# Toolkit for Improving Mental Health and Wellbeing in Veterinary Medicine



**CLINICAL SCHOLARS**

A Robert Wood Johnson Foundation program

# Toolkit for Improving Mental Health and Wellbeing in Veterinary Medicine

## AUTHORS

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## ABOUT

This toolkit serves as a guide to creating and disseminating an effective intervention to enhance mental health and wellbeing in persons working in veterinary medicine.

## CONTACT

For more information, visit: unburdened.online/contact

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# Executive Summary

## *ACT to Address the Veterinary Mental Health Crisis*

**Veterinarians are in crisis. Deaths by suicide occur at rates far above average, and suicidal ideation is up to 5.5 times more likely compared to the general population.** Between 1/3 and 2/3 report history of depression, and 80% describe the occupation as stressful or very stressful. While psychological distress is common in human health care providers, poorer wellbeing is found in veterinarians compared to most other professions. There is a greater suicide risk in veterinarians compared to high-risk professions such as dentists, pharmacists, and other medical practitioners.

With approximately 3,500 veterinarians in Ohio and a particularly fast job growth rate in our area, veterinarians in our community are an at-risk and growing group, representing a mental health disparity. This disparity may, in part, be due to attitudes in the field toward mental health treatment. Relative to the average adult, veterinarians are less likely to believe mental health treatment is effective. Efforts to address the veterinarian mental health crisis in our community are needed, but stigma contributes to treatment-seeking reluctance. An interdisciplinary approach could bring palatable solutions directly to this group, address the mental health disparity, and facilitate a culture of health in the field.

**Working with stakeholders, our team identified an underlying mechanism of distress in the field: challenging client interactions.** Specifically, certain types of client interactions predicted veterinarian stress and burnout, with veterinarian reaction to these interactions being a key factor in predicting negative outcomes. We developed an Acceptance and Commitment Training (ACT)-based educational program tailored to reduce reactivity due to these interactions. We implemented our educational program in veterinary clinics throughout our community, giving background information regarding causes of distress in the profession, assessing program feasibility and acceptability, and monitoring use of techniques taught. Validated measures of burden transfer, stress, burnout, and mental health stigma were measured using an online survey format at baseline (prior to ACT training) and follow-up (upon completion and 1 month later). Individuals wishing to contribute to research were randomized to either participate in the program upon registration ("program") or after data collection ("control"). This resulted in the following findings:

- More than 600 persons working in veterinary medicine completing program.
- >90% of program participants found the workshop helpful.
- Report using the skills taught 5 times per day at 1 month post program.
- Significant reductions in burden transfer, stress, burnout, and mental health stigma.

On the strength of these findings, we developed an asynchronous version of the program that would be appropriate for broad dissemination through veterinary hospital learning management systems. The asynchronous modules demonstrate similar effectiveness as the original live version. The asynchronous version of our program can be delivered online, making our program sustainable beyond the funding period.

> *"Thank you so much! Doing the anchor technique numerous times throughout the week has helped tremendously. I would love to see this workshop implemented on a routine basis for my fellow staff members."*
>
> **- Customer Service Representative, 18 years in practice**

# Planning

Through a series of steps, including listening sessions, focus groups, and surveys conducted with veterinary healthcare stakeholders, we identified risk factors for occupational distress. One prominent source of distress came in the form of difficult client interactions. This became our target of focus. Through factor analysis, we identified domains of encounters with pet owners that appear to impact stress and burnout in veterinary healthcare team members. This work suggested that stress or "burden" of owners with a sick pet can underlie challenging behaviors in the owner, which, in turn, trigger a "transfer" of that burden to the veterinary healthcare team. When present in owners, behaviors in these domains are strong predictors of stress and burnout for persons working in the field. Importantly, *reaction* of the veterinary healthcare team member to these "burden transfer" encounters is far more predictive of negative outcomes than is frequency of such interactions. This means that burden transfer reaction is a modifiable risk factor for stress and burnout in the field.

Based on that knowledge, we developed a three-hour educational program that utilizes Acceptance and Commitment Training (ACT), an evidence-based framework that shows good effect on burnout in other professions. We tailored our program to reactivity to burden transfer interactions. We tested feasibility and acceptability of the program to obtain feedback, tailor, and improve the program. Initial efforts included a trial with employees of three small animal general and specialty referral hospitals. One month after completion of the program, individuals randomized to participate in the program demonstrated high rates of acceptability and use of techniques taught. They also showed reduced burden transfer reaction and lower raw scores in stress and burnout. The next step was to roll out the program in a larger way within our community.

## Key Skill Sets

The goal of reducing mental health burdens in veterinary medicine requires an interdisciplinary approach brought directly to the population. To identify a strategic method to address these problems, we needed expertise in the occupational distress and wellbeing of persons working in veterinary medicine, as well as expertise in evidence-based intervention methods. To ensure access to the population, we needed community connections to help open doors. To this end, we formed a primary team comprised of veterinary and mental health professionals.

## Project Team

**Meg Sislak, DVM, DACVR:** Veterinarian with many community connections and lived experience

**Mary Beth Spitznagel, PhD**: Clinical psychologist with expertise in veterinary occupational distress

**Alanna Updegraff, PhD:** Clinical psychologist with expertise in structured psychological interventions, including ACT

**Lisa Wiborg, LISW-S, VSW:** Social worker with expertise in veterinary wellbeing

We also enlisted the help of a coordinator to keep the project running smoothly, as well as an Advisory Board to guide our project:

- John Martin, MA: Psychological Sciences graduate student, Project Coordinator

- Mark Carlson, DVM: Advisory Board Member; Community-based veterinarian with research expertise in occupational distress in veterinary medicine

- Cholette Ness, LVT: Advisory Board Member; Licensed veterinary technician with lived experience

- Elizabeth Strand, PhD, LCSW: Advisory Board Member; Founding director of the first veterinary social work certificate program in the United States

- Michael Twohig, PhD: Advisory Board Member; Clinical psychologist and Acceptance and Commitment interventions expert

- Aviva Vincent, PhD, LMSW: Advisory Board Member; Community-based veterinary social worker with organizational development expertise

## Funding

Through the many stages of this project, funding has come from a variety of sources, both internal from our own institution and extramural. These include:

- Kent State University Research Council (initial pilot)

- Robert Wood Johnson Foundation Clinical Scholars Program (community implementation and consultant funding)

- Applied Psychology Center of Kent State University (extended follow-up funding)

In-kind support has also been provided by several of our community partners, as described below.

## Community Partnerships

Our community partners have been involved since the earliest stages of our work. Initial contribution came in the form of focus groups and surveys with veterinary healthcare workers, providing members of our team a better idea of key problem areas of focus. During initial implementation stages, in which we presented the program live in an interactive format, a combination of leadership and "champions" (i.e., persons having a closer day-to-day connection with employees) in the clinical setting helped spread the word about our program and encourage attendance. As we shifted to a model of learning system-based implementation, similar leadership and champion involvement facilitated engagement from our target population (or audience). In addition, as we moved into development of self-paced and asynchronous learning tools, we worked closely with information technology within our partnering facilities. In-kind support in the form of course creation (e.g., converting our program videos into SCORM format modules, organizing worksheets in clickable links attached to these modules) was provided by our community partners.

# Project work

**Our initial project approach involved recruitment of 17 small animal veterinary clinics in the community.** These clinics partnered with our team to schedule our program for their staff. Veterinary healthcare team members were invited to enroll in their clinic's scheduled sessions through our website. Upon enrollment, they were sent a message asking about interest in research participation. Uninterested individuals attended the program without any research components. Those who consented to research were randomized to either the Intervention (i.e., educational program) or

Control (i.e., program offered after data collection) condition. They then completed baseline (i.e., "Pre") assessments of burden transfer, stress, and burnout, as well as frequency with which they used techniques taught in the program and overall ratings of program usefulness. Baseline assessment was followed by three small group format sessions of the ACT program, delivered via video teleconferencing (Intervention condition only). After program completion (i.e., "Post") and one month later ("Follow-up"), assessments were repeated. Following evaluation, the program was offered to Control participants.

**After our initial program implementation within Ohio, we created an online asynchronous version of the same program.** Working with 2 nationwide corporate veterinary groups, we provided the program to interested employees, again offering a research opportunity. Those opting into research were randomly assigned to either attend the program Live (as it was provided for the original roll out) or Self-Paced on their employee learning system. Evaluations were completed as described above, with an additional 9-12 month "Extended Follow-Up" for the initial wave of participants. In addition, we continued providing the program to many clinics not involved in the formal evaluation process. Although individual participants at these clinics did not complete formal surveys, for each, we solicit feedback from a primary contact. As of the writing of this report, we had partnered with >25 different veterinary groups to provide the program to their employees.

## Program Participants

We involved a variety of veterinary medical settings throughout Ohio, including four privately owned general veterinary clinics and one large academic medical facility. We also partnered with two veterinary corporations with facilities in Ohio, ultimately branching out to work with their clinics nationwide. We intentionally partnered with several clinics in large urban centers in effort to reach a diverse group of participants. Across modalities of program delivery, we reached more than 600 participants who we were able to track through evaluation, as well as many others who completed the program but elected not to complete the surveys.

## ACT Educational Program

Our ACT-based program is based on six inter-related components (see Fig 1):

1) "Being Present" involves consciously experiencing internal and external events in the moment.
2) "Acceptance" is the active embracing of inner struggles or difficult processes (e.g., thoughts, feelings, or urges) while they are occurring.
3) "Defusion" involves viewing these inner processes of thoughts, feelings, and urges as no more than combinations of words, sensations, and images.
4) Understanding of the "Self-as-Context" involves the ability to observe these inner experiences from an outside perspective.
5) "Values" are comprised of areas of importance to an individual that can be identified and embraced as ways to guide action.
6) Taking "Committed Action" means to behave in a manner that serves a chosen value.



Figure 1. The 6 Components of the Acceptance and Commitment Training Framework

In addition to information about client caregiver burden and burden transfer, our ACT intervention tailors education about these six components of ACT to the context of burden transfer interactions. This allows participants to individually identify areas of burden transfer with which they struggle, and then learn these skills within a personalized framework. As previously noted, we took an iterative approach to program development through a series of feasibility and randomized pilot trials. Our early efforts allowed us to refine content, pacing, and timing.

## ACT Program Formats

The initial format of our program took place in small groups, using a live format. The program was delivered through 3 sessions, typically delivered over the course of 3 weeks (i.e., 1 hour per session, 3 weeks total). The highly interactive sessions build skills through the course of the program by combining lecture-based information with experiential exercises, group sharing, and frequent feedback from the individual administering the program.

To optimize sustainability, scalability, and flexibility of our program, we also built a version of the program that could be delivered through an online learning platform or clinic learning management system. We developed an asynchronous version of the program that closely mimicked the original live and interactive format. Individual modules were created using videos that replicated the group sharing and feedback of the live version, as well as worksheets for individual completion. See an overview of our ACT protocol in the Appendix.

In addition to quantitative assessment (described in greater detail below), we solicited narrative feedback from program participants. Many expressed enthusiasm for:

- Specific techniques that were taught
- Generalizability of skills learned in the program to other aspects of their lives
- Overarching sense that the program had improved their personal wellbeing

An illustration of the benefits of our program on the lives of our participants can be seen in the example of Andrea, a small animal specialty practitioner. Andrea has been working 16 years in practice and was close to changing her career due to high levels of burnout. She attended the program and experienced a return to meaning in her work.
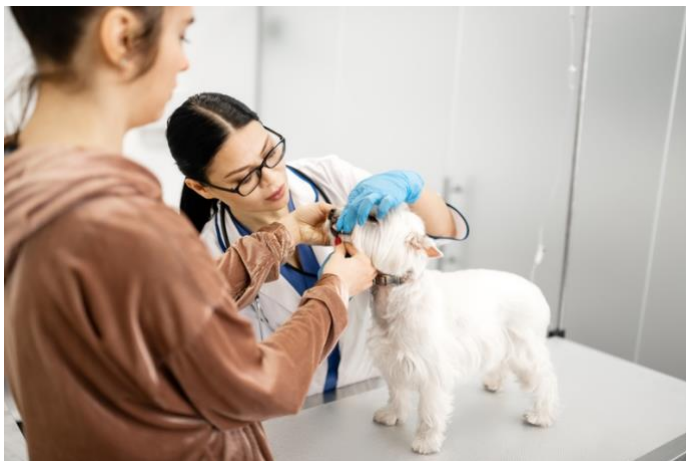


*"At the time of the workshop, I was 100% burnt out.*

*I'm so thankful to have attended to get ACTUAL tools that turned everything around.*

*I've adopted what I learned into my work life and my everyday life. The difference has been enormous."*

**- Andrea**

We are energized by the impact of our project on the lives of many people working in the field. Our team has dubbed our program "Unburdened," due to our focus on reducing burden transfer, as well as the feeling that we hope all our participants will experience following attendance.

# Evaluation and dissemination

A crucial element of our wicked problem impact project was not only implementing our program but measuring its impact. To this end, we obtained Institutional Review Board permission to conduct research. We invited program attendees who agreed to participate in research to complete previously validated measures before (Pre), after (Post), and one month (Follow-up) after the program. A subset of individuals was also invited to complete measures 9-12 months after the end of the program (Extended Follow-Up). Measures included the Burden Transfer Inventory, the Perceived Stress Scale, the Copenhagen Burnout Inventory, and Attitudes toward Mental Illness.

## Original Program Results

Our initial roll-out of the program proved highly successful. Of the 17 clinics approached, 100% agreed to host our program for their employees. A total of 244 veterinary healthcare team members enrolled across these clinics; of those, 143 (72 "Intervention" participants and 71 "Control" participants) completed both the program and research measures. The program demonstrated high rates of acceptability among participants, with 93% rating the program as "helpful" or "very helpful." On average, participants reported using skills taught in the program daily, approximately 5 times per day, immediately following completion of the program. One month later, they reported using those skills at approximately the same level. Statistically significant reductions in burden transfer reaction, stress, burnout (both client- and work-related), and mental health stigma were seen both after the program and one month later; these improvements were significantly better relative to controls, who did not have access to the program until after evaluations were completed.

## Learning System Program Results

Two corporate veterinary groups agreed to work with our team to disseminate the program to their clinics nationwide through their online/virtual learning systems. A total of 260 individuals enrolled across these clinics; of those, 137 (55 "Live" participants and 82 "Self-Paced" participants) completed both the program and research measures. Both versions of the program were accessed through the in-house learning systems of the respective veterinary groups and were run in tandem with each other for 3 weeks. Like the original program, participants of both delivery formats reported using skills taught in the program daily approximately 5 times per day immediately following the program and one month later. At extended follow-up 9-12 months later, use of these skills was still 4.5 times daily. Statistically significant reductions in burden transfer reaction, stress, burnout (both client- and work-related), and mental health stigma were seen across both formats. Although some outcomes suggested slightly greater effects for live delivery methods, the impact was generally similar. Moreover, better program completion rates were observed in the Self-Paced group.

## Overall Findings and Dissemination

Evaluation indicates that the program works as intended and provides durable results. Findings make clear that the program can be sustainably delivered through methods beyond our initial conceptualization of a live and interactive delivery. Our team presented findings from the original program as well as the comparison of the live and self-paced formats at several national conferences. We have published a manuscript based on the first set of findings and a manuscript reporting the success of the self-paced version of the program is currently under review for publication in a top tier peer-reviewed journal of veterinary medicine. Through all of this, we continue bringing our program to clinics through both live delivery via teleconferencing as well as the self-paced learning system program.

## Key Messages

In addition to dissemination through conference presentations and publications, our team created a website to facilitate communication with our partnering clinics and enrollment of their staff. We aim to quickly communicate the purpose of our program, and how we can help a clinic:

- You signed up to help animals but didn't expect this stress. We can help.
- Difficult interactions happen in veterinary medicine, especially when pets are sick. Clients are anxious, worried, sometimes frustrated.
- Working with distressed pet owners takes a toll. We can teach your staff how to buffer themselves from this stress.
- Unburdened is a free, evidence-based, innovative workshop to reduce tension in difficult client interactions directly to veterinary clinics in our community.
- Our team brings the expertise of psychologists, a veterinary social worker, and a veterinarian together to help frontline workers in veterinary medicine (i.e., veterinarians, technicians, and assistants), as well as management and customer service representatives.
- Our vision is to reduce stress and burnout in the field of veterinary medicine.

Through the Details page of our website, we provide more information regarding what Unburdened is, how it benefits the clinic holding our program, and how it benefits team members. Importantly, because our program addresses issues at the intersection of veterinary wellbeing and client communications, we provide information differentiating our program from standard communications and wellbeing training. Additional background about the Team, Testimonials from participants, and information about the Research behind Unburdened are provided through our website.

> *"Using the techniques you taught us helped give me breathing room during all this stress. This gave me some new ways to make my life less stressful!"* **- Registered Veterinary Technician, 5 years in practice**

# Lessons learned

Throughout the challenges and successes of our work together, our team learned to appreciate the importance of remaining flexible. Unexpected difficulties created a need for us to pivot to new methods on several occasions. It was up to us to develop and continue to revise a sustainability plan until we arrived at one that was feasible and effective. We embraced the need to adapt and kept our eyes on long term solutions. Ultimately, flexibility and sustainability became core values that helped our team turn challenges into successes.

## Challenges

Several changes to the project occurred since our initial conceptualization of the work, including a greater need for involvement of online technologies, a higher-than-expected level of intensity required to train someone in delivery of the program, and lower than anticipated turnout relative to enrollment. Each challenge required the team to think flexibly with sustainability in mind.

Our first shift was related to the COVID-19 pandemic. Due to face-to-face restrictions in most veterinary clinics, our team had to pivot to online communication and remote delivery tools. We developed a website to facilitate recruitment of veterinary clinics willing to offer our program to staff and altered the program to present it via teleconferencing. Ultimately, use of online tools facilitated our reach, and helped us attain goals beyond those initially proposed.

The next large shift in our project came as we realized that our original sustainability plan was not feasible. We initially proposed methods to "train trainers," by creating learning modules for use in veterinary social work certificate programs. The goal was to train a cadre of social workers to disseminate this program in veterinary clinics. That plan changed when we recognized the amount of time and supervision needed to adequately train someone to deliver our program was far greater than could be accomplished in a certificate program. While disappointing, being open to new ideas resulted in a pivot to a plan that has the capacity for far greater scale.

Another challenge we faced was participant drop-out. Most participants who started the program tended to complete it; however, many individuals who enrolled simply never attended. We surveyed these individuals. We learned that for most, a change in work schedule, feeling overwhelmed, or experiencing an unexpected life event (e.g., illness) prevented attendance. Based on this feedback, we determined that an important goal was to find a more accommodating delivery method. This realization was key in the development of our new sustainability plan.

## Successes

Our original project vision encompassed many targets, including reaching a minimum of 250 veterinary healthcare team members, achieving high rates of acceptability and use of skills taught in the program, and reducing burden transfer reaction, stress, burnout, and mental health stigma in program participants. At the time of this report, we had reached well over 600 veterinary healthcare team members. Over 90% of program participants surveyed endorsed the program as being "helpful" or "very helpful," suggesting it is highly acceptable. Tallying frequency of use of skills taught in the program, participants utilize these techniques on average >5 times per day immediately following the program and are still using these skills approximately 4.5 times per day up to one year later. Regardless of delivery methods (live or self-paced via learning system), we see significant reductions in burden transfer reaction, stress, burnout, and mental health stigma.

In addition to meeting our initial goals, another success came in the form of our altered sustainability plan. Leveraging the efficacy and effectiveness of Unburdened, we have begun discussions with the nation's leading advocate for the veterinary profession to partner on a professionally produced asynchronous version of our program. The goal is to house the program on their continuing education platform, making it available for everyone working in veterinary medicine. Due to the high cost of this endeavor, we are seeking funding in coordination with this partner; at the time of this report, that funding was not yet assured. Given this uncertainty, we are also working on translating our program into a highly interactive, self-paced, web-based application. This version of the program will undergo iterative testing throughout development, as well as efficacy trials and studies of effectiveness in the field. Provided outcomes suggest benefit for participants, we will maintain the application on the website of our home institution, further ensuring sustainability and broad access.

## Shifts in Thinking

Through leadership training and implementation of our project, our team took away many lessons. In addition to the themes of flexibility and sustainability, some of our most crucial lessons include:

- Maintaining a growth mindset when faced with challenges leads to greater success of the project and personal development.

- Team projects are optimized by reliance upon complementary strengths and resources.

- Authentic community partnership is key to success.

- Use of bridging language and listening with intention can help align groups with differing goals.

- Within every partnership, presence of a "boots on the ground" champion (above and beyond sanction from management), is essential.

# Recommendations

If you are considering tackling a Wicked Problem involving intervention for mental health or wellbeing in veterinary medicine, this toolkit might be most beneficial as a model for the iterative process necessary to create change. Our process first involved identification of a target of intervention. Using input from our primary stakeholders, we set our sights on detection of systematic problems underlying that target. With expert input, we determined the most appropriate empirically based method to address the issues our stakeholders were concerned about. With expert input, we identified suitable evaluation tools to examine whether our intervention improved target outcomes, collecting data in tandem with stakeholder feedback with every iteration of the program. Keeping sustainability and scalability in focus throughout, we created a version of the program that can provide wide scale benefit, independent of the team's involvement.

## Getting Started

Throughout our work, our team benefitted from use of the National Institutes of Health Stages of Behavioral Intervention Model. This model provides guidance for development of interventional strategies. More detailed information about this model can be found on the page linked here. For others interested in creating an intervention for problems in mental health or wellbeing in their own community, we strongly encourage consideration of this model; it helped us create a powerful intervention that is leading to meaningful and durable change in our community of focus.

For others tackling a similar problem, our team has several recommendations. Approaching a wicked problem with humility is crucial. Thinking that you, due to training and expertise, know better than the stakeholder, is a mistake. Involving stakeholders from the point of conceptualization is essential. However, continued inclusion and consideration of representative stakeholders throughout development is important, as well. It can be easy to begin leaning in a direction of providing an intervention for individuals who are most interested in being involved and amenable to intervention, yet that ideal stakeholder who is fully engaged and prioritizing your work may not reflect the average stakeholder who may have limited time and face competing demands. Additionally, we would caution against getting stuck in the notion that all members of a team need to contribute equally to all tasks. This mentality may overlook individual team members' strengths and may ultimately prevent your team from functioning at its most productive and dynamic levels.

## Best Practices

The challenges our team faced throughout this experience have provided a remarkable opportunity for growth. Each of our team members wishes to share "What I wish I had known" with the reader:

- Using bridging language is important in communicating with stakeholders and community partners who may see the problem at hand differently than you do, or who may be anxious or afraid of proposed solutions or changes.

- Aim to build authentic partnerships from Day 1. Partnerships that promote the needs of the researcher over those of the community partner are not sustainable. Learning about the importance of authentic partnerships, as well as training in methods to engage with the community in this way helped our project succeed well beyond our initial ideas.

- Things that seem like mistakes or failures are oftentimes only steppingstones on the way to figuring out what will work better or best. Rather than holding tight to something that is not working and trying to force it to work, there can be huge benefit to letting go, starting again, thinking differently, and trying something new.

- It is not enough to have a good idea or to develop something you believe will be helpful. There are so many things competing for people's time and attention - by really listening to stakeholders to not only understand their needs but also the obstacles they are facing, we are better positioned to communicate effectively and respond to what they are telling us or showing us they need.

In closing, we wish to also share the best piece of advice that each team member can give for someone embarking on a similar journey:

- Keep sustainability in mind ALWAYS. It doesn't matter how successful your project is if everything folds the moment you walk away.

- There are critical factors that underlie successful organizational change, including trust and commitment; there are also multiple reasons why organizational change fails, including egocentricity and impatience. Understanding these factors will help you successfully navigate your organization through changes, big and small.

- Be clear about what you are hoping to accomplish. The specific pathways by which you reach that target may change, and you may need to let go of how you thought things were supposed to or needed to be. But if you are clear on what the essential outcomes are, it opens things up for you to find another way there.

- Look for the silver lining! I don't think that any of us would have expected to experience a pandemic during this already wicked issue, but remaining flexible and adjusting to the needs of the community allowed us a much larger reach than originally planned.

> *"I loved that the information we learned could be applied to not only my work life, but also in my personal life. I really enjoyed taking the time out to have these sessions."*
>
> **- Veterinary Assistant, 8 years in practice**

# Appendix

## Appendix A: Unburdened Curriculum Content

| | Unburdened: ACT for Burden Transfer Content |
|---|---|
| *Week 1* | <ul><li>Introduction to client burden and burden transfer DANCE</li><li>Identification of how points of burden transfer relate to difficult thoughts, feelings, and urges (T/F/U) during DANCE interactions</li><li>Introduction to being present</li><li>Grounding and anchoring exercises</li><li>Techniques for noticing the "here and now"</li><li>Commitment to daily practice.</li></ul> |
| *Homework: Daily practice of grounding/anchoring, notice DANCE interactions, points of burden transfer, and challenging T/F/U* | |
| *Week 2* | <ul><li>Introduction to acceptance</li><li>Tools to acknowledge T/F/U in DANCE interactions without trying to control</li><li>Identification of being "pulled in" or avoiding T/F/U</li><li>Introduction to defusion</li><li>Imagery tools to allow T/F/U to come and go</li><li>Introduction to self-as-context</li><li>Techniques for stepping back and observing T/F/U</li><li>Introduction to values</li><li>Identification of personal values related to veterinary medicine</li></ul> |
| *Homework: Practice grounding in DANCE interactions, add utilizing tools for acceptance and defusion, noticing own values in clinical work and DANCE interactions* | |
| *Week 3* | <ul><li>Identification of individual derailed values in DANCE interactions</li><li>Identification of individual ways to focus on alternate values and opportunities to bring derailed values back into life</li><li>Introduction to committed action</li><li>Identification of individual ways to take action toward values, including choice of a value to focus on in DANCE interactions</li><li>Identification of specific goals that serve the value and actions to achieve value-based goals</li></ul> |
| *Homework: Continued practice of grounding, utilizing tools for acceptance, defusion, add noticing when values are derailed in DANCE interactions, acting in accordance with values* | |