

Brief Interventions for  
Radical Change:  
The Practice of Focused Acceptance  
and Commitment Therapy

**FACT**

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## Workshop Objectives

- ◆ Learn about the evidence pertaining to radical change in therapy
- ◆ Learn brief, focused assessment and case formulation strategies
- ◆ Plan powerful interventions to improve client openness, awareness and engagement

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## **FACT** Is A Brief Approach That Helps The Client . . .

- ◆ **F**ocus on unworkable results of avoidance
- ◆ **A**ccept the presence of distressing, unwanted private experiences
- ◆ **C**hoose a life path based in personal values
- ◆ **T**ake actions which propel the him/her down that path

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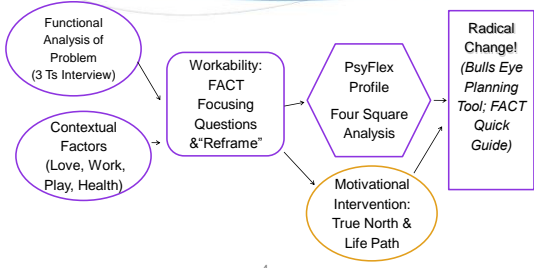
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# FACT Assessment/Intervention Flow



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# Why Brief Interventions? Practice Contexts Are Changing!

- ◆ More services delivered in brief intervention contexts such as primary care, jails, schools, crisis units, home outreach services
- ◆ Conventional multi-session treatment protocols are not realistic in these settings
- ◆ Even in specialty treatment settings, resources are dwindling while the number of clients needing services is expanding exponentially
- ◆ Requires that we condense assessment and treatment activities, empower clients and act more as a resource for the client rather than as a "therapist"

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# Brief Interventions: What Do Clients Want?

- ◆ In a naturalistic study of over **9000 patients** in seeking therapy, **the modal number of psychotherapy visits was one** (Brown & Jones, 2004)
- ◆ Clients seek treatment when **psychological distress** is high and stop coming when distress level drops; for most this is **within 5 visits** (Brown & Jones, 2004)
- ◆ **Their motives?** Emotional reassurance and practical problem solving
- ◆ **30 to 40 percent drop out** of treatment without consulting their therapist (Talmon, 1990, Olsson et. al., 2009)

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## Rapid Change is The Rule, Not the Exception!

In one recent study, 40 to 45 percent of depressed clients exhibited sudden large gains within the first 2 to 4 treatment sessions (Doane, Feeny & Zoellner, 2010)

Similar gain in CBT for PTSD (52 percent of clients; Doane, Feeny & Zoeller, 2010), adolescent depression (Renaud et. al., 1998), binge eating (62 percent of clients; Grilo, Masheb & Wilson, 2006) and irritable bowel syndrome (30 percent of clients; Lackner et. al., 2010)

Rapid response is associated with long-term improvements in functioning, as well as a reduction in long term relapse rates (Crits-Cristoph et. al., 2001; Lutz, Stulz & Kock, 2009).

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## Change is a Non-Linear Process

- ◆ Studies of the "dose-effect" relationship (i.e., number of therapy sessions received relative to the amount of clinical benefit experienced)
  - ◆ 15 percent of clients are clinically improved before they arrive for the first session!
  - ◆ 50 percent of all clients are clinically improved by the 8<sup>th</sup> session
  - ◆ To get 75 percent of clients clinically improved requires at least 26 sessions
- ◆ **Conclusion:** Treatment beyond session 8 is no where near as cost effective as the first 8 sessions! (Howard, Kopta, Krause & Orlinsky, 1986)

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## Is More Necessarily Better?

- ◆ Greatest amount of improvement occurs very early in treatment with diminishing returns of benefit over time. (Kopta et al.; Ilardi & Craighead, 1994)
- ◆ Lengthier, time-unlimited therapies do not always demonstrate incremental efficacy compared to brief therapies (Knekt et al., 2008; cf. Steenbarger, 1994 for a review)

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## Recent Studies of Brief Interventions

- ◆ Patients show clinically significant change across very few treatment sessions (Bryan et al., 2009; Bryan et al., 2010; Cigrang et al., 2006)
- ◆ Patient receiving 2 or more sessions showed broad spectrum improvements in symptoms, functioning and social integration (Bryan et al. 2010)
- ◆ These changes were robust and stable during a two year follow up period (Ray-Sannarud et al., 2012)
- ◆ Patients with more severe impairment at pre-treatment improved faster than patients with less severe impairment (Bryan et al., 2012)

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## ASSUME 1 VISIT, HOPE FOR 4 - 6

- ◆ **Fact Mantra:** Treat every session as if it is the last session!
- ◆ A "brief therapy" is one that can achieve its' goals before the client's natural tendency to drop out is realized.
- ◆ The change process begins in the first visit.
- ◆ Talking in rapid change terms is likely to induce rapid change.
- ◆ Clients with long-standing problems are just as likely to experience rapid change as those with time limited problems!

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## Why is the ACT Approach Ideal for Brief Therapy?

- ◆ Trans-diagnostic model of human suffering
- ◆ Strengths based approach to creating change (skill building rather than curing illnesses)
- ◆ Acceptance and mindfulness are "qualitative" processes that can instantly transform a situation
- ◆ Values and committed action are powerful motivational tools
- ◆ The ACT approach is very transparent and the core concepts are easily understood by non-mental health professionals

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## Learn To Conduct A Streamlined, Change-Oriented Interview

1. Quick, Focused, Accurate Assessment Templates
  - ◆ Love, Work, Play & Health Questions
  - ◆ Three Ts
  - ◆ Problem Severity, Confidence, and Helpfulness Assessment Questions

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## The Love, Work, Play & Health Questions

<b>Love</b>	Where do you live? With whom? How long have you been there? Are things okay at your home? Do you have loving relationships with your family or friends?
<b>Work</b>	Do you work? Study? If yes, what is your work? Do you enjoy it? If no, are you looking for work? If no, how do you support yourself?
<b>Play</b>	What do you do for fun? For relaxation? For connecting with people in your neighborhood or community?
<b>Health</b>	Do you use tobacco products, alcohol, illegal drugs? Do you exercise on a regular basis for your health? Do you eat well? Sleep well?

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## The Three T & Workability Questions

<b>Time</b>	When did this start? How often does it happen? What happens immediately before / after the problem? Why do you think it is a problem now?
<b>Trigger</b>	Is there anything--a situation or a person--that seems to set it off?
<b>Trajectory</b>	What's this problem been like over time? Have there been times when it was less of a concern? More of a concern?
<b>Workability</b>	What have you tried (to address the problem)? How has that worked in the <b>short run</b> ? In the <b>long run</b> or in the sense of <b>being consistent with what really matters</b> to you?

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## FACT Visit Assessment Questions

1. How big of a problem is this for you? On a scale of 0 = "not a problem" and 10 = "a very big problem", how would you rate it?
2. How confident are you that you will follow through with our plan? Use a scale where 0 = "no confidence" and 10 = "very confident".
3. How helpful was this visit? Use a scale where 0 = "not helpful" and 10 = "very helpful".

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## Workability: The Central Question

◆ *Has what you have been doing helped you get to where you want to be according to your values?*



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## Workability: Focus Questions

1. What are you seeking?
2. What have you tried?
3. How has it worked?
4. What has it cost you?
5. What type of life would you choose if you could choose?

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# The "Reframe"

- ◆ Often functions as the transition between assessment and intervention phase of a session
- ◆ Three main components
  - ◆ Redefine the "problem" in a new way that the client hasn't thought of before
  - ◆ Creates a positive, intentional path for the client to follow
  - ◆ Makes the "problem" seem solvable

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# Reframe Strategies

- ◆ Go to "30,000 feet" and portray the problem in terms of a bigger life path the client is following
- ◆ Focus the discussion on the positive, value based intentions of the client, rather than on what is not working
- ◆ Describe the necessity of the "problem" in teaching the client about self or life
- ◆ State your confidence that the client is about to learn something important and will do things differently

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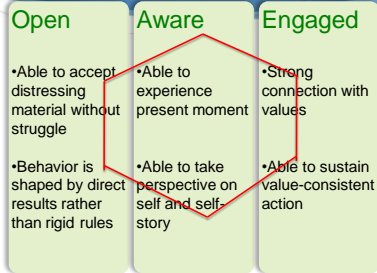
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# The Pillars of Flexibility



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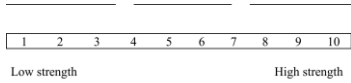
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# Flexibility Profile

OPEN	AWARE	ENGAGED
Able to accept distressing material	Able to experience present moment	Strong connection with values
Behavior is shaped by direct results rather than rigid rules	Able to take perspective on self and self-story	Able to sustain value-consistent action



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# Foursquare Tool

- ◆ Simple way to describe client strengths and weaknesses and to focus therapeutic interventions
- ◆ Creates distinction between target behaviors and mental processes that enable (or disable) them
- ◆ Often, planning a target behavior will also require work on a mental process that is functioning as a barrier to that behavior

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# FACT Four Square Analysis

		Workability	
		Not Working (Less Meaning)	More Workable (More Meaning)
Behavior	Public		
	Private		

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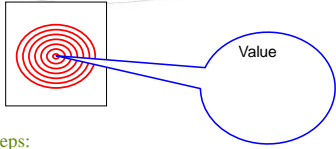
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# Bulls Eye Planning Tool



### Action Steps:

1. *Relates to which core processes?*
2. *Relates to which core processes?*

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**Living the Life I Choose**

**What Are Your Values?**

Your Current Strategies and Are They Working?

Skills You Will Need to Make The Journey?

**Plan:**

1. Open (Accepts Private Events Without Struggle? Notices and Lets Go of Unworkable Rules?)
2. Aware (Able to Be Present? Aware of Private Experience? Able to Take Perspective? Shows Compassion for Self and Others?)
3. Engaged: (Clear Values? Can Organize? Can obtain reinforcement? Sufficient interpersonal skills?)

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# Life Path Graphic



**More Control**  
 What do you want to control, avoid, or get rid of and how are you trying to do that?

**More Meaning**  
 What type of life would you choose if you could choose?

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## Life Path Questions

1. Draw an arrow above the line to indicate where you are on your life path these days and which direction you're moving in.
2. What, if any, are the costs and benefits of pursuing control?
3. What behaviors would tell you that you're moving toward more meaning in life?
4. When you get stuck, how can you help yourself to keep moving toward more meaning?
5. Who or what helps you move in the direction of more meaning?

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## FACT Practice Support Tools: The Quick Guide

- ◆ 1 page pocket guide (put in on your wall, in your clip board or in your *pocket*)
- ◆ 3+ interventions for each of the 6 Processes / **Points** of Psychological Flexibility
  - ◆ Categorized by Process / Point
  - ◆ Bulls Eye involves multiple processes, as do several others

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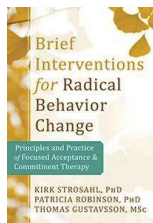
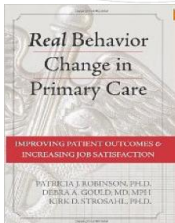
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## FACT Resources



Association for Contextual Behavioral Science

<http://www.contextualpsychology.org/>

<http://www.newharbingeronline.com/real-behavior-change-in-primary-care.html>

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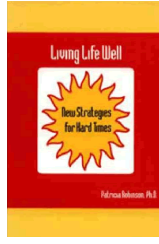
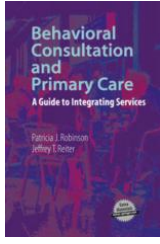
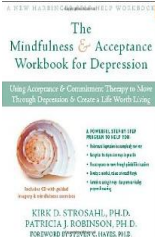
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# FACT Resources



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