PAINWEEK®

Casting a Wider Net: Using Focused Acceptance & Commitment Therapy in Primary Care

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Disclosure

Nothing to disclose

Learning Objectives

- Differentiate how brief interventions offer an opportunity to offer greater accessibility to services while optimizing the use of their time.
- Describe Focused Acceptance & Commitment Therapy (FACT) and how it is different from traditional ACT protocol.
- List the core principles to help patients develop psychological flexibility using FACT.
- Cite research support for FACT in chronic pain.

Chronic Pain in Primary Care

- Approximately 100 million Americans with chronic pain are treated by primary care providers informed predominately by traditional medical models
- Providers often report:
  - increased stress from treating patients who suffer from chronic pain
  - limited training & experience treating persistent pain
- Providers are responsible for important task of assessing patients' risks for OUD, including opioid diversion & aberrant behaviors
  - requires complex, biopsychosocial assessments & treatment planning that challenge, often already overwhelmed, frontline practitioners
  - Providers are called upon to provide psychosocial counseling in conjunction with traditional medical care, often without adequate training, experience, & resources

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Traditional ACT

- Acceptance & Commitment Therapy (ACT) is a psychotherapeutic approach found to be effective at treating biopsychosocial symptoms of chronic pain
  - uses acceptance & mindfulness strategies paired with commitment & behavior-change strategies to increase somatic awareness & psychological flexibility
  - aims to target repetitive negative thinking patterns & experiential avoidance –both of implicated in treatment process & outcome for chronic pain
- The research investigating impact of ACT on chronic pain is robust
  - Over fifteen studies have demonstrated effective outcomes as a result of ACT interventions across several different chronic pain populations

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Access to Care

- Demands for healthcare at times outweighs supply
- A survey of 15 large U.S. metropolitan areas conducted by Merritt Hawkins firm found that average patient waited approximately 29 days to see a family medicine practitioner in 2016
- In 2014, under direction of President Obama, VA launched the *Accelerating Access to Care Initiative*, a nationwide program to ensure timely access to care & reduce waiting times
- Healthcare systems are addressing this call to action by casting a wider net & aiming to optimize care
- This is especially important when treating chronic pain, as patients have been found to use healthcare resources at a higher rate compared to patients without chronic pain conditions
- In response, brief, group psychosocial approaches targeting pain-related disability are ideally suited to address concerns outlined in primary care, general medicine clinic, & other settings

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Brief Group Interventions

- Brief interventions allow for greater accessibility to services & minimize use of patient & providers' time
- Research has shown that improvement occurs very early in treatment with diminishing benefit over time
- Lengthier therapies do not always demonstrate incremental efficacy compared to brief therapies
- Brief interventions have been shown to lead to clinically significant patient improvement
  - can lead to reduced symptoms, improved functioning, & social integration in as few as two sessions when delivered in an integrated primary care setting
  - changes have been shown to be robust & stable over a two-year follow-up period
- Group-based formats of brief interventions have been found to significantly reduce wait times for pain management services & provide an additional source of support, which patients with chronic pain report as a valuable part of their treatment

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Focused ACT (fACT)

- While ACT is most often delivered over 12 visits in specialty clinics, it can be modified to a briefer format, known as Focused Acceptance & Commitment Therapy (fACT)
- fACT simplifies original six core treatment processes of ACT into three pillars: Openness, Awareness, & Engagement
  - Openness involves strategies to help increase acceptance of difficult experiences & diffusion of difficult cognitions so that new ways of living can be considered
  - Awareness helps patients to be more present in moment using mindfulness practices to take new perspectives (self-as-context versus content) which can enhance behavior change
  - Engagement helps patients to identify their values & find ways of connecting with those values in ways that are workable over time

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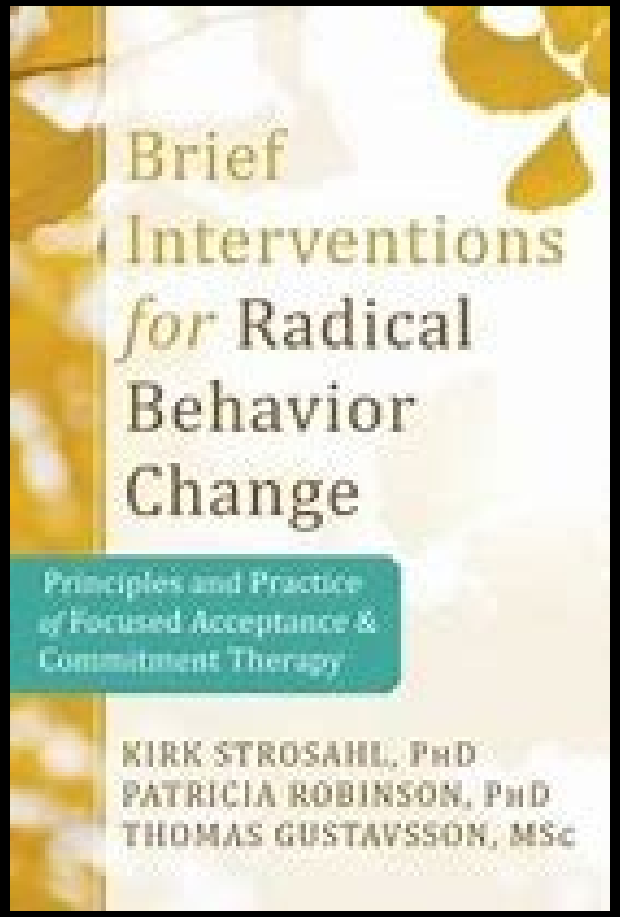
Resources


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

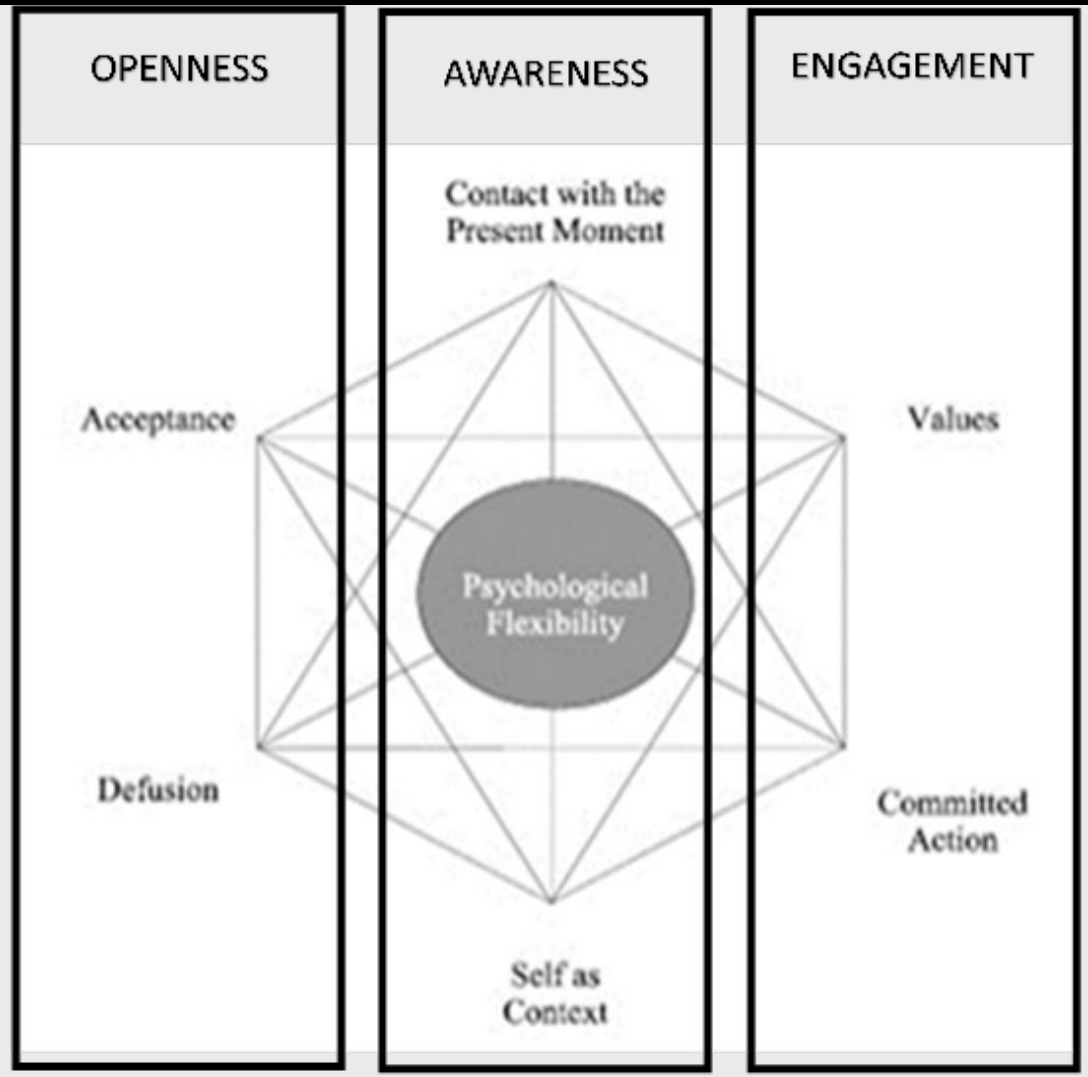


Figure 1. Three pillars of Focused Acceptance & Commitment Therapy

fACT Research Support

- Unfortunately, there are few studies investigating efficacy of fACT intervention
- Glover and colleagues (2016) provided some insight into patient outcomes using fACT in a group format with veterans
  - found that a 4-session intervention delivered in VA primary care setting demonstrated:
    - large effects for patients' perceived quality of life
    - moderate effects for decreased depressive symptoms & improved perceptions of mental health functioning
    - small effects for patients' perceptions of stress & physical health functioning

Glover, N., Sylvers, P., Shearer, E., et al. (2016). The efficacy of Focused Acceptance and Commitment Therapy in VA primary care. Psychological services, 13(2), 156.

fACT for Pain Research

- To date, there is scant published investigations that have examined fACT for use with chronic pain population
- McCracken and colleagues (2013) evaluated a 4-session ACT intervention
  - found that participants reported significant overall improvements:
    - less depression
    - less disability
    - increased pain acceptance
- Kanzler and colleagues (2018) described rationale & methods for a protocol to pilot test feasibility & effectiveness of fACT delivered by behavioral health consultants in primary care
- Cosio and colleagues (2021) developed & initiated fACT groups to determine its feasibility with Veterans who suffer from chronic pain with mixed, idiopathic conditions

McCracken, L., Sato, A., & Taylor, G. (2013). A trial of a brief group-based form of acceptance and commitment therapy (ACT for chronic pain in general practice): Pilot outcomes and process results. The Journal of Pain, 14(11), 1398-1406.
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fACT for Pain Intervention

- fACT for Pain intervention consisted of 4x 90-minute sessions, once a week
- Informed using a tailored manual which was an amalgamation of established protocols & a self-help workbook
  - one established protocol proposed a 4-session intervention which combined individual & group
  - second established protocol was an 8-session intervention which presented a similar coverage of topics typical of a traditional cognitive-behavioral therapy protocol
  - self-help book provided more details & served as an introduction to therapy
- The current manualized group intervention was generated by incorporating, organizing, & expanding upon protocols to develop an experiential, fACT consistent protocol aimed to meet needs of chronic pain population in a brief, group format

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Vowles, K. & Sorrell, J. (2007). Life with chronic pain: An acceptance-based approach (therapist guide and patient workbook). Bath: University of Bath.
Dahl, J. & Lundgren, T. (2006). Living beyond your pain: Using acceptance & commitment therapy to ease chronic pain. Oakland: New Harbinger.

Pain fACT Group Therapy Protocol

Session 1: Finding Leverage	Session 2: Promoting Awareness	Session 3: Promoting Openness	Session 4: Promoting Engagement
• Tell your story • Ground rules • Two mountains metaphor • Roller coaster metaphor • What is ACT? • Define mindfulness • Centering exercise • Clean vs. dirty pain (pain vs. suffering) • Effectiveness of pain management exercise • Tug-of-war/Quicksand metaphor • Chinese finger trap • Person in the hole metaphor	• Review last session • Albert Einstein quote • Serenity creed • Control as being the problem • What do you value? • Value living questionnaire • Epitaph exercise • Values compass handout • Pain is Gone, Now What? • Mindfulness exercise	• Fighting or accepting cards exercise • Passenger on the bus • Cognitive defusion • Milk, milk, milk (Pain pain pain) • Chocolate cake exercise • Self-as-context vs. content • Chessboard exercise • Continuous you exercise • Clouds in sky/ Leaves on stream exercise	• Acceptance of pain mindfulness exercise • Garbage can exercise • Willingness eye's on exercise • Joe the bum • Sticky note/ Labels exercise • Obstacles in the river exercise • Trying vs. doing exercise • Jump exercise • Committed action plans • Maintaining progress • Prepare for relapses and setbacks • Yes and no mindfulness exercise

Note to Therapists

- Take an ACT therapeutic stance including:
  - Speaking to patient from an equal, vulnerable, compassionate, genuine & sharing point of view
  - Modeling acceptance of challenging emotions & thoughts
  - Model vulnerability-not knowing, making mistakes, etc.
  - Tailoring exercises to fit patient's experience, social, ethnic, & cultural context
  - Not arguing, convincing, lecturing, or coercing patient
  - Being willing to be in moment with patient

Session 1: Finding Leverage

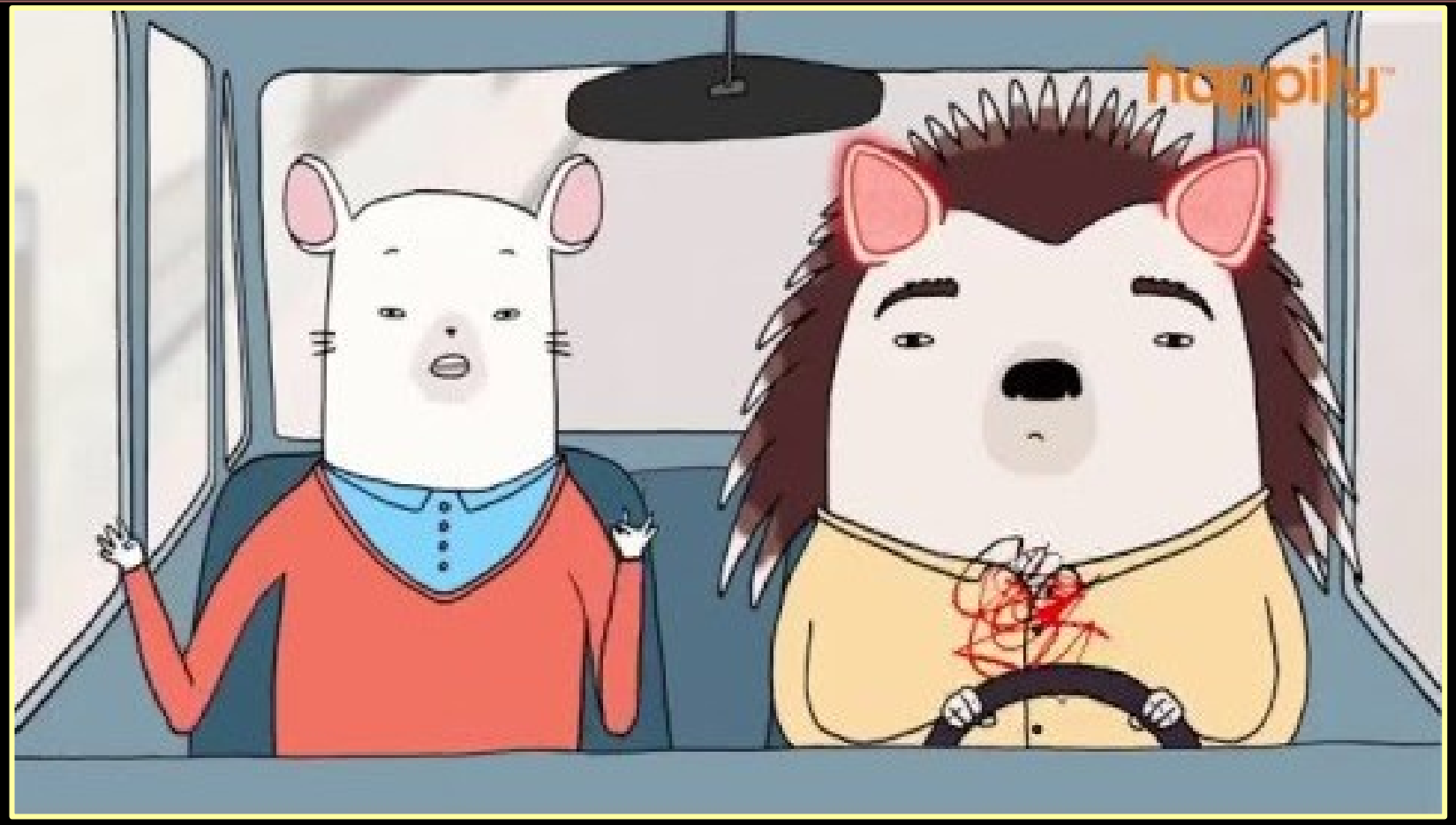
Two Mountains Metaphor

It's like you're in the process of climbing up a big mountain that has lots of dangerous places on it. My job is to watch out for you and shout out directions if I can see places you might slip or hurt yourself. But I'm not able to do this because I'm standing at the top of your mountain, looking down at you. If I'm able to help you climb your mountain, it's because I'm on my own mountain, just across a valley. I don't have to know anything about exactly what it feels like to climb your mountain to see where you are about to step, and what might be a better path for you to take.

Roller Coaster Metaphor

In this process, things may move around a bit. You may feel up and down, sometimes feeling things more strongly and sometimes less…a bit like a roller coaster ride. You may feel a bit stirred up at times. We will be working with your relationship to your pain and, as we progress, you will know if this is working for you. I will check in with you, but part of what I need is a commitment from you to hang in there a bit and give it chance.

What is Mindfulness?



Tug-of-War Metaphor

Imagine you're in a tug of war with some huge pain monster. You've got one end of the rope, and the monster has the other end. In between you, there's a huge bottomless pit. You're pulling backward as hard as you can, but the monster keeps on pulling you ever closer to the pit. What's the best thing to do in that situation?

Pulling harder comes naturally, but the harder you pull, the harder the monster pulls. You're stuck. What do you need to do?

Dropping the rope means the monster's still there, but you're no longer tied up in a struggle with it. Now you can do something more useful.

Quicksand Metaphor

When we're stuck in quicksand, the immediate impulse is to struggle and fight to get out. But that's exactly what you mustn't do in quicksand – because as you put weight down on one part of your body (your foot), it goes deeper. So the more you struggle, the deeper you sink – and the more you struggle. Very much a no-win situation. With quicksand, there's only one option for survival. Spread the weight of your body over a large surface area – lay down. It goes against all our instincts to lay down and really be with the quicksand, but that's exactly what we have to do. So it is with distress. We struggle and fight against it, but we've perhaps never considered just letting it be, and being with the distressing thoughts and feelings, but if we did, we'd find that we get through it and survive – more effectively than if we'd fought and struggled.

Chinese Finger Trap

Perhaps the situation is something like 'Chinese handcuffs'. Have you ever seen one? It's a small straw tube that you place your two index fingers into and pull. Only when you do that, the tube tightens down on your fingers. The more you pull the tighter it gets. I wonder if your relationship with pain is like this. The more you struggle with not wanting the experiences the tighter the grip they seem to have. You will not want to take my word for it. Check your experience and see if this is what happens – the more you struggle the worse it is? Now when you push in your fingers together on the handcuffs- the finger trap loosens. You have more wiggle room when you stop struggling.

Person in the Hole Metaphor

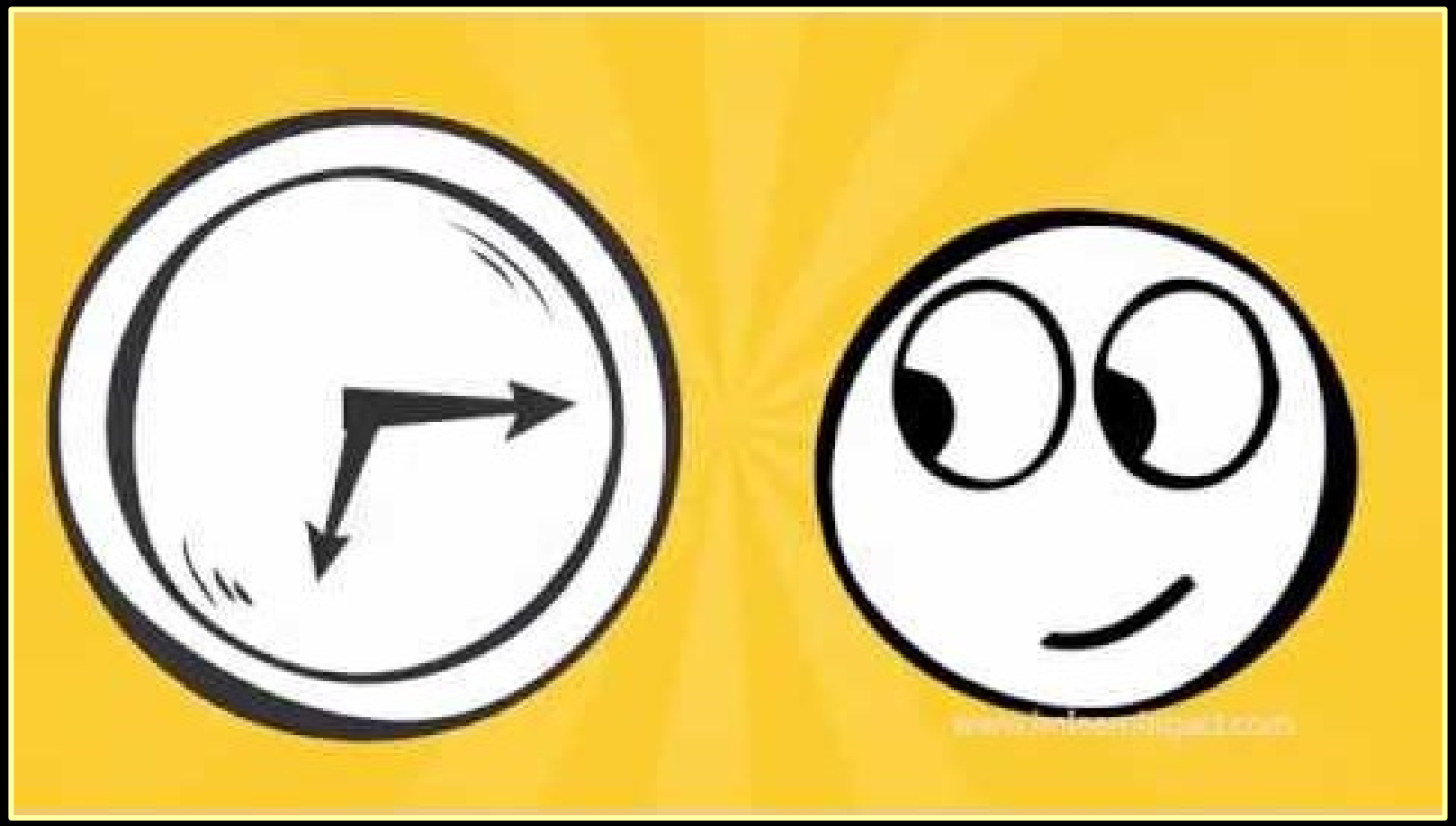
It is as if you were picked up by a helicopter, blind-folded, given a bag of tools and then placed in a large field and told to go live your life. You did but, unbeknownst to you, in this field are some fairly large holes and before you know it you fall in. Being the good problem-solver that you are, you take off the blind fold and open the bag in an effort to find a way out of the hole. But low and behold, in the bag is a shovel. And the rule with shovels is to dig, and so that is what you do. You dig. You dig big shovels full. You dig small shovels full. You dig sideways and vigorously. You try every form of digging. But the problem with digging when you are in a hole is that it makes it bigger….not smaller. What if this system, the system you are stuck in, is like that…the more you try to dig, the more you try to control, the bigger the hole gets.

Session 2: Promoting Awareness

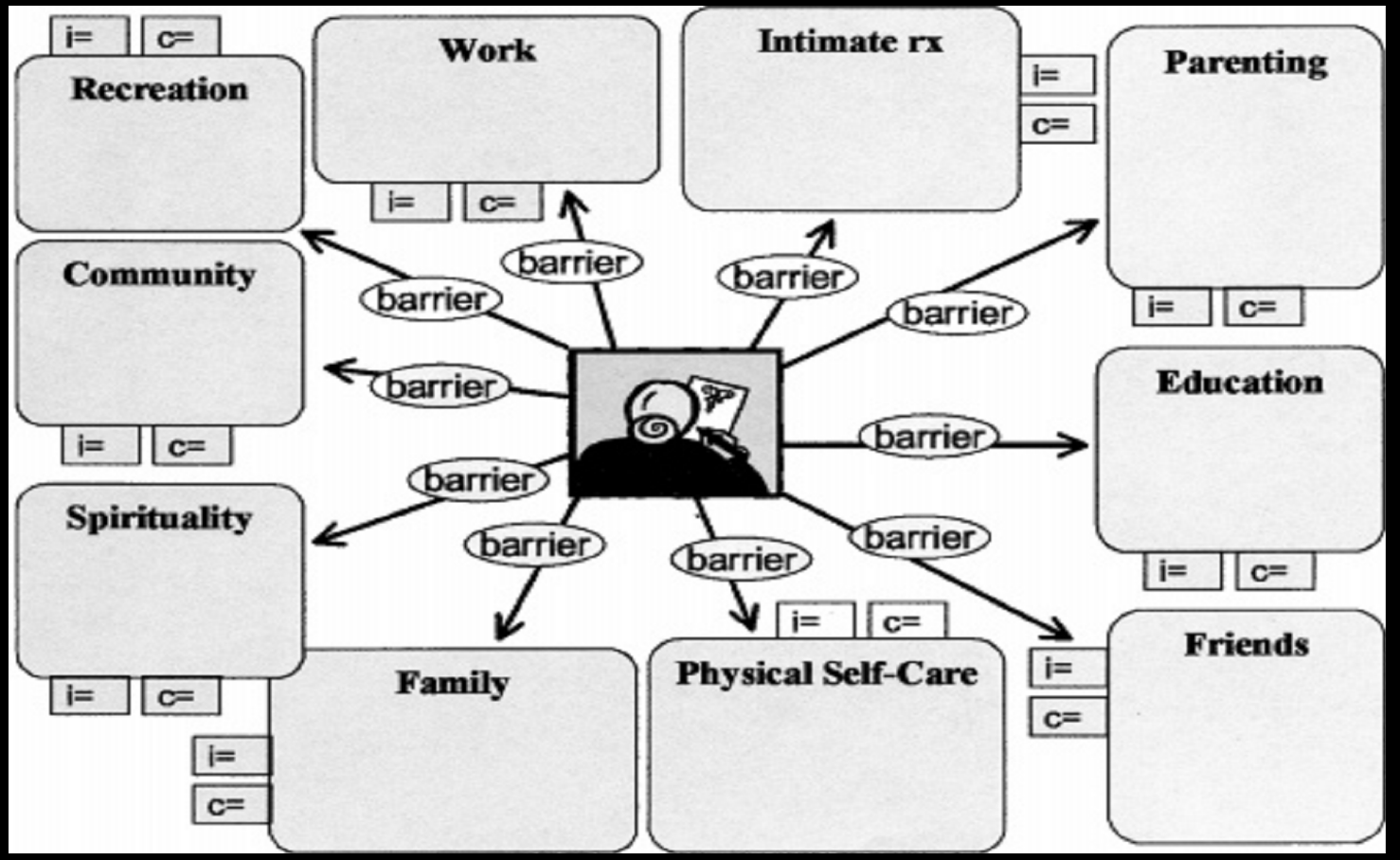
Control is the Problem

- Controlling pain is the problem
- If you aren't willing to have it, you got it
- Why we engage in controlling behaviors?
  - Works outside of skin
  - Taught that it should work by others
  - Appears to work for others—we compare our insides to their outsides
  - Sometimes works
  - Should work if we try hard enough

Valued Living



Values Compass



Session 3: Promoting Openness

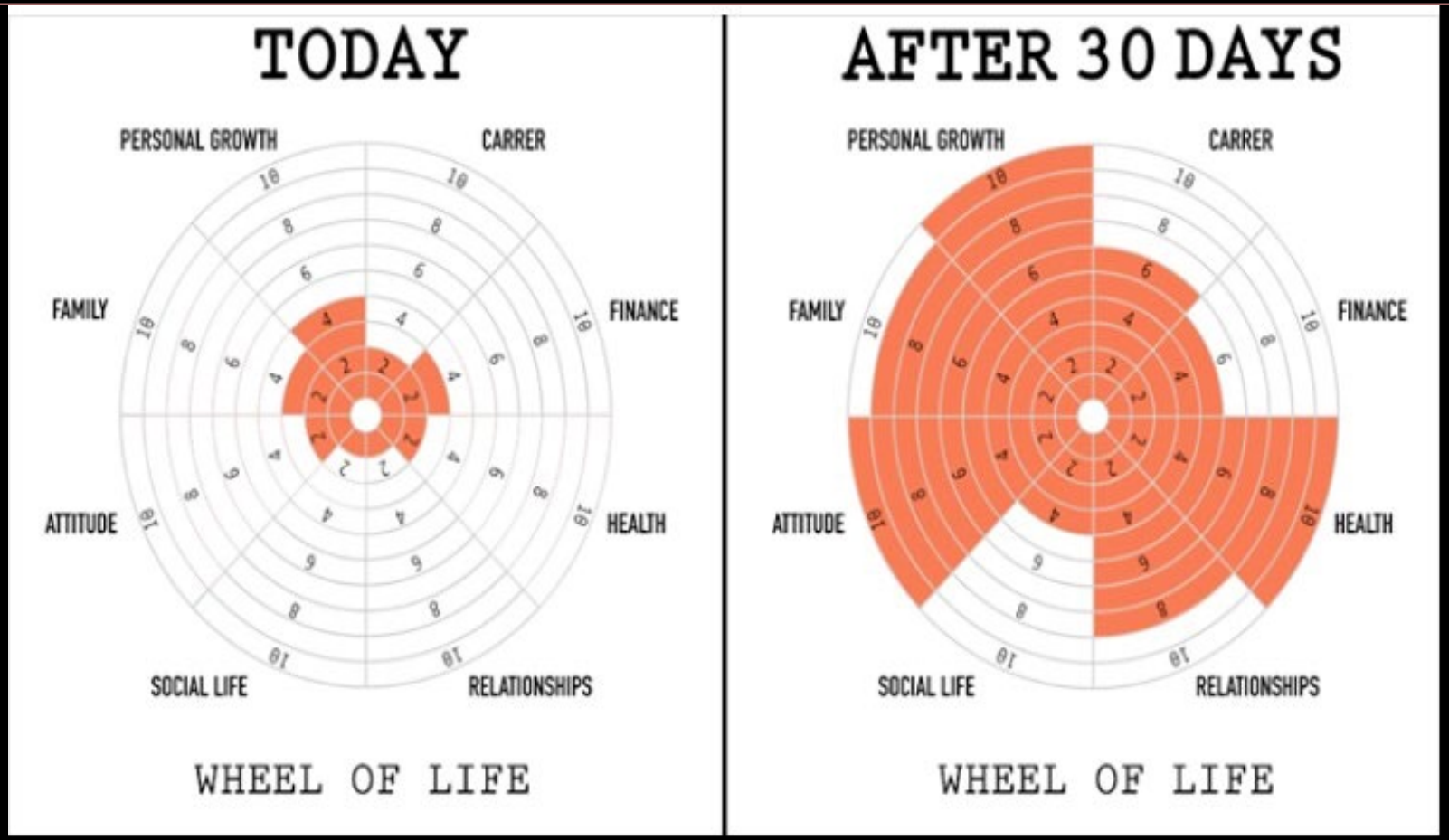
Does Anyone Have A $100 Bill?

Perspective Taking

Leaves on a Stream

Session 4: Promoting Engagement

Bullseye Exercise



Committed Action Plans

Identify the component of your life that you value but are unable to address due to your depression?

Value _____

Express your intentions to move in that valued direction. How do you see yourself reaching that goal?

Intention_____

Identify what steps you are willing to take to move in that valued direction and when you expect to begin these actions.

Step_____

Step_____

Step_____

Living Beyond the Pain

- Maintaining Your Progress
  - Continue to practice mindfulness & acceptance exercises
  - Continue to set short-term goals for each week
  - Continue to monitor your progress- use bull's eye, etc.

- Prepare for Relapse & Setbacks
  - Identify you have relapsed when you have a setback on your chosen path
  - When you fail to live up to or keep valued commitments
  - Recommit to your valued action plan to get back on track
  - Notice setback & bring your awareness back to your valued directions

Methods

- Sample of 36 Veterans ranging from 18 to 89 years-old who suffer from chronic pain were recruited from pain education program at JBVAMC
- 6x groups of 6-8 Veterans; predominately AA and male
- Average pain score in last week=6.72 (moderate-severe)
- Veterans voluntarily participated in groups & were free to withdraw at any time
- As part of introduction to Pain fACT groups, all participants completed quality assurance outcome measures
- Measures that assess outcomes of psychotherapy have potential to inform quality improvement efforts & bring greater accountability to delivery of mental health care
- Those patients who received group psychotherapy completed same set of outcome measures at end of intervention to determine if they experienced any improvements in their symptoms & functioning
- Quality assurance data was analyzed with paired samples t-test (one-tailed) using Data Analysis ToolPak Excel Add on

Measures

- Pain, Enjoyment of Life, & General Activity (PEG) Scale
  - average score of three separate numerical scales
  - each scale has ratings ranging from 0-10
  - individuals rate their pain level concerning three different areas
    - pain (on average)
    - pain interference with enjoyment of life
    - interference with general activities over past week
- Perceived Global Distress (PGD) Scale
  - a 10 cm line, giving a scale score from 0 – 10
  - rating 0 represents no problems & 10 represents worst possible situation

Krebs, E., Lorenz, K., Bair, M., et al. (2009). Development and Initial Validation of the PEG, a Three-item Scale Assessing Pain Intensity and Interference. Journal of General Internal Medicine, 24(6), 733–738.
Söderberg, P. & Tungström, S. (2007). Outcome in psychiatric outpatient services. Reliability, validity and outcome based on routine assessments with the GAF scale. PhD Thesis, Umeå: Umeå University.

Measures

- Coping Strategies Questionnaire-Catastrophizing (CSQ-CAT) Scale
  - – score is sum of ratings on six statements that measure:
    - negative self-statements
    - catastrophizing thoughts
    - ideations about their pain
  - – uses a 0-5 Likert scale
- Chronic Pain Coping Inventory-Short Form (CPCI-SF) Scale
  - – produces two scores
    - illness-focused coping (guarding, resting, & asking for assistance)
    - wellness-focused coping (exercise/ stretching, relaxation, task persistence, seeking social support, & coping self-statements)
  - – participants were asked to describe how many days in past week they used each strategy to manage pain
  - – scores are sum of days they used those coping skills

Rosenstiel, A. & Keefe, F. (1983). The use of coping strategies in chronic low back pain patients: Relationship to patient characteristics and current adjustment. Pain, 17, 33–44.
Jensen, M., Keefe, F., Lefebvre, J., et al. (2003). One- and two-item measures of pain beliefs and coping strategies. Pain, 104(3), 453–469.

Current Findings

- a significant decrease in pain catastrophizing (maladaptive thinking) scores as measured by CSQ-CAT
- a significant decrease in illness-focused coping (guarding, resting, & asking for assistance) scores at post-intervention compared to pre-intervention as measured by CPCI-SF
- these findings are consistent with previous research studies investigating effectiveness of ACT with Veterans suffering from chronic pain

Cosio, D. & Schafer, T. (2015). Implementing an Acceptance & Commitment Therapy Group Protocol with Veterans Using VA's Stepped Care Model of Pain Management. Journal of Behavioral Medicine, 38, 984-997.

Cosio, D. (2016). Practice-based Evidence for Outpatient, Acceptance & Commitment Versus Cognitive-Behavioral Group Therapies for Veterans with Chronic, Non-cancer Pain. Journal of Contextual Behavioral Science, 5, 23-32.

Current Findings

- no significant differences in pain interference & global distress which is inconsistent with previous research
- may be due to using different abbreviated measures, such as PEG & PGD
- more research is needed to better understand change mechanisms in group-administered, fACT interventions
- research investigating impact of telehealth delivery of fACT for chronic pain would further its reach, especially to underserved populations

Cosio, D. & Schafer, T. (2015). Implementing an Acceptance & Commitment Therapy Group Protocol with Veterans Using VA's Stepped Care Model of Pain Management. Journal of Behavioral Medicine, 38, 984-997.

Cosio, D. (2016). Practice-based Evidence for Outpatient, Acceptance & Commitment Versus Cognitive-Behavioral Group Therapies for Veterans with Chronic, Non-cancer Pain. Journal of Contextual Behavioral Science, 5, 23-32.

Conclusions

- Frontline practitioners are experiencing an increased need to make services more accessible & to cut down on appointment wait times
- At the same time, they are tasked with effectively treating & managing complex biopsychosocial symptoms in a growing number of patients with persistent pain
- In order to optimize providers' time without sacrificing outcomes, brief biopsychosocial interventions in primary care, general medicine clinics, & other settings are needed
- Decisions about development & implementation of brief group interventions requires collaboration of many stakeholders, including consumers, providers, health plans, payers, & state agencies
- Group-based formats such as fACT have demonstrated potential to maximize limited resources while providing an additional, interpersonal, support factor, which has been found to be valuable for patients with chronic pain
- fACT intervention for chronic pain is one brief intervention that shows promise for treating biopsychosocial symptoms of chronic pain in an overburdened healthcare system

Practical Takeaways

- Frontline practitioners are often faced with having to provide psychosocial counseling in conjunction with traditional medical care without adequate training, experience, & resources
- The demand for services often out weights supply. As a result, there is an increased need to decrease appointment wait times & improve access to care
- Brief group interventions offer an opportunity for providers to offer greater accessibility to services while optimizing use of their time
- Preliminary data suggests that fACT group interventions may make significant improvements in maladaptive thinking & coping in chronic pain population in as few as 4 sessions. Future research in this area is warranted.

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