

ACT ON Chronic Pain

Applying Acceptance and Commitment
Therapy with a Chronic Pain Population

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Objectives

Presenters' Objectives

- ▣ Provide a “deep dive” into ACT for chronic pain
- ▣ Answer the following questions :
 - What is ACT?
 - How is ACT different from CBT?
 - Does it work?
 - How does it work?
 - How do I pull it all together?

Learning Objectives

- ▣ Describe the six core processes of ACT
- ▣ Explain how psychological flexibility enhances functioning and quality of life in a chronic pain population
- ▣ Apply ACT interventions with a chronic pain population

The Pain Problem

- Pain is subjective
- Chronic pain differs from acute pain
 - ▣ Need for different treatments
- Multidimensional problem
 - ▣ More than “my back hurts”
 - ▣ CDC guidelines
- Central Sensitization of chronic pain
- The physician's dilemma
- The patient's dilemma
- Our reimbursement system favors medication
- The problem of tolerance
- Availability/access to non-pharmacologic approaches
- Time intensive treatments



What is ACT?

- Acceptance and Commitment Therapy (ACT) is an empirically based therapeutic approach designed to develop *psychological flexibility* in facing the demands of life. Rather than focusing simply on the elimination of symptoms, *the goal of ACT is to help individuals create full, rich, and meaningful lives without needless suffering.*
- “ACT is a therapy approach that uses acceptance and mindfulness processes to produce greater psychological flexibility” –Hayes & Stroschal, 2004
- Emphasizes the role of experiential avoidance, cognitive fusion, and resulting behavioral inflexibility in understanding psychopathology

Basis of ACT

- Myth: happiness = absence of painful thoughts and feelings
 - ▣ Universality of human suffering
- Influence of language
 - ▣ Relational framing
- The role of control
 - ▣ Don't think about your thoughts



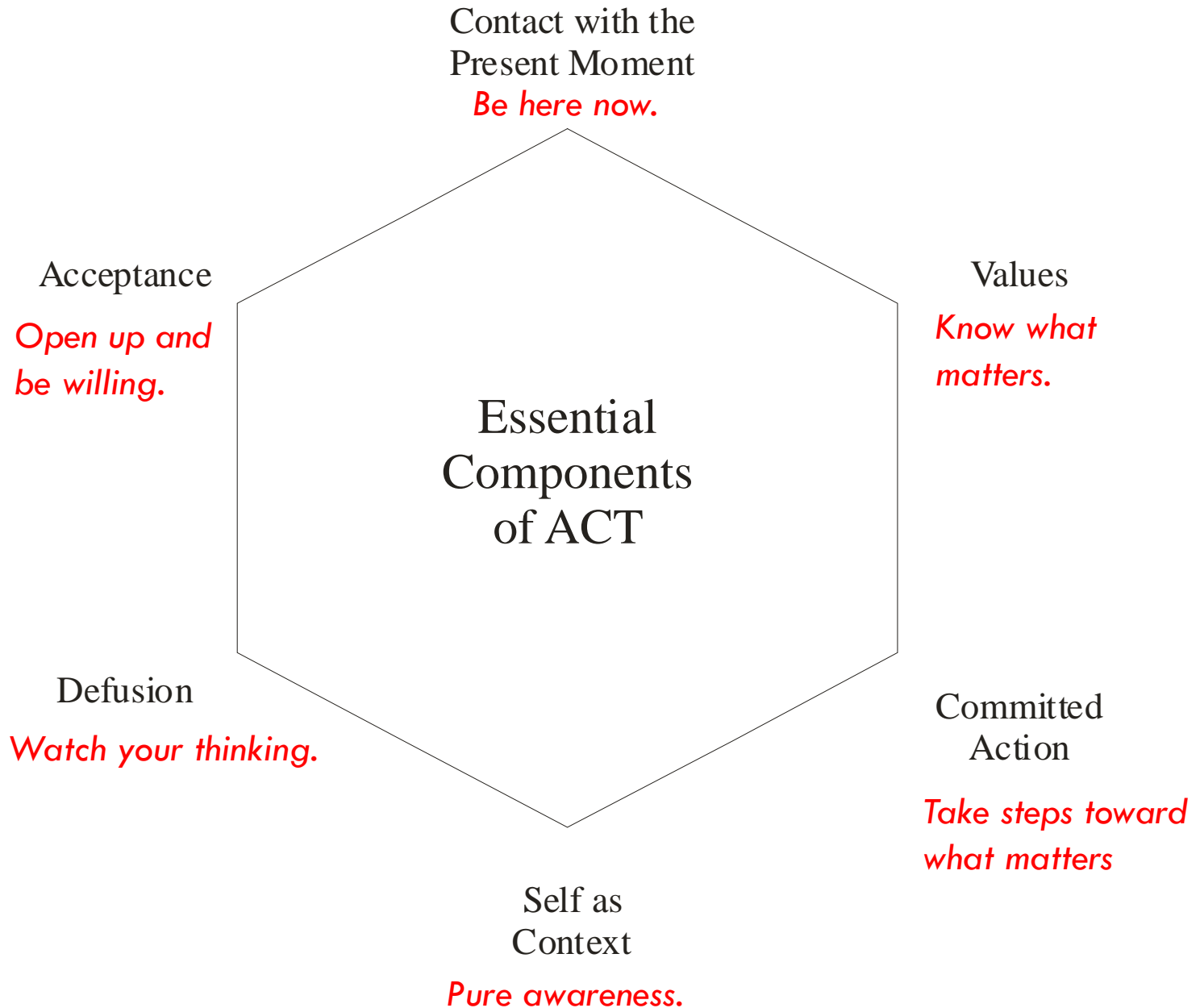
So We Try to Avoid Pain Itself




Central Insights

- The *content* of our thoughts and feelings are historical
- Direct interventions can make them more difficult
- Perhaps we can bring the *functions* of thoughts and feelings under better contextual control



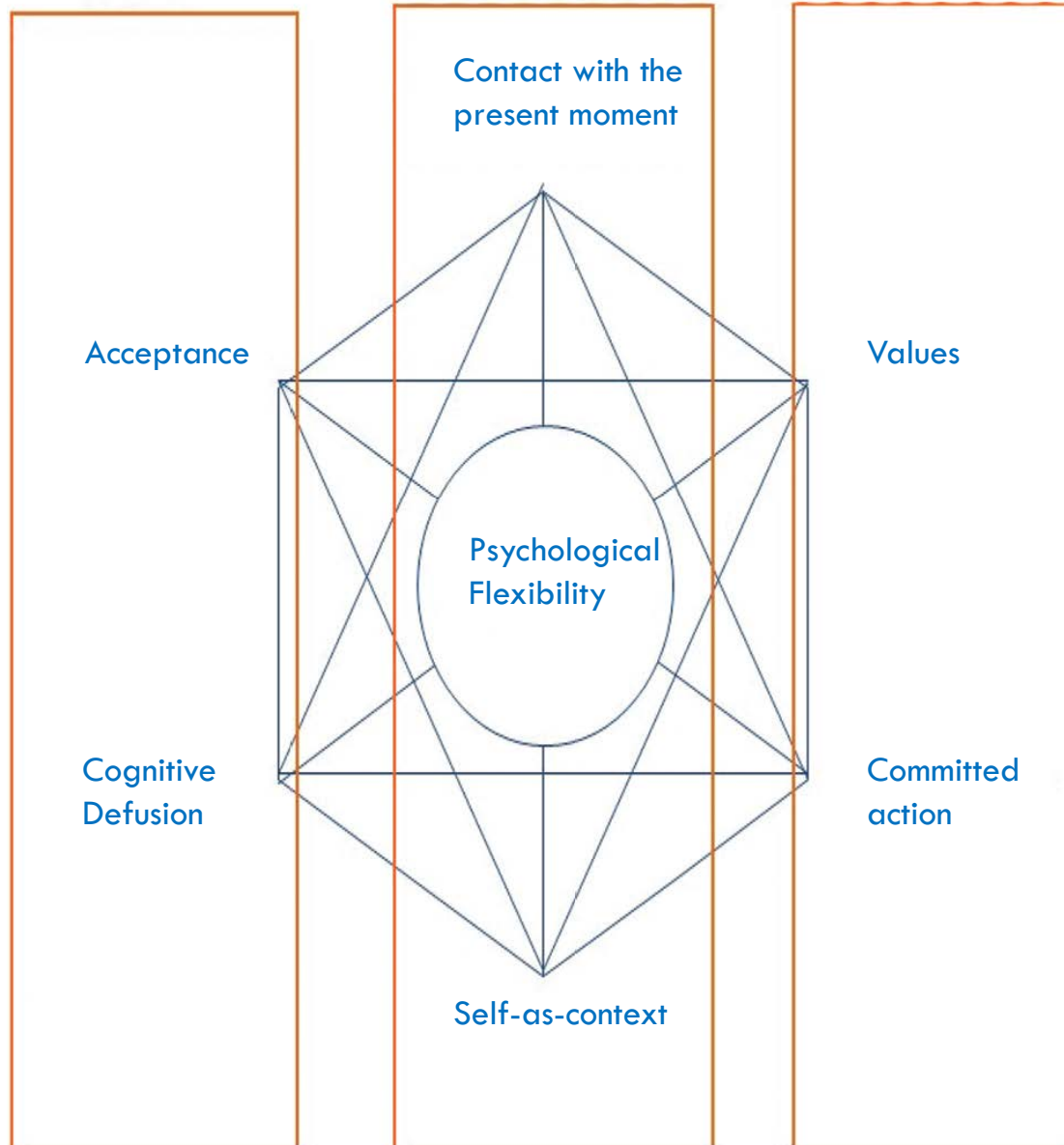


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- The processes of change include learning to return flexibly and purposefully to the present moment; keeping your thoughts and stories about yourself in perspective as just thoughts and stories; accepting with equanimity (and good humor) what life offers, including the inevitable pain that comes with living a human life; being free to decide what you want your life to be about; and committing yourself to doing the things that will shape your life around your hopes, dreams, goals, and values.

Open

Aware

Engaged



Psychological Flexibility

- ***Psychological flexibility*** means contacting the present moment fully as a conscious human being, and based on what the situation affords, changing or persisting in behavior in the service of chosen values. *Valued living with less struggle* is what ACT is all about.



How is ACT different from CBT?

- First: how are they similar?
- Key differences:
 - ▣ Underlying theories
 - ▣ Relation between thoughts and emotions
 - ▣ Overarching goal: psychological flexibility vs symptom reduction
 - ▣ Targeted problem: specificity vs transdiagnostic
 - ▣ Behavioral component always linked to values
 - ▣ Relationship between provider and patient
 - ▣ Working with thoughts

How is ACT different from CBT?

- Language around thoughts and emotions

CBT	ACT
Restructure	Relate to differently
Control	Reduce the impact
Manage	Change your relationship
Reduce	Handle them gently
Eliminate	Hold them lightly
Stop	Drop the struggle

Does it work?

- ACT performed better than comparison conditions for
 - ▣ Depression (cognitive therapy)
 - ▣ Social phobia (group CBT)
 - ▣ Substance abuse (methadone maintenance)
 - ▣ Agoraphobia (thought suppression)
 - ▣ Work stress (workplace innovation)
 - ▣ End stage cancer (CBT)
 - ▣ Smoking (nicotine patch)
 - ▣ T2 Diabetes (diabetes education)
 - ▣ Therapist stigma and burnout (education)

Does it work?

- ACT performed better than control conditions for
 - ▣ Psychosis (treatment as usual)
 - ▣ Borderline PD (treatment as usual)
 - ▣ Agoraphobia (distraction)
 - ▣ Social phobia (treatment as usual)
 - ▣ Chronic pain (treatment as usual)
 - ▣ Trichotillomania (wait list)
 - ▣ Work stress (wait list)
 - ▣ Epilepsy (attention placebo)

Does it work with Chronic Pain?

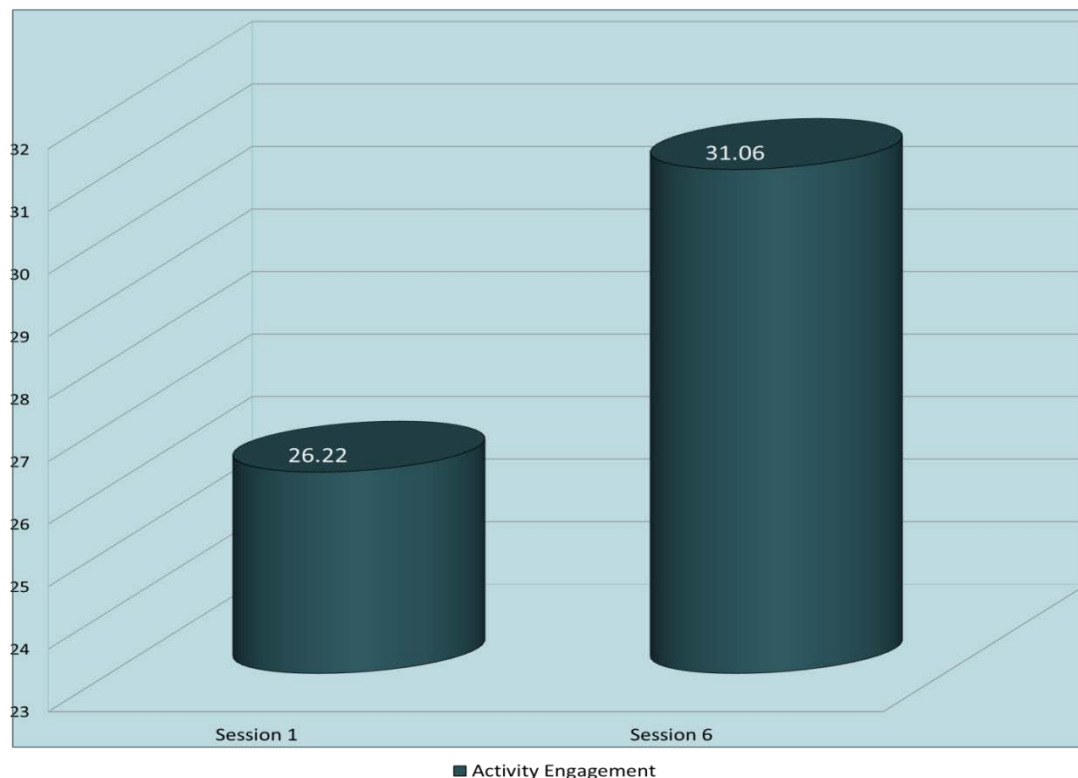
- RCT of ACT and CBT (N = 114)
- Chronic pain history for at least 6 months (M = 15 yrs)
- Primary Care setting
- Randomly assigned to 8 weekly group sessions of ACT or CBT
- Pretreatment assessment; post-treatment assessment; 6 month follow-up

Findings

- Both groups improved equally on pain interference, depression, and pain related anxiety.
- Patients rated CBT as more credible.
- Patients in ACT had higher satisfaction ratings.
- ACT is an effective intervention for patients with chronic pain.

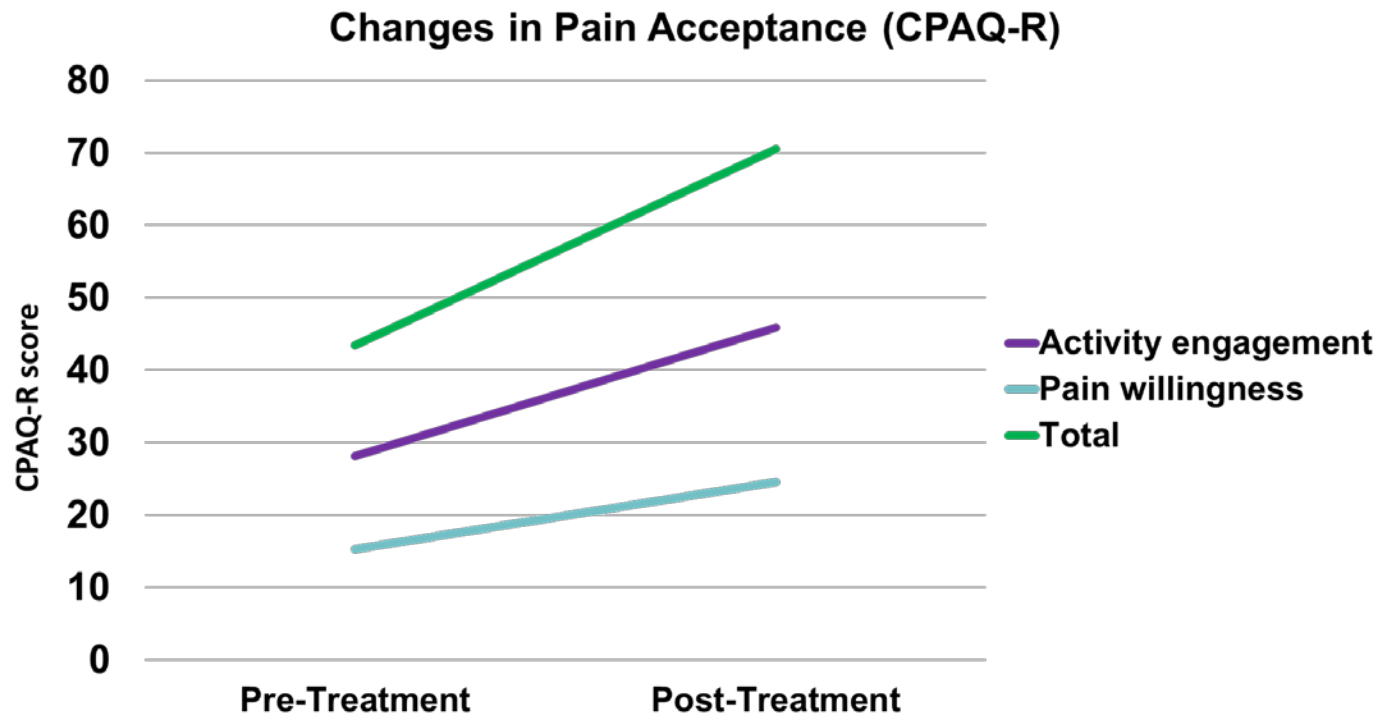
“In House” Findings: Outpatient Group

Change in Activity Engagement Scores from Session 1 to Session 6



There was a significant difference in the scores for Activity Engagement at Session 1 ($M=23.23$, $SD=14.57$) and Session 6 ($M=31.06$, $SD=12.90$), such that Activity Engagement increased significantly across the course of the intervention; $t(16)=-2.272$, $p = 0.037$

“In House” Findings: Pain Rehab



	Pre-Treatment	Post-Treatment	
Activity engagement	28.1	45.9	$t = -7.5^{**}$
Pain willingness	15.3	24.5	$t = -5.5^{**}$
Pain acceptance total	43.4	70.5	$t = -8.5^{**}$

Status of ACT for Chronic Pain

- The Society of Clinical Psychology (APA, Division 12) endorsed ACT as having “Strong Research Support”
 - ▣ ACT improves some outcomes in heterogeneous chronic pain samples, particularly functioning and mood (not necessarily pain severity)
 - ▣ ACT is superior to wait-list or no treatment and outcomes that are comparable to CBT
- Systematic Reviews
 - ▣ ACT superior to passive controls and some active treatments
 - ▣ Lower drop-out rates

Now... How does it work?

□ Initial goals:

- ▣ Establishing rapport
- ▣ Understanding the patient
- ▣ ACT-based case conceptualization
 - How is their relationship with pain interfering with living a values-based life?
 - What valued direction does the client want to move in?
 - What stands in their way?
- ▣ Establishing treatment goals
 - ❌ elimination of symptoms or “emotional goals”
- ▣ Introduce unworkability of the control agenda



Creative Hopelessness... Creative WHAT?!

- ❑ Guiding patients to open to the reality that trying too hard to control how we feel gets in the way of living a full life
- ❑ Why?
 - ▣ Chronic pain often leads to fear, avoidance, and searching for “the fix”
 - ▣ Behaviors intended to reduce pain can cause patients to focus on it more
 - ▣ Patients end up spending more time trying to “solve” their pain problem than they do enjoying life



Creative Hopelessness Strategies

- ❑ What have you tried?
- ❑ How has that worked? Short term? Long term? Any benefits? Costs?
- ❑ Normalize and validate control; but also introduce idea that the control agenda creates more struggle



Creative Hopelessness Exercise

Pain Treatment	Short-term benefits	Long-term benefits	Short-term costs	Long-term costs	What were the ultimate results of the treatment?
Example: Prescription pain medication	Example: Immediate pain relief	Example: None	Example: Drowsiness, inability to focus	Example: Expensive, less effective over time, addictive	Example: Physical dependence on medication that is no longer very effective

Contact with the
Present Moment

Values

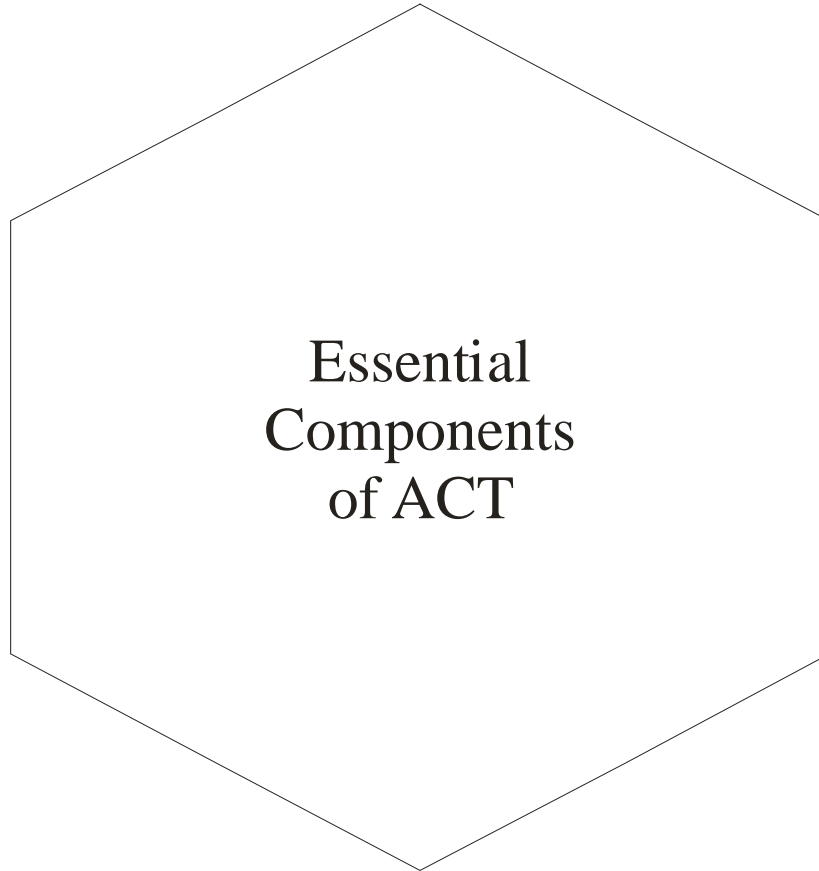
ACCEPTANCE

Essential
Components
of ACT

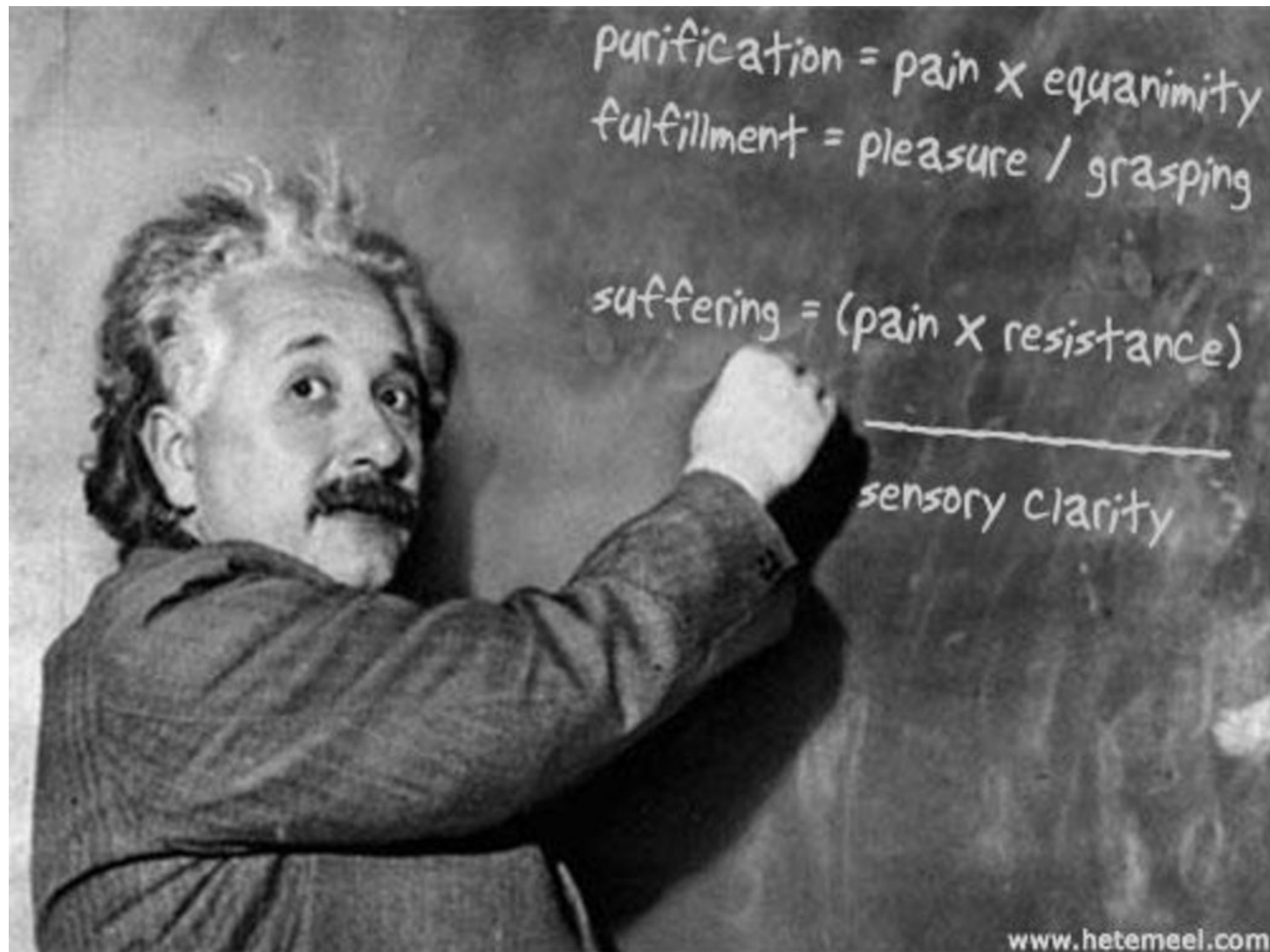
Committed
Action

Defusion

Self as
Context



Acceptance



Efforts to Eliminate pain

- ❑ Reducing physical activity
- ❑ Distracting
- ❑ Avoiding thoughts of pain or engaging in excessive thoughts of pain
- ❑ Avoiding other people
- ❑ Constantly checking for bodily changes
- ❑ Ruminating about the causes of pain
- ❑ Endlessly seeking information
- ❑ Obsessing over medications
- ❑ Repeatedly requesting second opinions



Contact with the
Present Moment

Acceptance

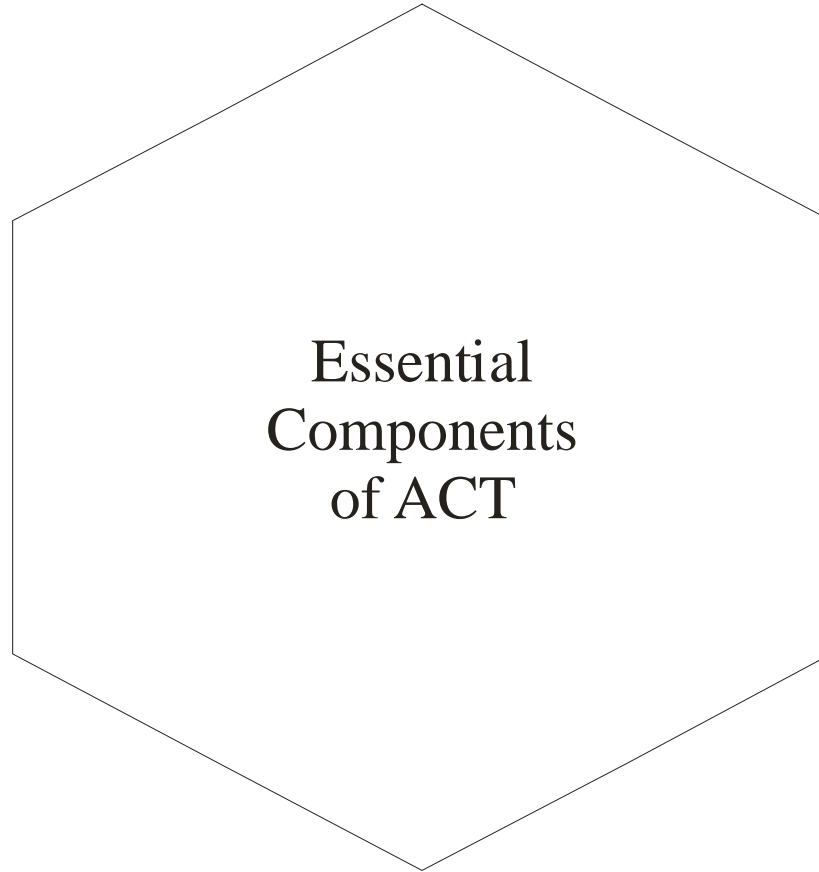
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**COGNITIVE
DEFUSION**



Cognitive Defusion



<https://vimeo.com/97370236>

Noticing your thoughts



**CONTACT WITH THE
PRESENT MOMENT**

Acceptance

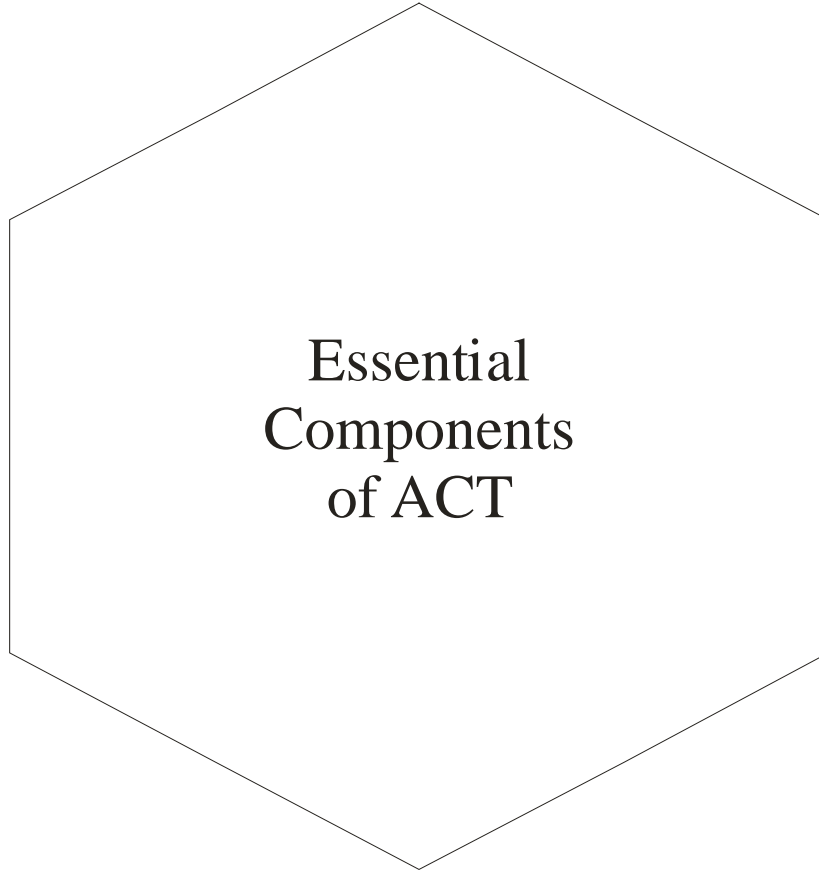
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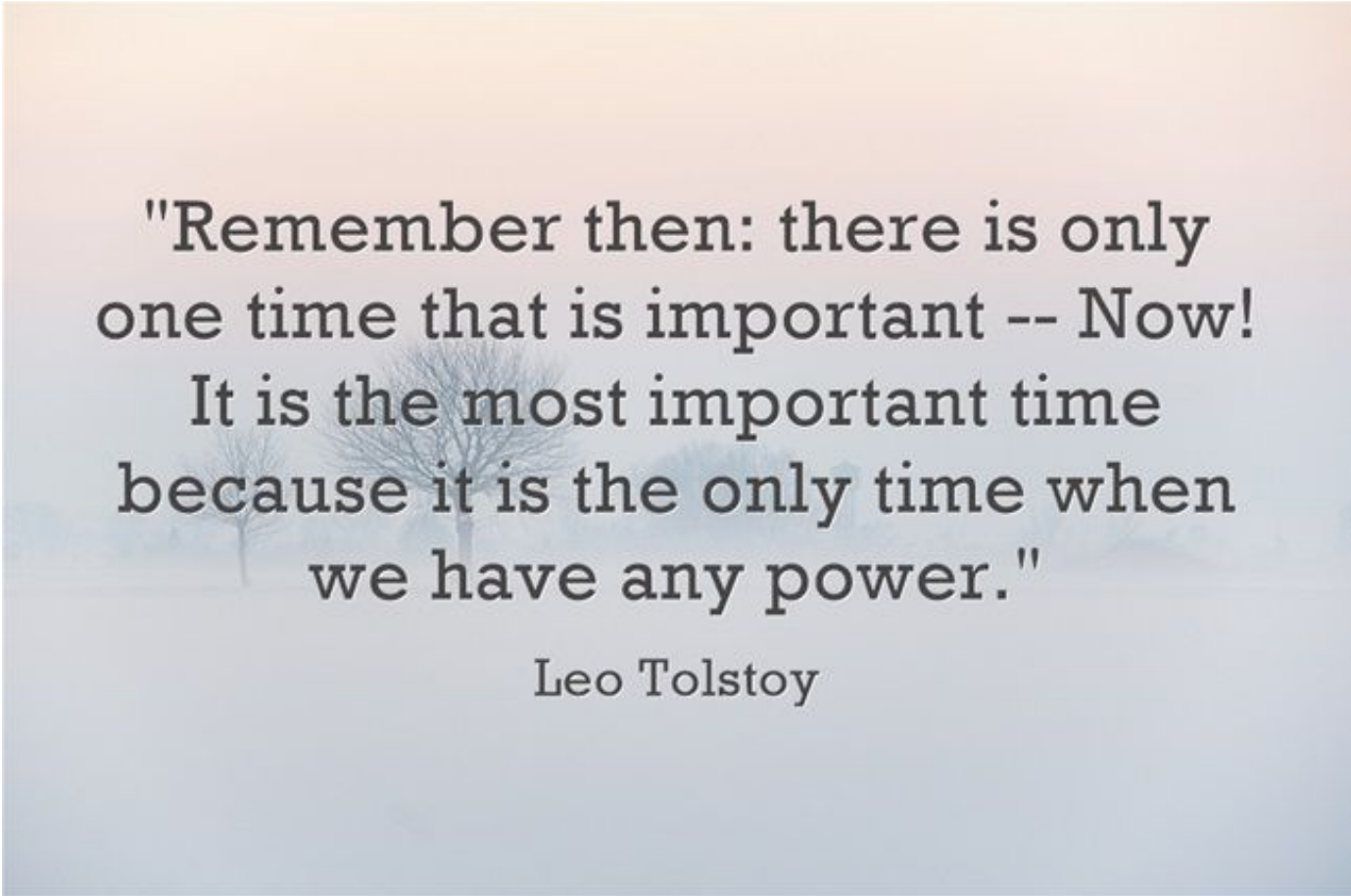
Defusion

Committed
Action

Self as
Context



Mindfulness



"Remember then: there is only
one time that is important -- Now!
It is the most important time
because it is the only time when
we have any power."

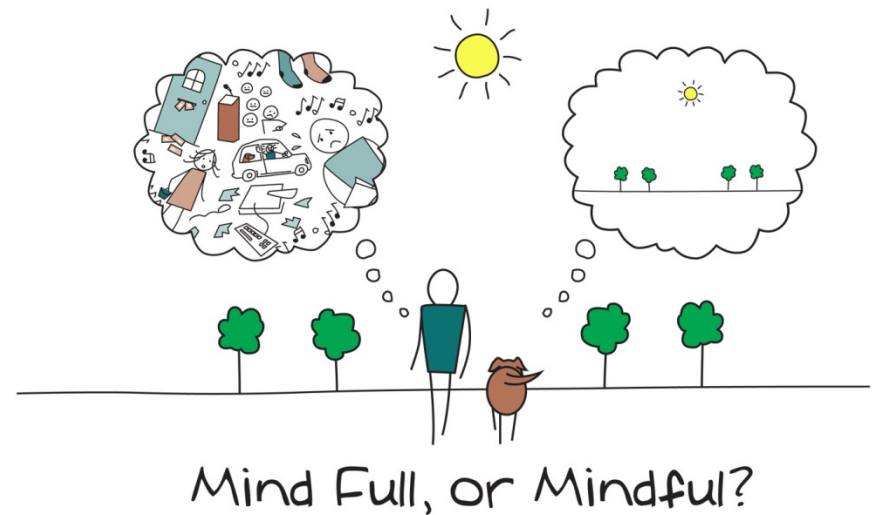
Leo Tolstoy

Mindfulness

- Contact with the present moment
- Being in the here and now, fully conscious of our experience, instead of being lost in our thoughts and judgments

“Mindfulness means paying attention in a particular way: on purpose, in the present moment, and non-judgmentally.”

– Jon Kabat-Zinn



Mindfulness: Why?

- Essential for self-awareness and self-knowledge
 - ▣ The basis for defusion and acceptance techniques
- Judgments about our experiences and past/future-based thoughts create a lot of suffering – often, more suffering than the experiences themselves
- Mindfulness creates more opportunity for values-congruent living – adds richness and fullness



Mindfulness: Strategies

- ❑ It all boils down to: *Notice X.*
 - ❑ Breath awareness
 - ❑ Body scan
 - ❑ Mindful daily activities
 - ❑ Mindfulness with external objects
 - ❑ In-session:
 - “What are you feeling right now?”
 - “What is your mind telling you right now?”



“Can I call you back, Ed? I’m in the moment here.”

Contact with the
Present Moment

Acceptance

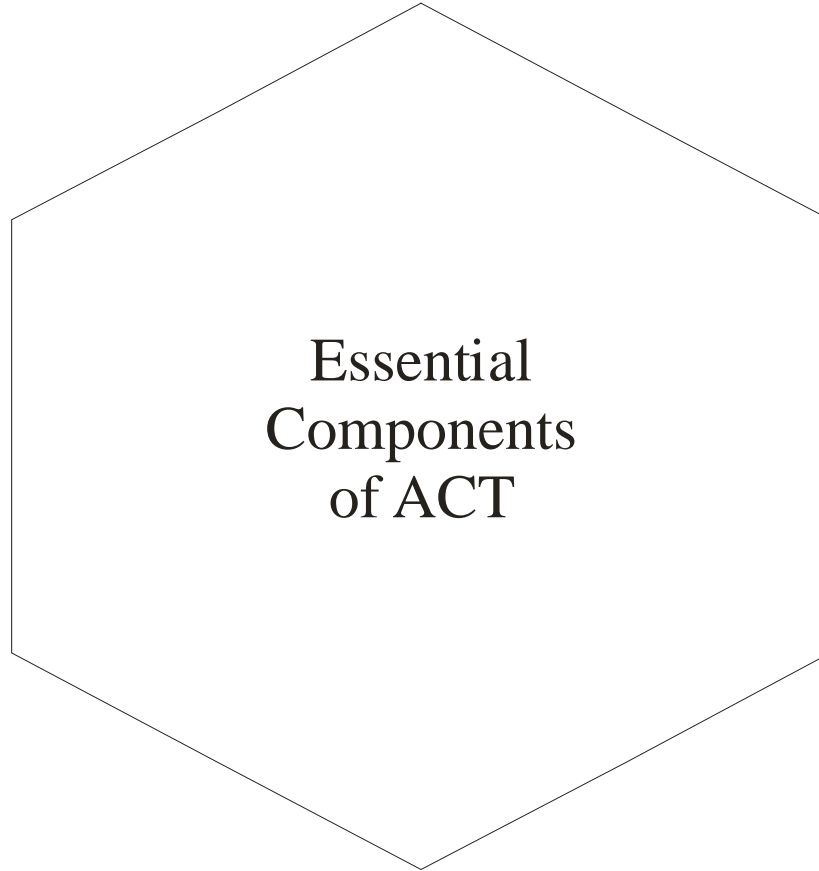
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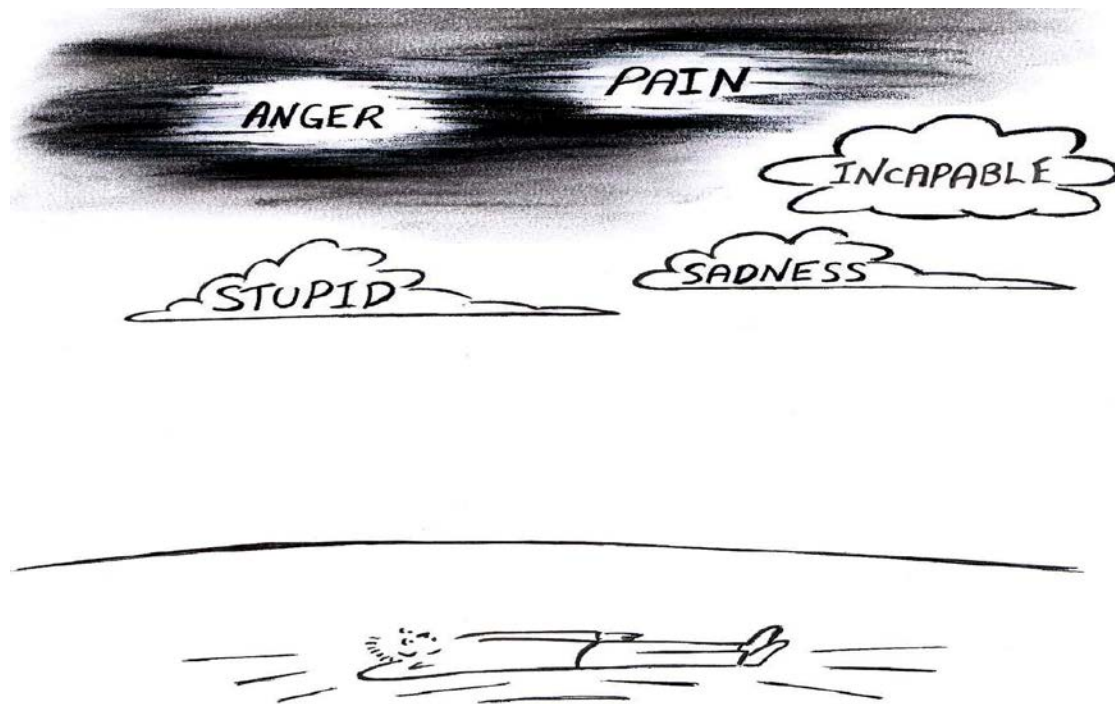
Defusion

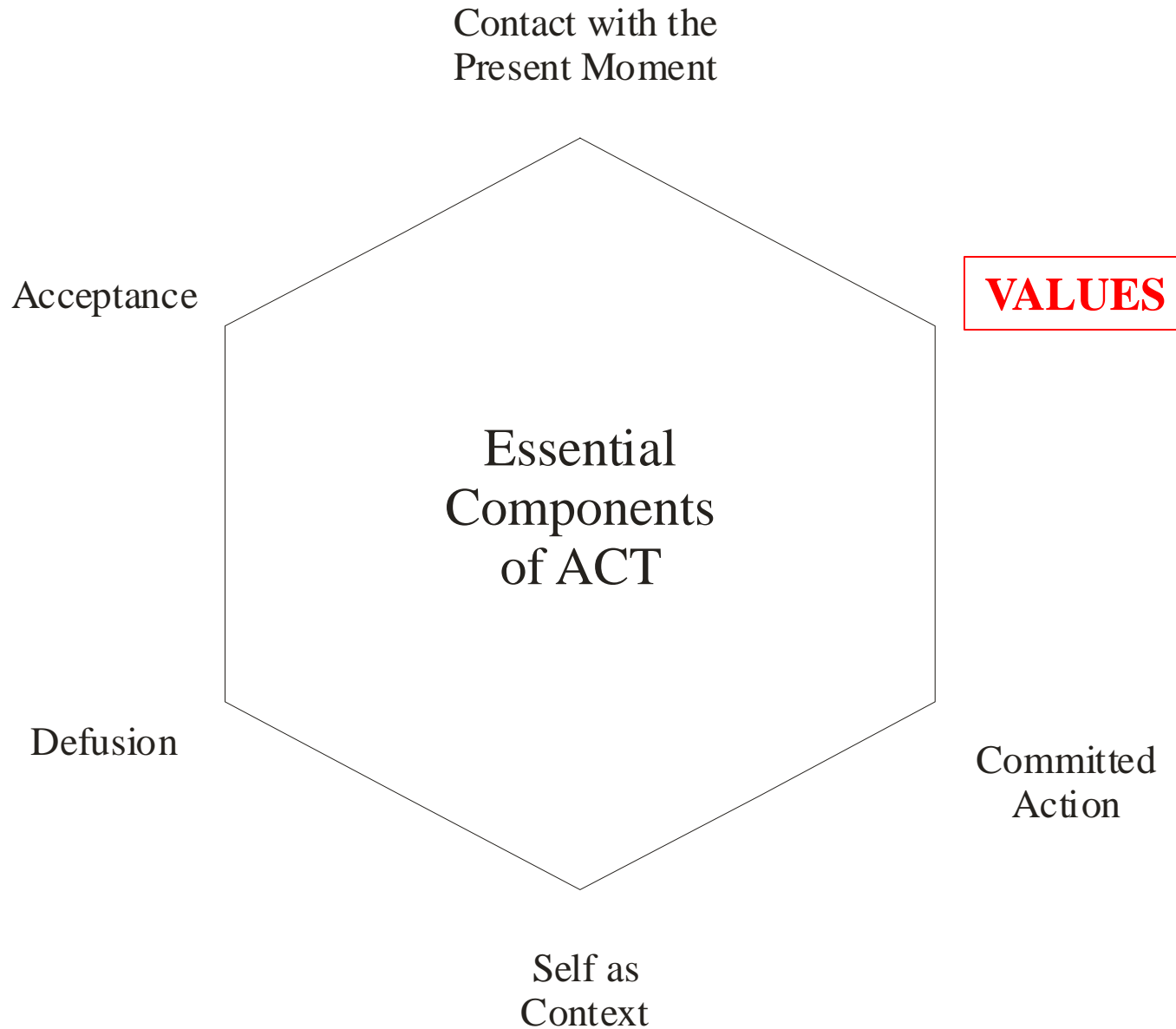
Committed
Action

**SELF AS
CONTEXT**



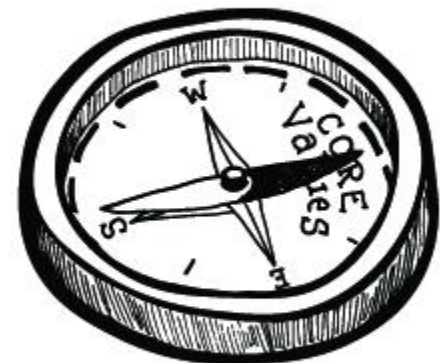
Self as Context





Values

- ❑ The whole ACT model is aimed toward one outcome: mindful, values-congruent living
- ❑ Values: “desired global qualities of ongoing action” (Hayes et al., 2006)
- ❑ In other words: the ways in which we want to interact with the world, other people, and ourselves; what matters to us; what we want to stand for; the kind of person we want to be



Values: What are they *not*?

□ Goals

VALUE	GOAL
Guides us in the <u>direction</u> we are moving	<u>Checkpoints</u> or <u>accomplishments</u> along the way
Such as traveling <u>West</u>	Such as the <u>cities that we stop at</u> while traveling West
An ongoing process	Can be accomplished or " checked off " of a list
EXAMPLE: I value being a healthy person There are times when I am more or less healthy I must continue to eat healthy & exercise to <u>stay</u> healthy	EXAMPLE: I ate a healthy meal & exercised today I did something healthy today I can create another goal because <u>this one is done</u>

□ Wants, needs, desires

□ Feelings

□ Virtues, morals, ethics

Clarifying Values

- ❑ Deep down inside, what's important to you?
- ❑ What do you want to stand for in life?
- ❑ What sort of personal strengths and qualities do you want to cultivate?
- ❑ How do you want to behave in your relationships?



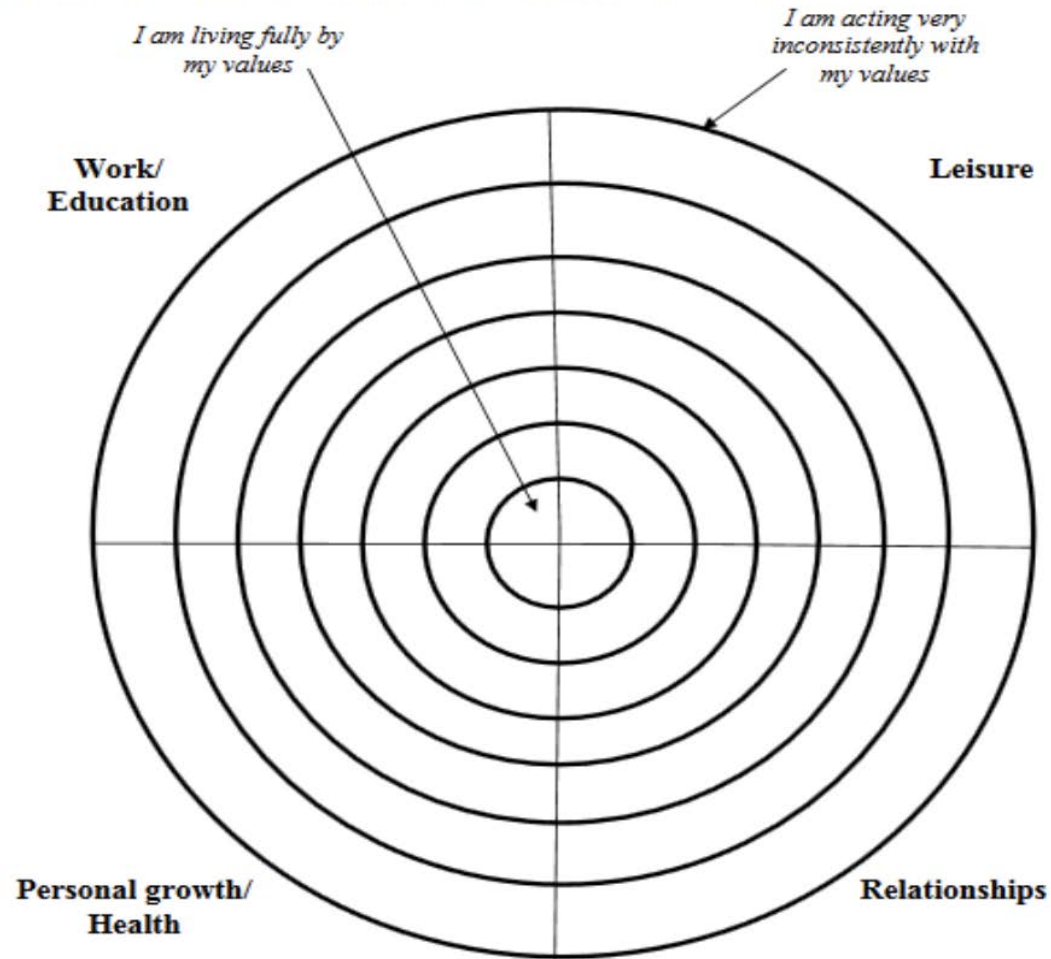
Clarifying Values

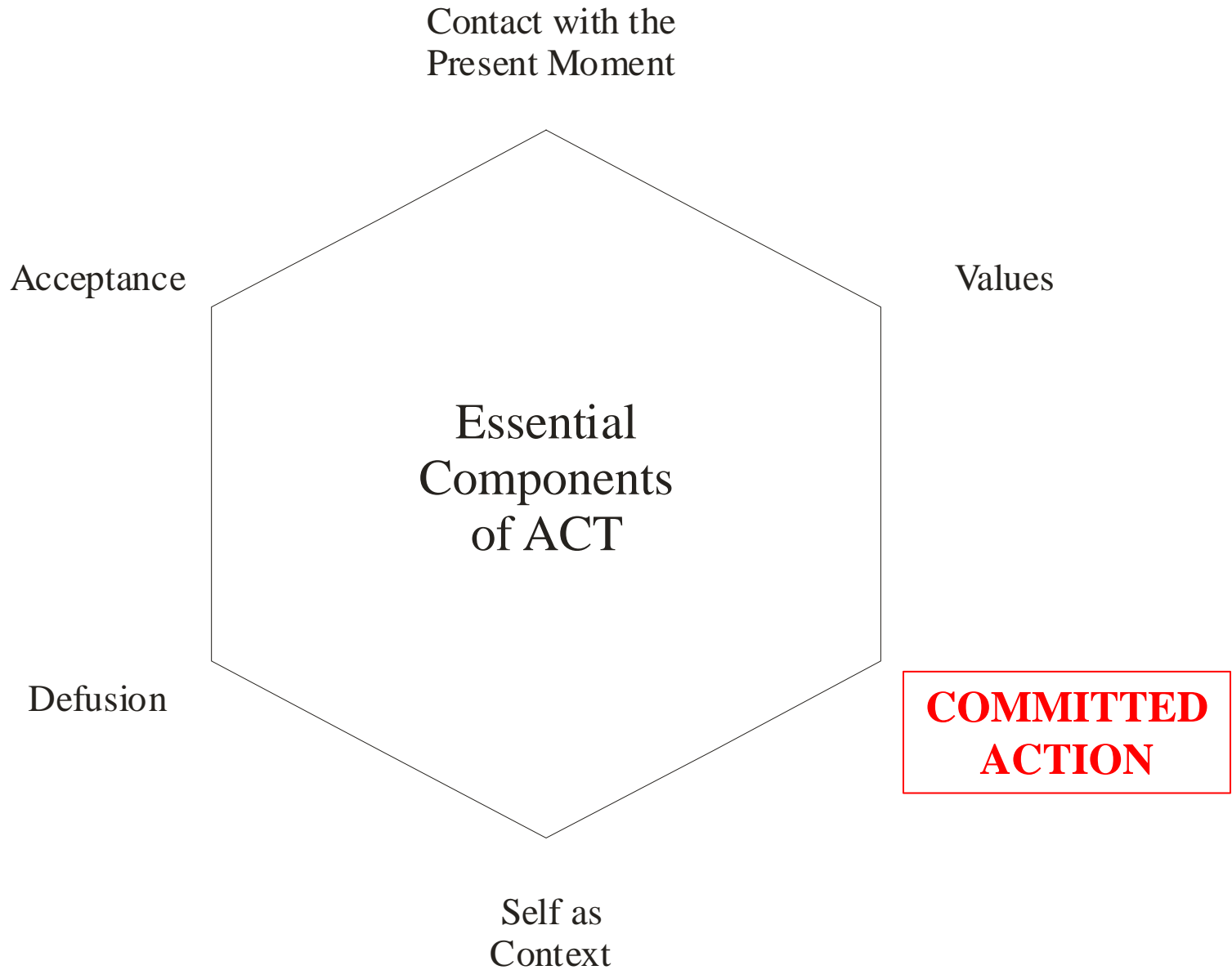
- ❑ Values card sort
- ❑ Values inventory
- ❑ 80th birthday speeches
- ❑ Life and death



Values

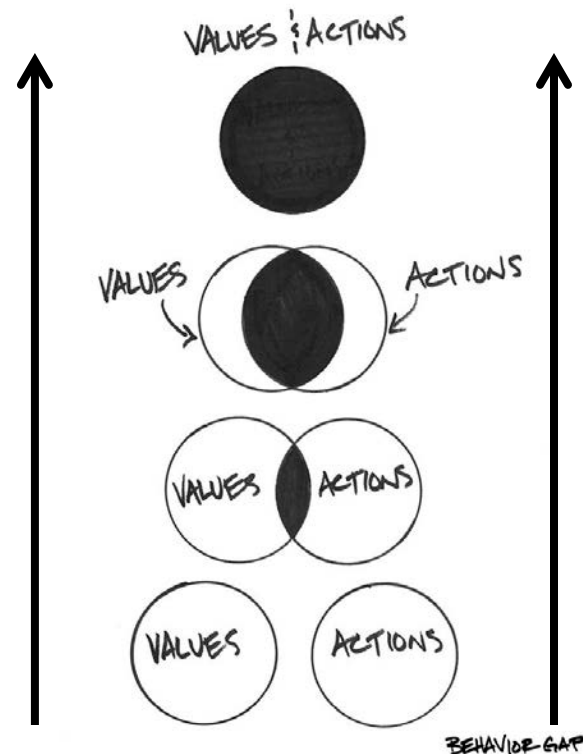
THE BULL'S EYE: make an X in each area of the dart board, to represent where you stand today.





Committed Action

- Translating values into ongoing, evolving patterns of action
- Aim: bring behavior increasingly under the influence of values rather than avoidance or fusion



Committed Action: Method

- Use values to set goals, and break those goals down into specific actions



- Identify barriers to action and overcome them using the other five core ACT processes
 - ▣ Taking the “I” out of ACTION
- “From FEAR to DARE”
 - ▣ Fusion, Excessive Goal, Avoidance, Remoteness from Values
→ Defusion, Acceptance, Realistic Goals, Embracing Values

The Willingness-and-Action Plan

(1) The next time I notice myself procrastinating I will... (The actions you are going to take) or (2)

To manage procrastination I will... (The actions you are going to take)

My goal is to:

The values underlying my goal are:

Thoughts, feelings, sensations, urges I'm willing to have (in order to achieve this goal) are:

• Thoughts:

• Feelings:

• Sensations:

• Urges:

It would be useful to remind myself that:

• I can break this goal down into smaller steps, such as:

• The smallest, easiest step I can begin with is:

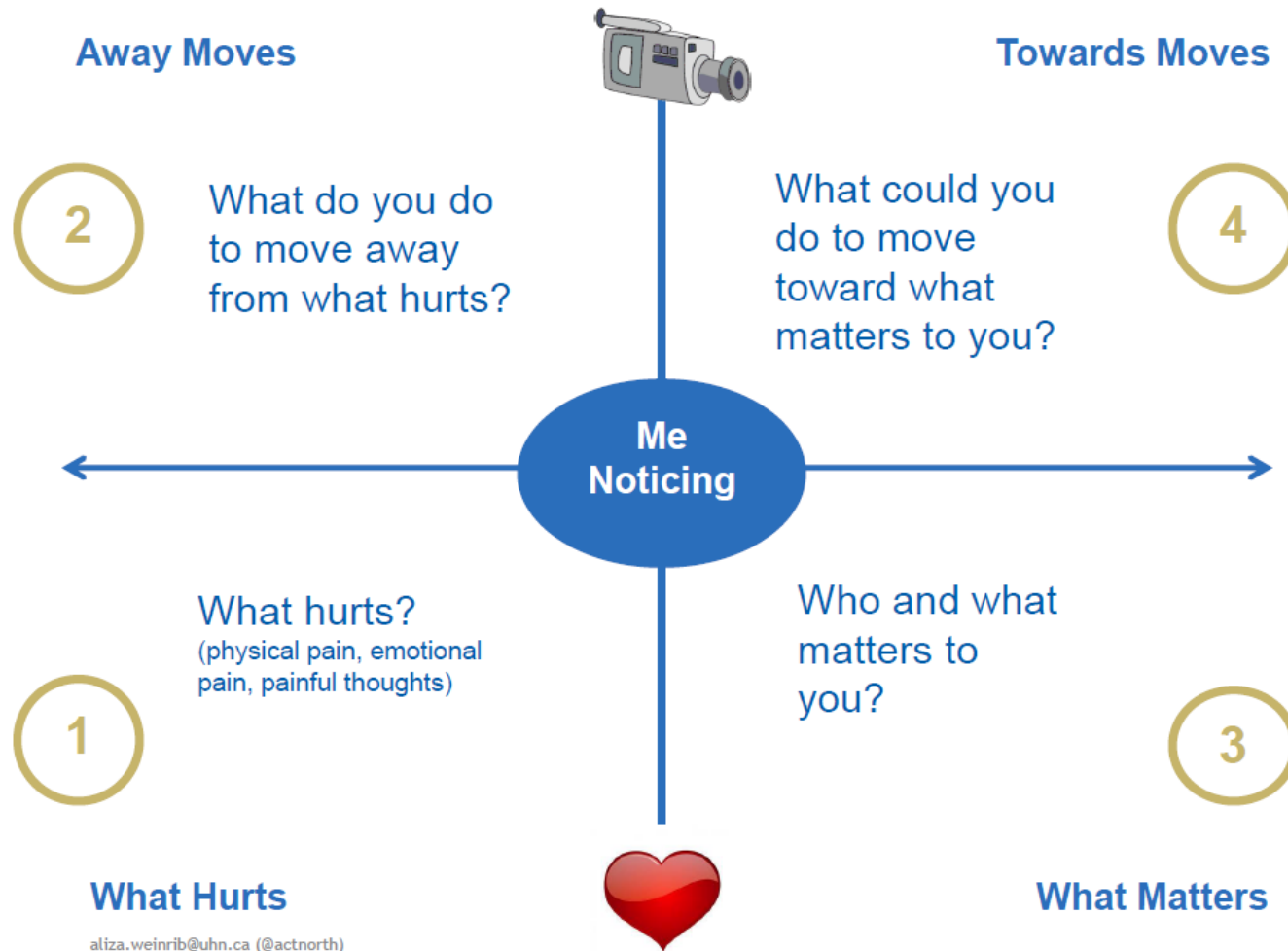
• The time, day and date that I will take that first step, is:

Let's Pull it all Together

The hexaflexercise: ACT in a nutshell



Matrix



Case Conceptualization: Maria, age 54



Dominance of the past
and future; limited self-
knowledge; loss of contact
with the present moment

Experiential
avoidance (of
pain and other
feelings)

Lack of values
clarity/contact

Psychological Inflexibility

Cognitive
fusion

Unworkable
action / Lack
of Values-
based Action

Dominance of the
conceptualized self

THANK YOU!

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