

## Using Acceptance and Commitment Therapy (ACT) with children, adolescents and their parents in a clinical setting

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### A central challenge to the health care system....

- A large number of patients within the health care system suffers from symptoms difficult to remove/reduce
  - Pain, anxiety, fatigue, nausea, tinnitus, itching, tics...
  - Often results in insomnia, avoidance, worrying, depression
- Symptom reduction commonly useless or insufficient
  - Remove what we can (when effects > side effects)
  - Remaining symptoms...?
  - ...and what about life?

## Presentation outline

# BEHAVIOUR MEDICINE, PAIN TREATMENT SERVICES

The team at Behaviour Medicine, Pain Treatment Services  
Behavioral Medicine Pain Treatment Service, Karolinska Univ Hospital  
Patients

Patients, cont.

## ACCEPTANCE & COMMITMENT THERAPY

### Treatment model

#### Development of Cognitive Behavior Therapy

- 1st generation: focus on behavior change (e.g. Fordyce)
- 2nd generation: focus on changing thoughts (e.g. Turk)
- 3rd generation: integrating acceptance and change strategies
  - Acceptance and Commitment Therapy (ACT)
- In relation to standard treatment for chronic pain
  - A shift in focus - from pain experiences to pain behaviors
  - A contrast to symptom reduction approaches
  - Acceptance of what cannot be directly changed (reduced/removed)
    - Bodily symptoms, emotions, thoughts

**Target of ACT: Psychological flexibility**

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**Treatment basics**

**Treatment goal**

**So the central components of ACT are..**

**Exposure** to previously avoided situations and experiences. Similar in form but functionally different than "other"  
CBT: target is to generate a wider and more flexible behavioral repertoire

**Values:** defining a meaningful and vital life

**Acceptance:** of undesired private events that cannot be directly changed

**Cognitive defusion:** distancing from thoughts

**Exposure is a potent intervention – if we can make them do it...**

## From values to behaviours

**Values work - Keep in mind...**

### **Acceptance – definition**

- "...to fully accept the psychological experience as it is, rather than trying to avoid or change it, in order to act in alignment with personally held life values"
- Thus.... Not resignation (giving up).
- A choice....and a behavior
  
- Consequences of acceptance, in the moment?
- Acceptance = exposure?

### **Mindfulness – attention training**

#### **De-fusion**

- Comprehensive distancing
- To be aware of the behavior "thinking"
  - To notice thoughts
  - Not acting on them
  
- Aim: not reduce or get rid of, but relate to differently
  
- When thoughts have an unproportionate impact on behaviors, relatively insensitive to the actual contingencies in the actual situation (also when behavior is in contrast with valued actions)
- Ex: going on a date

## **ACT FOR CHRONIC PAIN**

### **Why Acceptance for Chronic Pain?**

#### **Clinical teamwork**

##### **Physician**

- Medical assessment: evaluates the medical status of the patient (usually extensively medically investigated and examined)
- Medication: sometimes adjusts/optimises medication
- ACT- oriented "pain education" with the function of changing the stimulus function of the pain experience – from 'danger' to the experience 'as is'
- Facilitates the change of perspective through function of medical authority

##### **Physiotherapist**

- Makes a functional assessments of the patient
- Facilitates behavioural activation and sets physical goals for the patient

#### **Clinical teamwork, cont.**

### **Psychologist**

- Assessment: overall psychological status and possible psychiatric co-morbidity
- Behaviour analysis: mapping of 'pain behaviours' and life limitations due to pain and related discomfort
- Treatment: responsible for most therapy sessions

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## **Treatment protocol**

4 phases:

- Preparation for behaviour change – behaviour analysis  
2-3 sessions
- Formulating values  
2-3 sessions
- Shifting perspective – creative hopelessness, acceptance, defusion  
2-3 sessions
- Values oriented behaviour activation  
3-6 sessions

### **"The Line"**

## **Behavior analysis: assumptions**

### **A vicious spiral of avoidance**

## **Case illustration**

- 17 y girl, attend ER with jerks, numbness, pain in lower extremities
- Symptoms started 3 months ago
- No neurological findings
- Symptoms increased/decreased
  - worst in mornings/after physical activities
- Significantly disabled by symptoms: school, dancing, friends; feeling depressed, lonely, anxious
- Very concerned mother

## **Clean and "dirty" discomfort – the pain experience**

## **Behavior analysis: walking with a friend**

## **Intervention**

- In general
  - Exposure to behaviors previously avoided
  - Values and long term goals (also in the presence of symptoms)
  - Actively choose to accept symptoms, fear etc
- Specifically
  - Put weight on "bad" leg - increase negative sensations (A)
  - Notice, accept, take action (B)
    - Reduce impact of auto-pilot (psych flex)
    - Choosing again and again, in line with values in presence of pain/fear/jerks....
- Parental intervention
  - "Recruiting" mother

## **Working with parents - From nursing to coaching**

## **ACT-perspective on parental factors in treatment**

An abundance of research on child behaviour and cognition in other areas show that parental behaviour and cognition play an important role in shaping their children's behaviour and cognitions

Parental psychological inflexibility might explain ineffective parent behaviors and strategies for improving parental psychological flexibility may therefore increase children's functioning and quality of life

Clinical reflections and recent research support this hypothesis

*References: Hayes et al, 2004; Lundahl, Risser, & Lovejoy, 2006; McCracken & Gauntlett-Gilbert, 2011*

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## **Ongoing study: the role of parental factors**

### **The Parent Support Program**

In addition to teaching parents traditional contingency management, the program is aimed at increased parental psychological flexibility in relation to own worrying and distress

More specifically, interventions are aimed at improving the ability to deal with negative parental distress that may interfere with effective behavioral management

This is targeted in session through the use of ACT-related processes such as acceptance, defusion, values and committed action

### **The Parent Support Program**

Session 1: Physician: parents

"Pain is not harmful – but does harm to the life of you and your child"

Shift of focus – from pain reduction to valued living in presence of pain

Present behavior change as a possible alternative

Homework

### **The Parent Support Program**

Session 2: Psychologist: parents

Behavioral responses to threat

Functional analyses of target behaviors

Values

“The Line” – the patient’s dilemma

Homework

## **The Parent Support Program**

Session 3: Psychologist: parents

Parent as coach – place parent on “the line”

Effective parent behaviors

Acceptance as an alternative to control

Skills building

Homework

## **The Parent Support Program**

Session 4: Physician: child + parent together

Follow up on earlier sessions

Discuss e.g. worry of bodily sensations, medication issues

## **Working with younger children**

Focus is on behavioural activation when working with the young child.

Values are described as “things that make you happy, things you feel are important”, defined as behaviours. Working with images and drawings and symbols rather than words.

The use of defusion-techniques depend on verbal development. Mindfulness can be used with even young children.

Most sessions are with parents.

# **RESEARCH**

## **Research**

### **Research – current and ongoing projects**

–Using Acceptance and Commitment Therapy to increase valued activities in youths with chronic pain: a concurrent multiple baseline study. Kemani, M., Olsson, G.L., Wicksell, R.K. *Journal of Pediatric Psychology* (under review).

–Acceptance and Commitment Therapy for Fibromyalgia: A Randomized Controlled Trial. Wicksell, R.K., Kemani, M., Jensen, K.B., Kosek, E., Kadetoff, D., Sorjonen, K., Ingvar & M. Olsson, G., *European Journal of Pain*. 2012

–Treatment with Cognitive Behavioral Therapy increases pain-evoked activation of the prefrontal cortex in patients suffering from chronic pain. Jensen, K.B., Kosek, E., Wicksell, R., Kemani, M., Olsson, G., Merle, J., Kadetoff, D., Ingvar, M. *Pain*. 2012

### **Research – current and ongoing projects**

–Mediators of change in Acceptance and Commitment Therapy for pediatric chronic pain. Wicksell RK, Olsson GL, Hayes SC. *Pain*. 2011

–Acceptance and Commitment Therapy for pediatric sickle cell disease: A case study. Masuda, A., Cohen, L. L., Wicksell, R., Kemani, M. K. & Johnson, A. *Journal of Pediatric Psychology*, 36, 398-408. 2011

Acceptance and activation or relaxation strategies as a means to increase functioning in adults with longstanding debilitating pain – a randomized controlled trial (in manuscript)

“A comparison between Acceptance and Commitment Therapy in group vs individual format for children and adolescents with longstanding pain – a randomized controlled study” (in manuscript).

## **Research – current and ongoing projects**

A comparison between Acceptance and Commitment Therapy in group vs individual format for children and adolescents with longstanding pain – a randomized controlled study (enrollment closed).

Increasing functioning through acceptance and values oriented behaviour activation for children and adolescents with longstanding and debilitating pain – a multiple baseline study across four patients (in manuscript)

## **Research – current and ongoing projects**

–An investigation of the relationships between physical functioning, emotional functioning, school presence, quality of life and a number of demographic and clinical variables in a sample of children and adolescents with longstanding debilitating pain

–Preliminary validation and utility of the Pain Interference Index for children and adolescents with longstanding pain

–Validation and utility of the Psychological Inflexibility in Pain Scale for children and adolescents

–Neuropsychiatric correlates in pediatric chronic pain

–Chronic pain correlates in ADHD and Asperger Syndrome

## **Selected articles**

# **Tak!**

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