Using Acceptance & Commitment Therapy (ACT) to help people make the adjustment to living with a long-term condition.
My Thanks:

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The rest of the ACBS community…www.contextualscience.org
Overview

- Processes & Principles of Acceptance & Commitment Therapy (ACT)
- The extent and experience of living with a long-term condition(s)
- Evidence-base for ACT
- History of ACT, Behaviourism and Contextual Behavioural Science incl. RFT
- The importance of Evolutionary Science
- The Stance of the ACT Therapist
- Psychological Flexibility – Six Core Processes
Your Puny
Lame-Ass
Comfort Zone

Unicorns!
Fun!
Magic!
Rainbows &
Shit!
The Knowledge & Experience in ACT Determination (NERD)

- Never heard of ACT
- Read a little ACT
- Used ACT a bit
- Used ACT a LOT
- Jedi Level ACT
Connect with your neighbour

FIND OUT:

• (If you don’t know it) Your neighbours name
• Something they like about their job
• Something they like to do for fun

SHARE SOMETHING:

• What is your biggest monster?
• What is behind the door?
What is a long-term condition?

**Long-term conditions (LTCs) or chronic diseases** are conditions for which there is currently no cure, and which are managed with drugs and other treatment.

For example: diabetes, chronic obstructive pulmonary disease (COPD), arthritis, hypertension.
Prevalence of Long-Term Conditions (LTCs)

16.5 million people in England suffer with a LTC

58% aged over 60 years
14% under 40 years old
60% poorest communities
30% richest socio-economic group
Prevalence of Long-Term Conditions (LTCs)

Have the greatest healthcare needs

50% all GP appointments

64% of all o/p appointments

Over 70% of all inpatient bed stays

Treatment costs are £7 out of every £10 spent
Why IAPT / Primary Care?

Around 40% of people with depression and anxiety also have an LTC.

Around 30% of people with an LTC and 70% with MUS also have mental health comorbidities.
Link between socio-economic group and long-term conditions prevalence and severity

- Purple line: Prevalence
- Black line: Severity – affects activities
Why Acceptance & Commitment Therapy (ACT)?
Experience of living with a LTC

- “I can’t do this” “I am not ok with this” “people don’t understand” THESE THOUGHTS ARE OFTEN TRUE
- Not everyone with a LTC is anxious or depressed. So, as a Practitioner, what are you doing?
- Working with loss / adjustment:
  - Mobility, energy, fitness, strength, pain-free experience, independence, freedom
- Painful emotional experience: sadness, hurt, embarrassment, shame, anger, frustration
- Drift into rumination about the past and worry about the future
- Withdraw and isolate, sit and be inactive
- Push self, act as before and suffer the effects
Dual process model of grief: Stroebe & Schut (e.g. 1999)

- Loss-orientated:
  - Grief work
  - Intrusion of grief
  - Relinquishing-continuing-relocating bonds/ties
  - Denial/avoidance of restoration changes

- Restoration-orientated:
  - Attending to life changes
  - Doing new things
  - Distraction from grief
  - Denial/avoidance of grief
  - New roles/identities/relationships

Oscillation

Everyday life experience
Evidence-base of ACT

- 249 RCTs supporting the effectiveness of ACT since 1999 (July, 2018)

- Work stress; pain; smoking; anxiety; depression; diabetes management; substance use; stigma toward substance users in recovery; adjustment to cancer; epilepsy; coping with psychosis; borderline personality disorder; trichotillomania; obsessive-compulsive disorder; generalized anxiety disorder; marijuana dependence; skin picking; racial prejudice; returning from war; prejudice toward people with mental health problems; whiplash associated disorders; chronic pediatric pain; weight-maintenance and self-stigma; exercise; chess playing; tinnitus; eating disorders; clinicians’ adoption of evidence-based pharmacotherapy; training clinicians in psychotherapy methods other than ACT.
249 RCTs supporting the effectiveness of ACT since 1999
10,000+ ACT RCT participants
ACT in Context

More cognitive

BECKIAN-style Cognitive Therapy / CBT

Combined Treatments
e.g. Barlow’s Unified Protocol

Exposure, Behavioural Activation

More behavioural
Radical Behaviourism

**Operant Conditioning** (modify behaviour through *Positive* & *Negative* Reinforcement)

**Patterns of Behaviour** are shaped by consequences...the consequences make the behavior more or less likely to be repeated

B.F. SKINNER
Behaviours can only be fully understood when you observe the context.

Diagram:
- Antecedent
- Behaviour
- Consequences
What are the possible antecedents to these behaviours?

1. Running up the stairs
2. Shouting at a child
3. Rumination
All behaviour has a purpose... we merely need to be curious enough to find out what it is...
Despite lots of unwanted consequences, why do we continue to do what is bad for us?
We don’t just live in the real world, we also live in a verbal one.
Powerful environmental influencers interact with our verbal world and the urge for convenience and short-term relief
Evolutionary Science

The development of human language

Co-operation & Problem-Solving
Sure glad the hole isn’t at our end.
The Quicksand Metaphor
Happiness is not the natural normality

Suffering is normal and ubiquitous

Suffering is not a disease
## Philosophy of Science and Applied Psychology

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The Stance of the ACT Practitioner

- As human beings, none of us are broken or defective

- We get stuck and the processes that get us stuck are a side-effect of evolution and language

- Pain is inevitable, suffering can mediated through changes in behaviour...most notably, by increasing ‘psychological flexibility’
The Stance of the ACT Practitioner

- To model psychological flexibility first (live-the-model)
- Treat thinking as a form of behaviour e.g. worry, rumination, self-criticism, evaluation, judgement, self-pity, self-loathing, praise, encouragement
The Targets of ACT

- Workability
- Experiential Avoidance
- Cognitive Fusion
- Inflexible perspective-taking
- Inability to make and keep the commitment to freely chosen life purposes
From an Evolutionary Perspective

1. Increase **Variability** of behaviours
2. **Select** behaviours that are more advantageous to you and your tribe
3. **Retain** these behaviours through regular practice
4. Develop **context sensitivity** through mindful awareness and tracking
What is ACT?

“Uses Mindfulness and Acceptance skills and processes as well as commitment and behavior change processes to enhance psychological flexibility”
What is ACT?

Live a life that rich, full and meaningful with...less struggle
Creative Hopelessness

Exploring the ‘workability’ of patterns of behaviour

Interventions:

1. Push against the clipboard
2. Five Questions
Creative Hopelessness (Group Exercise)

1. What do your thoughts and feelings stop you from doing?
2. What thoughts, feelings and physical sensations show up when you get stuck?
3. What do you do with these thoughts and feelings?
4. How much do these actions work to fix or get rid of these thoughts and feelings?
5. In what ways do these actions cost you?
Cognitive Defusion

Fusion is getting stuck to / entangled with thoughts

The problem is... when you get fused with unhelpful thoughts, they can exert too much control over your actions
Cognitive *Defusion*

edefusion* teaches you to use observer perspective so you can look at thoughts rather than from them.

You practice being *non-reactive*.

You *disengage from unhelpful thoughts* i.e. the ones that cause negative effects and stop you from choosing behaviours that are vital.
Cognitive *Defusion*

You **undermine thoughts** and reasons as causes for behaviour

Reinforce attention to direct experience and distinguish it from rigid-rule-following
Cognitive Defusion

Possible to fuse with unhelpful thoughts about:

- **Past and Future** i.e. rumination and worry
- **The ‘Self’** e.g. I am weak, not good enough, amazing, strong
- **Self-Governing Rules** e.g. I must hide how I feel, I need to feel more confident / in less pain / better / more comfortable before I can do x...
Cognitive Defusion

Exercises:

- Hands as thoughts
- Labelling thoughts
- Cartoon Voice
- Leaves on a stream
- Taking mind for a walk
Why do *Defusion*?

Not to get rid of unwanted thoughts or feelings (although defusion takes some of the power out)

Defusion is a tool to help a person take action on what matters
Values Clarification

Doing consistently what you care about is tricky...here is a video describing the challenge:
Values Clarification

Establishing TOWARDS MOVES

QU. How do you want to be in your life?
- as a partner, friend, parent, child, neighbour
- for your self with health, spirituality, leisure
- work, education, personal development
- community, environment

Exploring ways of being...verbs and adverbs
Choice Point

1. Identify the thoughts and feelings that occur in recent situation
2. Identify the behaviours that occur when you get hooked
3. Identify what you do when you don’t get hooked
4. List the functions of these behaviours
Values Clarification

• Directions, not destinations
• Points on a compass
• Not the same as goals or domains of life
• Can be acted on now...no waiting required
• Finding your WHY
Values Clarification

*How to find your why:*

- Values Questionnaire
- Values Cards
- Five Memories Exercise
Committed Action

- Taking the step forwards with your feet
- An action, not an intention
- Small steps done everyday (*retention*)
- Flexible to choose and track the consequences (*context sensitivity*)
- *Take your pain with you* (*variability*)
Committed Action

- Daily Intentions Diary *(write them down)*
- Celebrate your actions *(praise effort not outcome)*
- Notice and Identify the multiple benefits *(reinforces repetition)*
- Apply Exposure (therapist-aided)
- Education about your condition; asking better questions

*Not easy...so use further tools to help you*
Tame the Beast
It’s time to rethink persistent pain
Present Moment Contact

Easy to be lost in worry about future
e.g. becoming more unwell / more quickly, experiencing more pain / damage

Dwell on the past
e.g. what has been lost, ‘who’ you once were (identity / roles)
Present Moment Contact

Domination of past / future attention narrows behavioural repertoire...

- seek safety
- isolate self
- withdraw
- wait to be ‘ok’ again
Present Moment Contact

Interventions:

- Metaphors – Torch in a dark room
- Mindful awareness exercises
- Experience through senses
- Prompting client to notice in-session activity
  e.g. what is your mind telling you right now?
Present Moment Contact

Interventions:

• Prompting client to focus in the single most difficult part of the story
• Guide clients to slow down and shift attention
• Dropping Anchor on ‘emotional storms’
  
  e.g. safe place imagery, diaphragmatic breathing, meditation
Self As Context / Observer Self

- An alternative-way of relating to the ‘self’
- Handles over-identification with unhelpful narratives
- We tend to ‘act’ in accordance with / coherent to our self-stories, which can be problematic
- ‘You’ are not what your mind tells you / You are not the story
Self As Context / Observer Self

Interventions:

1. Metaphor – Sky & The Weather / Chess Board
2. Noticing the ‘You’ who is noticing x
3. BIG I / Little i
4. Shifting between spatial, temporal and deictic perspectives (I-here-now)
5. Add Self-Compassion to observer perspective
Acceptance / Willingness

Pain is not the problem...it’s the unwillingness to have it that is the problem

The problem is not the problem. It’s the solutions that are the problem

If you don’t want...you got it
Acceptance / Willingness

Interventions: Experiencing the difference of willingness

1. Metaphor - Walking in the rain
2. Describing Experience (name emotions and park evaluations of why...) & give it time and space to be
3. Physicalising / Acceptance of Emotions
4. Metaphor - Unwanted Party Guest
Acceptance / Willingness

Key Points:

Not what we conventionally think of as acceptance i.e. resigning self to, putting-up with, grinning and bearing it, giving in to

It is a choice to be courageous, open to vulnerability

Holding more lightly, the unwanted feelings & pain
Acceptance / Willingness

Tricky Points:

“I don’t want to accept it” – return to creative hopelessness

“Does acceptance mean I need to accept I’ll never get better?”
• practice being open to the emotion, describe it.
• be open to the experience
• be kind to the ‘you’ who is suffering
Questions?
Further Reading

Harris, R (2009) ACT Made Simple

Owen, R (2011) Facing the Storm & (2013) Living with the Enemy

Oliver, Hill & Morris (2015) ACTivate your Life

Harris & Aisbett (2014) The Illustrated Happiness Trap
Downloads

www.openforwards.com/actintroltc