

Focused Acceptance and Commitment Therapy



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Why Be Brief?



Our intention . . .

- Review evidence pertaining to radical change
- Practice brief assessment and reframes
- Apply case formulation strategies
- Intervene to improve client openness, awareness and engagement
- Practice FACT interventions with common problems
- Apply FACT in a group setting

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We want to . . .

- Be helpful
- To many people
When they ask for help
- Particularly underserved



Practice Contexts Are Changing!

- Emergency Departments, Crisis Units
- Schools
- Primary Care or General Medicine Clinics
- Home-based Care
- Even in specialty MH treatment settings are moving towards brief interventions to improve access

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Two Approaches to Suffering: Biomedical Model

- Focus on form of patient complaint (fatigue as a symptom of depression)
- Assume cause and effect relationship between underlying illness and symptom
- Treatment goal is reduce or eliminate symptom
- Basis of DSM-V
- Symptom elimination approach works for biomedical problems (antibiotics for pneumonia, surgery for gallbladder disease); not for many psychological problems

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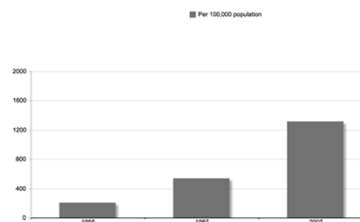
Do Brief Interventions Work?

- Clinically significant patient improvement (Bryan et al., 2009; Bryan et al., 2010; Cigrang et al., 2006)
- With 2 or more sessions, reduced symptoms, improved functioning and social integration (Bryan et. al. 2010)
- Changes robust and stable during a two year follow up period (Ray-Sannarud et. al., 2012)
- More severely impaired patients at pre-treatment improved faster than patients with less severity (Bryan et al., 2012)

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The Disabled Mentally Ill in the United States, 1955-2007

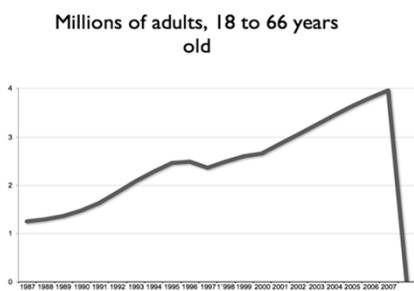
(under government care)



Source: Silverman, C. *The Epidemiology of Depression* (1968): 139. U.S. Social Security Administration Reports, 1987-2007.

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U.S. Disability in the Prozac Era



Two Approaches to Suffering: Contextualism

Patients are not “broken”; trapped

Identifies function of the symptoms; impact on patient’s life (fatigue as a reason to avoid activities)

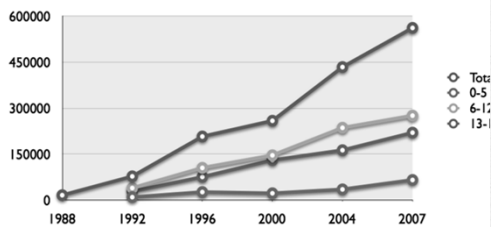
Looks at patient’s interaction with internal (mental) and external (environmental) contexts

“Symptoms” signal imbalance in the internal or external contexts, often a part of rule driven avoidance

Self “as perspective” is seen as a separate and powerful context

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Children on SSI Disability Due to Mental Illness



Prior to 1992, the government’s SSI reports did not break down recipients into subgroups by age. Source: Social Security Administration reports, 1988-2007.

Why Go With Brief ACT?

- 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 life.
- Values and committed action are powerful motivational tools
- Acceptance and change concepts are very transparent and easily understood by lay professionals

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FACT helps the client . . .

Focus on unworkable results of avoidance

Accept the presence of distressing, unwanted private experiences

Choose a life path based in personal values

Take actions which propel the him/her down that path

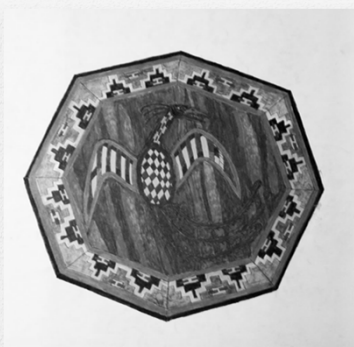
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FACT Therapist Stance

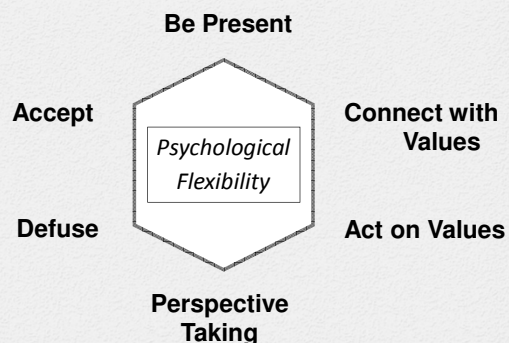
- Assume that the first visit may be the last visit
- Instruct self and client that dramatic, powerful change is possible in one visit
- Know that you cannot rescue clients from the challenge of growth
- Workability, not reasonableness, is the issue
- Turn strong feelings into therapeutic opportunities; including your own (it humanizes you)
- Don't argue or persuade; your opinions and beliefs are not the issue
- You are in the same boat. Never protect yourself by moving one up on a client.

Fact Mantra

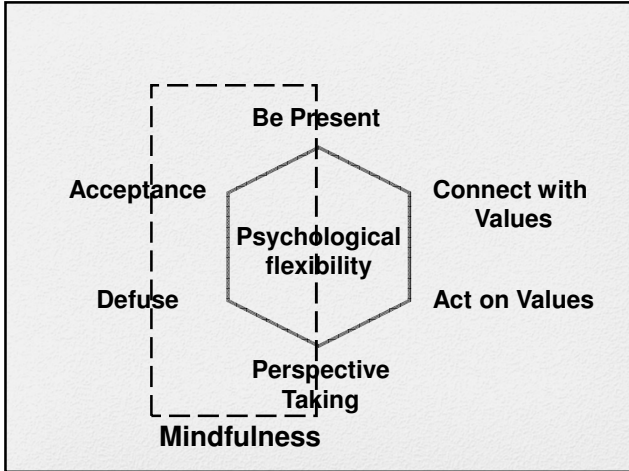
Treat every session as if it is the last session!



Core Processes / Points

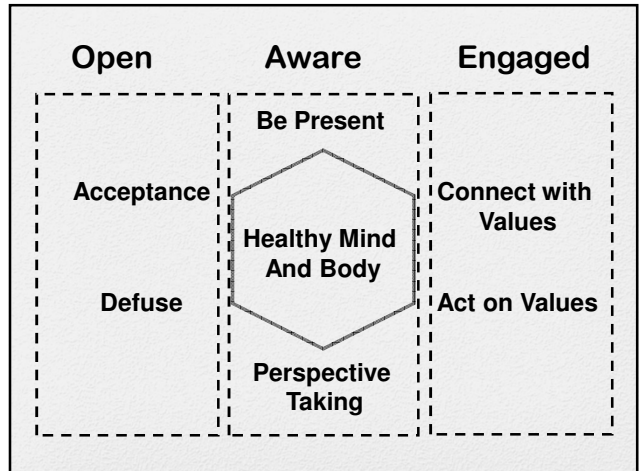
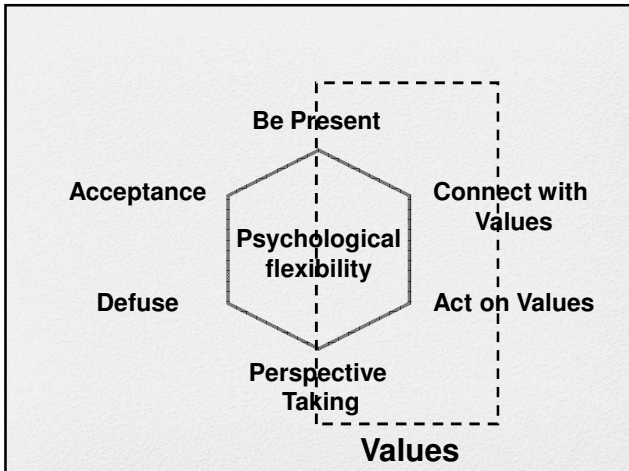


(A Practical Guide to Acceptance and Commitment Therapy, edited by Hayes, SC; Strosahl, KD. Springer, New York, NY, 2004.)



From Points to Pillars

- To acknowledge the inter-connectedness of the six points
- To better support in the moment conceptualization
- To better teach the model to our clients



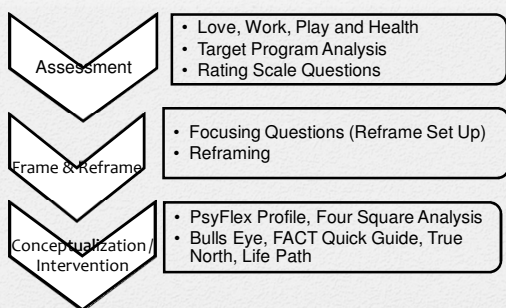
Core FACT Assumptions

- 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!

FACT: Set Up for a Brief Intervention

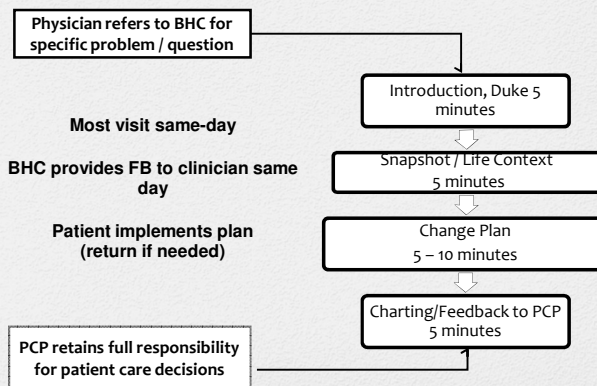
- **Introduction: My job is to help you help yourself; skill orientation; may only need to see me once**
- **Life Context: Love, Work, Play, Health**
- **Target Problem: Functional analysis (think Time, Triggers, Trajectory)**
- **Workability**
- **Use rating scales: Problem severity, confidence, helpfulness**
- **Use behavioral RX pad**

Radical Change: *FACTFLOW*



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And if you work in PC, the flow is . . .



Perfect the First 2 Minutes

- *Hi:* My name and discipline
- *My Job:* To help you solve problems in living that happen to all of us
- *In this visit:* Get a snapshot of your life and see what's working and not working; work together to come up with a plan to make make your life better.
- *After today:* You may implement the plan and find that things change enough; or you might return to learn more.
- *Assessment:* Today and at every visit, to plan ways to make the most of our time together, to make every session count.

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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?
- Workability** 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?

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Love, Work, Play and Health

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 you 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?

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Workability

... the transition between assessment and intervention phase of a session



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FACT *Visit Rating Scale* 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".

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Associations

- The broth in the soup
- The "thickner" is stress; chronic stress = very thick
- Brain is hot; restless
- May be nonverbal or verbal or both; may operate outside of awareness
- Key element in flexible responding
- May be improved by brain training exercises
 - Observe Skills
 - Describe Skills
 - Detach Skills

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TEAMS (Private Experience)



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TEAMS Skill Training

TEAMS	What comes up for the client?	For you?
Thoughts		
Emotions		
Associations	<i>(thick or thin)</i>	<i>(thick or thin)</i>
Memories		
Sensations		

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Skill Work: Anxiety & Depression

Role Play

- **Brief Interview**
 - Therapist introduction
 - Snapshot / Life Context
- **Stop Short of Intervention**

Exercise

- Listen for internal, "private" events (Thoughts, Emotions, Associations, Memories, Sensations—TEAMS)
- Notice pace
- Flexibility Profile:
 - Relative Strengths
- Four Square:
 - Treatment Planning, case consultations

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

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Frame and Reframe

Frame: 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?

Reframe

1. Redefine the "problem" in a new way that the client has not thought of before
2. Creates a positive, intentional path for the client to follow
3. Makes the "problem" seem solvable

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Reframing

- *Validation* of emotions; validation of behaviors
- Understand and acknowledge function of the problem
- Connect pain and values
- Create new relationship to symptoms (importance, usefulness)
- Modifies function and creates meta-cognitive shift

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FACT Change Conversations

- Best reframes and 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

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Conceptualization & Intervention

- | Conceptualization | Intervention |
|--|---|
| <ul style="list-style-type: none"> • Flexibility Profile • Foursquare Analysis | <ul style="list-style-type: none"> • True North • Life Path • FACT Quick Guide |

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Reframe Reel

- Two lines
- Line A: Depressed (2 minutes)
- Line B: Therapist
- Switch:
 - B: Anxious; A: Therapist
 - A: Angry; B: Therapist
 - B: Considering Divorce; A: Therapist
 - A: Dropped out of school; B: Therapist
 - B: Alcohol abuse; A Therapist

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Skill Work: Life Style Problem

- | Role Play | Exercise |
|--|---|
| <ul style="list-style-type: none"> • Brief Interview <ul style="list-style-type: none"> • Therapist introduction • Snapshot / Life Context • Stop Short of Intervention | <ul style="list-style-type: none"> • Listen for internal, "private" events (Thoughts, Emotions, Associations, Memories, Sensations—TEAMS) • Notice pace • Flexibility Profile: <ul style="list-style-type: none"> • Relative Strengths • Four Square: <ul style="list-style-type: none"> • Treatment Planning, case consultations |

Flexibility Profile Exercise

What does the person's presentation suggest at the moment?
Low, Medium, High areas of Psychological Flexibility

OPEN	AWARE	ENGAGED
TEAMS? Openness to TEAMS	Present? Flexible perspective-taking?	Connected to values? Established behavior patterns connected to values?
Lots of Thoughts, less present: E, A (all / none), M, S	What was your question?	Values: independence, helpful to others, calm
I'm not happy & I should be. There's something wrong with me. Others are better than me.	Glimpse of perspective: when I was travelling, "knew I needed help – 73%"	Patterns: Relationship with husband; able to identify value-consistent activities (soccer)

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Foursquare Analysis

- 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

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Flexibility Profile Exercise

OPEN	AWARE	ENGAGED

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Four Square Exercise

		WORKABILITY	
		NOT WORKING	MORE WORKABLE
BEHAVIOR	PUBLIC		
	PRIVATE		

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Skill Work: Grief

Role Play

- Brief Interview
- Intervention

Exercise

- Dancing with the Pillars
 - Volunteer caller stops interview every 2-3 minutes; audience suggests a pillar
- Groups of 3
 - One therapist, one patient, one dance caller
- Experiential
 - Awareness Interventions

Dancing with the Pillars Exercise

OPEN	AWARE	ENGAGED
<i>If "stuck", be curious, model acceptance, notice mind</i>	<i>If confused, go to present / look at perspectives</i>	<i>If you see an opportunity, promote connection / action</i>

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Dancing with the Pillars Exercise

OPEN	AWARE	ENGAGED
<i>If "stuck", be curious, model acceptance, notice mind</i>	<i>If confused, go to present / look at perspectives</i>	<i>If you see an opportunity, promote connection / action</i>
Support openness and curiosity toward previously avoided inner experiences	Promote flexible, voluntary, and purposeful attention to the now	Move toward Identifying ongoing qualities of action that are meaningful here and now
Attend to thinking as an ongoing process, rather than the world structured by it	Support mindfulness and noticing the continuity of consciousness	Construct concrete behavior change exercises

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Aware

Present Moment

- Use when person is scattered, unaware, or moving inflexibly into the past or future
- Method: Flexible, voluntary, and purposeful attention to the now
- Techniques:
 1. Bring the person into her body (what is body saying?)
 2. Practice attention and then attention shifts (internal, external, switching, then both)
 3. Follow breath, and bring attention back
 4. Body scan
 5. Watch pace in interactions
 6. Give emotions and reactions a bodily form (power pose)
 7. Sensory exploration of an object (distinguish from evaluation / mind exploration)

Steve Hayes

Aware

Perspective Taking

- Use when the person is scattered; over identified with a self story or story of other; afraid of exposure to the world within
- Method: Mindfulness and noticing the continuity of consciousness
- Techniques:
 1. Notice who is noticing in different domains of experience
 2. Metaphors for context (suitcase / closet with stuff)
 3. Riding a bicycle (always falling off balance, yet your move forward)
 4. Letter a letter from a wiser future
 5. Re-write your story; chapters in a book; photographs in a box

Engaged

Committed Action

- Use when there is a sense of flexibility; to ground work in real world of person's life
- Method: Construct concrete behavior change exercises
- Techniques:
 1. Values writing: write about what's important and then about what you intend to do
 2. State values, failures, costs, commitments
 3. Develop specific, doable, time limited goals
 4. Predict barriers (Are you willing to make room for X?)
 5. Public commitment (share with others)
 6. Arrange environment: antecedent and consequential features
 7. Measure progress: set up monitoring

Engaged

Valuing

- Use when motivation is an issue; to provide a direction for therapy and life
- Method: Choose ongoing qualities of action that are meaningful here and now
- Techniques:
 1. Tombstone; eulogy; graduation party
 2. List values in major life domains (value construction; jars in the pantry)
 3. Taking a stand (stand up and declare a value w/o avoidance)
 4. Flip the coins (pain on one side; list values on other; throw-away both?)
 5. Imagine no one could know of your achievements; then, what would you value?

Open

Acceptance

- Use when escape and avoidance of experiences interferes with important actions
- Method: Support openness and curiosity toward previously avoided inner experiences
- Techniques:
 1. Workability
 2. Foster curiosity during exposure
 3. Change R to material – toward fear, not away
 4. Drop the rope exercise
 5. Bum at the door, welcome guest w/o being happy
 6. Eye to eye and look down; mindful discomfort

Open

Cognitive Defusion

- Use when private events are functioning as barriers
- Method: Attend to thinking as an ongoing process, rather than the world structured by it
- Techniques:
 1. Treat the mind as an external event, almost a separate person
 2. Thank your mind, show aesthetic appreciation for its products
 3. Use “describing”, I am having the thought / feeling
 4. Repeat the difficult thought until you can hear it
 5. Sing your thoughts, say in funny voices
 6. Use detachment / attachment; think an opposite
 7. Monsters on the Bus
 8. Step about of content; ask How old is this? Is this like you?
 9. Show impossibility of unlearning: What are the numbers?
 10. Replace “but” with “and”
 11. Wear your badges (feared negative self-evaluations)

FACT Visit Worksheet

- Puts it all together
- Love, Work, Play, Health Assessment
- Bulls Eye
- Target Analysis
- Behavior Change Plan
- Confidence and Helpfulness

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Skill Work: Adolescent

Role Play

- FACT Visit Worksheet

Exercise

- Take Notes on FACT Visit Worksheet
- Discuss with partner

Skill Work: Relationships

Role Play

- True North

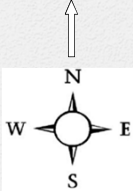
Exercise

- Practice True North with a partner

True North

What Are Your Values?

Living the Life I Choose



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?)

Skill Work: Perseverance

Didactics

- Life Path

Exercise


- Your Life Path with a partner
- Your commitment statement in groups of 6-7

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

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Life Path



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?

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Life Path Instructions

1. What's important for you to move toward right now?
2. What are you trying to control or avoid?
3. Draw an arrow above the line to show where you are now.
4. Make it into an arrow to show your direction
5. What behaviors would tell you that you are moving in the direction you choose?
6. When, you get stuck, how will you help yourself?
7. Who will help you?

FACT Resources



Association for Contextual Behavioral Science”
<http://www.contextualpsychology.org/>
<http://www.newharbingeronline.com/real-behavior-change-in-primary-care.html>

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

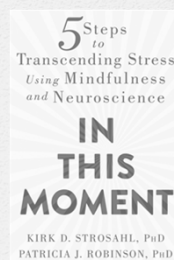
Class 3

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

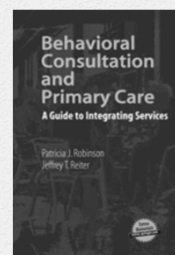
Homework: Continue to make intentional choices, pursue valued directions, practice self-compassion, and learn from your direct experience.

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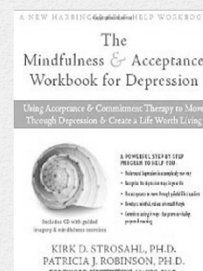
Association for Contextual Behavioral Science” <http://www.contextualpsychology.org/>



July 2014



2nd Ed Fall 2014



Other Learning Opportunities

Videos:

1. Brief interview with chronic pain
2. Life Path 1:1
3. Life Path Class: Pre-Class orientation with a patient with self-harm behavior
4. FACT Visit Worksheet Demonstration with an adolescent

<https://www.youtube.com/channel/UC9qv6S5aetNITgUQpLloQXg/videos>

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We Bid You Adieu!

- Thanks for your precious time! We hope that FACT will help you move forward on your Life Path.

And Ruby says,

Love
Yourself
& ACT
Mindfully



And look for me
at the Follies ⁶⁶