

Group-based Acceptance and Commitment Therapy preceded by an experimental Attentional Bias Modification procedure for residual symptoms of depression

Tom Østergaard¹, Tobias Lundgren², Robert Zettle³, Rune Jonassen⁴, Cathrine J. Harmer, Tore. C. Stiles, Nils Inge Landrø, & Vegard Øksendal Haaland

¹Sørlandet Hospital HF, Kristiansand, Norway, ² Department of Clinical Neuroscience, Center for Psychiatry Research, Karolinska Institute, Stockholm Health Care services, Sweden,

³Department of Psychology, Wichita State University, USA ⁴Department of Psychology, University of Oslo, Oslo, Norway

Background

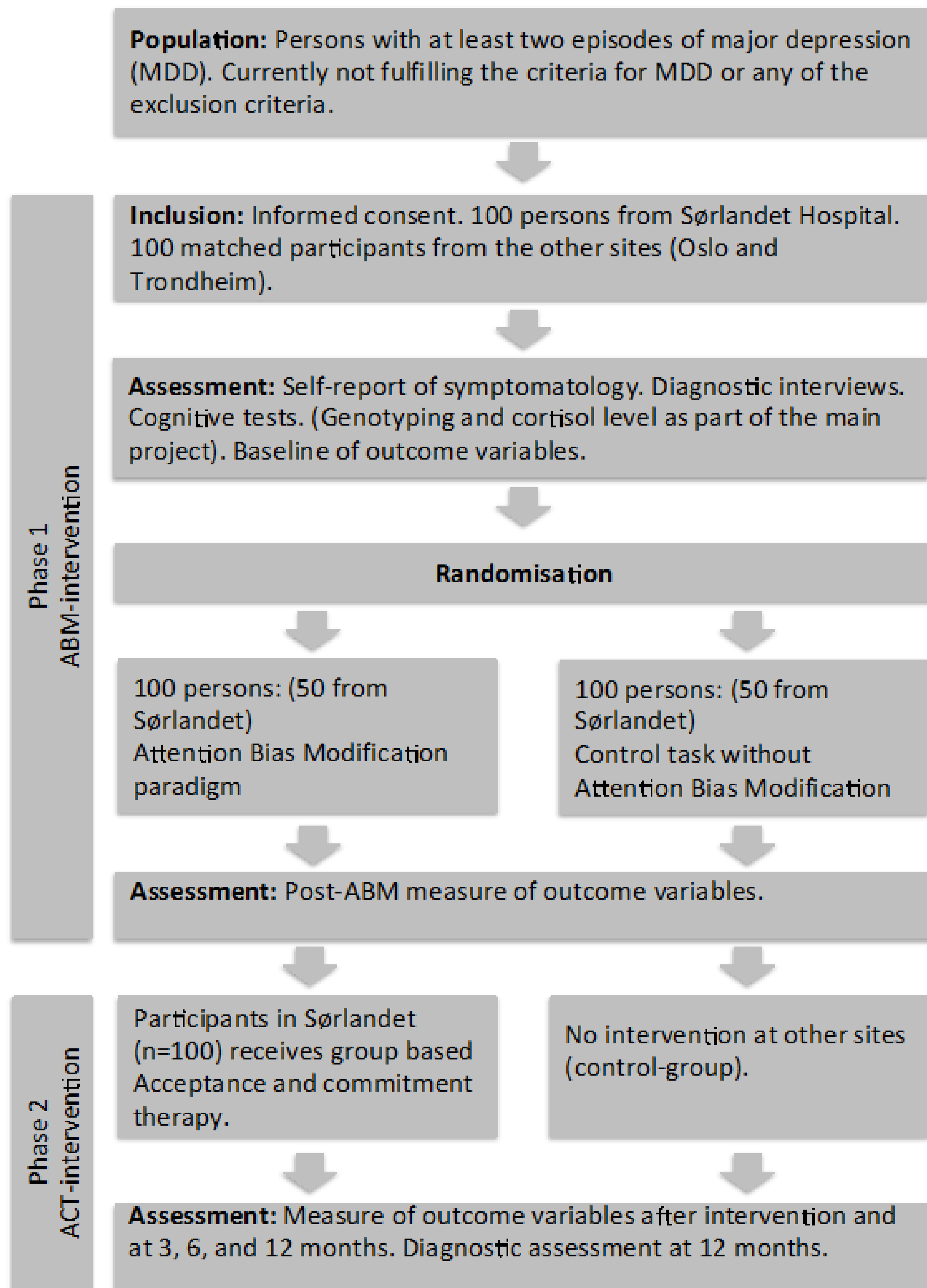
- This project studies the effect of group based Acceptance and Commitment Therapy (ACT) and Attention Bias Modification (ABM) in treating residual symptoms of major depression (MDD).
- ACT has shown a treatment effect for MDD and promising results in secondary prevention for other patient groups. The experimental cognitive bias modification (ABM) procedure has been shown to reduce surrogate markers of depression vulnerability in patients in remission from depression.

Aim

- The primary aim of this study is to investigate the effect of group based ACT as a secondary prevention intervention for major depression.
- The secondary aim is to evaluate the effect of ABM preceding the group based ACT.
- This poster presents preliminary results of the ACT-treatment

Method

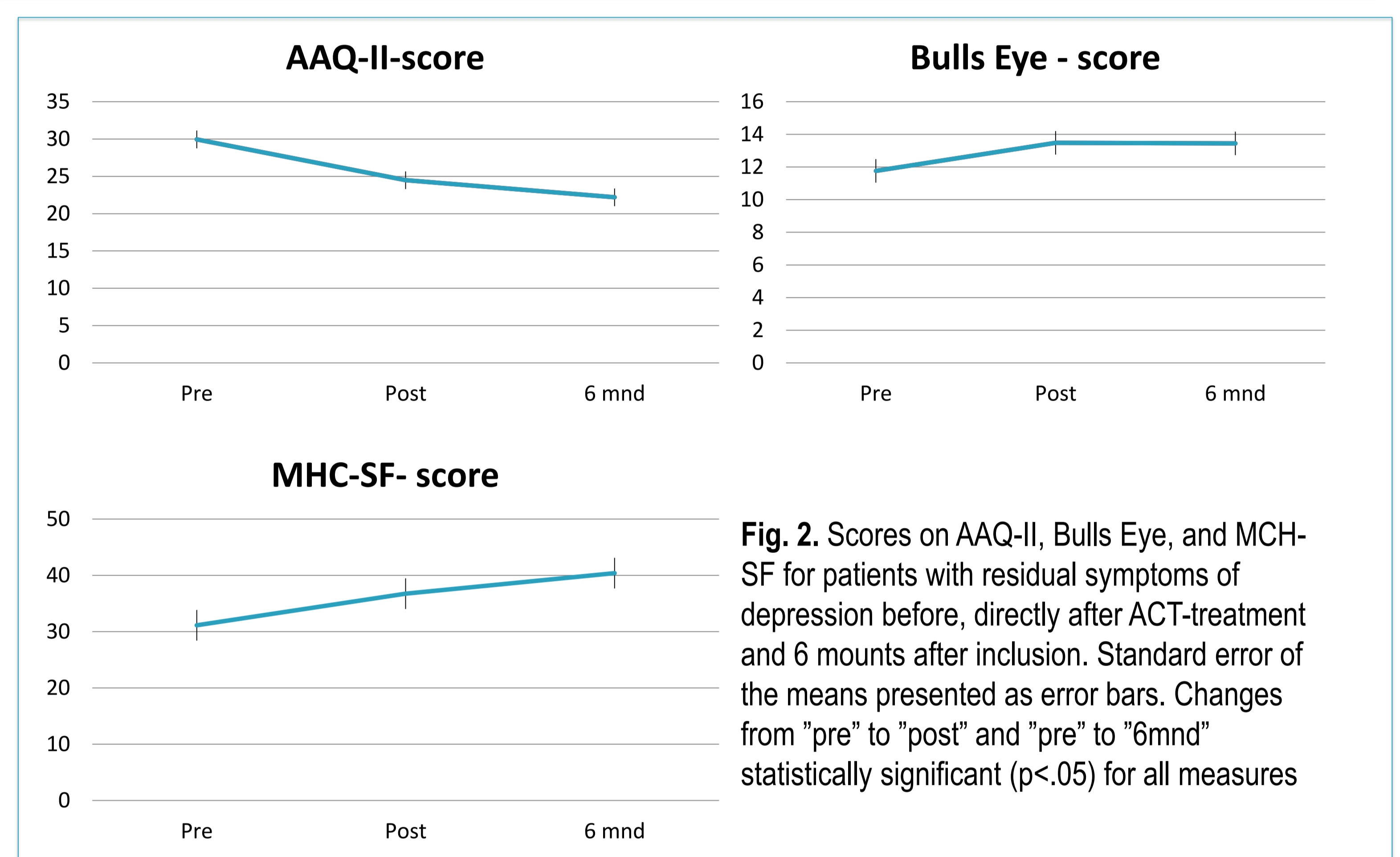
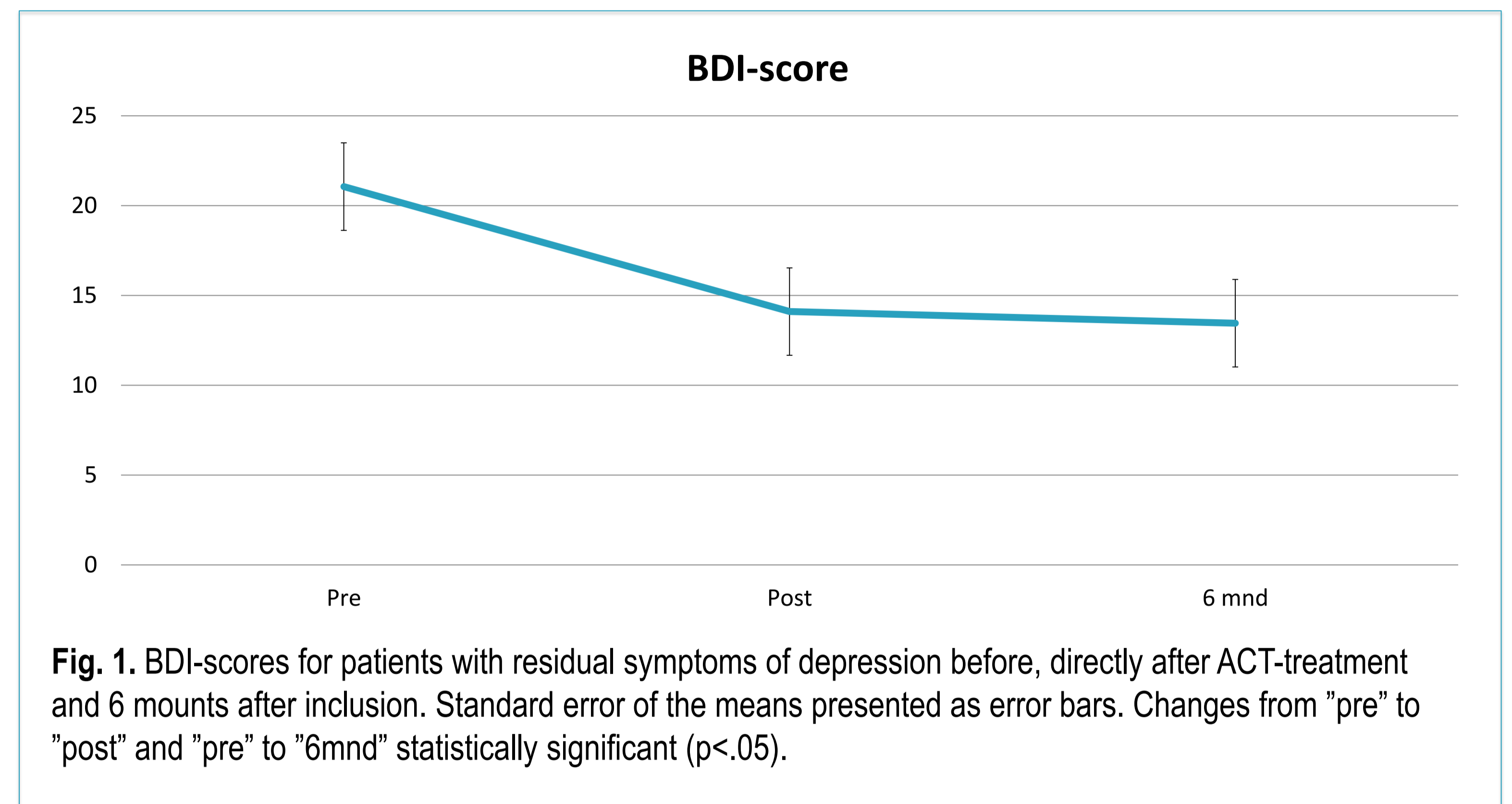
- The present study has an experimental as well as a quasi-experimental design.
- Former depressed participants (N=200) will be randomized to ABM or a control-condition without bias modification.
- All participants recruited at hospitals in Southern Norway will after the ABM/Control-intervention receive an 8-week group based ACT-intervention, no intervention will be given at other sites.



Contact information: tom.ostergaard@sshf.no

Preliminary Results

- The project is still ongoing. Status 13.06.17 is that 88 people so far have received ACT treatment.
- Participants had an average age of 40.5 (SD=11.9), and 71.6 % were female and 28.6 % were men. They all fulfilled the ICD 10 criteria for recurrent depressive disorder.



Discussion

- The preliminary findings indicate that group ACT treatment is effective in reducing residual symptoms in patients with recurrent depression.
- Both psychological flexibility, flourishing and values-based action increased during treatment.
- Posttreatment gains for depression, psychological flexibility, flourishing and values-based action increased at 6 months.
- The project has not yet done statistical analysis on whether ACT and ABM is a good combination.
- The hypothesis is that the two treatments complement each other, and that ABM treatment augments ACT treatment. A positive attentional bias established through ABM is expected to make the subjects more available for the psychological interventions of ACT.
- ABM could be thought to involve "lower order" cognitive processes, which is implicit attention without apparent language or cultural-based processes involved. ACT, on the other hand, involves "higher-order" cognitive processes where explicit attention is made to language and cultural practices.

References

- Browning M, Holmes EA, Charles M, Cowen PJ, Harmer CJ: Using attentional bias modification as a cognitive vaccine against depression. *Biological psychiatry* 2012, 72(7):572-579.
- Folke F, Parling T, Melin L: Acceptance and commitment therapy for depression: A preliminary randomized clinical trial for unemployed on long-term sick leave. *Cognitive and Behavioral Practice* 2012, 19(4):583-594.
- Forman EM, Herbert JD, Moitra E, Yeomans PD, Geller PA: A randomized controlled effectiveness trial of acceptance and commitment therapy and cognitive therapy for anxiety and depression. *Behavior modification* 2007, 31(6):772-799.
- Petersen CL, Zettle RD: Treating inpatients with comorbid depression and alcohol use disorders: A comparison of acceptance and commitment therapy versus treatment as usual. *The Psychological Record* 2009, 59(4):521.