



STUCK on Medicine: ACT Matrix Intervention for Medical Inpatients Awaiting Psychiatric Admission

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Background

Consultation-Liaison (CL) psychiatry services require providers to operate in a variety of time-limited pharmacological and therapeutic capacities for individuals with comorbid medical and psychiatric illnesses [1]. As a result, the utilization of evidenced based, brief, transdiagnostic psychotherapeutic interventions is needed in this setting. Research of ACT-based interventions within the inpatient CL psychiatry setting is sparse. ACT Matrix Cards could function as a feasible psychotherapeutic intervention focused on facilitating rapid growth in psychological flexibility and value-oriented engagement [2, 3].

Methods

Multiple levels of consulting providers (counseling trainee, resident psychiatrist, attending psychiatrist) integrated ACT Matrix into standard care after an initial inpatient psychiatric consultation evaluation in the following scenarios: medical readmission due to psychiatric comorbidities, self-injurious behavior, suicidal ideation, and lack of access to psychiatric hospitalization. Psychological flexibility, including improvement in present-moment awareness, acceptance of circumstances, identification of values, and engagement in committed action, was assessed by authors during admission and at time of discharge through chart review.

Results

ACT Matrix Cards were reviewed with patients in ten to thirty minute sessions on multiple days per week. Duration ranged from one to three weeks. Each patient engaged in brief ACT intervention via Matrix Cards, promoting psychological flexibility in varied ways between individuals.

❖ Case 1

AB is a 19 year old woman with a history of chronic unstable interpersonal relationships, marked impulsivity, affect instability, chronic recurrent suicidal ideation, and numerous hospitalizations for self-harm via foreign body ingestion who was admitted to UNC for medical management after intentional ingestion of a button battery.

❖ Case 2

KJ is a 42 year old woman with a history of COPD, chronic respiratory compromise with tracheostomy placement, Bipolar 1 disorder by history, and PTSD. The patient was previously admitted to UNC for acute respiratory distress and was seen by the inpatient psychiatric consultation service, who noted significant stress related to familial relationships as well as moderate mood lability.

❖ Case 3

RE is a 57 yo man with a history of cardiomyopathy and congestive heart failure status post left ventricular assist device placement and secondary depression and anxiety related to his underlying medical conditions. He presented to the hospital in the setting of cardiovascular medication nonadherence secondary to depressive symptoms related to housing insecurity.

	CASE 1	CASE 2	CASE 3
Time to Use of Matrix Cards	15 days	7 days	3 days
Details of Therapeutic Intervention	<ul style="list-style-type: none"> Engaged in ACT discussions 10-20 minutes daily over three weeks 	<ul style="list-style-type: none"> Chose to focus on present-moment awareness, noticing, and identification of a valued life-direction 	<ul style="list-style-type: none"> Focused on acknowledging his thoughts and feelings, action based strategies, short-term ACT
Patient Experience	<ul style="list-style-type: none"> Identified values including being helpful, strong, hard-working, and self-sufficient Reported a desire to engage in safe behaviors and identify feelings to staff Identified "my desire to be perfect" as a major contributor to ongoing self-harm 	<ul style="list-style-type: none"> After 5 days, able to notice antecedents to suicidal thoughts, endorsed ability to divert attention from these thoughts New desire to re-establish psychiatric care 	<ul style="list-style-type: none"> Rapid engagement with improved adherence to goals related to LVAD Improved mood, increased awareness of how to utilize ACT strategies and apply them towards new experiences
Notable Events	<ul style="list-style-type: none"> Continued to self harm Discharged to state psychiatric facility 	<ul style="list-style-type: none"> Contracted for safety and discharged 6 days after initiation of ACT Successful follow up with a psychiatric provider 	<ul style="list-style-type: none"> Acceptance of medical limitations and adherence to medical/LVAD recommendations Successful outpatient follow up

Discussion

Brief ACT-based interventions such as Matrix Cards can serve as a transdiagnostic approach to treatment that is feasible for implementation within CL psychiatry [4]. Psychological flexibility can serve as a driving mechanism to facilitate adaptive, value-oriented change among patients with comorbid psychiatric and medical conditions [2].

References

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