

# Program for the development of repertoires of psychological flexibility in Depression patterns

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## INTRODUCTION

- From the focus of the Acceptance and Commitment Therapy (ACT), the problematic nature of depression would not be a depressed mood or negative thoughts but the function that those private events have acquired in the story of the subject following an ineffective regulation of the behavior which limits the life and increases discomfort (Zettle & Hayes, 2002). The depression is conceptualized as a frequent pattern characterized by the psychological inflexibility and pathological ruminating as the main strategy applied by the person. Nowadays, there exist a proven effectiveness in the treatment of different ACT pathologies. The program of depression applied in this research is based in the three strategies outlined by Törneke, Luciano, Barnes-Holmes & Bond (2016), with the aim to know if there exist significant decreases in the rigid and inflexible pattern of behavior of the experimental subjects.
- The effectiveness of a brief intervention program developed on contextual and functional bases to promote psychological flexibility in depressive profiles is analyzed. The instruments and measures used are BDI for depressive symptomatology, AAQ-II and CFQ for psychological inflexibility, and VQ for values-oriented actions. The program consists of a training in MET for the development of psychological flexibility, being structured in 3 sessions that correspond to the three central strategies of intervention indicated in Törneke et al. (2016). Thus, the activities are developed so that the clients know how to discriminate relations between functional classes of their own behavior and their problematic consequences, so they can perform a training framed in hierarchy with the deictic "I" and develop an alternative behavioral repertoire in the direction of personal values. Results are discussed in terms of the frames involved in clinical interactions (Villatte, Villatte and Hayes, 2015).
- In consequence, there exist little evidence in the brief programs of intervention in depression so this research intends to deepen in the effectiveness of the programs.

## GOALS

- Strategie A: Help to discriminate relations between functional classes of their own behavior and their problematic consequences.
- Strategie B: Training in framing in hierarchy with the deictic "I".
- Strategie C: Help the client to develop an alternative behavioral repertoire in dirección to personal values.

## METHODOLOGY

Unique case design of therapeutic intervention. The sample is made up of 3 subjects (N = 3). Patient 1 is a woman 53 years old, has higher education and scores Moderate Depression in BDI; Patient 2 is a woman 25 years old and has higher education, and Patient 3 is a 36 years old man, with elementary studies and in the BDI it scores Moderate Depression. BDI, AAQ-2, VQ, CFQ and PSWQ were applied as pretest and posttest quantitative measures.

## PROGRAM

**Session 1:** The aim of the first session has been to help the client to discriminate relations between functional classes of their own behavior and their problematic consequences. Exercises and metaphors are used here to provide a Functional Analysis as well as to facilitate Creative Hopeless with the "Control" agenda. Some examples used here were: "What are the Numbers" exercise, The Garden Metaphor, Life's Line Metaphor, The Epitaph Metaphor (and functional equivalents).

**Session 2:** The second session has been dedicated to training framing in hierarchy with the deictic "I", through defusion and perspective taking exercises. It's expected that helping the clients to note the difference between themselves and their private events will facilitate their way towards valued actions. Physical and Mindfulness exercises were used here promoting "I as context" experience and private events differentiation. Examples used: The Garden Metaphor, Life's Line Metaphor, Leaves on a Stream Exercise (and functional equivalents).

**Session 3:** the Last session has been addressed to promote the alternative behavioral repertoire by introducing desirable augmentals of moving in the direction of personal values. Exercises here were oriented to help clients to discriminate the natural consequences of going towards what really matters for them developing the new repertoires.

\*While each session is particularly oriented to one of the three strategies explained above, every session includes implicitly all of them, and all the work done has been in the context of how useful it could be for helping the clients to move in valued directions in their lives.

## RESULTS

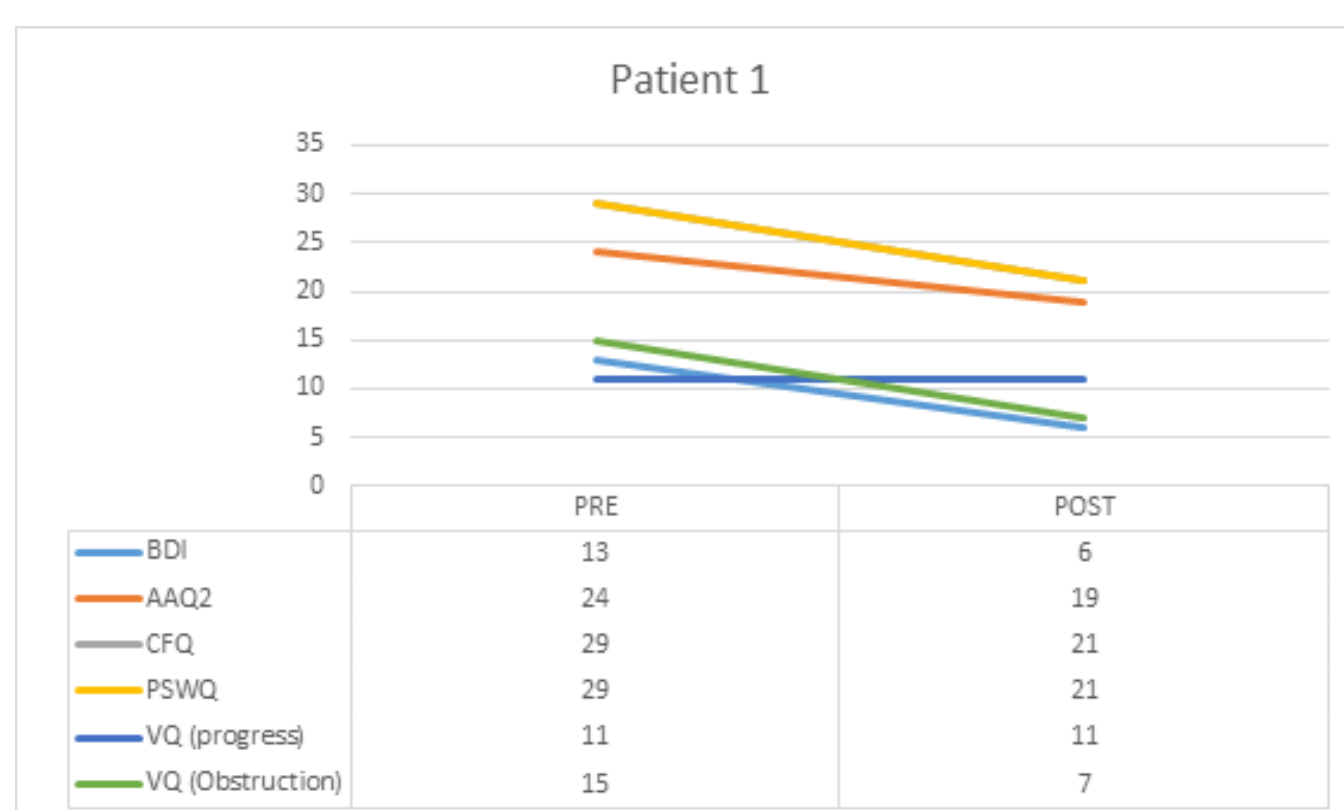


Figure 1. Bar Chart. Difference between pre-test and post-test measures. Patient-1.

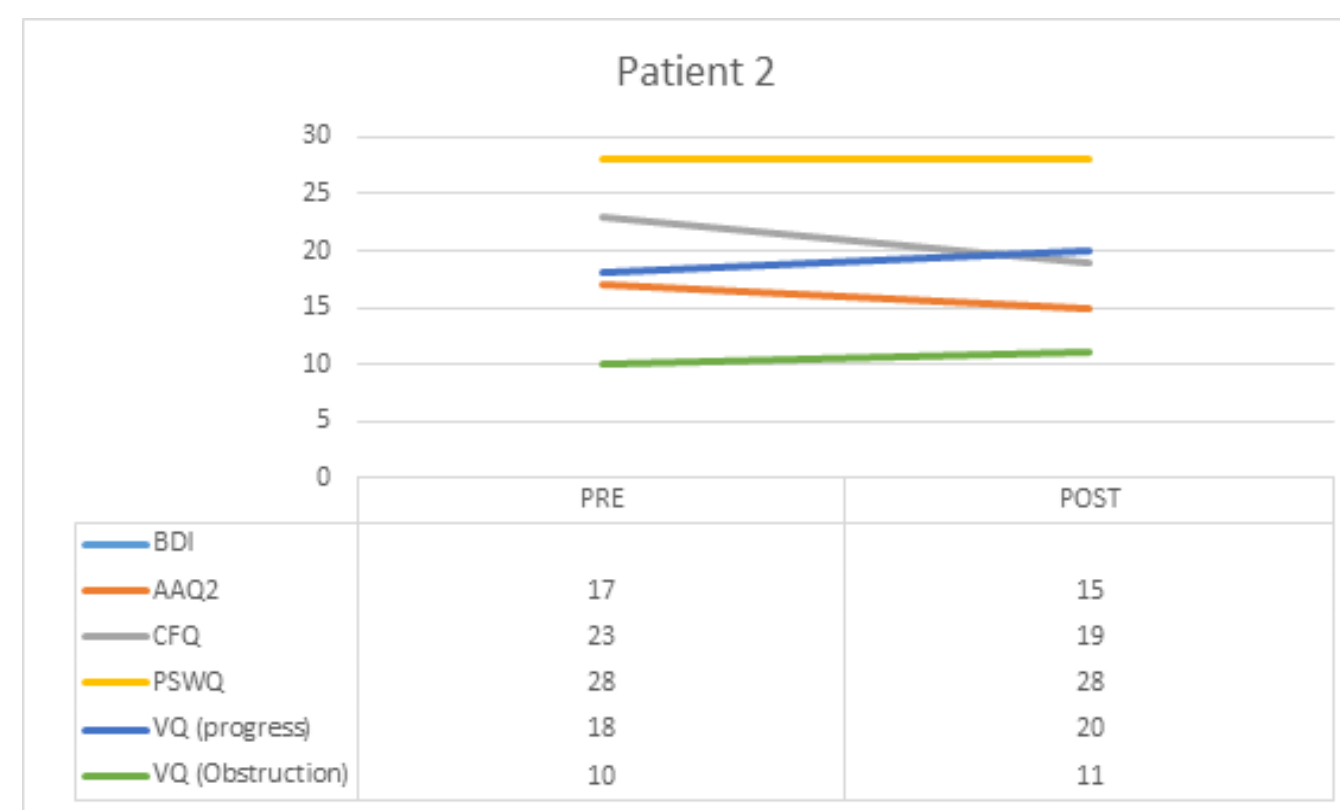


Figure 2. Bar Chart. Difference between pre-test and post-test measures. Patient-2.

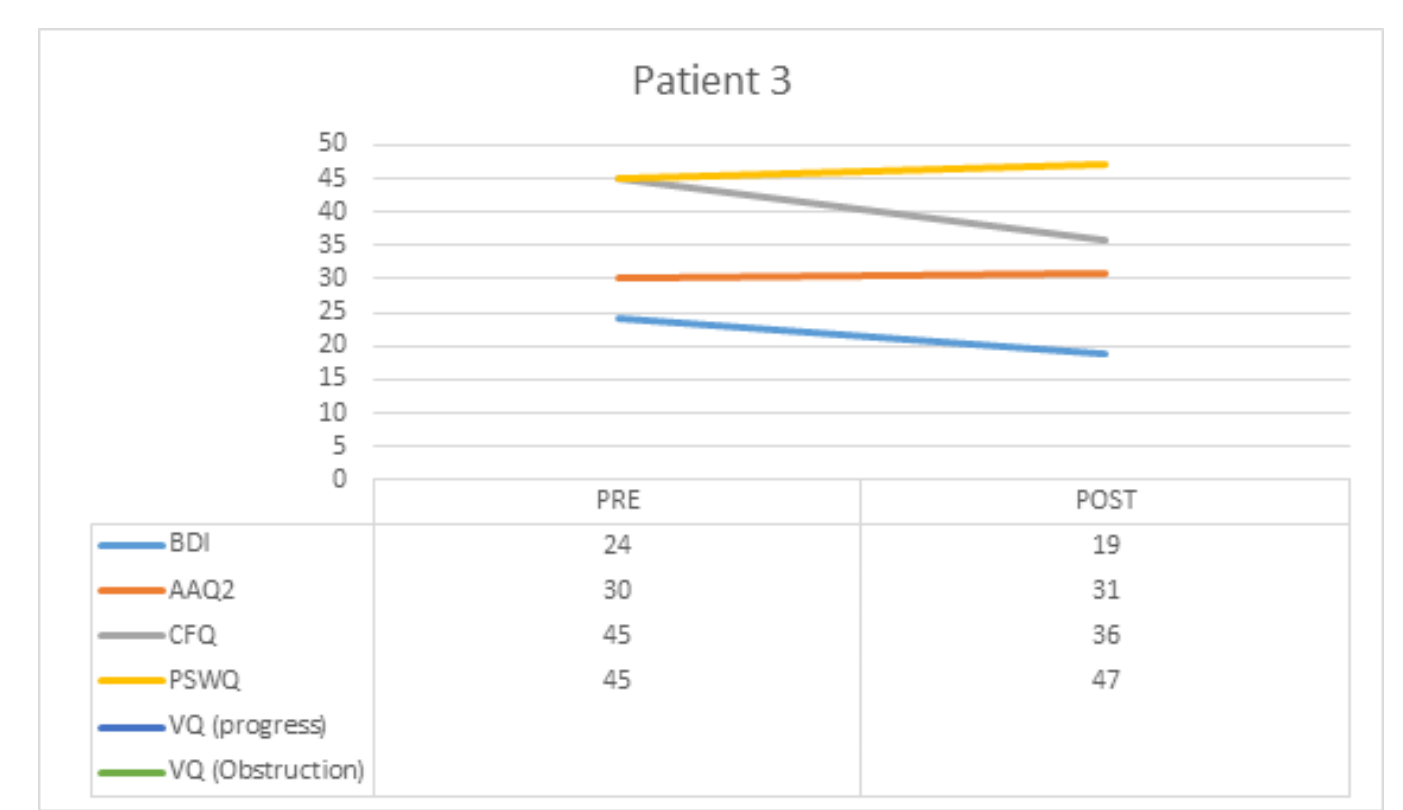


Figure 3. Bar Chart. Difference between pre-test and post-test measures. Patient-3.

**QUANTITATIVE:** According to the scores shown by the AAQ-II questionnaire, patients 1 and 3 (Graphics 1 & 3) presented psychological inflexibility scores close to those of the clinical group ( $M = 32.64$ ;  $SD = 12.51$ ). On the other hand, patient 2 (Graphic 2) would be within the non-clinical group ( $M = 21.22$ ;  $SD = 7.76$ ). Post measures reflect a moderate increase in psychological flexibility in the patients 1 and 2, in patient 3 there aren't significant differences. Regarding the degree of fusion, the CFQ indicates a mild decrease after the intervention in the three cases. After the program, there has been almost no variation in PSWQ rates, with the same rates of pathological concern remaining. Patient 1 presents a decrease in the VQ obstruction scale, in contrast, patient 2 maintains his scores on this scale and an increase in the progress' scale. Finally, BDI scores indicate that there has been a slight decrease in depressive symptomatology. In summary, the results suggest that a work guided by the three strategies indicated in Törneke, Luciano, Barnes-Holmes & Bond (2016) and the use of multiple examples, promotes more flexible repertoires in patients. Although there were no significant changes in the scores, qualitative measures and feedback were taken from the clients to add a representative value to the results. We made this decision since the post measures were not taken with sufficient time and the type of sample may have influenced the results. Instruments and measures post-test were applied just at the end of the 3rd session. One-week and one-month post-test data would have been useful for a better analysis of effectiveness and a program follow-up. Points to consider in future applications of the program. Finally, we highlight the variations in BDI and in the presence of depressive symptomatology despite the presence of inflexible behavioral repertoires. After the first session, he's been able to notice himself being with birds and consequently having his plants dried. In 2nd session, he indicates that he's taken some actions to take care of his plants (important actions for his life). He reports he's learned to discriminate his behavior more easily. The last session shows that due to a family conflict, he noticed really high aversive private events coming back to the initial patterns, although he seems to have been able to take perspective and not to fuse as highly as it happened before. She reported that during the interval between the first and second sessions, she was able to take perspective of her emotions and make an assessment based on her reason, using mindfulness techniques to discriminate her level of thinking and get defused of her thoughts, moving forward to the action at that moment. During the period between the first and second week of intervention, she indicated that her ability to discriminate the moments of the day when she was ruminating her thoughts had increased. The was and increment of the ability to continue with the objectives that had been proposed for the day in the presence of those thoughts. Between the second and third week of intervention, in the presence of unpleasant thoughts, she was able to perform actions that were important for her more frequently.

### QUALITATIVE:

#### Patient-1

During the period between the first and second week of intervention, she indicated that her ability to discriminate the moments of the day when she was ruminating her thoughts had increased. There was an increment of the ability to continue with the objectives that had been proposed for the day in presence of that thoughts. Between the second and third week of intervention, in presence of unpleasant thoughts she was able to choose to perform important actions for her in a high percentage.

#### Patient-2

Reported that during the interval between the first and second sessions, she was able to take perspective of her emotions and make an assessment based on her reason, using mindfulness techniques to discriminate her level of thinking and get defused of her thoughts, moving forward to the action in that moment.

#### Patient-3

After the first session he's been able to notice himself being with birds and consequently having his plants dried. In 2nd session he indicates that he's taken some actions taking care of his plants (important actions for his life). He reports he's learned to discriminate his behavior easier. Last session shows that due to a family conflict, he noticed a really high aversive private events coming back to the initial patterns, although demonstrating that it has served to be able to take perspective and not to fuse as high as it happened before.

## CONCLUSIONS

In summary, the results suggest that a work guided by the three strategies indicated in Törneke, Luciano, Barnes-Holmes & Bond (2016) and the use of multiple examples, promotes more flexible repertoires in patients. Although there were no significant changes in the scores, qualitative measures and feedback were taken from the clients to add a representative value to the results. We made this decision since the post measures were not taken with sufficient time and the type of sample may have influenced the results. Instruments and measures post-test were applied just at the end of the 3rd session. One-week and one-month post-test data would have been useful for a better analysis of effectiveness and a program follow-up. Points to consider in future program applications. Finally, we highlight the variations in BDI and in the presence of depressive symptomatology despite the presence of inflexible behavioral repertoires.

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