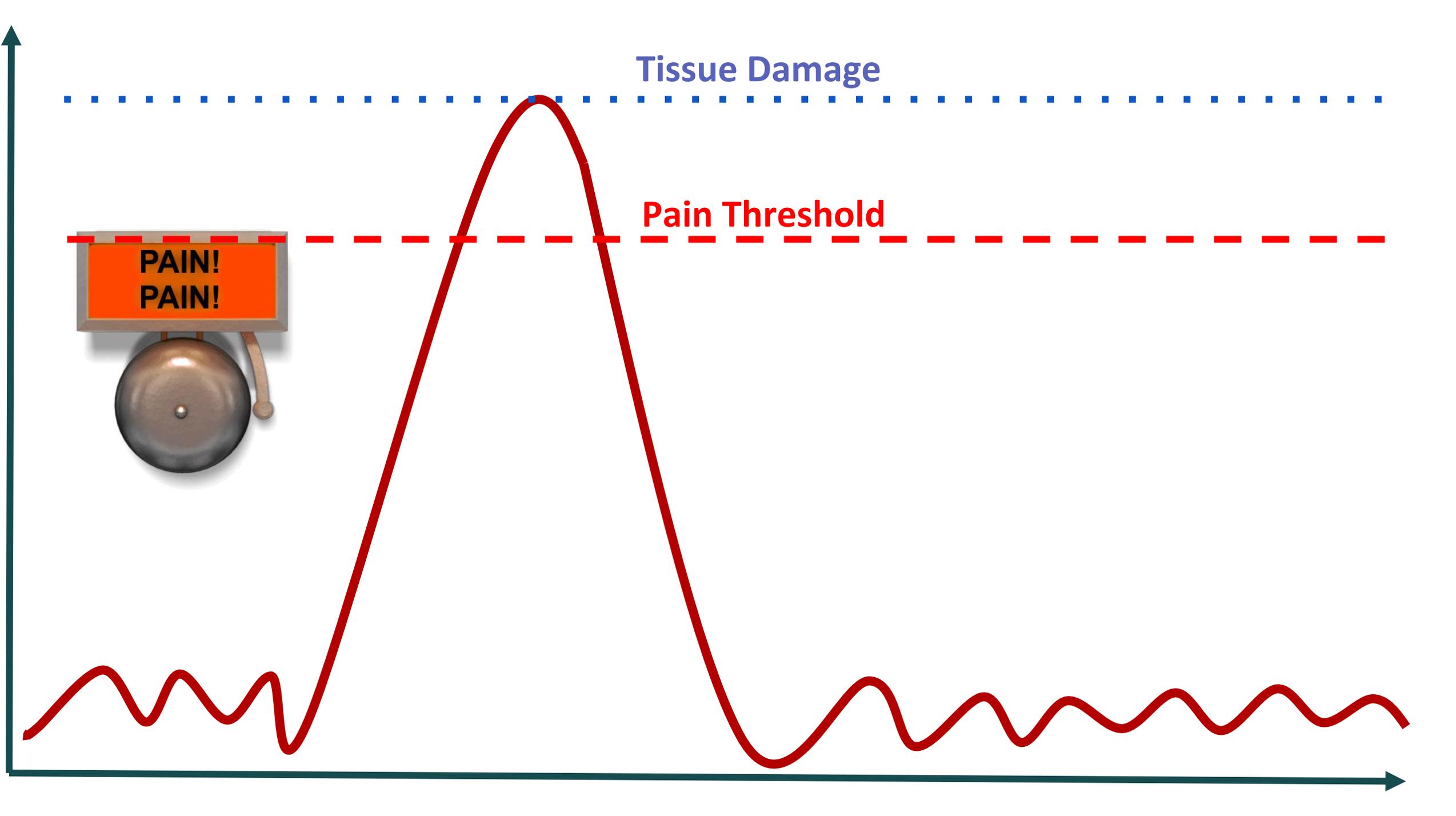
Nerves adapt by making ion channels stay open longer.

Descending neurons are always inhibitory.

Pain occurs whenever you are injured.

When you injure yourself, the environment that you are in will not affect the amount of pain you experience, as long as the injury is exactly the same.

The brain decides when you will experience pain.



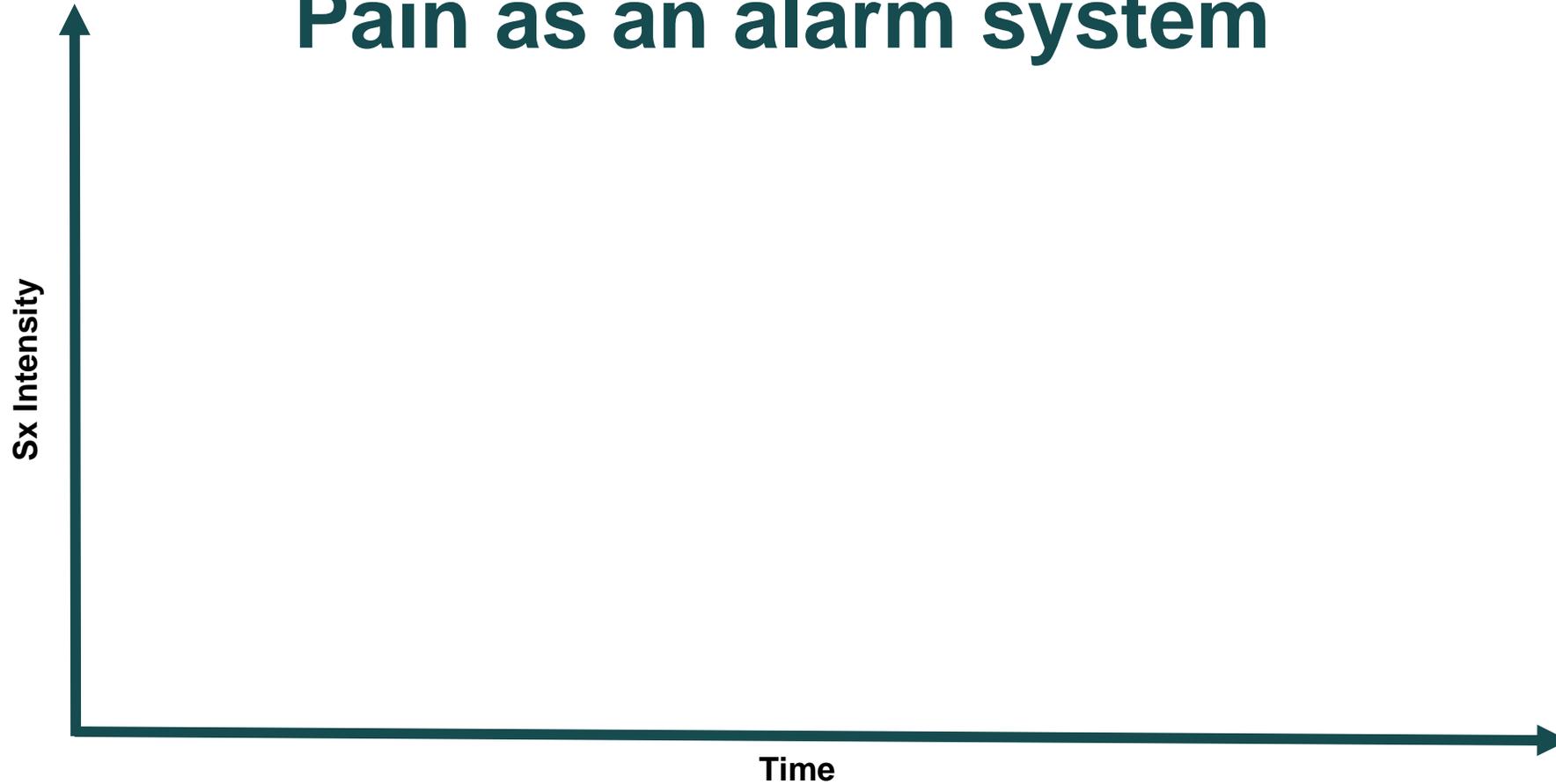
Tissue Damage

Pain Threshold

PAIN!
PAIN!

PNE Activity

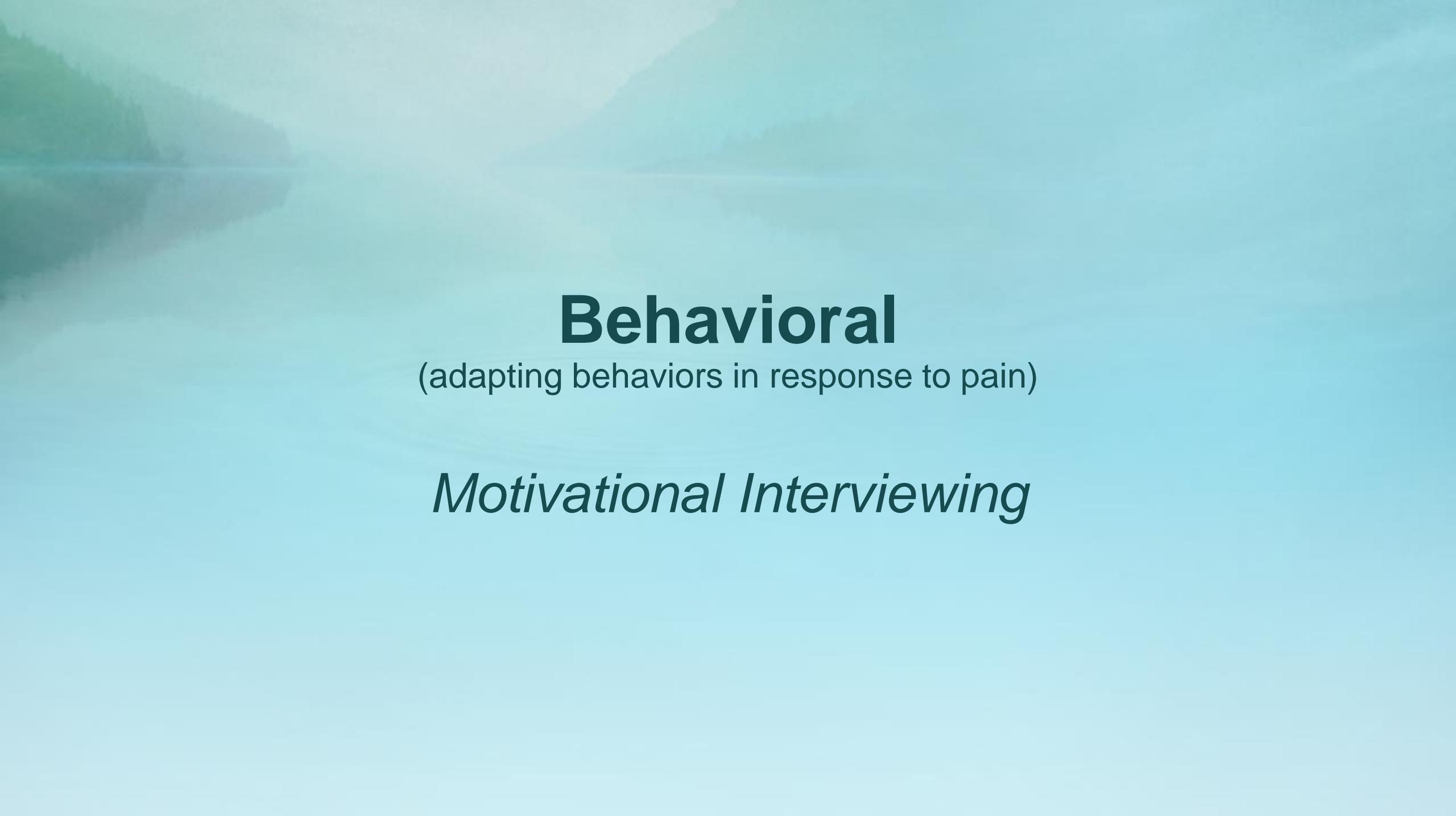
Pain as an alarm system



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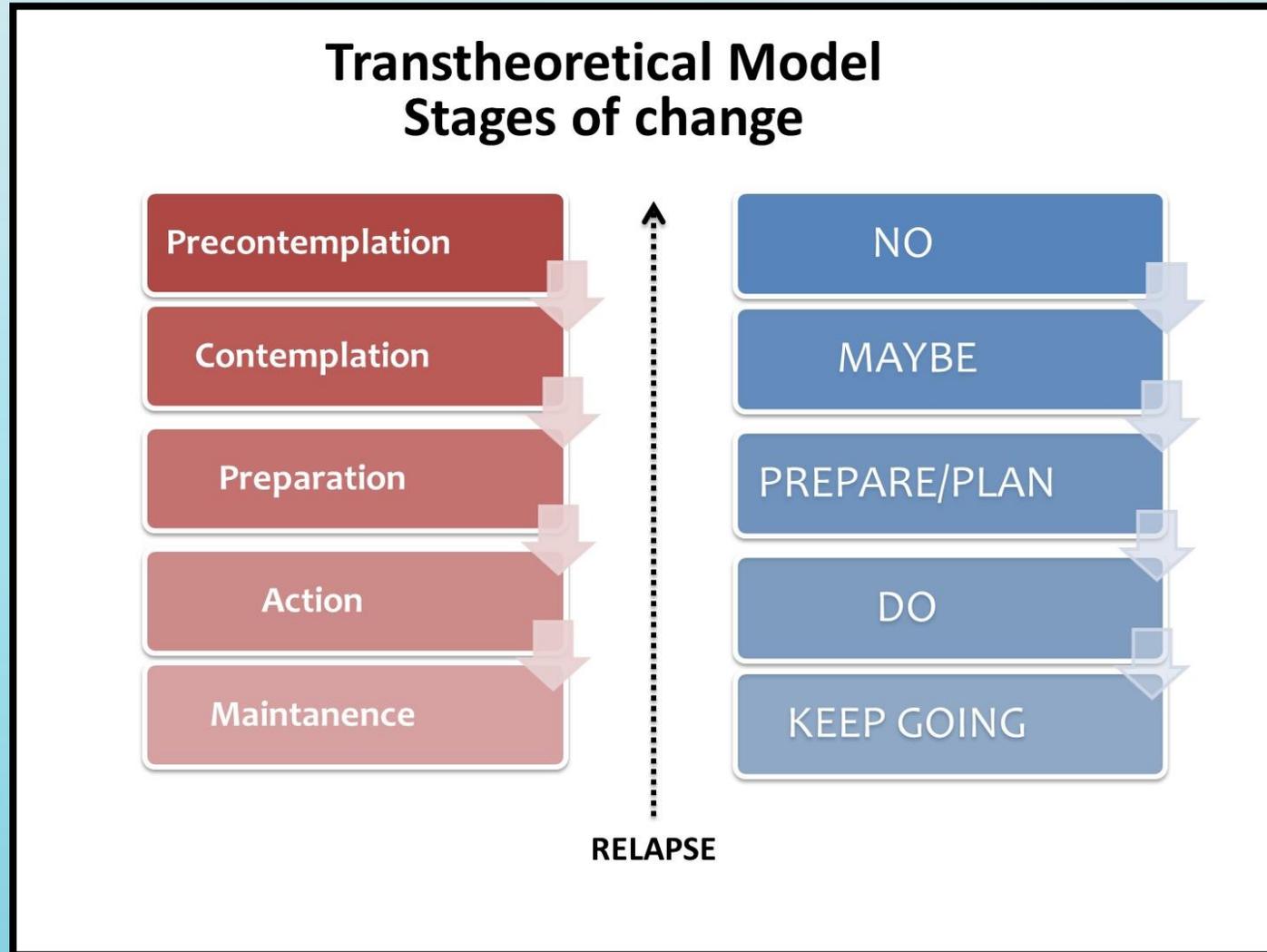
Behavioral

(adapting behaviors in response to pain)

Motivational Interviewing

Transtheoretical Model

(Jiménez-Zazo et al., 2020)



Resisting Change: Why?

(Godbole, 2017)

- Fear
- Loss of control
- Not understanding rationale
- Reality is painful
- Uncertainty of future
- More work
- Ripple effects
- Past experience
- Competence

Motivational Interviewing

(Rollnick, Miller, & Butler, 2008)

- OARS
 - Open ended question
 - Affirmation
 - Reflection
 - Summary
- Thinking about POC
 - Change or sustain talk
 - I will vs. I might
 - I don't think vs. I am not willing
- Motivators
 - Desire
 - Ability
 - Reason
 - Need



Motivational Interviewing Activity

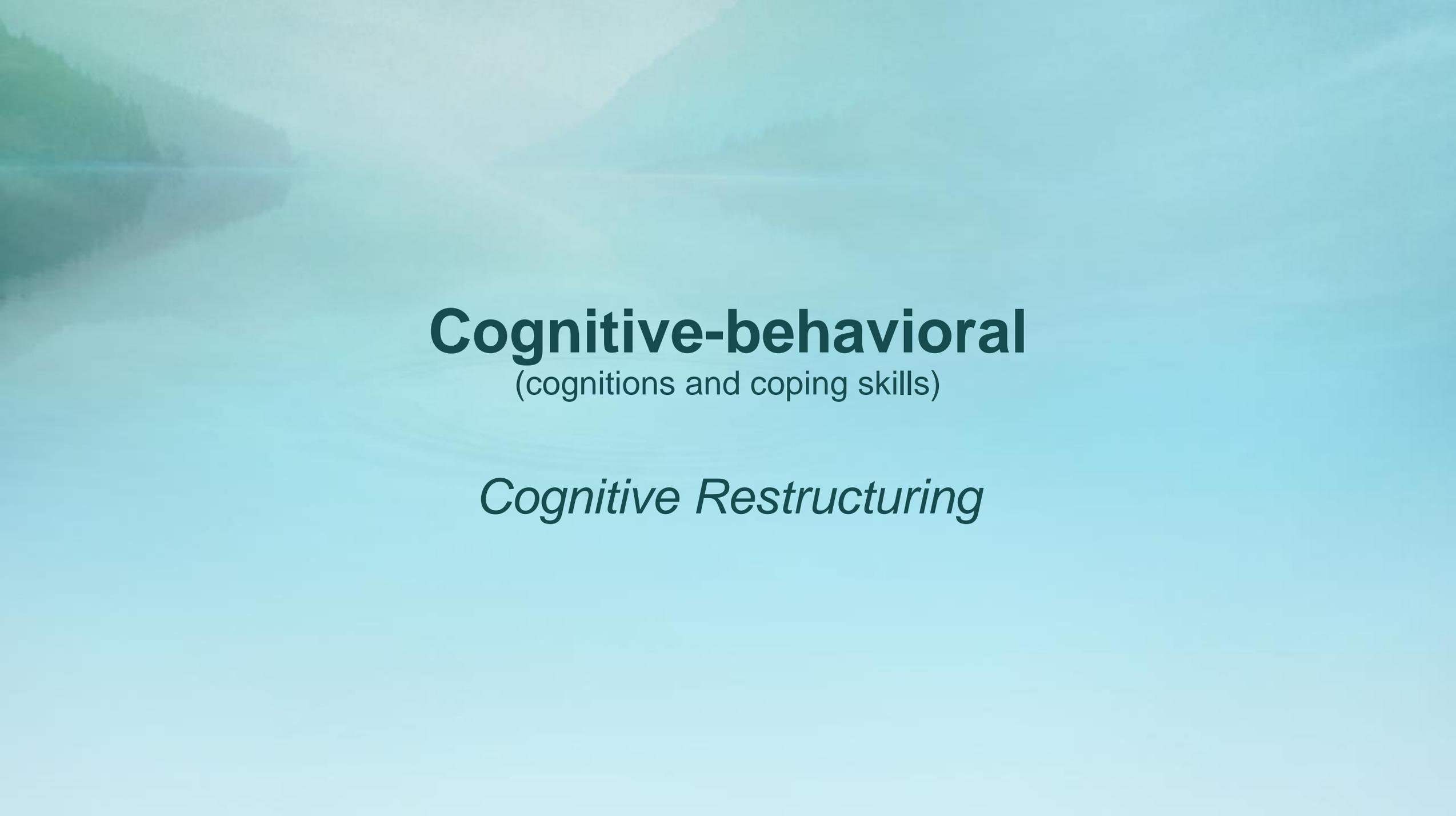
- Think, pair, share
 - Talk to a partner about something that you have been asked to do (want or not want) and go through OARS together.
- OARS
 - **O**pen ended question
 - **A**ffirmation
 - **R**eflection
 - **S**ummary

| | Decrease Behavior | Increase Behavior |
|---------------|--------------------------|--------------------------|
| Add | Positive Punishment | Positive Reinforcement |
| Remove | Negative Punishment | Negative Reinforcement |

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Cognitive-behavioral

(cognitions and coping skills)

Cognitive Restructuring

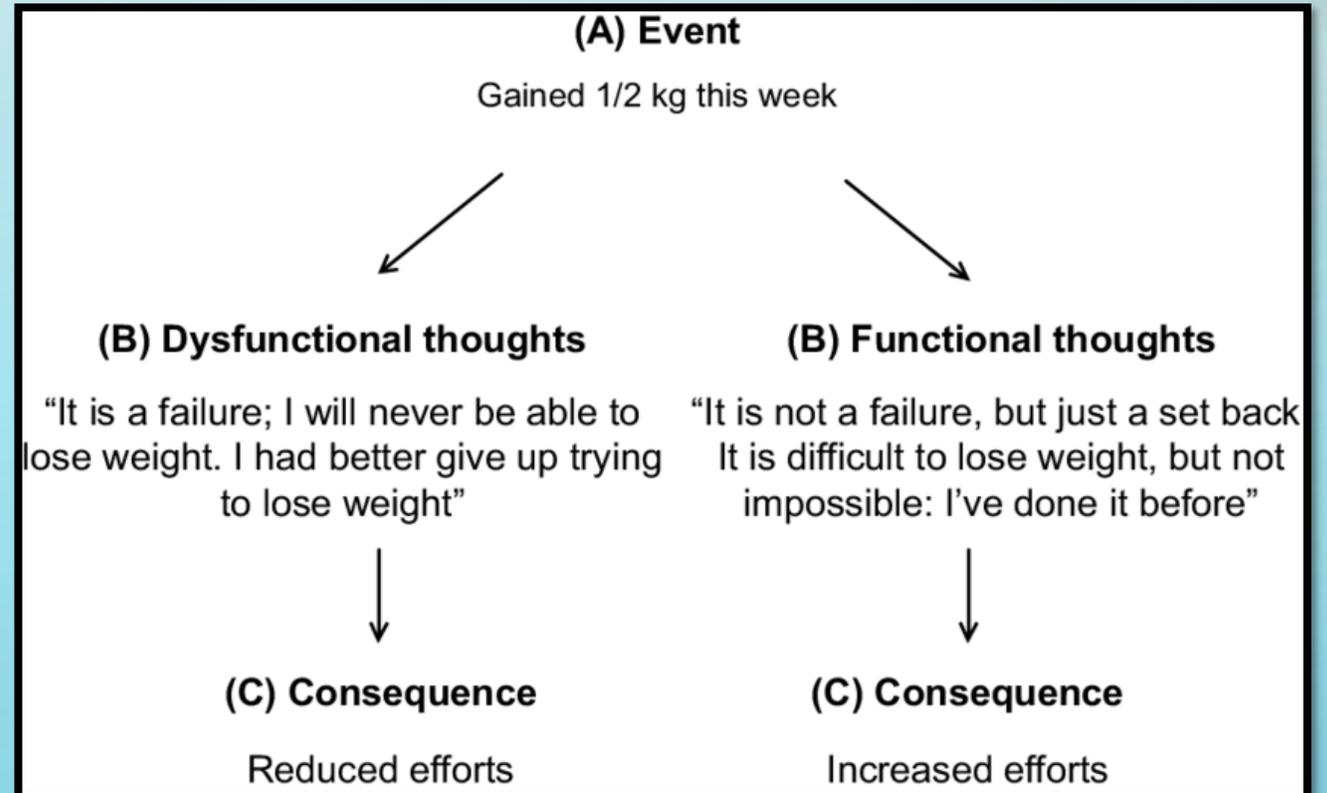
What is meant by Cognitive Restructuring?

(Coronado et al., 2020; Choi and Kim, 2022; Serrat et al., 2022)

A technique used to help people change the way they think

4 steps:

1. Become aware of thinking
2. Evaluate thinking
3. Rationalize thinking
4. Replace thinking



Thought Monitoring

Types of cognitive distortions:

- 1) Dichotomous, all or nothing, thinking
- 2) Disqualifying the positive
- 3) Selective abstraction
- 4) Pain-based emotional reasoning
- 5) Catastrophizing

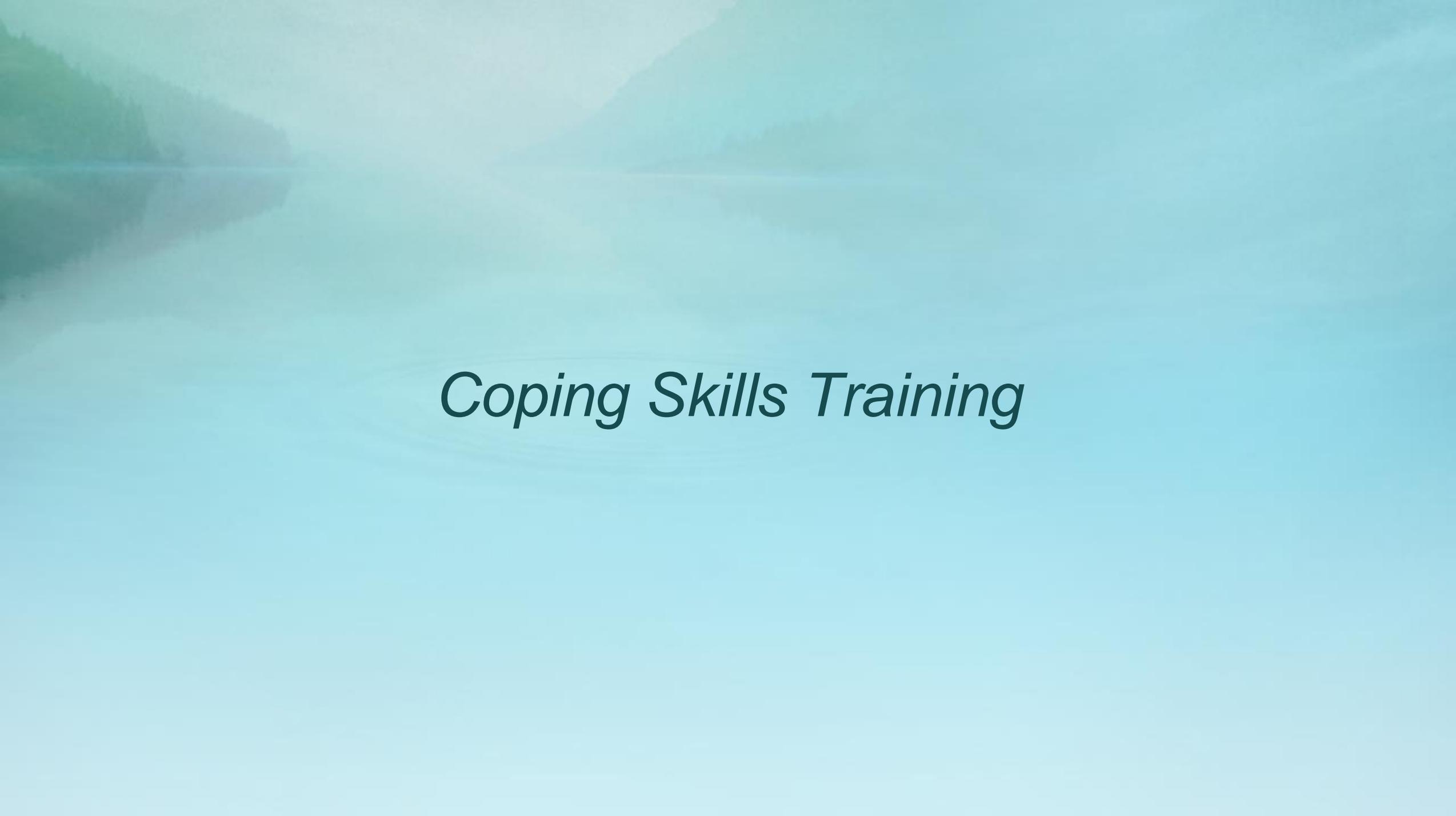


Cognitive Restructuring Template

| Balancing Thoughts | |
|---------------------------|--------------------|
| Negative thoughts | Positive reframing |
| | |
| | |
| | |

Cognitive Restructuring Activity

| Event | Wake up with a stiff shoulder | |
|-----------------|--|--|
| Thought | I know today is going to be a bad day for my shoulder symptoms | <i>I know I will feel better when I start moving my shoulder</i> |
| Feelings | Discouraged or worried | <i>More positive and less stressed</i> |
| Action | Focus on the symptom and remain inactive | <i>More active and less stiff</i> |



Coping Skills Training

Adaptation to Illness and Disability

Illness-related tasks

1. Dealing with the physiological consequences
2. Developing and maintaining relationship with medical providers
3. Dealing with the treatment and various treatment environments

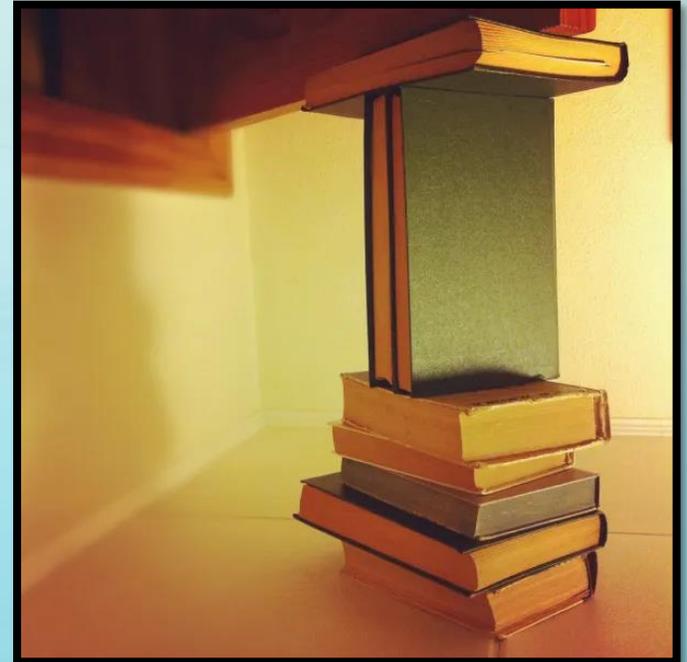
General tasks

1. Maintaining emotional equilibrium
2. Maintaining sense of self; including competency and mastery
3. Maintaining good relationships with family and peers
4. Preparing for a future

Coping Skills Training

(Bryant et al., 2014)

- **Minimizing or denying severity of impairment**
 - Doctor shopping
 - Isolate emotions
- **Seeking relevant information**
 - Relieves anxiety
 - Knowledge is power
- **Requesting reassurance or support**
 - Express feelings
 - Consider emotional support animals
- **Learning specific illness procedures**
 - Improve self efficacy
- **Setting concrete goals**
 - Considers meaningful change
 - Progressive desensitization – get them to socialize
- **Rehearsing alternative outcomes**
 - Family, friends
 - Anticipatory mourning



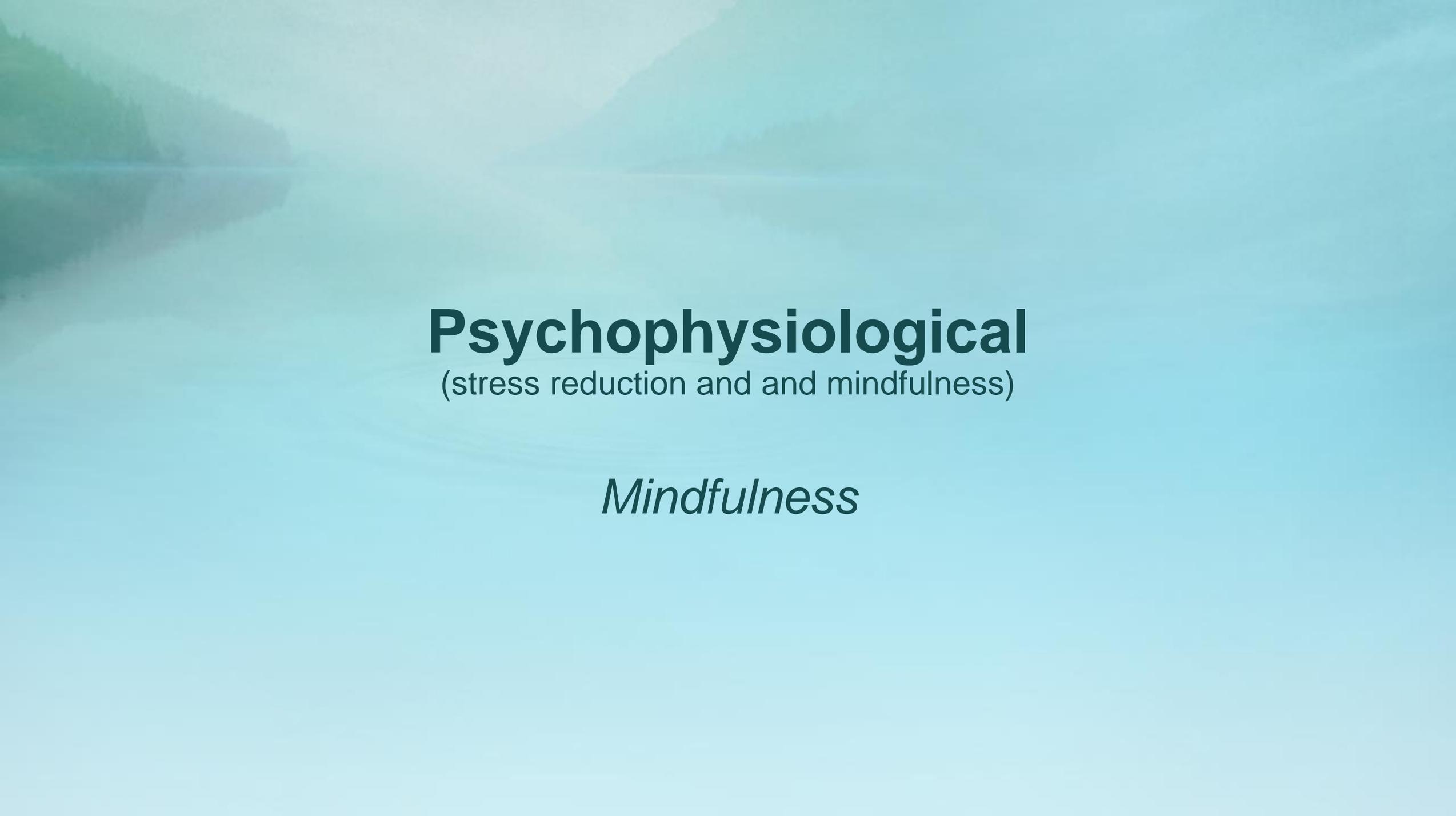
Coping Skills Training (Activity)

- Movement

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Psychophysiological

(stress reduction and and mindfulness)

Mindfulness

Mindfulness Interventions

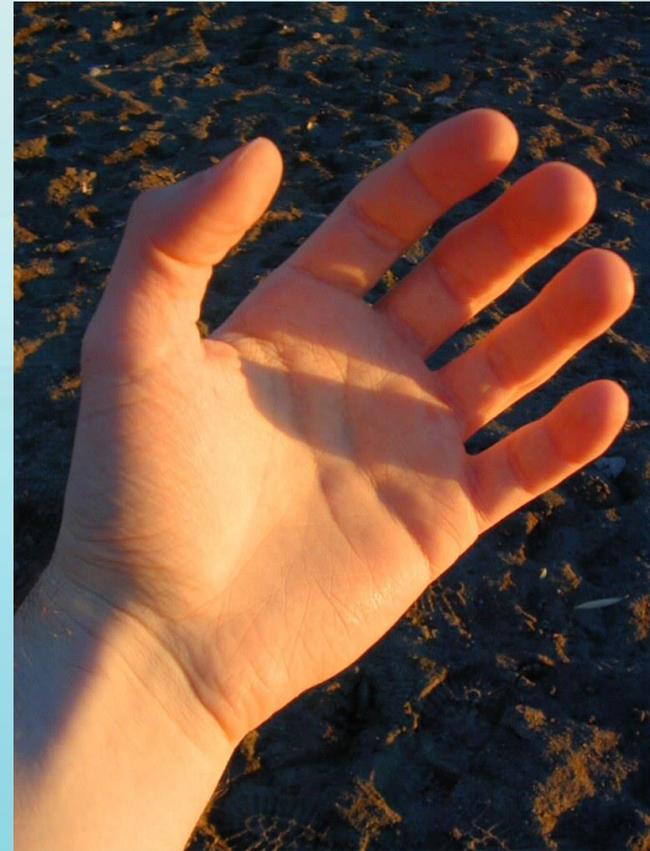
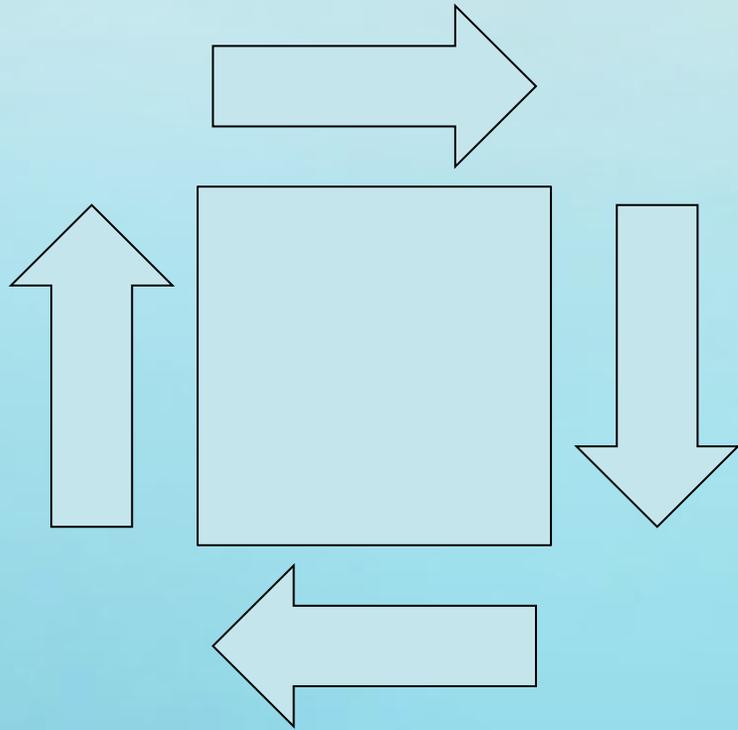
(Hardisson and Roll, 2016)

- Described as ‘non-evaluative, present-focused awareness of physical and psychological experiences’ (Kabat-Zinn, 2013)
- Virtual or augmented realities for pain coping skills
- Applications
 - Body scan
- Non-judgmental time
- Outcomes: self-efficacy, management, quality of life, acceptance
 - Chronic pain
 - Urinary incontinence
 - Vestibular function
 - TBI cognitive and behavioral

Resources for Stress Reduction

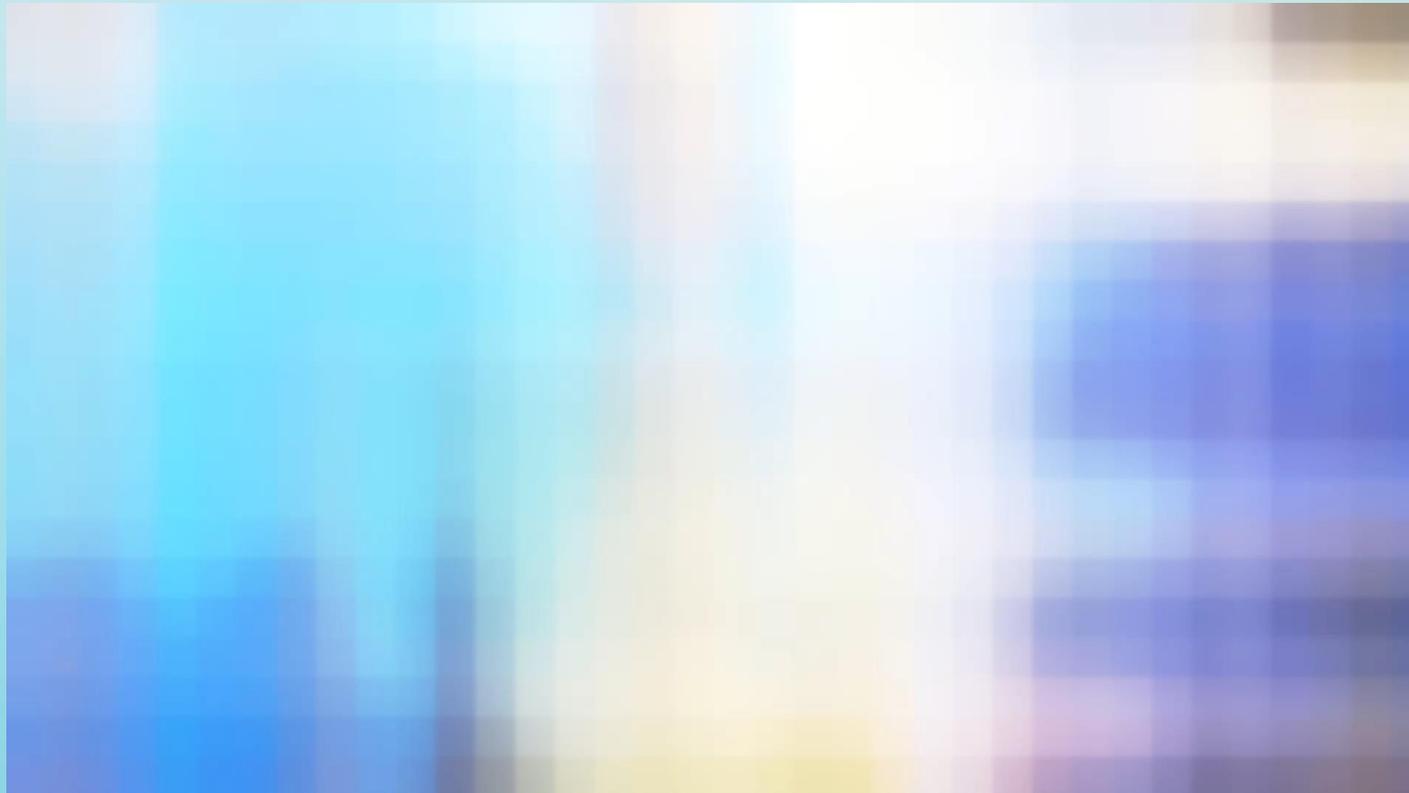
- [54321 Technique \(see, hear, feel with breath\)](#)
- [STOPP Technique](#)
- [Box Breathing Exercise \(4 seconds breath in, 4 seconds hold, 4 seconds breath out\)](#)
- [“Take 5 Breath” with Hand and Fingers](#)

Stress Reduction Activity



Mindfulness (Activity)

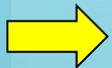
YOUTUBE VIDEO or [VR](#)

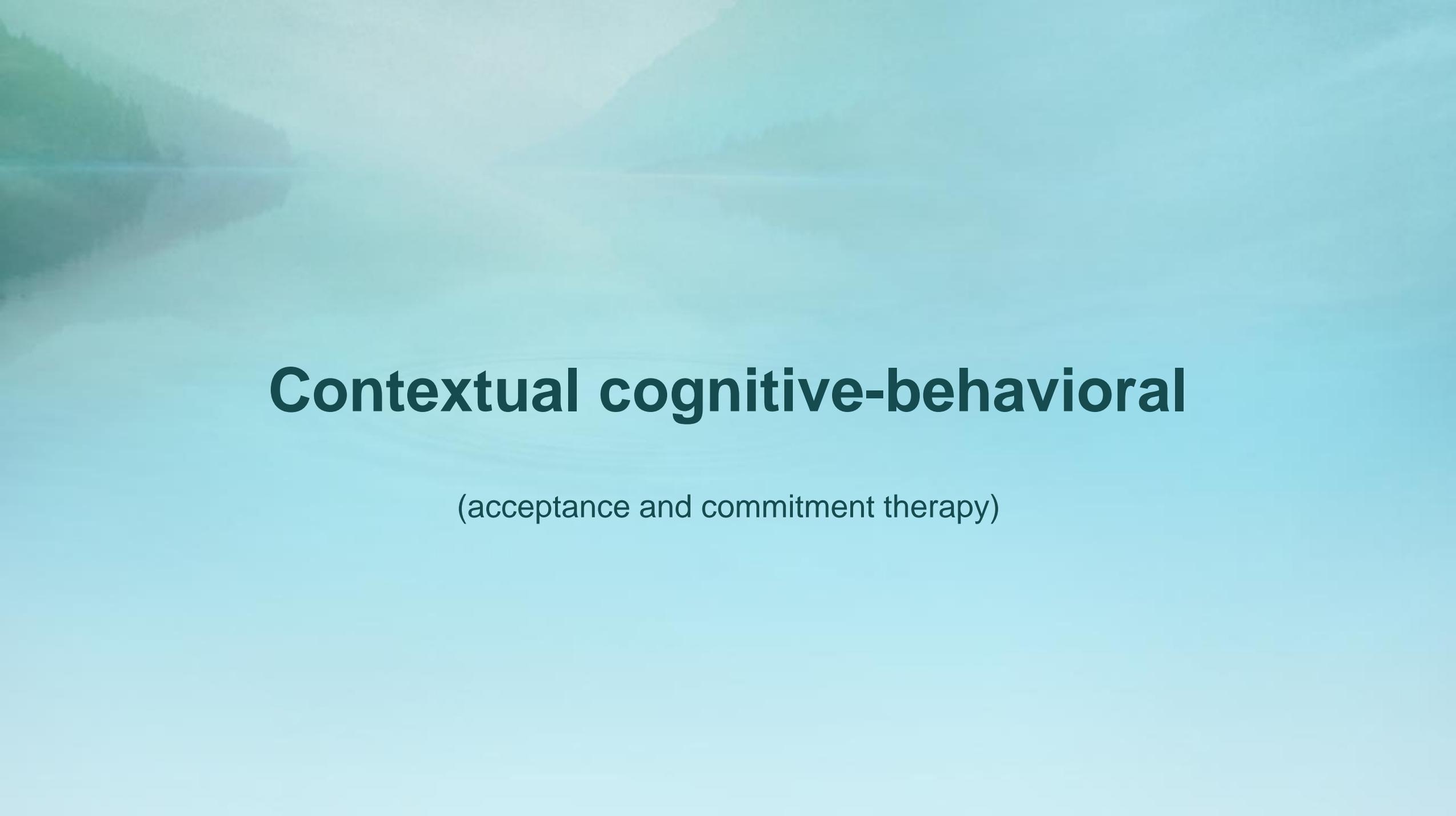


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Contextual cognitive-behavioral

(acceptance and commitment therapy)

Contextual Factors

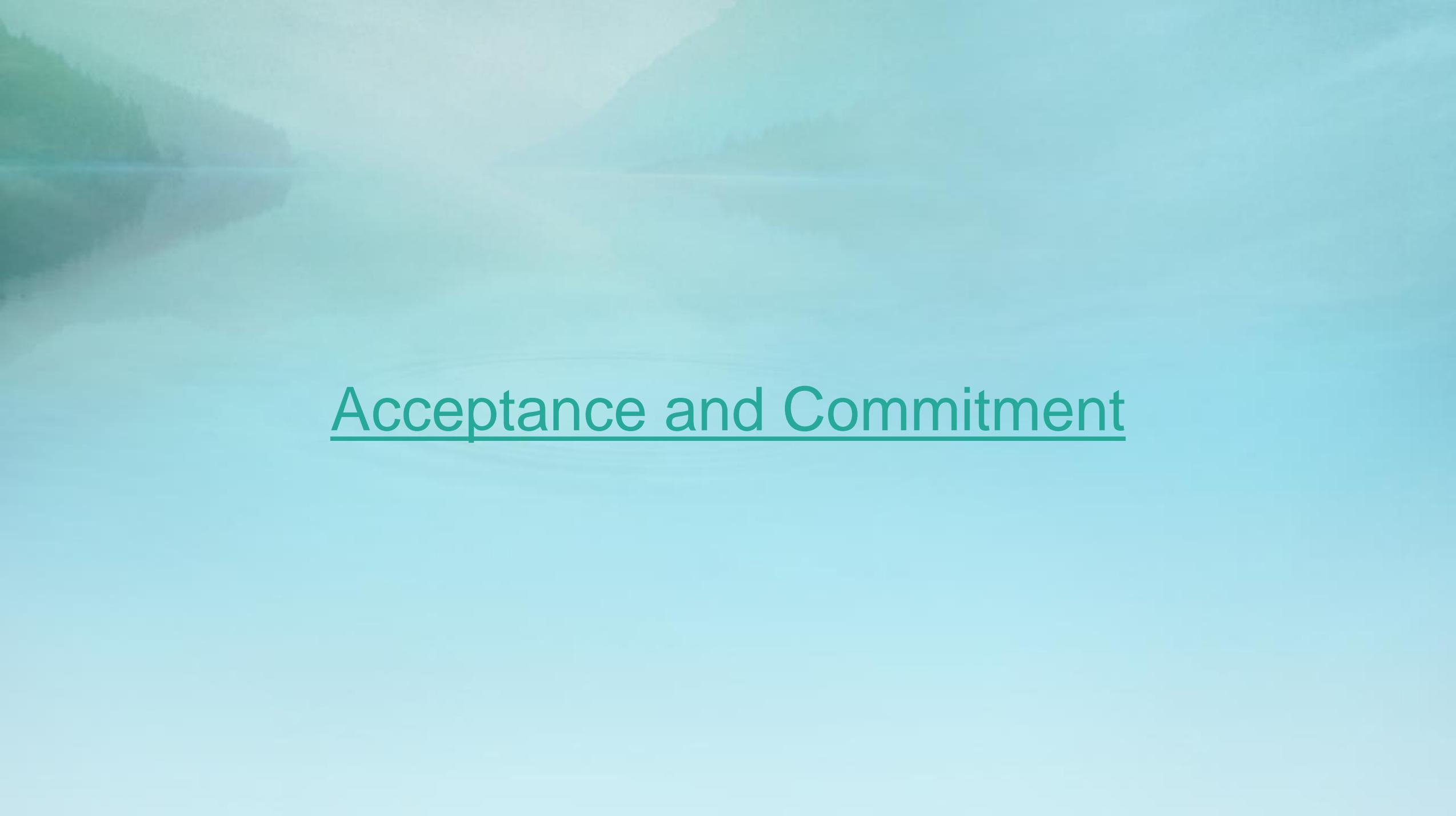
(Testa and Rossettini, 2016)

- Patient
 - Expectation
 - Beliefs
 - Previous experience
 - Gender
 - Age
- Therapist
 - Reputation
 - Appearance
 - Beliefs
- Patient-therapist relation
 - Communication (Hall et al., 2010; Ferreira et al., 2013; Boissy et al., 2016)
- Healthcare setting
 - Interior design
 - Architecture
- Treatment
 - Clear treatment diagnosis, patient-centeredness, therapeutic touch

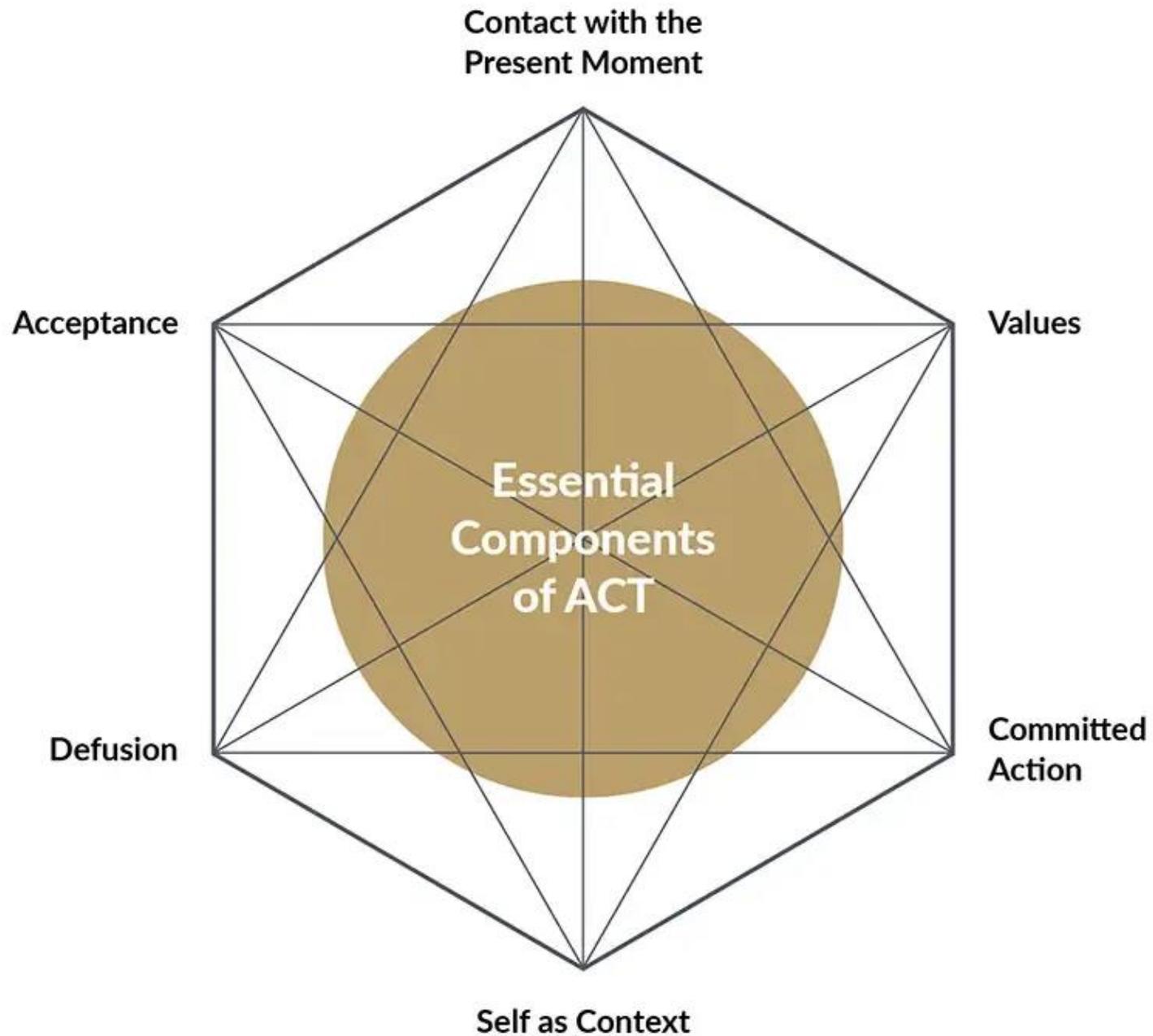


Contextual Factor Example

- Music

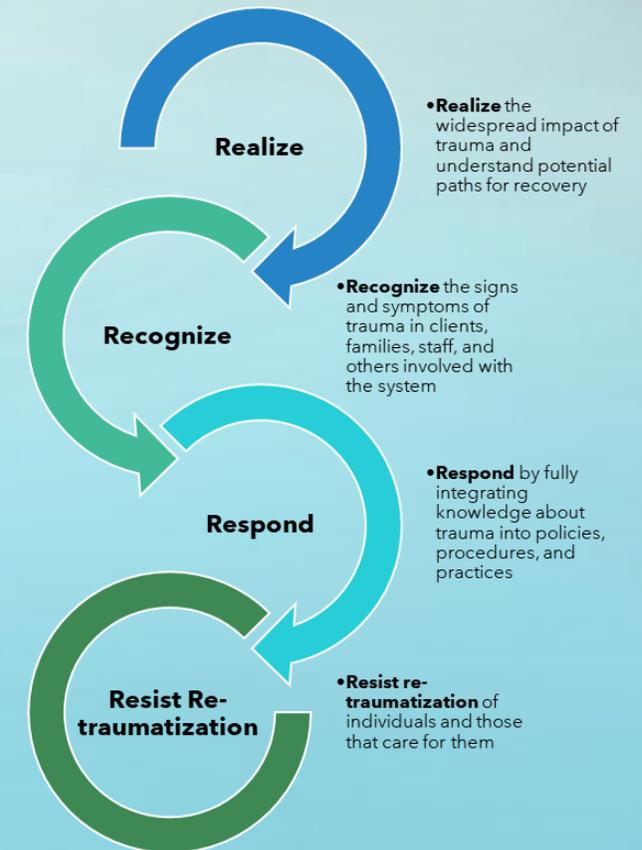
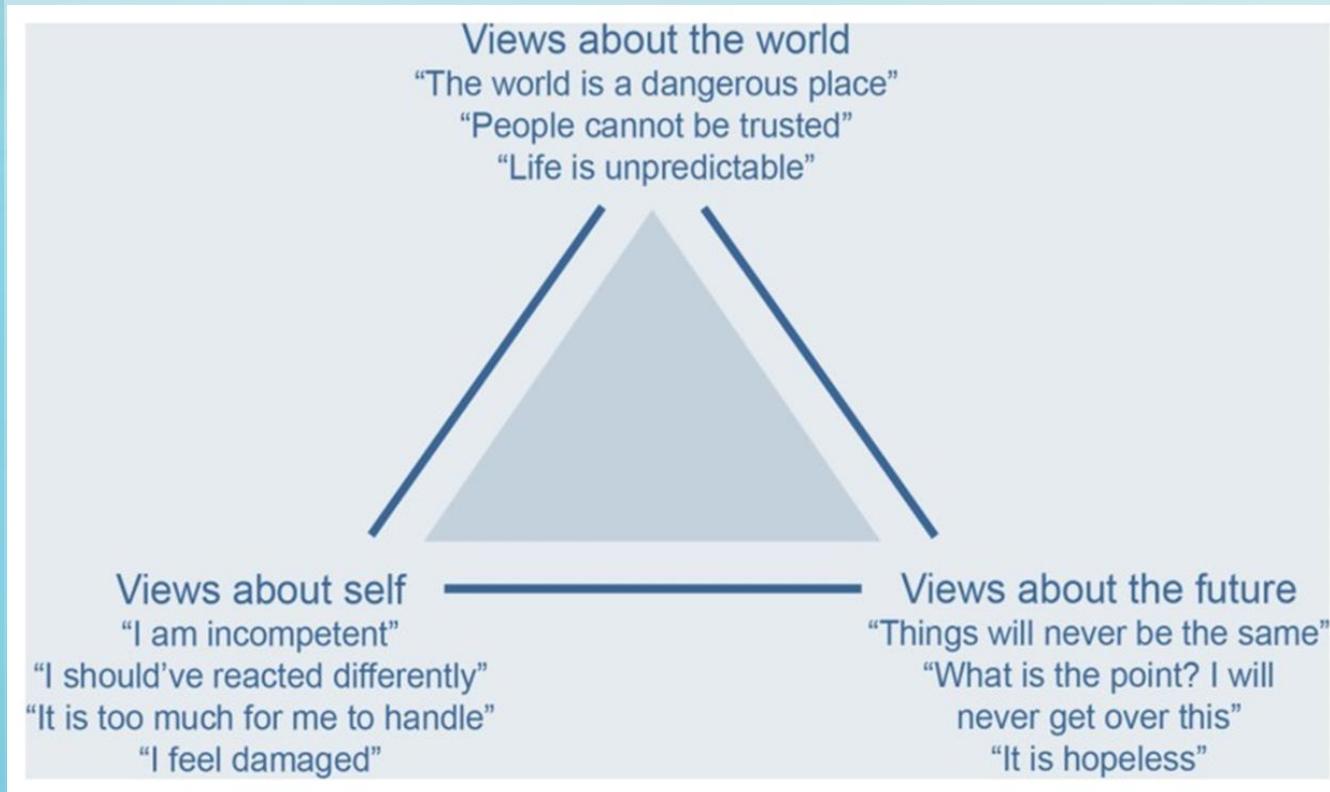


Acceptance and Commitment



Defusion

- Negative self talk could be the result of trauma



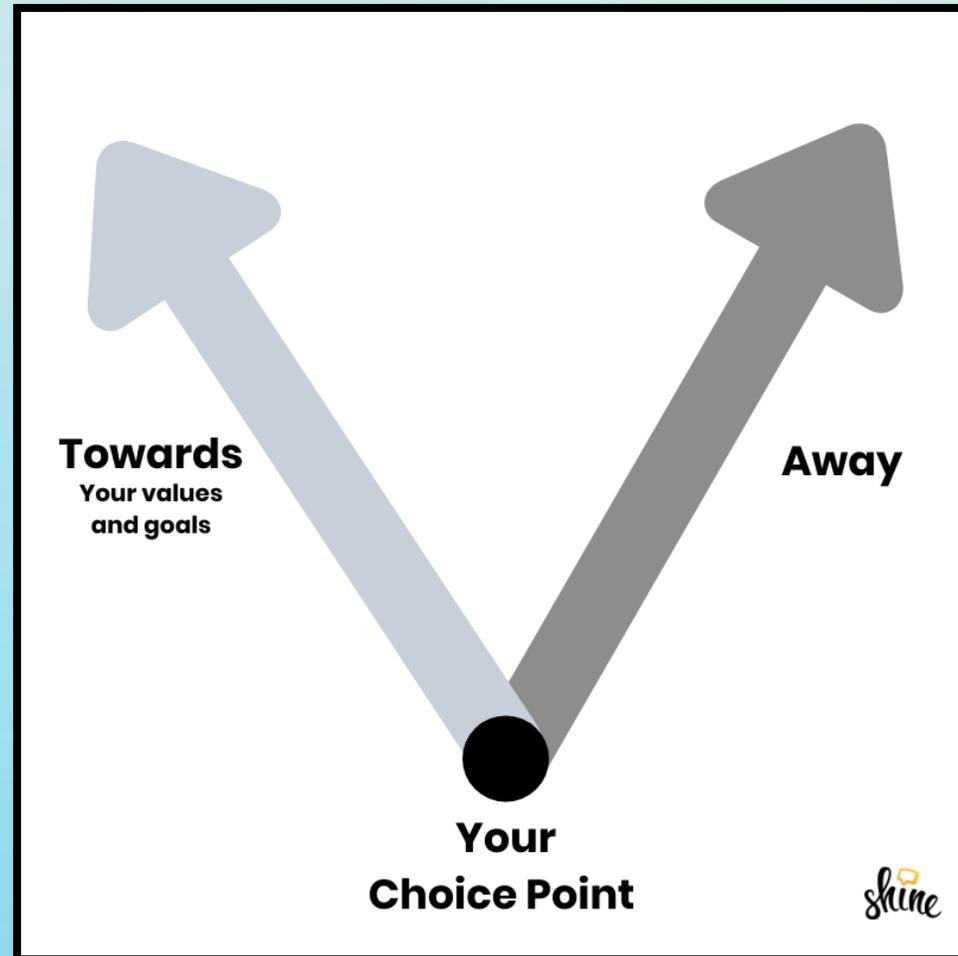
Patient Activity Resources

- Personal Values Worksheet
- Clean and Dirty Discomfort Diary
 - Could be useful for pain catastrophizing
- Goal Setting: Commitment, Obstacles, and Strategies Worksheet

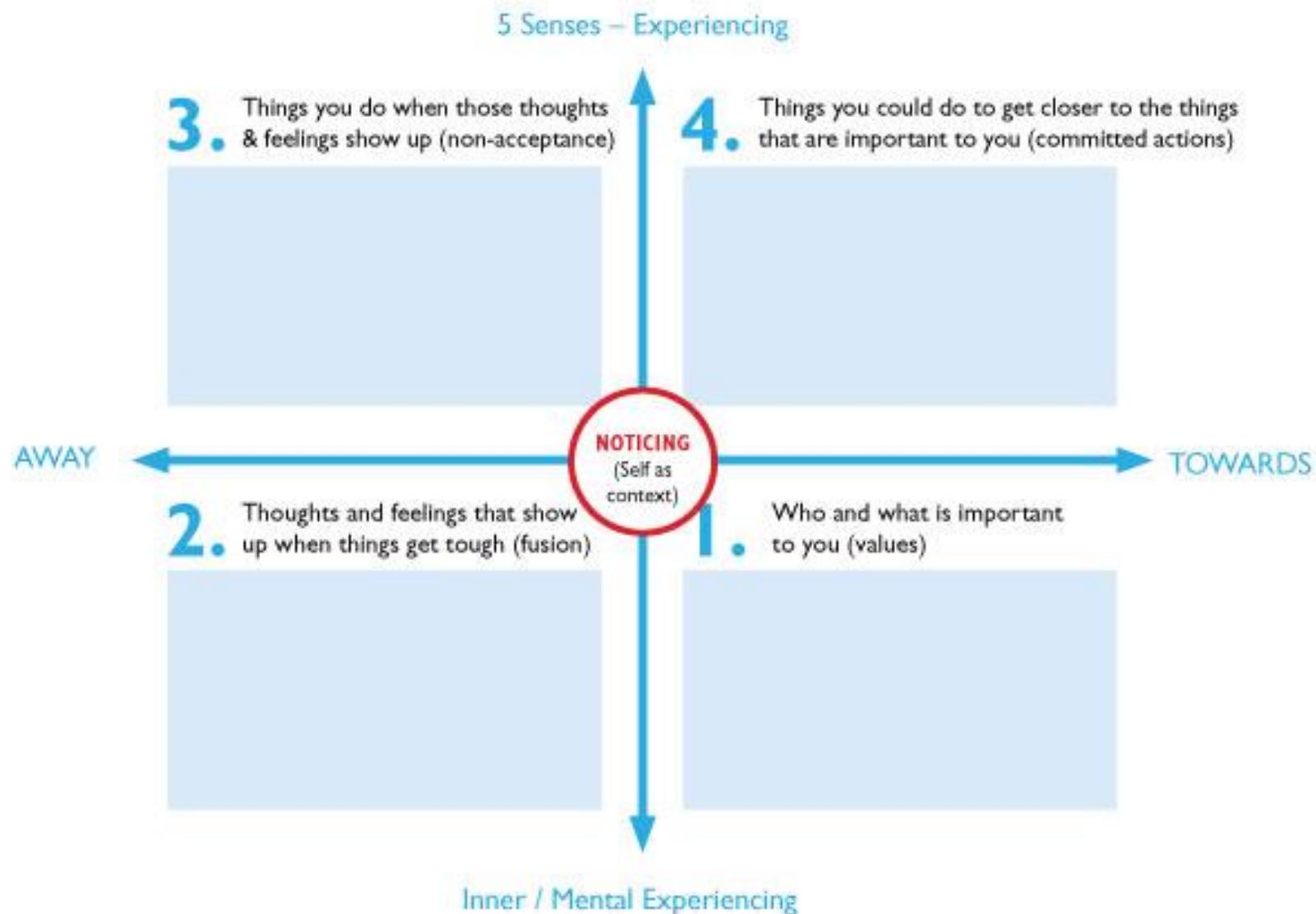
List of Values Exercise

| | | | |
|-----------------|-----------------|---------------------|--------------------|
| Accountability | Diversity | Humility | Security |
| Accuracy | Dynamism | Independence | Self-actualization |
| Achievement | Economy | Ingenuity | Self-control |
| Adventurousness | Effectiveness | Inner Harmony | Selflessness |
| Altruism | Efficiency | Inquisitiveness | Self-reliance |
| Ambition | Elegance | Insightfulness | Sensitivity |
| Assertiveness | Empathy | Intelligence | Serenity |
| Balance | Enjoyment | Intellectual Status | Service |
| Belonging | Enthusiasm | Intuition | Shrewdness |
| Boldness | Equality | Joy | Simplicity |
| Calmness | Excellence | Justice | Soundness |
| Carefulness | Excitement | Leadership | Speed |
| Challenge | Expertise | Legacy | Spontaneity |
| Cheerfulness | Exploration | Love | Stability |
| Commitment | Expressiveness | Loyalty | Strategic |
| Community | Fairness | Making a difference | Strength |
| Compassion | Faith | Mastery | Structure |
| Competitiveness | Fidelity | Merit | Success |
| Consistency | Fitness | Obedience | Support |
| Contentment | Fluency | Openness | Teamwork |
| Contribution | Focus | Order | Temperance |
| Control | Freedom | Originality | Thankfulness |
| Cooperation | Fun | Patriotism | Thoroughness |
| Correctness | Generosity | Perfection | Thoughtfulness |
| Courtesy | Goodness | Piety | Timeliness |
| Creativity | Grace | Positivity | Tolerance |
| Curiosity | Growth | Practicality | Traditionalism |
| Decisiveness | Happiness | Preparedness | Trustworthiness |
| Dependability | Hard Work | Professionalism | Truth-seeking |
| Determination | Health | Prudence | Understanding |
| Devoutness | Helping Society | Quality-orientation | Uniqueness |
| Diligence | Holiness | Reliability | Usefulness |
| Discipline | Honesty | Resourcefulness | Vision |
| Discretion | Honor | Restraint | Vitality |

ACT Compass



ACT Matrix



The Willingness and Action Plan

My goal is to (be specific):

The values underlying my goal are:

The thoughts/memories, feelings, sensations, urges I'm willing to make room for (in order to achieve this goal):

- Thoughts/ memories:
- Feelings:
- Sensations:
- Urges:

It would be useful to remind myself that:

If necessary, I can break this goal down into smaller steps, such as:

The smallest, easiest step I can begin with is:

The time, day and date that I will take that first step, is:

ACT Demonstration Activity

(Westrup and Wright, 2017)



Take Home Messages

- Mind-body connection is an important conversation in care
- Awareness will help promote sensitivity
- Create a seamless referral system
- Simple tools for providers to integrate rapidly exist
- Develop a strategy to begin implementing



Resource Recommendations

Podcasts:

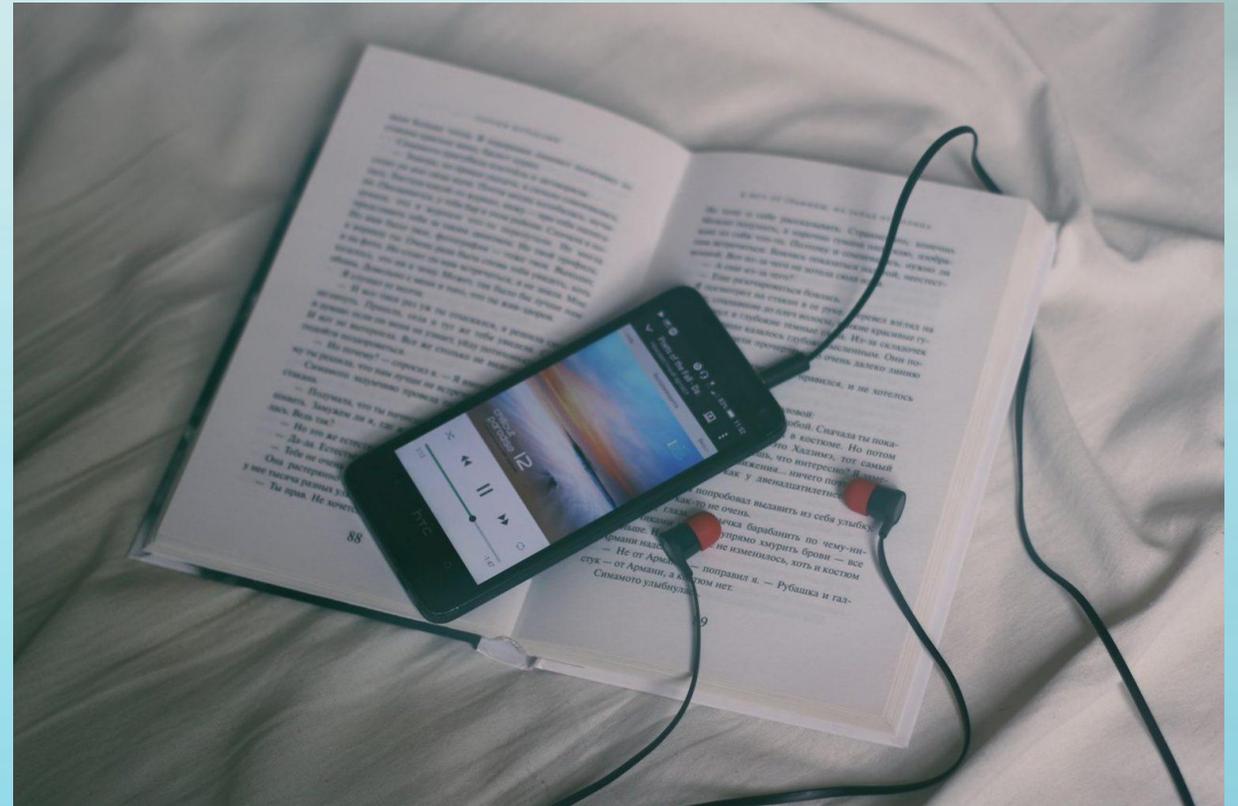
- The Psychology Podcast
- Pain Reframed
- Victory Over Injury

Apps:

- Mindfulness
- Headspace

Books:

- Compassionomics
- Motivational Interviewing for Healthcare Providers
- Psychologically Informed Physiotherapy
- Mindset: The New Psychology of Success



Questions



References



Thank You

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