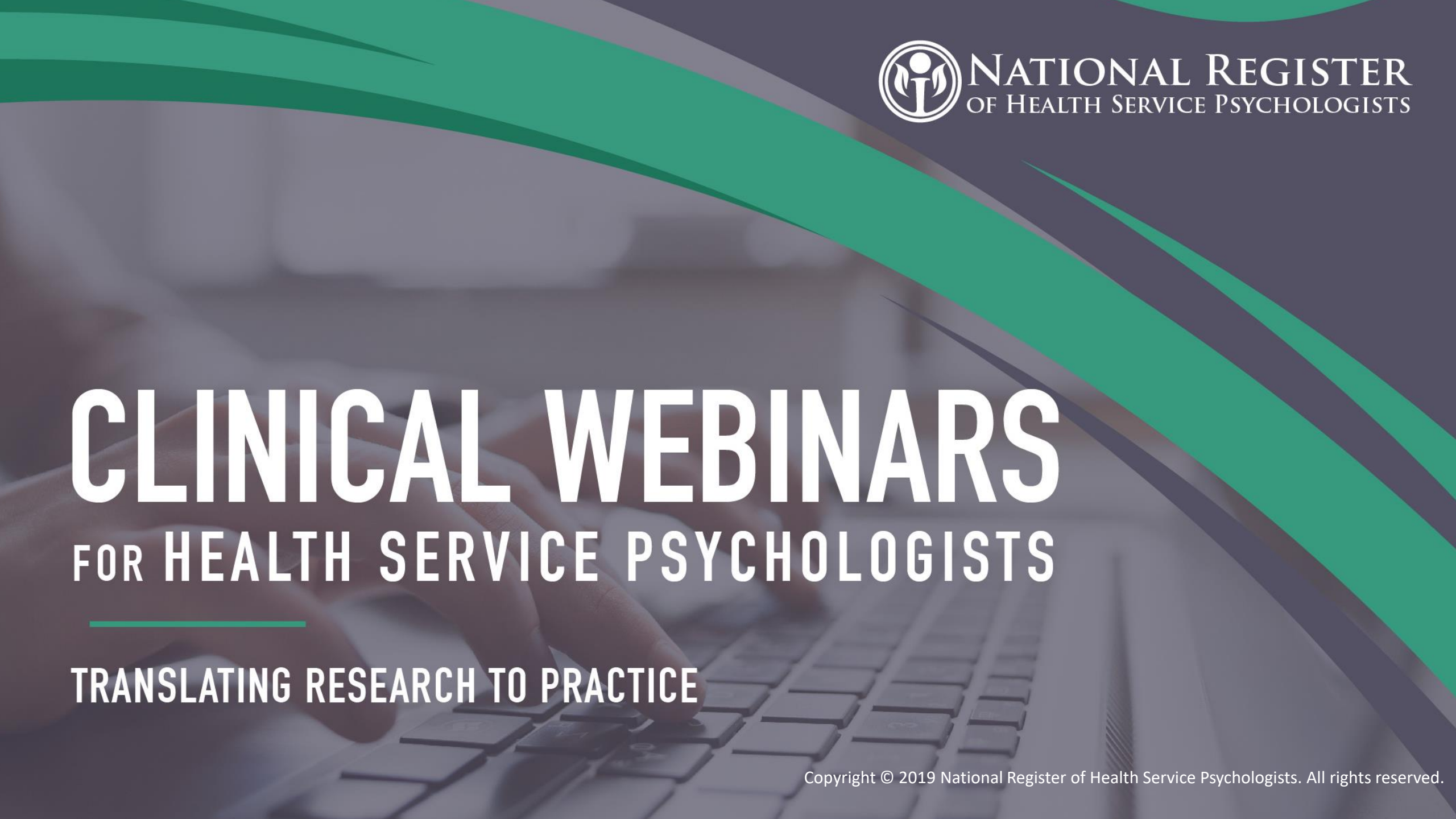


NATIONAL REGISTER OF HEALTH SERVICE PSYCHOLOGISTS

CLINICAL WEBINARS

FOR HEALTH SERVICE PSYCHOLOGISTS

TRANSLATING RESEARCH TO PRACTICE

fACT Check: An Introduction to Focused Acceptance and Commitment Therapy

Bridget Beachy, PsyD

Director of Behavioral Health, Community Health of Central Washington

Beachy Bauman Consulting, PLLC

Attendees Earn One Continuing Education Credit

The National Register is approved by the American Psychological Association to sponsor continuing education for psychologists.
The National Register maintains responsibility for this program and its content.

NATIONAL REGISTER OF HEALTH SERVICE PSYCHOLOGISTS

Presented in Collaboration With

www.CFHA.net

NATIONAL REGISTER
OF HEALTH SERVICE PSYCHOLOGISTS

Bridget Beachy, PsyD

Bridget Beachy, PsyD, is a licensed clinical psychologist who is currently the Director of Behavioral Health at Community Health of Central Washington. Dr. Beachy is committed to providing BHC services and spends a substantial time in clinic. Dr. Beachy has experience in training clinicians of all disciplines in integrated behavioral health as well as advanced cognitive behavioral therapies including Acceptance and Commitment Therapy (ACT) and Focused ACT (fACT). Additionally, she presents on integrated behavioral health care in local, national, and international settings.

National Register of Health Service Psychologists

Disclosures/Conflicts of Interest

Beachy Bauman Consulting, PLLC, Co-owner

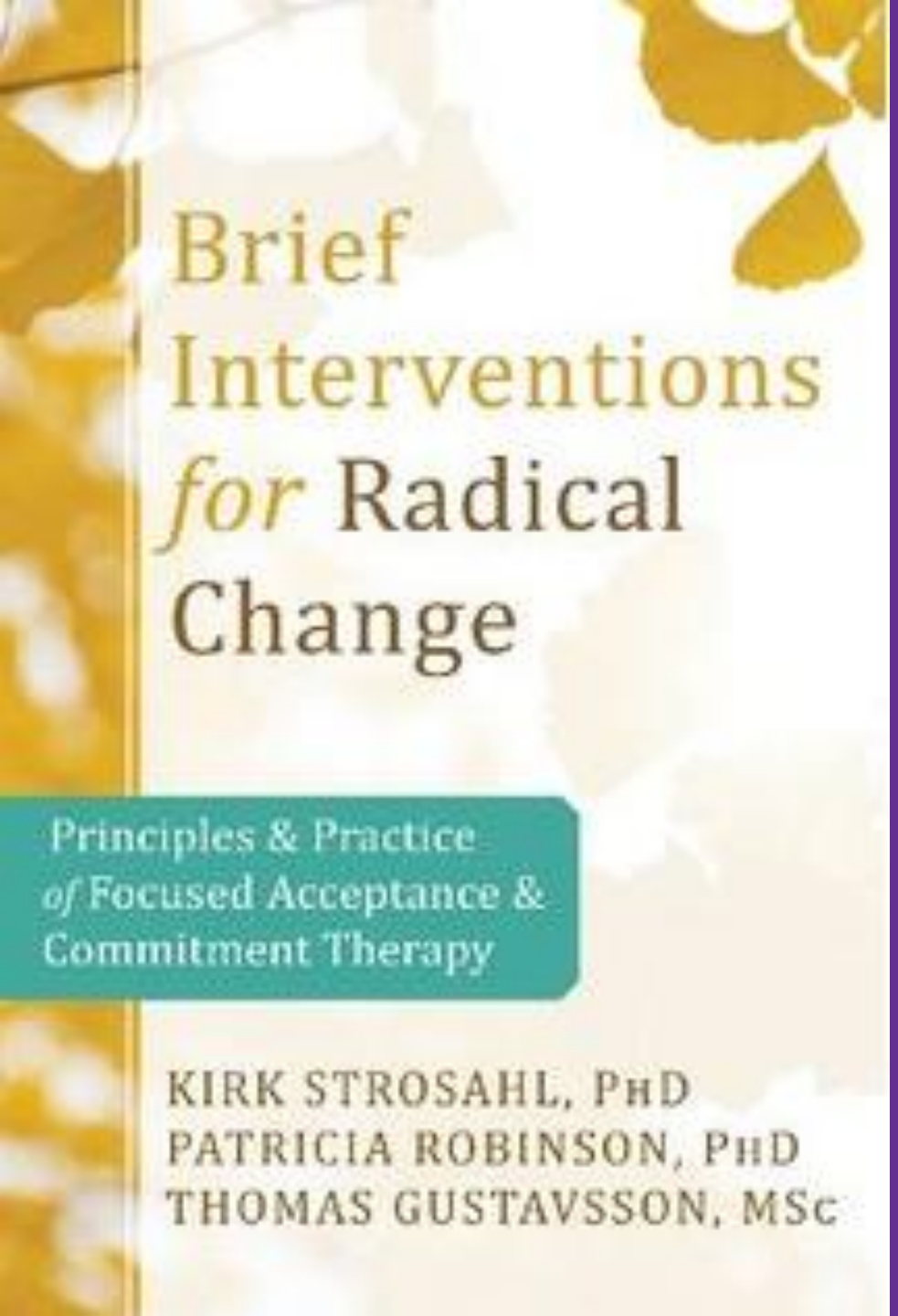
- Provide various distal and onsite integrated and clinical care consultation. Speaker fees.

Mountainview Consulting, LLC, Associate

- Provide various distal and onsite integrated and clinical care consultation. Speaker fees.

A few items before we get started…

- This is an overview & introduction to fACT…one of the most difficult webinars to prep…because there's so much information that I want to share! And…because…
  - It's not just about telling you how to *do* fACT…fACT **encompasses a philosophical shift**…a way of approaching and being with patients, not just "doing interventions"…today's webinar will be largely highlighting this shift (some emphasis on technical terms…again…this is about getting started…not mastery)
- We are going to be challenging some things that we accept as truth – be open together! And, definitely write down questions for the end or to follow-up via email…do your own self study…attend trainings…
  - And, there are bonus slides and resources are listed at end to help grow your skill set
  - Grab that scratch paper for not only the questions but we have a case, too!
- True to the fACT philosophy – we aren't going to wait to get started!
- So here we go!



Let me introduce you to your new best friend

National Register of Health Service Psychologists

Learning Objectives

With the help of a case primer…

At the end of this webinar participants will be able to:

1. Describe the core assumptions of a fACT clinician (philosophical shift alert!).
2. Identify the three core pillars of fACT that lead to psychological flexibility (theory alert!).
3. Utilize the contextual interview (i.e., Love- Work-Play and 3Ts) when working with patients (doing alert!).

Case primer: Maria

- Maria is a 40 y/o single mother of three children. She works long hours at an assisted living center. She has uncontrolled diabetes and has been referred to you to help address possible underlying mental/behavioral health concerns. You work in a setting where you are able to meet Maria that day. (If you are a medical or another type of provider, imagine you are meeting with Maria that day, too)

Case Application of Contextual Interview:

40 y/o Maria: Uncontrolled diabetes

- Lives w/3 kids (19, 11, and 6 y/o)
- Single
- Then 19 y/o son passed away 5 yrs ago
- Close w/mom and sisters (dad never involved)
- Hard to find time for friends
- Working long hours in assisted living
- Christian, prayer but no church
- No hobbies
- Caffeine – coffee and soda all day
- Denies cigs, etoh or substances
- Convenience meals
- Exercise at work/ADLs
- Sleep – difficult – variable hours
- Time: Dx'd w/type 2 diabetes 3 years ago
- Trigger: Forgets medications, too tired, stress
- Trajectory: Non adherent (A1C continues to rise) since dx
- Anything help? Maria starts to cry and says she "tries not to think about it"

Case Application of Contextual Interview:

40 y/o Maria, Uncontrolled diabetes

- Maria explains:
- "I'm just so busy…these long hours to try to support my kids…their dads don't help at all…it's all on my shoulders. And, this month is the 5 year anniversary of losing my oldest. I just don't know what to do. It's hard to make my doctor's appointments, let alone remember to take my medications every day…or to even pick up my refills. The kids are such picky eaters and won't eat any of the healthier meals I've tried to make. I know they keep saying my sugars are high, but I honestly don't feel sick…so I guess it's easier to just not think about. Everyday I feel like I'm just hanging on, trying not to "lose it." I feel like if I just keep my head down and get done what I need to do that day, then I'll some how make it to the next day…I mean what can I really do as a single mom?"

My “why?”

“The transdiagnostic approach of fACT allows me to conceptualize and help anyone with any issue who walks through the door.

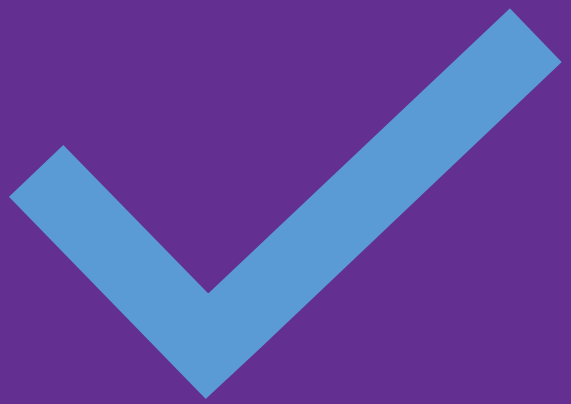
The way fACT “flips the script,” (on many things I was trained in) it opens up the possibilities of how to intervene exponentially.

To me, it is the most efficient way to understand a patient’s situation and to not only offer tangible, evidenced informed interventions but to meet the patients with compassion and validation.” ~BB

Working with the Maria’s of the world are why I love fACT!

National Register of Health Service Psychologists

1. Core Assumptions of fACT Clinician



The “f” in fACT stands for “focused” – it was designed to help clinicians “jump-in,” born out of work in primary care. Needed something to get the momentum started that was efficient and effective at the same time.

Challenges assumptions about duration and frequency of “treatment”… and it’s to help meet the demands and realities of healthcare (fast paced) and…to meet patients where they are (the case for more integration… would Maria have sought out counseling?)! …AND…most importantly...

Focused or brief is not a synonym for “surface level,” “less than,” or “sub-optimal”

Let me repeat:

Brief is not a synonym for “surface level,” “less than,” or “sub-optimal”

Okay, one last time:

Brief is not a synonym for “surface level,” “less than,” or “sub-optimal”

Now say it with me! Okay, just kidding, but you get the point…so if brief isn’t that…then what is it about?

1. Core Assumptions of fACT Clinician

Brief is about:

- Starting the change process NOW (what better time?)
- Inspiring hope about the change process (we don't have to "undo" to move forward)
- Talking in rapid change terms (rapid response research)
  - Imagine the difference in messaging: "Maria, what you're going through is a lot. Due to the severity of your symptoms, I think you need long term therapy to address your underlying grief, depression and anxiety."
  - "Maria, wow thanks so much for meeting with me today…on such short notice! You've shared some information that helps me understand where you are coming from…it's hard to be this open with someone you've just met! It really makes sense why things haven't been easy…and how easy it is to get stuck! I'm hoping we can get you a bit more un-stuck…anything that's helped when you felt this way in the past?"
- Assume the 1st visit may be the last visit (mode visits of psychotherapy?)
- Being humble regarding not knowing who's going to make rapid changes (don't devalue the work done with patients)
  - Even those folks w/long-standing problems! Couldn't tell you how many times this has happened! Let's help Maria now…not "punt" her out!

“Life is one big symptom generator! When you stop having symptoms, that’s the day you are declared DOA”

Strosahl, Robinson and Gustavsson (2012; p.51)

1. Core Assumptions of fACT Clinician

Philosophical shift alert!

- Symptom reduction is NOT the goal of treatment
- People's symptoms make sense in context – and are not due to it being a disorder or a sign of psychopathology (I know, this one's hard – might be thinking how are psychotic symptoms in schizophrenia not the problem? Contact me offline for more info)
- People are NOT "broken"…even people with high levels of distress & symptoms…
- If we can't understand the symptoms, then we don't have enough info about their context
- Goal of treatment…join the patient on their journey to re-engage in life (more on this in a few slides)
- It's their path - no need to argue with or persuade patients
- "Lean in" to big emotions – both the patient's and your own
- Every visit ends with something the patient will try in their life – remember it's about getting started NOW!

2. Define Core Pillars of fACT that Lead to Psychological Flexibility

fACT vs ACT (full discussion would probably be a full webinar – take away: many same concepts, extra emphasis on streamlining treatment; theory alert!)

According to your "new best friend"…fACT uses pillars vs processes to:

- Acknowledge the inter-connectedness of processes (if one pillar is flawed, the whole thing is greatly impacted)
- Simplify the psychological flexibility model to increase uptake amongst clinicians
- Better support in session case conceptualization & treatment selection
- Make the psychological flexibility model easier for patients to understand

Check out Contextualscience.org for resources on ACT!

TAKE HOME:
6 core ACT processes are condensed into 3 pillars

fACT 3 Pillars

Open

Acceptance/ Willingness

Defusion

Aware

Center

Present Moment/ Be present

Psychological Flexibility/ Healthy Mind & Body

Self as Context/ Perspective taking

Engaged

Values/ What's meaning-ful

Committed Action/Acting on what's important

Definitions: Pillars of Psychological Flexibility

Rule of thumb: Start center, go left and then far right

OPEN

Able to accept distressing material without struggle

Behavior is shaped by direct results rather than rigid rules in our minds

Maria skill improvements - avoiding realities of diabetes, keeping head down, easier to not think about it "what can I do?"

AWARE

(show-up)

Able to experience the present moment

Able to take perspective on their situation

Maria skill improvements - Staying busy all the time

ENGAGED

Strong connection with values – knowing what's important/meaningful

Doing things that are important/ Meaningful

Maria: going to work, spending time w/kids, what else?

We are going to help Maria exchange responses that aren't working…not "treat" her grief, depression and anxiety disorders

"In fACT, the focus is instead on living life in accordance with personal values, even if doing so produces symptoms. The goal is to help clients exchange responses that aren't working, and that often are producing paradoxically negative results, for workable behaviors."

Strosahl et al. (2012; p.53)

What now?

I’m liking what I’m hearing (or not) about people not being broken…on taking into account a person’s context…to help them learn new skills for trying out different ways of behaving and responding…BUT…

…Where do we start as clinicians…

…we present (or re-present – remember Maria) to you…

The Contextual Interview!

LOVE – WORK – PLAY (and Health Behaviors)

3 T's (TIME-TRIGGER-TRAJECTORY)

At all 1st visits! 10 minutes…yep…45 minutes yep…5 minutes yep!

Contextual Interview: Love, Work, Play & Health Behaviors

LOVE

- Living Situation
- Relationship
- Family
- Friends
- Spiritual, community life?

Work/School

- Income/Work/school situation

Play

- Fun/Hobbies
- Relaxation

Health Behaviors

- Exercise
- Sleep
- Sex
- Diet, supplements, medications?
- Substance use (caffeine, cigarettes, etoh, MJ, drugs)

The CI paints the picture of "walking a mile in someone else's shoes"…allows you to get a snapshot of their internal and external context! You're a detective…although it's a framework with practice it's very conversational…rapport building too!

Functional Analysis: 3 T's

A lot of this info comes out during the contextual interview…but in case it doesn't…

Time

- When did this problem start? How often?

Trigger

- Anything happen recently to trigger this problem? Antecedents?

Trajectory

- What's the problem been like over time? Times it's worse? Better?

Workability

- Strategies for addressing the problem, how it has worked in the short or long run (value consistent)?

Case Application: Food for thought?

Take a second and jot down some answers or discuss with a friend…

- If you didn't know Maria's context, how would that have changed your approach?
- How would you help Maria?
- What more would you want to know?
- What would be your next step? Can you help her? Do you think she'll return?

What would I do? There's obviously no "right or wrong":

- Validate, validate, validate
- It makes sense she feels the way she does
- Strength based approach
- More info – hobbies, what happened with son?
- SMART goals – based on what she's willing to try

See it's not about *doing* fACT…it's a shift in philosophy…

Summary

Did we do what we said we were going to do?

1. Describe core assumptions of a fACT clinician (get started now, people aren't broken, exchange unworkable for more workable behaviors, etc.)
2. Define the three core pillars of fACT that lead to psychological flexibility
   - Open, aware, engaged
3. Utilize the contextual interview (i.e., Love- Work-Play and 3Ts) when working with patients
   - At 1st meeting, every time!

THANK YOU!!!!!!!!

Q&A

- Dr. Sammons will read select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.

National Register of Health Service Psychologists

See resources and bonus slides in this PowerPoint

Additional questions – reach out!

Email: Bridget.beachy@gmail.com

LinkedIn: https://www.linkedin.com/company/beachy-bauman-consulting-pllc

FB: https://www.facebook.com/mountainviewconsulting/

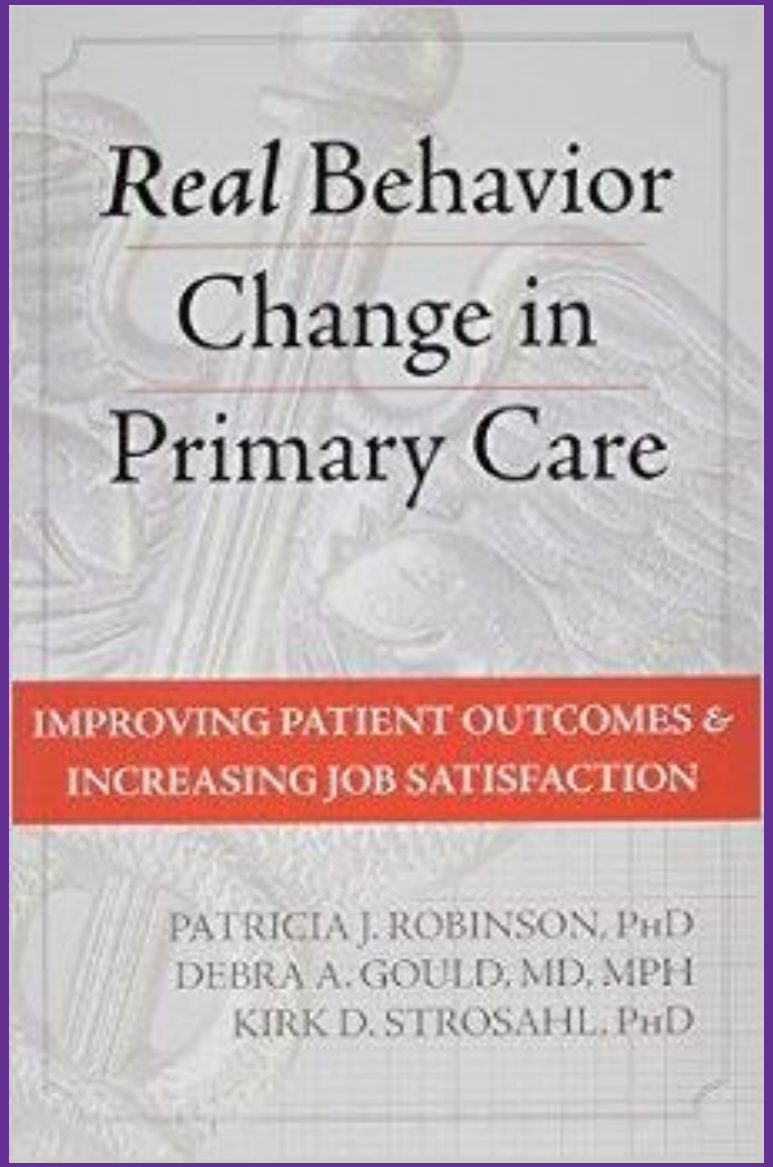
Twitter: https://twitter.com/pcbhlife

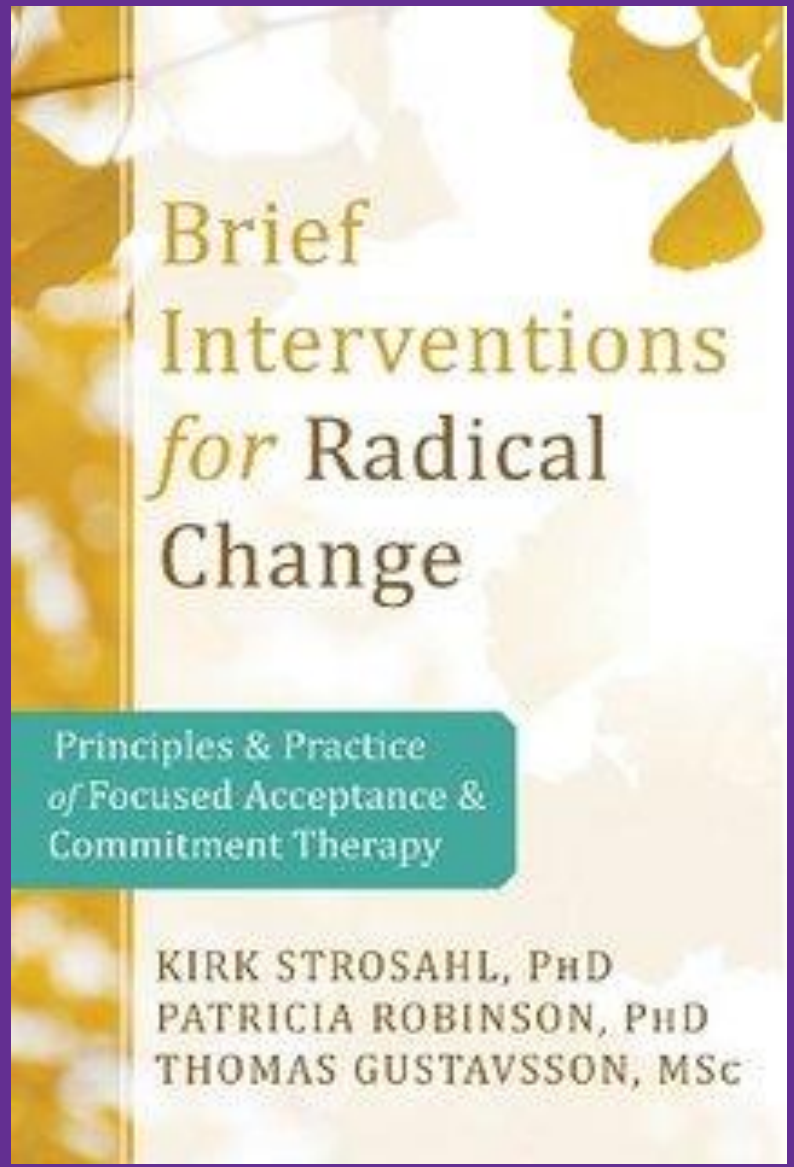
YouTube:

https://www.youtube.com/channel/UCR_hf_LGVtUOoLa_KFvqvtQ

https://www.youtube.com/user/commhealthcw/videos

Resources
&
Bonus Slides


Real Behavior Change in Primary Care
IMPROVING PATIENT OUTCOMES & INCREASING JOB SATISFACTION
PATRICIA J. ROBINSON, PhD
DEBRA A. GOULD, MD, MPH
KIRK D. STROSAHL, PhD


Brief Interventions for Radical Change
Principles & Practice of Focused Acceptance & Commitment Therapy
KIRK STROSAHL, PhD
PATRICIA ROBINSON, PhD
THOMAS GUSTAVSSON, MSc

Focusing Questions (Strosahl et al., 2012; p. 70)

Must collect highly productive data

After contextual interview…

Well-designed interview sequence

- *What are you seeking?*
- *What have you tried?*
- *How has it worked?*
- *What has it cost you?*

Flexibility Profile Exercise

OPEN	AWARE	ENGAGED
Strengths	Strengths	Strengths
Skill Deficits	Skill Deficits	Skill Deficits

Videos

Contextual interview and intervention demo:
https://www.youtube.com/watch?v=NRZ7WLsj25w&t=183s

Dr. Strosahl's
https://www.youtube.com/watch?v=Qa_qH0DiAh4&t=28s

Program metaphor:
https://www.youtube.com/watch?v=wrdZQDOo6EQ&t=14s

Contextual interview and brief visit for headaches demo
https://www.youtube.com/watch?v=vuTrmRFDt9s&t=74s

Contextual interview and brief visit for diabetes demo:
https://www.youtube.com/watch?v=JKFWsb8RtW0&t=150s

fACT Dancing (Strosahl et al., 2012)

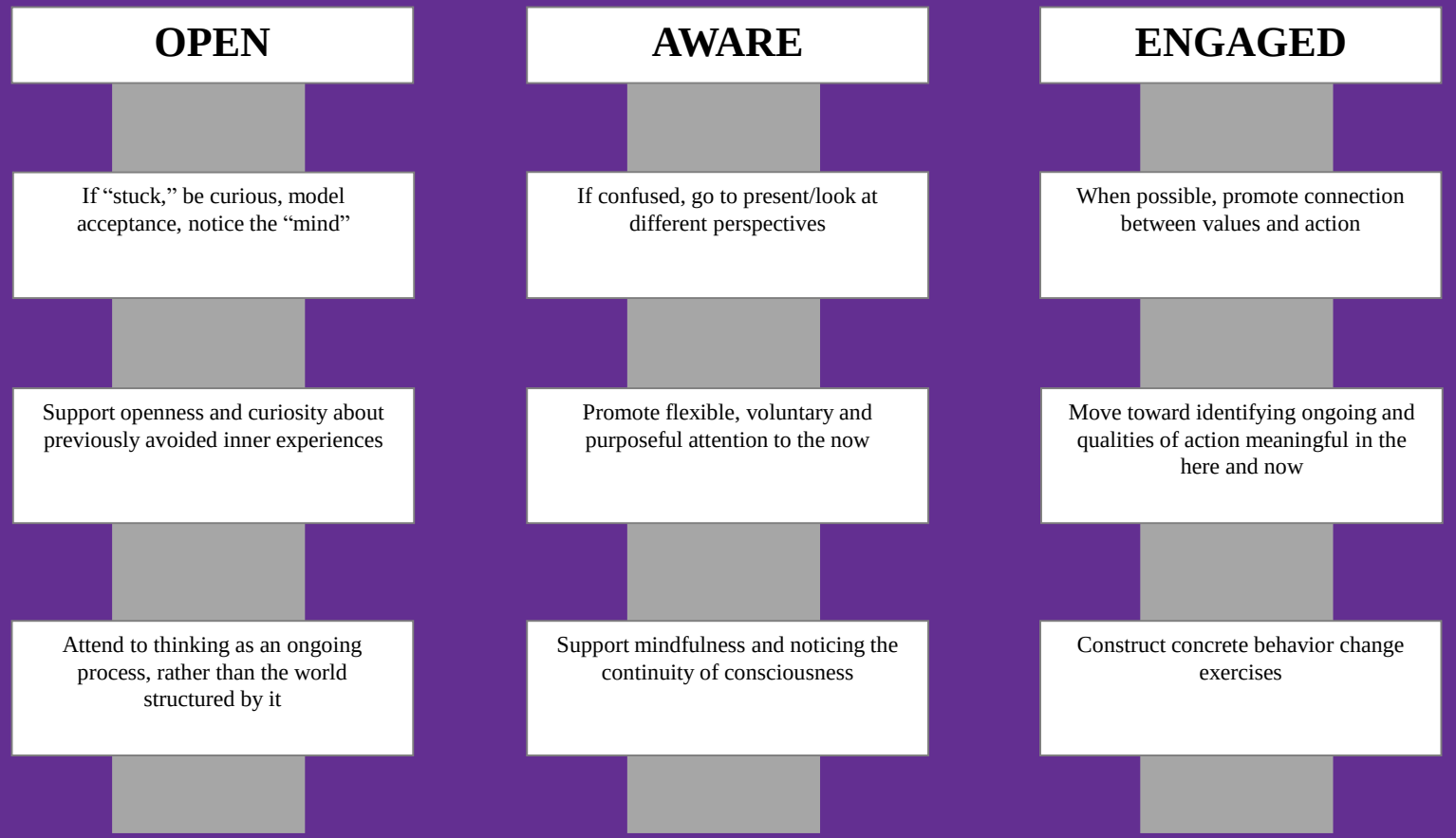


Figure 7.2 Pillars of Psychological Flexibility and suggested therapeutic actions.

Metaphors / Interventions for Each Process

OPEN

- Acceptance
  - Tiger metaphor
  - Book chapter
  - Quick sand
  - Chinese finger trap
  - Unwelcome party guest
- Defusion
  - TEAMS sheet
  - Leaves on a stream/clouds in the sky
  - Velcro
  - Zoomed in, Zoomed out?
  - Prison bars
  - “Menu of options”

Metaphors / Interventions for Each Process

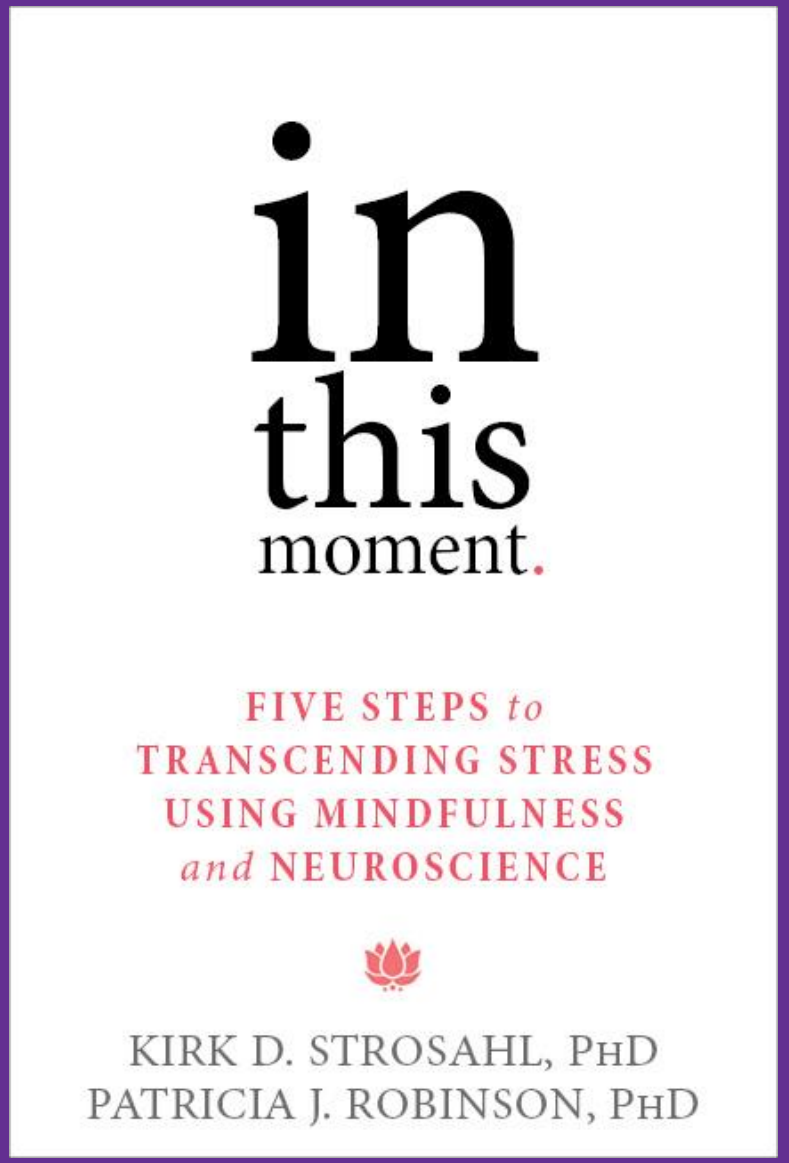
AWARE

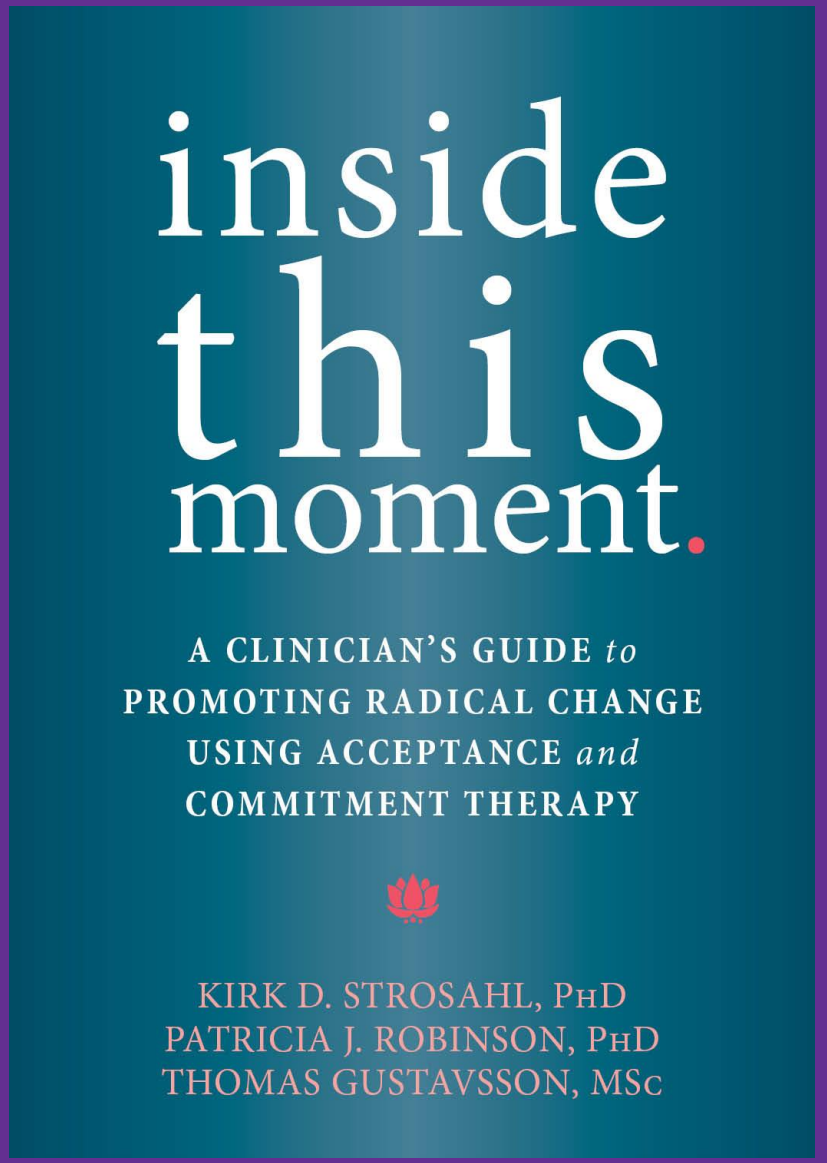
- Present Moment
  - Timeline – now, past, present
  - Name 3 things you see…hear, smell, taste, feel?
  - Deep breathing via balloon metaphor (here – inhale; now – exhale), focus on one item in room
  - I am having the thought…. The feeling…. The sensation…
- Self as Context
  - Monitor, person looking at screen
  - Imagine you are 5, 15, 25 y/o
  - Self stories – who witnessed the writing or telling of the story?
  - Miracle questions – what would be different about you? What would I see? What are you doing?
  - Chess metaphor

Metaphors / Interventions for Each Process

ENGAGED

- Committed Action
  - “Try to pick up the pen”
  - Response-able vs responsible
  - Bull’s eye action steps
  - Passengers on a bus
- Values
  - Bull’s eye value identification
  - True north
  - Retirement party


in
this
moment.
FIVE STEPS to
TRANSCENDING STRESS
USING MINDFULNESS
and NEUROSCIENCE
KIRK D. STROSAHL, PhD
PATRICIA J. ROBINSON, PhD


inside
this
moment.
A CLINICIAN'S GUIDE to
PROMOTING RADICAL CHANGE
USING ACCEPTANCE and
COMMITMENT THERAPY
KIRK D. STROSAHL, PhD
PATRICIA J. ROBINSON, PhD
THOMAS GUSTAVSSON, MSc

References

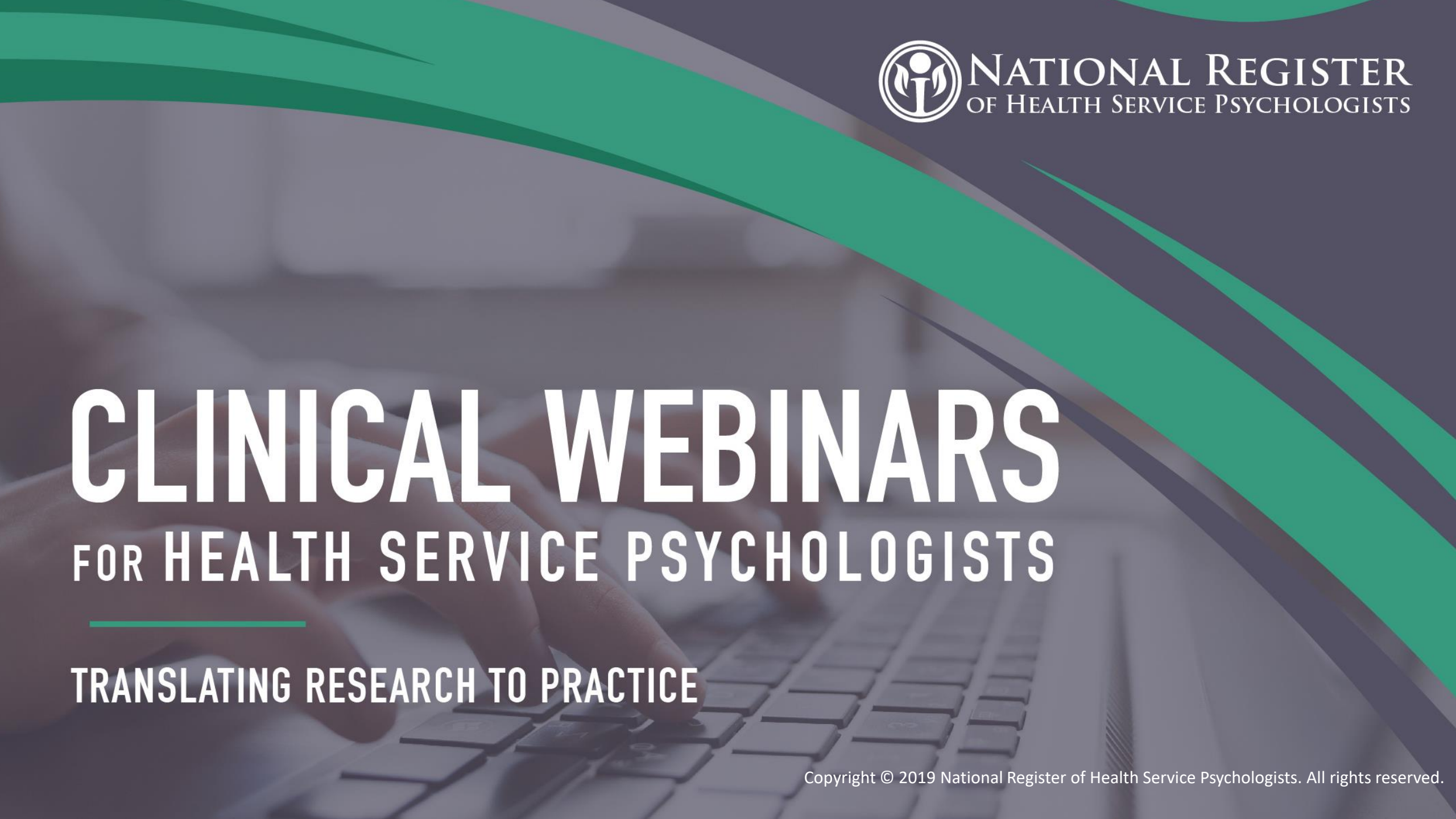
Bauman, D., Beachy, B. & Ogbeide, S. A. (2018). Stepped care and behavioral approaches for diabetes management in integrated primary care. In W. O'Donahue & A. Maragakis (Eds), *Principle-based stepped care and brief psychotherapy for integrated care settings*. New York, NY: Springer Science, Business Media, LLC.

Hayes, S. C., Barnes-Holmes, D., & Wilson, K. G. (2012). Contextual Behavioral Science: Creating a science more adequate to the challenge of the human condition. Journal of Contextual Behavioral Science, 1, 1-16.

Hunter, H. L., Funderburk, J. S., Polaha, J., Bauman, D., Goodie, J. L., & Hunter, C. M. (in review). Primary care behavioral health (PCBH) research: Current state of the science and a call to action. Journal of Clinical Psychology in Medical Settings

Robinson, P. J., Gould, D. A., & Strosahl, K. D. (2010). *Real behavior change in primary care: Improving patient outcomes & increasing job satisfaction*. Oakland, CA: New Harbinger Publications, Inc.

Strosahl, K., Robinson, P., & Gustavsson, T. (2012). Brief interventions for radical change: Principles & practice of focused acceptance and commitment therapy. Oakland, CA: New Harbinger Publications, Inc.



NATIONAL REGISTER OF HEALTH SERVICE PSYCHOLOGISTS

CLINICAL WEBINARS

FOR HEALTH SERVICE PSYCHOLOGISTS

TRANSLATING RESEARCH TO PRACTICE