

Brief Interventions for Radical Change:

The Practice of Focused Acceptance
and Commitment Therapy

FACT

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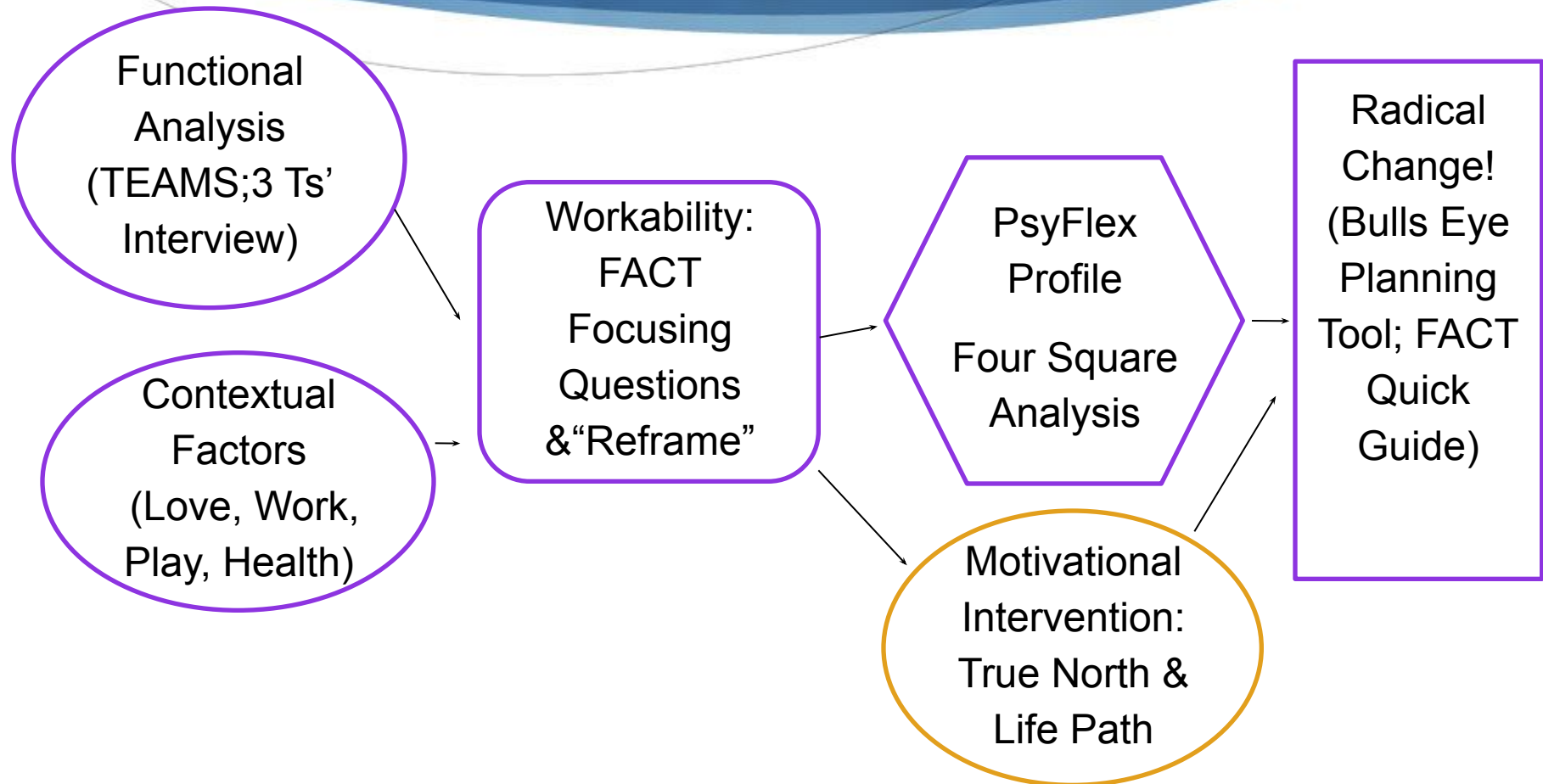
Workshop Objectives

- 💧 Learn about the evidence pertaining to radical change in therapy
- 💧 Practice brief approaches to assessment and clinical reframes
- 💧 Learn brief, accurate case formulation strategies
- 💧 Plan powerful interventions to improve client openness, awareness and engagement and promote motivation to change
- 💧 Demonstrate FACT interventions with common clinical problems
- 💧 Learn how to apply FACT in a group setting

FACT Is A Brief Approach That Helps The Client . . .

-  **F**ocus on unworkable results of avoidance
-  **A**ccept the presence of distressing, unwanted private experiences
-  **C**hoose a life path based in personal values
-  **T**ake actions which propel the him/her down that path

FACT Brief Intervention Intervention Flow



Why Brief Interventions? Practice Contexts Are Changing!

- 💧 More services delivered in brief intervention contexts such as primary care, jails, schools, crisis units, home outreach services
- 💧 Conventional multi-session treatment protocols are not realistic in these settings
- 💧 Even in specialty treatment settings, resources are dwindling while the number of clients needing services is expanding exponentially
- 💧 Requires that we condense assessment and treatment activities, empower clients and act more as a resource for the client rather than as a “therapist”

Brief Interventions: What Do Clients Want?

- 💧 In a naturalistic study of over **9000 patients** in seeking therapy, **the modal number of psychotherapy visits was one** (Brown & Jones, 2004)
- 💧 Clients seek treatment when **psychological distress** is high and stop coming when distress level drops; for most this is **within 5 visits** (Brown & Jones, 2004)
- 💧 **Their motives?** Emotional reassurance and practical problem solving
- 💧 **30 to 40 percent drop out** of treatment without consulting their therapist (Talmon, 1990, Olfson et. al., 2009)

Rapid Change is The Rule, Not the Exception!

In one recent study, 40 to 45 percent of depressed clients exhibited sudden large gains within the first 2 to 4 treatment sessions (Doane, Feeny & Zoellner, 2010)

Similar gain in CBT for PTSD (52 percent of clients; Doane, Feeny & Zoeller, 2010), adolescent depression (Renaud et. al., 1998), binge eating (62 percent of clients; Grilo, Masheb & Wilson, 2006) and irritable bowel syndrome (30 percent of clients; Lackner et. al., 2010)

Rapid response is associated with **long-term improvements** in functioning, as well as a reduction in long term relapse rates (Crits-Cristoph et. al., 2001; Lutz, Stulz & Kock, 2009).

Change is a Non-Linear Process

- 💧 Studies of the “dose-effect” relationship (i.e., number of therapy sessions received relative to the amount of clinical benefit experienced)
 - 💧 15 percent of clients are clinically improved before they arrive for the first session!
 - 💧 50 percent of all clients are clinically improved by the 8th session
 - 💧 To get 75 percent of clients clinically improved requires at least 26 sessions
- 💧 **Conclusion:** Treatment beyond session 8 is no where near as cost effective as the first 8 sessions! (Howard, Kopta, Krause & Orlinsky, 1986)

Is More Necessarily Better?

- 💧 Greatest amount of improvement occurs very early in treatment with diminishing returns of benefit over time. (Kopta et al.; Ilardi & Craighead, 1994)
- 💧 Lengthier, time-unlimited therapies do not always demonstrate incremental efficacy compared to brief therapies (Knekt et al., 2008; cf. Steenbarger, 1994 for a review)

Recent Studies of Brief Interventions

- 💧 Patients show clinically significant change across very few treatment sessions (Bryan et al., 2009; Bryan et al., 2010; Cigrang et al., 2006)
- 💧 Patient receiving 2 or more sessions showed broad spectrum improvements in symptoms, functioning and social integration (Bryan et. al. 2010)
- 💧 These changes were robust and stable during a two year follow up period (Ray-Sannarud et. al., 2012)
- 💧 Patients with more severe impairment at pre-treatment improved faster than patients with less severe impairment (Bryan et al., 2012)

ASSUME 1 VISIT, HOPE FOR 4 - 6

- 💧 **Fact Mantra:** Treat every session as if it is the last session!
- 💧 A “brief therapy” is one that can achieve its’ goals before the client’s natural tendency to drop out is realized.
- 💧 The change process begins in the first visit.
- 💧 Talking in rapid change terms is likely to induce rapid change.
- 💧 Clients with long-standing problems are just as likely to experience rapid change as those with time limited problems!

Why is the ACT Approach Ideal for Brief Therapy?

- 💧 Trans-diagnostic model of human suffering
- 💧 Strengths based approach to creating change (skill building rather than curing illnesses)
- 💧 Acceptance and mindfulness are “qualitative” processes that can instantly transform a situation
- 💧 Values and committed action are powerful motivational tools
- 💧 The ACT approach is very transparent and the core concepts are easily understood by non-mental health professionals

Two Approaches to Suffering: Biomedical (Disease Model)

- 💧 Focuses on the form of patient complaint (fatigue as a symptom of depression that needs to be gotten rid of)
- 💧 Assumes cause and effect between underlying illness and resulting symptoms
- 💧 Basis of DSM-IV (soon to be DSM-V)
- 💧 Results in symptom elimination approach that works for biomedical problems (antibiotics for pneumonia, surgery for gallbladder disease) but not for psychological problems

Two Approaches to Suffering: Contextualism

- 💧 Patients are not “broken” but rather are trapped in rigid patterns of behavior that block them from pursuing more meaningful lives
- 💧 Looks at the **function of the symptoms** or the way the symptoms impact the patient’s life (fatigue as a reason to avoid activities)
- 💧 Looks at the interaction a patient has with **internal** (mental) and **external** (environmental) **contexts**
- 💧 “Symptoms” are signals of an imbalance in the internal or external contexts, often the result of rule driven avoidance
- 💧 Self “as perspective” is acknowledged as a separate and powerful context

Private Versus Public Contexts

- Public: Things we say or do “in the world”
- Private: Experiences we have “inside the skin”
 - T for Thoughts (“I am a failure”)
 - E for Emotions (Sad, Mad, Glad)
 - A for Associations (Causation: If this, then that; Evaluation: This is better than that, etc. “Frames”)
 - M for Memories (pictures, sometimes supported verbally)
 - S for sensations (5 senses)

TEAMS (Private Experience)

Thoughts

Emotions

Associations

Memories

Sensations



TEAMS Skill Training:

Sit in silence and think about something difficult . . .

TEAMS Element	What comes up?
Thoughts	
Emotions	
Associations	
Memories	
Sensations	

Learn To Conduct A Streamlined, Change-Oriented Interview

1. Quick, Focused, Accurate Assessment Templates
 - 💧 Love, Work, Play & Health Questions
 - 💧 Three Ts
 - 💧 Problem Severity, Confidence, and Helpfulness Assessment Questions


The Love, Work, Play & Health Questions

Love	Where do you live? With whom? How long have you been there? Are things okay at your home? Do you have loving relationships with your family or friends?
Work	Do you work? Study? If yes, what is your work? Do you enjoy it? If no, are you looking for work? If no, how do your support yourself?
Play	What do you do for fun? For relaxation? For connecting with people in your neighborhood or community?
Health	Do you use tobacco products, alcohol, illegal drugs? Do you exercise on a regular basis for your health? Do you eat well? Sleep well?

The Three T & Workability Questions

Time	When did this start? How often does it happen? What happens immediately before / after the problem? Why do you think it is a problem now?
Trigger	Is there anything--a situation or a person--that seems to set it off?
Trajectory	What's this problem been like over time? Have there been times when it was less of a concern? More of a concern?
<u>Workability</u>	What have you tried (to address the problem)? How has that worked in the short run ? In the long run or in the sense of being consistent with what really matters to you?

FACT In Session Progress Assessment Questions

-  1. How big of a problem is this for you? On a scale of 0 = “not a problem” and 10 = “a very big problem”, how would you rate it?
- 2. How confident are you that you will follow through with our plan? Use a scale where 0 = “no confidence” and 10 = “very confident”.
- 3. How helpful was this visit? Use a scale where 0 = “not helpful” and 10 = “very helpful”.

Video Demonstration

- 💧 28 year old man with chronic pain
- 💧 Depressed
- 💧 Receiving disability
- 💧 Lives with mother and uncle
- 💧 Socially isolated
- 💧 Taking opiod medications for 2 years and asking for early refills

FACT Mantra: Shift Focus, Plan, Intervene

1. Shift the Focus

- 💧 Focus Questions
- 💧 Reframe

2. Case Formulation Treatment Planning

- 💧 Four Square Analysis
- 💧 Psyflex Profile

3. Intervention

- 💧 Bull's Eye
- 1. True North
- 💧 Life Path
- 💧 Change Talk

Workability: The Central Question

- 💧 Has what you have been doing helped you get to where you want to be according to your values?



Workability: Focus Questions

1. What are you seeking?
2. What have you tried?
3. How has it worked?
4. What has it cost you?
5. What type of life would you choose if you could choose?

The “Reframe”

- 💧 Often functions as the transition between assessment and intervention phase of a session
- 💧 Three main components
 - 💧 Redefine the “problem” in a new way that the client hasn’t thought of before
 - 💧 Creates a positive, intentional path for the client to follow
 - 💧 Makes the “problem” seem solvable

FACT Reframe Strategies

- 💧 Go to “30,000 feet” and portray the problem in terms of a bigger life path the client is following
- 💧 Focus the discussion on the positive, value based intentions of the client, rather than on what is not working
- 💧 Describe the necessity of the “problem” in teaching the client about self or life (“you are in the perfect position”)
- 💧 State your confidence that the client is about to learn something important and will do things differently

FACT Reframe Practice

- 💧 In pairs, take 2-3 minutes each to come up with a “cool” reframe for the chronic pain patient you just watched
- 💧 A PRIZE of one million AUD will be given to the person who comes up with the best reframe!

The Pillars of Flexibility

Open

- Able to accept distressing material without struggle
- Behavior is shaped by direct results rather than rigid rules

Aware

- Able to experience present moment
- Able to take perspective on self and self-story

Engaged

- Strong connection with values
- Able to sustain value-consistent action

OPEN: Acceptance & Defusion

- 💧 Acceptance of, rather than controlling . . .
 - 💧 TEAMS
 - 💧 Personal history
 - 💧 Attitudes/behavior of others
- 💧 Realizing how our mind works
- 💧 Recognizing while not reacting to the content of our mind

AWARE: Present Moment Awareness and Perspective Taking

- 💧 Present Moment Awareness requires . . .
 - 💧 Flexible attention / focus, or ability to effectively shift of focus attention
 - 💧 Ability to be aware of and use ongoing stream of private experience
- 💧 Perspective Taking requires . . .
 - 💧 Sense of continuity of consciousness
 - 💧 Ability to “step back” and become an observer of events
 - 💧 Ability to imagine the point of view of someone else

ENGAGED: Values & Committed Action

- 💧 Values are . . .
 - 💧 Verbally constructed, provide intrinsic motivation and reinforcement
 - 💧 Principles of living that organize behavior over time
- 💧 Committed actions . . .
 - 💧 Are specific behaviors that “reflect” values
 - 💧 Are done in the presence of unpleasant private or public events

Case Analysis: Flexibility Profile

OPEN

Able to accept distressing material

Behavior is shaped by direct results rather than rigid rules

AWARE

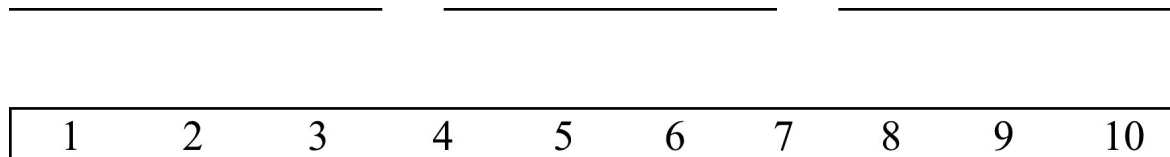
Able to experience present moment

Able to take perspective on self and self-story

ENGAGED

Strong connection with values

Able to sustain value-consistent action



Low strength

High strength

Role Play: Kirk & Patti

- Depressed female
- Single mother of 2 adult sons, one in prison for drug sales
- Works as coder in health care clinic, has missed several days of work and supervisor asked her to see a counselor
- Has used medications for depression in past

Your job

- Form groups of 4, 2 pairs
- A in each pair listens from client perspective
- B in each pair listens from FACT clinician perspective
- At end of role play, A and B make Flexibility Profile ratings (privately) and then discuss in groups of 4, address discrepancies
- Then, we will move on to the Four Square Analysis

Case Analysis: Foursquare Matrix

- 💧 Simple way to describe client strengths and weaknesses and to focus therapeutic interventions
- 💧 Creates distinction between target behaviors and mental processes that enable (or disable) them
- 💧 Often, planning a target behavior will also require work on a mental process that is functioning as a barrier to that behavior

FACT
Four Square
Analysis

		Workability	
		Not Working (Less Meaning)	More Workable (More Meaning)
Behavior	Public		
	Private		

FACT

Treatment Planning

Four Square Analysis

Large Group Discussion

- 💧 What public behaviors are not working?
- 💧 What private behaviors are not working?
- 💧 What public behaviors are working or might work better for client?
- 💧 What private behaviors are working or might work better for patient?

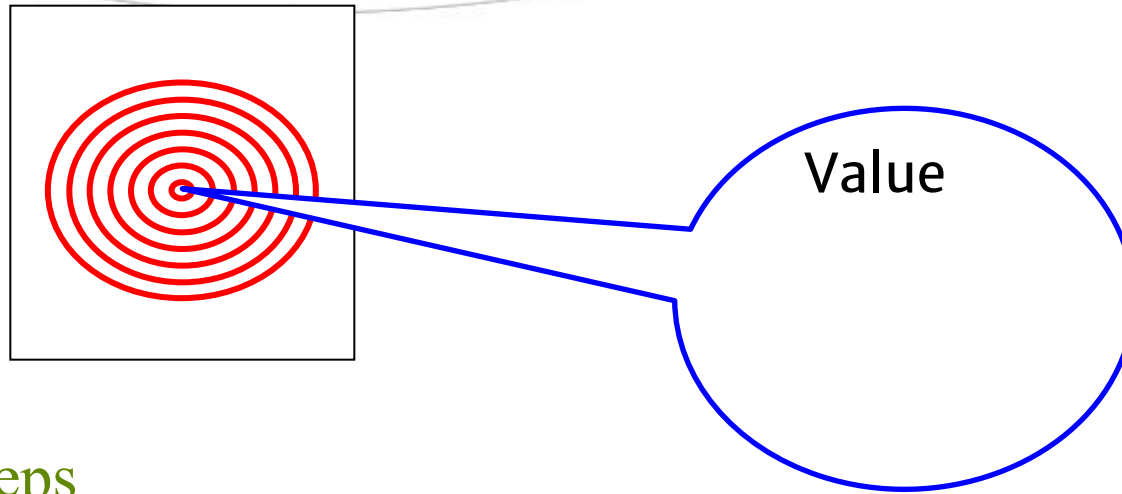
FACT Interventions

- 💧 Bull's Eye Treatment Planner (Video Demonstration)
- 💧 True North (Small Group Practice)
- 💧 Life Path Exercise
- 💧 FACT Quick Guide (See Handout)

FACT Change Conversations

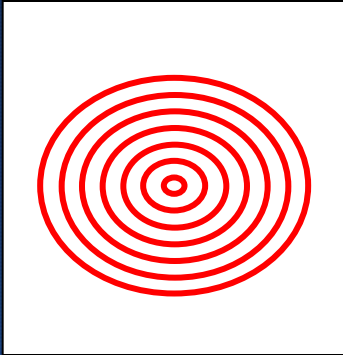
- 💧 Best interventions come in the form of questions (Avoid “WHY”!!)
 - 💧 What would you like to do differently?
 - 💧 How does that work for you? Is it giving you what you want in life?
 - 💧 Who can support you?
- 💧 Create positive valence (would this tell you things are improving?)
- 💧 Think small, accumulate positives (move one notch up the scale)
- 💧 Frame it as an experiment (Would you be willing to try this just to see what happens?)
- 💧 Predict it won't be done perfectly and perfection doesn't matter

Bulls Eye Planning Tool



Action Steps

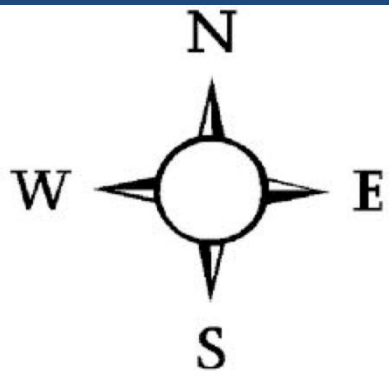
- 1.** *Relates to which core process(es)?*
- 2.** *Relates to which core process(es)?*



Video

- How to bring up values?
- How to select a values area for a brief intervention?
- How to construct a behavior change plan rapidly?
- How to assess patient confidence; sense of helpfulness?

**Living the Life
I Choose**



What Are Your Values?

Your Current Strategies and Are They Working?

Skills You Will Need to Make The Journey?

Plan:

1. Open (Accepts Private Events Without Struggle? Notices and Lets Go of Unworkable Rules?)
2. Aware (Able to Be Present? Aware of Private Experience? Able to Take Perspective? Shows Compassion for Self and Others?)
3. Engaged: (Clear Values? Can Organize? Can obtain reinforcement? Sufficient interpersonal skills?)

Role Play

- Anxious 34 year old man who recently lost job in IT firm
- Single, recently separated from partner of 2 years
- Misusing alcohol and having urges to use illegal drugs (did in 20's)
- Has used medications for anxiety and depression in past

Your job

- Form groups of 4, 2 pairs
- A in each pair listens for use of True North Questions and client's answers
- B in each pair listens for client Awareness, Openness and Engagement
- At end of role play, two pairs summarize observations
- Then, 1 of 4 plays role of therapist summarizing True North to 3 others in context of Therapist Consultation Group and asks for help with selecting (1) process(es) to target and (2) intervention selection

Life Path Exercise



More Control

What do you want to control, avoid, or get rid of and how are you trying to do that?

More Meaning

What type of life would you choose if you could choose?

Life Path Questions

1. Draw an arrow above the line to indicate where you are on your life path these days and which direction you're moving in.
2. What, if any, are the costs and benefits of pursuing control?
3. What behaviors would tell you that you're moving toward more meaning in life?
4. When you get stuck, how can you help yourself to keep moving toward more meaning?
5. Who or what helps you move in the direction of more meaning?

Role Play

Redux: Same Case

- Anxious 34 year old man who recently lost job in IT firm
- Single, recently separated from partner of 2 years
- Misusing alcohol and having urges to use illegal drugs (did in 20's)
- Has used medications for anxiety and depression in past

Your job this time

- 💧 Stay in your pairs and groups
- 💧 Reverse roles
- 💧 A in each pair listens for use of Life Path Questions and client's answers
- 💧 B in each pair listens for client Awareness, Openness and Engagement
- 💧 At end of role play, two pairs summarize observations
- 💧 Then, the "therapist" reports out to the three others for help with a) a flexibility process to target and b) a specific intervention to deliver that will change that process

FACT Practice Support Tools: The Quick Guide

- 💧 1 page pocket guide (put in on your wall, in your clip board or in your pocket)
- 💧 3+ interventions for each of the 6 Processes / **Points** of Psychological Flexibility
- 💧 Categorized by Process / Point
- 💧 Bulls Eye involves multiple processes, as do several others

Small Group Practice

- 💧 Form in pairs, one will be the client and the other the therapist.
- 💧 Therapist selects any one intervention from the FACT Quick Guide and practices using it.
- 💧 Reverse roles and repeat the same exercise.
- 💧 “Client” provides feedback on what it felt like to receive the intervention and suggestions for improvement.

FACT With Substance Abuse

- 💧 Emotional avoidance is the heart and soul of substance abuse
- 💧 “Recovery” is nothing more than an opportunity to pick up where you left off
- 💧 Sobriety does not equal life satisfaction
- 💧 Long term pattern of behavior organized around using leads to aimlessness in sobriety
- 💧 Values usually are non-existent and have to be constructed
- 💧 Self acceptance of “collateral damage” and associated negative TEAMS is key

FACT With Mood Problems

- 💧 Emotions are never wrong
- 💧 Turn the DSM-IV upside down and it might work
- 💧 Emotions are “signals”, not problems to be extinguished
- 💧 Life constriction comes first, moods follow
- 💧 Gain control of your mood, lose control of your life
- 💧 Problems don't go away because you pretend they are not there
- 💧 Stand with your pain and your pain becomes your strength
- 💧 You are where you live (in the past equals depression; in the future equals anxiety)

FACT With PTSD

- 💧 Emotional and behavioral avoidance are the hallmarks
- 💧 Fusion with traumatic TEAMS as “toxic” and “here again”
- 💧 The only safe place to stand is in the present moment
- 💧 Don’t let the self story become a self fulfilling prophecy
- 💧 There is no such thing as “safe”
- 💧 What is the cost of emotional safety?
- 💧 Can you take your history with you and do what matters?

FACT With Chronic Disease

- 💧 The pre-requisite for living with chronic disease is to accept that you have it
- 💧 What life outcomes would legitimize all of the changes you will have to make to live with your disease (i.e., values clarification)
- 💧 Almost no one is adherent all the time (less than 5% of patients with diabetes) so this is all about value based persistence
- 💧 Avoidance of health related anxiety is a key driver of problems
- 💧 Pliance based behavior change is not sustainable
- 💧 No matter what you do, you are choosing!
- 💧 You are not to blame; you are response able

Video Demonstration: Penny

- 💧 Woman with chronic disease, depression, PTSD and suicidality
- 💧 TASK: Watch for signs of
 - 💧 present moment failures
 - 💧 fusion with self story
 - 💧 emotional avoidance
 - 💧 rule following
- 💧 Small Group Practice: Collectively assign a psyflex rating, put together a complete four square analysis and form an intervention plan

Handling Challenging Interactions

- 💧 Dealing with Downers Exercise
- 💧 Purpose: Learn how to respond to difficult communications made by challenging patients.
- 💧 Exercise: Form into small groups of 4-6 and appoint a “reporter” who will later speak for the group. Group develops an ACT consistent statement in response to each downer.

FACT In Groups: The “Life Path Class”

- 💧 The Advantages
- 💧 The Challenges
- 💧 The Evidence
- 💧 The Process: Pre-group orientation visit
- 💧 Session by session protocol

Pre-Group Orientation Visit: Life Path Questions

1. How long have you had the problem that brings you here?
2. What have you tried? Previous treatments? Results from them?
3. What do you want from life?
4. What are the barriers to doing what you want in life?
5. What do you do when the barriers show up?
6. Are you at war with the barriers? How do you think that would look in the group? If that happens, what would you like us to do?
7. What are the consequences of being “at war” with the barriers?

Life Path Class Protocols

Class 1

Meet others and discuss your answers to questions about your life path:

Homework: Notice when the war starts and what you do. Just try to observe . . .

Class 2

Learn to step back and have a different perspective on your suffering.

Homework: Plan to do a valued activity and practice accepting a barrier that's likely to come up when doing the activity

Class 3

Learn to make public commitments and learn to learn from direct experience.

Homework: Continue to make intentional choices, pursue valued directions, practice self-compassion, and learn from your direct experience.

Class One: Processing The Life Path Questions

1. How long have you had the problem that brings you here?
2. What have you tried? Previous treatments? Results from them?
3. What do you want from life?
4. What are the barriers to doing what you want in life?
5. What do you do when the barriers show up?
6. Are you at war with the barriers? How do you think that would look in the group? If that happens, what would you like us to do?
7. What are the consequences of being “at war” with the barriers?

Life Path Class with Cardiac Rehab Patients

Some Typical Problems:

💧 lost, scared, afraid, uncertainty, disbelief, guilt, confusion, stress

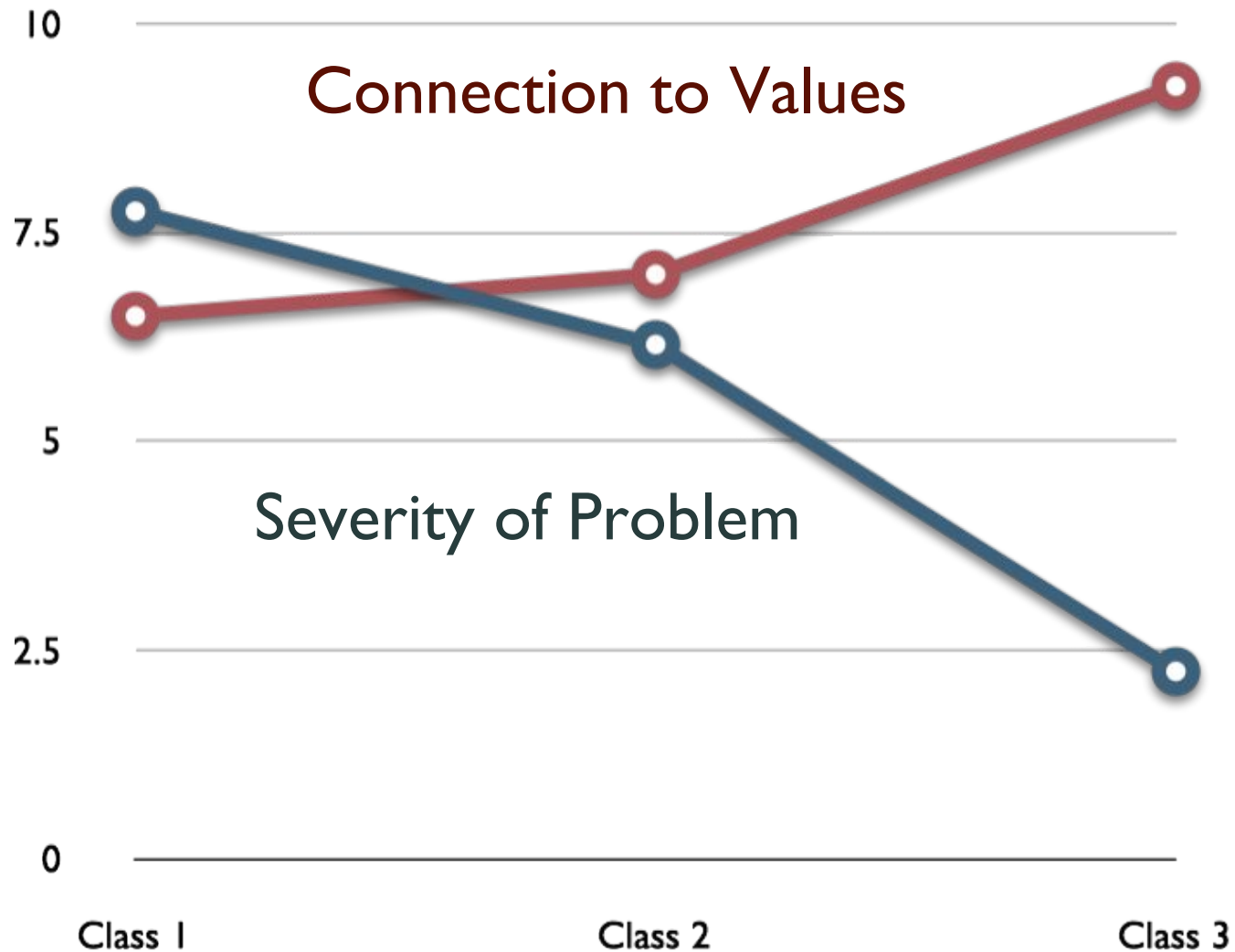
💧 Examples of **value connection**:

- 💧 Focused on art work
- 💧 Loving actions with wife/husband
- 💧 More quality time with family
- 💧 More healthy lifestyle behaviors
- 💧 Patience: Giving self time to heal
- 💧 To have a joyfully life
- 💧 To serve and help to others
- 💧 Be the best I can be

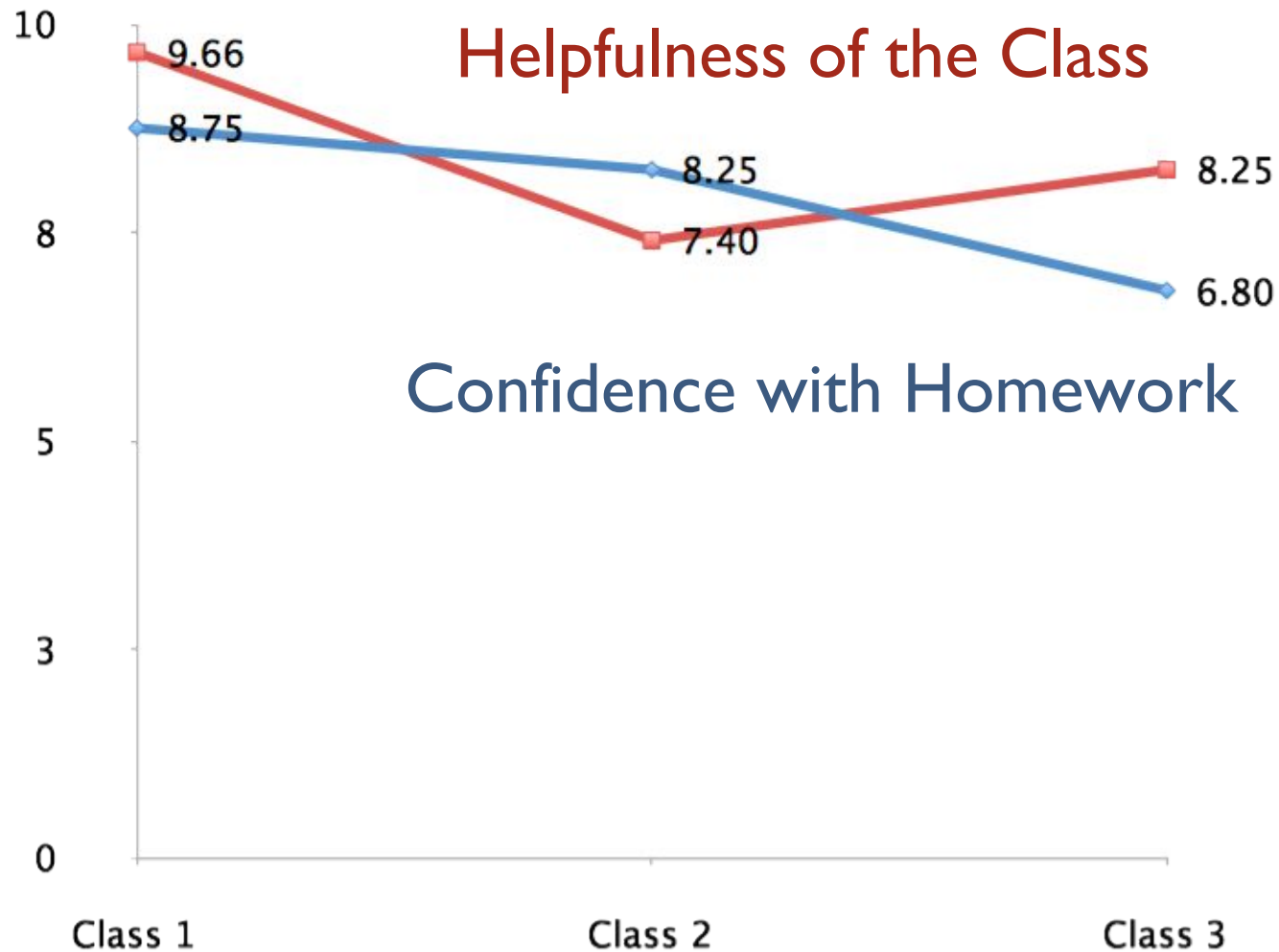
Life Path Class with Cardiac Rehab Patients

- 💧 Some examples of **control behaviors**
 - 💧 Look for excuses not to do things
 - 💧 Avoid other people
 - 💧 Be impatient and try to control the time
 - 💧 Control things another person is doing / will do
 - 💧 Ignore the feelings
 - 💧 Procrastinate

Life Path Class with Cardiac Rehab Patients



Life Path Class with Cardiac Rehab Patients



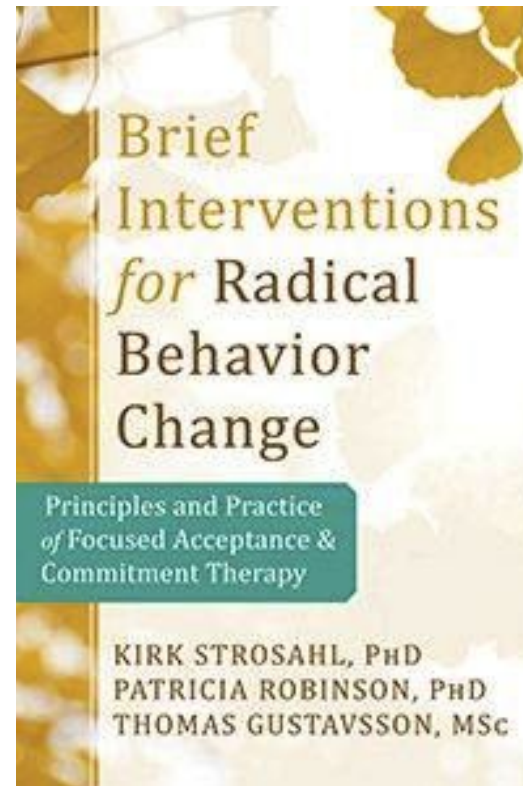
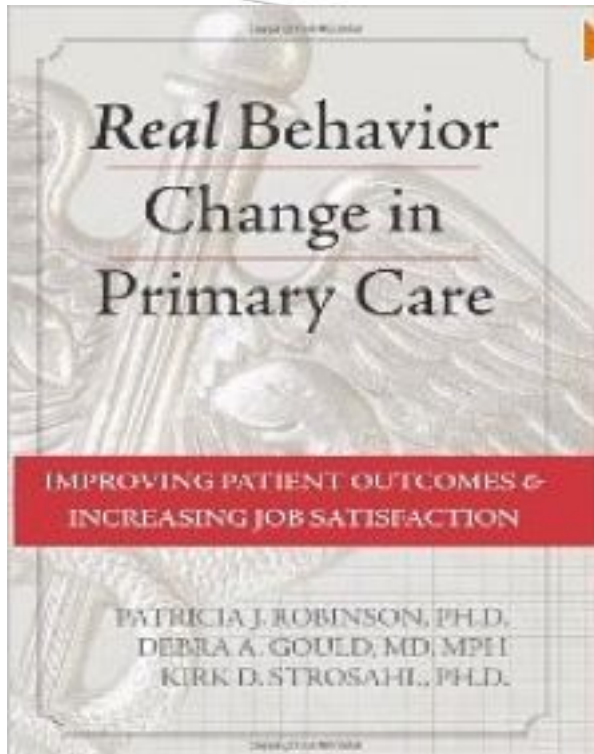
The Problem of Burnout

- 💧 Characteristics of burnout
 - 💧 Emotional Exhaustion
 - 💧 Depersonalization
 - 💧 Reduced sense of personal accomplishment
- 💧 FACT perspective: Burnout involves loss of contact with valued life ends due to avoidance of the “wear and tear” associated with working with those who suffer

Burnout Prevention

- 💧 Complete Personal and Professional Values Clarification Assessment
- 💧 Rate yourself on the Values and Action Consistency Exercise
- 💧 Create a Burnout Prevention and Recovery Plan for future use
- 💧 In small groups of four, make a public “commitment” to a burnout prevention behavior

FACT Resources

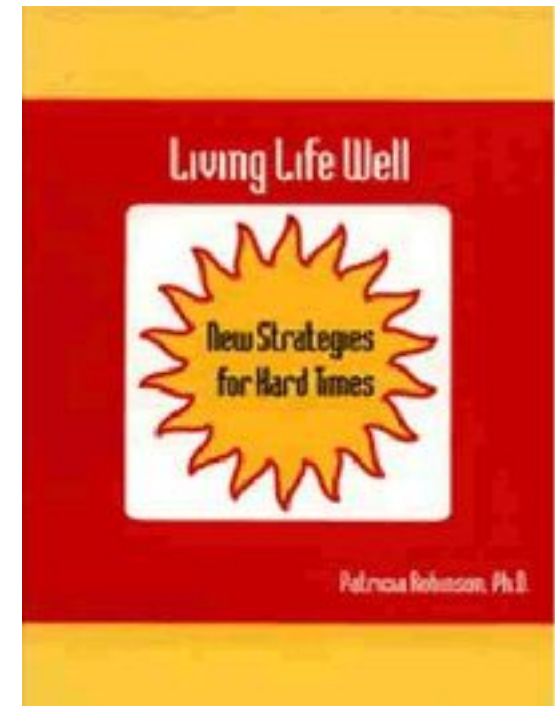
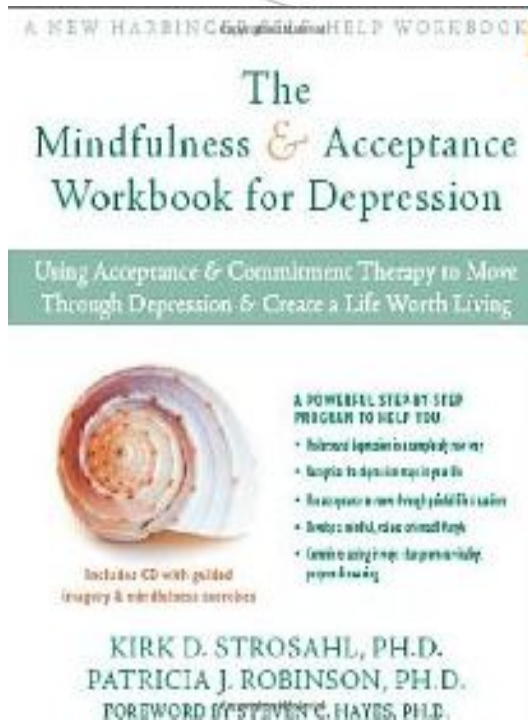


Association for Contextual Behavioral Science

<http://www.contextualpsychology.org/>

<http://www.newharbingeronline.com/real-behavior-change-in-primary-care.html>

More **FACT** Resources



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