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Ohio Cardiovascular and Diabetes Health Collaborative



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Cardi-OH ECHO

*Innovations in Diabetes and
Cardiovascular Health*

March 9, 2023

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Disclosure Statements



- The following speakers have a relevant financial interest or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of their presentation*:
 - Danette Conklin, PhD; Kathleen Dungan, MD, MPH; Ian Neeland, MD; Adam T. Perzynski, PhD; Goutham Rao, MD; Christopher A. Taylor, PhD, RDN, LD, FAND; Yasir Tarabichi, MD; Jackson Wright, MD, PhD
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 - Karen Bailey, MS, RDN, LD, CDCES; Kristen Berg, PhD; Elizabeth Beverly, PhD; Carolyn Ievers-Landis, PhD; Kelsey Ufholz, PhD; James Werner, PhD, MSSA
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Advances in Behavioral Counseling

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Learning Objectives



- 1) List and describe two newer approaches to counseling for health behavior change, acceptance and commitment therapy, and solution-focused therapy.
- 2) Describe the effectiveness of the approaches above.
- 3) Describe a strategy to incorporate principles from newer behavioral approaches into primary care counseling to prevent cardiovascular disease.



Using the ACT Matrix in Primary Care: Healthy Lifestyles/ Adherence to Treatments

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Introduction to Acceptance and Commitment Therapy (ACT)



- Pronounced like the word “act”
- Originally developed by Steven Hayes, Ph.D.
 - Hayes SC, Strosahl KD, & Wilson KD. (2011). Acceptance and Commitment Therapy: The Process and Practice of Mindful Change. Guilford Publications, NY, NY.
- Form of cognitive and behavioral therapies – also mindfulness

Empirical Support for Acceptance and Commitment Therapy (ACT)



- Systemic Reviews for Health Behavior Change/Psychological Well-Being
- ACT has been used successfully for weight management and psychological well-being in patients who are overweight or obese
 - Iturbe I, Echeburúa E, & Maiz E. The effectiveness of acceptance and commitment therapy upon weight management and psychological well-being of adults with overweight or obesity: A systematic review. *Clinical Psychology & Psychotherapy*. 2022, 29(3), 837–856. <https://doi.org/10.1002/cpp.2695>.
- ACT has also been found to be efficacious for patients with type 2 diabetes
 - Sakamoto R, Ohtake Y, Kataoka Y, et al. Efficacy of acceptance and commitment therapy for people with type 2 diabetes: Systematic review and meta-analysis. *J Diabetes Investig*. 2022 Feb;13(2):262-270. doi: 10.1111/jdi.13658. Epub 2021 Sep 27. PMID: 34486816; PMCID: PMC8847115.

Empirical Support for Acceptance and Commitment Therapy (ACT)



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JDI

Journal of Diabetes Investigation Open access

ORIGINAL ARTICLE

Efficacy of acceptance and commitment therapy for people with type 2 diabetes: Systematic review and meta-analysis

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Keywords

Acceptance and commitment therapy, Meta-analysis, Type 2 diabetes

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Clinical Trial Registry

University Hospital Medical Information
Clinical Trials Registry
UMIN000042173

ABSTRACT

Aims/Introduction: This systematic review and meta-analysis aimed to investigate the efficacy and safety of acceptance and commitment therapy (ACT) for people with type 2 diabetes mellitus.

Materials and Methods: Several electronic databases were examined on 16 January 2021, including PubMed, CENTRAL, PsycINFO, International Clinical Trials Registry Platform and ClinicalTrials.gov. Randomized controlled trials were included to compare ACT with usual treatment for people with type 2 diabetes reported in any language. Primary outcome measures were glycated hemoglobin, self-care ability assessed by the summary of diabetes self-care activities and all adverse events. The secondary outcome measure was acceptance assessed by the acceptance and action diabetes questionnaire.

Results: Of 678 publications initially identified, three trials were included in the meta-analysis. ACT resulted in a reduction in glycated hemoglobin (mean difference –0.62 points lower in the intervention group; 95% confidence interval –1.07 to –0.16; $I^2 = 0\%$; low-quality evidence). In addition, ACT increased the score of the summary of diabetes self-care activities (mean difference 8.48 points higher in the intervention group; 95% confidence interval 2.16–14.80; high-quality evidence). Adverse events were not measured in all trials. ACT increased scores of the acceptance and action diabetes questionnaire (mean difference 5.98 points higher in the intervention group; 95% confidence interval, 1.42–10.54; $I^2 = 43\%$; low-quality evidence).

Conclusions: ACT might reduce glycated hemoglobin, and increase self-care ability and acceptance among people with type 2 diabetes.

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COMPREHENSIVE REVIEW

WILEY

The effectiveness of acceptance and commitment therapy upon weight management and psychological well-being of adults with overweight or obesity: A systematic review

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Number: PS2017/88583 R; University of
Basque Country

Abstract

Several studies have examined acceptance and commitment therapy's (ACT) effectiveness for addressing physical and psychological distress people with obesity can face. Nevertheless, no review focusing specifically on ACT analysing randomized controlled trials (RCT) has been done up to date in this field. The present systematic review was developed following the PRISMA statement and aimed to examine ACT's effects on weight management and psychological well-being of adults with overweight or obesity. A conjunction of keywords related to ACT and excess weight was searched in four databases (Medline, PubMed, Psycinfo and Scopus) for articles meeting inclusion criteria. The literature search yielded 2,074 papers, and 16 were included in the review, finally. In 71.43% of the studies, ACT was effective to enhance psychological well-being; in 50% effectively targeted process variables and health behaviours related to weight management; in 31.82% of studies, physical variables were improved; and 21.38% of studies showed evidence in favour of ACT for eating behaviour modification. The present review supports ACT for promoting emotional aspects of individuals immersed in such weight-related battles and highlights the benefits of psychological well-being-oriented ACT in the context of obesity treatment. More studies targeting psychological well-being primarily and with longer follow-ups are required.

What is ACT?



- **ACT's Basic Premise**

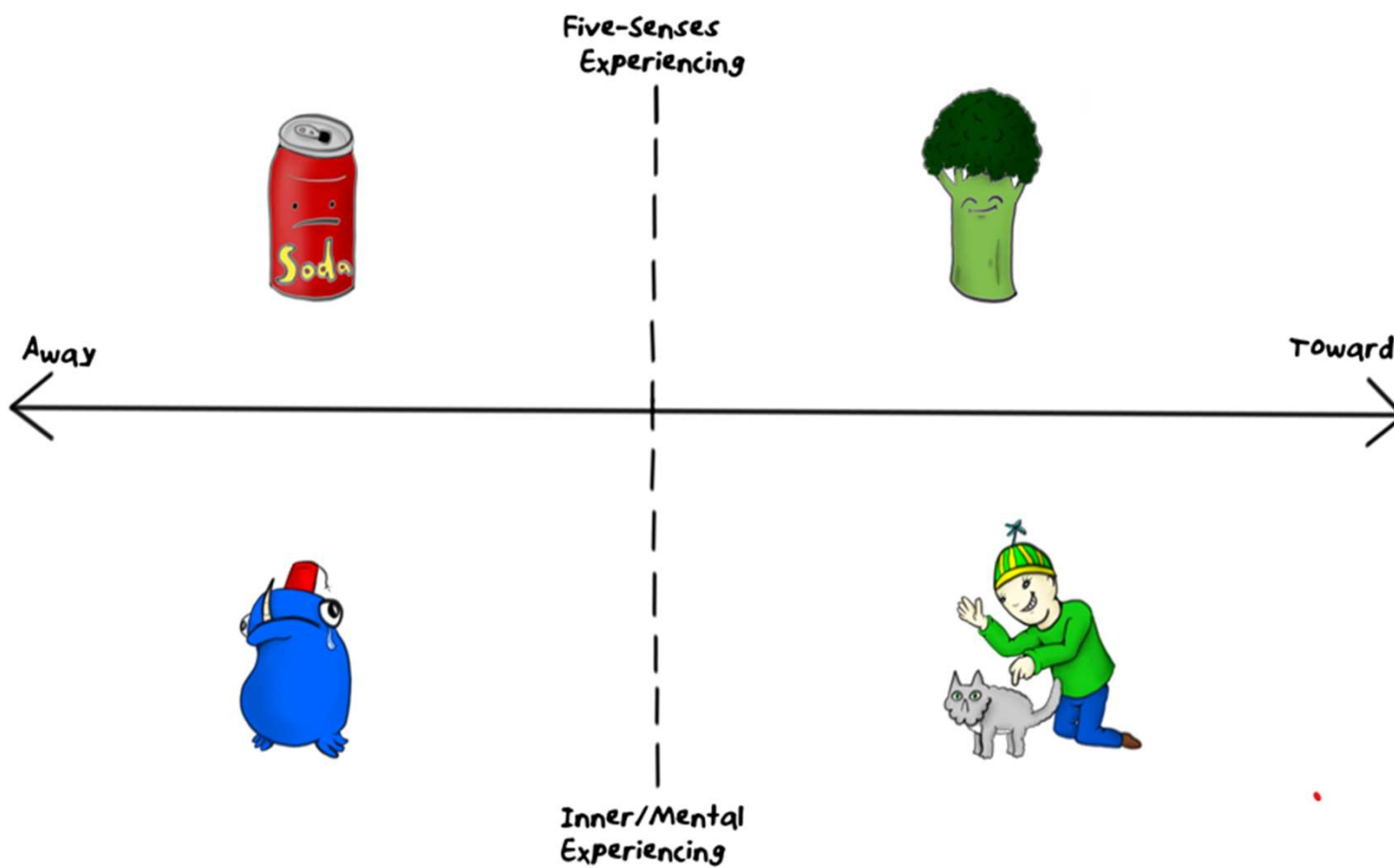
- People get “stuck” in their minds (mental experiencing)
- They benefit from some exercises to get...

**“Out of their head
and into their lives”**

Introduction to ACT



- **ACT Objective - *Psychological Flexibility***
 - Being aware of difficult inner experiences (e.g., thoughts, feelings, memories)
 - Noticing these thoughts/feelings
 - Opposite of trying to change, eliminate, or avoid difficult inner experiences (i.e., unpleasant thoughts, feelings, memories) (i.e., *experiential avoidance*)
 - Being present for what life brings in every given moment (*mindfulness*)
 - Moving *toward* valued behavior
- **The ACT Matrix is a tool to help think about and encourage *Psychological Flexibility*.**



Encourage Value-Consistent Actions

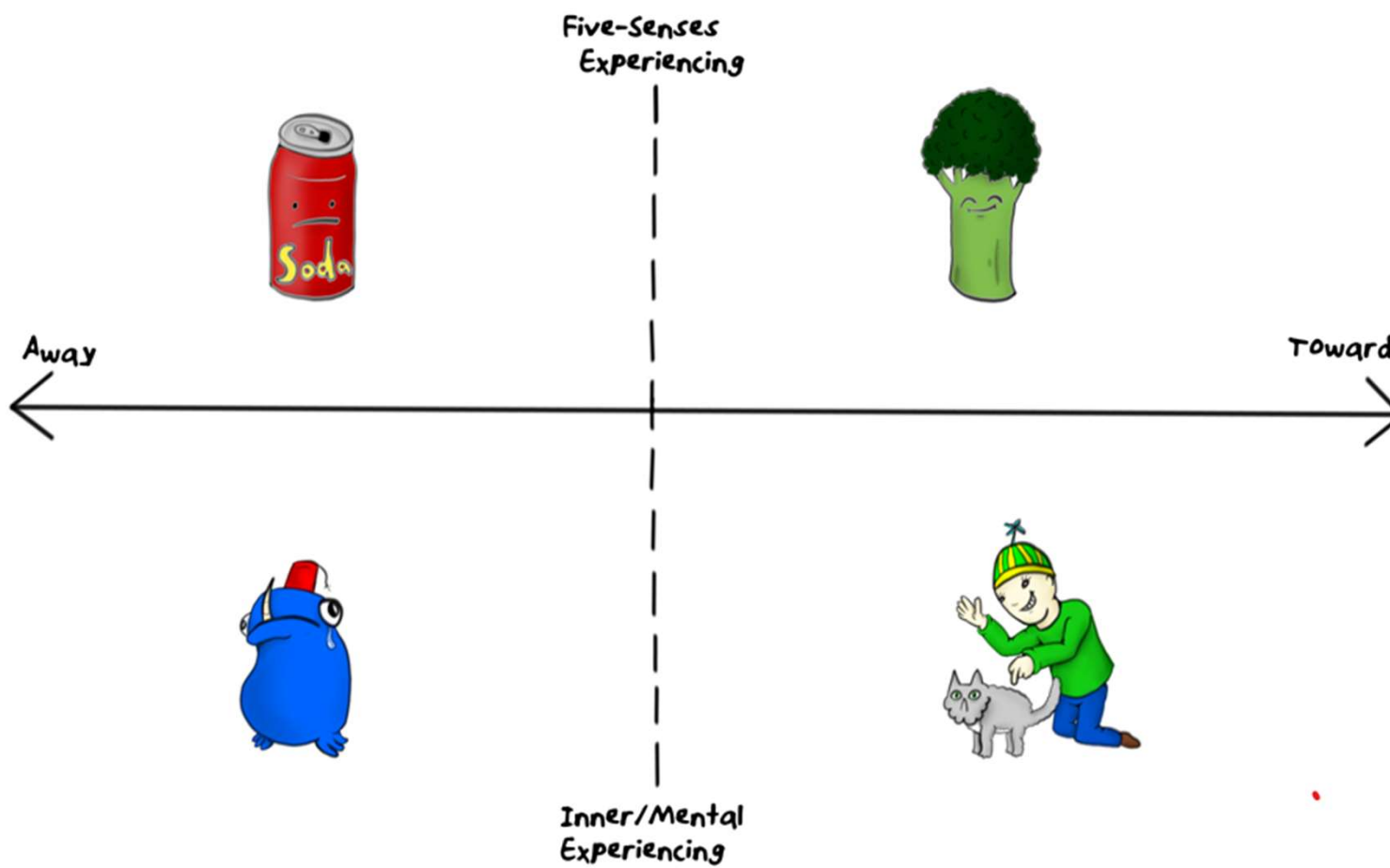


- Values
 - ***Values cannot be met or missed***
 - Behaviors can only be value-consistent (toward) or value-inconsistent (away)
- Goals
 - Goals may be “reached” or “not reached”
 - Consequence of “not reaching goals” may be negative thoughts and feelings
 - e.g., shame, guilt, inadequacy, stigma

Moving Through the Matrix: Values...*who* or *what* is important?



- **Bottom Right Quadrant: Values**
- From values card sort or list of values
 - Everyone has different values
- To know when making a toward or away move, have to identify first who or what is important



Moving Through the Matrix: Toward moves



- **Upper Right Quadrant: Toward Moves**
 - Think about moving toward someone (WHO) or something (WHAT, e.g., a value) that is important to you.
 - e.g., value might be a commitment to exercise (e.g., to feel more energetic)
 - Toward moves could involve walking the dog after dinner each night or making a plan with someone to get together on the same day/time each week for regular physical activity and following up

Moving Through the Matrix:

Negative thoughts/feelings



- **Lower Left Quadrant: Negative Thoughts/Feelings**
 - Consider unwanted and negative thoughts/feelings that might get in the way of moving toward who or what is important
 - Most common is feeling upset, mad, or sad. Could also feel ashamed or guilty.
 - e.g., thinking distressing thoughts about physical activity
 - “This is hard”
 - “I look stupid exercising” or “I hate to get all sweaty”
 - “Other people are better at this than I am” or “Other people will judge me”
- **Rather than pre-judging the experience, encourage doing it anyway**

Moving Through the Matrix:

Away moves



- **Upper Left Quadrant: Away Moves**
 - Think about when you are reacting to a negative thought/feeling with some behavior that moves you *AWAY* from someone (WHO) or something (WHAT, e.g., a value) that is important to you.
 - e.g., when feeling fatigued (negative feeling), staying inside on the couch streaming shows instead of going outside for a walk
 - e.g., when feeling overwhelmed (negative thought), ordering pizza rather than fixing a healthier dinner

An Example of Psychological Flexibility



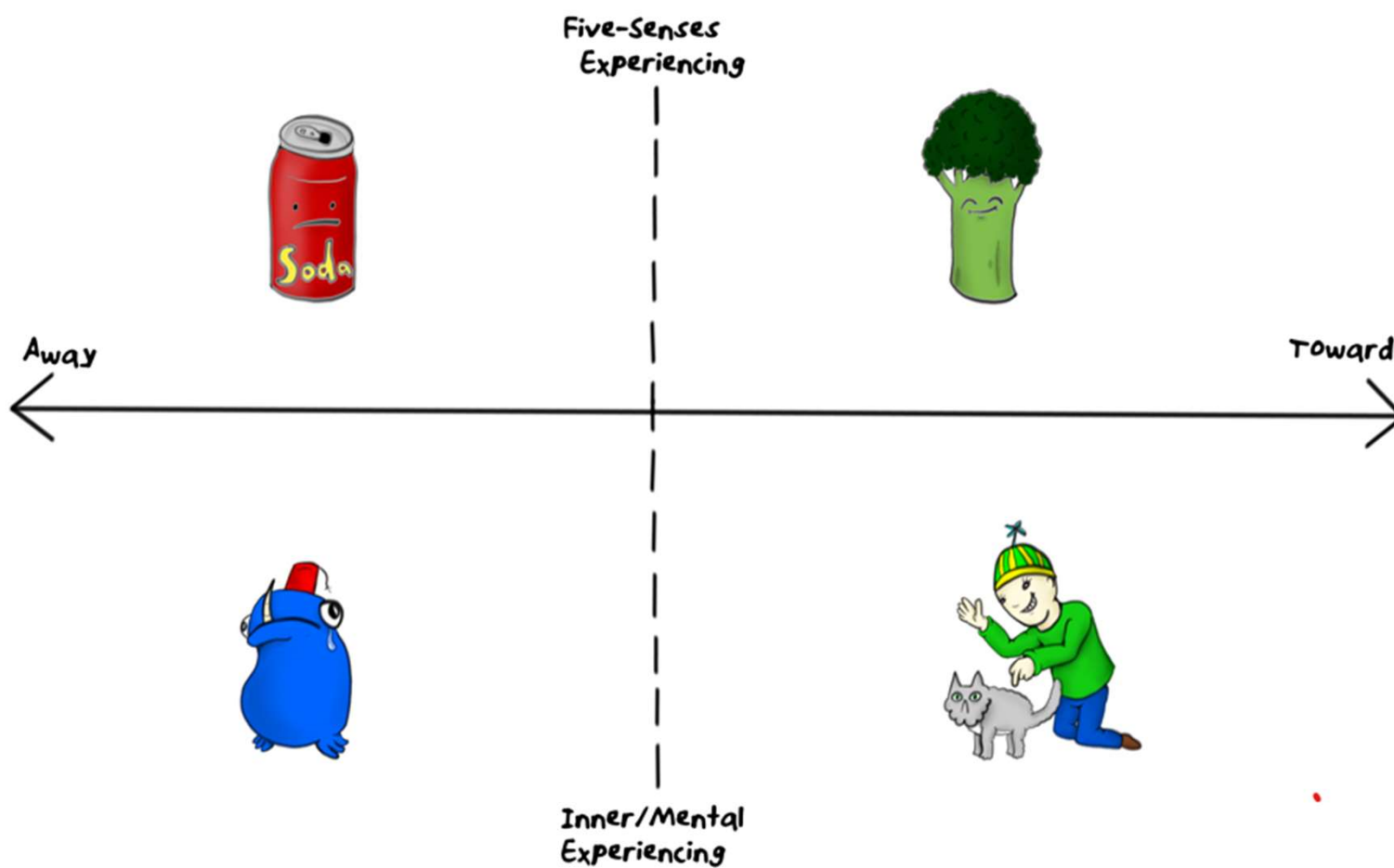
- ***Choosing a Toward Move Despite Unwanted Inner Experiences***
- Rather than judging unwanted/undesired thoughts and feelings, instead notice them
- **Learn to have a choice** about behavior regardless of negative thoughts/feelings
 - e.g., negative thoughts/feelings might be “I’m a picky eater,” “I don’t like eating veggies,” or “Eating veggies is boring”
 - e.g., toward behaviors – eating veggies anyway – honoring that it might not be that great but is consistent with your values – “I’ll survive it, maybe I’ll even learn to like veggies”

Using the Matrix:

Provider Notes

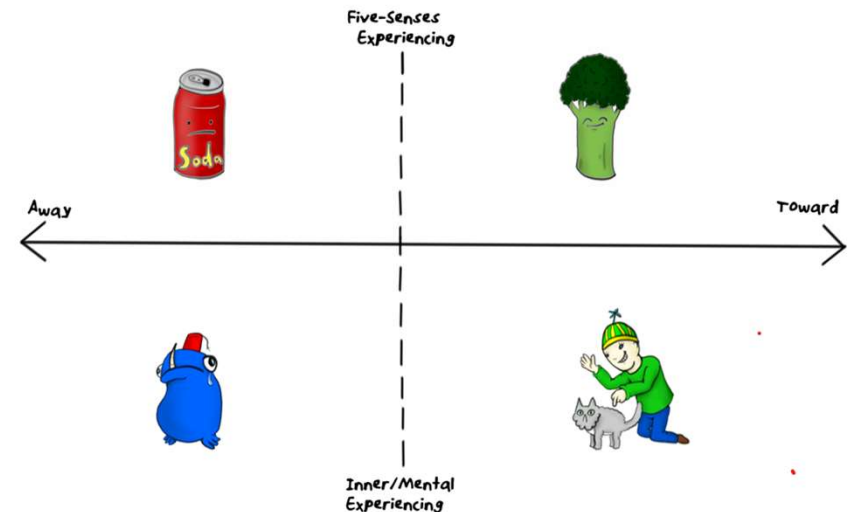


- Invite patients to practice using the ACT matrix
 - Upper half – any behavior or sensation that can be observed with senses:
 - seeing, hearing, smelling, tasting, feeling, - doing!
 - Lower half – anything that is a mental or private process (that cannot be directly observed)
 - thoughts, emotions, urges, memories
 - Also sort into right (toward) and left (away) hemispheres



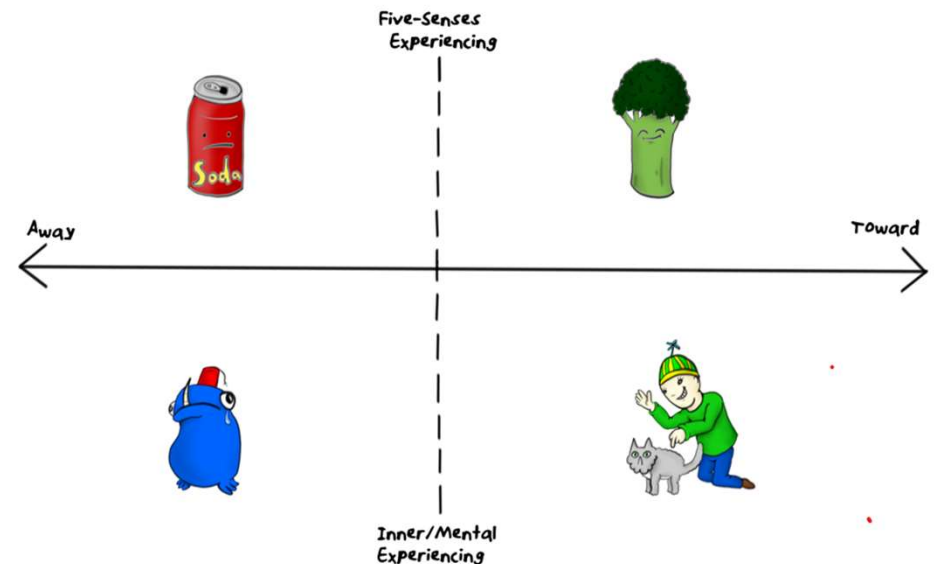
Script for Patient Discussion using the ACT Matrix: Introduction

- I'd like to tell you about a tool I share with my patients to support their health behaviors
- It's called an ACT ("act") matrix; ACT stands for "Acceptance and Commitment Therapy"
- ACT is based in cognitive-behavioral and mindfulness strategies



Script for Patient Discussion using the ACT Matrix: Introduction

- This matrix has four quadrants:
 - values (point to the bottom right corner),
 - toward moves (top right corner),
 - negative thoughts/feelings (bottom left corner), and
 - away moves (top left corner)



Script for Patient Discussion using the ACT Matrix: Introduction

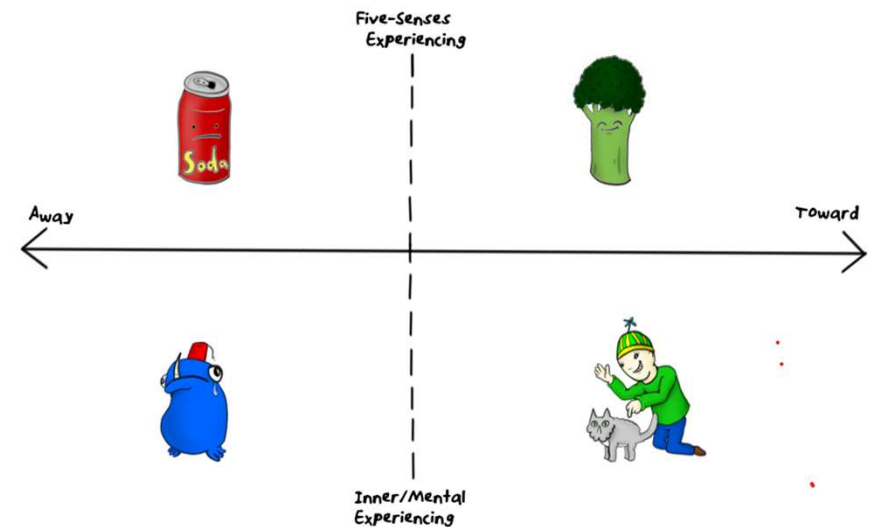


- The purpose of this tool is to support **value-centered living**
- This is accomplished by:
 - Thinking about and keeping your values in mind
 - Moving toward who or what is important to you
 - Being aware of negative thoughts and feelings, and
 - Being aware of when you are moving away from who and what is important (“away moves”)
- The ultimate purpose is to be more aware of where you are in the matrix and **to choose to move toward your values more often**

SUMMARY: Key Questions – The ACT Matrix

- Who and what is important to you?
- What gets in the way of moving toward who or what is important?
- What are some of the things you do to *move away* from negative thoughts or feelings?
- What do you do or could you do to *move toward* who or what is important?

Can you imagine using the ACT matrix with your patients?





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Solution-Focused Therapy in Primary Care

Overview



- Solution-Focused Therapy is a patient-centered counseling model focused on the **patient's strengths, competencies, resiliency, and previous successes rather than on past failings and problems**
- Adapted for use in primary care settings
- Compatible with MI, the 5A's, SBIRT

Wake M, et al. *British Medical Journal*, 2009; 339, b3308.
McCallum Z, et al. *International Journal of Obesity*, 2007; 31, 630–636.
Greenberg G, et al. *Canadian Family Physician*. 2001; 47, 2289-2295.
Giorlando M, Schilling R. *Fam Systems Health*. 1997; 4:361-372.
Flodmark C, et al. *Pediatrics*, 1993; 91, 880–884.

Solution-Focused Therapy



- Focuses on the patient's **desired future**
- Elicits **effective solutions from the patient**
- The clinician guides the patient in **identifying what works for them**
- In essence, “**What’s working and how can you get more of it?**”

Evidence-Based

- 40+ years of development, clinical practice, and empirical research
- More than 150 RCTs, 8 systematic reviews & meta analyses
- Statistically significant effect sizes
 - Psychosocial outcomes and health-related behavioral outcomes in healthcare settings
 - Similar to other effective evidence-based interventions
 - Low intensity SFT shown to be effective

Zhang A, et al. J Behav Med. 2018 Apr;41(2):139-151. doi: 10.1007/s10865-017-9888-1.

Franklin C, et al. Health Soc Work. 2021 Jun 21;46(2):103-114. doi: 10.1093/hsw/hlab002.

Gingerich WJ, et al. Research on Social Work Practice, 2013;23(3):266-283. <https://doi.org/10.1177/1049731512470859>

Corcoran J, et al. British Journal of Social Work, 2009; 39(2), 234–242. doi.org/10.1093/bjsw/bcm098

Kim JS. Research on Social Work Practice, 2008;18, 107–116. doi: 10.1177/1049731507307807

Application of SFT in Healthcare Settings



- Stress reduction^{1,2}
- Anxiety³⁻⁵
- Depression^{6,7} & post-partum depression⁸
- Substance use disorders⁹⁻¹⁵
- Coping with personal illness/disability¹⁶⁻¹⁸
- Coping with disability in family members¹⁹⁻²¹
- Coping with cancer^{22,23}
- Adherence to treatment²⁴
- Weight management²⁵⁻²⁷
- Improving diet³¹
- HbA1c control²⁸
- Increasing physical activity^{29,30}
- Sleep hygiene³¹
- Chronic pain³²
- Crohn's disease³³
- COPD³⁴

See reference list on slide 46

Key Assumptions

- Change is occurring all the time
 - There are exceptions to every problem
 - Questions are framed as 'when something changes,' not 'if something changes'
- Change is generative
 - Small increments of change can lead to big increments of change
- Extensive information about a problem is not necessary for positive change to occur
- Patients have strengths, resources, and coping skills that can drive change while generating optimism and hope

Components of SFT for Primary Care: MECSAT



- **Miracle question***
- **Exceptions questions***
- **Coping questions***
- **Scaling questions** – similar to MI scaling questions
- **Accolades** – similar to MI affirmations
- **Tasks***
- These can be used in any order or combination

Miracle Question

Purpose: The patient identifies workable solutions by imagining their own future.

- *I would like to ask you a question that is a little bit different from those you might have heard before, and it will require you to do a little pretending. Is that okay?*
- *While you are asleep tonight, a miracle happens and tomorrow when you wake up, you are on track to getting your blood pressure to consistently stay in the healthy range.*
 - *What would you be doing differently?*
 - *What would others notice is different?*
 - *Can you walk me through the day?*

Miracle Question



- *Let's pretend for a minute that you're on track to keeping your blood pressure in the healthy range. What are you doing differently?*
 - *What is the smallest thing that you would be doing differently?*
- Action-focused (doing rather than feeling)
- For responses focused on feelings: *When you are feeling that way, what will you be doing differently?*

Exception Questions



Purpose: Uncovers patients' strengths and past successes that can become solutions.

- Assumes that **there are always times when a problem is less intense or even absent.**
- *Think about the days when you take your blood pressure medication. What do you suppose is different about those days?*

Coping Questions



Purposes: Recognizes the patient's ability to cope with adversity, uncovers strengths they may not recognize, & provides a foundation for solutions.

- Useful for patients who are feeling overwhelmed
- A special case of exploring for exceptions

Coping Questions



- *That sounds nearly overwhelming. How are you able to manage?*
- *With all that you have going on, how were you able to make it here this morning?*
- *How are you preventing things from getting worse?*
- *Not gaining weight is a victory. How did you make that happen?*

Tasks



Purpose: Tasks are based on solutions identified by the patient that can move them in the direction of their goal.

- Patients **ready to take action can undertake 'doing tasks'** to bring about exceptions or the 'miracle' (or even small parts of them)
- Patients not ready to take action can **observe or notice when exceptions or little parts of the miracle occur**
- Tasks can be suggested by either the provider or the patient

Action Tasks



- *Would you be willing to try something interesting between now and the time I see you again?*
- *Would you be interested in trying a little experiment?*

Examples:

- *Based on your idea about using alerts on your phone to remind you of appointments, what do you think about setting a daily phone alert to remind you to take your blood pressure medication?*

It would be really interesting to see if the alerts increase how often you take the meds over the course of a week and how that affects your blood pressure.

- *What would help move you a little closer to your goal of keeping your blood pressure in the healthy range? What's one small thing that you might do?*

Positive Effects on Clinicians



- The clinician does not have the burden of finding effective solutions for the patient
 - The clinician's role is to facilitate
 - The solutions come from the patient
- The emphasis on patient strengths creates an atmosphere of empowerment and optimism
- May help protect clinicians against burnout

Solution-focused therapy

Counseling model for busy family physicians

Gail Greenberg, MSW Keren Ganshorn, BPT, MD, CCFP Alanna Danilkewich, MD, CCFP, PCFP

ABSTRACT

OBJECTIVE To provide family doctors in busy office practices with a model for counseling compatible with patient-centred medicine, including the techniques, strategies, and questions necessary for implementation.

QUALITY OF EVIDENCE The MEDLINE database was searched from 1984 to 1999 using the terms psychotherapy in family practice, brief therapy in family practice, solution-focused therapy, and brief psychotherapy. A total of 170 relevant articles were identified; 75 abstracts were retrieved and a similar number of articles read. Additional resources included seminal books on solution-focused therapy (SFT), bibliographies of salient articles, participation in workshops on SFT, and observation of SFT counseling sessions taped by leaders in the field.

MAIN MESSAGE Solution-focused therapy's concentration on collaborative identification and amplification of patient strengths is the foundation upon which solutions to an array of problems are built. Solution-focused therapy offers simplicity, practicality, and relative ease of application. From the perspective of a new learner, MECSTAT provides a framework that facilitates development of skills.

CONCLUSION Solution-focused therapy recognizes that, even in the bleakest of circumstances, an emphasis on individual strength is empowering. In recognizing patients as experts in self-care, family physicians support and accentuate patient-driven change, and in so doing, are freed from the hopelessness and burnout that can accompany misplaced feelings of responsibility.

RÉSUMÉ

OBJECTIF Offrir aux médecins de famille dont la pratique en cabinet privé est surchargée un modèle de counseling compatible à la médecine centrée sur le patient, notamment des techniques, des stratégies et des questions nécessaires à sa mise en œuvre.

QUALITÉ DES DONNÉES Une recension a été effectuée dans la base de données MEDLINE de 1984 à 1999 à l'aide des mots clés « psychothérapie en pratique familiale, thérapie brève en pratique familiale, thérapie axée sur la recherche de solutions et psychothérapie brève ». On a identifié 170 articles pertinents; 75 résumés ont été cernés et un nombre à peu près égal d'articles ont été lus. Au nombre des sources d'information additionnelles figuraient des ouvrages fondamentaux sur la thérapie axée sur la recherche de solutions (TARS), les bibliographies des articles importants, la participation à des ateliers sur la TARS ainsi que l'observation de séances de ce genre de counseling enregistrées par des experts dans ce domaine.

PRINCIPAL MESSAGE La concentration des thérapies axées sur la recherche de solutions portent sur l'identification et l'amplification conjointes des forces du patient constitue le fondement sur lequel repose la détermination de solutions à un éventail de problèmes. La thérapie axée sur la recherche de solutions est simple, pratique et relativement facile à administrer. Du point de vue d'un néophyte, le MECSTAT offre les paramètres qui facilitent le perfectionnement des compétences à cet égard.

CONCLUSION La thérapie axée sur la recherche de solutions reconnaît que, même dans les circonstances les plus noires, l'insistance sur les forces du sujet se révèle habilitante. En reconnaissant les patients comme des experts pour prendre soin d'eux-mêmes, les médecins de famille soutiennent et accentuent les changements réalisés par le patient et, ce faisant, se libèrent de l'impuissance et de la fatigue professionnelle qui accompagnent parfois des sentiments mal placés de responsabilité.

Learning Resources



- Greenberg G, Ganshorn K, Danilkewich A. Solution-focused therapy; counseling model for busy family physicians. *Canadian Family Physician*, 2001;47, 2289-2295. doi:11768927
- Giorlando ME, Schilling RJ. On becoming a solution-focused physician: The MED-STAT acronym. *Families, Systems, & Health*, 1997;15(4), 361–373. <https://doi.org/10.1037/h0090137>
- De Jong P, Berg IK. (2012). *Interviewing for Solutions*, Fourth Edition. Brooks Cole.
- Solution-Focused Therapy (SFT) in Primary Care. University of Ottawa, eMentalHealth.ca/PrimaryCare. <https://primarycare.ementalhealth.ca/index.php?m=fpArticle&ID=61120>
- SFT online training courses:
<https://www.solutionfocusedcanada.org/>
<https://solutionfocused.net/online-training/>

References for slide #33

1. Beauchemin, J.D. (2018). Solution-focused wellness: A randomized controlled trial of college students. *Health & Social Work, 43*(2), 94-100. doi:10.1093/hsw/hly007
2. Ko MJ, Yu SJ, Kim YG. (2003). The effects of solution-focused group counseling on the stress response and coping strategies in the delinquent juveniles. *Taehan Kanho Hakhoe Chi. Jun;33*(3):440-50. doi: 10.4040/jkan.2003.33.3.440. PubMed PMID: 15314443.
3. Creswell, C., Violato, M., Fairbanks, H., White, E., Parkinson, M., Abitabile, G., ... Cooper, P. J. (2017). Clinical outcomes and cost-effectiveness of brief guided parent-delivered cognitive behavioural therapy and solution-focused brief therapy for treatment of childhood anxiety disorders: a randomised controlled trial. *The Lancet. Psychiatry, 4*(7), 529-539. doi:10.1016/S2215-0366(17)30149-9
4. Schmit, E. L., Schmit, M. K., & Lenz, A. S. (2016). Meta-analysis of solution-focused brief therapy for treating symptoms of internalizing disorders. *Counseling Outcome Research and Evaluation, 7*(1), 21-39.
5. Cape, J., Whittington, C., Buszewicz, W., & Underwood, L. (2010). Brief psychological therapies for anxiety and depression in primary care: Meta-analysis and meta-regression. *BMC Medicine, 8*, 38. doi:10.1186/1741-7015-8-38
6. Kramer J., Conijn B., Ojaveer P., Riper H. (2014). Effectiveness of a web-based solution-focused brief chat treatment for depressed adolescents and young adults: randomized controlled trial. *Journal of Medical Internet Research, 16*(5):e141. doi: 10.2196/jmir.3261.
7. Abbasi A, Mohammadi M, Zaharak K, Davarnia R, Babaeigarmkhani M. (2017). Effectiveness of Solution-Focused Brief Therapy (SFBT) on Reducing Depression and Increasing Marital Satisfaction in Married Women. *Iran Journal of Nursing, 30*(105):34-46.
8. Ramezani S, Khosravi A, Motaghi Z, Hamidzadeh A, Mousavi SA. (2017). The effect of cognitive-behavioural and solution-focused counselling on prevention of postpartum depression in nulliparous pregnant women. *J Reprod Infant Psychol. 35*(2):172-182. doi: 10.1080/02646838.2016.1266470. Epub 2016 Dec 30. PubMed PMID: 29517361.
9. Berg, I.K., & Miller, S.D. (1992). Working with the problem drinker: A solution-oriented approach. New York: Norton.
10. Berg, I.K., & Reuss, N. (1997). Solutions step-by-step: A substance abuse treatment manual. New York: W. W. Norton.
11. Mason, W.H., Chandler, M.C., & Grasso, B.C. (1995). Solution-based techniques applied to addictions: A clinic's experience in shifting paradigms. *Alcoholism Treatment Quarterly, 13*, 39-49.
12. Miller, S.D., & Berg, I.K. (1995). The miracle method: A radically new approach to problem drinking. New York: W. W. Norton.
13. McCollum, E.E., & Trepper, T.S. (2001). Family solutions for substance abuse: Clinical and counseling approaches. Binghamton, NY: Haworth Press.
14. Smock, S.A., Trepper, T. S., Wetchler, J.L., McCollum, E.E., Ray, R., & Pierce, K. (2008). Solution-Focused group therapy for level 1 substance abusers. *Journal of Marital and Family Therapy, 34*(1), 107-120. doi:10.1111/j.1752-0606.2008.00056.x
15. Szczegielniak A., Bracik J., Mróz S., Urbański M., Cichobłaziński L., Krysta K., Pyrkosz K., Chudy N., Krupka-Matuszczyk I. (2013). General level of knowledge about Brief Solution Focused Therapy (BSFT) in Polish addiction treatment centers. *Psychiatria Danub, 25*(2), 236-240.]
16. Cockburn, J.T., Thomas, F.N., & Cockburn, O.J. (1997). Solution-focused therapy and psychosocial adjustment to orthopedic rehabilitation in a work hardening program. *Journal of Occupational Rehabilitation, 7*, 97-106.
17. Vogelaar, L., Van't Spijker, A., Timman, R., van Tilburg, A. J., Bac, D., Vogelaar, T., et al. (2014). Fatigue management in patients with IBD: A randomised controlled trial. *Gut, 63*, 911-918.
18. Wichowicz HM, Puchalska L, Rybak-Korneluk AM, Gasecki D, Wiśniewska A. Application of Solution-Focused Brief Therapy (SFBT) in individuals after stroke. (2017). *Brain Inj. 31*(11):1507-1512. doi: 10.1080/02699052.2017.1341997. Epub 2017 Jul 11. PubMed PMID: 28696135.
19. Chung SA, Yang S. (2004). The effects of solution-focused group counseling program for the families with schizophrenic patients. *Taehan Kanho Hakhoe Chi. 34*(7):1155-63. doi: 10.4040/jkan.2004.34.7.1155. PubMed PMID: 15687756.
20. Lloyd, H., & Dallos, R. (2006). Solution-focused brief therapy with families who have a child with intellectual disabilities: A description of the content of initial sessions and the processes. *Clinical Child Psychology and Psychiatry, 11*(3), 367-386. doi:10.1177/1359104506064982
21. Li Y, Solomon P, Zhang A, Franklin C, Ji Q, Chen Y. (2018). Efficacy of Solution-Focused Brief Therapy for Distress among Parents of Children with Congenital Heart Disease in China. *Health Soc Work. 1;43*(1):30-40. doi: 10.1093/hsw/hlx045. PubMed PMID: 29228386.
22. Zhang Anao, et al. Solution-focused brief therapy for adolescent and young adult cancer patients in China: a pilot randomized controlled trial. *J Psychosoc Oncol. 2022;40*(6):816-833.
23. Zhang A, Ji Q, Currin-McCulloch J, Solomon P, Chen Y, Li Y, Jones B, Franklin C, Nowicki J. (2018). The effectiveness of solution-focused brief therapy for psychological distress among Chinese parents of children with a cancer diagnosis: a pilot randomized controlled trial. *Support Care Cancer. 26*(8):2901-2910. doi: 10.1007/s00520-018-4141-1. Epub 2018 Mar 15. PubMed PMID: 29546523.
24. Beyebach M, Neipp MDC, Garcia-Moreno M, González-Sánchez I. IMPACT of nurses' solution-focused communication on the fluid adherence of adult patients on haemodialysis. *J Adv Nurs. 2018 Nov;74*(11):2654-2657. doi: 10.1111/jan.13792. Epub 2018 Aug 19. PubMed PMID: 29992599.
25. McCallum, Z., Wake, M., Gerner, B., Baur, L. A., Gibbons, K., Gold, L., et al. (2007). Outcome data from the LEAP (live, eat and play) trial: A randomized controlled trial of a primary care intervention for childhood overweight/mild obesity. *International Journal of Obesity, 31*, 630-636.
26. Kreier F., Genco S.M., Boreel M., Langkemper M.P., Nugteren I.C., Rijnveld V., Thissen V., Deden S., Keessen M. (2013). An individual, community-based treatment for obese children and their families: the solution-focused approach. *Obesity Facts, 6*(5), 424-432. doi: 10.1159/000355909.
27. Akgul Gundogdu N, Sevig EU, Guler N. (2018). The effect of the solution-focused approach on nutrition-exercise attitudes and behaviours of overweight and obese adolescents: Randomised controlled trial. *J Clin Nurs. 27*(7-8):e1660-e1672. doi: 10.1111/jocn.14246. Epub 2018 Jan 23. PubMed PMID: 29278443.
28. Viner R.M., Christie D., Taylor V., et al. (2003) Motivational/solution-focused intervention improves HbA1c in adolescents with Type 1 diabetes: a pilot study. *Diabetic Medicine, 20*, 739-742.
29. Akgul Gundogdu N, Sevig EU, Guler N. (2018). The effect of the solution-focused approach on nutrition-exercise attitudes and behaviours of overweight and obese adolescents: Randomised controlled trial. *J Clin Nurs. 27*(7-8):e1660-e1672. doi: 10.1111/jocn.14246. Epub 2018 Jan 23. PubMed PMID: 29278443.
30. Williams DJ, Streat WB. (2005). Practice tips. Little pain, much gain. Solution-focused counseling on physical activity. *Can Fam Physician. 51*:677-8. PubMed PMID: 15934271; PubMed Central PMCID: PMC1472932.
31. Valve P., Lehtinen-Jacks S., Eriksson T., Lehtinen M., Lindfors P., Saha MT., Rimpelä A., Anglès S. (2013). LINDA - a solution-focused low-intensity intervention aimed at improving health behaviors of young females: a cluster-randomized controlled trial. *BMC Public Health, 13*, 1044. doi: 10.1186/1471-2458-13-1044.
32. Simm R, Barker C. (2018). Five years of a community pain service solution-focused pain management programme: extended data and reflections. *Br J Pain. 12*(2):113-121. doi: 10.1177/2049463717744358. Epub 2017 Dec 5. PubMed PMID: 29796263; PubMed Central PMCID: PMC5958514.
33. Vogelaar L, et al. Solution-focused therapy: A promising new tool in the management of fatigue in Crohn's disease patients: Psychological interventions for the management of fatigue in Crohn's disease. *Journal of Crohn's disease and Colitis, 2011; 5*:585-591.
34. Smith S, Kirkpatrick P. Use of solution-focused brief therapy to enhance therapeutic communication in patients with COPD. *Primary Health Care, 2013; 23*: 27-32.



Thank you!

Questions/Discussion