Things that Happened along the Way to an ACT Success Story

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A COMPARISON OF
ACCEPTANCE-FOCUSED AND
CONTROL-FOCUSED PSYCHOLOGICAL
TREATMENTS IN A CHRONIC PAIN
TREATMENT CENTER

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Learning to live with the pain: acceptance of pain predicts adjustment in persons with chronic pain

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Abstract

When patients find their pain unacceptable they are likely to attempt to avoid it at all costs and seek readily available interventions to reduce or eliminate it. These efforts may not be in their best interest if the consequences include no reductions in pain and many missed opportunities for more satisfying and productive functioning. The purpose of this study was to examine acceptance of pain. One hundred and sixty adults with chronic pain provided responses to a questionnaire assessing acceptance of pain, and a number of other questionnaires assessing their adjustment to pain. Correlational analyses showed that greater acceptance of pain was associated with reports of lower pain intensity, less pain-related anxiety and avoidance, less depression, less physical and psychosocial disability, more daily uptime, and better work status. A relatively low correlation between acceptance and pain intensity showed that acceptance is not simply a function of having a low level of pain. Regression analyses showed that acceptance of pain predicted better adjustment on all other measures of patient function, independent of perceived pain intensity. These results are preliminary. Further study will be needed to show for whom and under what circumstances, accepting some aspects of the pain experience may be beneficial. © 1998 International Association for the Study of Pain. Published by Elsevier Science B.V.

Keywords: Chronic pain; Acceptance; Anxiety; Depression; Disability; Behavioral concepts

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Acceptance and Commitment Therapy and the Treatment of Persons at Risk for Long-Term Disability Resulting From Stress and Pain Symptoms: A Preliminary Randomized Trial

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Approximately 14% of the working-age Swedish population are either on long-term sick leave or early retirement due to disability. Substantial increase of sick listing, reports of work disabilities and early retirement due to stress and musculoskeletal chronic pain suggest a need for methods of preventing loss of function resulting from these conditions. The present preliminary investigation examined the effects of a brief Acceptance and Commitment Therapy (ACT) intervention for the treatment of public health sector workers who showed chronic stress/pain and were at risk for high sick leave utilization. ACT was compared in an additive treatment design with medical treatment as usual (MTAU). A group of 19 participants were randomly distributed into 2 groups. Both conditions received MTAU. The ACT condition received four 1-hour weekly sessions of ACT in addition to MTAU. At post and 6-month follow-up, ACT participants showed fewer sick days and used fewer medical treatment resources than those in the MTAU condition. No significant differences were found in levels of pain, stress, or quality of life. Improvements in sick leave and medical utilization could not be accounted for by remission of stress and pain in the ACT group as no between-group differences were found for stress or pain symptoms.

REVOLUTION
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Key Shifts of Emphasis in CBT

From	**To**
Focus on form/content	Focus on function/context
Symptoms	Performance
Subtraction	Addition
Collaboration	Compassion
“You have problems”	“We’re both perfect”
Didactic	Experiential
Control	Acceptance and control
Method	Process
…	…

ACT for Chronic Pain (N = 19 Studies)

- Dahl et al. 2004
- McCracken et al. 2005
- McCracken et al. 2007
- Vowles & McCracken, 2008
- Wicksell et al. 2008
- Vowles et al. 2009
- Johnston et al. 2010
- Wetherell et al. 2011
- Thorsell et al. 2011
- McCracken & Gutierrez-Martinez, 2011
- McCracken & Jones, 2012
- Alonso et al., 2013
- Wicksell et al., 2013
- Burhman et al., 2013
- McCracken et al., 2013
- Steiner & Bigati, 2013
- Luciano et al., 2014
- Vowles et al., 2014
- Trompeter et al., 2014

Green = RCT = 11

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A systematic review of randomized controlled trials of Acceptance and Commitment Therapy for adults with chronic pain: Outcome domains, design quality, and efficacy

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ABSTRACT

Acceptance and Commitment Therapy (ACT) is a form of Cognitive Behavioral Therapy that includes a specific therapeutic process, "psychological flexibility," and focuses on behavior change rather than symptom reduction. One relatively well-developed research area includes ACT applied to chronic pain. The current systematic review examines outcome domains included as primary, secondary and process variables in controlled trials of ACT-based pain treatment studies, and also summarizes evidence for efficacy. The review of outcome domains is to establish whether these are in-line with recommendations, consistent with the theory underlying ACT, and optimal for further development. A systematic search identified 1034 articles and ten studies were selected as eligible for review. Overall, 15 outcome domains were assessed using 39 different measurement tools across the ten RCTs. The outcome domains assessed in the reviewed trials were, to an extent, in-line with recognized guidelines. Six of the ten studies identified primary and secondary outcomes; one included just one outcome and three did not categorize outcomes. All ten trials included a measure of some aspect of psychological flexibility; however these were not always formally identified as process variables. Pain and emotional functioning were the most frequently measured outcome domains. A review of outcome results suggests that ACT is efficacious particularly for enhancing general, mostly physical functioning, and for decreasing distress, in comparison to inactive treatment comparisons. It is recommended that future RCTs (a) formally define outcomes as primary, secondary and process variables, (b) consider including measures of physical or social functioning, rather than pain and emotional functioning, as primary outcomes, (c) address existing risks of bias, such as reporting bias, and (d) include more components of psychological flexibility, such as cognitive defusion and self-related variables.

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Summary of Review

- 10 RCTs.
- Published through April 2014
- Total N = 623.
- 15 separate outcome domains included, and 39 different instruments.

- ***In 6/7 trials effect sizes significant for physical functioning.***
- ***9/9 for emotional functioning.***

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Acceptance and Commitment Therapy and Mindfulness for Chronic Pain

Model, Process, and Progress

Lance M. McCracken — *King's College London and Guy's and St Thomas' NHS Foundation Trust, London, England*
Kevin E. Vowles — *University of New Mexico*

Over 30 years ago, treatments based broadly within cognitive behavioral therapy (CBT) began a rise in prominence that eventually culminated in their widespread adoption in chronic pain treatment settings. Research into CBT has proliferated and continues today, addressing questions very similar to those addressed at the start of this enterprise. However, just as it is designed to do, the process of conducting research and analyzing evidence reveals gaps in our understanding of and shortcomings within this treatment approach. A need for development seems clear. This article reviews the progress of CBT in the treatment of chronic pain and the challenges now faced by researchers and clinicians interested in meeting this need for development. It then focuses in greater detail on areas of development within CBT, namely acceptance and commitment therapy (ACT) and mindfulness-based approaches, areas that may hold potential for future progress. Three specific recommendations are offered here to achieve this progress.

Keywords: chronic pain, cognitive behavior therapy, acceptance and commitment therapy, mindfulness

as inherent in the human condition and as built into the design of human experience and behavior. They also question the utility of normal thinking, believing, analyzing, and problem solving as predominant means for successfully addressing this suffering. These approaches reflect an emphasis on experiential methods rather than didactic ones, on metaphorical uses of language rather than only direct literal uses, on changing responses to symptoms rather than symptoms themselves, and on qualities in the behavior of the treatment provider. These features are reflected prominently in approaches referred to as *acceptance-based* and *mindfulness-based* (Hayes, Follette, & Linehan, 2004) and can be called *contextual cognitive behavioral therapy* (CCBT; Hayes, Villatte, Levin, & Hildebrandt, 2011; McCracken, 2005).

CCBT approaches may promote progress, improve the focus of further research into chronic pain, and promote a next generation of treatment developments. A key strategy for improving treatment effectiveness may be to look inside these models not for better facts or methods as such but for

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Focus Article

The Psychological Flexibility Model: A Basis for Integration and Progress in Psychological Approaches to Chronic Pain Management

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Abstract: Scientific models are like tools, and like any tool they can be evaluated according to how well they achieve the chosen goals of the task at hand. In the science of treatment development for chronic pain, we might say that a good model ought to achieve at least 3 goals: 1) integrate current knowledge, 2) organize research and treatment development activities, and 3) create progress. In the current review, we examine models underlying current cognitive behavioral approaches to chronic pain with respect to these criteria. A relatively new model is also presented as an option, and some of its features examined. This model is called the psychological flexibility model. This model fully integrates cognitive and behavioral principles and includes a process-oriented approach of treatment development. So far it appears capable of generating treatment applications that range widely with regard to conditions targeted and modes of delivery and that are increasingly supported by evidence. It has led to the generation of innovative experiential, relationship-based, and intensive treatment methods. The scientific strategy associated with this model seeks to find limitations in current models and to update them. It is assumed within this strategy that all current treatment approaches will one day appear lacking and will change.

Perspective: *This Focus Article addresses the place of theory and models in psychological research and treatment development in chronic pain. It is argued that such models are not merely an academic issue but are highly practical. One potential model, the psychological flexibility model, is examined in further detail.*

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Key words: Theory, psychological flexibility, cognitive behavioral therapy, acceptance and commitment therapy, chronic pain.

Original Article

The Cognitive Fusion Questionnaire

A Preliminary Study of Psychometric Properties and Prediction of Functioning in Chronic Pain

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*Beth Skillicorn, DClinPsy,** *and Richard Doherty, DClinPsy**

Background: Acceptance and Commitment Therapy and the psychological flexibility model on which it is based are growing interests for those researching and treating chronic pain. One part of this model is a therapeutic process called *cognitive defusion*. Cognitive defusion is a process of experiencing a distinction between thoughts and the events or people they describe. This process is intended to reduce the dominating psychological influence of thoughts without necessarily changing the content or frequency of the thoughts. There are recently developed measures of this process but little study of it in people with chronic pain.

Methods: This study explored the reliability and validity of the Cognitive Fusion Questionnaire (CFQ) within a chronic pain population. A total of 326 adults with chronic pain completed this measure and a set of other standard clinical measures at the start of treatment in a specialty chronic pain service in the United Kingdom.

Results: An exploratory factor analysis revealed an interpretable 2 factor structure within the items of the CFQ. Internal consistency reliability was good ($\alpha = 0.87$). In the analyses of validity the CFQ significantly correlated with general psychological acceptance and pain related acceptance as expected. In multiple regression analyses, which included relevant patient background variables, pain, and acceptance of pain, cognitive fusion contributed significantly to the explained variance in the prediction of 5 of 6 dependent variables tested.

Discussion: The CFQ may be a useful measure for further research and treatment development.

Key Words: chronic pain, cognitive defusion, psychological flexibility, Acceptance and Commitment Therapy, cognitive behavioral therapy

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improve these treatments. As research is done this leads to developments, to changes of emphasis and methods, and evolution in some of the models that underlie this work.[2,3] One of the recently emerging models in this area is the psychological flexibility model.[4,5] This is the model underlying Acceptance and Commitment Therapy (ACT).[6,7]

Psychological flexibility is a basic human capacity to persist with or change behavior, a capacity that includes the ability to be open to experience, directly aware of one's situation, and actively engaged in seeking one's goals.[4] It is a process that helps to remedy patterns of avoidance or other behavior patterns that are dominated by unwanted emotions, such as fear or depression, or distressing types of thoughts, such as catastrophizing or patterns of worry. Psychological flexibility is often defined as having 6 component parts: acceptance, cognitive defusion, present-focused attention, self-as-observer, values, and committed action.[8] These are partly overlapping processes, and it is not important that there be exactly 6, however, these 6 are regarded as a useful organizing scheme for guiding treatment and research.[7] Of these 6, acceptance has been studied the most in relation to chronic pain,[9–17] and the others have been less studied, including values,[18,19] present-focused attention,[20,21] and committed action.[22]

The process referred to as cognitive defusion has only recently received some limited attention in CP research in the form of a short report on "decentering,"[23] a process from mindfulness research that is similar to cognitive defusion.[24] Another line of research that has addressed cognitive defusion includes studies of the recently developed Psychological Inflexibility in Pain Scale (PIPS),[25,26] a measure that includes

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Psychological flexibility as a mediator of improvement in Acceptance and Commitment Therapy for patients with chronic pain following whiplash

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ABSTRACT

Cognitive behavior therapy (CBT) has made important contributions to chronic pain management, but the process by which it is effective is not clear. Recently, strong arguments have been raised concerning the need for theory driven research to e.g. identify mechanisms of change in CBT and enhance the effectiveness of this type of treatment. However, the number of studies addressing these issues is still relatively scarce. Furthermore, the arrival of varieties of CBT with seemingly different process targets increases the need for such information. The present study explored the processes of change in a previously reported successful randomized controlled trial evaluating the effectiveness of an exposure-based form of behavioral and cognitive therapy, Acceptance and Commitment Therapy (ACT), on improvement in pain-related disability and life satisfaction for patients suffering from whiplash-associated disorder (WAD). Several process variables relevant to theories underlying traditional CBT were included: pain, distress, kinesiophobia, self-efficacy, and the process primarily targeted by ACT: psychological inflexibility. Mediation analyses were performed using a non-parametric cross-product of the coefficients approach. Results illustrated that pain intensity, anxiety, depression, kinesiophobia, and self-efficacy did not have significant mediating effects on the dependent variables. In contrast, significant indirect effects were seen for psychological inflexibility on pain-related disability (pre- to post-change scores) and life satisfaction (pre- to post; pre- to 4-month follow-up change scores). Although tentative, these results support the mediating role of psychological inflexibility in ACT-oriented interventions aimed at improving functioning and life satisfaction in people with chronic pain.

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PSYCHOLOGY, PSYCHIATRY & BRAIN NEUROSCIENCE SECTION

Brief Research Article

Can a Psychologically Based Treatment Help People to Live with Chronic Pain When They Are Seeking a Procedure to Reduce It?

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Abstract

clinically significant improvement on pain, depression, physical functioning, social functioning, and pain acceptance. Regression analyses indicated that change in pain acceptance related to improvements in depression, mental health, physical function, and social function. Results with regard to the trial of neuromodulation revealed that patients who did not proceed to the trial at their physician's request ($n = 18$) reported significantly worse depression and mental health, and lower levels of pain acceptance and committed action following the 2-week program compared with those who went for the trial.

Conclusion. People seeking medical interventions to reduce pain appear able to benefit from an interdisciplinary treatment aimed to improve daily functioning and mental health through increased psychological flexibility.

Key Words. Cognitive Behavioral Therapy; Acceptance and Commitment Therapy; Chronic Pain; Neuromodulation; Spinal Cord Stimulation

Means scores (and standard deviations)
for pre- and post-treatment outcome and process variables

for pre- and post-treatment outcome and process variables

Variable	Pre-treatment	Post-treatment	F	p-value	Cohen's d
	Outcome variables				
Pain Intensity	7.72 (1.27)	6.94 (1.31)	22.85	<0.001	0.61
Depression	15.20 (7.31)	10.08 (6.12)	53.14	<0.001	0.70
Physical Function	26.86 (17.27)	35.52 (21.58)	29.15	<0.001	0.50
Mental Health	48.65 (24.30)	63.81 (20.53)	55.45	<0.001	0.62
Social Function	38.66 (24.45)	56.69 (24.68)	45.34	<0.001	0.74
	Process variables				
Pain Acceptance	49.72 (18.75)	58.70 (19.52)	28.91	<0.001	0.48
Committed Action	62.54 (19.25)	67.89 (17.11)	13.55	<0.001	0.28

Clinically meaningful change on pre- to post-treatment outcome and process variables

outcome and process variables

Variable	Clinically Improved (%)	Not Clinically Improved (%)	Clinically Worsened (%)
		Outcome variables	
Pain Intensity	50.00%	34.88%	15.12%
Depression	55.81%	37.21%	6.98%
Physical Function	51.16%	39.53%	9.30%
Mental Health	44.19%	53.49%	2.33%
Social Function	69.77%	12.79%	17.44%
		Process variables	
Pain Acceptance	51.16%	38.37%	10.47%
Committed Action	37.21%	51.16%	11.63%

Note: > 0.5 sd used as cut-off for clinically significant change.

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Behaviour Research and Therapy

BEHAVIOUR RESEARCH AND THERAPY

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Acceptance and values-based action in chronic pain: A three-year follow-up analysis of treatment effectiveness and process

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A B S T R A C T

Recent developments in CBT emphasize the promotion of psychological flexibility to improve daily functioning for people with a wide range of health conditions. In particular, one of these approaches, Acceptance and Commitment Therapy (ACT), has been studied for treatment of chronic pain. While trials have provided good support for treatment effectiveness through follow-ups of as long as seven months, the longer-term impact is not known. The present study of 108 participants with chronic pain examined outcomes three years after treatment completion and included analyses of two key treatment processes, acceptance of pain and values-based action. Overall, results indicated significant improvements in emotional and physical functioning relative to the start of treatment, as well as good maintenance of treatment gains relative to an earlier follow-up assessment. Effect size statistics were generally medium or large. At the three-year follow-up, 64.8% of patients had reliably improved in at least one key domain. Improvements in acceptance of pain and values-based action were associated with improvements in outcome measures. A "treatment responder" analysis, using variables collected at pre-treatment and shorter term follow-up, failed to identify any salient predictors of response. This study adds to the growing literature supporting the effectiveness of ACT for chronic pain and yields evidence for both statistical and clinical significance of improvements over a three-year period.

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The British Pain Society

From traditional cognitive–behavioural therapy to acceptance and commitment therapy for chronic pain: a mixed-methods study of staff experiences of change

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SAGE

Estelle Barker[1] and Lance M McCracken[1,2]

Abstract
Health care organizations, both large and small, frequently undergo processes of change. In fact, if health care organizations are to improve over time, they must change; this includes pain services. The purpose of the present study was to examine a process of change in treatment model within a specialty interdisciplinary pain service in the UK. This change entailed a switch from traditional cognitive–behavioural therapy to a form of cognitive–behavioural therapy called acceptance and commitment therapy. An anonymous online survey, including qualitative and quantitative components, was carried out approximately 15 months after the initial introduction of the new treatment model and methods. Fourteen out of 16 current clinical staff responded to the survey. Three themes emerged in qualitative analyses: positive engagement in change; uncertainty and discomfort; and group cohesion versus discord. Quantitative results from closed questions showed a pattern of uncertainty about the superiority of one model over the other, combined with more positive views on progress reflected, and the experience of personal benefits, from adopting the new model. The psychological flexibility model, the model behind acceptance and commitment therapy, may clarify both processes in patient behaviour and processes of staff experience and skilful treatment delivery. This integration of processes on both sides of treatment delivery may be a strength of acceptance and commitment therapy.

Keywords
Acceptance and commitment therapy, chronic pain, cognitive–behavioural therapy, organizational change, service development

Hold on !

Challenges Ahead

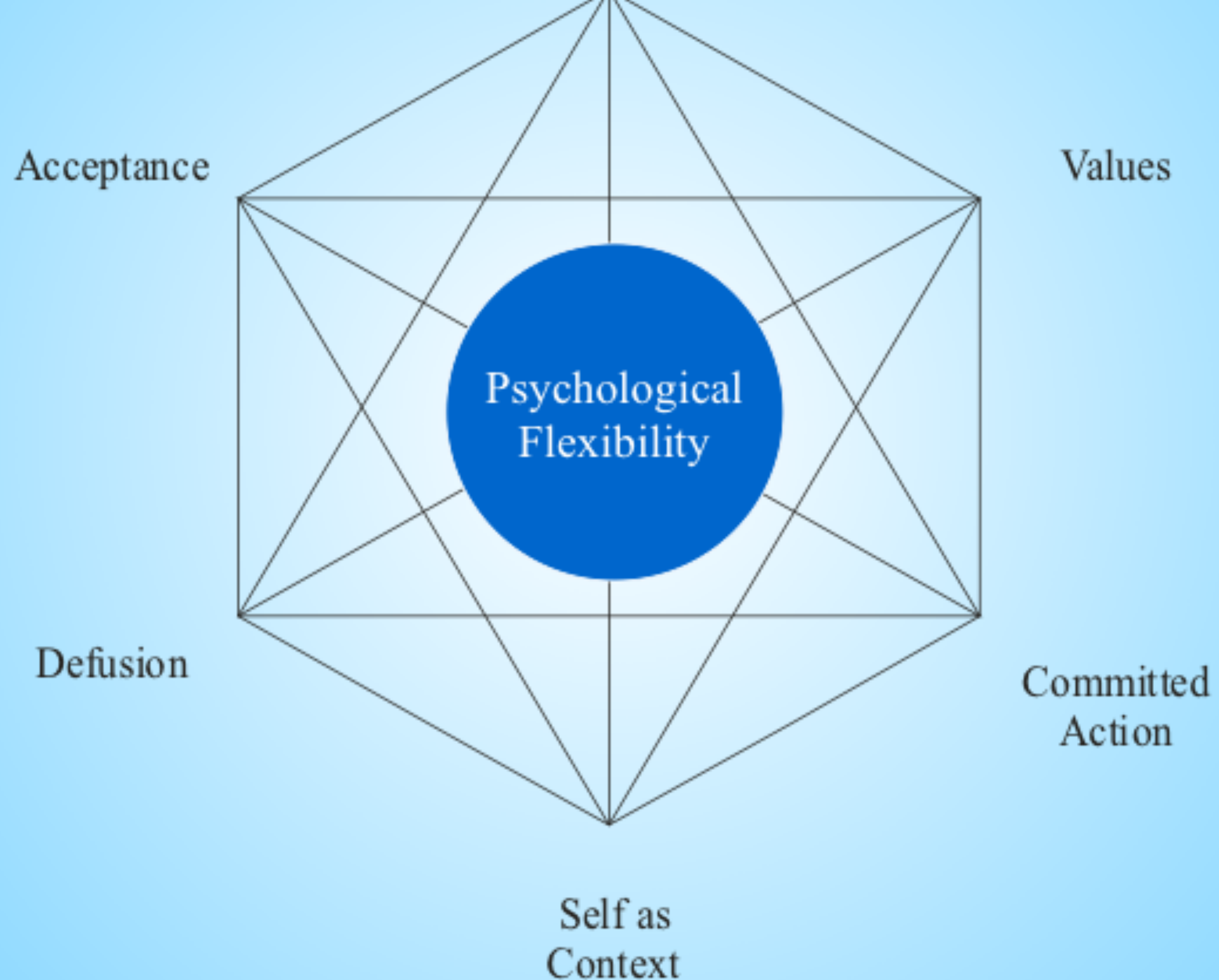
- Further refine our model.
- Improve our performances
  - More focused on principles and processes
  - Bigger and more general effects.
- To remain humble

Potential Pitfalls

1. Sacred objects.
2. Talking ACT.
3. Victory speeches.

Sacred objects

Contact with the
Present Moment



Potential Pitfalls

Values

Talking Values

Acting values

ACCEPTANCE

Talking Acceptance of pain

ACTing acceptance of pain

Potential Pitfalls

Victory Speeches

Boasting

Being humble

Recap

- ✓ ACT for chronic pain is a success story AND there is much more to do.
- ✓ There are challenges in effect sizes, mediation, and fidelity.
- ✓ These need more study and more effective performances, more skepticism, and more humility.

Our Changing Models

Models

?

Models

Key Focus

Behavior & Environment → Thoughts, Beliefs & Coping → Fear Avoidance → Acceptance & Values → Psychological Flexibility → ?

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