# Interdisciplinary ACT for Chronic Pain: Processes and Practice

#### ACCEPTANCE & COMMITMENT THERAPY: AN INTRODUCTION

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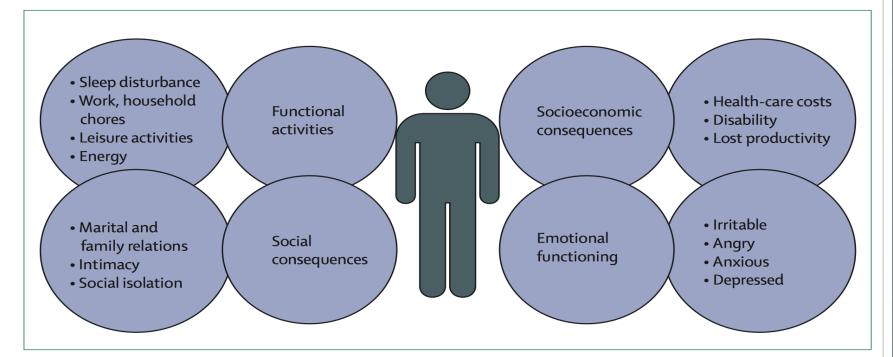
The Biopsychosocial Model Health Psychology & Chronic Pain

"The experience of pain is the result of a dynamic interaction between physical, psychological and social factors and these shape the individual's response to the pain"

(Turk & Flor, 1999)



# Burden of CP

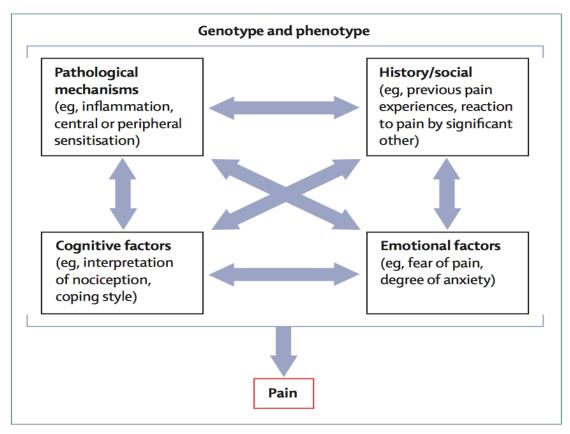


#### Figure 1: The effect and burden of chronic pain

Chronic pain affects every aspect of a patient's life, contributing to a loss of both physical and emotional function, affecting a patient's levels of activity (ability to work at home and job and engage in social and recreational pursuits); additionally, there are often serious economic consequences as a result of health-care bills and potential loss or decrease in financial income.

Turk et al (2011) Lancet 377: 2226–35

# Factors for Pain Severity



#### Figure 2: Factors contributing to pain severity

Pain severity is not accounted for solely by degree of physiological pathology, but is the result of a complex interaction among individuals' unique previous histories, any physiological abnormalities, their cognitive perceptions of nociception, *Tun* emotional factors, their coping styles, and social and financial resources.

Turk et al (2011) Lancet 377: 2226–35

# Why focus on Theory & Models?

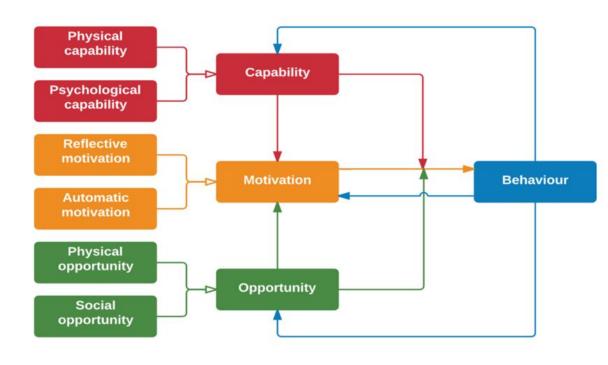
"How a clinician thinks about pain affects the way in which he or she assesses a patient who presents with pain"

(Turk & Okifuji, 1999 Lancet)



# Models/Theories

#### COM-B model of behaviour change



Michie S et al. (2014) The Behaviour Change Wheel: a guide to designing interventions. Silverback Publishing

Michie S, M van Stralen, West R (2011) The behaviour change wheel: A new method for characterising and designing behaviour change interventions. Implementation Science, 6, 42..

## Interventions based on theory

- Cognitive Behavioural Therapy: influenced by various underlying theories
- Acceptance and Commitment Therapy: Behavioural but based on empirical analysis of human cognition [Relational Frame Theory (RFT); Hayes, Barnes-Holmes, & Roche, 2001 (NUI Maynooth)]
  - Contextual Cognitive Behavioural Therapy (McCracken 2005)



## Relational Frame Theory

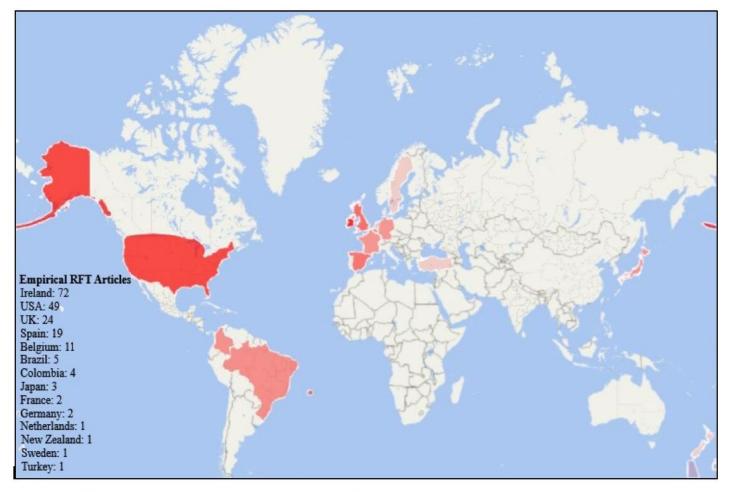


Figure 5. Number of Empirical RFT articles by country of origin.

#### Cognitive Behavioural Model

#### Pain & Behavioural Medicine: A Cognitive-Behavioural Perspective

Turk, Meichenbaum & Genest (1983)



Focus on Cognitive Change

Focus on Behavioural Change



### Practice based evidence...

- Studies showed that cognitive change was not the mechanism by which positive outcomes were achieved
- Behaviour change strategies 'delivered'...i.e. activity scheduling
- CBT originally included the importance of the therapeutic relationship however therapy became manualised



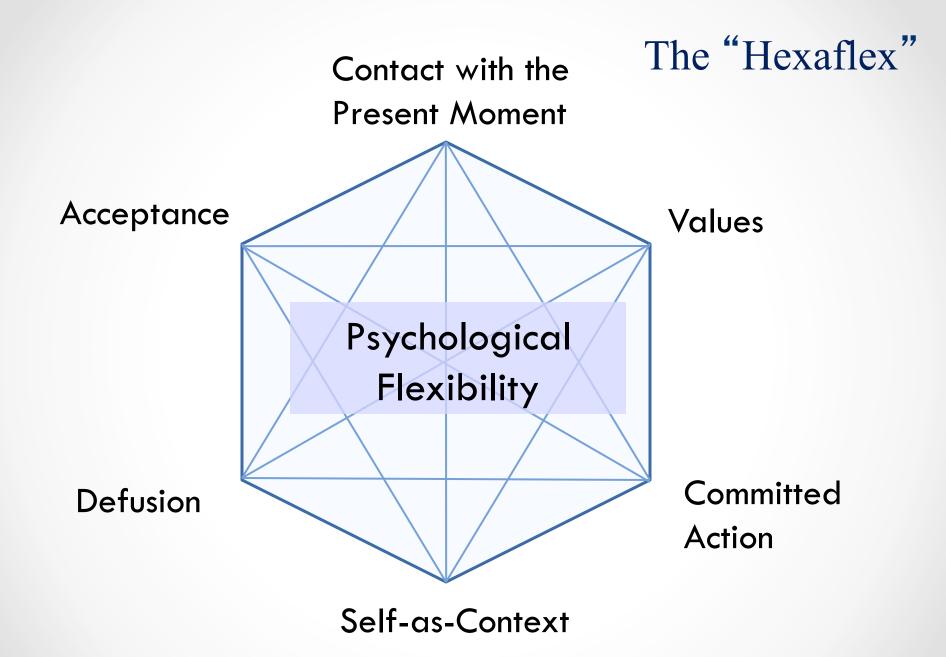
# Shift in focus...

#### The Third Wave

- Approaches attempt to undermine emotional avoidance and increase the capacity for behaviour change [Hayes, Strosahl, & Wilson, (1999)]
- Acceptance Based vs Avoidance/Distraction
- Emphasis on Collaboration between Health Care Provider & Client

# Thoughts about pain

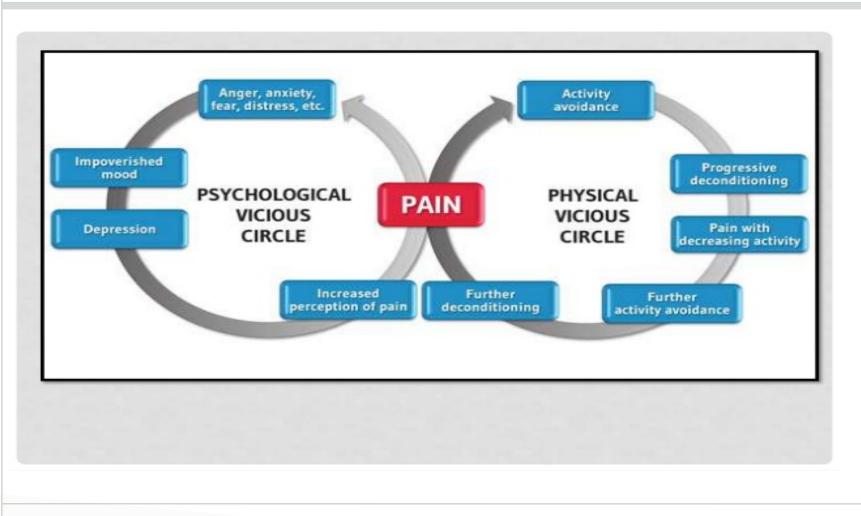




# Self as Context



### Combined Physical and Psychological Intervention (MDT)



# The Evidence: ACT for PP

A Systematic Review of 14 Randomized Controlled Trials of ACT for adults with PP concluded...

- ACT is efficacious for enhancing physical functioning and reducing distress in comparison to inactive treatment comparisons (Hann & McCracken 2014)
- Process research explaining ACT outcomes found unusually rapid decrease in the believability of unhelpful thoughts (Bach & Hayes, 2002)



# Current Research

- Examining processes of PF previously unexamined
- Including Self Compassion
- In the context of Rheumatology (homogenous group)
- Attempts to determine whether larger improvements in the processes of PF will produce better patient outcomes



# Process Research

- Scott, W., Hann, K.E.J. & McCracken, L.M. (2016)
- A Comprehensive Examination of Changes in Psychological Flexibility Following Acceptance and Commitment Therapy for Chronic Pain
- Examine changes in processes of psychological flexibility after ACT treatment for CP
- Examine change in these processes in relation to improvements in patient functioning



# Findings

Significant improvements: pre to post and pre treatment to follow up on all treatment outcome and process variables

Regression analyses indicated that <u>change in psychological</u> <u>flexibility processes cumulatively explained 6-27% of the</u> <u>variance in changes in functioning and depression</u> over both assessment periods even when controlling for changes in pain intensity

## Moving outside of comfort zone



## Self Care



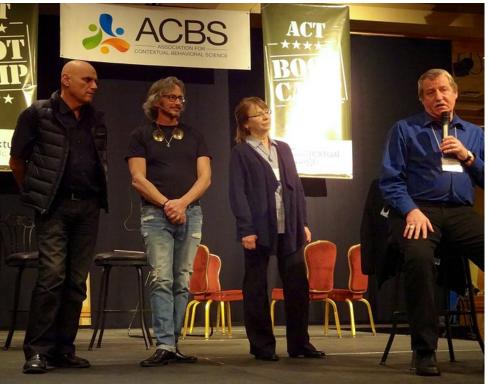
# Psychological Interventions for Persistent Pain: CBT...

#### • Acceptance and Commitment Therapy

Developed in 1980s by Hayes, Wilson and Strosahl Evidence-based therapeutic approach for Chronic Pain



Hayes, S.C., Strosahl, K.D., & Wilson, K.G. (1999) *Acceptance* and Commitment Therapy: An Experiential Approach to Behavior Change.



# Summary & Questions?

- Development from CBT-ACT Interventions for CP
- Importance of underlying Models and Theories
- Importance of Contextual features in ACT for CP
- Focus on therapeutic relationship
- 6 Processes: Psychological Flexibility
- Current focus: Process Research

