

HOLLAND

**ACTive Rehab: Group interventions for chronic pain- A patient-centred taxonomy for the inter-professional team: how to assess, select and allocate clients in groups and modularize and tailor interventions for the differential needs and responsiveness of each group.**

Group-based interventions are the state in the field of chronic pain; however, effect sizes are medium to low, indicating a differential responsiveness among the participants, where some of them do not benefit at all. We end up offering individual interventions, which does not necessarily have the same effectiveness or scientific support. Furthermore, we know that inter-professional interventions (defined as: team-delivered & well-coordinated rehab-programs in group-format, with a defined start and an end) is almost a requirement to reach sustainable outcomes. And thirdly, we know that ACT has strong evidence in chronic pain (1-3), but how can every member of the pain-team work ACT-informed? How can professionals that are not trained in functional behavioural analysis conceptualize and apply ACT processes safely in THEIR OWN field without mimicking the psychologist?

ACTiveRehab is the adaptation, development and implementation of ACT's behavioral flexibility model for the inter-professional pain-team. It has an empirically developed algorithm to cluster patients in four distinct groups based on pain acceptance (CPAQ-8). This clinical algorithm helps the clinicians to identify the differential functional levels (physical, mental and social), skills, capacities and assets among the chronic pain population (independently of their diagnosis) indicating clearly their treatment needs, and predicting responsiveness to group based interventions (4, 5) given that pain acceptance is one of the strongest mechanism of action in therapy (6).

ACTiveRehab provides a sophisticated, however a guided step-by-step framework to triage, assess and target different streams of behaviors and interoceptive awareness displayed by patients in a group format. You and your team will learn how to tailor flexible and modularized protocols for these groups in a context-sensitive way. The language of ACTiveRehab is pragmatic and clear, adapted to all health care professionals working in integrated care or rehab-teams. ACTiveRehab is a transdiagnostic framework that allows health professionals to understand and re-conceptualize even the deepest suffering of patients. Furthermore, this framework gives you the tools to effectively integrate the body (with the ACTiveBODY) and improve the social interaction in a safe and effective way for each group. Last but not the least, ACTiveRehab streamlines the flow of the patients through treatment, increasing the availability, accessibility, acceptability and quality of ACT interventions offered by your organization.

This workshop and ACTiveRehab is designed for all members of a multi-disciplinary team, offering integrated care. It gives the team a language and structure to work around and with the patient/client. It will help the ACT psychologist to understand how to support the other professionals as well help the professionals to better understand the ACT processes in their own language. It is therefore strongly recommended that at least two of the team-members

(i.e. psych + physio) participate in this workshop, that will radically support you to implement this model in your everyday practice!

Please, come in comfy clothes so we can lay on the floor and move around!

## OBJECTIVES

ACTiveRehab is a comprehensive model that streamlines the process of assessment, selection and tailoring of ACT group interventions. ACTiveRehab's and the workshops' objectives are to:

1. Learn to integrate social, mental and physical function in a systematic and ACT-consistent way in a group session
2. SCREEN the clients using the CPAQ-8 items to quickly recognize which health professionals are needed for this client. This screening has a strong person-centered and predictive value since it will answer questions such as: Can this client get help of just me, or do this patient need another professional or a multi-disciplinary team? How can I design my services to meet these patients' needs?
3. TRIAGE your clients using the CPAQ-8 to identify your clients existing resources, facilitators and barriers systematically, using the ACTiveRehab taxonomy for the assessment, selection and allocation of patients with chronic pain into four distinct groups with shared needs in terms of ACT-processes (so called ACTiveAssessment) (see Rovner et al., 2015 and in press).
4. Understand and implement these four ACTiveAssessment clusters in terms of how your clients differentially handle or 'navigate with' their chronic pain.
5. Explain to patients these four different 'navigandi modus operandi' as a normal way to handle difficult situations AND how important is to have access to all of these modus operandi (behavioral flexibility) to be able to function in different situations and do what matters even in presence of symptoms. Practice these explanations in order to normalize and de-stigmatize their situation and suffering and prepare them to enter the appropriate modularized intervention.
6. PLAN and TAILOR at east two of these four different programs for these groups using the taxonomic infrastructure of ACTiveRehab combining your existing professional tools in the service of the ACT-processes
7. INTEGRATE the body as a metaphor for the ACT processes implementing the novel ACTiveBODY module, where BODY stand for each of the main processes of ACT. B: Balance and strength (mindfulness and SAC), O: Openness; D: Dynamic stamina and Y: your way to vitality and participation in life!
8. Practice skills in guiding each therapeutic process in a group format.
9. TRANSLATE the ACT processes in terms adapted to the professionals working in the area of chronic pain (or other chronic physical-health conditions)
10. Last, but not the least, if you work in a multi-disciplinary setting ACTiveRehab will give tools to discuss how the multi-disciplinary team can find a structure and a common language for decision making and a guidance on to implement the ACT processes for each of the other professions

## BIO:

Graciela Rovner is known as a highly inspirational and fun workshop leader. She is a senior pain specialist physiotherapist, her PhD is in Medicine (Rehabilitation Medicine) and has

masters in clinical medical sciences, psychology and physiotherapy graduated in Sweden. She is the only peer-reviewed ACT trainer peer-reviewed by the ACBS that is a physiotherapist. She has specialized in adapting and developing ACT for the inter-professional team and all the professions working in pain rehabilitation and mental health settings. Her clinical implementation research focuses on how to evaluate, select and allocate patients with chronic pain and how to best targeted rehabilitation programs. As a consultant, she helps clinics to streamline their pain services, training and supervising the inter-professional team and help them to create modularized and stepwise rehabilitation programs in order to offer each group of patient an effective and 'individualized' group based rehabilitation. Graciela teaches at grad-level at Karolinska Institutet, and is invited to teach and train around the globe. She speaks Spanish, Swedish, English and French. Graciela is the Founder and CEO of ACT Institutet Sweden, dedicated to research, teaching and training of ACT. Since last year she is the Pain clinic Project Leader and Clinical Development Manager responsible to implement ACT at a regional level in western Sweden. She is also the president of the Swedish ACBS chapter. Graciela is married, mother of two and has learned herself to live with pain since her teens, implementing ACTiveRehab. She loves to run, swim, bike, yoga and eat simple and healthy.

## REFERENCES

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