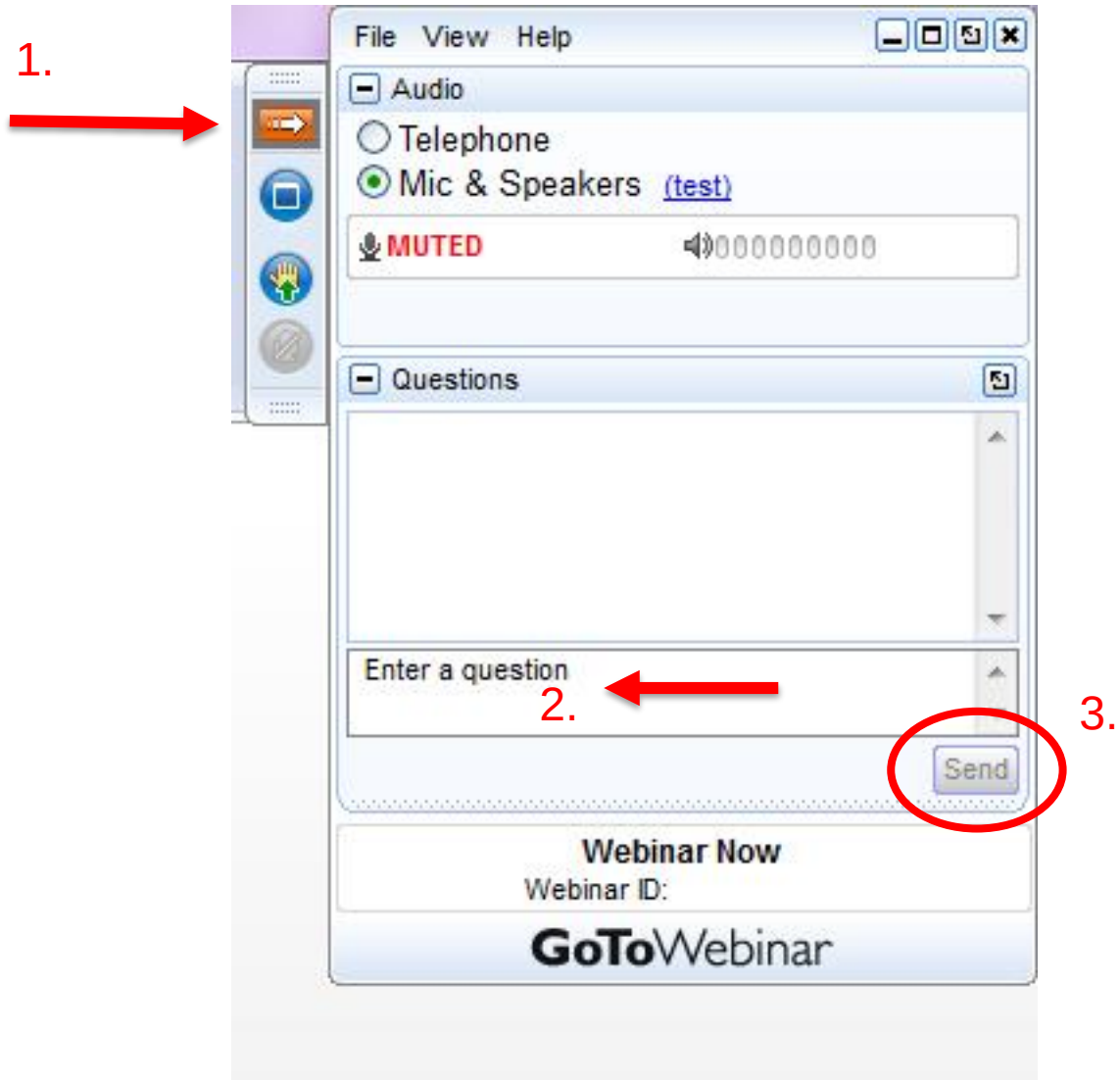
FACT: Radical change is possible for patients in brief primary care visits

Kirk Strosahl

Ask a question



goodfellowunit.org

FACT in Primary Care

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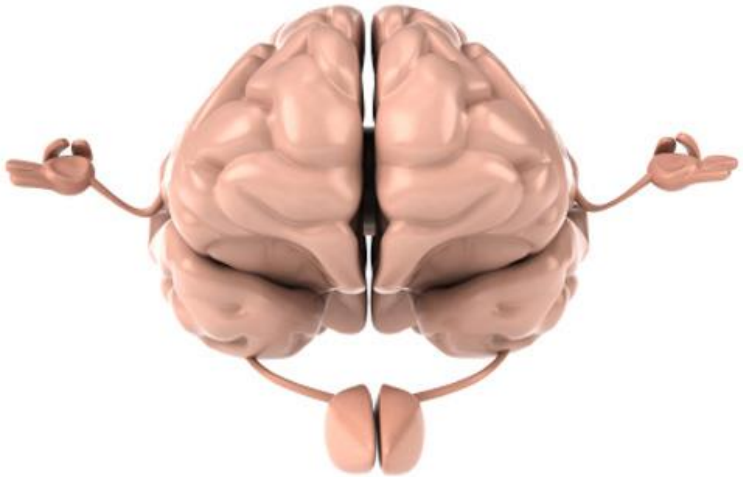

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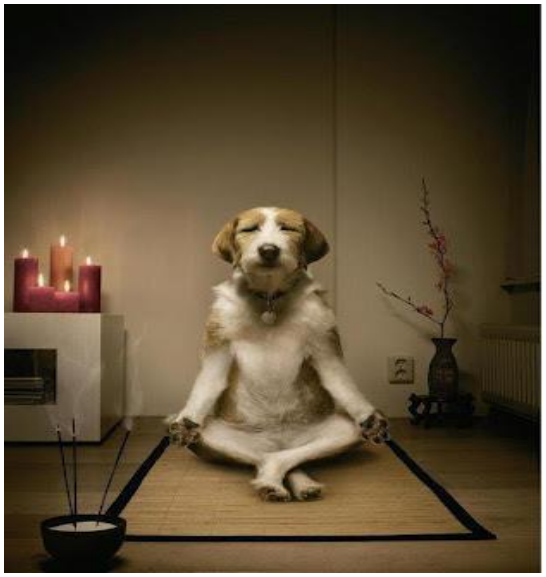
Objectives

- Understand the basics features of the ACT trans-diagnostic model and how it applies to almost any patient with almost any problem☺
- Demonstrate the clinical importance of workability
- Examine popular “myths” of clinical practice that get in the way of clinical results
- Examine applications of FACT with real cases

The Problem of Being Human

Problem Solving Mind

Wise Mind



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A Trans-diagnostic Approach

- Three core processes underpin suffering:
  - Cognitive fusion involves “over-identifying” with contents of the mind, such that mental “rules” exert undo influence on behavior:
    - Socially instilled rules about health and how to achieve it
    - Cultural mores that suggest feeling bad is bad for you
    - Problem solving operations that are focused on elimination and control
    - Hidden beliefs about the normative state of being
- *Rule following results in rigid patterns of behavior that don’t change despite negative real world consequences*

A Trans-diagnostic Approach

- Three core processes underpin suffering:
  - Emotional avoidance involves being unwilling to make contact with unwanted, distressing private experiences (thoughts, emotions, memories, sensations)
    - Active EA results in a “rebound effect” which makes avoided experiences seem more intrusive and uncontrollable;
    - Active EA cuts the link between direct results in the world and our resulting emotional responses. This creates increasingly rigid and unworkable behavior patterns

A Trans-diagnostic Approach

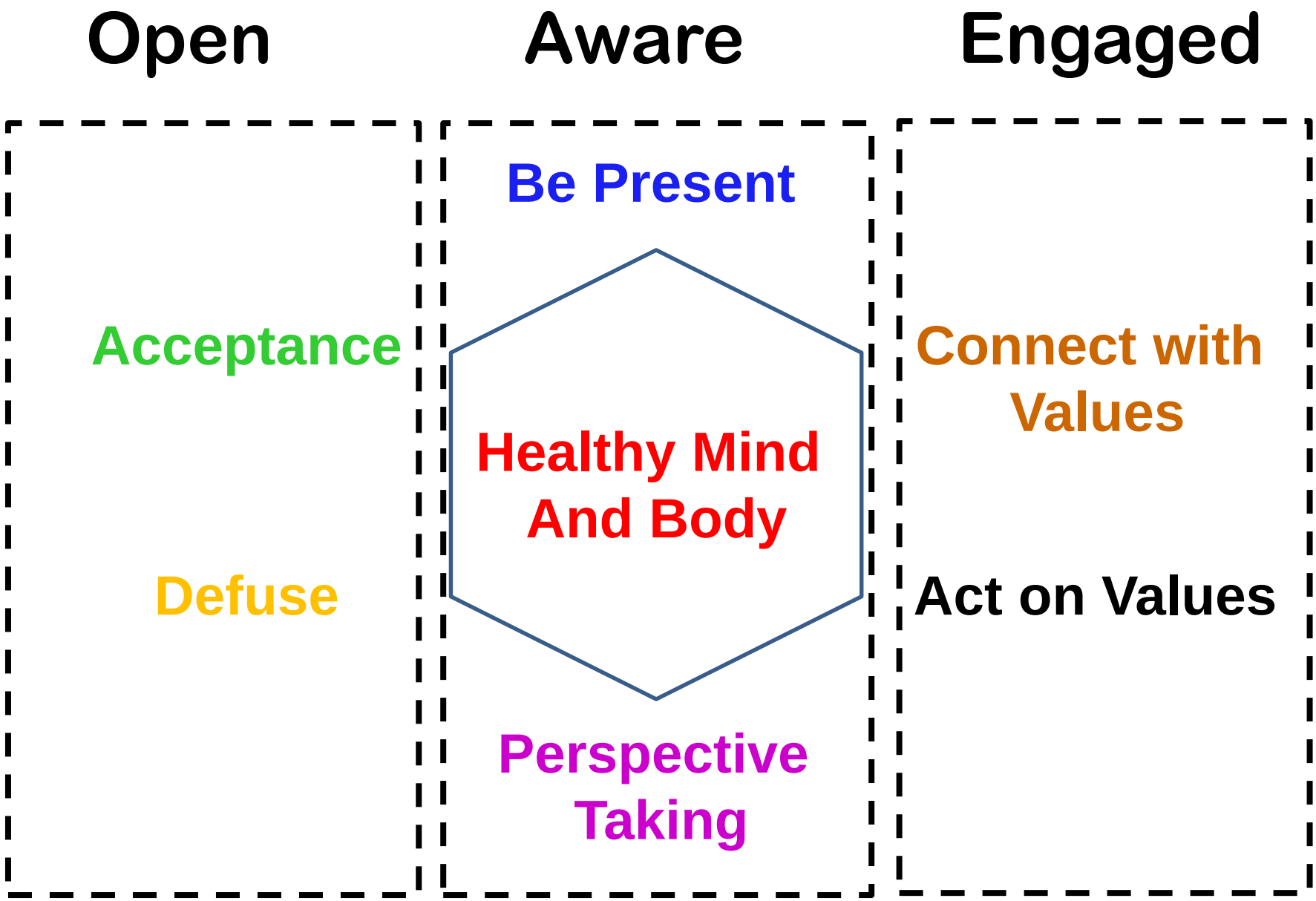
- Three core processes underpin suffering:
  - Behavioral avoidance involves restricting access to, and participation in, situations, events or interactions that might “trigger” avoided material
    - Avoidance of triggers also means avoidance of situations that “matter”
    - Over time, patterns of avoidance naturally generalize and widen in life scope, leading to life problems festering
    - In chronically avoidant patients, life meaning and purpose is entirely sacrificed in the service of avoidance
    - Symptoms of distress are actually “feedback” loops from the real world that are ignored

The Pathway to Suffering

- Patients will approach challenging situations firmly believing that the prime directive is to control or get rid of distress; they will not hide this from you:)
- They will try the same unworkable control/avoidance strategies repeatedly and will advocate for them
- Whatever the problem is, it will be getting worse because of the paradoxical effects of avoidance
- The patient will be out of contact with his or her personal values for living, because these values require participating in situations that are likely to trigger feared and avoided experiences

The ACT Approach

- ACT seeks to undermine and reverse the cycle of rule following, emotional and behavioral avoidance that leads to suffering:
  - *Practicing acceptance/detachment* undoes emotional avoidance
  - *Being in the present moment and able to produce self-reflective cognition* undoes unconscious rule following
  - *Being connected with, and engaging in, valued action* undoes behavioral avoidance


Open
Aware
Engaged
Be Present
Acceptance
Connect with Values
Healthy Mind And Body
Defuse
Act on Values
Perspective Taking

WORKABILITY

…creating a context for powerful, lasting change . . .

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The Workability Yardstick

- What is the client's definition of "better"?
  - Usually will be having less of something (depression) or more of something (confidence)
- What have you tried so far to reach that outcome?
  - Will typically reveal a wide range of avoidance strategies
- How have your strategies worked?
- What has been the "life cost" of using these strategies?
- Are you ready or willing to try something different?

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The Practice of ACT: Key Principles

- Diagnosis is a distraction, not a direction
- People are not broken, only trapped in unworkable strategies
- Every person has the capacity to transcend their suffering, no matter how chronic it is
- Symptoms flow from functioning, not vice versa
- Emotional pain and personal values are “bed fellows”
- Trying to control or eliminate pain is the problem, not the solution;
- The goal of living is not to feel good, but to feel with fidelity
- Goals are the process, by which the process becomes the goal

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Qualities of the ACT Provider

- Know that you cannot rescue the client from the greatest teacher of all: LIFE!
- Create a horizontal, egalitarian relationship. We are "in this stew together" and "there but for the grace of god, go I"
- It is what works, not what should work, that we are interested in.
- Turn stuck moments into powerful opportunities by modeling acceptance, awareness and humility
- Don't argue with, condescend or try to persuade the client that your point of view is "right";
- Use the power of "choice" in a non-judgmental way

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Workability Conversations

- Important to be curious, open, non-judgmental, and sincere
- Asking questions is far more effective than making statements---ask lots of questions! Don't put answers in the patient's mouth
- Point out, but don't harp on, the paradoxical outcomes of avoidance strategies
- The patient needs to "discover" the issue of unworkability on his or her own.

Case Number 1

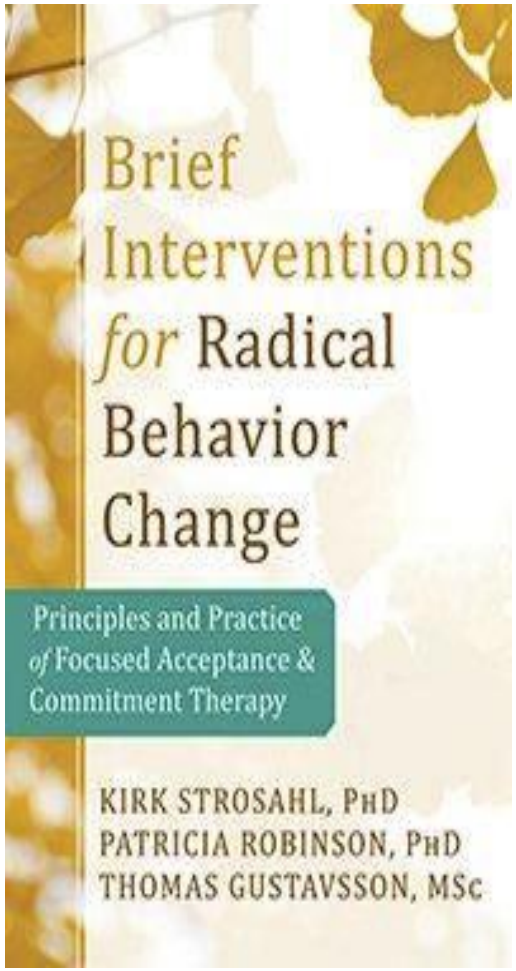
- Patient: 41 y.o. left spouse of 6 years last night after an argument about problem drinking. Spouse confronted patient about “making promises but never doing anything about them” in regards to drinking. Has a long history of misuse of alcohol, and uses it most every day. It helps “relax” patient, who otherwise feels tense most of the time. Loves spouse and wants to reconcile, but doubts ability to stop drinking, and is concerned that feelings of anxiety and tension will spiral out of control without alcohol use. At the same time, feels ashamed & critical of self for being a poor role model for kids. Feels like a failure as a life partner.

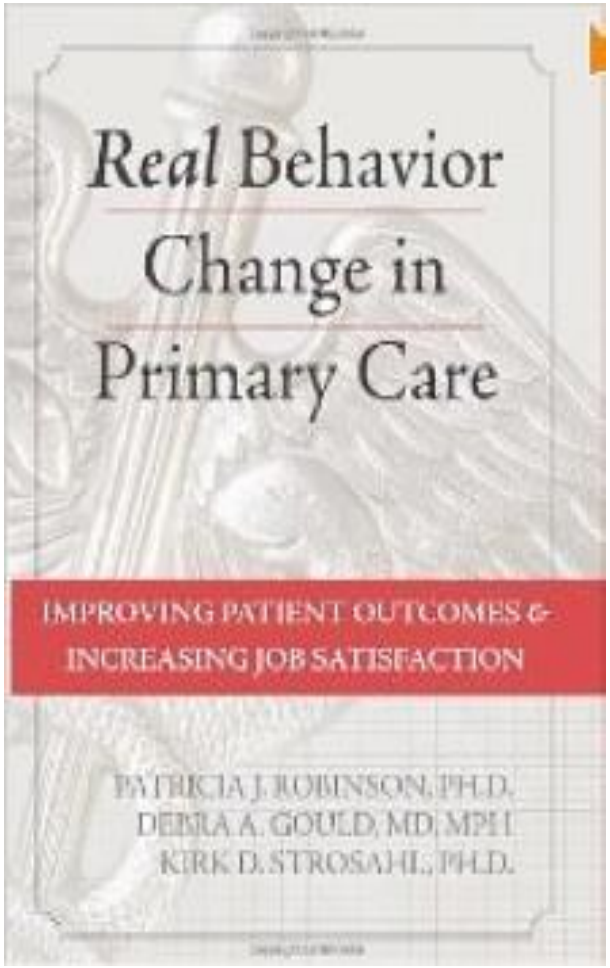
Case 2

- Patient is single 29 year old with chronic insomnia. Has had nightmares for years related to physical abuse by father during adolescence. Fell into drug and alcohol use and eventually ran away from home, but did complete on-line school and attended two years of college. Has two children by two different partners, neither is in the picture now. Works as a line worker at a local restaurant. Likes cooking, and completed culinary courses in college, but feels current job is under-achieving, given college degree. Explains there is something “wrong inside” that will limit life achievements. Very leery of relationships in general, saying all they give you is an “upset stomach”

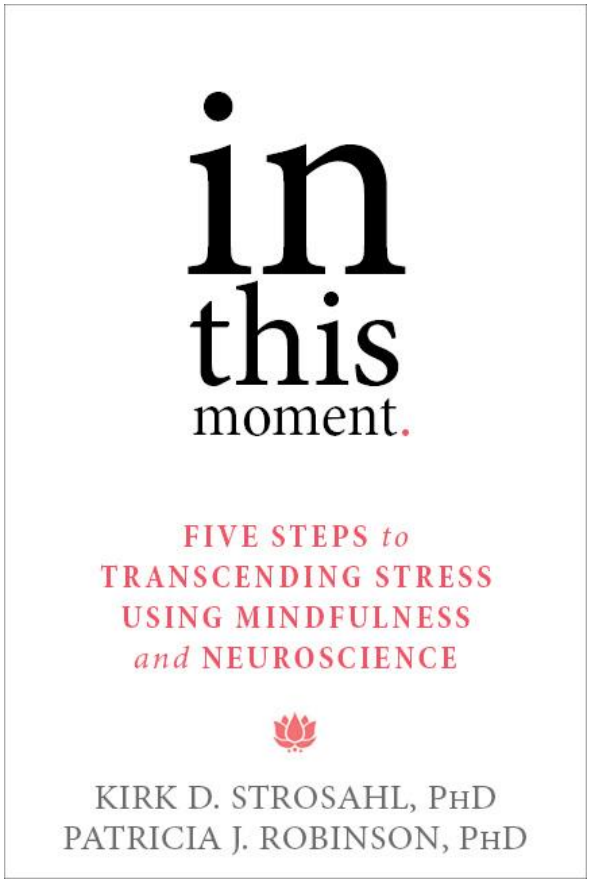
Case 3

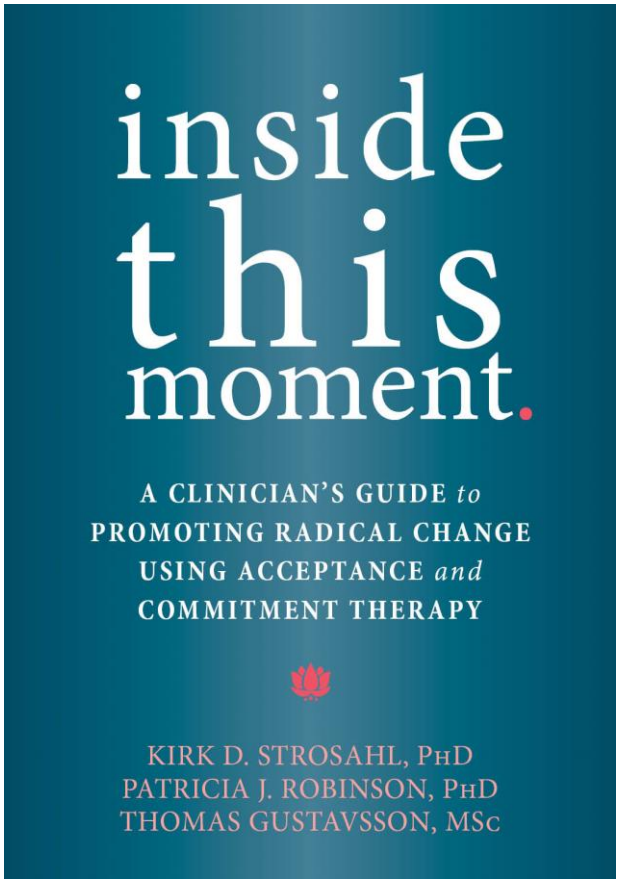
- Patient: Patient is a 66 year old retired military logistics staff member who left his second career as a human resources manager 5 months ago. Has been feeling bored and empty inside for much of his life, but even more so now. Spends large amounts of time watching re-runs on TV. Has trouble motivating himself to keep house clean, do laundry or cook for himself. Has always gotten his structure from spouse. Divorced from 3rd wife 1 year ago. He had trouble identifying reasons for their divorce, other than she called him lazy and self-focused during their arguments leading up to her leaving.





www.newharbingeronline.com/real-behavior-change-in-primary-care.html





Great client self-help resource for teaching practical mindfulness skills