Acceptance and Commitment Therapy

Dr Hamish McLeod
Neuropsychotherapies: Which add the most value?

Acceptance and Commitment Therapy

Division of Neuropsychology | London | 28 November 2014

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Why do we need new neuropsychotherapies?
What ACT is...

• A transdiagnostic approach applicable to a wide range of conditions, difficulties, & populations 

• An empirically supported treatment for some conditions (e.g. chronic pain)

• An evolving therapeutic approach 

• An empirically testable approach 
What ACT isn’t...


What ACT definitely isn’t...
Two Branches of the CBT Tree

Cognitive
- MBCT
- MCT
- CT
- ST

Cognitive Revolution
Chomsky, 1959
Seligman, 1970 etc

Behavioural
- ACT
- DBT
- BA
- FAP

Contextual
The Goal

• “The goal of ACT is psychological flexibility: being able to contact the moment as a conscious human being more fully as it is, not as what it says it is, and based on what the situation affords, persisting or changing in behavior in the service of chosen values”
The Hexaflex

CONTACT WITH THE PRESENT MOMENT

Be Here Now

ACCEPTANCE
Open Up

DEFUSION
Watch Your Thinking

VALUES
Know What Matters

COMMITTED ACTION
Do What It Takes

SELF-AS-CONTEXT
Pure Awareness

PSYCHOLOGICAL FLEXIBILITY
Be present, open up, and do what matters

Figure 1.1 The ACT Hexaflex

The Hex(in)flex

Dominance of the Conceptualized Past and Future; Limited Self-Knowledge

Experiential Avoidance

Lack of Values Clarity/Contact

Cognitive Fusion

Unworkable Action

Attachment to the Conceptualized Self

Psychological Inflexibility

Figure 2.1  An ACT Model of Psychopathology

The Triflex

- Be Present
- Psychological Flexibility
- Open Up
- Acceptance
- Values
- Do What Matters
- Defusion
- Contact with the Present Moment
- Self-as-Context
- Committed Action

Figure 1.2 The ACT Triflex

Three Valuable Therapeutic Ingredients...

• Acceptance of the ubiquity of suffering
  – The people we help are stuck, not broken

• An emphasis on action
  – Mindful awareness skills are learnable tools that facilitate action, not an end in their own right

• A focus on growth, not deficits
  – Values clarification and committed action create the circumstances for (re)-building a meaningful life
What else might add value to (neuro)psychotherapies?

1. Scope for implementation at scale
2. Acceptability and “consumer appeal”
3. Capacity for innovation, refinement, improvement
4. Understandable and measurable mechanisms of change
Measuring Psychological Flexibility in ABI

Validating Measures of Psychological Flexibility in a Population With Acquired Brain Injury

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Frank P. Deane  
University of Wollongong

Joseph Ciarrochi  
Australian Catholic University

Hamish J. McLeod  
University of Glasgow

Grahame K. Simpson  
Ingham Institute of Applied Medical Research, Liverpool, Australia and University of Sydney
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Figure 1.1 The ACT Hexaflex
Table 2. Pattern Matrix of the Exploratory Factor Analysis (n = 150)

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>My brain injury defines me as a person</td>
<td><strong>.814</strong></td>
<td>-.133</td>
<td>.147</td>
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<tr>
<td>9</td>
<td>My worries and fears about my brain injury are true</td>
<td><strong>.778</strong></td>
<td>.204</td>
<td>.093</td>
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<tr>
<td>2</td>
<td>I hate how my brain injury makes me feel about myself</td>
<td><strong>.765</strong></td>
<td>.041</td>
<td>-.033</td>
</tr>
<tr>
<td>3</td>
<td>I need to get rid of my anxiety about my brain injury</td>
<td><strong>.762</strong></td>
<td>.002</td>
<td>.157</td>
</tr>
<tr>
<td>4</td>
<td>I stop doing things when I feel scared about my brain injury</td>
<td><strong>.760</strong></td>
<td>.011</td>
<td>.077</td>
</tr>
<tr>
<td>11</td>
<td>Other people make it hard for me to accept myself</td>
<td><strong>.595</strong></td>
<td>.016</td>
<td>-.066</td>
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<tr>
<td>14</td>
<td>Most people are doing better than me</td>
<td><strong>.583</strong></td>
<td>.013</td>
<td>-.296</td>
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<tr>
<td>8</td>
<td>I would give up important things in my life if I could make the brain injury go away</td>
<td><strong>.571</strong></td>
<td>.197</td>
<td>-.129</td>
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<tr>
<td>6</td>
<td>I am moving forward with life</td>
<td>-.467</td>
<td>.260</td>
<td>.288</td>
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<tr>
<td>13</td>
<td>I often p at I d n’t h ve a brain injury</td>
<td>.247</td>
<td><strong>.503</strong></td>
<td>-.334</td>
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<tr>
<td>10</td>
<td>I try not to think about having a brain injury</td>
<td>.151</td>
<td><strong>.477</strong></td>
<td>-.011</td>
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<tr>
<td>15&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Even with my brain injury I can do good work</td>
<td>-.409</td>
<td><strong>.467</strong></td>
<td>.208</td>
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<tr>
<td>12&lt;sup&gt;b&lt;/sup&gt;</td>
<td>I d n’t o ed t a s h a m e d o my brain injury</td>
<td>-.123</td>
<td>.305</td>
<td>.239</td>
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<tr>
<td>1</td>
<td>I do things I care about even when I feel upset about my brain injury</td>
<td>.040</td>
<td>.152</td>
<td><strong>.594</strong></td>
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<td>7</td>
<td>It is OK for me to feel different after my brain injury</td>
<td>.065</td>
<td>-.085</td>
<td><strong>.477</strong></td>
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</table>


<sup>a</sup> Item 15 excluded due to loading on two factors. <sup>b</sup> Item 12 excluded due to factor loading <.4
Values & Committed Action

- Values add dignity and meaning to the act of opening up to difficult experiences.
- Values differ from goals in that they are a way of behaving, not a singular outcome that can be achieved.
- Values provide the context for initiating and sustaining committed action.
Sample Value Domains

- Family relationships
- Parenting
- Community/citizenship
- Education/learning/personal development
- Recreation and leisure
- Social life
- Work
- Intimate personal relationships
- Health/physical fitness
THE BULL’S EYE: make an X in each area of the dart board, to represent where you stand today.

- I am behaving like the person I want to be
- My behaviour is far removed from the way I'd like it to be

Areas:
- Work/Education
- Leisure
- Personal growth/Health
- Relationships
Implementing ACT to Promote Psychological Flexibility

ACT on adjusting after your brain injury

Participant Manual

ACT on adjusting after your brain injury

Treatment Manual

Australian New Zealand Clinical Trials Registry ACTRN12610000851066
Acceptance and Commitment Therapy (ACT) for Psychological Adjustment after Traumatic Brain Injury: Reporting the Protocol for a Randomised Controlled Trial

Diane L. Whiting,1,2 Grahame K. Simpson,1,3 Hamish J. McLeod,4 Frank P. Deane,2 and Joseph Ciarrochi5

1 Liverpool Brain Injury Rehabilitation Unit, Liverpool Hospital, Sydney, Australia
2 School of Psychology, University of Wollongong, Australia
3 Rehabilitation Studies Unit, University of Sydney, Australia
4 Institute of Health and Wellbeing, University of Glasgow, Scotland, UK
5 School of Social Sciences and Psychology, University of Western Sydney, Australia
FIGURE 1
Study design.

Participant meets criteria

Time 1: Initial Assessment including:
Neuropsychological screen (RBANS)
Baseline of outcome measures

Block randomisation when n=4 (2 per group)

Sessions 1-6
Duration 6 weeks

ACT group
Weekly measures

Befriending group
Weekly measures

1 week after intervention completed

Time 2: Post treatment Assessment
Outcome measures post treatment (blinded assessor)

Session 7 - One month Session 6

ACT group
Weekly measures

Befriending group
Weekly measures

One month post Session 6

Time 3: One month Post treatment Assessment
Outcome measures post treatment (blinded assessor)
Sample Session Contents

① Confronting the agenda
  - Workability, mindfulness skills practice

② Control is the problem
  - Normalcy of control attempts, ubiquity of suffering

③ Acceptance and defusion
  - Defusion exercises

④ Perspective Taking
  - Developing distinctions between self and thoughts, feelings, actions

⑤ Values
  - Differentiating goals from values

⑥ Values and committed action
  - Planning for putting values into action in real life
Whiting et al (submitted) The feasibility of using Acceptance and Commitment Therapy to address psychological distress after a severe traumatic brain injury: Two case studies
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<table>
<thead>
<tr>
<th>Measure</th>
<th>Reliability</th>
<th>Mean</th>
<th>SD</th>
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<td><strong>Primary Outcome Measures</strong></td>
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<td>Psychological Flexibility</td>
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<tr>
<td>AAQ-ABI</td>
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<td>12.61</td>
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<td>20.16</td>
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<td><strong>Secondary Outcome Measures</strong></td>
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<td>GHQ – 12</td>
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<td>50</td>
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<td>28.1</td>
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</table>

Notes:

- AAQ-ABI: Acceptance and Commitment Questionnaire Short Form – Avoidance
- AAQ-II: Acceptance and Commitment Questionnaire Short Form – Emotion Dysregulation
- HADS – A: Hospital Anxiety and Depression Scale – Anxiety
- HADS – D: Hospital Anxiety and Depression Scale – Depression
- DASS 21 – D: Depression Anxiety Stress Scales – Depression
- DASS 21 – A: Depression Anxiety Stress Scales – Anxiety
- DASS 21 – S: Depression Anxiety Stress Scales – Stress
- PANAS – P: Positive Affect Negative Affect Scale – Positive Affect
- PANAS – N: Positive Affect Negative Affect Scale – Negative Affect
- GHQ – 12: General Health Questionnaire – 12
- MOT-Q: Motivation Questionnaire
- SPRS: Spontaneous Participation Scale
- SF-12 PCS: Short Form 12 Physical Component Summary
- SF-12 MCS: Short Form 12 Mental Component Summary

*Significant difference at p < 0.05
So...what value can ACT add as a neuropsychotherapy...?

• An accepting and inclusive response to the loss and suffering that so often follows brain damage
  – Helping people to reduce experiential avoidance and fusion

• An emphasis on action
  – Mindful awareness skills are learned to facilitate action

• A focus on growth, not deficits
  – Values clarification and committed action create the circumstances for (re)-building meaning in life
Acknowledgements

• Diane Whiting
• Grahame Simpson
• Joseph Ciarrochi
• Frank Deane
• Ross White
• Brian O’Neil
• Tom McMillan
• Claire Moynan
• Niamh O’Meara

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