

getting big results from brief consults in primary care

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1

FACT 2 day

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2



**New Zealand
Aotearoa**

3



**Ko Rangitoto tōku maunga
Rangitoto my mountain**

4



**Ko Rangitoto tōku maunga
Rangitoto my mountain**

5



**Ko Waitemata tōku moana
Waitemata my "water"**

6



Ko tauwi ahau

People who came later

7



Canada 7 years
Hamilton, Fort St James, Lillooet
Vancouver

8



No Tamaki Makaurau tōku
Kainga

Where I live is Auckland

9



Ko Bruce Arroll ahau

10

No Reira tena koutou, tena koutou, tena koutou katoa

You are from there greetings to you

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Peter Bowden

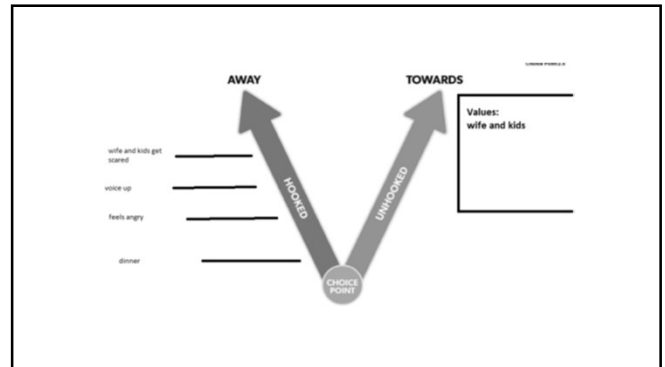


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Aim of FACT 1 training

- can do work/love/play
 - behavioral activation
 - exposure therapy (mindful anchor)
- can do choice point
- confidence to do tomorrow
- assume seen video 7 steps

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aim of training- advanced

- behavioural activation at first visit
- 40 to 50 % of clients better at two weeks
- what to do with the 58% who don't
- actually can get to about 70% in trials and clinically
- go short trip in to theory RFT and CBS

15

introduction

- who are you
- one of your values

16

best treatment MDD

- behavioural activation -42%
- placebo – 41%
- CBT - 28%
- antidepressants -very-severe 25%
- nurse phone call -20%
- antidepressants -severe – 9%
- antidepressants -mild/mod – 6%

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aim of training- advanced

- The client solution is the problem
- What is your dashboard warning light
- Finding the pain
- Contextual behavioural science
- Relational frame theory 101- grief time travel
- The language problem
- Functional analysis

18

aim of training- advanced

- Case of Sam
- Work love play and Te Whare Tapa Wha
- Two hexaflexes
- Forgiveness
- Transactional analysis
- Process focused ACT
- Kelly Wilson self-compassion test
- Suicide assessment
- Existential stuff (Walser)
- asking for feedback
- Magic button and magic dial

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the client solution is the problem

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the client solution is the problem*

- all distressed patients/clients this is true
- otherwise they would not be seeing you
- *mental research institute 1960s; 2015 Kirk Strosahl

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the solution is the problem

- lost contextual sensitivity
- “excess worrying” keep doing the same things get same results
- “low mood” by avoidance lost contact with +ve reinforcers
- underlying issue is not ok with the “pain”

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The problem with pushing away...



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FACT

- focus on unworkable results of rule following, emotional, and behavioral avoidance
- Accept the presence of distressing, unwanted private experiences that function as barriers to workability
- Choose a life path based in personal values rather than avoidance of pain
- Take actions which propel him/her down that path

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Tigers and detours



25

Tigers and detours



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dashboard warning light

- "know your life dashboard"
- stopping "workable activities"
- starting "unworkable activities"
- e.g. Bruce and the gym wanting to do things/see people

27

dashboard warning light e.gs

- ? the key to resilience
- good ↓
- exercising ↓ hobbies ↓
- bad ↑
- drinking ↑ smoking ↑ substance ↑
- increase in screen time ↑
- exercise in pairs-dashboard lights

28

mind break



29

dashboard warning light

- exercise in pairs:
- what are your dashboard lights

30

no life operating manual

- work out for yourself
- learn by trial and error

31

no life operating manual

- no delete button
- hold things lightly
- self-compassion
- avoidance: emotional & behavioural
- values & living with ease

32

no delete button-hold lightly



33

no delete button

- brain task to keep your alive
 - cannot and will not forget dangers
- brain avoids physical pain and then tries the same for emotional pain XX
- none of us like emotional pain
- trust experience not what mind is saying

34

no delete button

- emotional/personal pain strategy
 - hold pain lightly
 - experience it not solve it
 - “sunset not a math problem”
 - or move towards the issue
- can keep you alive, but not living with ease in 21st century

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process focussed ACT

- listening for the pain
- like a dentist trying to find the cavity

36

find pain- 4 ways – dental!!

- name the pain-e.g. not sad*
- downward arrow
- tears were words what saying
- core beliefs sheet (brucearroll.com)
 - helpless
 - unloveable

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find pain-downward arrow

- negative thought
- why upsetting to me if this were true?
and what would it mean to me
- repeat this a number of times until get to pain
or core belief
- do exercise on your own –think of something
negative and do the downward arrow

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hold lightly breath slowly

39

going deep- the engine room

40

going deep- the engine room

- ACT is a contextual behavioural science
- functional contextualism
- example of contextualism
- Theory: relational frame theory

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contextual behavioural science

- ACT is a contextual behavioural science
 - contextual applied behaviour analysis
 - relational frame theory (back of the TV)
 - CBT with evolution science

ACT is the best known part
Bruce at Seattle conference

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contextual behavioural science

- behaviour can only be understood with reference to the elements of context which influence it
- the context is the arena or space in which your thoughts, emotions and sensations act

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Geek version of ACT

- ACT is an approach to human suffering that is based on the philosophy of functional contextualism and the theory of relational frame theory

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considering context



45

Penny is laughing

What is the function of her laughing



46

Penny is laughing

First day at work
– boss tells joke –
she does not
think it is funny



47

Penny is laughing

Financial distress,
needs to keep job. Boss
seems happy that she
has laughed at his joke



48

Penny is laughing

In family father was violent, mother fragile. Penny attentive to needs of others to keep peace. Gave her a sense of control in hostile home. Laughs but does not find boss' joke funny



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relational frame theory-101

- fail exam at 8
- argue with mother at 16
- crash family car at 21
- error at work
- downward spiral

– Steve Hayes

50

inflexibility

- running
- hiding
- fighting

51

dietic framing

- here now
- Vs then there
- e.g. 16 year old breaks up with first girl friend
- what would the 36 year old you say to the 16 year old you
- you will get over it

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Relational Frame Theory RFT

Different ways of relating experiences and stimuli using language

Coordination Framing

Equivalence, sameness, similarity.
Cue words: is / are, like,

Distinction Framing

Noting an experience is distinct from other kinds of experiences.
Cue words: different to, not, other

Conditional Framing

Event statements, placing an experience in a chain of events.
Cue words: when, before, because, effect of

Opposition Framing

The opposite of
Cue Words: Opposite of, other side of,

Comparison Framing

Comparing experiences and stimuli.
Cue words: bigger/smaller, which, the best,

Temporal / Spatial Framing

Ordering events and experiences in time or space.
Cue words: next to, inside/outside, before/after

Hierarchical Framing

To include within, a subset
Cue words: a part of, belongs to, overarching

Diectic Framing

Views from there, over there
Cue words: words which have perspectives across these dimensions

Analogical Framing

Combining relational frames to metaphor
Cue words: in the same experience/sort can easily relate to... experience is like, finding a person just like your friend

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Relational Frame Theory RFT

Different frames:

- Coordination –
- Distinction –
- Conditional –
- Opposition –
- Comparison –
- Temporal / Spatial –
- Hierarchical –
- Diectic –
- Analogical –

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Two sides of the same coin



VALUES

PAIN

55

Two sides of the same coin



LOVE

SORROW

56

Perspective Taking Committed Action

- The time-machine question...
- Emphasise willingness to have this pain, if that's the price of the love



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- We can't remove the pain of grief
- The pain is less problem than some *responses* to the pain (extreme avoidance, loss contact with present)
- IN RFT terms, we're aiming to transform the function of the pain
- (everyone different – example only)

Pain of grief	Opposite of (oppositional framing)	Loving, fulfilling life
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Rule: to move *towards* better life, move *away* from pain of grief

Pain of grief	Part of (hierarchical framing)	Loving, fulfilling life
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Make room for the pain of grief in order to have a loving, fulfilling life
therefore engage in valued activities in presence of painful thoughts and feelings

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time travel exercise

- think of someone you no longer have a relationship with due to rupture or death or moving
- feel the sadness that goes with that
- do the time travel
- choose the relationship or choose not
- vote for keeping relationship

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function of behaviour

- the type 1 diabetic with HBA1c 146
- now aged 41 type 1 since age 11 years
- injects his long-acting insulin to stay alive
- does not inject 3x per day for good control
- what is the function of this behaviour

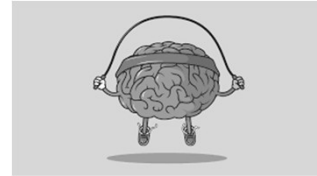
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function of behaviour

- ABC
- Antecedent – I don't accept my diabetes
- Behaviour – avoid short acting insulin 3/day
- Consequence – "pretend" diabetes short term
- Consequence – long term blind, CVD, amputation
- Unwinding anxiety later

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mind break



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self reflection

- in what ways have you yet to accept the fact that you are who you are, not the person you think you ought to be
- silently consider this question

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Summary so far

- the solution is the problem
- dashboard warning light – Tiger alarm
 - what is yours
- no delete button
- find the pain – hold it lightly
- going deep
 - Contextual behavioural science (context)
 - Relational frame theory
 - Functional analysis

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the language problem

- The ability to generate and follow rules is ..greatest human achievement. ...we can tell others what needs to be done. We can warn our children of dangers, or plan for the future. .. Pass down what we've learned to others or remember ourselves. ... this tool has a double edge. this enormous cognitive strength could also turn badly against us. Our remarkable allegiance to verbal rules is a major contributor to psychological inflexibility. We follow them strictly .. we never deviate even when they are making our problems worse-sometimes horrifyingly worse.

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the language problem

- many of these rules we tell ourselves are quite helpful. But the problem-solving mind does not know when to stop, and even if it did, it does not know how (remember it is trying to keep you alive)
- Steve Hayes. A liberated mind. The essential guide to ACT. Page 84
- Pivoting. Moving from avoidant persistence to committed action

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3 toxic processes of language

- context insensitivity
- emotional avoidance
- behavioural avoidance

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1 context insensitivity, fusion RGB

Fusion involves over-identifying with contents of mind such that mental events and associated response rules exert undue influence on behavior

Rule following produces automatic rigid patterns of behavior that don't change despite negative real world consequences (context insensitivity)

Socially instilled rules on how to achieve health

Cultural ideas that feeling bad is "bad for you"

Problem solving operations being overly focused on elimination and control of presumed "causes"

Socially reinforced beliefs "destructive normality"

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2. emotional avoidance (EA)

involves being unwilling to make contact with unwanted, distressing private experiences

TEAMS thoughts emotions associations memories sensations

Active EA results in a "rebound effect" as avoided experiences seem more intrusive and uncontrollable

Active EA cuts the "feedback loop" between direct results in the world and our emotional response → increasingly rigid and unworkable behavior patterns

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3. behavioural avoidance (BAvoid)

Restricting access and participation in situations events or interactions that might "trigger" avoided material

Avoidance of situations that "matter" is a natural result

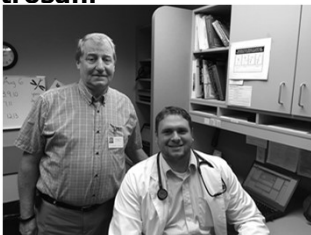
Patterns of avoidance naturally generalize and widen in life, leading to increased life problems

Life meaning and purpose is entirely sacrificed when practiced habitually

Symptoms of distress are actually "feedback" loops that are suppressed and avoided EA

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Kirk Strosahl



- life constriction precedes mental health issues

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contextualism –assumptions 1

- We "behave" our way into problems, and we will behave our way out of them!
- What "works" is what serves the best interests of the human, situated in context
- Thus, context sensitivity is an absolutely essential features of flexible, workable responding KS 2020

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do case of SAM

- see work love play
- work in pairs
- ? change medication

73

functional analysis (FACT)

- Time
- Trigger
- Trajectory

Then contextual interview

– work/love/play

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Functional analysis

Time	When start How often happens What before/after problem Why now
Trigger	What person/situation sets it off Any new triggers
Trajectory	? Times when of less concern ? Times of more concern Any other patterns

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Case

45 year old man presents with a PHQ 9 of 17 GAD of 10 (moderate to severe mood issue) on venlafaxine 150 mg per day) for his depression or low mood. Divorced has a girlfriend but drinking causing some issues with her. Has had problems with low mood in past. The "pain" he feels: that he is not likeable – has felt this way all life. Was bullied at school.

Demonstrate WLP with audience

Watch video of Sam -WLP do this while watching

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from work love play

- -no exercise: was mountain bike 2-3 times/wk. week, has stopped
- -missing 2-3 days work as a shelf stacker,
- -spending extra time in bed with iPad,
- -irregular bed times,
- -drinking 4-5 cans of beer at night (an increase and this does this to help him get to sleep)
- -cannabis increase 1-2x per week to 4x per day
- -saw friends 2 times per week; now not at all

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groups of 2: use WLP "Sam"

1. what name do you give to his problem?

transdiagnostic terminology:

traditional diagnostic term(s):

2. what interventions might you use?
3. what might your plan with patient be?

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naming the problem; ? medication

- consider calling this distress with low /mood/motivation (using transdiagnostic terminology) or for officialdom **adjustment reaction**
- what about the medication? Don't do anything about his medication at this point – **park the issue** if raised as clearly the Venlafaxine has not worked. Not a good first line choice as no more effective than others, has suicide potential and difficult to withdraw from.

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interventions

- behavioral activation
- exposure therapy for "pain" which is not good enough
- holding things lightly- with slowing breathing rate

80

sleep and behavioral experiment

- - stop napping- if napping
- - regular bedtime
- - stop spending time in bed when not asleep
- - stop iPad in bed
- - reduce cannabis and alcohol to improve sleep
(? cannabis less clear but certainly alcohol)

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behavioral activation

- Behavioral activation + check likelihood of engaging in behavioral experiment:** Renegotiate if <7/10 on a 1 to 10 scale (needs to trust his experience not what mind is saying)
1. get back to exercise at least 3 per week (may need some push to get him to do this e.g. may not make much difference immediately but will help downstream.
- Hope chemical narrative
 2. get in touch with friends –who when and how

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behavioral activation

3. negotiate work (stopping work in general a bad option- but a few days off is OK).

4. See in one week consider mid-week phone call from nurse or other clinician or yourself

83

treatment mantra

- **talk first, prescribe later, label rarely**
- **talk and behaviour activation**
- **prescribe later if not improving**
- **diagnose rarely if ever**

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case-conceptualization

	Problems	Solutions
Behaviour-actions	Context -build expectancy -context interview -functional analysis -in session scaling	Experimentation -goal setting -change strategies -stop escapes -start approaches
Behaviour private -thoughts -emotions -sensations	Avoidance -teams -workability -focus questions	Reformulation -case conceptual - change RGB - pivots - mindful anchor

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case-conceptualization

	Problems	Solutions
Behaviour-actions	Context -substances to numb feelings -repertoire reduced -drinking/girlfriend ~	Experimentation -reduce etoh Socialisation Exercise Turn up to work
Behaviour private -thoughts -emotions -sensations	Avoidance low mood rejection Unloveable If marriage failed then a failure – work	Reformulation -hold lightly Pivot to workable

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case-conceptualization

- in pairs do this for Sam

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C.A.R.E.

- **Context:** Behavioral avoidance creates lack of contact and gaps between patient needs, wants, and life outcomes leading to symptom distress
- **Avoidance:** BA is under control of emotional avoidance rules; paradoxical result is increase in the need to avoid; result is a spiral of more symptoms of distress and increasing dominance of avoidance
- **Reformulation:** Rules supporting avoidance are either re-contextualized or replaced by rules supporting emotional acceptance and approach behaviors.
- **Expansion:** Value based approach behaviors increase positive emotion feedback loops, increasing persistence in approach even in the presence of distressing, unwanted private experiences

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work love play contextual int

- Looking in the engine room

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work/love/play

Action	BA response
Work	Cause or response
Love friends	Cause or response
Love intimates	Cause or response
Love family	Cause or response
Play	Cause or response

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work/love/play

Action	BA response
Work	Cause
Love friends	Response
Love intimates	Cause
Love family	Cause
Play	Response

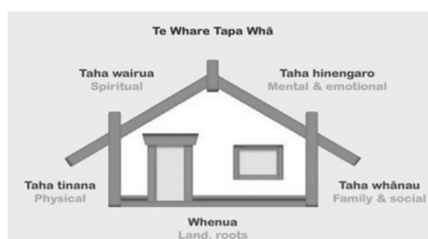
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work/love/play

- score <35 then PHQ 9 > 10
- contextual information
- life constriction precedes MH issue
- the solution is the dysfunction

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case-conceptualization TWTW



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Te Whare Tapa Whā

- Activity: Think about the four walls of your house -make a note of:
- what keeps each wall in place?
- which one feels strongest?
- is there one that needs more support?
- what's one thing you could put in place to strengthen that wall?

94

the flexibility hexaflex



95

the inflexibility hexaflex



96

ACT as exposure therapy

- **open aware engaged: are forms of exposure therapy**

- Thompson BL et al Using ACT to guide exposure-based interventions for PTSD. J contemp psychotherapy 2013;43:3:133-40

97

walk around the hexaflex

98

open (not open) PTSD

- No acceptance: not able to experience emotional content – have fear, anxiety and sadness
- fused with: I am damaged, I can never get over this, something wrong with me, why me, self blame and self shame

99

aware(not aware) PTSD

- present moment: living in past -looking at history , pulled out of the present moment or live in future , will I ever get over this
- self as context: over identifying as a victim

100

engaged(not engaged) PTSD

- values: where stepped away from values; what did you do before trauma, finding values may be hard
- inaction (lack of committed action). Inability to take committed action, impulsive sexual or substance use, self-defeating, avoidance

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Other interventions for Sam- videos

- Open – negative thoughts over there
- Open – left hand breathing
- Aware – mature Sam looking back

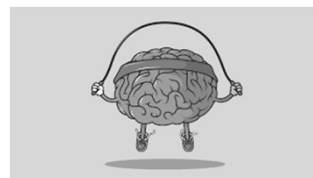
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asking for feedback at the end

- at the end of the consultation ask for feedback on a 1 to 10 scale
10 is very helpful and 1 not at all
- anything less than 10 is a "fail" according to David Burns
- so if a 9 or less ask what would have been needed to get 10

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mind break



104

self reflection questions

- in what way could you be more adult
- silently think of this question

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Case #2:

- diagnosis is the distraction
- the treatment is the distraction

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- woman in her 30s –with diabetes
- anxiety getting worse
- citalopram not working ?
- treatment is the distraction
- phq 12 gad 17
- work/I/I/I/play 8/5/5/8/3

107

husband

- not doing things
- patient's need for control
- married to superwoman ???

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next visit

- talked with husband
- went away for weekend
- slept perfectly on Saturday night
- "did the citalopram kick in"
- saved marriage 1 visit
- finger test for blood glucose

109

HBA1C

- May 40 5.8%
- April 50
- Dec 51 6.8%
- ACT consult
- Sept 44 6.2%
- June 44 6.2%

110

issues here

- did the citalopram kick in?
- is citalopram working at all
- teenage son on fluoxetine
- anxiety function
 - avoiding issues

111

2nd round Dec 2019

- PHQ 9 15 GAD 14 emoqol 57
- sister not missing mother
- husband not asking how she is
- would like more communication
- task to walk 3 per week to discuss

112

HBA1C

- Nov 29th 79 9.5%
- ACT consult
- Jan 10 57 7.5%

113

forgiveness

- apology and forgiveness
- "...given that it is so hard to forgive ourselves when we are sensitive to those around us. Theologian Paul Tillichdefined grace as accepting the fact that we are accepted, despite the fact that we are unacceptable.
- James Hollis The examined life book)

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forgiveness

- apology and forgiveness
- two very powerful acts that can enable a relationship to move on
- breach and repair
- how humans relate
- humans want to be right not happy

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49 year old woman M Ain.

- first visit
- PHQ 9 20
- emoqol 20
- angry at ex-husband
- daughter 23 regularly let down
- exercise friends forgiveness ??

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49 year old woman

- second visit
- emoqol 25
- does not think can do forgiveness
- try empty chair
- " want to strangle him...."

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49 year old woman

- " want to strangle him...."
- in pairs what could you do next to advance the issue

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BA what I did

- what was the parenting of husband
- his father left at 7 years of age
- there is a 7 yr. old in the seat.
- do you want to strangle him?
- Transactional analysis model
 - Eric Berne "I'm ok you are ok"

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patient reaction

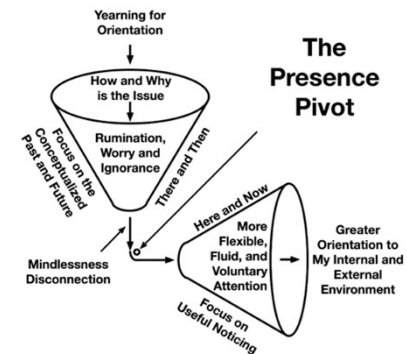
- massive insight
- can explain to daughter
- ? massive acceptance
- the pivot – presence pivot
 - there then (remember RFT theory)
 - here now

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patient reaction

- feeling fondly of ex husband
 - do you want to remarry a 7 year old
- got hold of friend (disappointed)
- going dancing – a “girls” night out
- found scoring → forced action

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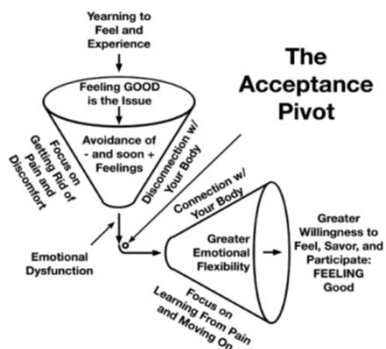


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? acceptance pivot

- learning from pain and moving on

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listen for the pain

- DA is 32 year old loses job after Covid-19. Has own apartment but spends a lot of time back with parents –mother aged 61 wants her to do lots of tasks now not working. DA does tasks to avoid “wrath” of mother. History of near separation of parents 10 years ago and mother became dependent on DA. DA resents expectation of tasks. Issues

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listen for the pain

- adult to adult now parent → child
- pain is expectation and wrath of mother
- reframe to adult-adult and deal with uncomfortable emotions of M’s wrath

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transactional analysis

- I'm OK and you are OK.
- I'm OK and you are not OK.
- I'm not OK and you are OK.
- I'm not OK and you are not OK.

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transactional analysis

- parent, adult, child
- best when horizontal links
- is mother being a parent to her daughter

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exercise:

- think of a situation
- who is the child, adult, parent
- do you use this model?

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Process ACT

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- Patient as a sunset or math problem
- When working with our toughest clients, we have a choice to make:
Will we approach them like math problems or like sunsets?
Sometimes, clients secretly (or not so secretly) want to be a math problem that we give up on. That way, their story about how stuck, broken, and unsolvable they are will be confirmed. That end is painful but it is, at least, settled business. I can trace that back in my own experience, when I was in such a spiral of depression and addiction that I believed I could never change, even as I watched myself hurt the people I most cared for.

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- And inside that, I told myself: "They would be better off if they left me."
To get at the heart of values, and this work more generally, we don't need to be one more person treating our clients like a problem to be solved. We need to be disruptive of that entire narrative. What if we could instead treat them like sunsets — like something to be witnessed and appreciated? What if we could help them take that on and embody it? What as-yet unknown life might rise up? "What if?"
That is a powerful question that I hope to infuse into all my work with values, especially when any positive outcome seems out of sight.

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process focussed ACT

- listening for the pain
- like a dentist trying to find the cavity

133

listening with awareness



- Page 210 R Walser The heart of ACT. Developing a flexible, process-based & client-centered practice using acceptance and commitment therapy

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listening with awareness

- *Client soft voice, stammering a little*) It is ..hard for me to talk about my childhood. I ..I ..I really hated being a kid. I got my breasts early ... I was about twelve *(long pause, looks up)*. My dad used to force me to *To stand in front of the mirror (seemingly holding back tears, takes audible breath)*... naked. He would force my shoulders forward and back, showing me my posture and what it did to my breasts *(pause)*. He would cup my breasts with his hands... *(looks down and starts to cry)*
- Therapist listening well and responding (notices all things in (brackets)
- *(after a short pause, speaking softly)* That sounds ...really terrible. I am so sorry that happened to you. Your dad was wrong to do that. How old did you say you were.

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listening with awareness

- Therapist listening well and responding (notices all things in (brackets)
- *Client soft voice, stammering a little, sitting hunched over and forward*) It is ..hard for me to talk about my childhood. I ..I ..I really hated being a kid. *(quickly looks down and then up again)* I got my breasts early ... I was about twelve *(long pause, looks down and appears to be biting inside of lower lip shifts in chair, clears throat, looks up)*. My dad used to force me to *To stand in front of the mirror (seemingly holding back tears, takes audible breath)*... naked. *(looks down, looks up, appears to be biting inside of lower lip, next thing is said quickly)*. He would force my shoulders forward and back, showing me my posture and what it did to my breasts *(pause, sighs, looks down)*. He would cup my breasts with his hands... *(looks down and starts to cry hunches over slightly, drawing chest in)*
- *Therapist (after a longish pause, speaking softly)* I feel my heart sinking heavily into my stomach; I feel a kind of sadness and shame all at once when I hear about what happened to you

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ex 1 process listening

- In pairs: the client is asked to work on a personal experience of pain. The therapist listens quietly for a few minutes while the partner talks about the struggle. Then do what you would normally do to help this person as they engage in a conversation about the issue presented
- Page 211 R Walser The heart of ACT. Developing a flexible, process-based & client-centered practice using acceptance and commitment therapy

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ex 1 process listening

- In pairs: the client is asked to work on a personal experience of pain. The therapist listens quietly for a few minutes while the partner talks about the struggle. Therapist to listen to them with full awareness, with mindfulness to the moment and then respond from the heart. They say what is felt like for them personally, to hear the story of pain; to respond from the heart not the head
- The switch roles
- Page 211 R Walser The heart of ACT. Developing a flexible, process-based & client-centered practice using acceptance and commitment therapy

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process listening

- listening with every bone in the body
- it is focused attention on the client's whole being
 - their body language
 - their words
 - voice sound
 - posture and their presence
- being able to detect face change, voice catch

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process listening 2

- it brings you and your client's inner world closer together.
- its not foolproof
- but is authentic and experiential
- out of the head and into the interpersonal life that is occurring between you and your client

• Page 212 R Walser The heart of ACT. Developing a flexible, process-based & client-centered practice using acceptance and commitment therapy

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self-compassion

- person not better ? 30% of clients
- perfectionist !!!
- A- failure – can I leave the course
- some ideas on what to do later

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self-compassion

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kelly wilson self-compassion

- this is the compassion stall button test
- imagine you are looking in to the eyes of someone you love with all your heart. Who would that be? What would you say to them, what would you give them and how would you be with them

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kelly wilson self-compassion

- and now the more difficult issue
imagine you are looking in to your eyes
- many patients say they cannot do that
- this is the "stall button test" and occurs about 30% of the time
- if yes, then a different tack to consult

144

self-compassion Paul Gilbert

- what is the emotional tone of the conversation in their minds
- ask if willing to cultivate the voice of self-kindness in their minds
- do they want a sergeant-major or a personal coach advising their minds
- " their inner critical committee member"
- touch own shoulder/heart saying its ok
- "the worst is over"

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self-compassion

- adding meditation to calm SNS
- refer to Kristen Neff website
 - self-assessment and skills to learn
- perfectionist trap and cycle
 - perfectionism "it has to be exactly right" →
 - procrastination "if I cannot get it right then better not at all"
 - anxiety "I should be getting this done, what going to happen if I don't →
 - paralysis "I don't know what to do, I give up" →
 - self-criticism "you're an idiot, toughen up and get on with it"

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Another option to holding lightly

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mindful anchor- 5 steps

- name the pain
- notice it (it is in the room)
- self-compassion step (show self some kindness or do Kelly Wilson test)
- let it go
- what is possible now?in here & now that was not possible when you started today
- strosahl robinson et al inside this moment

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suicide assess and treat:

- Strosahl podcast
 - Better Thinking #28 podcast
- "what problem would you be solving by killing yourself?"
- Ans; I would not have to feel what I am feeling!
- are you willing to feel what you are feeling

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suicide assess and treat:

- when feeling this there are a number of solutions: kill yourself or
 - but ambivalence hence here
- Russ Harris – part of you does not want to kill self – that is the part I want to work with
- I can help you with other options that maybe you are not considering

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suicide assess and treat:

- permanent solution to a temporary problem
- what is it about the pain that would be worth killing yourself
- Is there a purpose to this pain – you really care about XXX
- hence it matters

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suicide assess and treat:

- cost of being human- pain
- where did you learn that feeling bad was bad for you
- judgement about feeling → suicidal tx
- willing to experiment with new behaviours to create behavioural variability where there is none- be curious don't judge

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suicide assess and treat:

- setting dependent
- acute setting and recent attempt
 - need to assess safety
 - any specific plans

153

changing behaviour-values

- Bulls eye
- Ben Sedley modified
- See bulls eye video

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changing behaviour

- what to do if fall by way
- two choices

Values driven	Non values driven
Commit	Commit
Slip up	Slip up
Commit	Quit

- S Hayes ACT immersion online course

155

Case #1: man in 40s

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HBA1 C

- May 146 15.5%
- Aug 138
- Dec 131
- July 149
- ACT consult
- Sept 128 13.9%

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3 quick processes

- five minutes
 - creative hopelessness
 - values
 - committed action
 - 6/10 then 8/10

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his problem (Walser p209-10)

- not accepting he is type 1 diabetic
- you are a type 1, 24 hours per day
- how could you approach this issue
- existentialism 20th century
 - Analysis of individual existence in an unfathomable universe and the plight of the individual who must assume ultimate responsibility for acts of free will without any certain knowledge of what is right or wrong or good or bad.
 - Sartre: Humans are absurd but must grimly act as if they were not

159

existential angst (Walser p209-10)

- We have a very short time to be alive. And the fact is, you are here. And you are alive. So rather than wrestle with the why of this fact, I suggest creating the how and what of it. What meaning will you create inside of this great responsibility and freedom? I bring this knowledge, this existential angst, this freedom and responsibility in to the therapeutic stance. This means from the most human and vulnerable place, I want my clients to live. But not just any life, rather, a life that is fully linked to what is meaningful to them, a life fully encapsulated by what they care about and want to create. I am invested and persistent in supporting them to take action and responsibility in their own lives, in acting on the freedom that is available to them. I hold this as part of the therapeutic stance, not just because ACT has values and committed action- I hold this as part of the stance because we die. And we are all running out of time.

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his problem 1

- empathy for how hard it is

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his problem 1

- its all invented any way so why not invent something that works (Ben Zander)
- waiting is costly (Walser)
- now is later, later is now

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what to do in pairs- exercise

- how to deal with his resistance
- "what's the point?"
- start with empathy
- then deal with the existential

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consider in pairs-exercise

- what would be a bold move for me
 - what are the barriers to move
 - what do today- generate, create
 - who to report to about bold move
- Walser p208 The heart of ACT. Developing a flexible, process-based & client-centered practice using acceptance and commitment therapy

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Other interventions

– Team CBT not ACT

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magic button + magic dial

- daily mood log
- "Feeling good" podcast #159 Marilyn
- Show video

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life-line/time-line exercise

- see film
- do in pairs

167

Judson Brewer-unwinding anxiety

- metacognition refers to the ability of people to reflect on their thought processes and the way they learn.
- e.g. smoking what does it smell and taste like
- slow breathing + holding it slowly
- live from the feet up not the head down

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49 year old patient

- lives rurally consult done by phone
- head injury 2017 then got shakes CT and MRI normal
- would like to ride her horse but balance not good
- weakness in left arm and shaking
- Works part time on contract as slow & can do in own time
- what is the likely diagnosis

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49 year old patient

- most likely a functional neurological disorder
 - no cause found for symptoms (? Parkinsons ruled out)
 - Pseudo-seizures an FND
 - Second most common presentation to a neurology clinic

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49 year old patient

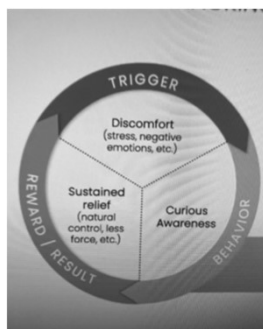
- e.g. smoking what does it smell and taste like
- develop curiosity and awareness (thru meditation)
 - curiosity relaxing to the nervous system
- gratitude for what has e.g. grandson parents
- slow breathing + holding it lightly
- live from the feet up not the head down

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my curent direction

- for anxiety smoking and stress eating
- Judson Brewer “unwinding anxiety” book
- (A,B,C) Antecedent, Behaviour, Consequence
- → consider curiosity (different networks activated) app based mindfulness training (Unwinding anxiety)
- NNT 5.15 for medication and NNT 1.6 for curiosity RCT
- GAD-7 scores 14/21 → 4/21 at 2 months

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aim of training- advanced

- dashboard warning light/tiger alarm
- case of Sam work/love/play
- contextual history
- case conceptualization Sam the CARE 4 square tool
- Te Whare Tapa Wha
- new interventions
- diagnosis is the distraction –second round

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aim of training- advanced

- forgiveness –what would you do
- present pivot and acceptance pivot
- process focused ACT + downward arrow
- Kelly Wilson self-compassion test
- suicide assessment
- changing behaviour
- existential stuff (Walser)
- asking for feedback
- Magic button and magic dial
- values checklist + bulls eye
- the lifeline/timeline

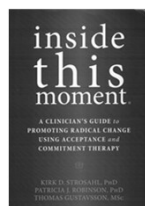
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End of day

- Praxis.com
- focusedact.com Kirk Strosahl and Patti Robinson – more FACT
- Russ Harris
- Wellington ACT
- Steve Hayes thru Praxis

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Acknowledgments



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DR STEVEN C. HAYES
The Originator of
Acceptance & Commitment Therapy

A
LIBERATED
MIND

The essential
guide to ACT

Transform your thinking
& find freedom from stress, anxiety,
depression & addiction

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RUSS HARRIS

THE
HAPPINESS
TRAP



Stop Struggling,
Start Living

"Dr Harris shines a powerful beacon forward into the night.
Enjoy the journey. You are in excellent hands."
—Steven Hayes, bestselling author of Out of Your Mind and Into Your Life

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A MASTER ACT TRAINER PROVIDES:
CLINICAL SCENARIOS | PRACTICAL APPLICATIONS | SUPERVISION DIALOGUES

The
Heart
of
ACT

DEVELOPING A FLEXIBLE, PROCESS-BASED
& CLIENT-CENTERED PRACTICE USING
ACCEPTANCE & COMMITMENT THERAPY

ROBYN D. WALSER, PhD
WITH MARCELLA O'CONNOR, PHD & CAROLINE O'BRIEN, BCLD/BA
FOREWORD BY STEVEN C. HAYES, PhD

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