

Effectiveness of a 10-week Pilot Acceptance and Commitment Therapy Group for Social Anxiety Disorder: Results from an Acute Care General Hospital



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Aims

To examine the effectiveness, in a typical outpatient setting, of an ACT group protocol that was previously shown to be effective for Social Anxiety Disorder (SAD) in an RCT.

Introduction

- Acceptance and Commitment Therapy (ACT) has been shown to be an effective treatment for Social Anxiety Disorder (SAD)
- One non RCT group-based ACT study found treatment to be effective (Ossman et al., 2006)
- A 1:1 ACT open trial (Dalrymple and Herbert, 2007) and 2 RCTs (Craske, et al. 2014, and Niles et al., 2014) have also shown benefits, the latter two comparing ACT to CBT
- To date, only one RCT on ACT groups for SAD (Kocovski et al., 2013)
- Our pilot study examined the feasibility and effectiveness of using this ACT protocol (Kocovski et al., 2013) in a naturalistic setting within an acute care general hospital

Methods

- 13 adult out-patients diagnosed with SAD were enrolled in a 10 session, weekly ACT group at North York General Hospital in Toronto, Canada
- Rating scales were completed at the first and last sessions: Leibowitz Social Anxiety Scale (LSAS), Social Phobia Inventory (SPIN), Self-Compassion Scale (SCS), and the Post-event Processing Inventory (PEPI).
- Patients used "The Mindfulness and Acceptance Workbook for Social Anxiety and Shyness" by Jan Fleming and Nancy Kocovski, and the group was run following Fleming and Kocovski's protocol



SRF is supported by a Vanier Canada Graduate Scholarship

Results

- 13 participants completed the questionnaire package during week 1 of treatment and 11 during week 10 of treatment
- Participants were mostly female (n = 10); mean age was 32.62 (SD = 13.07, range: 20-66)
- Reported marital status: single (n = 9), cohabitating (n = 2), married (n = 2)
- Highest education attained ranged from having completed high school (n = 1), completed some college/university (n = 2), and completed college/university (n = 10)
- Majority of participants identified as Caucasian (n = 10), with two participants identifying as Asian and one of mixed heritage
- During week 1, 53.8% of participants were using medication to manage anxiety and during week 10, 46.2% of participants were using medication.

Table 1. Questionnaire Scores When Completed during Week 1 and Week 10 of Treatment.

Questionnaire	Week	1	Week	10			
	М	SD	М	SD	t	df	p
Leibowitz Social Anxiety Scale							
Total Score	65.38	27.12	39.31	11.11	3.189	7	.015
Total Avoidance	15.25	9.32	14.13	7.49	.346	7	.740
Total Fear	34.00	12.54	25.19	5.28	2.05	7	.080
Total Avoid Social	15.30	6.86	6.80	4.02	5.335	9	< 0.001
Total Avoid Perform	15.25	9.32	6.50	4.00	3.152	7	.016
Total Fear Social	16.85	6.03	13.35	2.47	2.004	9	.076
Total Fear Perform	16.69	6.84	11.50	4.87	2.078	7	.076
Social Phobia Inventory							
Total Score	39.55	10.87	29.36	10.31	3.514	10	.006
Self-Compassion Scale							
Grand Self-Compassion	2.35	.65	3.10	.59	-3.570	10	.005
Average Total	2.00	.00	5.10	.55	-3.370	10	.000
Kind Mean Total	2.35	.69	3.15	.76	-2.643	10	.025
Judge Mean Total	2.09	.97	3.07	.75	-4.400	10	.001
Common Humanity Mean Total	2.36	1.04	3.18	.84	-2.233	10	.050
Isolation Mean Total	2.48	.94	3.09	1.01	-4.248	10	.002
Mindfulness Mean Total	2.55	.74	3.23	.59	-2.304	10	.044
Over-Identification Mean Total	2.25	1.14	2.89	.94	-2.146	10	.057
Post-event Processing							
Inventory							
Total Score	46.45	9.50	37.09	10.46	3.874	10	.003
Intensity	19.00	4.54	14.82	4.90	3.387	10	.007
Self-Judgment	12.18	1.83	9.91	2.84	2.483	10	.032
Frequency	15.27	4.31	12.36	3.32	2.846	10	. 017

Discussion

- This 10-week ACT group proved to be feasible with promising results
- Consistent with our results, the aim of ACT is to increase value-based action, with the reduction of anxiety/fear not being a core treatment goal
- Changes on the SCS scale highlight the impact of the mindfulness and self-compassion interventions
- · Results were limited to the one group setting examined

Conclusion

- A 10-session ACT group for adult outpatients can be a feasible and effective treatment for Social Anxiety Disorder
- Our results suggest that this ACT protocol can be effective in a naturalistic setting but further research should replicate these findings within a larger sample

References

Ossman, W., Wilson, K., Storaasli, R., & McNeill, J. (2006). A preliminary investigation of the use of acceptance and commitment therapy in group treatment for SAD. International Journal of Psychology and Psychological Therapy, 6(3), 397–416.

Dalrymple, K., & Herbert, J. (2007). Acceptance and commitment therapy for generalized social anxiety disorder: A pilot study. Behavior Modification, 31(5), 453–568.

Craske, M. G., Niles, A. N., Burklund, L. J., Wolitzky-Taylor, K. B., Vilardaga, J. C. P., Arch, J. J., et al. (2014). Randomized controlled trial of cognitive behavioral therapy and acceptance and commitment therapy for social phobia: outcomes and moderators. Journal of Consulting and Clinical Psychology, 82, 1034-1048.

Niles, A. N., Burklund, L. J., Arch, J. J., Lieberman, M. D., Saxbe, D., & Craske, M. G. (2014). Cognitive mediators of treatment for social anxiety disorder: comparing acceptance and commitment therapy and cognitive behavioral therapy. Behavior Therapy, 45, 664e677.

Kocovski, N. L., Fleming, J. E., Hawley, L. L., Huta, V., & Antony, M. M. (2013). Mindfulness and acceptance-based group therapy versus traditional cognitive behavioral group therapy for social anxiety disorder: a randomized controlled trial. Behaviour Research and Therapy, 51, 889-898.