

ACT for Addiction 2016

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Outline

- Overview of *Refocusing* and *Recovery* (experimental) protocols for methamphetamine users
- Exercise: Using Matrix to review past drug use events
- Exercise: Using Matrix for rehearsing future high-risk situations
- Exercise: Urge Surfing
- (If time permits) demonstrations:
 - Using chair dialogues for Values Clarification
 - “Saying goodbye” to drug use

Project background: standardising psychological therapy for methamphetamine users in DASSA

- Increase in higher potency methamphetamine use (not # users), associated with increased risk of problems
- Existing protocols are either too costly (e.g., The Matrix Institute Intensive Outpatient Program) or of modest efficacy (e.g., Baker et al, 2005; Smout et al., 2010).
- Need new protocols to be implemented by staff with little experience delivering manualised psychotherapy

Project brief

- ACT-based interventions (*staff request*)
- Maximise adherence/fidelity to a standardised psychosocial approach (*management request*)
- Service for users with impaired cognitive functioning, ambivalence and comorbid difficulties (*management, staff request*)
- Focus on coping with craving to be consistent with John Marsden's recommendations (*management request*)
- Brief outpatient interventions due to low resources

Study strategy (optional)

- Elaborate pilot, not RCT: - Weak-no causal conclusions possible. + Avoids some logistical difficulties given low resources
- 1st question: can we achieve within-condition improvement?; if we don't achieve this, comparisons are redundant
- 2nd question: is adherence to protocol associated with improvement; if so, strengthens confidence that intervention responsible;
- If within-study intervention improvement, check comparison group: at same site and between site during non-intervention phase. If study interventions appear superior, conduct RCT and disseminate; if not, do not mandate clinicians use this approach.

2 manualised protocols

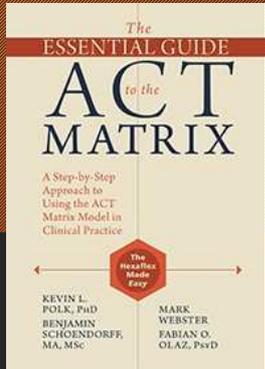
To retain structure while building in flexibility

Refocusing

- For clients ambivalent about abstinence
- Shorter sessions (40 mins max) & tasks
- Minimal homework demands
- 3 mandatory topics + ≥ 9 electives
- Harm-reduction oriented while building motivation to abstinence thru unworkability

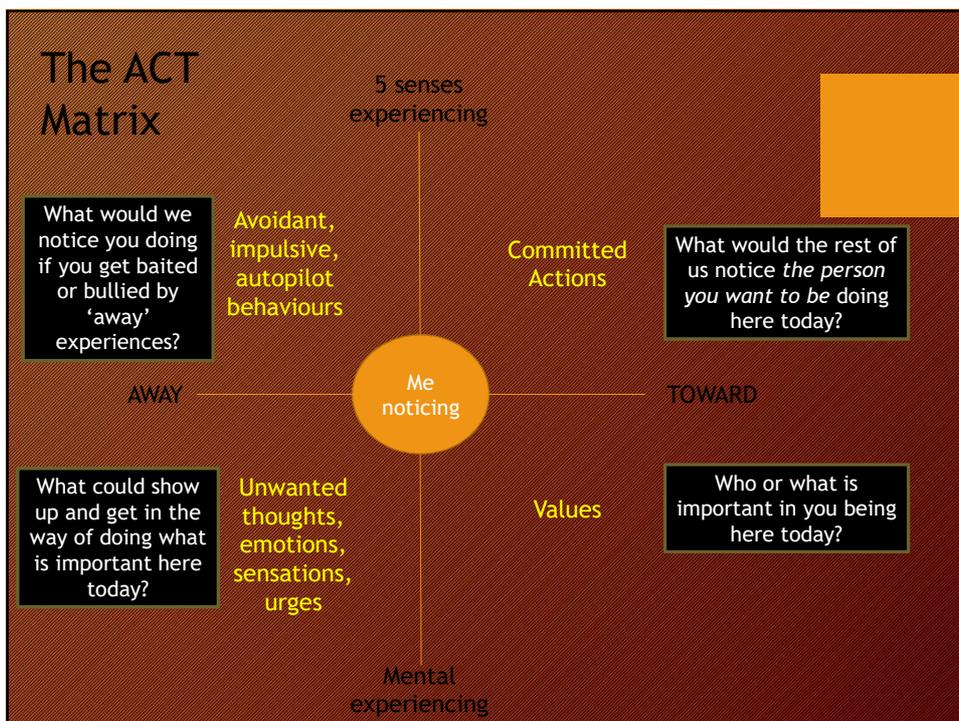
Recovery

- For clients committed to abstinence
- Standard sessions (50-60mins) with longer exercises
- Large homework demands: recovery is their 'job' for now
- 12 standardised sessions (although each allows to work on content the client 'brings')
- Focus on relapse prevention and abstinence maintainance



Refocusing

A harm reduction psychotherapy for methamphetamine users



Session 1

- Introductions
 - Check clear on limits to confidentiality
 - Summarise assessment: use intensity, goals (general & meth use), reasons for changing & barriers.
 - Overview *Refocusing* program
- Introduce (ACT) Matrix model:
 - Means to case conceptualise for clinician and consumer
 - Teaches toward (values) and away (avoidance) discrimination & increases self-awareness
- Finalise client goals and invite to set a usage goal (personal limit)
- Treatment planning - selection from topic list (can be revised up to session 3) + agreeing to frequency/spacing
- Anticipating drop-out: securing means and permission to re-engage (DBT principle “butterfly” effect)

Session 2

- Home practice debrief:
 - T: “What did you notice since our last session?”
 - T: “Did you notice at least one toward move and one away move each day?”
 - (If not) T: “Did you notice that you didn’t notice?”
- Use Matrix to mindfully review an episode of meth use since last session

Exercise 1: In pairs, role play using ‘flow-chart’ interview.

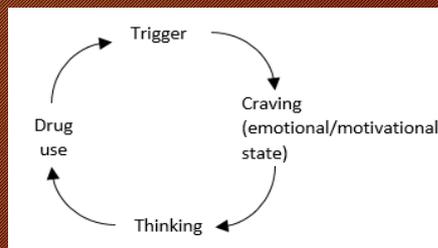
Either play a substance using client or be yourself and talk about an ‘addictive’ behaviour you are trying to change.

Session 2 cont...

- “Bullies”, “baits” & “blind spots”
 - Etymology of emotion - “to move”
 - “Baits” = triggers that pull toward (*subjective feeling* ~ goaded, seduced, enticed, lured)
 - “Bullies” = triggers that push us around (*subjective feeling* ~ pressured, scared, harassed). *Situations you just “can’t handle”, you have to “get out of there”; Thoughts that you feel like you have to obey or believe?*
 - “Blind spots” = triggers we haven’t noticed yet.
- Invite client to predict bullies, baits to improve chances of noticing.

Session 2 cont...

- Psychoeducation about learning processes in addiction:
 - Classically conditioned associations between triggers and cravings
 - Cognitive bias induced by craving state
 - Effects of drug reinforce drug-taking and previous associations through operant conditioning



Session 2 cont...

Psychoeducation cont...

Using drugs on autopilot:

- Beliefs that get formed early might not get updated
- Don't notice changes to nervous system/physical functioning
- Miss out on learning can handle emotions, sensations, thoughts and situations without drugs

Drug dependence effects:

- Choice to use in the presence of triggers "not a fair fight"
- Urges triggered bias thinking
- If urges not reinforced, extinguish over repeated exposures to triggers

Session 2 cont...

- "Mindful walk-through" of high risk situation in imagination using Matrix model.

Aim: to increase awareness of triggers & cognitive and sensation components of urges.

Exercise 2: In pairs, role-play 'Mindful walk-through of a high-risk situation' using Basic Steps worksheet to guide. *(see next 2 slides for technical points)*

Imaginal rehearsal: mindful walk-through of high risk situation

See pp.43-44 of manual

- Done twice in *Refocusing* (session 2 retrospectively, session 3 prospectively) and similar exercises in *Recovery* but longer, more vivid.
- Give brief rationale for slowing down to notice
- Ask the client to imagine the last time they used meth
- Eyes don't have to be closed first time
- Avoid hypnotic tone & pace in *Refocusing*
- When client notes baits or bullies, "pause" image & ask them to write on matrix diagram, then press "play"
- Take time available - i.e., 10 mins. Go back earlier if finish too soon. Don't have to get to point in scene of ingestion.
- Don't explore consequences of meth ingestion

Imaginal rehearsal: mindful walk-through of high risk situation

Key questions:

- What can you see?
- What are you doing?
- Who is with you?
- What are you thinking?
- What's happening in your body?
- Do you notice any baits or bullies?
- Are you feeling baited or bullied?
- What did you do next? Was this a toward or an away move for you?

When: significant changes in scene (e.g., a new person enters, activity changes, location changes).

- Whenever client reports feeling baited or bullied, ask them to pause again as soon as they have told you what they did next & ask "was this a *toward* or *away* move for you?"

Session 2 cont...

- Set H/W:
 - Identify 'toward' action to take before next session
 - Set personal use goal (if not listed above)
- H/O: Coping strategies for cravings

Session 3

- Review: use Matrix to nonjudgmentally review whether commitment was kept and mindfulness of reactions to keeping/not keeping commitment.
- Use Matrix to increase awareness in high risk situations: imaginal rehearsal
- Behavioural activation principles & practice applying to an area of self-care:
 - Work to a plan, not to a mood
 - Grade that plan as small as you like in order to commit to it
 - Anticipate barriers and control the environment to make it as easy as possible
 - When the activity is pleasurable, do it mindfully; if it is an achievement activity savour the time after completion
 - Coach yourself before, throughout and after (See below)
- Introduction to chair dialogues to coach adaptive self-talk for commitment- keeping and perseverance: compassionate, encouraging voice.

Elective Topics

- Sleeping soundly
- Getting organised
- Paying attention
- Boosting memory
- Problem-solving
- Assertiveness
- Exercise
- Relaxation training
- Managing Irritability
- Maintaining kind parenting
- Building social networks
- Developing self-compassion
- Developing interests and hobbies

Sessions 4-12 structure

- Review: Use Matrix framework (non-judgemental) review of:
 - whether commitments kept: notice any contingencies of success/failure to keep commitments on phase of meth use (intoxication v withdrawal)
 - workability of personal limit
- Elective topic content (NB: at level of CCI modules - basic psychoeducation and behavioural strategies)
- Homework: Set “toward” task based on elective topic; set personal use goal

Workability of meth use

Key strategy in *Refocusing*: if the client is going to use meth, they do so *intentionally*.

- They nominate a personal limit
- We review whether they have stuck to it at each session
- We help the client *attend* to his/her *own* thoughts and emotions about whether or not s/he has stuck to his/her limit. We don't try to persuade and we don't allow them to avoid.
- If s/he sticks to his/her limit s/he should be satisfied & this should be a good outcome
- If s/he doesn't, we invite him/her to consider whether *that* limit is workable. If not limit works, perhaps meth use per se is not workable.

Workability of meth use

- SESSION 1: set personal limit goal (pp.31)
 - Check general goals from CBT assessment still current
 - If meth use goals not explicitly set, prompt for them

T: "And what about your meth use, if you were moving toward who and what is important to you, how much meth would you like to be using in 3 months' time?"

If client says 'don't know' explore using Matrix to sort responses.

Workability of meth use

- From the end of SESSION 2 onward, ask client to nominate one 'toward' move to take before next session.
- If client's toward move is not already a meth use goal, prompt to explicitly add one:

T: "Before we go today, I'd like you to identify some steps to take this week. What would be a 'toward' move for you this week?"

T: "And what would be a toward move with your meth use?"

- If necessary, prompt: "What limit on your meth use would be a 'toward' move for you?"

Workability of meth use

- From SESSION 3 onward, as part of reviewing whether the client's 'toward' move occurred (commitment was kept), if meth intoxication or withdrawal may have interfered, prompt (at end of review):

T: "What does this experience tell you about how achievable [*insert client's toward move goal*] is when using meth [*insert client's meth use goal*] times per week?"

Workability of meth use

- From SESSION 4 onward, review workability of meth use limit at start of each session, before elective content, and after reviewing whether Toward goal kept.

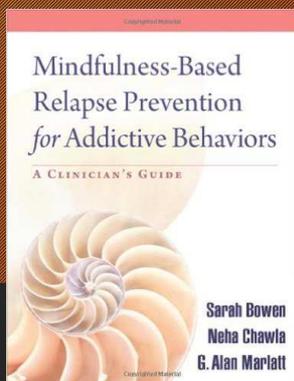
What was your personal limit for meth this week?

Client can't remember: What inner experiences show up when you reflect on this?

What inner experiences show up? Where would these go in the Matrix? What would a 'toward' response be? What would an 'away' response be?

Client remembers: How often did you use meth this week?

What inner experiences show up? Where would these go in the Matrix? What would a 'toward' response be? What would an 'away' response be?



Recovery Protocol

Recovery: skill development aims

- Build a “life worth living” without drugs: ‘abstinent’ life needs to become more rewarding than an ‘addicted’ life
- Develop self-awareness of triggers & urges → planning/grading exposure to in vivo cues as much as possible
- Develop the ability to tolerate a wide range of uncomfortable states: cravings, stress, boredom, tiredness, depression, loneliness, shame, frustration
- Grieve loss of self-stimulation functions (for those who need this)
- Develop healthy inner dialogues balancing self-compassion and self-disciplined guiding instruction.

Session 1

- Introductory information (5 mins)
 - Confidentiality limits
 - Emergency contact numbers
 - Video-recording for fidelity
- Client’s expectations of treatment (5 mins)
- Decisional Balance worksheet (10 mins)
 - Use to identify values, unwanted experiences
- Nature of normal learning and addiction (10 mins)
- Overview of treatment (passengers on bus) (5 mins)
- Anticipate therapy-interfering behaviour & plan for it (10 mins)
- H/W: Monitoring urges & goal sheet (5 mins)

Session 2

- Review urge diary (10 mins)
- ACT in a nutshell (5 mins)
- Chinese finger-trap (5 mins)
- Introduction to 20-min Body Scan (20 mins)
- Review Goals-Actions-Barriers worksheet → activity scheduling applying behavioural activation principles (10 mins)
- H/W: Urge diary + CD-guided Body Scan (20min, 45min versions available) + Committed Actions (5 mins)

Session 3

- Review urge/emotion diary (5 mins)
- Feeding the Baby Tiger metaphor (5 mins)
- Urge Surfing (from MBRP protocol) (20 mins): actual practice is 5-10 mins + psychoeducation & debriefing.
- Mountain meditation (15 mins)
- Review committed actions. Introduce chair dialogues to develop healthy self-regulatory inner dialogues if needed to ensure completed actions → sense of pride, satisfaction (10 mins)
- H/W: Urge/emotion diary; Daily CD-guided Body Scan practice; CD-guided Urge Surfing practice as needed; committed actions.

Exercise 3: Urge Surfing

In pairs, role play using script to guide “client” through an imaginal high-risk situation. Debrief, then swap

This will work better if you use a personally-relevant situation: an addictive behaviour or a behaviour you are trying to cut out (but that you feel bullied or baited to do).

Session 4

- Mindfulness of breath (10 mins)
- Psychoeducation: Thinking and defusion. Aim is to facilitate self-compassion. (10 mins)
 - Mary had a little.. We are not in complete control of our thought life
 - Evolution made emotions first; emotions selected to “boss us around”
 - Primary and secondary distress: thinking amplifies/prolongs distress
- Defusion techniques I: Thoughts that tell us what to do (20 mins)
 - Establishing the context: i) Teach me how to walk; ii) Pick up the pen
 - Review urge/emotion diary
 - Imagine the ‘order’ being given by someone you don’t take seriously/don’t respect
 - Identify the origins/likely author of this ‘order’: draw cartoon of them, audio-record mimicking their voice
 - Empty chair dialogues: coach responses that do not take the order or orderer seriously
- Review Committed Actions (10 mins)
- H/W: Urge/emotion diary; Daily CD-guided Sitting Meditation practice; practising defusion & CD-guided Urge Surfing practice as needed; committed actions

Session 5

- SOBER breathing space (10 mins)
- Defusion Techniques II: Evaluations (30 mins)
 - Descriptions v evaluations
 - Milk-Milk-Milk (Milk, self-relevant thought: see urge/emotion, committed actions diary)
 - Say/sing the thought in different pitches, speeds, rhythms, accents
 - Thought on card: play with it, wear it (exposure)
 - Visualise the thought in out of context situations
- Review/schedule committed actions (10 mins)
- H/W: Urge/emotion diary, Sitting Meditation, SOBER breathing space 3x/day, Urge Surfing & Defusion as needed, committed actions

Session 6

- Mindfulness of Sounds (10 mins)
 - Values clarification (20 mins)
 - Who do you most admire? What do you like best about them?
 - What are you most proud of? What qualities did you possess at these times?
 - Which values were served by methamphetamine use
 - Funeral/tribute exercise: what I stood for
 - Review current progress in valued living (10 mins)
 - Review connection between values and goals and actions (10 mins)
- NB:** Purposes of reviews is to ensure clients experience either the intrinsic reinforcement of successful goal accomplishment or compassionately notice the cognitive/emotional cost of not living according to their values.
- H/W: Urge/emotion diary, Sitting Meditation, SOBER breathing space 3x/day, Urge Surfing & Defusion as needed, Committed Actions worksheet; Values-Goals-Actions worksheet for future planning

Session 7

- Sitting meditation: sound, breath, sensation, thought, emotion (10 mins)
- SOBER breathing space in high-risk situation (10 mins)
- Flashcard for high-risk situation (10 mins)
- Review committed actions practice (25 mins)
 - Practising healthy dialogues when succeeding
 - Problem-solve/grade actions where external barriers inhibit progress
 - Imaginal exposure to psychological barriers to committed action: Apply SOBER breathing space, imaginally rehearse valued response
 - Apply/practice defusion techniques to cognitive barriers
- H/W: Urges & emotions diary, sitting Meditation, SOBER breathing space in challenging situations worksheet, Urge Surfing, Committed Actions worksheet, (optional) defusion practice with “difficult thoughts and feelings” list

Session 8

- Review SOBER breathing in challenging situations worksheet (5 mins)
- Physicalisation exercise applied to high-risk situation/trigger (25 mins)
- Flashcard for high-risk situation (5 mins)
- Review committed actions practice (20 mins)
- H/W: Urges & emotions diary; Sitting meditation; SOBER breathing space in challenging situations worksheet, Urge Surfing as needed, Committed Actions using acceptance and defusion strategies as needed; (optional) acceptance and defusion practice with “difficult thoughts and feelings” list

Session 9

- Briefly review urge/emotion diary & committed actions worksheet (5 mins), enough to stimulate client's thinking
- Mindfulness of thoughts: Leaves on a stream (10 mins)
- Relapse cycle/choice point (10 mins)
- Acceptance of unwanted experience (located within body outline + compassion for body that produces it) (15 mins)
- Committed action-setting (10 mins)
- H/W: Main tasks: CD-guided acceptance practice; Committed Actions worksheet; (Optional/as needed) Practise SOBER breathing space then urge surfing when urges to use; use defusion and acceptance strategies as needed to respond to barriers to fulfilling committed actions.

Session 10

- Review urge/emotion diary, committed actions worksheet (5-10 mins)
- Observer You meditation (20 mins)
- Imaginal acceptance + committed action rehearsal (15-20 mins)
- Introduce Values Bull's Eye Diary (5 mins)
- H/W: Main tasks: Continue to practice Acceptance exercise; Use Values Bull's Eye diary (from now on); (Optional/"as needed" tasks): Practice SOBER breathing space when urges to use are triggered; Practice Urge surfing when experiences urges; Use defusion and acceptance strategies as needed in the context of fulfilling committed actions; Give CD to guide practice of Observer You exercise if they wish

Session 11

- Review Values Bull's eye diary (5 mins)
- **Saying goodbye to meth: empty chair dialogue followed by acceptance of grief (20 mins)**
- Flashcards for anticipated high-risk situations (10mins)
- H/W: (List of triggers identified from chair dialogues exercise) Use CD-guided acceptance exercise daily using items from this list; identify at least 3 defusion strategies the client is willing to practice with and apply to the items on the trigger list; Values Bull's Eye Diary daily; refer to Flashcards when triggered

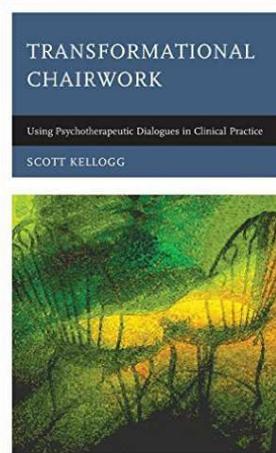
Chair dialogue: saying goodbye to meth

Rationale: Provide practice in accepting ideal of lifelong abstinence

Method: The drug is put on the empty chair. Client contacts thoughts and emotions that saying goodbye to the drug elicits.

Focus of exercise depends on nature of dominant emotional reaction:

- **Grief:** feel and accept feelings
- **Anger:** vent anger at meth; *assert* commitment to abstinence
- **Anxiety:** Uncover potential relapse triggers targets for defusion and acceptance



Session 12

- Loving Kindness meditation (10 mins)
- Common relapse triggers: (5 mins)
 - Apparently Irrelevant Decisions
 - Testing ability to control use
 - Testing loss of tolerance
- Course review (most v least helpful)
- Review/refresh choice point worksheet
- Additional flashcards
- Discuss ongoing self-care (meditation routine, goal-setting)
- Discuss sources of ongoing social support
- Termination/conditions for re-referral

(Optional) Chair dialogues for clarifying values

- Identify sides of ambivalence (?multiple selves/parts)
- Encourage each to express its fears and wants
- Ask the client to state as values - e.g., "It's really important to me that ..."
- Check how this feels to say
- Ensure the client talks directly to the chair, not to you. Redirect if needed ("tell *it* that")
- Suggest a phrase: "If it fits/feels right, say ___"
- Simplify: "say ___"
- Ask the client what s/he feels as s/he is speaking
- Use phrase repetition to assess for fusion, avoidance or values via nonverbals: "say that again"
- Ask for the empty chair's response: "what is *it* saying?"