

ACT With Challenging Patients

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What Is A Challenging Patient?

- ◆ Low levels of acceptance for distressing content; high levels of emotional avoidance and self numbing behaviors
- ◆ Automatic rule following responses that are insensitive to real world results and contingencies; absorption in rigid forms of self experience
- ◆ Severe restriction in approach based, value oriented responses; excessive behavioral avoidance

What Constitutes A Challenging Patient? The Presentation

- ◆ A pattern of behavior that is:
 - ◆ Pervasive (dysfunctional behavior becomes the dominant response to almost any stress, setback or emotional flare-up)
 - ◆ Persistent (dysfunctional behavior occurs across time despite negatively consequences)
 - ◆ Resistant (difficult to extinguish in the response hierarchy because of its over-learned nature)
 - ◆ Distress producing in the context of reduced self efficacy and low motivation

What Constitutes A Challenging Patient? Therapist Behaviors

- ◆ Therapist is doing all of the work in session
- ◆ Therapist lectures, moralizes and cajoles
- ◆ Therapist uses “resistance” generating strategies (directives vs. eliciting)
- ◆ Therapist subtly blames patient
- ◆ I can't help you if you don't want to help yourself

What Constitutes A Challenging Patient? Stalled Therapy Process

- ◆ Help seeking and help rejecting
- ◆ “Yes, but . . .”
- ◆ Lots of ventilating in session (emotion focused coping) but little change out of session
- ◆ Non-adherence to out of session practice
- ◆ No showing appointments
- ◆ This really isn't helping me!

Case Analysis: Consider Three Core Response Styles

- ◆ OPEN: Accepting Versus Rejecting Stance Toward Unwanted Experience
 - ◆ Willingness to stand with all forms of personal experience
 - ◆ Defused, non-judgmental witnessing stance
- ◆ AWARE: Chosen Versus Automatic Behavior Style
 - ◆ Balance between present moment experience & absorption in self process
 - ◆ Ability to take perspective, identify values and pick responses
- ◆ ENGAGED: Taking Action Versus Avoiding Action
 - ◆ Willingness to put self in harms way based upon values
 - ◆ Ability to persist with value based commitments and change strategies based upon results

A Simple Case Conceptualization Framework

- ◆ Does this patient exhibit . . .
 - ◆ An accepting or rejecting posture toward unwanted and possibly painful experiences?
 - ◆ A mindful, chosen daily lifestyle or a rule driven, automatic style of responding?
 - ◆ An approach based goal oriented or a withdrawal, avoidance oriented way of dealing with problems?
- ◆ You can place any patient somewhere on each of these three continuums
 - ◆ This can help you begin to identify treatment goals and ACT strategies that might be useful

Personal Qualities of the Effective Therapist

- ◆ Models an open, honest, accepting approach to problems and uses patient driven change
- ◆ Communicates genuine caring and concern
- ◆ Creates a "collaborative set" with the patient
- ◆ Understands the difficulty of changing a well entrenched behavior or set of beliefs
- ◆ Believes in patient' s ability to create a better life
- ◆ Willing to incorporate crises into treatment

Personal qualities of the effective therapist

- ◆ Understands we are "in this stew together"
- ◆ There, but for the grace of god, go !
- ◆ Open to what works, not what ought to work
- ◆ Instinctive mistrust of "insight & understanding"
- ◆ Does not promote culturally sanctioned solutions
- ◆ Believes in the patient' s ability to choose
- ◆ Does not promote personal agenda of what the patient "ought to do"

Components of ACT with the challenging patient

- ◆ Contain high risk behavior (alcohol, self destructive behavior,)
 - ◆ Reframe the function of the behavior
 - ◆ Neutralize the reinforcement field
 - ◆ Study rather than judge the behavior
 - ◆ Emphasize "response ability" rather than blame
 - ◆ Develop a crisis and case management "frame"
 - ◆ Use behavior as "grist" for the therapeutic mill
 - ◆ Connect the patient with the "cost" of escape and avoidance in terms of valued life goals

Components Of ACT with the challenging patient

- ◆ Focus on workability of the behavior
 - ◆ Get patient to invest in the "story"
 - ◆ Destabilize confidence in the "story"
 - ◆ Institute workability as the yardstick
 - ◆ Use creative hopelessness to release the patient from control strategies
 - ◆ Encourage stopping what doesn' t work before looking for what does work

Components of ACT with the challenging patient

- ◆ Substitute acceptance and willingness for emotional and behavioral avoidance
 - ◆ Introduce relationship of willingness, suffering and workability
 - ◆ Distinguish decision and choice
 - ◆ Work on components of FEAR
 - ◆ Find small ways to practice willingness
 - ◆ Use any life challenge as opportunity to explore two alternatives: acceptance (willingness) vs.. control (struggle)

Components of ACT with the challenging patient

- ◆ Institute committed action and behavior change
 - ◆ What do you want your life to stand for?
 - ◆ Who would be made right if you got better?
 - ◆ Address sense of victimization: pain vs.. trauma
 - ◆ Address confidence the feeling vs. confidence the action
 - ◆ Relate sense of right & wrong with forgiveness
 - ◆ Emphasize committed action as a process, not an outcome (titrate to fit clients readiness)

Role Play Demonstration

- ◆ Instructions: In groups of 4-6, debrief the role play
- ◆ What core response styles are most involved for this patient?
- ◆ What was the clinician doing to address that process?
- ◆ How did the client respond?

Dealing With Downers

- ◆ In groups of 4
 - ◆ Take 2 of the downer statements and develop 3 ACT consistent responses originating in three *different* core processes
 - ◆ How would you respond to these show stopping comments, so that you could
 - ◆ Avoid being on the defensive such that you had to push the client away
 - ◆ Be real in how you respond
 - ◆ Return "serve" to the client in a positive way

Suggested Readings

- Hayes, S. & Strosahl, K. (2004). A practical guide to Acceptance and Commitment Therapy. New York: Springer Science + Media Press.
- Chiles, J. & Strosahl, K. (2005) Manual for the assessment and treatment of suicidal patients. Washington DC: American Psychiatric Publishing