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Delivering ACT in Acute Settings: Some Reflections

Panel Discussion sponsored by Psychosis SIG

Contributors to this panel:

- Joris Corthouts, PC St Hiëronymus (chair)
- Brian Pilecki, Brown University/Rhode Island Hospital
- Catherine M. D'Avanzato, State of Rhode Island and Providence Plantations
- Ariel Farroni, Argentine Center for Contextual Therapies
- Claire Turner, University of Auckland

Disclosure:

Joris Corthouts

- Relevant financial relationships
  - Employed @ PC St Hiëronymus (B)

- Relevant nonfinancial relationships
  - Task-force-member of the Psychosis SIG (ACBS)

Legato: centre for psychotic disorders

Legato:

2010

Admission Ward
for the
Rehabilitation Unit

- General population
- Rehabilitation
- CBT

Admission Ward
For the
Psychosis Unit

- Psychosis …
- Recovery
- ACT

Every staff-member!

Implementation process

2010	2011	2012	2013	2014	2015	2016	2017
Workshop ACT with Psychosis	Asster exchange	Symposium ACT/Recovery		Exchange	Exchange	Exchange	
In company training	Workshop defusion	Leonardo Life Long Learning		Workshop addiction	Evaluation changes	Workshop Aikido	
Super/inter vision						Workshop Autism	
Resources	The Break	The Thought		ACT-MDT	The Thought 2,0	The Thought 3,0	The BUS
ACT - P	The Compass	The Step			ImpACT		
		MAYO					

Groups @ Legato

STOP!?

Contact with the Present Moment

Acceptance

The Compass

The Break

MAJO

Cognitive Defusion

The Step

Self as Context

The Thought

The BUS

Apart from groups…

- Approaching cts & their family from a contextual perspective
  - In crisis (Lento), on the open ward, in the day-care centre
  - In every contact (MTD)
    - Interaction
    - Small/big excercises
- Making links to community services to generalize the contextual approach
  - Doing groups together & learning from each other's experiences

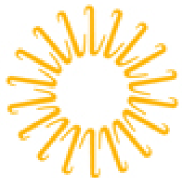
Delivering ACT in Acute Settings: Some Reflections

Brian C. Pilecki, Ph.D

Catherine D’Avanzato, Ph.D

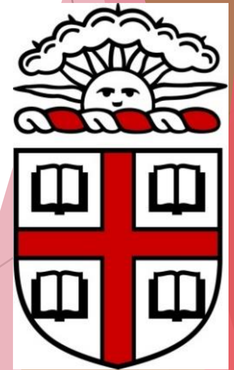
Rhode Island Hospital

The Alpert Medical School of Brown University



Lifespan

Delivering health with care.™



Disclosure:

Brian Pilecki

- I have not received and will not receive any commercial support related to this presentation or the work presented in this presentation.

Intro: Rhode Island Hospital Adult Partial Hospitalization Program (PHP)

- Partial program: Middle level of care
  - “Gatekeeper” to inpatient
  - Transition to outpatient
  - Patients in “crisis”
- 8:00 am-1:30 pm (Half day intensive treatment)
- 2 Tracks: Trauma and Young Adult
- Daily individual sessions with psychiatrist and therapist

PHP Groups

- 3 ACT-based groups (30-45 minutes; 35-40 individuals)
  - Process-driven: varies each day
    - Acceptance, defusion, mindfulness, self-as-context, committed action
    - Self-compassion, interpersonal effectiveness
  - Psychoeducation, experiential exercises, skills, discussion
  - No curriculum; group leader's choice
    - We do have outlines, materials, etc
  - Daily morning values/goals groups
- 1 ACT-based Interpersonal group (1.5 hours;15-20 individuals)
  - Ideal size: 8-10

Intro: Rhode Island Hospital Adult Partial Hospitalization Program (PHP)

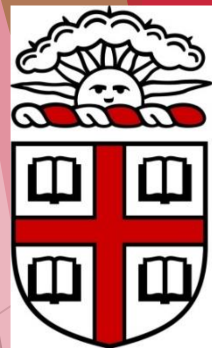
- Patients are diverse:
  - Ages 18-88 (mean = 38.4)
  - Length of stay (mean = 6.9 days)
    - 20% stay more than 11 days (up to several months)
  - White (74.7%) vs non-white (25.3%)
  - Wide range of diagnosis and problems: depression, anxiety, personality disorders, trauma, suicidality, self-harm
  - Wide range of education and functioning
  - Severe, highly comorbid

Issues of ACT-Based program in a Partial Hospital Program

- Transdiagnostic Treatment: strength of ACT in this setting for diverse population
- ACT-Based Groups
  - How to "teach" the ACT model in a few days
  - How to translate ACT processes to skills (process vs technique)
  - Activities, exercises, handouts
    - Ex. Passengers on the bus
- Medication Management: Interfacing with psychiatry (symptom reduction vs. values-based living)

Delivering ACT for PTSD in Acute Care Settings

Catherine D'Avanzato, Ph.D., Brian Pilecki, Ph.D., Darren Holowka, Ph.D., Sarah McCutcheon, M.S. & Mark Zimmerman, MD



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Rhode Island Hospital
Alpert Medical School of Brown University

Disclosure:

Catherine D'Avanzato

- I have not received and will not receive any commercial support related to this presentation or the work presented in this presentation.

ACT for PTSD

- Prior research supports ACT is efficacious for PTSD
- However, there is a need for controlled trials to establish its efficacy in this population
  - Particular need for empirical research in partial hospital or inpatient settings
- The Trauma Specialty Track within the Rhode Island Hospital Adult Partial Hospitalization Program was established to meet a critical need for empirically supported treatment and treatment research in this population in RI

Challenges in Delivering ACT with Trauma-Exposed Individuals

- Reducing avoidance of trauma-related situations and content is a key mechanism of change in PTSD
  - Yet is it wise to initiate willingness and exposure based work with individuals in crisis in short-term settings?
- What modifications to willingness/exposure, mindfulness and defusion exercises are advisable?
- Mistrust of providers and peers is a common barrier to treatment engagement in short-term, group based programs
- Among individuals with multiple presenting concerns, which should be prioritized and in what order?

Specialty PTSD Track Client Characteristics

- Current diagnosis of PTSD or clinically significant post traumatic stress symptoms
- Trauma-related symptoms and functional impairment are the principal or co-principal concern
- Individuals want to begin addressing trauma-related concerns
- Exclusion Criteria: Language barriers, inability to tolerate group treatment, imminent safety concerns requiring a higher level of care

Specialty PTSD Track

General Program	PTSD Track
• Group 1: Values and goal setting • Group 2: ACT processes • Group 3: Interpersonal processes • Group 4: Mindfulness and coping skills	• Group 1: Values and goal setting • Group 2: ACT processes • Group 3: Interpersonal processes* • Group 4: Mindfulness and coping skills*

Interpersonal Processes Group

- Unstructured group in which patients discuss struggles they are facing daily related to PTSD
- Emphasis on reducing avoidance of trauma reminders
  - Exposure via patient disclosures
  - Elicit and reduce subtle avoidance behaviors (e.g. cognitive, nonverbal, interpersonal, dissociation)
- Integrate psychoeducation regarding trauma and PTSD
  - e.g. the function of guilt and shame
- Reinforce content introduced in ACT and Mindfulness & Coping Skills Groups

Mindfulness & Coping Skills Group

- Each day emphasizes a specific core process paired with the morning ACT group topic. Rotate among:
  - Mindfulness- exercises tailored to address challenges in this population
  - Observer Self
  - Defusion
  - Acceptance
  - Self-Compassion
  - Interpersonal Effectiveness and Interpersonal Aspects of Trauma
- Psychoeducation regarding trauma related concerns is integrated. Groups aim to explicitly highlight how specific ACT processes relate to coping with PTSD and trauma.

Sample Mindfulness Group

- Begin with a discussion of common difficulties in PTSD
  - (e.g. numbing, dissociation, hypervigilance, flashbacks)
- Experiential mindfulness exercise followed by discussion and suggestions for modifications
- End with concrete applications for trauma-related concerns
  - Grounding when flashbacks arise followed by orienting toward values-based actions in the present moment
  - Supporting client in willingness/exposure goals

Client Satisfaction by Track

Percent of clients by track who are 'very' or 'extremely satisfied' with group				
Track	**AM Values**	**ACT Concepts**	**Interpersonal Group**	**Mindfulness and Coping**
General	81%	83.9%	89.3%	84%
Trauma	70%	74.1%	96.8%	91.4%
Young Adult	68.2%	71.2%	92.5%	74.8%
All Clients	75.8%	79%	91.3%	84%

Working with outpatients

Guiding the acute experience towards personal values

Lic. Ariel Farroni
arielfarroni@gmail.comArgentina

Disclosure:

- Ariel Farroni:

- I have not received and will not receive any commercial support related to this presentation or the work presented in this presentation.

The work context

- Buenos Aires City:

2 890 151 inhabitants

- OSDE:

2 000 000 affiliates in the whole country

The work context

- Three internation clinics
- Around 500 profesionals
- Interdisciplinary team

Type of population we work with

- Outpatients with different diagnoses
  - Bipolar disorder
  - Depressive disorders
  - Borderline personality disorder
  - Psychotic disorder
- Age: 20 – 65
- Wide range of education and social performance
- Have in common
  - An acute episode
    - Intense emotional experiences
    - Impulsive behaviors
    - At least one previous hospitalization

Some Topographies of Impulsive Behaviors

- Going on spending sprees
- Driving recklessly
- Promiscuous sex
- Binge eating
- Yelling, shouting, or screaming at others
- Threatening to harm others
- Self-mutilation
- Destroying property
- Shoplifting
- Getting into physical fights with people
- Suicide attempt
- Excessive intake of alcohol and other psychoactive substances

Conventional clinical decisions

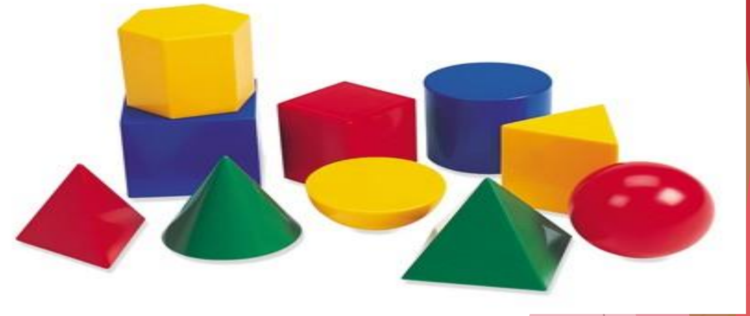
- Call the psychiatric emergency
  - Administration of psychopharmaceuticals for the control of *psychomotor arousal* of acute onset
    - It is defined as a behavior disorder characterized by excessive verbal and motor activity, irritability, lack of cooperation, verbal abuse, threatening attitude and even physical violence and involves a risk for the patient, caregiver and the physicians and staff attending the patient.
  - Transfer to the psychiatric ward
  - Clinical internship

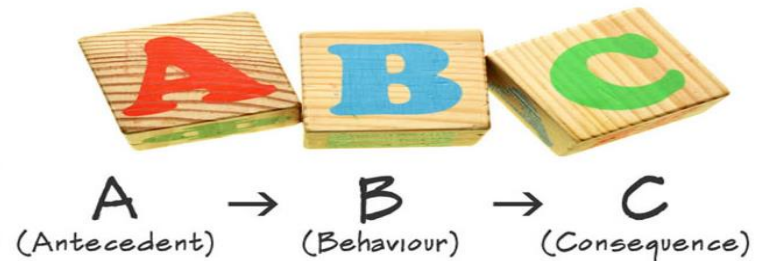
Consequences in the life of patients

- Lose contact with their social environment
- Loss of work
- Difficulty getting back to social relationships
- Increases identification with disease
- Social stigmatization

Behavioral approach

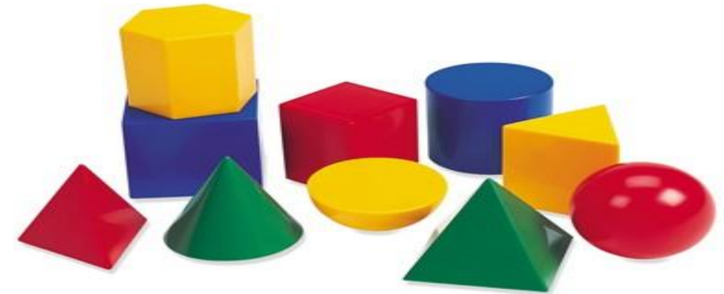
- Diagnosis does not matter
- Topography does not matter
- The function does





ACT approach

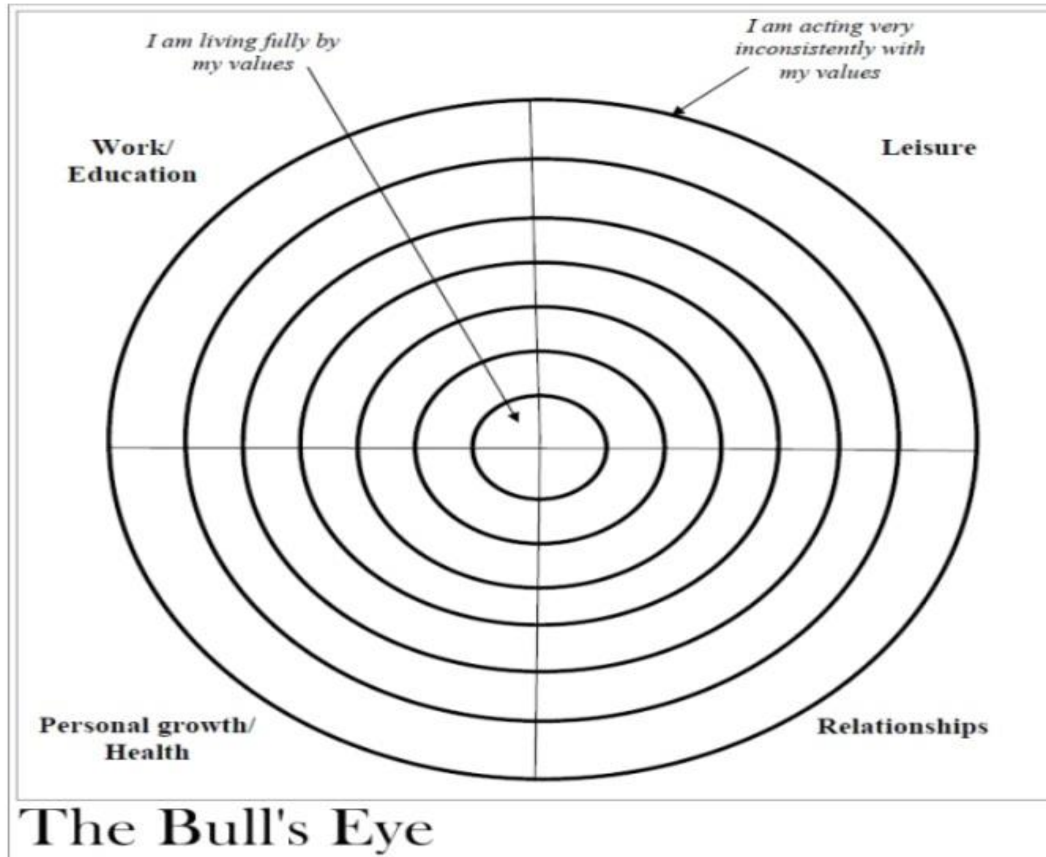
- Diagnosis does not matter
- Topography does not matter
- The personal values does



Acute episode

- To where the actions are oriented
  - Control and avoidance
  - The personal values does

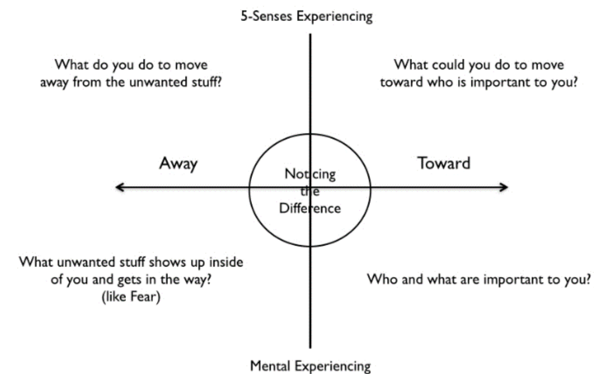
Actions committed to values



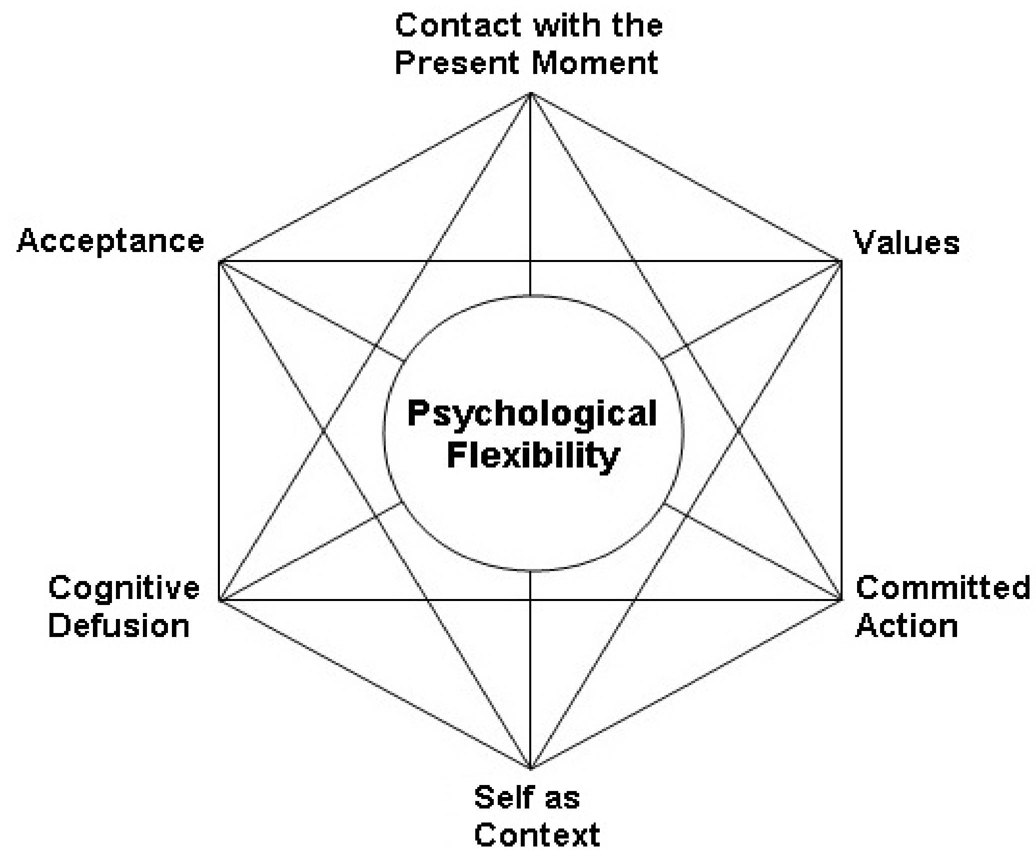
© Russ Harris, 2007 (adapted from Tobias Lundgren's "Bull's Eye" worksheet) www.thehappinesstrap

Working in session

- 45 minutes
  - Once or twice a week
- Resources
  - Bull´s-eye
  - ACT Matrix
  - Metaphors
    - Man in the hole
    - Room full of adhesive tape
    - Hungry Tiger
    - Etc.
  - Exercises



Working in session



Working in session

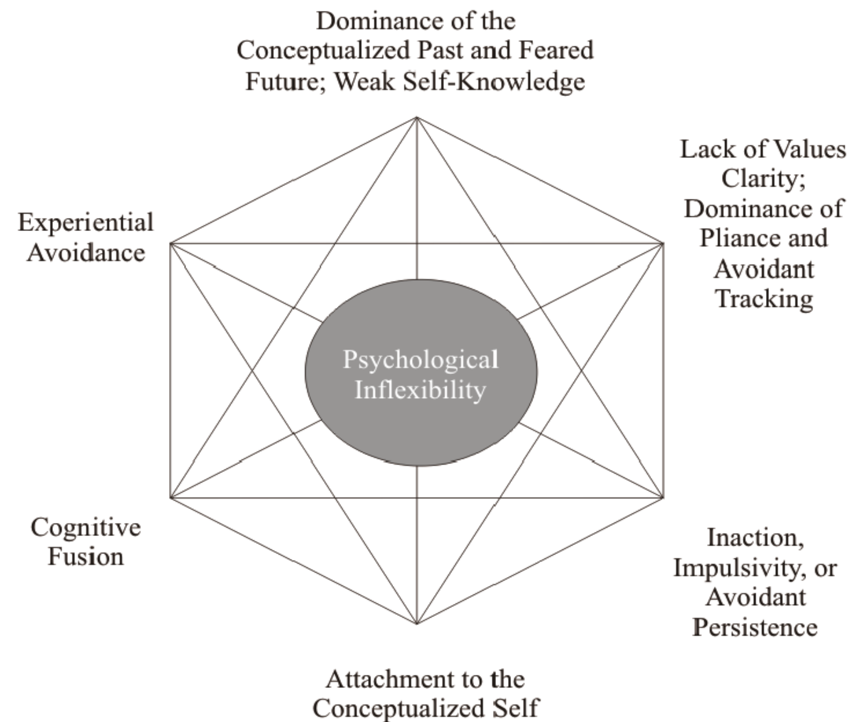
- Processes and skills
- Loss of work
- Difficulty getting back to social relationships
- Increases identification with disease
- Social stigmatization

Working in groups (Only some patients)

- 90 minutes
- Once a week
- Psychoeducation about each specific disorder
- We proposed to work with the ACT-based group. We still can not get it approved

Communicating with psychiatrists and other professionals

- Meetings
- Phone calls
  - The psychopathological model
  - Consequences of interventions on the patient's life



Working with families

- 45 minutes
- The need and frequency of interviews are evaluated
- The patient is consulted if this is in the direction of their values
- The psychopathological model is transmitted
- The emotional experience of family members is worked
- Some resources are provided for the reconceptualization of the episodes and patterns of action from the functional analysis of the behavior
- Can call the professional to guide the intervention in the episode

Results

- We are not doing an exhaustive evaluation yet
- 12 external patients
- 5 with more of a prior internation
- 1 patient returns to internship by psychiatric design and then continued treatment
- 8 stay with individual therapy along a year and half making significant changes in relation to valuable aspects in their lives
- 3 patient concluded treatment
- 1 patient decided to abandon treatment

Thank you very much for your attention.

Thanks to my family and colleagues who supported me in this first and wonderful experience.

arielfarroni@gmail.com

Disclosure:

- Claire Turner:
- I have not received and will not receive any commercial support related to this presentation or the work presented in this presentation.

Something you want to talk about?

Topic: groupwork

- Does ACT, in this context, lends itself well to group-based formats that include a wide variety of problems and diagnosis
- Inpatient work vs outpatient work: how to organize groupwork?
- How does a groupsession look like? How are sessions shaped (open – closed) and how do clients react? Are adaptations needed in the used formats (in relation to “mild” presentations of human suffering)?
- Experiences from clients: what changes have we encountered? Do you involve clients/ service users in designing and evaluating the service? Is there co-production of materials? What involvement is there from “experts by experience” ?

Topic: pathways & context

- What happens before and after their stay at the ward, ACT-wise? How are clients supported in an "ACT-approach"?
- What do you say about ACT to professionals who you are working with (GP's, psychiatrists,…)?
- Acute settings and ACT: how to get the message across?
- For those who are compelled to have treatment, can you give examples of how the ACT approach may be useful? where this is not successful?

Topic: case-conceptualisation & treatment-plans

- What about “psychiatric diagnoses” and case conceptualization done in such short-term settings? Identification of patients with a certain diagnosis and fusion with psychiatric explanations of their behaviors: how to address?

- How do therapists prioritize among multiple treatment goals or targets and in which order to address them?

- Decision-making in acute episodes, how to decide the strategies to be followed and on which criteria is assessed the need for internation?

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