

Working with Acceptance, Mindfulness, & Values in Chronic Pain: An Introduction and Skills Building Seminar

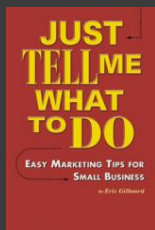
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Association for Contextual Behavioral Science
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Ground Rules

- Humans are complex.
- Participation is encouraged but not required.
- See if you are willing to experiment.
- Please keep personal information that is shared in this workshop confidential with this group.

What I cannot do in the next
seven hours.



Where is the “Difficulty” in
Difficult Clients?

- Have you ever had a client who made you:

- Want to quit the field
- Want to refer out
- Want to avoid seeing
- Want to avoid eliciting difficult material

From Hayes 2006

- Have you ever decided:

- Not to take any more of "that kind" of client
- Not to fill that timeslot
- Not to care that much anymore

From Hayes 2006

The patients that sit with me:

- What can I offer?



Radical Idea?

- For many of the people who we treat, the fundamental aspect of their struggles may be viewed as untreatable.



Where is the “difficulty” in difficult patients?

- They can bring up painful and difficult thoughts and feelings in us.
- Therapist struggles with these experiences can actually magnify both the feeling and their impact.
- These struggles can negatively impact treatment.

– (e.g., Kenny, 2004, *Patient Ed & Couns*; Stomski et al., 2010, *Clin J Pain*; Waller, 2009, *Beh Res & Ther*)

A possibility:

Our task is the same as our patients

Perhaps we can respond to distress/inadequacy/confusion/frustration/etc. *within the treatment environment* in a manner that demonstrates acceptance, willingness (and compassion), and awareness, as we move in directions we deem to have meaning and value.

- This may, in turn, also have an effect on treatment.



The Theoretical Foundation

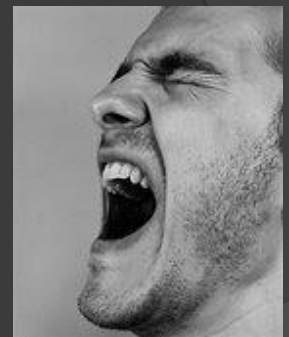
1. The purpose of behavior is of paramount importance.


Form:

Formal stimulus properties, descriptive characteristics.

i.e., What is happening?

Can give rise to hypotheses about internal states.





Function:

Intended purpose.

i.e., WHY it is happening?

Can give rise to hypotheses about purposes.

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Behaviors achieve their purpose.

- At least in the short term.
- Moves us away from “good” and “bad.”
- Behavior as a member of a functional class.

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Some common (and potentially problematic) behaviors in chronic pain


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**NEVER EVER
EVER
GIVE UP!**

“Never Give Up”

Inflexibility
(Insensitivity of behavior to consequences)



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Escape/Avoidance of Aversives

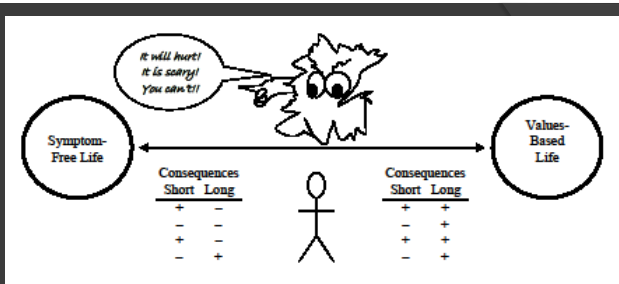


Poor discrimination
(inappropriate stimulus control)

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Image courtesy of: <http://www.fanpop.com/clubs/monty-python-and-the-holy-grail/images/12387443/title/holy-monty-python-run-away-fanart>

How do you
run away
from things
that are in
your head?

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Image courtesy of Rikard Wicksell

Dominance of Verbal Stimuli, esp "shoulds, musts, have to's", and judgments



Inappropriate contingent associations (e.g., reinforcement)
(Arbitrary Relational Responding)

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Why function?

- Assumes all behavior is purposeful and successful (in a manner of speaking).
- Has a de-”pathologizing” aspect to it
- Provides options for behavior change.

The Theoretical Foundation

1. Purpose of behavior is of paramount importance.
2. Strengthen *Appetitive Control* and weaken *Aversive Control* over behavior.



Qualities of Appetitive Control

- Often (always?) Approach
- Longer to learn
- Responsive to changing contingencies
- Tends to give rise to not counter control*

* (bad grammar intentional)

Qualities of Aversive Control

- Often (always?) Escape/Avoidance
- Quickly learned
- Good consistency
- Insensitive to changing contingencies.
- Tends to give rise to “counter control” (Skinner, 1953)



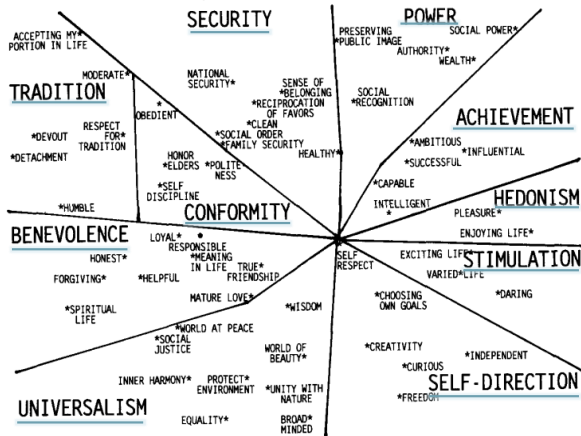
Common Human Appetitive Purposes

Journal of Social Issues, Vol. 50, No. 4, 1994, pp. 19-45

Are There Universal Aspects in the Structure and Contents of Human Values?

Shalom H. Schwartz
The Hebrew University of Jerusalem

- “As a guiding principle in my life: (Importance of area rated)”
- Assessed 36 samples ($n = 159 - 295$ in most samples) across 20 countries
- Multidimensional Scaling of terms



Excerpts from patient letter:

"trying to do more to take load off of husband/daughter"

"if there are no carers and I'm bad, I don't wash, eat, etc."

"(Pain is) ok, but neck hurts, tight chest and cough, starts in spine, pins/needles in arms/hands"

"I can cope with the pain . . . but clumsiness and weakness is dangerous!"

"the house is a mess, (husband) is stressed/depressed, (daughter) stays away"

"I'm very positive and cheery (driven) and I think it does me no favours as I think people think I am ok"

The Theoretical Foundation

1. Purpose of behavior is of paramount importance.
2. Strengthen *Appetitive Control* and weaken *Aversive Control* over behavior.
3. Be an excellent observer of behavior.

Observing Behavior

- Inside of treatment behavior assumed to approximate outside of treatment behavior.
- Prioritize function,
- Watch for aversive and appetitive control.
- Nouns and Verbs: Issues such as "motivation" "self-efficacy" "confidence" and indeed "acceptance" and "values".

On Treatment

prin·ci·ple

/ˈprɪnsəpəl/ ⓘ

Noun

1. A fundamental truth or proposition that serves as the foundation for a system of belief or behavior or for a chain of reasoning.

Principles

1. ...

The two-minute Persuasion Exercise



- Speaker:
 - Think of something you want to change, but still have some ambivalence about.
 - Perhaps something related to a health (smoking, diet, exercise), recreation (TV watching, hobby), or work.

- Clinician:
 - You have a good understanding of the speaker's problem, and you know what he/she needs to do to address the problem.

The clinician's task: Persuade the speaker to change!

Try these strategies:

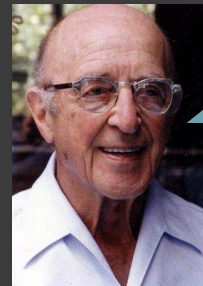
- Agree that it is important to change.
- Ask probing questions.
- Explain why it is important to change.
- Warn of the consequences of not changing.
- Sympathize.
- Reassure your client that change is possible.
- Disagree if the client argues against change (confront denial).
- Try to make the patient feel guilty about his/her current behavior.
- Towards the end of the "session," tell your client what to do.

Enhancing Motivation for Change in Problem Drinking: A Controlled Comparison of Two Therapist Styles

William R. Miller, R. Gayle Benefield, and J. Scott Tonigan

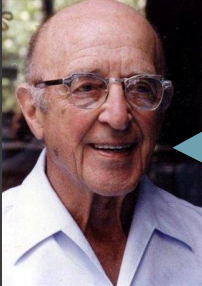
"In every study in which therapist characteristics have been systematically evaluated and effects were found,

more favorable outcomes have been associated with a therapeutic style approximating what (Carl) Rogers termed *accurate empathy* (p. 456)."



Carl Rogers

In my early professional years, I was asking the question: How can I treat, or cure, or change this person?



Now I would phrase the question in this way:
How can I provide a relationship which this person may use for his own personal growth?

Carl Rogers

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Back to Miller et al., 1993

- Problem drinkers randomly assigned to a confrontive/directive intervention showed **78% more resistance** than those assigned to a non-directive and empathic intervention.
 - Level of **resistance predicted continued drinking one year later.**
- “... a single therapist behavior was predictive ($r = .65$) of 1-yr outcome such that the more the therapist confronted (*during treatment*), the more the client drank.”

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Foundational Skill?

- Listening
 - Specifically, *reflective listening*.
 - Tests a hypotheses: “Is this what you meant?”

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Ways of Reflecting

- Repetition – Repeat an element
 - “You want some help.”
- Rephrasing – Repeat with synonyms
 - “Sounds like you are really suffering and want someone to do something about it.”
- Reflection of feeling – paraphrase emphasizing emotional dimension.
 - “This sounds as if its very important to you.”
- Paraphrase – best guess at meaning.
 - “You are hoping that the work we do here today will bring some meaning back in to your life.”

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Exercise – Part II

- Speaker: You still want to change.
- Listener: Listen reflectively.
- Speaker: Can respond with elaboration.

Listening Tips

- Guess at what they mean.
 - (It's ok to be wrong)
- Make a statement, not a question.
 - “Sounds like . . .”
 - “You are wondering if . . .”
 - “You are feeling (thinking, hoping, etc.)”
 - Express empathy
- Can start w/simple reflections and then use advanced

Principles

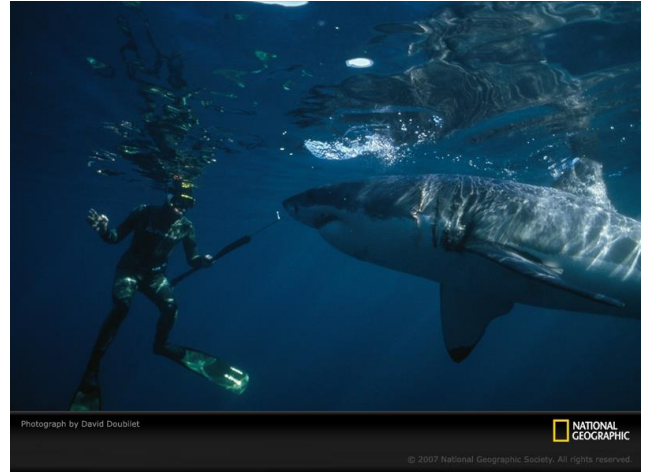
1. Get listening and attending up front and center.
2. ...

“Mindfulness” defined

- Bringing attention back to the present moment when it wanders into the past or future.
- Allowing present experiences to be present.
- Noticing what its like to act with and without mindfulness

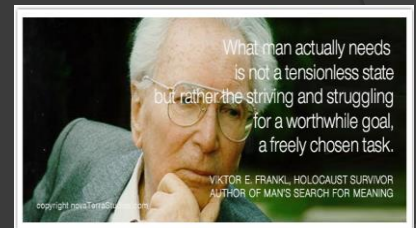
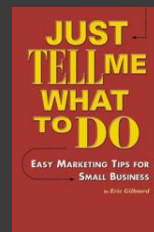
Sometimes, our client's goals can be defined as:

"If only I could just get rid of X"



What would be worth jumping in that water?

So, less about this:



And more about this:

Principles

1. Get listening and attending up front and center.
2. Get to worthwhile and freely chosen purpose(s).
3. ...

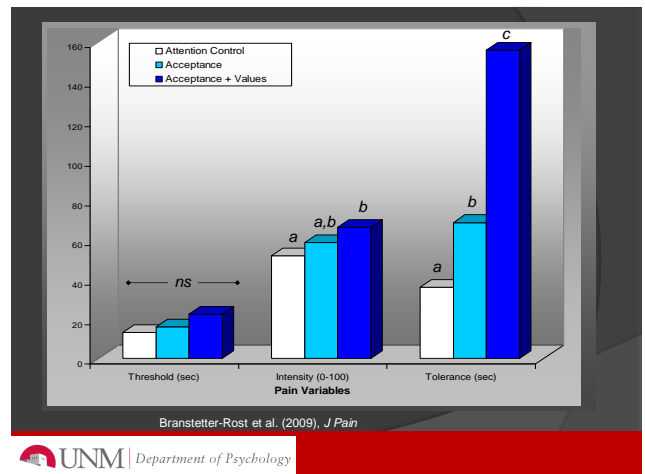
A Focus on Values and Valued Action

- Form an answer to the questions:
 - “What do you want your life to stand for?”
 - “Why does this matter?”
 - “What brings meaning to life?”



This is not solely a matter of
“just accept it” –

There is a value to being aware of
the purposes being served by
“accepting it”



Principles

1. Get listening and attending up front and center.
2. Get to worthwhile and freely chosen purpose(s).
3. Values validate and give purpose to suffering.
4. ...

The intersection of adolescence, pain, and values

On delayed gratification: The “marshmallow” study

- Values work can allow values to be proximate to now.

The “secret”?

Courage is not the absence of fear, but rather the judgement that something else is more important than fear.
-Ambrose Redmoon



Some Language

- It is not to act:
 - Despite of,
 - To minimize,
 - To feel *better* . . .
- It is to act:
 - With,
 - As it is,
 - To *feel* better . . .

In the service of what we hold dear.

In short, its about effective behavior with pain and distress.

An observation



Values are everywhere

Exercise – Pt III

- Speaker – Don't explain why; simply state what this change would do for you.
- Clinician – Listen, Reflect, Ask for clarification.

- Clinician:
 - Your job is to listen mindfully . . .
 - You'll notice lots of other approaches are within this.
 - and to communicate a *desire* to understand the situation the speaker finds him- or herself in . . .
 - If you end up understanding, all the better, but that's not really necessary.
 - and a *desire* to understand why this change matters.

Ideas

- “I’m curious . . .”, “Would you be willing . . .”
- “What does that feel like?”, “That must feel . . .”
- “What would that do for you?”

- Please:
 - Slow down
 - Recognize that this is likely to be important
 - Notice that there is a human being across from you
 - Listen, don’t solve

How do we know when it is working?

- You are speaking slowly.
- The person keeps talking.
- The person talks more than you.
- You are following and understanding.

- The person seems to be learning, relaxing, or being more open.
- You are learning, relaxing, and being more open.

- You are asked for information or advice.
- You are receptive to information or advice.

Principles

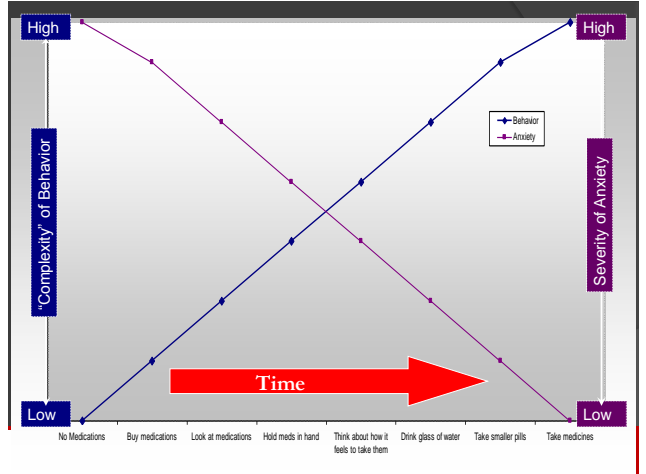
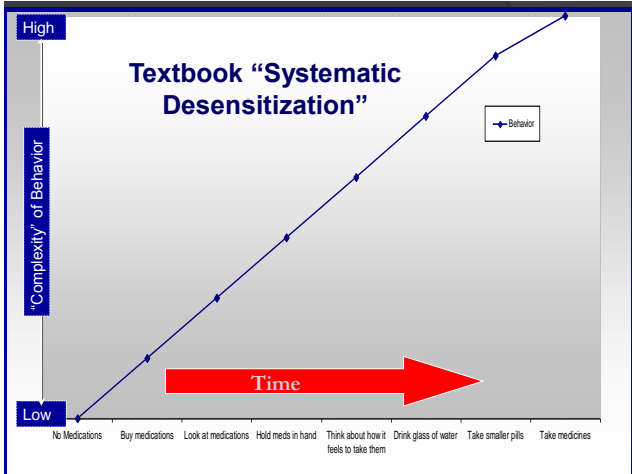
1. Get listening and attending up front and center.
2. Get to worthwhile and freely chosen purpose(s).
3. Values validate and give purpose to suffering.
4. Bring what matters into the now.
5. ...

The Case of Simple Phobia

- Gloria: Lady in her mid-40’s with Rheumatoid Arthritis, a condition that tends to respond well to medication.

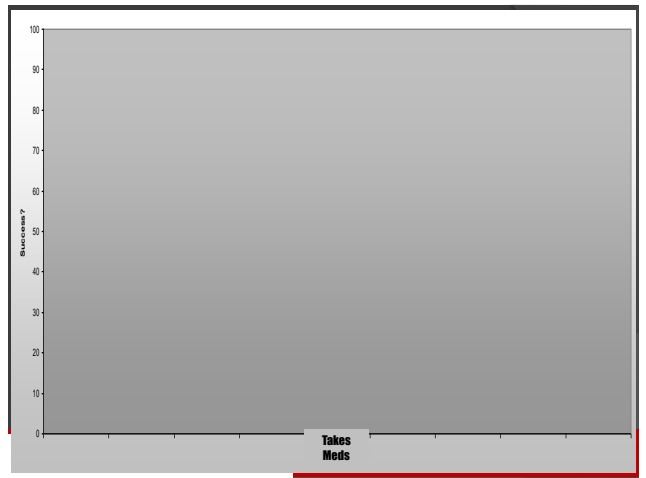
- Unfortunately, Gloria cannot take medication as she worries she will choke on it and die.

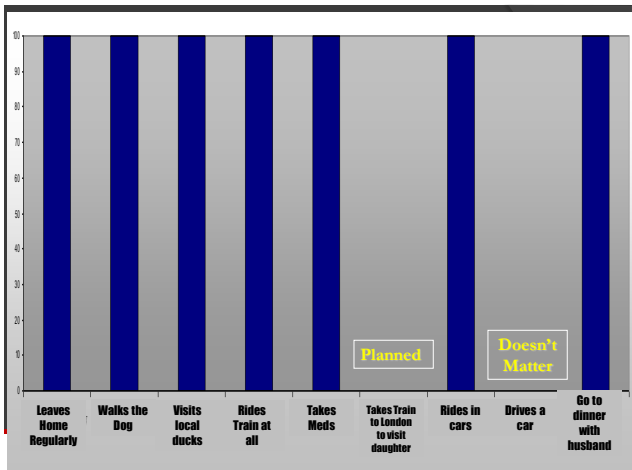
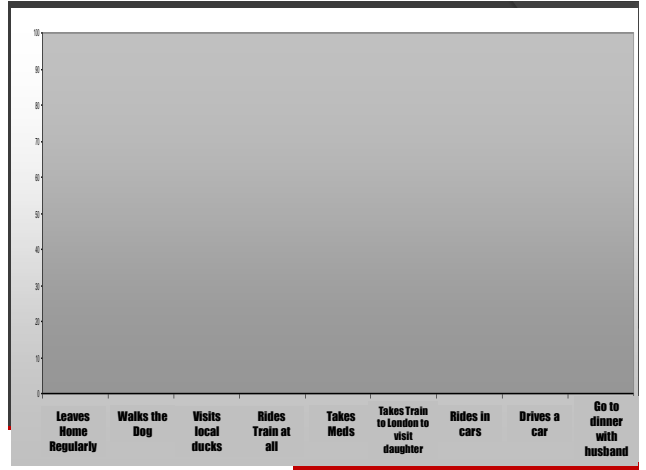
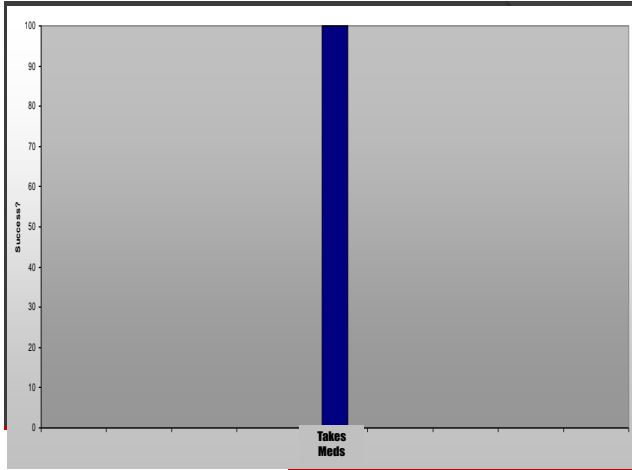
- Referral question?
 - Please help Gloria take medication.



Success Criteria?

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Teaching flexibility

- We cannot stop reflex, nor things that are trained up enough to be reflex.
 - Starting Treatment
- It is not about relapse prevention, it is about relapse preparation.
 - Ending treatment

Principles

1. Get listening and attending up front and center.
2. Get to worthwhile and freely chosen purpose(s).
3. Values validate and give purpose to suffering.
4. Bring what matters into the now.
5. Treatment success is behavioral flexibility.

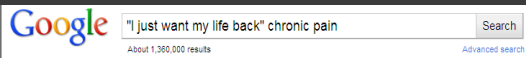
A treatment model?

Improved willingness to have the experience of pain



More frequent engagement in valued activity over the longer term

(should) =



Weekly Diary

Name: _____
Date: _____

Describe any particularly difficult or challenging events you encountered this past week:

Describe how you handled them:

1. Rate how bad your pain was overall in the past week.
None 0 1 2 3 4 5 6 7 8 9 10 Worst Possible
2. Rate how upset and/or distressed you were overall in the past week.
None 0 1 2 3 4 5 6 7 8 9 10 Worst Possible
3. Rate how much effort you put in to making pain or upsetting thoughts, feelings, or memories go away this past week.
None 0 1 2 3 4 5 6 7 8 9 10 Most Possible
4. Rate how effective you were in taking actions that contributed to a better, more vital, quality of living in the past week?
Not at all 0 1 2 3 4 5 6 7 8 9 10 Most Possible
5. Rate how effective you were this past week in taking meaningful action in the areas of your life that matter to you.
Not at all 0 1 2 3 4 5 6 7 8 9 10 Most Effective

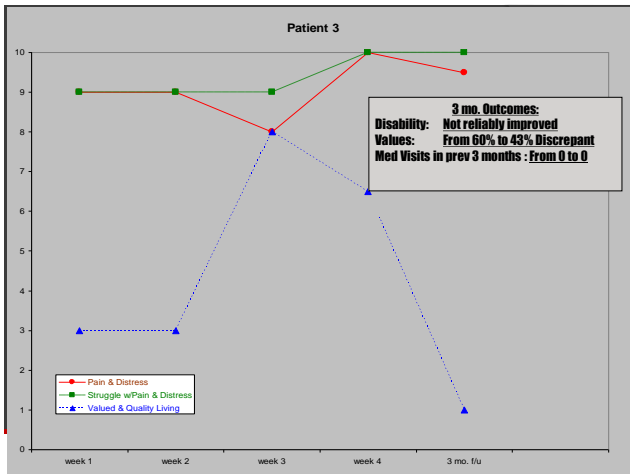
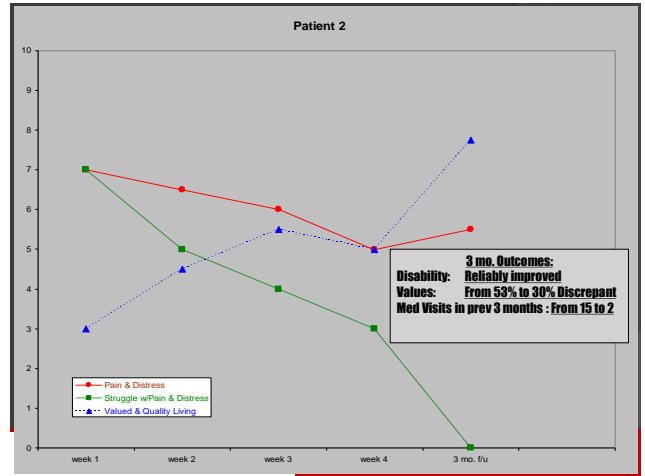
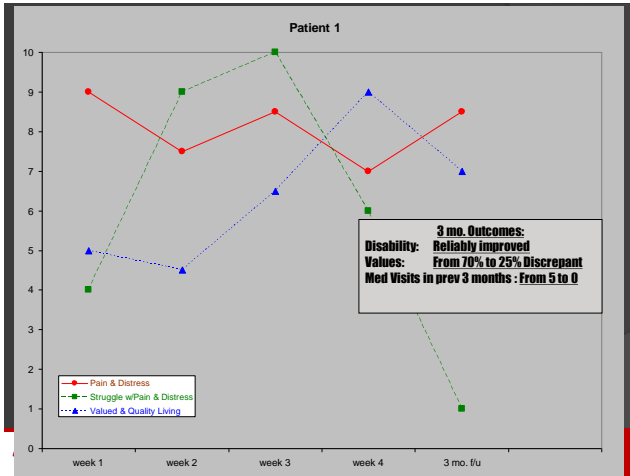
What advice would you give to yourself to increase valued activity, and satisfaction with living in the next week?

Pain & Distress

Struggle (w/Pain & Distress)

Valued & Quality Living

Vowles, Fink, & Cohen, in press



Participants

- 21 treatment consecutive treatment completers, who also provided weekly diary data and 3 month follow-up information.
- **Success criteria:**
 Reliable Change (RC) in disability at follow-up (SIP reduction of ≥ 0.12 ; possible range from 0 to 1.0)
- **Change criteria:**
 ± 2 or $\pm 33\%$ (whichever was greater).

Overall findings

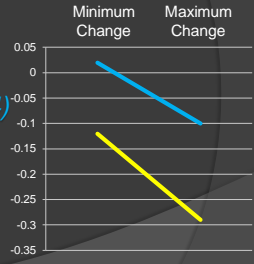


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Reliable Change on the SIP

- 10 of 21 patients (47.6%) evidenced reliable change on the SIP.

Average change:
 - RC (unchanged): $-.03 (\pm .04)$
 +RC improved: $-.17 (\pm .06)$



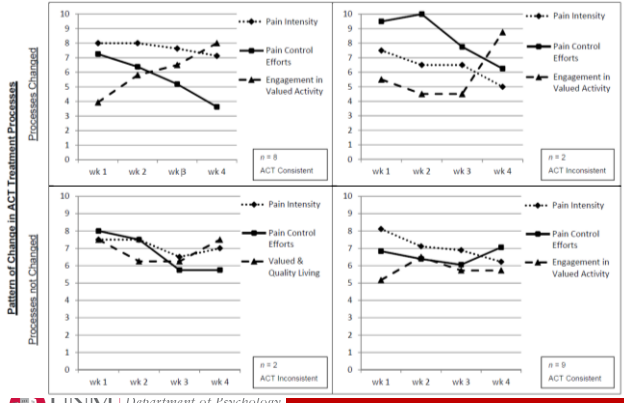
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Evaluation of Change Requirements

		Treatment Outcome at Three Month Follow-up	
		Treatment Success <i>(Presence of reliable change in disability)</i>	Treatment Failure <i>(Absence of reliable change in disability)</i>
Pattern of Change in ACT Treatment Processes	Processes Changed <i>(Reduction in pain control efforts and increase in engagement in valued activity)</i>	Consistent with the ACT Model	Inconsistent with the ACT Model
	Processes not Changed <i>(No reduction in pain control efforts and no increase in engagement in valued activity)</i>	Inconsistent with the ACT model	Consistent with the ACT Model

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Treatment Outcome at Three Month Follow-up



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Change in Pain?

	Decreased Pain	Same Pain	Worse Pain
+RC	2 (9.5%)	7 (33.3%)	1 (4.8%)
-RC	5 (23.8%)	6 (28.6%)	--

To Summarize

Theoretical Foundation

1. Purpose of behavior is of paramount importance.
2. Strengthen Appetitive Control and weaken Aversive Control over behavior.
3. Be an excellent observer of behavior.

Treatment Principles

1. Get listening and attending up front and center.
2. Get to worthwhile and freely chosen purpose(s).
3. Values validate and give purpose to suffering.
4. Bring what matters into the now.
5. Teach flexibility.

On technique

- *What we've done today:*
 - Bad Cup/Good Cup
 - Mental Polarity
 - Finger Traps
 - Contents on Cards
 - Finger in the Face
 - Don't think about (Choc Cake)
- *Other key (i.e., favorites of KEV) metaphors:*
 - Passengers on the Bus
 - The Swamp

“People who have something better to do don't suffer as much.”



- Wilbert Fordyce (1988)

“Friendship in adversity”, Ray Byrne,
<http://www.flickr.com/photos/raybyrne/363881679/>