

An introduction to acceptance and commitment therapy (ACT)

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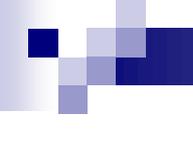
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- 
- What is ACT?
 - Quick tour around the model
 - Outlining some differences between ACT and CBT approach
 - Case study
 - Evidence for ACT



ACT – a definition

‘ACT is a psychological intervention based on modern behavioural psychology, that applies mindfulness and acceptance processes, and commitment and behaviour change processes, to the creation of psychological flexibility’

Steven Hayes, Founder of ACT

The “Waves” of Behavioural and Cognitive Therapy

- **First:** application of basic learning principles to behaviour change.
- **Second:** emphasis on cognitive processes.
- **Third:** integration and expansion of behavioural and cognitive approaches in a functional *contextual framework*.

Some ACT characteristics

- Focus is on behavioural effectiveness rather than decreasing aversive experiences.
- Experiential understanding is usually more helpful than an intellectual or academic one – hence a focus on metaphors and practical exercises.
- ACT is creative, collaborative and interactive.
- Similarities and overlap with other approaches: behavioural, CBT (particularly ‘third wave’), narrative.

What is ACT?

- Acceptance and Commitment Therapy: an empirically- supported mindfulness-based therapy, created by Steven Hayes in 1986
- **Acceptance** of what is out of your personal control and **Commitment** to taking action that enriches your life.
- The aim of ACT is to create a rich full and meaningful life, while accepting the pain that inevitably goes with it.
- Symptom reduction is not the goal

What is ACT?

- Based on Relational Frame Theory
- Language at the core of human suffering
 - Language is essential but it can cause problems
- Aims to promote “psychological flexibility”
- Does not try to change content of thoughts
- Seeks to bring problematic thinking under appropriate contextual control

Why is my dog more happy than I am?



Popular view of human experience

- 'Normal' = happy and healthy
- If you are not happy and healthy you are 'abnormal'
- Abnormality is a disease or syndrome driven by pathological processes
- Intervention aims to cure the disease by changing pathological processes

But....

- 12 month incidence of DSM IV disorder is at least 25% - of which nearly half will meet criteria for 2 or more categories
- 50% lifetime prevalence of psychological problems
- High incidence of suffering which does not meet DSM IV criteria – divorce, family conflict, work stress, abuse, loneliness etc
- Approximately 50% of suicide is not associated with DSM IV disorder

12 month Prevalence of DSM-IV disorders: 1 in 4 in 12 month period (Kessler et al. *Arch Gen Psychiatry*. 2005;62:617-627)

■ any disorder = 26.2%

- anxiety, 18.1%;
- mood, 9.5%;
- impulse control, 8.9%;
- substance, 3.8%;

■ severity:

- 22.3% serious;
- 37.3%, moderate;
- 40.4%, mild.

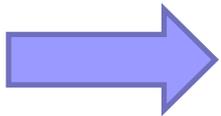
■ co-morbidity:

- 55% single diagnosis;
- 22%, 2 diagnoses;
- 23%, >2 diagnoses

ACT Perspective on Suffering

Look to your experience. Have you met anyone who has never experienced . . .

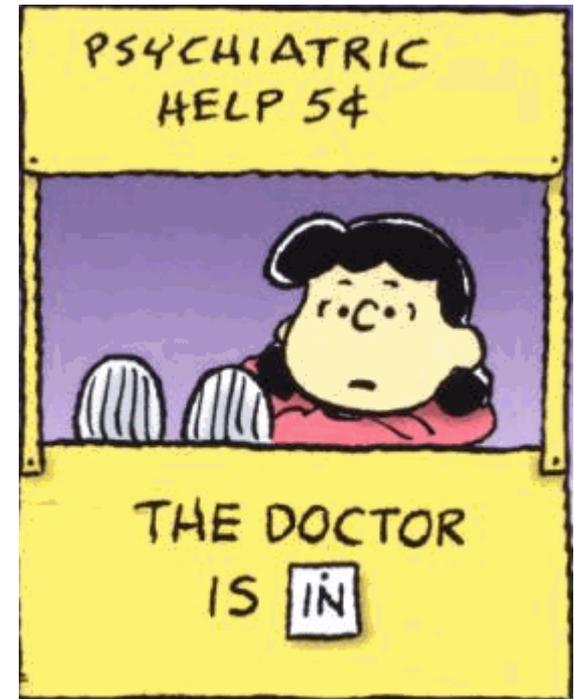
- Sadness
- Fear
- Anxiety
- Negative thoughts
- Scary dreams
- Bad memories



These are normal human experiences
Our suffering is due to our use of language
and our attempts to control our internal experiences

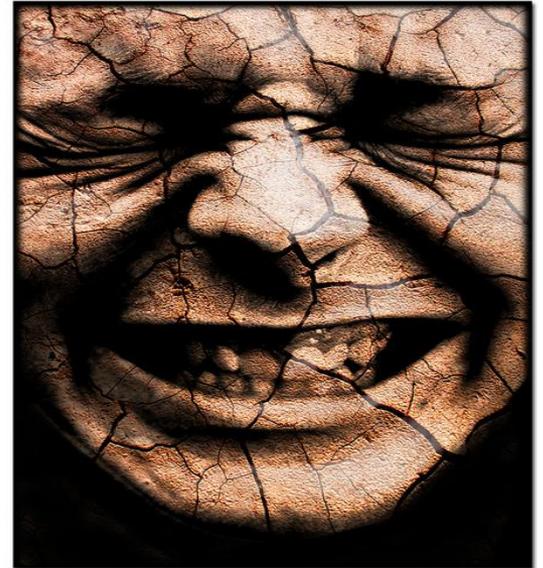
The ACT model of pathology

- Much of psychology has viewed psychopathology as abnormal (disrupted biology, thinking, or behavioural patterns)
- ACT says psychopathology is normal and to some extent inevitable



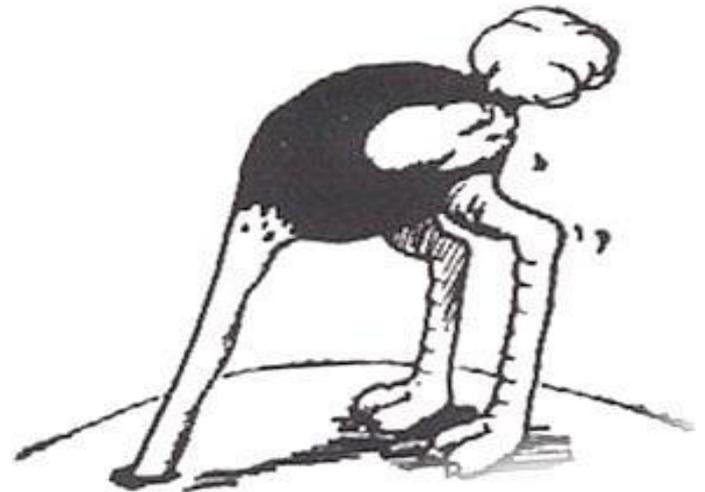
Evidence

- Suffering is universal
 - High lifetime incidence of psychopathology
 - High rates of divorce, misery, loneliness, violence, prejudice, etc.
 - Psychologists are not immune



ACT alternative view

- Normal psychological processes can be destructive
- Two central 'culprits'
 - Cognitive fusion
 - Experiential Avoidance



Cognitive Fusion

- Inability to ‘stand back’ from thoughts ⇒ entanglement ⇒ acting without guidance of values
- Thoughts seem to be the literal truth
- Or rules that must be obeyed*
- E.g. “Getting a B in an exam is a fail”
- Evaluation component of thought is not separate

*Note similarity to Cognitive therapy

Experiential Avoidance

- Unwillingness to experience certain private events (anxiety, pain, etc.)
- Taking steps to reduce the frequency or intensity of these private experiences
- Often has the opposite effect from that which is desired
- Reinforced by the “feel good” culture*

* At the heart of the mental health model

Psychological Inflexibility

Dominance of Past/Future Thinking

Preoccupation with past or future and
Loss of awareness of the present

Lack of Values Clarity Or Contact

Loss of contact with
Or clarity with what
really matters

Experiential Avoidance

Acton based on avoiding
Uncomfortable
Sensations, feelings,
Thoughts, or memories

Inactivity or Disorganized Activity

Inaction,
Impulsivity,
Or persistent avoidance

Cognitive Fusion

Entanglement in thoughts;
Listening to our mind
And ignoring experience



Self As Content (descriptions)

Holding tightly to identity descriptions
Stuck in unhelpful 'story' about self

6 processes of psychological health

The present moment

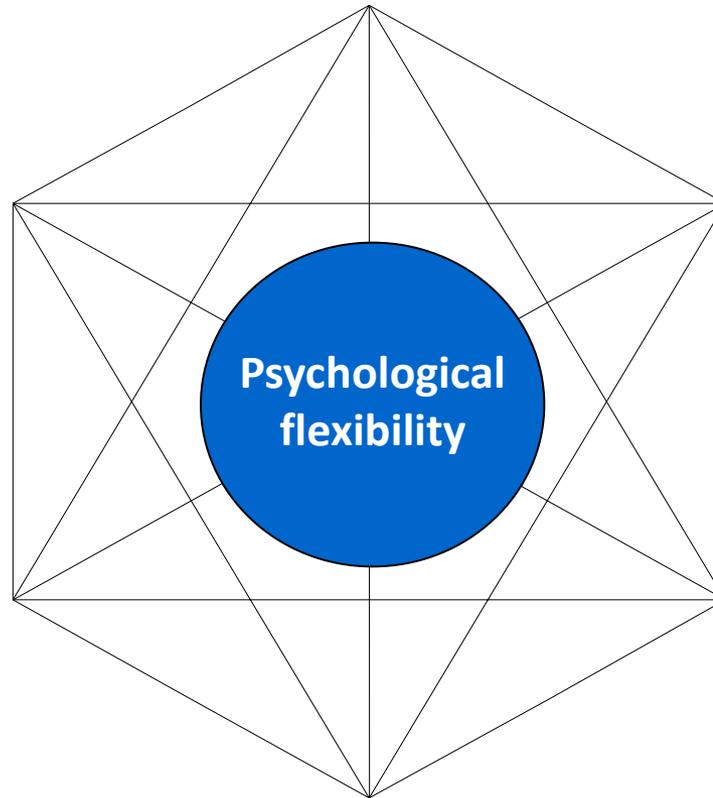
Be here now

Acceptance

*Willingness to
Experience
Whatever shows*

Values

Know what matters



Defusion

*Not buying into or
going with
unhelpful thoughts*

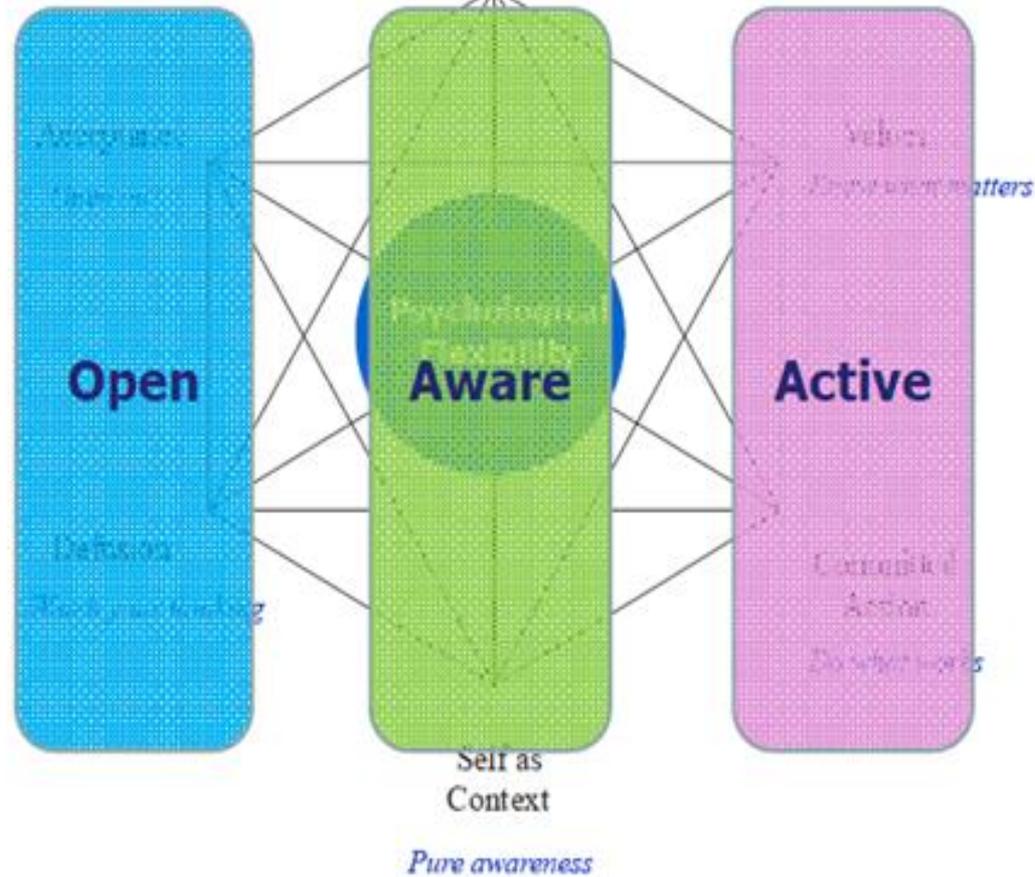
Committed action

*Do what it takes even
When things are hard*

Self-as-context/ Observing self

Pure awareness

The Essence of ACT Work



Six Independent but Overlapping Processes

- **Acceptance**

- Letting go; willing to have the experience and without defence.

- **Defusion**

- Not seeing the world through your thoughts.

- **Self as context**

- Recognition of the distinction between self as a conscious human being and the psychological content that is being struggled with.

- **Committed action**

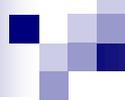
- Quality of the action important not the magnitude of it; Builds up larger patterns of committed behaviour.

- **Values**

- Knowing deeply what you care about; making living (and therapy) about this.

- **Contact with the present moment**

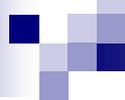
- Non-judgemental contact with psychological events and events in the environment as they occur.



Psychological Flexibility

ACT seeks to strengthen these positive psychological processes:

- Acceptance and Mindfulness = being in the present moment, acceptance/willingness, cognitive defusion, self as context
- Commitment and Behaviour Change = being in the present moment, clarity and contact with values, committed action, self as context



Differences between ACT and CBT

- CBT – tx designed to eliminate symptoms with the goal of returning the person to good health (e.g. fear avoidance – challenging negative thoughts and finding balanced alternatives.
- ACT – teaches people to change their behaviour when it does not work and persist when it does. Its more about the workability of their behaviour.

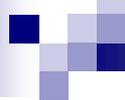


The Basic ACT Strategies

- Confronting the Agenda – Creative hopelessness or workability
- Control as the problem
- Defusion
- Acceptance & willingness
- Contacting the Present moment
- Self-as-context
- Valuing as a choice
- Commitment and Action

Workability (part of Creative Hopelessness)

- Is what you are doing working in the long term to make life rich, full and meaningful?
- If yes, keep doing it
- If no, do something different
- Fusion and avoidance are NOT inherently bad. We only target them when they get in the way of a rich and full life.

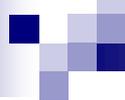


Suffering ⇒ Vitality (via workability)

Suffering = Unhelpful thinking styles,
Avoidance & Unworkable actions

Workability = is this behaviour working to
improve quality of life?

Vitality = Be present, open up, know what
matters and do what it takes



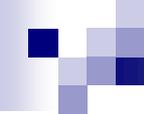
Simple formulation

- What valued direction(s) does your life need to take to be rich and meaningful?
- What stands in the way of vitality and flourishing?
 - Unworkable action
 - Fusion
 - Avoidance



Clinical Methods

- Weakening dominance of thinking self
- Making space for the difficult
- Committed action towards value based activities
 - Metaphor
 - Paradox
 - Experiential exercise

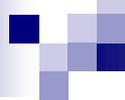


Case Example

- GS, 73 year old male; married 47yrs; father of 3; grandfather of 3
- Electrician – “Mr Fix-it”. Heart attack → retirement
- Lung Ca. Unresponsive to curative chemo → palliation
- Lifelong worrier – coped by doing & positive thinking
- Referred to psychology for help with depression, anxiety, anger & guilt

Case Example

Experiential Avoidance	Ongoing effort to avoid negative emotions & thoughts related to struggle and dying
Cognitive Fusion	Fused with idea that he is a burden I have got to stay positive Trying to fix the unfixable (family's suffering)
Loss of contact w/ Present Moment	Frequent rumination about past (events, identity) Regular worries about how family won't cope after he dies
Self as Content	Attached to self-as-content: I was once leader of the pack; now I'm not even running
Lack of contact with Values	Infrequent contact with what's important
Lack of Committed Action	Inertia



Case Example: Intervention

- Metaphor of family picnic on the beach
- Clarified values – develop a sense of hope and direction
- Goal setting guided by values
- Defusion and self-as-context exercises
- Awareness of avoidance → Approach willingness
- Mindfulness exercises

Evidence

► Overall

- >100 RCTs, hundreds smaller studies
- Emphasis on mediational analyses
- Some criticisms from systematic reviews / meta-analysis from other CBT, methodological differences
- Almost all available at www.contextualscience.org

► Evidence-based practice (EBP) lists

- Accepted as EBP on US Dept of Health's SAMSHA list
- APA Section 12 listings of EBP cites 'strong research support' for use in chronic pain
- Much of evidence on Pain driven by Lance McCracken, Kevin Vowles & colleagues

ACT research related to oncology and palliative care

- Feros, D.L. et al (2011) Acceptance and Commitment Therapy (ACT) for improving the lives of cancer patients: a preliminary study. *Psycho-Oncology*
- 45 participants; heterogeneous cancer types; 5 people (11%) advanced cancer stage
- 9 x 45min sessions
- Significant improvements in:
 - Distress & Mood
 - QoL
 - Acceptance

ACT research related to oncology and palliative care

- Rost et al (2012) Improving psychological adjustment among late-stage ovarian cancer patients: Examining the role of avoidance in treatment. *Cognitive and Behavioural Practice*, **19**, 508-517
- 47 women; 12 x 1hr individual sessions over 3 months
- ACT or TAU
- Improvements in both interventions; however ACT was significantly better at:
 - Reducing distress
 - Improving QoL
 - Improving suppression
 - Improving acceptance

ACT research related to oncology and palliative care

- Low, J. et al (2012) The role of acceptance in rehabilitation in life-threatening illness. *J Pain Symptom Management*, **43**(1):20-8
- 100 participants (62% female); palliative care centre; non-cancer ⇒ metastatic disease; physical function tests and psychological morbidity correlated with acceptance measures
 - Negative association between acceptance and psychological morbidity
 - Positive associations between acceptance and physical function tests

What is ACT?

- ACT teaches psychological skills (mindfulness skills) to deal with painful thoughts and feelings more effectively – in such a way that they have much less impact and influence.
- ACT helps you to clarify what is truly important and meaningful to you (your values) - then use that knowledge to guide and motivate behavioral change, to improve your quality of life.

Is the glass of water half full or half empty metaphor - Different Schools of Cognitive Therapy (Blenkiron)

It all depends on how you view it	CBT (Beck; Ellis)
Just drink from the glass and note what happens	Behavioural Therapy (Wolpe; Skinner)
What can you practically do about it? Fill it up?	Problem Solving (D'Zurilla; Nezu)
If the glass is half empty, what does that say? I'm unworthy? Others are selfish?	Schema Focused Therapy (Young)
The glass is half full and half empty. It is 'both/and' not 'either/or'	Dialectical Behavioural Therapy (Linehan)
Don't be self-critical. It's not your fault the glass is like this.	Compassion Focused Therapy (Gilbert)
Ruminating about this glass isn't helpful. Do something rewarding/ meaningful instead.	Behavioural Activation (Jacobson; Martell)
Become aware of your focusing on the glass. Let it be without trying to change it.	Mindfulness (Kobat-Zinn; Segal, Williams & Teesdale)
Accept that the glass is not full but commit to drinking it anyway.	Acceptance & Commitment Therapy (Hayes)



Acknowledgements

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