



THE UNIVERSITY OF
AUCKLAND
Te Whare Wānanga o Tāmaki Makaurau
NEW ZEALAND

(F)ACT focused acceptance and commitment therapy

Department of General Practice and Primary
Health Care University of Auckland

bruce arroll

goodfellowunit.org



**goodfellow
symposium 2017**
24 - 26 March, Vodafone Events Centre, Auckland

2017 Skills for Next Monday

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Continuing Medical Education

general practice and
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Webinar: Atrial Fibrillation

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Community management of motor neurone disease

The needs of individuals living with motor neurone disease (MND) are complex, as a

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Osteoporosis update - Ian Reid

Distinguished Professor Ian Reid talks about Osteoporosis New Zealand's Guidance on Diagnosing and Managing Osteoporosis in New Zealand.

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Goodfellow Unit: MedTalks

Engaging and informative interviews with specialists providing the latest clinical updates for primary health care. This MedTalk series was recorded in 2017.

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Gems

Goodfellow Gems are chosen by the Goodfellow director Dr. Bruce Arroll to be either practice changing or practice maintaining. The information is educational and not clinical advice.



High dose vitamin D supplementation does not prevent CVD

Published on: Wednesday, July 5, 2017



10 helpful ideas when working with transgender or gender non-conforming patients

Published on: Wednesday, June 21, 2017



Topical corticosteroids may be a safe alternative to treat phimosis in boys

Published on: Wednesday, June 7, 2017



Spironolactone; effective but regular serum potassium checks recommended forever

Published on: Wednesday, May 24, 2017



Beta-blockers no longer first line for simple hypertension

Published on: Wednesday, May 10, 2017



Stillborn children: photographs may help the healing

Published on: Wednesday, April 26, 2017



Bronchiolitis- No medication in primary care; just monitor and refer when necessary

Published on: Wednesday, April 12, 2017



Early gluten exposure probably not associated with an increase in coeliac disease

Published on: Wednesday, March 29, 2017



Asthma: LABAs, house dust, breathing exercise and pets

Published on: Wednesday, March 15, 2017



Association between gout and high intakes of fructose – consider reducing it

Published on: Wednesday, March 1, 2017





Goodfellow Podcast

Practice changing educational information



HOME > PODCAST

podcast



Goodfellow Clinics are a series of podcasts featuring topical and relevant information for health professionals.

Click on an episode title listed below and then click on the play button. You do not need to be logged in to listen to Goodfellow podcast episodes. You can also listen to the Goodfellow Clinics podcast via itunes.

Displaying 1 - 10 of 60 podcast episodes.



Coronary heart disease - Rod Jackson

Date Published: 04 July 2017

Length: 19:14



Acceptance and commitment therapy - Bruce Arroll

Date Published: 27 June 2017

Length: 22:26



Experiences of men with prostate cancer - David Kuhl

Date Published: 20 June 2017

Length: 27:33



Intensive blood pressure control in the elderly - Bruce Arroll

Date Published: 13 June 2017

Length: 15:03



Podcast: Deprescribing in the elderly - Chris Cameron

Date Published: 06 June 2017

Length: 16:08



Resilience, avoiding burnout, and team work in primary care - David Kuhl

Date Published: 30 May 2017

Length: 26:20



Rational use of beta blockers - Linda Bryant



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eLearning Courses

Exercise prescriptions



Physical activity is a highly effective treatment for many types of chronic disease.

Course

Open

Anterior cruciate ligament injuries



The knee is one of the most common locations for injury in athletes. In most 'football' codes knee injuries are second only to injuries involving the thigh (hamstring and quadriceps strains and contusions).

Course

Open

Community management of motor neurone disease



The needs of individuals living with motor neurone disease (MND) are complex, as are those of their families/whānau; however, care of such individuals generally occurs in the community.

Course

Open

Focussed acceptance & commitment therapy



This online learning is for clinicians with an interest in mental and or physical health where therapy can be brief time limited and available to all who may need it. Thus it will appeal to primary care doctors, nurses, psychologists, counsellors, health coaches and health care assistants.

Course

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Paediatric fever management



Fever is one of the most common reasons why parents and or caregivers seek medical attention for their infant or child.

Course

Open

Jadelle® : Progesterone-only implant contraception



Jadelle® is a long-acting reversible contraception (LARC) initially approved for use in the US in 1996.

Course

Open





Goodfellow Unit

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Goodfellow Unit Webinars



Respiratory Infection (webinar recording)

Mark Thomas, Bruce Ansell, Vicki Mount

The Goodfellow Unit 1:29:04

Goodfellow Unit Webinar: Respiratory Infections



Adult Asthma (webinar recording)

John Kolbe, Bruce Ansell

The Goodfellow Unit 1:29:48

Goodfellow Unit Webinar: An update on adult asthma



Prescribing isotretinoin for acne in primary care (webinar recording)

Marius Rademaker, Miriam Nakatsugu

The Goodfellow Unit 1:22:44

Goodfellow Unit Webinar: Prescribing isotretinoin for acne



Innovations in managing childhood eczema (webinar recording)

Jessica Tiplady, Bruce Ansell

The Goodfellow Unit 1:13:45

Goodfellow Unit Webinar: Childhood eczema. Innovative



Recognition of Vascular Emergencies in Primary Care (webinar recording)

Venu Bhamidi, Miriam Nakatsugu

The Goodfellow Unit 1:05:16

Goodfellow Unit Webinar: Recognition of Vascular



Managing acute gout and prevention of gout (webinar recording)

Bruce Ansell

The Goodfellow Unit 55:31

Goodfellow Unit Webinar: Managing acute gout and

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Introduction 1 a

Department of General Practice and Primary
Health Care University of Auckland

bruce arroll

This is a bruce arroll view of FACT and is not necessarily endorsed by the developers

case- mike 36 struggling

- recently divorced after 10 years
- struggle started after sons death 5 yrs
- began depressive/anxiety symptoms
- combat this stays at home/drinks
- alcohol ended his marriage
- PHQ 9 13

case- mike 36 struggling

- what' his problem ?diagnosis
- depression/anxiety normal
- what would you do with him
- his substance abuse
- his avoidance

a new psychological approach

- time constraints
- brief client contacts
- fewer follow-up visits
- to make the most of each session,

(Strosahl New Harbinger webpage)

- better results in less time
- (Russ Harris Australian GP and author of Happiness Trap)
- psychologists, counsellors GPs, nurses,

what are the psychol issues?

- **35.7% mental disorder in 12 month**
 - **Magpie NZMJ 2003;116:u379**
- **PHQ 9 >9 12.9% (2 weeks)**

what are the “medical” issues?

- **many medical health – control?**
 - **diabetes**
 - **hypertension**
 - **pain**
 - **fatigue**
 - **insomnia**
 - **unexplained symptoms**
- **invariably psychosocial issues**

what is needed?

- **simple**
- **transdiagnostic**
- **uniform treatment principles**
- **evidence based**
- **apply to broad range of problems**
- **30 minutes - then 1-3? follow up**

this is FACT

- **Dr Kirk Strosahl**
- **Dr Patricia Robinson**

Yakima , WA



Kirk Strosahl PhD Yakima



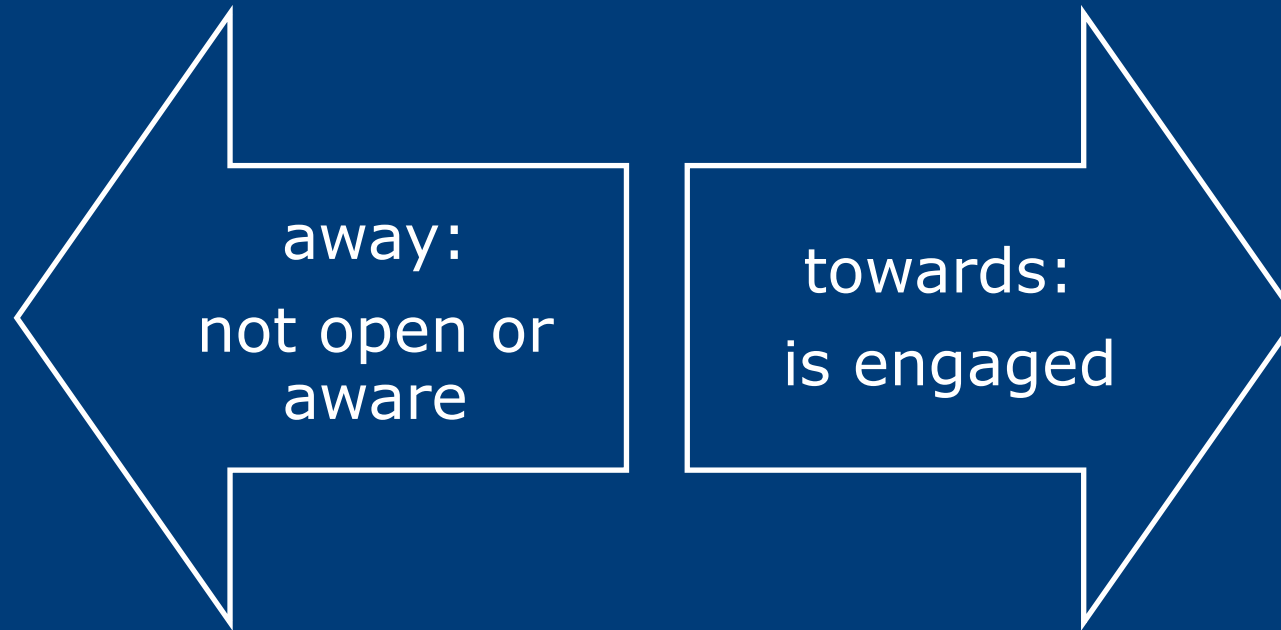
Yakima set up

- **25,000 patients**
- **4 psychologists**
- **“clear” templates**
- **20-30 min first consult then XXX**
- **median = 2**
- **start treatment at 1st visit**

why FACT

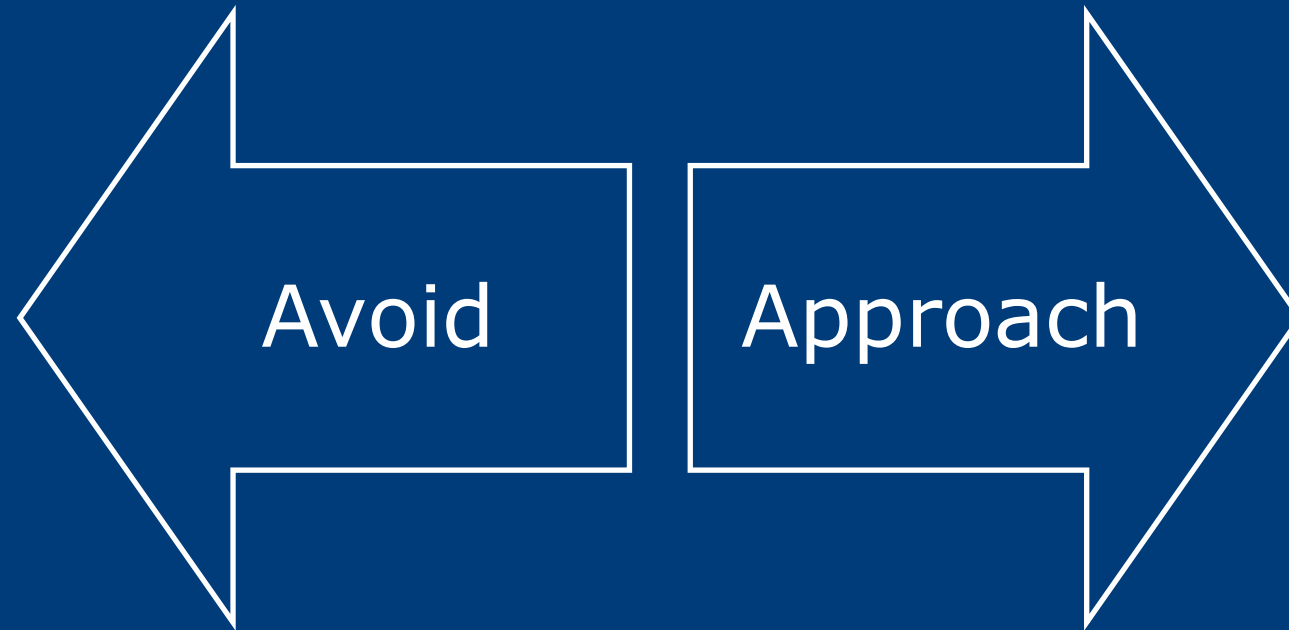
- simple to learn
- 6/3 tools (open, aware, engage)
- effective: mental health
- “physical”: diabetes, smoke, pain
- trans-diagnostic “stuck”

ACT



- **wanting to be symptom free prevents a vital life**

ACT



ACT

- accepting what you can't change and committing to what you can

Present Moment

Accept

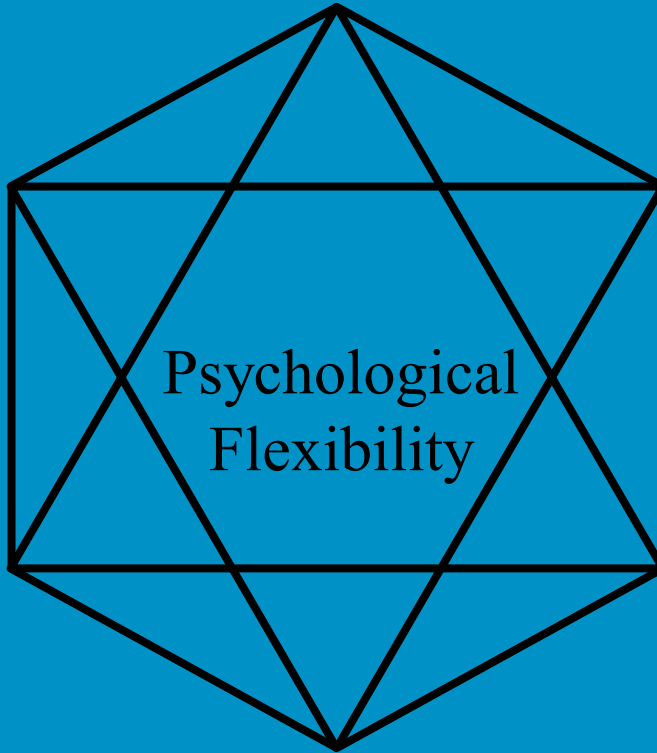
Connection
with Values

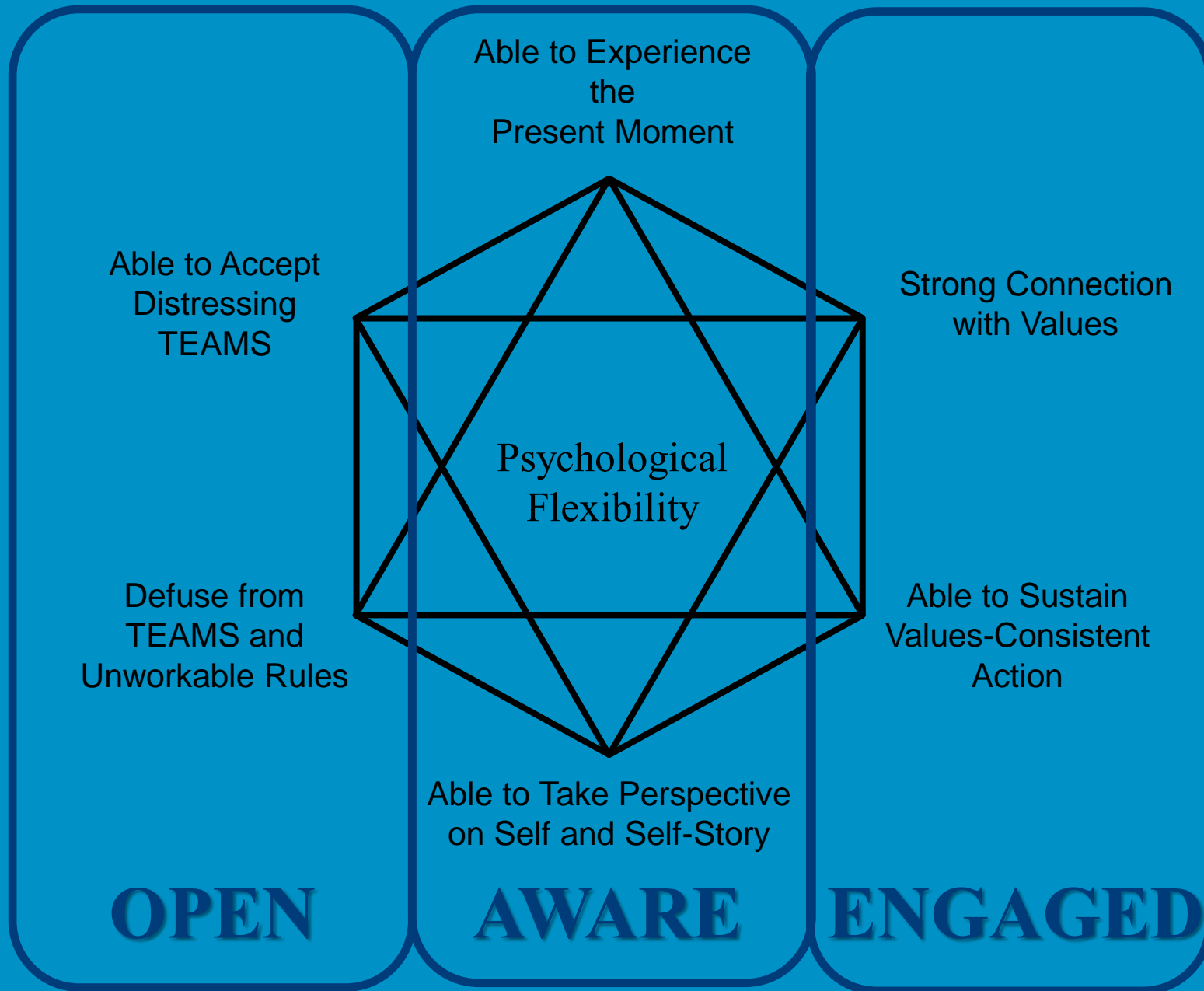
Psychological
Flexibility

Defuse

Committee
Action

Self as context







OPEN

AWARE

ENGAGED

relational frame theory

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

– Steve Hayes

how it works

- **language can amplify normal processes to pathological suffering**
- **our minds try and problem solve**
- **brain aim to keep alive**
- **ok for outside but not inside**
 - **internal emotions**
 - **internal physical symptoms**

FACT behavioural health

- **mental health care to all**
- **less rapport building**
- **fewer time consuming assessments**
- **limit the problem focus**
- **not a DSM diagnosis**
- **practice standards of primary care**

strosahl ideas

- **diagnosis is the distraction**
- **“treatment is the distraction”**
- **life constriction precedes MH issue**
- **the solution is the dysfunction**
- **effective**
 - **A-Tjak et al Psychother Psychosom 2015;84:30-6.**

what it is

- **brief assessments**
- **what doing is not working**
- **starting treatment now**
- **warm handoffs**
- **few visits**
- **committed action**

first visit

- **3 books**
- **no description of first visit**
- **manual is first attempt**

first visit

- **client is a capable person**
- **my role move toward a fuller life**
- **guided by your values**
- **not to be symptom free**
- **7 steps – interview view from BA**
 - **lowers expectations**



Consult 3 parts

- **A: assessment**
- **B: change relationship to distress**
- **pivot point**
- **C: values and actions**

A: FACT assessment

- **focused questions**
 - what avoiding person, place, TEAMS
- **view client thru flexibility lens**
- **creative hopelessness**
- **work love play – interventions here**
 - Strosahl 2012

A: work love play

- **work 3/10***
- **love friends 8/10**
- **love intimates 1/10**
- **love family 8/10**
- **play 3/10***
- **spiritual Al Anon meetings**

find pain

- name the pain e.g. not sad*
- if tears were words what saying**
- core belief sheet ***
 - helpless
 - unlovable

* Strosahl 2015

** Kuhl 2015

*** J Beck 1995

pain narrative

- **pain is guaranteed in life**
 - **physical**
 - **emotional**
- **we need to work with the suffering**

B: change relationship

- **no delete button discussion***
- **present moment awareness****
- **mindful anchor*****

*** S Hayes 2015**

**** Strosahl 2015**

***** Russ Harris 2016**





present moment awareness

- **notice**
- **name**
- **soften**
- **let go**
- **Expand (what is possible)**

- Strosahl 2015

pivot point

- **agree that current life not working**
- **willing to try something else**
 - **Strosahl et al 2012**

C: values and actions (Strosahl 2012)

- **lose contact with values**
 - **social norm controls behaviour**
 - **family pressure**
 - **avoid hurt**
 - **avoid criticism**
- **interest in values → uplifting**
- **“you can live this kind of life if you choose it”**

C: values and actions

- **values and new actions**
 - **link values to actions**
- **likelihood of action**
 - **(readiness ruler 7/10)**
- **task list (not homework)**
- **video camera- what see (R Harris)**

task list (handwritten)

- contact susan – movie 8/10**
- exercise 30" 3 per week 9/10**

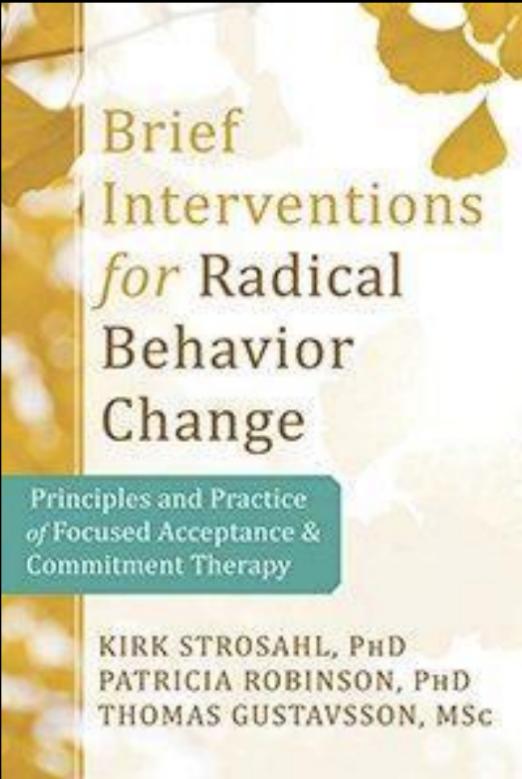
actions

- does it matter what they do-no
- stop the “rule” following
- “cannot sit here and feel better-you need to do things”
- see one week later
- ? max 4 visits – median 2

summary of therapy

- **stop avoidance**
- **start doing things**
 - **expand clients world**
- **mindful anchor for pain**

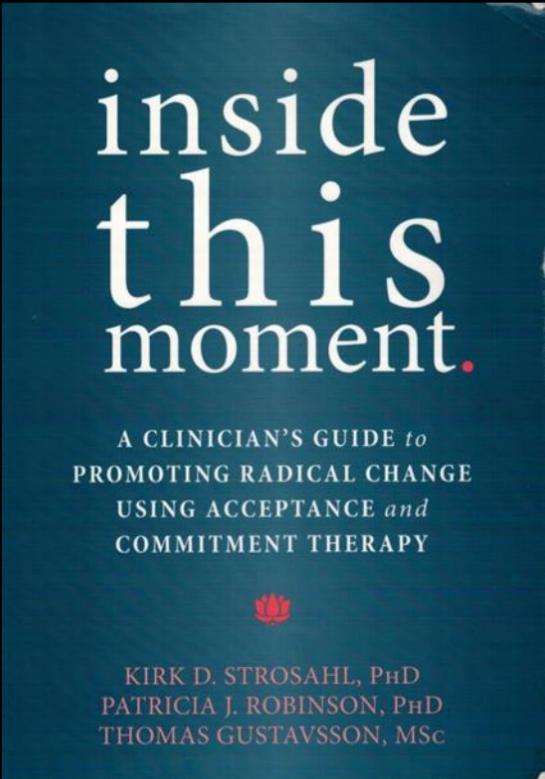
End



Brief
Interventions
for Radical
Behavior
Change

Principles and Practice
of Focused Acceptance &
Commitment Therapy

KIRK STROSAHL, PhD
PATRICIA ROBINSON, PhD
THOMAS GUSTAVSSON, MSc

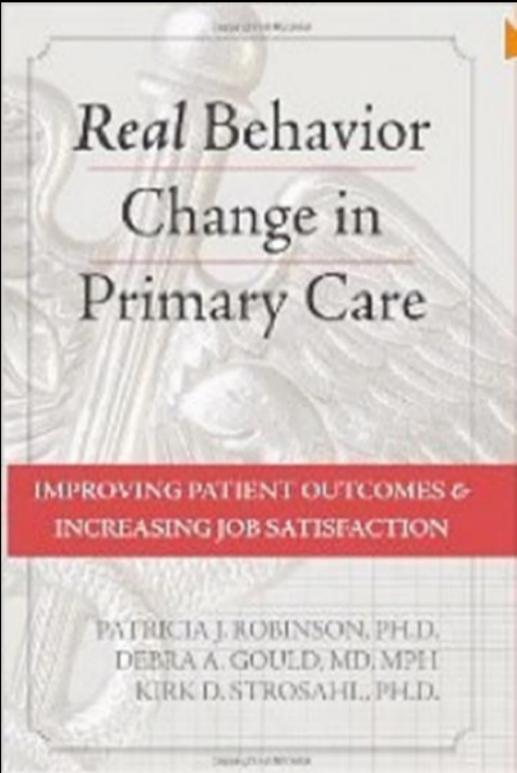


inside
this
moment.

A CLINICIAN'S GUIDE *to*
PROMOTING RADICAL CHANGE
USING ACCEPTANCE *and*
COMMITMENT THERAPY



KIRK D. STROSAHL, PhD
PATRICIA J. ROBINSON, PhD
THOMAS GUSTAVSSON, MSc



Real Behavior
Change in
Primary Care

IMPROVING PATIENT OUTCOMES &
INCREASING JOB SATISFACTION

PATRICIA J. ROBINSON, PH.D.
DENIA A. GOULD, MD, MPH
KIRK D. STROSAHL, PH.D.

An Easy-to-Read Primer
on Acceptance and
Commitment Therapy



ACT made simple

— A quick-start guide to ACT basics and beyond —

- Understand & apply the six core processes of ACT
- Create your own mindfulness techniques
- Overcome resistance & motivate the unmotivated
- Learn tools for profound life change
- Build powerful therapeutic relationships

RUSS HARRIS

author of *The Happiness Trap*

Foreword by STEVEN C. HAYES, PH.D.

Learning

ACT

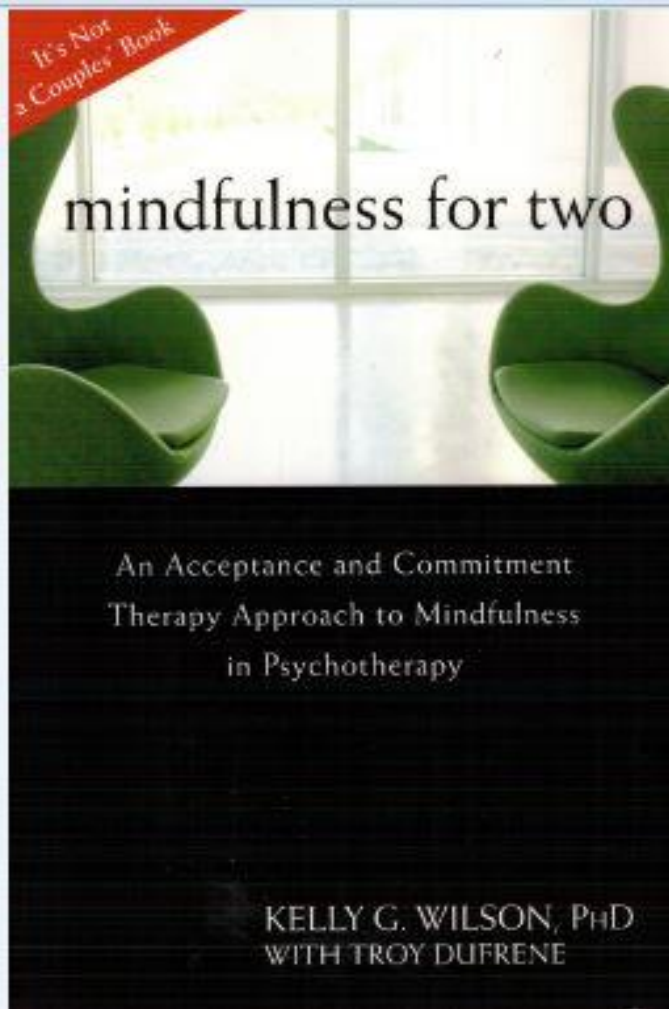
An Acceptance & Commitment Therapy Skills-Training Manual for Therapists

A step-by-step guide to mastering:

- Contact with the present moment
 - Acceptance
 - Defusion
 - Self-as-context
 - Committed action
 - Values work
- Integrating the hexagon model in practice

Includes
DVD with
sample
client
sessions

JASON B. LUOMA, PH.D.
STEVEN C. HAYES, PH.D.
ROBYN D. WALSER, PH.D.



“Medical” cases

Case #1: man in 40s

- **type 1 diabetes since age 10**
- **works night shift- driving**
- **HBA1C = 149 !!!! (<40 normal)**

3 quick processes

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

HBA1 C

- **May 2014** **146 (15.5 %)**
- **Aug 2015** **138**
- **Dec 2015** **131**
- **July 2016** **149 (15.8 %)**
- **ACT consult**
- **Sept 2016** **128** ^{Consult} **(13.9%)**

Issues

- **psychosocial issues not “insulin”**
- **his values not clinicians**
- **checking on likelihood of action**
 - **often patients at 2/10**

Case #2:

- **diagnosis is the distraction**

- **woman in her 40s –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**

Husband

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

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

HBA1C

- **May 2014** **40** **(5.8 %)**
- **April 2015** **50**
- **June 2015** **49**
- **Dec 2015** **51** **(6.8 %)**
- **ACT consult**
- **Sept 2016** **44** **(6.2%)**

Issues here

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

Case #3: forehead message

Diabetes & forehead message

- **60 year old woman with diabetes**
- **husband texting**
- **stopped taking medication**
- **amy cuddy body language**

Marriage the issue

- **taking meds 10/10**
- **spending time with daughter**
- **go back to gym**
- **message I am a great partner on her forehead (not criticise husband)**

HBA1C

- Aug 2015 72 (8.7 %)
- Dec 2015 62
- May 2015 99
- June 2015 108 (12.0 %)
- **ACT consult**
- Aug 2016 96 (10.9%)
- Nov 2016 78 (9.3%)

Issues

- **relationship**
- **stopped looking after self**
 - “taking the poison hoping he will die”
- **stop wanting to be right**
- **when they go low we go high**
- **likelihood of action**

End

resources

- **Webinar David Bauman/Bridget Beechy**
- **<https://vimeo.com/183028615>**
- **videos of consultations**
- **https://www.youtube.com/playlist?list=PLvLh_YdubBs5I1Nt4s44-KcqRysQpTBhl**
- **videos of behavioural health**
- **https://www.youtube.com/channel/UCR_hf_LGVtU0oLa_KFvqvtQ**



