Acceptance and Commitment Therapy in the Psychiatric Hospital

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THANK YOU
Objectives

- Introduce the theoretical foundation of Acceptance and Commitment Therapy (ACT)
- Describe 3 ways that Acceptance and Commitment Therapy can be utilized within the hospital setting, specifically with psychotic patients
- List 3 ACT centered approaches that can be used when working with hospitalized patients
Disclaimer

- The intent of this talk is not to help you understand everything there is to know about ACT.
- Theoretical underpinnings are important, but so is being able to apply skills (even one or two) in the brief hospital visit or patient interaction.
What is ACT?

ACT (Acceptance and Commitment Therapy) is a “3rd wave” school of therapy that comes out of Behaviorism and CBT.

- Acceptance of current circumstances without judgment
- Identifying value based goals
- Implementing strategies to attain these goals
ACT is a therapeutic approach that uses "acceptance and mindfulness processes", and "commitment and behavior change processes", to produce greater "psychological flexibility".

- Steven Hayes
Psychological Flexibility

“the ability to contact the present moment more fully as a conscious human being and to change or persist in behavior when doing so serves valued ends.”

Steven Hayes
ACT

- Evidence Based Practice
- Recognized on Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-based Programs and Practices
- Listed on the State of Oregon Website as a recognized evidence based practice
ACT Protocols and Research

- Agoraphobia
- Psychosis
- Sleep Problems
- Anxiety
- PTSD
- Depression
- Substance Abuse
- Developmentally Disabled
- Couples
- Epilepsy

- Pain Management
- Diabetes Management
- General Therapy
- Anger Management
- OCD
- Post-Partum Depression
- Skin Picking
- Trichotillomania
- Weight Maintenance
- Worksite Stress and Burnout
ACT research on Psychosis

(Bach & Hayes, 2002)

80 inpatient psychotic individuals experiencing positive symptoms were randomly assigned to receive 40 sessions of ACT or TAU.

ACT participants showed

- a rate of re-hospitalization which cut in half that of the TAU population over a 4 month follow up period – a finding not accounted for by increased medication compliance or decreased experience of psychiatric symptoms.
In fact the ACT participants admitted to more psychiatric symptoms than the TAU group.

ACT patients showed reduced believability in the literal reality of the symptoms they experienced.
ACT research on Psychosis

(Gaudiano and Herbert, 2006)

40 clients were randomly assigned to an enhanced TAU or enhanced TAU plus individual ACT sessions in place of other milieu therapy.

The clients who received ACT

- Showed greater improvement in mood symptoms, self reported distress related to hallucinations, impaired social functioning, and clinically significant symptoms change in psychopathology in relation to the control group

- ACT also reduced re hospitalization by 38%
How is this research important?

- Demonstration that ACT can be conducted for people presenting with acute psychosis
- Evidence that a brief ACT intervention may impact on the illness presentation (re-hospitalization; some aspects of symptom severity)
- Evidence that believability of psychotic symptoms mediates change – supportive of the theoretical base
First Wave – Behavioral

- ACT comes out of a branch of behaviorism known as Radical Behaviorism.
- Radical Behaviorist essentially view that “everything that an organism does is behavior.”
- Thus to a radical behaviorist thinking, feeling, and remembering are all forms of behavior.
- RB’s also talk of two realms of behavior (public and private events).
History of ACT

Second Wave - CBT

- Stretched beyond operant theories of overt behavior to deal with thinking
- Major emphasis on challenging and disputing irrational, dysfunctional, or negative thoughts
History of ACT

Third Wave- ACT, DBT

focusing less on how to manipulate the content of our thoughts and more on how to change their context
3 Pillars of ACT

Acceptance and Commitment Therapy

- Accepting instead of rejecting experiences
- Chosen instead of Automatic Behavior
- Taking action instead of Being Acted Upon
ACT is not aimed at making people feel better feelings and think better thoughts.

ACT is aimed at helping people live better lives.

*where “better” is gauged by the extent to which people are living lives that are consistent with their values.
General Guidelines

- Your mind is not there to make you happy
- **Your Mind is not your friend or your enemy**
- It relentlessly creates verbal representations of events relating everything to everything, often arbitrarily
- It can set up the illusion that a thought is “the actual thing or event”
- If thoughts are what they say there are, then we are at the mercy of every arbitrary thought that arises
- In ACT the word “mind” is actually a metaphor for human language. (words, images, sounds, physical gestures all are symbols in language.)
The average mind has about 10,000 thoughts a day.
Why should the Clinician be interested in a Psychotherapeutic Approach?

We have more common approaches than you might think..............

- Pharmacology and Traditional Psychosocial and Psychological approaches focus on symptoms
- Treatment goals are often similar
  - Reducing frequency and severity of symptoms
  - Facilitating skills to better manage the symptoms
  - Improving perceived control over symptoms
General Guidelines

In ACT, the focus is not usually on symptom reduction however it is often the byproduct.

Acceptance  Mindfulness  Suffering
When we do not reject our suffering, or add anything to it, pain is simply pain. It is what we add to our pain that turns it into suffering.

~ Brenda Shoshanna ~
Psychosis is.....

Symptoms $+$

Effects of Psychosis

i.e. Suffering $=$

Psychosis Experience
An ACT clinician in the Psychiatric Hospital works collaboratively with other disciplines to help modify the Psychosis Experience

ACT is an “and” instead of an “instead of”
ACT stance on medication

- The ACT stance on medication is like the ACT stand on everything else.
- The ACT model rests on the concept of “workability” and collaboration.
- ACT does not form a value or opinion on medication. There is no moral stand for or against.
- Rather the focus is on living a valued life.
ACCEPTANCE
Acceptance

- Being present and resolved in circumstances as they are without judgment.
- Opening up and making room for feelings as they are, not as they say they are.

“Acceptance is giving up hope for a better yesterday”
Acceptance Myths

Acceptance is **NOT**

- Tolerating
- Resignation
- Defeat
- Passive

Acceptance **IS**

- Openness without defense
- Dropping judgment
- Making room for feelings
Acceptance and Willingness

- Acceptance is making room for unpleasant thoughts, sensations, feelings, urges, etc.
- Allowing them to come and go without trying to change them
- You don’t have to like something to accept it
Expansion

- The word Expansion can be used in place of Acceptance
- Expansion is an understandable and visual word
- There are fewer reactions to word expansion vs. those common acceptance myths.
Commitment

You’re either in or you’re out. There is no such thing as life in between.
Commitment

- In commitment there is no “I’ll try”
- Willingness is the primary condition for committed action
- Willingness is not “wanting to take action”, it is an act of choice.
- A decision will only lead to action if it is bonded to a commitment.
- Commitment is not about end result. It is about the process.
"NO!
Try not!
DO or DO NOT,
There is no try."
6 Core Processes

Control and Creative Hopelessness: Understanding the cost of efforts to solve the problem. Full emotional contact with their discomfort. The situation isn’t hopeless but their efforts to “control” it have been

Values: as a guide. - getting in touch with what is important in your life and translating this into everyday living - is consistent with recovery models

De-fusing language: Making room for acceptance. Noticing rather than getting caught up in our thoughts.

Willingness and Acceptance:
Interventions that are focused on modification of private events can exacerbate an already excessive inward focus when working with psychotic patients.

Many traditional psychosocial interventions may paradoxically increase these private events.
(Wegner, Schneider, Carter and White, 1987)

The White Bear Study
Why Thought Suppression is Counter-Productive

- Participants were asked to try NOT to think about a white bear vs. control group. If any participant though about a white bear they were to ring a bell.
- Participants who tried to suppress their thoughts rang the bell almost twice as often as the control group.
Ironic Processes Theory

Wegner, 1994

“First I distract myself by intentionally thinking about something else. Secondly, and here comes the irony, my mind starts an unconscious monitoring process to check if I’m still thinking about the thing I’m not supposed to think about – you know, to check if the conscious process is working or not.”
Addressing Control Using ACT

- Usually intense and experiential
- However in Psychotic Populations the focus is more psycho-educational and collaborative
- Metaphors (not consistent with delusional system) are helpful (ex. Chinese handcuffs, quicksand)
Explanation of Fusion vs. Defusion

There is a continuum of an individual's relationship to a thought.
**Fusion:** When a person is fused he cannot discriminate his subjective description of “reality” from reality itself. Does not recognize this is an opinion. Additionally when “fused” with a thought that forms a rule the person follows the rule as if it is an order.

**Defusion:** State of relationship to a thought whereby a thought can be observed without behaving according to it’s literal meaning. Being able to look at life the way life actually is…… not as your mind says it is
But Billy didn't want to eat his delicious alphabet soup.
Creative Hopelessness

- Hopelessness the Belief is irrelevant to ACT.
- We are not asking the clients to believe the situation is hopeless.
- We are asking them to understand the futility of the struggle even while their verbal programming does “it’s thing”
Willingness/Acceptance

- Presented as an alternative to Control. – learning ways to get on with life even though symptoms persist is a realistic focus for therapy
- Psycho-educational – myths (what it is and isn’t)
- Motivational Interviewing
Values and Goals

- Psycho-education difference between a value and a goal.
- If you are ever unsure of how to work with a client using ACT principles you can always start with Values
5 Key Points about Values

1. Values are Here and Now, Goals are in the Future
2. Values never need to be justified, they are simply statements about what is meaningful to us.
3. Values do not have an “end point”
4. Values are freely chosen
5. Sometimes you have to drill down deep to find the value
Traditional Therapy

- In traditional approaches it is the **intensity, form or presence of symptoms** that is presumed to be **critical**.

Treat the symptoms before the behavior.
Humans’ natural tendency is to control or avoid problems (things we don’t want)

Our tendency is to figure out how to get rid of it or avoid it.

This serves us well in most instances.
- Example of getting rid of problems: There is a ferocious tiger outside the door to this room:
- Example of avoiding problems: Windstorm
Studies demonstrate that

- People who cope poorly with voices tend to rely upon distractions and thought suppression strategies (Romme and Escher, 1993)
- Suppression-based coping strategies may exacerbate intrusive thoughts, psychological distress, autonomic arousal, and auditory hallucinations (Morrison, Haddock, and Tarrier, 1995)
- Interventions based on distraction when compared to focusing appear to come at person cost – with poorer outcomes for self esteem (Haddock et al, 1998)
An individual with psychosis **usually** experiences negative private events such as visual or auditory hallucinations and responds or acts out in part in an effort to deal with these intrusive experiences.

**ACT** focuses on the relationship of the events

It is not having the hallucinations that is the problem. It is the “acting out” or “response” to the hallucinations that may interfere with living a valued life.
CBT and Psychosis

For example with auditory hallucinations

- CBT proposes that before anything else, the voices be reduced, and then therapy can help with a new understanding of self

- Techniques: alternative beliefs, behavioral experiments, logical reasoning, adopting strategies for decreasing associated distress.
ACT with Psychosis

For example with auditory hallucinations:

- ACT proposes that the voices be accepted without judging them, identifying worthwhile goals and working towards them in spite of the voices.

- Techniques consist of mindfulness and acceptance exercises, clarification of values and goals, and use of metaphors.

(ex. TV in room, Changing the Channel, Spotlight on the Stage)
In a Typical ACT Session:

We do exercises to:

- Notice what is happening in the here and now
- Practice willingness to have experiences
- Clarify chosen life directions (values)
- ACT groups target 6 core process
- Protocols and Books
ACT and Mindfulness with Psychosis

- Mindfulness of the breath and in shorter 10-minute sittings.
- All mindfulness practice should be "guided". This is to prevent extended periods of silence, when people might become lost in reactions to psychosis.
- Simple grounding is an important tool.
Tools for the Clinician:

(Creative Hopelessness)

❖ “What have you tried to get rid of your symptoms?”
❖ “Did you succeed in permanently getting rid of them?”
❖ “What has this pursuit cost you?”
❖ “Has this brought you closer to the way you want your life to be?”
Tools for the Clinician

(Control)

- Begin to destabilize the patients' confidence in active control that is unworkable and lay groundwork for more workable ones
Tools for the Clinician

(Willingness/Acceptance/Commitment)

- Not a promise
- Not a prediction
- Not an attempt to be perfect
- Doing what is in one’s best interest in a given situation.
Tools for the Clinician

(Values)

› “What sort of person do you want to be?”

› “How do you want to (act, behave) in the world?”
Tools for the Clinician

(Defusion)

◆ “Is this thought in any way helpful?”
◆ “Am I going to believe my mind or my experience?”
◆ “Is this an old story? Have I heard this one before?”
What are the Challenges?

- Engagement in Therapy
- Stimulus overload
- Perception of internal events as external
- Strong emotional investment in symptoms
Challenge: Engagement in Therapy

Strategies:

- Start with Values Work
- Avoid medical and mental health terminology. Instead address problems in relation to everyday problems.
- Rapport Building, “I understand that you are in treatment because of (court order, etc). I don’t know about you but I don’t like being ordered to do anything. So I want you to know that I expect you to have some negative thoughts about being here.”
Challenge: Stimulus Overload

Strategies:

- Caution required with exposure/exercises applied directly to symptoms (i.e. Take your mind for a walk)
- Keep to a matter of fact, collaborative, educational tone
- High levels of emotion are unlikely to be helpful
Challenge: Perception of internal events as external

Strategies:

- General approach: take on clients terminology for psychosis and symptoms (not well, concerns)
- Step around issues of reality. Refer back to having space to move, workability, to live (letting their values be the “real” thing that is important)
- The client may tolerate mindfulness anyway. Start slowly. Grounding exercises.
Challenge: Strong Emotional Investment in Symptoms

Strategies:
- Focus on values and commitment
- Small steps may open up areas of living that have been neglected
- Continue General work – learning ACT skills
ACT Resources

- http://contextualpsychology.org/
- http://www.portlandpsychotherapyclinic.com/

(local clinic that conducts therapy, research and training)

Books:

ACT Made Simple – Russ Harris
The Happiness Trap - Russ Harris
Learning ACT: An Acceptance and Commitment Therapy Skills Training Manual for Therapists - Jason Luoma
The more you do, the more mistakes you'll make.

PROBLEM SOLVED.