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Effective ACT in 24-hours mental health care

Tools, strategies and structures for implementing comprehensive ACT-based treatment

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Introduction

- Compared with outpatient tx there's little solid treatment effect research, and most of what is out there focuses on measuring only parts of what's going on in inpatient treatment
- Additionally, the literature is scarce when it comes to descriptions of inpatient mental health tx programs that have a distinct and clear theoretical and applied model throughout the entire inpatient setting (i.e. across professions, across shifts, across treatment teams)
- Several reasons for this, i.e.; 'battle of the professions', differences in basic background knowledge/skills, lack of support/backing/motivation for implementing (both from staff and leaders), stigma and low status among peers re inpatient tx, financial etc.
- This is a bit of a paradox, as inpatient settings are good opportunities for therapists, researchers and patients to control and arrange major parts of the patients context, and thereby increase treatment impact

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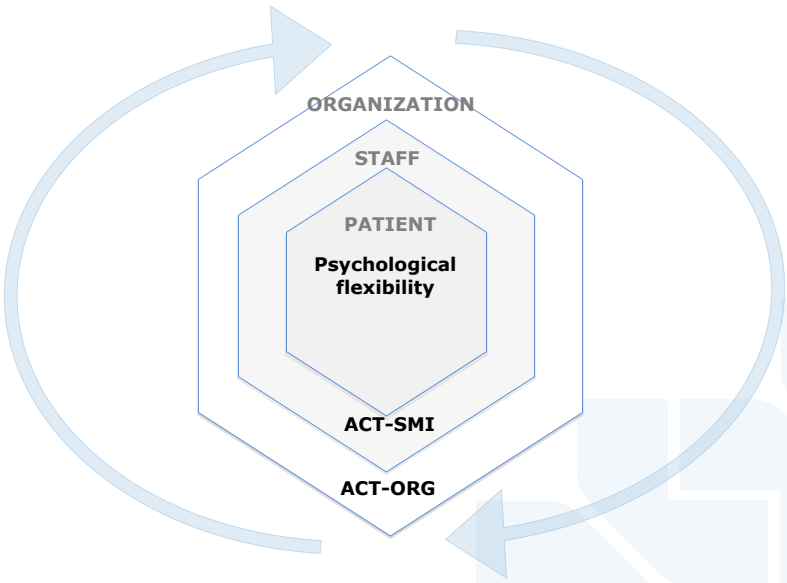
Psychological flexibility at 3 levels



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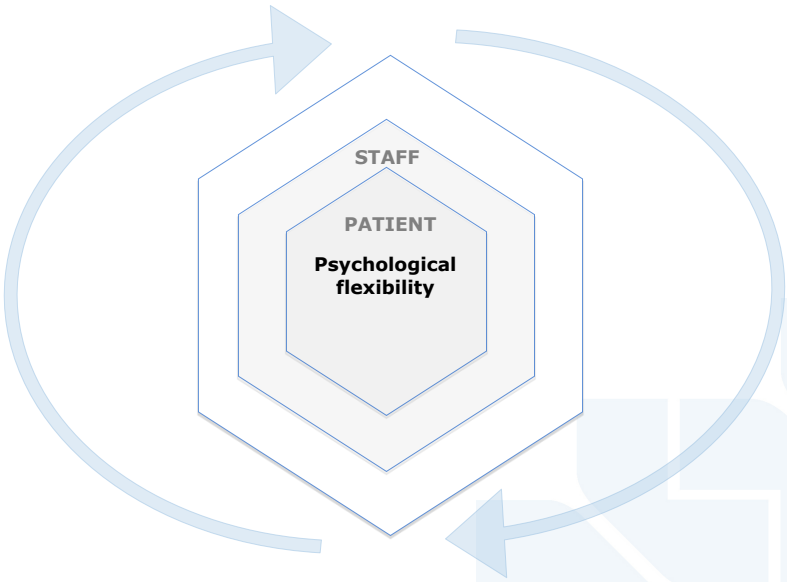
Implementation and management of a collective therapeutic stance and structures for committed actions



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The 2 major barriers seems to revolve around

- How to make everyone follow the same treatment principles?
- How to set up a context that avoids (yes I said avoids) fostering psychological inflexibility in the patients?

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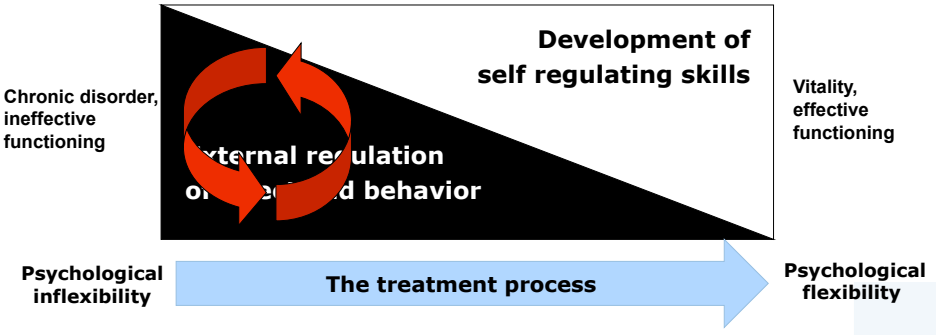
Two dimensions of treatment



Excessive external regulation founded in "the medical model" (health services based on *problem-solving 1st order interventions*)

- Reduces self-efficacy and internal locus of control, de-powers and de-motivates the patient
- Leads to more external regulation and positive feedback loops towards marginalization

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Marginalization processes in conventional health care

- **Reinforcement of dysfunctional behaviors (appeals, demands, threats and acting out):**
  - ***Escalates symptoms and behavior disturbances***
  - → Increased poly-pharmacy, the use of forced medication and mechanical restraints
  - → Enhanced pathological dependency and/or rejection/ aggression
  - → Prolonged hospitalization, or premature discharge
  - → Burn out syndromes in staff and therapists
  - ***Maintains and reinforces the patient's psychological inflexibility***
  - → Enhances preoccupation with self as content and fusion with negative thoughts
  - → Increases brooding about past and future
  - → Decreases contact with values and enhance passivity
  - → Increases use of avoidant strategies

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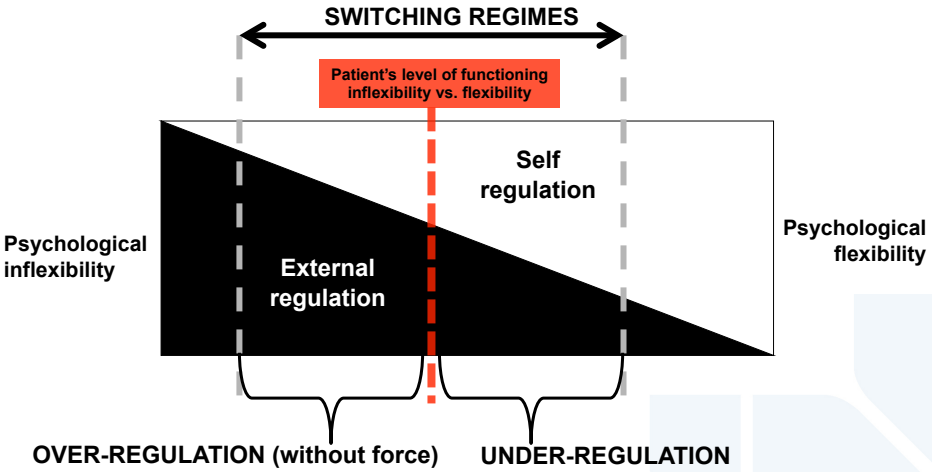
Reversing marginalization processes: **Complementary External Regulation (CER)**



OVER-REGULATION (without force)

→The patient gets bored

→ and motivated for making new efforts

UNDER-REGULATION

→ Resources are mobilized,

→ and the patient is empowered

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Changes in the use of force after implementation of CER

Use of force	2004	2005	2006	2007	2008	2009	2010	2011	2012 ...
Involuntary at admission	16	20	24	13	17	8	8	10	1
1 year prolonged	2	4	9	8	2	3	1	1	0
Involuntary at discharge	8	10	21	12	15	6	4	2	0
Medication (long term)	0	1	4	6	1	1	1	1	0
Medication (short term)	23	15	8	20	8	0	1	0	0
Search room/body	6	7	5	2	1	0	4	2	0
Mechanical restraints	55	57	24	67	106	50	28	5	0

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Two contrasting principles

1) ***The health legislations:*** Health professionals are obliged to take action whenever there is an acute threat to someone's life and health
2) ***CER governed 24/7 ACT:*** Health professionals are committed to under-regulate the patients, i.e. in all situations and whatever happens relate to patients as equals who are themselves responsible for their actions

- The practical solution to this dilemma
  - *"Instrumental external regulation"*; i.e. take action and solve the problem ("problem solving modus"), then back to under-regulation (no reinforcement/ no secondary gains)
  - over-regulation is rarely used; made redundant by effective, coordinated under-regulation

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Client centered structures

Mon	Tue	Wed	Thu	Fri	Sat	Sun
Focus session	Focus session	Focus session	Focus session	Focus session		
Focus session	Focus session	Focus session	Focus session	Focus session		

Collectively shared therapeutic stance: Complementary External Regulation

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Focus sessions - in the morning

- Purpose
  - Establish a clear focus and outline an agenda for exploration and committed actions
- Throughout the day (for example if current focus is on mindfulness processes):
  - Be attentive to and try to describe for myself how I relate to various emotions and inner experiences
    - My impulses and urges to act
    - My habitual choices of actions
    - My alternative options for action (without necessarily choosing to do something else)
  - What do I notice when I make choices and engage in different actions, for example if I experience
    - Moodiness
    - Not being valued by others
    - Restlessness, stomach ache, irritation etc.
  - What is typical me, my typical reactions and actions?
  - To what degree do I act automatically in typical fixed and rigid patterns?

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Focus sessions - in the afternoon

- Purpose
  - Enhance awareness, commitment and ownership to the process
  - Explore and evaluate sequences of states/situations, choices, actions and experiences
  - Evaluate the usefulness of problem solving strategies vs. embracement of inner experiences
- In retrospect: How have I met and handled today's challenges?
  - What kind of experiences have I had? Was I
    - Calm and collected?
    - Sad or sorry?
    - What other impulses, thoughts and feelings surfaced in me through the chain of events?
  - How did I chose to relate to all that happened inside of me?
    - Was I aware of what happened, when it happened, or did it just happen?
    - Was there anything I did that led to that experience?
    - Did I allow myself to embrace the experience?
    - Did I experience a need for avoidance? If so, what kind of "solutions" came to my mind, and what did I do?
    - What was the consequence of my choice and my action? Did I solve the problem or was it a temporary solution that may contribute to and maintain the problem in a longer perspective? (creative hopelessness)
- May some of the experiences I've had today be therapeutically useful?
- Am I willing to take some notes and take them with me to the next therapy session?

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Staff centered structures

Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning meeting	Morning meeting	Morning meeting	Morning meeting	Morning meeting		
Focus sessions	Focus sessions	Focus sessions	Focus sessions	Focus sessions		
Therapeutic stance	Therapeutic stance	Therapeutic stance	Therapeutic stance	Therapeutic stance		
Focus sessions	Focus sessions	Focus sessions	Focus sessions	Focus sessions		

Complementary External Regulation

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2 + 8 – 4 = ?

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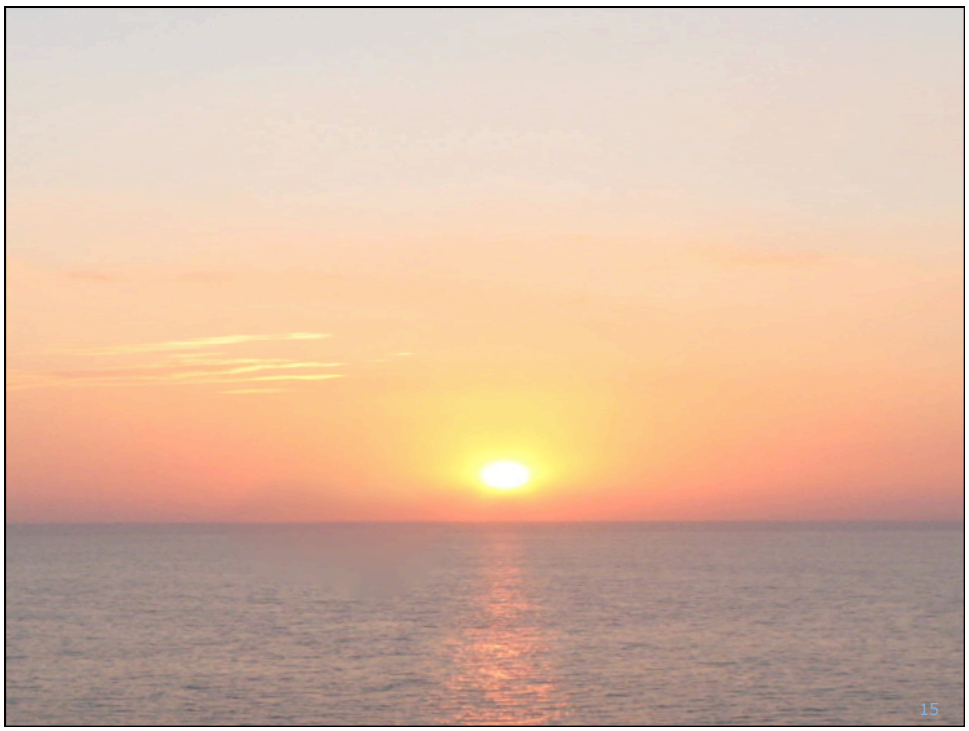

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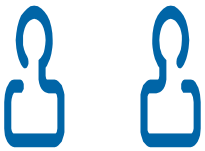
Validation

Modelling and instigating Acceptance



1. Be compassionate and attentive
2. Avoid asking questions
3. Perspective taking by hypothesizing the patient's emotional experience here and now
4. Take responsibility for own perspective ("I might be wrong, but it seems to me that …")
5. Follow up: more validation

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Implementation of therapeutic stance

- Goal:
  i. Shared values and theoretical language
  ii. All employees have a flexible approach to when to use problem solving and when to defuse and observe
- Key intervention:
  - Validation
- Method:
  - Reflecting team
  - Teaching
  - Coaching
  - Mindfulness exercises
  - Role play
- This shared therapeutic stance and focus coordinates, integrates and govern the 24/7 treatment

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Structures and committed actions

Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning meeting	Morning meeting	Morning meeting	Morning meeting	Morning meeting		
Focus sessions	Focus sessions	Focus sessions	Focus sessions	Focus sessions		
Therapeutic stance	Therapeutic stance	Therapeutic stance	Therapeutic stance	Therapeutic stance	THERAPEUTIC STANCE	
Reflecting team	Reflecting team	Reflecting team	Reflecting team	Reflecting team	UNDER-REGULATION	
Focus sessions	Focus sessions	Focus sessions	Focus sessions	Focus sessions		

Collectively shared therapeutic stance: Complementary External Regulation

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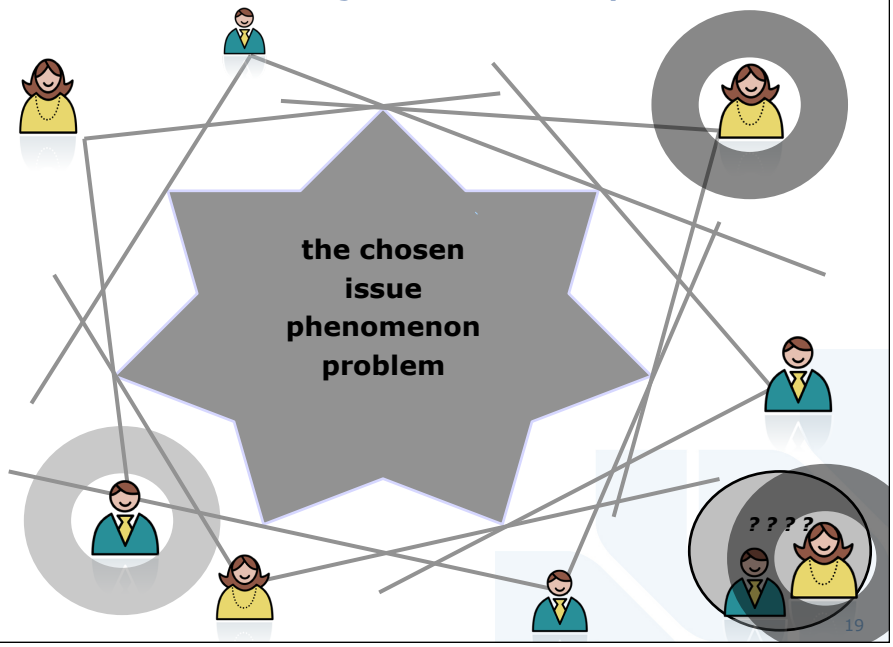
Reflecting team – the set up



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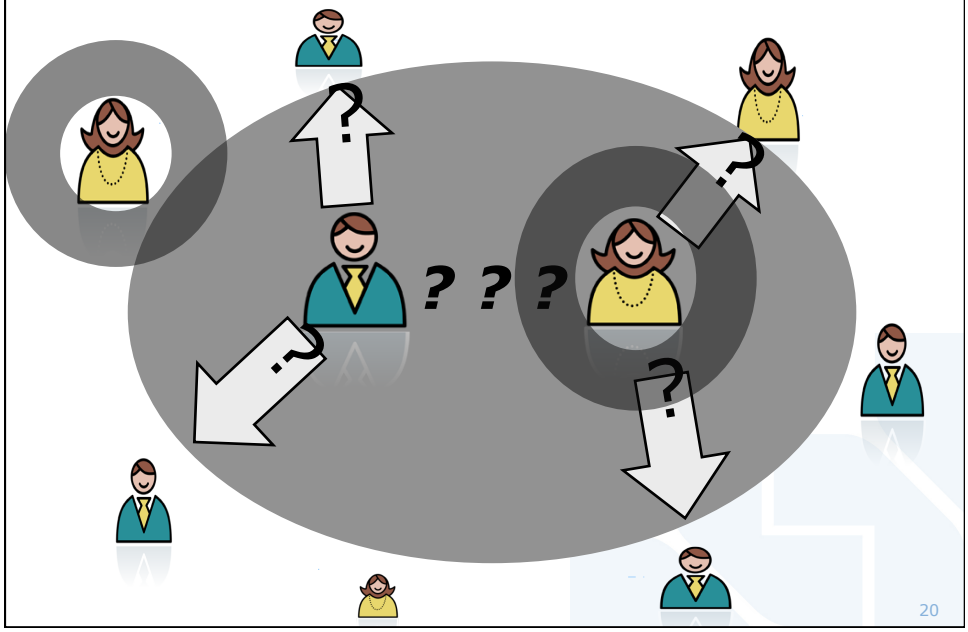
Defused exploration of perspectives and actions



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Reflecting Team

- Purpose
  - Bring ACT theory and therapeutic stance into coordinated practice
  - Include the patient in the treatment planning process (empowerment)
  - Systematically facilitate a collaborative practice coherent with the psychological flexibility model
- The Reflecting Team in action
  - Establishes a clear focus
  - Explores multiple perspectives and a variety of potential interventions
  - Well suited training context for ACT-processes for both staff and patient

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Structures and committed actions

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Reflecting team	Reflecting team	Reflecting team	Reflecting team	Reflecting team	UNDER-REGULATION	
Committed actions	Committed actions	Committed actions	Committed actions	Committed actions		
Focus sessions	Focus sessions	Focus sessions	Focus sessions	Focus sessions		

Collectively shared therapeutic stance: Complementary External Regulation

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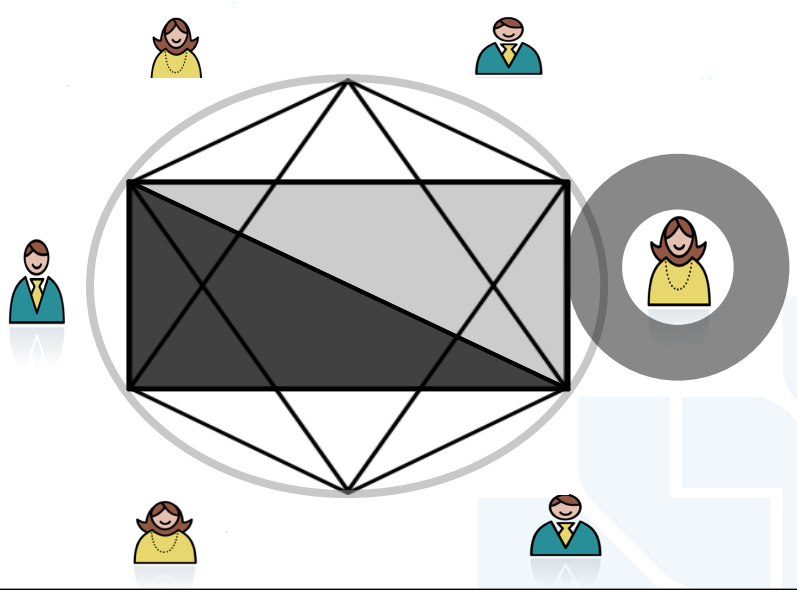
Coordination of ACT – CER processes



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Documenting the process

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Electronic documentation – REFLECTING TEAM / TREATMENT PLANNING MEETING – Who are present ….

1. What are we supposed to produce – tick the box next to the theme in focus

Explanations		Interventions/ measures	X	Evaluation	

2. Issues / Themes / Focus a) b) c) etc

3. Method: Reflecting team

	Reflections (perspectives / suggestions / observations)	**Elaboration / Clarifications**
1		
2		
3		
4		
5		

4. Summary of main findings (the assumed most important perspectives / suggestions / input)

*	
*	
*	

5. The subsequent coordination meeting will focus … Specify and assign tasks:

	Tasks	**Who's responsible**
1		
2	**Who is going to do what, when, where and how**	
3		

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Coordinating committed actions

- Purpose
  - Explicitly and unambiguously formulate all elements related to interventions and the therapeutic stance in an ACT and CER consistent language
- Based on the reflection
  - Delineate and define committed actions
  - Assign tasks related to clinical interventions, structures and the organization:
    - Include defined clinical interventions in the patient's treatment plan
    - Bring clinical interventions into practice (milieu, therapy room)
    - Execute tasks related to structures and organization

Who is doing what, when, where and how

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Structures and committed actions

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Reflecting team	Reflecting team	Reflecting team	Reflecting team	Reflecting team	UNDER-REGULATION	
Committed actions	Committed actions	Committed actions	Committed actions	Committed actions	COMMITTED ACTIONS	
Focus sessions	Focus sessions	Focus sessions	Focus sessions	Focus sessions		

Collectively shared therapeutic stance: Complementary External Regulation

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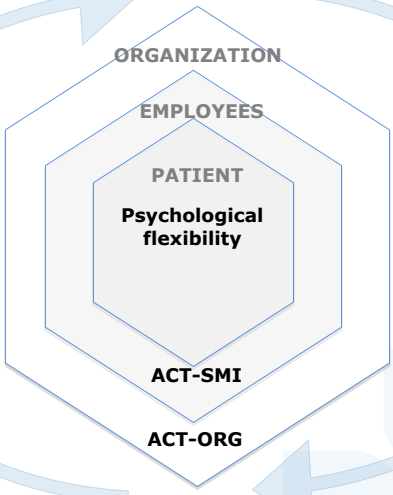
Implementation and management of a collective therapeutic stance and structures for committed actions

STRUCTURES

for committed actions

Developing, implementing and maintaining dynamic sets of structures for treatment planning and treatment administration



CER

Complementary External Regulation

Establishing and managing a shared therapeutic stance supported by collective psychological flexibility and facilitated through structures for committed actions

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