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Preliminary results of an Acceptance and Commitment Therapy (ACT) brief group intervention for psychosis

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Introduction

Acceptance and Commitment Therapy (ACT) is a con- textual-behavioral therapy with promising results in various psychological disorders, including psychosis [1]. This study aims to compare the potential benefits of a 4-session ACT group intervention with the interventions commonly offered in Portugal.

Methods

All procedures were approved by the ethics committee of Centro Hospitalar Universitário de Coimbra. Recruitment was performed by experienced psychiatrists. The main inclusion criteria were established paranoid schizophrenia and age ≥ 18 years. Participants were excluded if: (a) diagnosis was of another psychotic disorder; (b) severe cognitive deficits and severe symptomatology prevented patients from participating in group sessions. We enrolled 7 outpatients (4 male) with a mean age of 39 years (±7.29). All participants were taking anti-psychotic medication and three of them had previous hospitalization(s).

Participants were randomly assigned to three conditions (ACT, n = 3; Psychoeducation, n = 2; Pharmacotherapy, n = 2). ACT and Psychoeducation were delivered in a 90-minute weekly sessions. The ACT intervention was adapted from existing interventions [2], promoting the contact with the present moment, values clarification, cognitive defusion and acceptance.

Participants were assessed at baseline and post-treatment with: Acceptance and Action Questionnaire II, Cognitive Fusion Questionnaire [3], Paranoia Checklist, Social Safeness and Pleasure Scale [4], Depression, Anxiety Stress Scales-21, and World Health Organization Quality of Life-Brief.

Results

Results of the reliability and clinical significance of the improvement between pre- and post-assessment (Reliable Change Index' Statistic5) are listed on **Table 1**.

Discussion and Conclusion

This is the first pilot study of ACT for psychosis in Portugal. Our results follow previous research on third generation therapies for psychosis [1,2]. ACT participants improved in a wider range of measures and 2 of the 3 patients improved significantly in both symptoms, cognitive processes and positive indicators of adjustment (without any deterioration). One participant, however, deteriorated. Future studies should explore the relationship between participants' clinical profiles and benefits from ACT interventions (studies have found different treatment responses depending on clinical presentation [2]). In all participants receiving other interventions we can observe significant deterioration in some measures. However these participants also showed significant improvements (which could be expected since all participants were receiving active treatment). Unspecific effects could also have played a role in improvement (e.g. therapeutic relationship, group for- mat effects).

The limitations of this pilot study must be considered, namely the small sample size, the uncontrolled effect of confounding variables (e.g., medication), and the absence of a follow-up assessment.

Despite the exploratory and preliminary nature of our study (which limits the generalization of results), we believe that these findings support the need and relevance of further research and clinical attention in this area.

Abreviations

ACT: Acceptance and Commitment Therapy

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References

1. Bach P, Gaudiano B, Hayes S, Herbert J. Acceptance and commitment therapy for psychosis: Intent to treat, hospitalization outcome and mediation by believability. Psychosis 2012; 5(2):166-174.

2. Bach P, Hayes SC. The use of acceptance and commitment therapy to prevent the rehospitalization of psychotic patients: A randomized controlled trial. J Consult Clin Psychol 2002; 70:1129-1139.

3. Gillanders DT, Bolderston H, Bond FW, Dempster M, Flaxman PE, Campbell L, et al. The Development and Initial Validation of the Cognitive Fusion Questionnaire. Behav Ther 2014; 45(1):83–101.

4. Gilbert, P., McEwan, K., Mitra, R., Richter, A., Franks, L., Mills, A. et al. An exploration of different types of positive affect in students and patients with bipolar disorder. Clinical Neuropsychiatry 2009; 6(4):135-143.

5. Jacobson NS, Truax P. Clinical significance: a statistical approach to defining meaningful change in psychotherapy research. J Consult Clin Psychol 1991; 59(1):12–19.

Table 1. Participants' scores and reliable change indexes (RCI) in all measures, according to condition.

	Pharmacotherapy (n=2)						Psychoeducation (n=2)						ACT (n=3)								
	Participant 1			Participant 2			Participant 1			Participant 2			Participant 1			Participant 2			Participant 3		
	M1	M2	RCI	M1	M2	RCI	M1	M2	RCI	M1	M2	RCI	M1	M2	RCI	M1	M2	RCI	M1	M2	RCI
PC frequency	34	49	14.28	22	22	0	29	43	13.32	55	41	-13.32	64	70	5.71	18	18	0	54	49	-4.76
PC conviction	60	39	-25.35	23	24	1.21	30	42	14.48	73	49	-28.97	64	70	7.24	90	18	-86.90	54	49	-6.04
PC distress	34	16	-11.98	15	11	-2.66	17	54	24.63	39	34	-3.33	37	37	0	0	0	0	36	35	-0.67
DASS Depression	7	7	0	6	5	-1.5	3	5	3	4	8	6.1	8	10	3	2	0	-3	7	6	-1.5
AAQ-II	37	27	-6.79	18	20	1.36	21	7	-9.50	34	37	2.04	17	21	2.71	27	7	-13.57	34	22	-8.14
CFQ	42	30	-7.39	25	24	-3.62	32	24	-4.93	30	35	3.08	27	12	-9.24	25	7	-11.09	35	27	-4.93
SSPS	28	31	2.93	40	36	-3.91	44	55	10.76	27	33	5.87	15	31	15.65	41	53	11.73	36	37	0.98
WHOQOL	87	75	-3.59	88	87	-0.3	96	81	-4.49	81	77	-1.20	80	76	-1.20	92	114	6.58	81	73	4.12

M1 refers to the pre-intervention assessment and M2 refers to the post-intervention assessment.

Results can be interpreted according to the following rule of thumb: An RCI ≥ 1.96, Confidence Interval (CI) of 95%, signifies that the patient is "Recovered" in that measure. An RCI ≥ 1.28 and <1.96, CI of 90%, means "Remitted" in that measure. An RCI ≥ 0.84 and <1.28, CI of 80%, means "Improved" in that measure. An RCI ≤ - 0.84 and >-1.28, CI of 80%, indicates "Mildly Deteriorated" in that measure. An RCI ≤ - 1.28 and >-1.96, CI of 90%, signifies "Moderately Deteriorated" in that measure. Finally, an RCI ≤ - 1.96, CI of 95%, indicates "Deteriorated" in that measure.

Shadowed cells in the table represent significant improvements in respective measures.

RCI: Reliable Change Index; PC: Paranoia Checklist (paranoid ideation); DASS: Depression, Anxiety and Stress Scales-21 (depressive and anxiety symptoms); AAQ: Acceptance and Action Questionnaire II (psychological inflexibility); CFQ: Cognitive Fusion Questionnaire (cognitive fusion); SSPS: Social Safeness and Pleasure Scale (experience of positive feelings and emotion in social situations); WHOQOL: World Health Organization Quality of Life (quality of life).