ACTing Quickly: Brief Interventions Informed by Contextual Behavioral Science

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Overview

- To discuss the rationale for, and merits of, brief psychological interventions
- To briefly describe Contextual Behavioral Science (CBS), the Psychological Flexibility Model, and Acceptance and Commitment Therapy
- To describe examples of brief interventions informed by CBS and summarize efficacy/effectiveness research
Introduction

- Annual prevalence of onset for Axis I conditions is 27% (Kessler & Wang, 2008)
- Less than 25% of people with a mental health or substance abuse disorder will see a mental health professional
- Most people seek help in primary care settings, outside of the mental health system
- Simply having empirically supported treatments (EST’s) available does not solve the dilemma of how they will be delivered to the larger population in need of help
Challenges in Delivering Empirically Supported Treatments to the Masses

- Severe shortage of clinicians capable of delivering EST’s in general, and in primary care specifically
- When EST’s are disseminated into community settings, there is a “voltage drop” due to contextual differences between efficacy trials and the “real world” (Chambers et al, 2013)
- Prohibitive costs associated with delivering EST’s in primary care settings where most people are seen
- Average number of therapy sessions attended is 5 and the modal number attended is 1 (Gibbons et al, 2011)
- Even modest reductions in symptom distress strongly predict early treatment discontinuation (Brown & Jones, 2005)
Population Health Model Principles
(Strosahl & Robinson, 2018)

- Health and mental health resources are finite
- Delivery of services must involve rationing that still results in equitable distribution
- Limited services must be delivered to a large segment of the population
- Health disparities resulting from social, racial, ethnic, economic, behavioral, and resource allocation factors must be identified and remedied
- Lack of timely access, delivery, or engagement is a major cause of adverse population health outcomes
- Population-oriented services include prevention, evidenced-based stepped care, and ongoing chronic care
How much therapy is enough?

- Research on dose-effect relationships suggests that a disproportionate amount of therapeutic benefit occurs in the earliest stages of treatment (Baldwin et al, 2010; Barkham et al, 2006)
- A large proportion of treatment responders exhibit “sudden gains” in the early to middle sessions in typical therapy protocols (Aderka et al, 2012)
Do brief interventions work?

- Brief CBT protocols for primary care settings involve 2 – 6 visits of 30 minutes duration
- Brief CBT for depression resulted in approximately 70% of patients experiencing at least a 50% reduction in self-report and interview based symptoms (Katon et al, 1996).
- Brief CBT for combat-related PTSD resulted in nearly 50% of patients no longer meeting PTSD criteria (Cigrang et al, 2015)
- Brief CBT for mental and/or physical health problems of varying severity resulted in clinically significant improvements in functioning (Bryan et al., 2009; Bryan et al., 2012; Angantyr et al, 2015) with gains maintained for up to two years (Ray-Sannarud et. al., 2012)
How do we optimize treatment uptake?

- Adopt a population health model of care
- Develop briefer and less resource-intensive models of intervention that can be delivered flexibly in a wide variety of formats
- Develop transdiagnostic interventions (e.g., ACT)
- Give more weight to effectiveness studies conducted in the field to inform treatment
- Make functional status and well-being the primary targets of treatment rather than symptom relief or cure
Contextual Behavioral Science

Acceptance & Commitment Therapy

and

The Psychological Flexibility Model
Contextual Behavioral Science (CBS)

Definition
An approach to scientific study of behaviour based in functional contextualism that seeks the development of basic and applied scientific concepts and methods that are useful in predicting-and-influencing the contextually embedded actions of whole organisms, individually and in groups, with precision, scope and depth

Hayes, Barnes-Holmes & Wilson (2012)
Contextual Behavioral Science (CBS)

A bit of history

• CBS grew out of efforts to apply behavior analysis to human language and cognition

• Research revealed that verbal/symbolic processes exert significant influence over human behaviour

• Study of these processes resulted in Relational Frame Theory (RFT)
Relational Frame Theory (RFT)

Overview

• A Behaviour Analytic account of language and cognition
• Focus is on human ability to arbitrarily relate events (relational framing)
• Relational framing regulates behaviour – sometimes more than direct contingencies
• Behaviour patterns emerging from relational framing may not be effective
• Relational frames cannot be undone but their behaviour regulating functions can be altered
Acceptance & Commitment Therapy (ACT)

Overview

- ACT is a clinical application of RFT
- ACT is a transdiagnostic approach
- ACT techniques are largely experiential in nature
- Client experience is seen as ultimate “truth” regarding effectiveness
Acceptance & Commitment Therapy (ACT)

ACT model of psychopathology

- Contact with aversive experiences is inevitable
- Efforts to avoid aversive private events are futile
- Experiential avoidance leads to rigid and ineffective patterns of behaviour
- Personal values become less influential as regulator of actions as efforts are devoted to experiential avoidance
- Life becomes less meaningful and satisfying
Acceptance & Commitment Therapy (ACT)

How ACT interventions work

1. Undermine experiential avoidance through acceptance and mindfulness practices
2. Reduce influence of ineffective thoughts and self judgements through defusion exercises
3. Enhance values-based living by clarifying what is deeply important
4. Establish enduring patterns of behaviour that exemplify one’s values
Letting go of need to change present moment

Mindfulness (present moment self-awareness)

Identifying and reconnecting with what is important

Disentangle from thoughts, feelings, bodily sensations

Observer sense of self. I am not my thoughts, feelings, etc.

Acting in accordance with our values

CONTACT WITH PRESENT MOMENT

ACCEPTANCE

VALUES

COMMITTED ACTION

DEFUSION

SELF AS CONTEXT

Psychological Flexibility
Psychological Flexibility

Acceptance
Defusion
Contact with Present Moment
Self as Context
Committed Action
Values
Open
Aware
Engaged
Empirical Evidence for ACT

May 2019 – 304 published RCT’s demonstrating ACT efficacy
Focused Acceptance and Commitment Therapy (fACT)

Strosahl, Robinson & Gustavsson, 2012
An Overview of fACT

- fACT is a condensed version of ACT intended for use where brief interventions are necessary or preferred.
- Informed by RFT research demonstrating that our capacity for language is a double-edged sword.
- Language processes can function to help us transcend life difficulties or cause suffering when misapplied.
- Suffering is ubiquitous because language and cognition are both essential for survival and evolutionary progress and equally destructive when taken for granted.
An Overview of fACT

• The “dark side” of language: cognitive fusion, dysfunctional rule-following, and experiential avoidance (behavioral and emotional).
• It is not painful private experience that is unhealthy, rather, what is unhealthy is the attempt to avoid, control, or suppress such experience.
• Engaging in a life that truly matters requires us to willingly risk contacting these experiences with openness and awareness.
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 him/her down that path
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 Therapist Stance

- Assume that the first visit may be the last visit
- Powerful, life altering change is possible in one visit
- Know that clients can not be sheltered from the challenge of growth
- Workability, not reasonableness, is the issue
- Turn strong feelings into therapeutic opportunities; including your own (it humanizes the process)
- Don’t argue or persuade; clients must choose their own path
Contextual Interview

**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?
fACT Focusing Questions: Determining Workability

1. What are you seeking in coming here, and what would better look like?

2. What have you tried already to get better?

3. How have these strategies worked up to now?

4. What has this cost you?
What Kind of Life Would You Choose, If You Could Choose?

Two Primary Tasks:

1. Reframing the Problem
2. Help Clients Choose Valued Directions
Controlling the way you feel is the problem, not the solution
You aren’t hopeless, it’s the strategies you’re using that are hopeless
Which are you going to believe, your mind or your experience?
You can gain control of your feelings, but to do so you must lose control of your life
Controlling your feelings is like holding a beach ball under water. You can do it, but you can’t focus on anything else
A rabbit has to stop running before it can figure out if it’s safe
Going to the dentist hurts, but it hurts a lot more if you don’t go
It isn’t about feeling good, it’s about getting good at feeling
<table>
<thead>
<tr>
<th>Aspect of life</th>
<th>Life theme</th>
<th>Problem-solving mind</th>
<th>Wise mind</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal pain</td>
<td>What to do when unwanted distressing stuff shows up inside</td>
<td>Avoid making contact with it at all costs. Suppress awareness or distract yourself. Don’t think about it.</td>
<td>Allow it in without struggle. This is part of you even if it is distressing.</td>
</tr>
<tr>
<td></td>
<td>What is the meaning of distressing stuff</td>
<td>It is toxic and must be eliminated if you are to be healthy.</td>
<td>Personal pain is a signal and will guide you to make changes. It is healthy for you.</td>
</tr>
<tr>
<td>Daily living</td>
<td>Where you should put your attention on a routine basis</td>
<td>You gain the most by analyzing your past so you can understand yourself and think about what’s going to happen next in life.</td>
<td>Live in the present because that’s where life is.</td>
</tr>
<tr>
<td></td>
<td>How to experience being you</td>
<td>Verbally analyze who you are and how you got to be that way. Explain yourself to others to justify your situation.</td>
<td>You are bigger than your experiences. You are the vessel that contains all of your experiences. You are interconnected with all things.</td>
</tr>
<tr>
<td>Life goals</td>
<td>How to guide your life journey</td>
<td>Find out what matters to other people, follow the social rules, and seek others’ approval for what you do.</td>
<td>Connect with your values about what matters to you.</td>
</tr>
<tr>
<td></td>
<td>How to address important life situations</td>
<td>Avoid actions that produce pain. Wait for others to change or for a lucky break.</td>
<td>Do things that embody your values and stand up for what matters to you.</td>
</tr>
</tbody>
</table>
Case Study: Hank

Hank is a thirty-one-year-old depressed husband and father who’s currently on leave from his job.

**What is he seeking?**

- He wants to be able to wake up and not be so depressed so he can go back to work and do other things during the day, instead of just going back to sleep.
- He believes that depression, and lack of motivation, are the reasons why he can’t go to work or perform daily activities.
- His goal is to control or eliminate his depression so he can return to his normal routine.
What has he tried?

- Getting more sleep to improve his energy level. However, he acknowledges that by staying in bed, he avoids having to explain to others how he is doing, which makes him feel uncomfortable. He thinks people will think less of him if they knew he wasn’t working because he feels depressed.

- Trying not to think about his problems or the fact that he’s not working or participating with his family.

- Staying in his room and distracting himself by binge watching Netflix and playing video games. Therefore, he appears to be engaging in avoidance strategies and his behavior is being driven by dysfunctional rules (i.e., the best way to cope with being sad and depressed is to just not think about it).
How has it worked?

- Hank doesn’t feel any better, and perhaps even worse, despite the fact that managing the way he feels has become the main goal of his daily routines.
- At this point his therapist pointed out that this result is the opposite of what his mind is telling him should happen. The therapist asks Hank if it is possible that his mind is giving him strategies that don’t work and that doing what his mind tells him to do is actually making things worse. Hank found this puzzling and stated that he never thought about it quite like that.
- His therapist is attempting to **reframe the problem** by planting some doubt about whether the problem solving mind’s change agenda is workable (or actually making things worse.)
What has it cost Hank?

- The more energy he has invested in controlling his depression, the more dominating it has become. Hank acknowledged that he is losing out on being a part of his children’s lives; even worse, he has become short-tempered with them; he hasn’t had sex with his wife in months and she pretty much steers clear of him; consequently he has no one to talk to.
- While people have been pretty understanding at work, he knows he’s missing out on projects he would enjoy.
- He’s been making excuses when his friends ask him to come over to watch football and, as a result, they haven’t called him for a long time.
- Hank summarizes by saying that he doesn’t have much to look forward to when he wakes up.
- The therapist empathizes with Hank’s pain and points out that Hank has tried to do the best he can to deal with things. The therapist congratulated Hank for having the courage to come in and talk about his difficulties and that it is necessary to do this, even if it hurts, in order to change things for the better.
What kind of life would you choose, if you could choose?

- Hank replied that he would be spending quality time with his wife and they would be closer like they used to be.
- He stated that he would like to be a better father by being involved with his kids’ sports, playing in the backyard, helping them to succeed at school, etc.
- He also said that he actually loves his work and working with others.
- He enjoys taking his family camping with friends and their families.
### Choosing Valued Directions: Life Path Assessment and Turnaround Worksheet

**More Control/Avoidance**  
What do you want to control, avoid, or get rid of and how are you trying to do that?

- Depression and sadness: staying in my room; avoiding my wife and kids; not seeing friends; not working to avoid feeling embarrassed or making a mistake

**More Meaning**  
What type of life would you choose if you could choose?

- Spending quality time with my wife and kids; being involved with my friends; coaching little league; bowling; getting back into work

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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 benefits and costs of pursuing control?**  
   Benefits: I can stay out of situations that I may fail at, that I don’t have to embarrass myself, and that I avoid conflict. Costs: missing out on relationships with my family and friends and not feeling a sense of accomplishment at work.

3. **What behaviors would tell you that you’re moving toward more meaning in life?**  
   Spending more time with my wife and trying to participate in more activities with my kids.

4. **When you get stuck, how can you help yourself keep moving toward more meaning?**  
   Remembering that doing this reflects who I want to be and that these things are important to me.

5. **Who or what helps you move in the direction of more meaning?**  
   My wife helps me. She will call me out if I start to backslide. The emotional pain of losing my family.
Case Formulation: Deciphering What You Observe

1. Four Square Tool
2. Flexibility Profile Worksheet
The Four Square Analysis
## Hank’s Four Square Analysis

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Workability</th>
</tr>
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<tbody>
<tr>
<td>Public</td>
<td>Not Working (do less)</td>
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|          | • Being disconnected from values about family, marriage, friends, and parenting  
|          | • Following rules about avoiding making mistakes or being embarrassed |
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<td>• Trying to control depression by ruminating and analyzing</td>
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<td>• Not going to work</td>
<td>• Being disconnected from values about family, marriage, friends, and parenting</td>
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<td>• Avoiding getting together with friends</td>
<td>• Following rules about avoiding making mistakes or being embarrassed</td>
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<td>• Being short with his kids</td>
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          |   • Following rules about avoiding making mistakes or being embarrassed | • Being able to stay present  
          |   • Being able to take some perspective on self-story | |
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| Public   |             | • Isolating himself at home  
           |             | • Not going to work  
           |             | • Avoiding getting together with friends  
           |             | • Being short with his kids  
           |             | • Trying to spend time with his wife and kids  
           |             | • Seeking help  
           |             | • Checking in with his supervisor at work |
| Private  |             | • Trying to control depression by ruminating and analyzing  
           |             | • Being disconnected from values about family, marriage, friends, and parenting  
           |             | • Following rules about avoiding making mistakes or being embarrassed  
           |             | • Being able to stay present  
           |             | • Being able to take some perspective on self-story |
Strengthening the Pillars of Flexibility

1. Promoting Openness
   a) Developing a Defused, Detached Perspective on the Mind
   b) Building an Accepting Stance

2. Promoting Awareness
   a) Creating Present-Moment Attentiveness
   b) Developing Skill in Taking Perspective

3. Promoting Engagement
   a) Contacting Personal Values
   b) Choice, Willingness, and Committed Action
Flexibility Profile Worksheet
Openness

Awareness

Engagement

Able to detach from distressing private experience and associated rules

Able to take a nonjudgmental, accepting stance toward painful material

Able to experience the present moment

Able to take perspective on self and self-story

Exhibits strong connection with values

Able to sustain values-consistent action

Today's Rating

0 1 2 3

Low Strength

4 5 6 7

8 9 10

High Strength
Studies Incorporating fACT

- **Integrative Primary Care Clinic** (Strosahl et al, 2008)
  - Manipulated Training Method: Brief ACT vs. Brief Solution Focused

- **VA Primary Care Open Trial** (Glover et al, 2016)
  - 51 patients attended 4, 90 minute weekly group sessions
  - Results indicated large effects for QoL, moderate effects for depressive symptoms and perceived mental health functioning, and small effects for perceived stress but no effects on anxiety or psychological flexibility

- **Integrative Primary Care for Chronic Pain** (Kanzler et al, 2018) … Pilot RCT In Progress
  - 60 patients randomized to fACT vs. E-TAU (CBT handouts)
  - 1 - 30 minute consult visit, 3 - 60 minute group classes, 1 group booster class 8 weeks later, follow up assessment 3 months later.
  - Measures: pain disability, acceptance, values, mood, self-compassion
ACT

^
THE ACT MATRIX

So, what is it anyway?

• A diagram about noticing
• A visual tool that prompts specific kinds of discriminations
• A sorting task to organize past, present and future experiences
• A simple way to help people adopt a point of view that enhances psychological flexibility

What is it used for?

• To enhance psychological flexibility by cuing the individual to notice contextual and functional aspects of their experiences and how they influence each other
YOU noticing

5- Senses

Experience

Point of view

Behaviour

Away

Towards

Mind
INTRODUCE THE MATRIX

Can I show you a way we might look at things?
Notice the difference between how you experience externally and how you experience internally.

Who is doing the noticing? Whose point of view is this?

Notice the difference between how it feels to move towards something you like or want and how it feels to move away from something you don’t like or want.
YOU
noticing
5- Senses
Away
Towards
Mind
Who and what is important to you?
What could you do to move towards what’s important?
What do you do when suffering shows up?
What thoughts/feelings don’t you want to have?
WORKING THE MATRIX
AWAY MOVES
TOWARDS MOVES
SUFFERING
VALUES
noticing
5-Senses

Away

What do you do when suffering shows up?

Towards

What could you do to move towards what’s important?

Away

What thoughts/feelings don’t you want to have?

Towards

Who and what is important to you?

Suffering

Values

Mind

YOU

noticing
Client Information

- 37 year old married woman
- 2 pre-school children
- Works part time as an accounting clerk
- Self referred for psychotherapy
- Presenting issues:
  - anxiety
  - depression
  - mild passive suicidal ideation
  - “I just want to enjoy my life again”
What do you do when suffering shows up?
- Isolate self
- Drink
- Yell at others
- Binge-watch TV

What thoughts/feelings don’t you want to have?
- Anxiety
- Guilt and shame
- Memories of past mistakes
- Thoughts of self harm

What could you do to move towards what’s important?
- Spend time with spouse
- Play with kids
- Go to church
- Go to work every day

Who and what is important to you?
- Spouse
- Children
- Parents
- Work
- Faith

5-Senses
EXPLAIN HOW WE GET STUCK

Does this look familiar?
What do you do when suffering shows up?

- Isolate self
- Drink
- Yell at others
- Binge-watch TV

What could you do to move towards what's important?

- Spend time with spouse
- Play with kids
- Go to church
- Go to work every day

What thoughts/feelings don't you want to have?

- Anxiety
- Guilt and shame
- Memories of past mistakes
- Thoughts of self harm
- "I’m a terrible person"
- Depression

Who and what is important to you?

- Spouse
- Children
- Parents
- Work
- Faith
CHOOSING PSYCHOLOGICAL FLEXIBILITY

If you had a choice between 2 kinds of lives, what kind of life would you choose?
What do you do when suffering shows up?
- Isolate self
- Drink
- Yell at others
- Binge-Watch TV

What thoughts/feelings don’t you want to have?
- Anxiety
- Guilt and shame
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5-Senses

What could you do to move towards what's important?
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LIFE 1

LIFE 2
How is the Matrix used?

**As a tool in therapy**
- To identify goals for therapy
- To describe the therapeutic process
- To evaluate client progress
- To facilitate problem-solving and choice making
- To understand the actions of others

**Presenting problems**
- Chronic pain
- Addictions
- Couples therapy
- Eating Disorders
- PTSD
- Self harm and suicidality
- Leadership training
- Team building
- Healthy living
<table>
<thead>
<tr>
<th>AUTHORS</th>
<th>YEAR</th>
<th>PARTICIPANTS</th>
<th>TARGET</th>
<th>INTERVENTION</th>
<th>OUTCOME</th>
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</thead>
<tbody>
<tr>
<td>Arch &amp; Mitchell</td>
<td>2015</td>
<td>cancer survivors</td>
<td>anxiety</td>
<td>7-week ACT group</td>
<td>↓depression &amp; anxiety, ↑life satisfaction</td>
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<tr>
<td>Azam et. al.</td>
<td>2017</td>
<td>major surgery patients</td>
<td>post surgery mood and pain</td>
<td>1 or more ind ACT intervention sessions</td>
<td>reduced opioid use, pain interference, depressed mood</td>
</tr>
<tr>
<td>Barreto et. al.</td>
<td>2019</td>
<td>college students</td>
<td>health related habits</td>
<td>single 60-min ind ACT session</td>
<td>improved healthy behaviours and reduced unhealthy habits over 30 days</td>
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<tr>
<td>Dindo et al</td>
<td>2012</td>
<td>migraine and depression</td>
<td>pain and mood</td>
<td>1 day ACT workshop</td>
<td>improvements in mood, functioning and reduced migraine related disability</td>
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<td>Dindo et al</td>
<td>2018</td>
<td>post-surgery veterans</td>
<td>opioid use, pain levels,</td>
<td>1 day ACT workshop</td>
<td>reduced post surgery opioid use</td>
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<td>Dindo et al</td>
<td>2013</td>
<td>migraine and depression</td>
<td>pain, med use, disability</td>
<td>1 day ACT workshop</td>
<td>reduced headache frequency, less disability and lower med use at 30 day follow up</td>
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<tr>
<td>Hou et al</td>
<td>2017</td>
<td>IBD patients</td>
<td>depression, anxiety, stress, IBD sx</td>
<td>1 day ACT workshop</td>
<td>improvement in anxiety scores at 3 months</td>
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<tr>
<td>Huddleston et al</td>
<td>2018</td>
<td>veterans suffering migraine</td>
<td>mood, anxiety, functionality, disability</td>
<td>1 day ACT workshop</td>
<td>improvement in mood, anxiety, and functionality at 3 months from baseline</td>
</tr>
<tr>
<td>Kraft et al</td>
<td>2019</td>
<td>help-seeking volunteers and university students</td>
<td>mood, anxiety, mental health</td>
<td>use of mobile app for 30 days</td>
<td>help seekers but not students showed improved distress, anxiety, depression and stress scores</td>
</tr>
<tr>
<td>Levin et al</td>
<td>2017</td>
<td>community volunteers</td>
<td>diet/exercise habits</td>
<td>use of mobile app for 14 days</td>
<td>increase in self-reported values-based actions</td>
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<tr>
<td>Mirsharifa et al</td>
<td>2019</td>
<td>IBS patients</td>
<td>depression, psych capital</td>
<td>Stx 90min group sessions</td>
<td>decreased depression and improved psychological capital</td>
</tr>
</tbody>
</table>
Barreto, Tran & Gaynor (2019)

Research Question
Will a single 60 minute intervention based on ACT Matrix facilitate health related behavior change over a 30-day period?

Participants
- 39 university students volunteers for this study (ACT).
- 39 university students matched on demographics (MCG)

Dependent Variable
- Scores on Health Related Behaviour Survey (HRBS)
- Completed prior to and 30 days after intervention

Intervention
- ACT received single 60 minute session with clinical psych student therapist during which Matrix was completed
- MCG received no treatment
Barreto, Tran & Gaynor (2019)

What am I doing...

Behavioral barriers: What do you do that opposes the health-related behavior changes you want to make?
- Grabbing “easier” unhealthy meals
- Buying junk food
- Family bringing me junk food
- Going to dining center with friends when not hungry & where there are many temptations/unhealthy options available

Action plan: What could you do to move toward the health-related behavior change important to you?
- In the next 24 hrs: add veggies and fruit to dinner, drink water instead of soda
- By next week: eat healthy 3-5 days, 2-3 "relaxed" meals (pizza/burger): replace junk food snacks with healthier options
- Within the next 30 days: be planning meals for the week or Sunday, down to 1-2 relaxed meals/week

What am I thinking/feeling...

Internal obstacles: What unwanted thoughts, feelings, memories, images, etc. show up and get in the way of you making health-related behavior changes?
- “I can’t do it, I’m gross”
- “I give up, I’m fat”
- Feelings of guilt and regret

Values: Why is this health-related behavior change important to you? How is it important for you to be with respect to health-related behavior?
- Family/friends
- Being active
- Being a role-model

...that moves me away from health-related change?

...that can move me toward health-related change?
Results
ACT group showed significant increase in HRBS domain score over time while MCG showed no change.

Conclusions
- Abbreviated ACT treatment using Matrix may facilitate healthy behavior change.
- Recommended investigating this intervention in primary care settings.
For more information about the Matrix

The ACT MATRIX
A New Approach to Building Psychological Flexibility Across Settings & Populations
The Hexaflex Made Easy
Edited by
KEVIN L.
POLK, PhD
BENJAMIN
SCHOENDORFF,
MA, MSc
Foreword by
KELLY G.
WILSON, PhD

The ESSENTIAL GUIDE to the ACT MATRIX
A Step-by-Step Approach to Using the ACT Matrix Model in Clinical Practice
The Hexaflex Made Easy
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OLAZ, PsyD
The implementation of brief ACT workshops has been reported for a wide variety of conditions with encouraging results reflecting improved quality of life, decreased emotional distress, and improved disease management including:

- **Workplace stress** (Bond & Bunce, 2000; Brinkborg et al, 2011; Flaxman & Bond, 2010)
- **Depression** (Kohtala et al 2017)
- **Psychosis** (Bach & Hayes, 2002; Bach et al, 2012)
- **Health-related behavior change** (Barreto et al, 2019; Goodwin et al 2012; Ivanova et al 2015)
Brief (1 – 4 session) ACT Workshops

- Diabetes (Gregg et al, 2007)
- Multiple sclerosis (Sheppard et al, 2010)
- Physical activity promotion (Butryn et al, 2011)
- Pain and stress in health care workers (Dahl et al, 2004)
- Migraines (Dindo et al, 2012; 2014; Huddleston et al, 2018)
- Vascular disease (Dindo et al, 2015)
- Preventing chronic post-surgical pain (Dindo et al, 2018)
Brief (1 – 4 session) ACT Workshops

- Inflammatory bowel disease (Hou et al, 2017)
- Chronic pain (McCracken et al, 2013)
- Cancer (Hadlandsmyth et al, 2019)
- Shame associated with substance use (Luoma et al, 2012)
- Obesity (Lillis et al, 2009)
- Body dissatisfaction and disordered eating attitudes (Pearson et al, 2012)
A MULTIDISCIPLINARY
OPIOID EDUCATION
AND TAPERING
PROGRAM

A MULTIFACETED APPROACH TO
TACKLING THE OPIOID CRISIS
Meet our clinical research team

Dana Turcotte, BSc Pharm, PhD
Primary Investigator
Clinical Pharmacist, Assistant Professor

Ryan Amadeo, MD FRCP
Co-Investigator
Medical Director WRHA Pain Management Program

Brigitte Sabourin, PhD, CPsych
Co-Investigator
Clinical Psychologist, Assistant Professor

Gregg Tkachuk, PhD, CPsych
Co-Investigator
Clinical Psychologist, Assistant Professor

Multiple disciplines, unified goals
• Aimed at individuals with chronic non-cancer pain on long-term opioid therapy

Will occur in two phases:
• **Phase 1: Patient Education Workshops** - one day group sessions that focus on ACT as well as education on opioids and pain
• **Phase 2: Multidisciplinary Taper Program** - optional tapering program that will involve personalized goal setting, interdisciplinary clinical care, individualized tapering protocol and significant follow-up

**Project Overview**
Study Overview

Phase 1: Patient Education Workshops (PEWs)

- 6-hour workshops (full day or two half day)
- ACT intervention targeting increased psychological flexibility and valued living
- Patient education on the nature of chronic pain, risks of prolonged opioid use & effective alternatives
- Developed & facilitated interprofessionally
- Pre- and post-workshop evaluations
- Option to continue on to tapering program (Phase 2)
Phase 1: Questionnaires

- Pain Disability Index (Tait et al., 1990)
- Patient Health Questionnaire-9 (PHQ-9; Kroenke et al., 2001) - depression screen
- Generalized Anxiety Disorder-7 (GAD-7; Spitzer et al., 2006) - anxiety screen
- Patient-Reported Outcomes Global -10 (PROMIS Global-10; Hays et al., 2009)
- Chronic Pain Acceptance Questionnaire-8 (CPAQ-8, Fish et al. 2010).
- Chronic Pain Values Inventory (McCracken et al., 2006)
Research Hypotheses

1) Those who participate in Phase 2 (“PEW + MTP” and “MTP only” cohorts), will demonstrate significant reductions in their opioid dosage at the end of their tapering program. (i.e. overall impact of Multidisciplinary Tapering Program)

2) Those who participate in both phases of the project (“PEW + MTP” cohort) will experience significantly greater reductions in their opioid dosage than those who participate exclusively in Phase 2 (“MTP only” cohort) (i.e. impact of Patient Education Workshops)
Thanks Gregg!

 Couldn’t have done it without you!
Thank You!
The following Slides provide examples of intervention techniques used with fACT

(these were not discussed at the Grand Rounds presentation)
Problem: Fusion With Unworkable Rules

◦ Use when private events are entangling the client and functioning as barriers
◦ Method: Attend to thinking as an ongoing process, rather than the world structured by it

◦ Techniques:
1. Treat the mind as a separate entity with it’s own “agenda”
2. Thank your mind, show aesthetic appreciation for its products
3. Use “describing”, I notice that I am having the thought / feeling …
4. Repeat the difficult thoughts out loud very slowly over and over
5. Sing your thoughts, say in funny voices
6. Change focus from content to context; ask How old is this? Is this like you?
Open

Problem: Rejecting Stance Towards Private Events
- 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. Lean into distressing content – let it be there
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
Aware

Problem: Lack of Present Moment Engagement

◦ 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 their 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)
Problem: Lack of Perspective Taking on Self

- 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 you move forward)
4. Write a letter from a wiser future
5. Re-write your story; chapters in a book; photographs in a box
Engaged

Problem: Out of Contact With Life Principles/Values

◦ 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?
Engaged

Problem: Lack of Committed Action—Behavioral Avoidance or Impulsive Self-Defeating Actions

- Use when the patient demonstrates some degree of flexibility; to help expand sense of life mission
- 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