Wise Choices

Acceptance and Commitment Therapy groups for people with symptoms of Borderline Personality Disorder

Jane Morton
Spectrum – the personality disorder service for Victoria
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Acceptance & Commitment Therapy

Accept your feelings & thoughts and be present

Choose action that is in line with your values

Take action

Remember, it’s what you do that counts!
Three group series (approx. one year)

1. **Introduction to Wise Choices**: 10 structured psycho-educational sessions introducing basic ACT skills.

2. **Wise Choices in Relationships**: 10 fairly structured psycho-educational sessions applying ACT skills to relationships.

3. **Values in action**: 20 or more semi-structured group sessions with increasing use of role plays and exploration of group interactions.
Borderline Personality Disorder

- Severe early trauma, deprivation, &/or attachment disorder
- Intensely aversive emotions and bodily sensations
- Periods of dissociation, mindlessness and stimulus entrapment
- Fused with negative thoughts, negative self–as–content
- Difficulty shifting perspectives
- Limited body (& affect) awareness, acceptance
- Anxiety–provoking high–risk impulsive actions
- Remoteness from values
- Severe interpersonal difficulties
- Sensitivity to criticism or ‘invalidation’
Imagine you’ve been driving a bus called ‘My Life’ and the route you’ve decided to take is towards a full, rich and meaningful life.

As you drive along, you pick up passengers – memories, emotions, thoughts, urges and so on. Some are friendly. You hope they will sit up the front of the bus. Some make trouble. They come up the front of the bus and try to tell you what to do. You wish you could toss them off the bus but you can’t.

Can you find a way to take your difficult passengers with you and keep driving your bus in the direction that makes your heart glad?
Values
A full rich and meaningful life

Choice point
Difficult thoughts or feelings
Mindfulness and acceptance strategies

Avoidance loop:

Feel better for a while

Then feel worse
Pilot study: ACT groups
Aim

To develop and pilot a brief, low-cost, group Acceptance and Commitment Therapy intervention
... to supplement public sector mental health treatment
... for people with four or more Borderline Personality Disorder symptoms
Method

- Clients of public sector mental health services with four or more criteria of BPD
- Randomly assigned to receive 12 session ACT group in addition to TAU (N=21) or to continue with TAU alone – waiting list (N=20).
The research design

This presentation

12 weeks - Series 1 (4 sites)

12 weeks waiting list

12 week follow up

12 weeks – Series 1 (4 sites)

Remaining group members combine for additional 30 sessions

Series 2  Relationships
Series 3  Connect/Contribute
Series 4  Various
The sample

- 47 screened (43 females 4 males)
- 6 excluded (1 probable schiz, 3 incomplete, 2 <4 BPD criteria)
- 41 randomised (38 females, 3 males)
- 21 allocated to ACT + TAU
  - 16 attended 6+ sessions (mean 9 sessions) and completed Qs
  - 2 dropped out after <6 sessions but completed Qs
  - 2 attended 6+ sessions but did not provide end-point Qs
  - 1 dropped out after <6 sessions (uncontactable)
- 20 allocated to waiting list (TAU)
  - 14 provided end-point questionnaires
  - 4 uncontactable
  - 2 refused

\[ n=18 \quad F/U = 10 \]
\[ n=14 \]
<table>
<thead>
<tr>
<th></th>
<th>ACT+TAU (n=21)</th>
<th>TAU (n=20)</th>
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</thead>
<tbody>
<tr>
<td><strong>Age (mean)</strong></td>
<td>35.6 years SD=9.33</td>
<td>34.0 years SD=9.02</td>
</tr>
<tr>
<td><strong>Unemployed</strong></td>
<td>71.4%</td>
<td>70.0%</td>
</tr>
<tr>
<td><strong>Marital status: Single</strong></td>
<td>52.4%</td>
<td>45.0%</td>
</tr>
<tr>
<td><strong>Severe childhood trauma /deprivation</strong></td>
<td>95.0%</td>
<td>94.1%</td>
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<tr>
<td><strong>PTSD past or present</strong></td>
<td>94.7%</td>
<td>61.1%</td>
</tr>
<tr>
<td><strong>Admission in past 3 months</strong></td>
<td>47.6%</td>
<td>42.1%</td>
</tr>
<tr>
<td><strong>More than 10 lifetime admissions</strong></td>
<td>42.8%</td>
<td>31.6%</td>
</tr>
<tr>
<td><strong>Mean no. BPD criteria</strong></td>
<td>6.0 criteria SD=1.34</td>
<td>6.5 criteria SD=1.64</td>
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<tr>
<td><strong>Mean age 1st self-harm</strong></td>
<td>18.5 years SD=9.51</td>
<td>18.4 years SD=11.6</td>
</tr>
<tr>
<td><strong>Suicide attempt ever</strong></td>
<td>85.7%</td>
<td>85.0%</td>
</tr>
<tr>
<td><strong>Suicide attempt past yr</strong></td>
<td>47.6%</td>
<td>45.0%</td>
</tr>
<tr>
<td><strong>Self-harm – mean frequency – 3 months</strong></td>
<td>9.1 times SD=21.9</td>
<td>18.5 times SD=30.5</td>
</tr>
<tr>
<td><strong>Current alcohol dep.</strong></td>
<td>25.0%</td>
<td>20.0%</td>
</tr>
<tr>
<td><strong>Current substance dep.</strong></td>
<td>20.0%</td>
<td>15.0%</td>
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The measures

Collected at screening interview:
- Demographics
- Developmental history
- Treatment history
- Frequency and severity of main problem behaviours

SCID diagnostic interview:
- Psychosis
- Affective disorder
- PTSD
- Alcohol & Drugs
- BPD and Antisocial PD

- Borderline Evaluation of Severity over Time
- Beck Hopelessness Scale
- Depression Anxiety and Stress Scale
- Disorders of Emotion Regulation Scale
- Affective Control Scale
- Acceptance & Action Questionnaire 2
- Five Factor Mindfulness Questionnaire
Wise Choices groups

› 1.  Accept, Choose, Take action. Introduction to ACT and mindfulness.

› 2.  My life – how do I go off track and where do I want to go? Introduction to values and the avoidance loop.

› 3.  Struggling with the monster. The unworkability of control strategies, introduction to acceptance.

› 4.  No need to be bossed around by difficult thoughts. Mindfulness of thoughts, defusion.


› 8.  Taking action on values – even when emotions are strong.

› 9.  Choice points and obstacles to taking action on values.


› 12.  Review and celebration.
Change over 12 sessions
Mixed model analyses of pre and post scores
ACT + TAU (n=21) compared with TAU (n=20)

- Less fear of emotion (ACS) (p=.002)**
- Less hopeless (Beck Hopelessness Scale) (p=.006)**
- More able to handle difficult emotions (DERS) (p=.008)**
- More psychological flexibility (AAQ2) (p=.010)**

- Less anxious (DASS) (p=.025)*
- More mindfulness skills (FFMQ) (p=.028)*
- Less BPD symptoms (BEST composite) (p=.028)*
Change over 12 sessions (continued)

- Medium to large effect sizes
- Clinically and statistically significant changes for the ACT+TAU condition
- No significant improvements on any of these measures for the TAU condition – anxiety worsened
Mediation analysis  ACT group + TAU (n=18)

- Mediation analysis – process* variables with:
  - significant difference between ACT+TAU & TAU
  - significant improvement ACT+TAU pre to post

- Improved BPD symptoms  (Borderline Eval. of Severity over Time)
  mediated by Disorders of Emotional Regulation – particularly reduced ‘impulse dyscontrol’

- Reduced hopelessness  (Beck Hopelessness Scale)
  mediated by Disorders of Emotional Regulation – particularly confidence in emotion strategies

* Emotion regulation (DERS), mindfulness (KIMS),
  fear of emotions (ACS), psychological flexibility (AAQ2)
What are values?

Values are our heart's deepest desires for the way we want to interact with and relate to the world, other people, and ourselves. They can guide us and motivate us as we move through life. Values put into action make our hearts glad.

Are values and goals the same?

Values are not the same as goals. Values are directions we keep moving in, whereas goals are the small steps we want to achieve along the way. Goals can be achieved or 'crossed off'; whereas values are directions we travel in for our whole lives and can live in small ways every day.

Are values like "shoulds"?

As we grow up, we collect a lot of "shoulds" from others that can feel like a pressure or a burden. Acting on these doesn't make our hearts glad in the same way acting on our own values does. "Shoulds" are about what others think of us. Ask yourself: "Would I feel good about doing this even if no one else ever knew?"
Values

- Deep down inside what is important to you?
- What do you want your life to be about?
- What sort of person do you want to be?
- What sort of relationships do you want to build?
- If you weren’t struggling with your feelings or avoiding your fears, what would you channel your time and energy into doing?

Russ Harris The Happiness Trap (2007)
What is mindfulness?
Bringing your awareness to your here-and-now experience, with openness, gentleness and curiosity

How to practice mindfulness

Step 1. Bring your full attention to something in particular in the here and now.
Aim to observe with curiosity as though you have never come across something like this before.

Step 2. When your attention naturally wanders, gently and patiently bring it back.
When you find yourself judging, categorising or comparing, gently bring your awareness back to the thing as it is, just in this moment.

Step 3. Repeat several billion times
Focus on.... just one thing!

Our minds are not used to focussing on just one thing. They run around like puppies.

Practicing mindfulness is like training a puppy.

Just keep gently bringing your attention back to the thing you have chosen to focus on.

Another name for this skill is one thing in the moment.

Why practice?

- can help with study
- life may feel less pressured
- focussing on one thing in the present can lessen the influence of difficult memories or worries about the future

How to practice:

- while eating, really taste each mouthful
- while doing the dishes only do the dishes
- while walking notice each step
Mindfulness of pleasurable
tastes, smells, sights, sounds, sensations
May require practice.

In a hazardous context you learn to
maximise attention to danger and minimise
attention to neutral and positive stimuli.
Wise choices:

- Change what you can change
- Accept what you can’t change
- Be in the world, in the present moment, so you learn the difference
Imagine yourself on the banks of a fast flowing stream. As each thought feeling or sensation comes, put it on a leaf and let it go.”
Choice points and action

“Action based on values, action against values, or just do nothing”
Expressing affection, gratitude and appreciation

- Look
- Smile
- Say or do something positive, however small, as long as it’s genuine.
- If the other person knocks your gesture back, there’s no need to take it personally.
Reading:

- Zettle. (2007). *ACT for Depression*
- Harris. (2009). *ACT made Simple*
- Williams, Teasdale, Segal & Kabat–Zinn. (2007). *The Mindful Way through Depression*
- Follette & Pistorello. (2007). *Finding Life Beyond Trauma*
- Eifert, McKay & Forsyth. (2006). *ACT on Life not on Anger*


Website: [http://www.contextualpsychology.org/](http://www.contextualpsychology.org/)

ACT Conference: Melbourne 2012