

Application of Acceptance and Commitment Therapy in a lobectomized patient. Case Report

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INTRODUCTION

There is a growing body of evidence around the idea that Acceptance and Commitment Therapy might facilitate adaptation and acceptance of changed functioning and life circumstances following a severe Traumatic Brain Injury. That is the case of people who suffer from pharmaco-resistant epilepsy. In these cases, the only therapeutic alternative is surgical resection of the cerebral tissue in which the epileptic focus is found. In the following poster we present a case report of a right temporal lobectomy to which ACT was applied during the neurorehabilitation process.

METHOD:

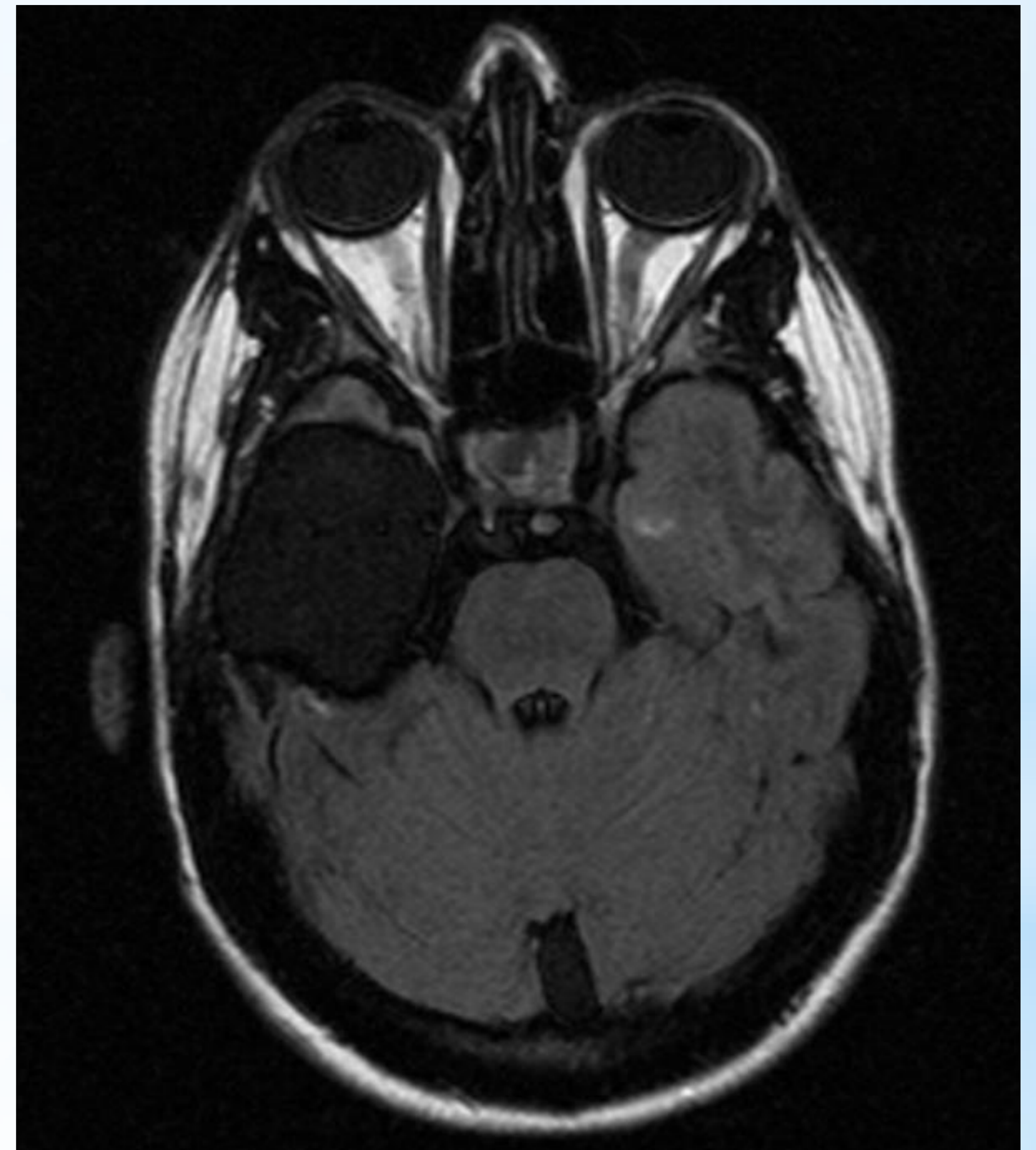
Case Information: A 41 year old woman who underwent surgery due to pharmaco-resistant epilepsy. Two years after the right temporal lobe resection, she attended a neuropsychological rehabilitation service due to problems of visual memory, attention concentration, clinical anxiety, and experiential avoidance linked to social situations.

Pre and post measures: Complete neuropsychological examination, State and Trait Anxiety Inventory (STAI-T), Acceptance and Action Questionnaire II (AAQ-II), and Fear of negative Evaluation Scale (FNE).

Intervention: We did an ACT based intervention during 2 months, 2 sessions per week. The clinical focus was on cognitive impairment acceptance, and we used verbal strategies and external aids in the form of notes to compensate the memory impairment.

RESULTS: The response to treatment at two months resulted in a significant improvement of clinical anxiety (STAI-T pre = 42; post = 22) and a decrease in social avoidance behaviors (FNE pre = 26; post = 19), which resulted in a better acceptance of cognitive impairment in front of people (AAQ-II pre = 39; post = 17).

CONCLUSIONS: Our case report suggests that Acceptance-Based Therapies may be a prerequisite to cognitive rehabilitation interventions, as they allow patients to accept their deficits and emotions instead of avoid them. This kind of gain can be translated in lower anxiety, that could improve the process of neuropsychological rehabilitation



Test	Pre-Intervention	Post
STAI-T	42	22
FNE	26	19
AAQ-II	39	17

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