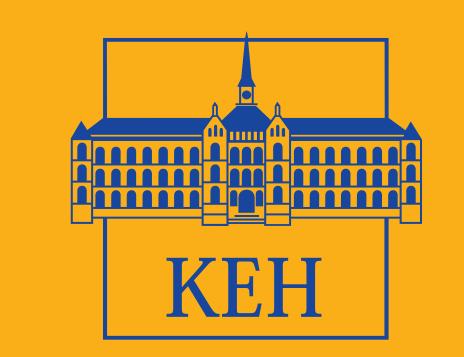
Chefarzt: Prof. Dr. A. Diefenbacher MBA

Ev.Krankenhaus Königin Elisabeth Herzberge

Herzbergstraße 79, 10365 Berlin Abteilung für Psychiatrie, Psychotherapie und Psychosomatik





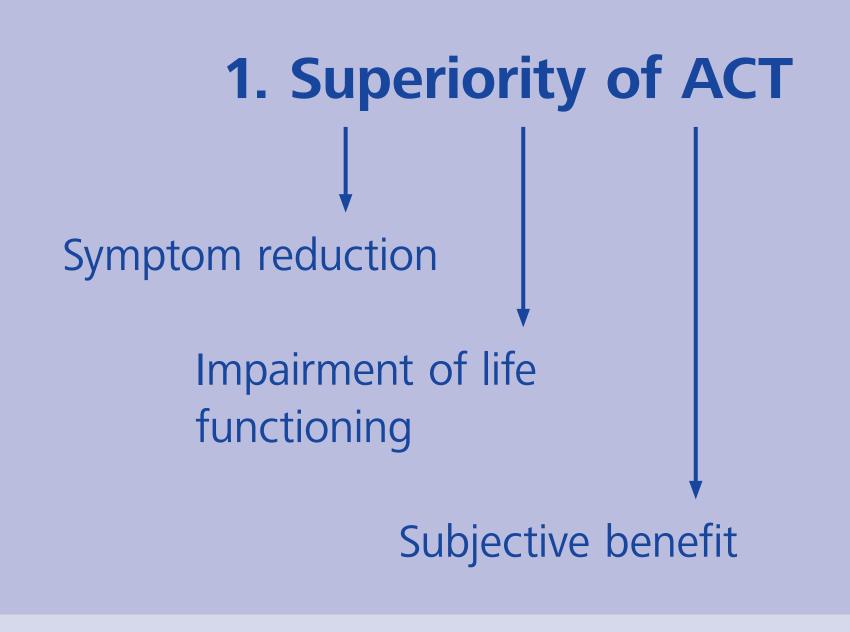
Stop Thinking and Start ACTing?

The Effectiveness of Acceptance and Commitment Therapy in an Inpatient Sample of a Psychiatric Department

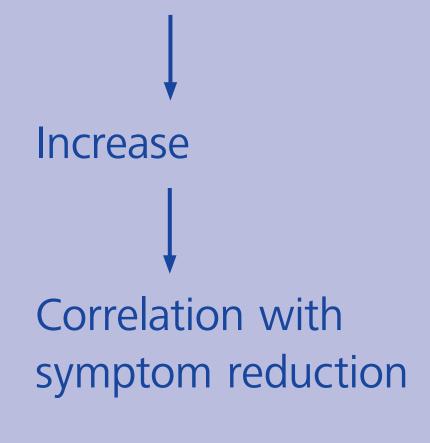
Treppner, K.; Pleger, M.*; Diefenbacher, A.; Schade, C.; Dambacher, C.; & Fydrich, T.



Hypotheses



2. Mindfulness & Valued Living



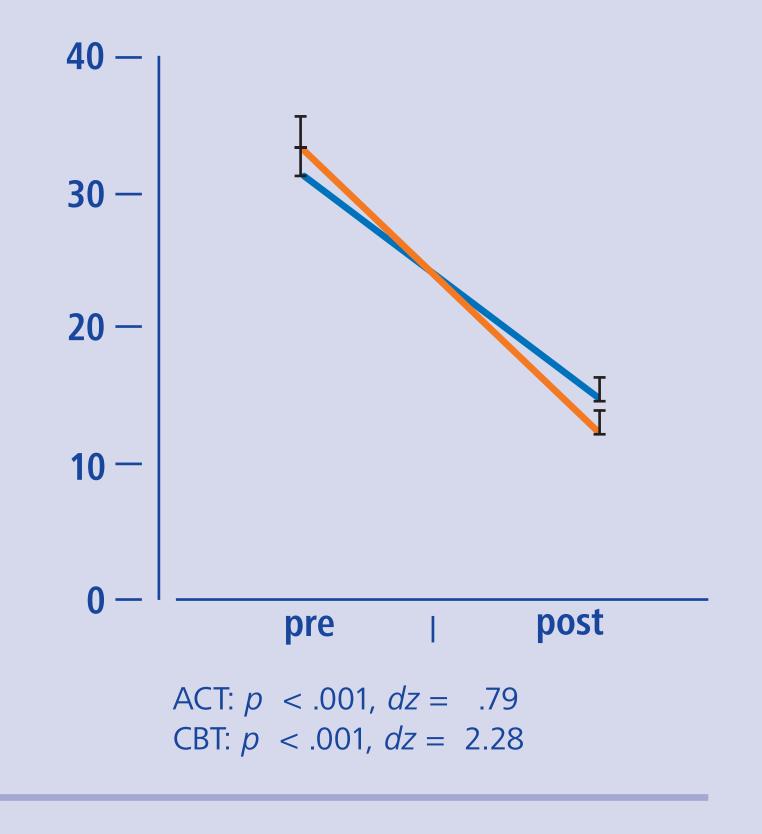
3. Influencing Factors



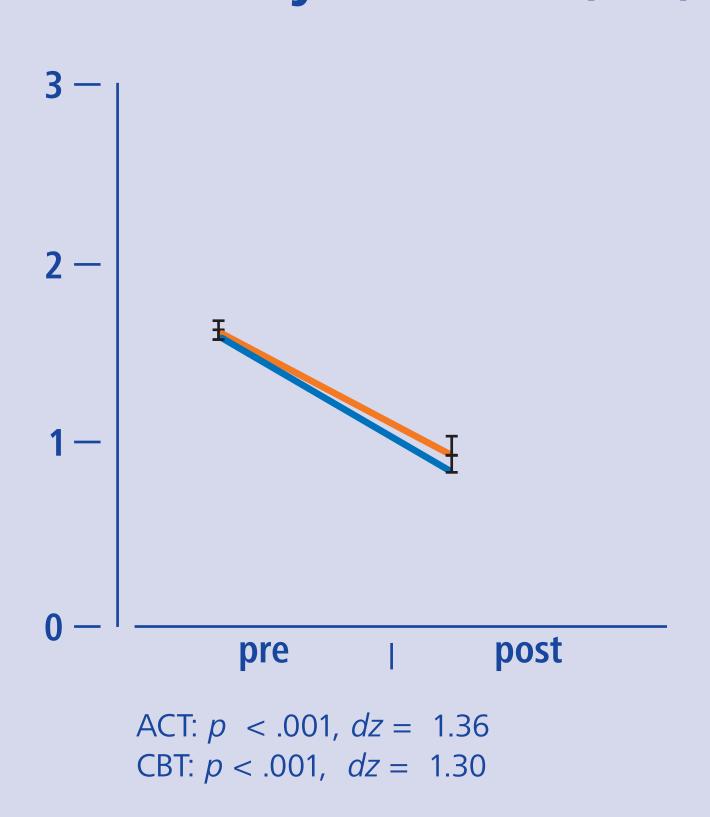
- · Age
- Gender
- Education
- Working status
- Clinical
- characteristicsPretreatments
- Chronicity
- Possible personality disorder

Results 1

Depression (BDI-II)

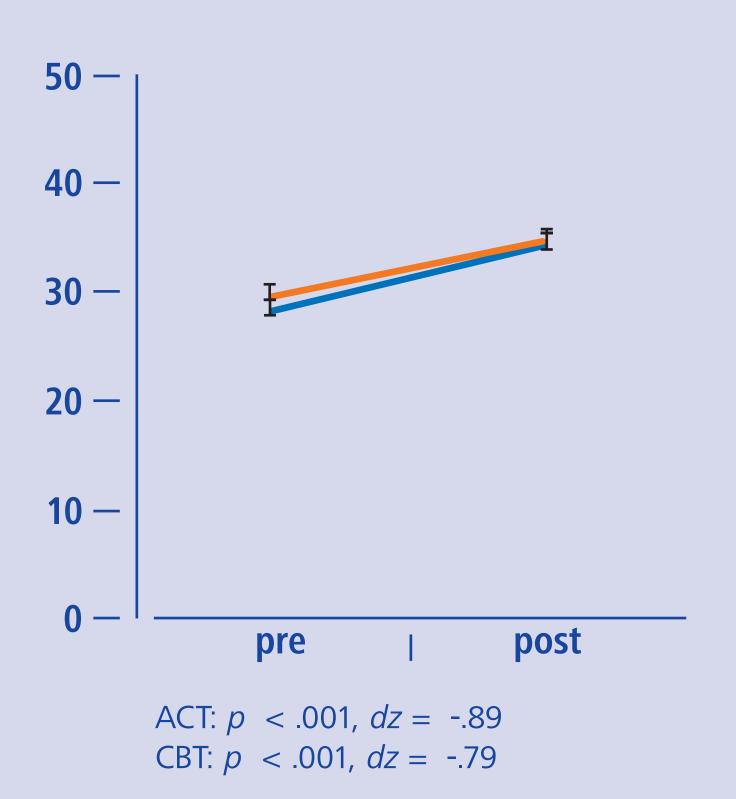


General syndromes (ISR)



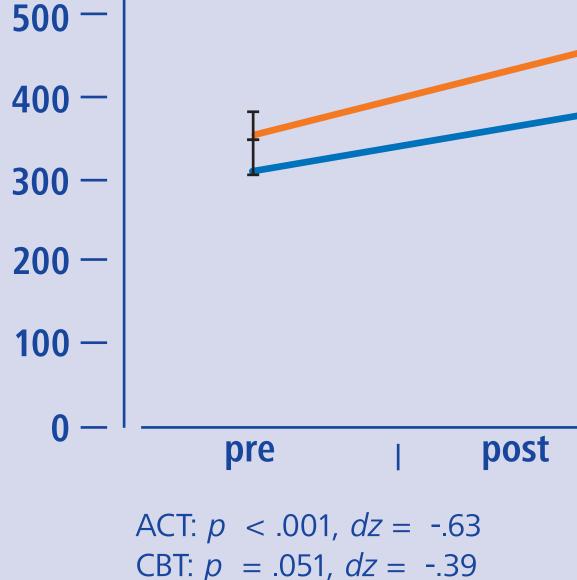
Results 2

Mindfulness



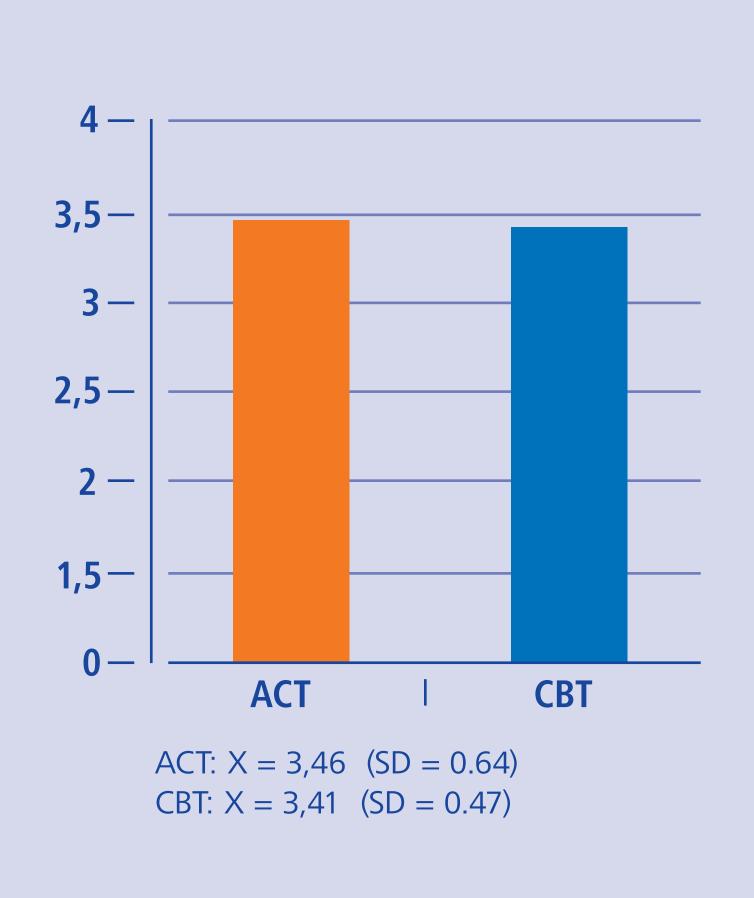
Mindfulness revealed as a significant predictor for BDI-II and ISR post-treatment scores for both groups

Valued living 700 — 600 —

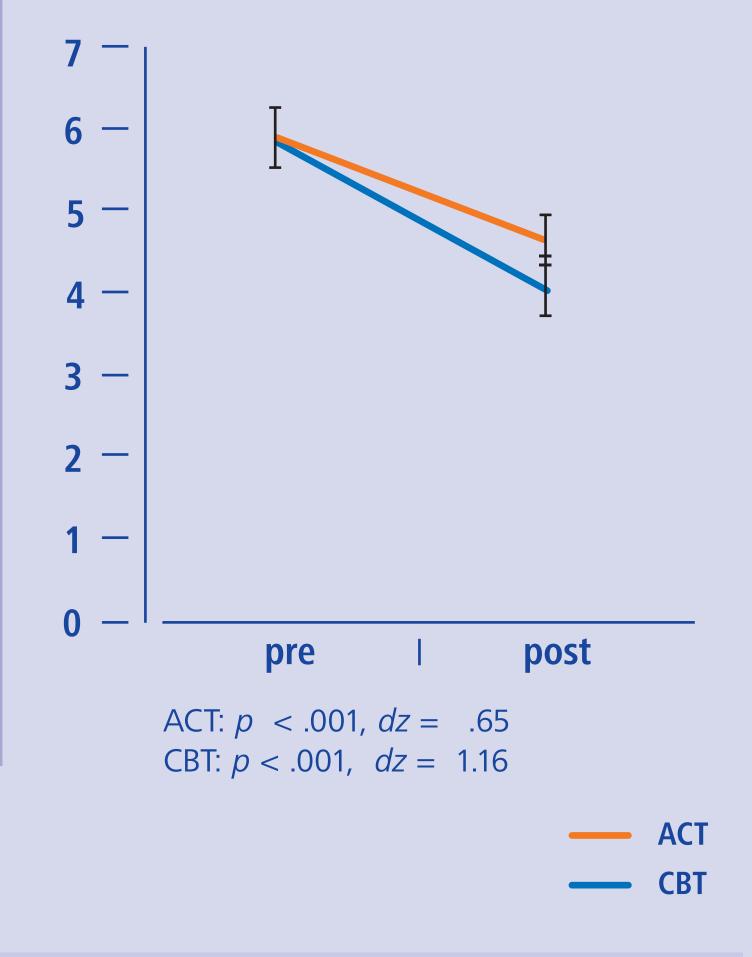


Valued living revealed as a significant predictor for BDI-II and ISR post-treatment scores only for ACT-group

Subjective benefit



Impairment of life functioning



Results 3

Sociodemographic characteristics

· Work status is a significant preditcor for general psychological syndromes (ISR; β = .38, p < .005).

Clinical characteristics

- No significant effects
- Results point to personality disorder as a predictor for symptom reduction (BDI-II)

Other: Critical life events

· ACT-group reports twice as many critical life events as CBT-group

Limitations

- Quasi-Randomization
- · Low internal validity (due to treatment)
- · Only one therapist per treatment
- · Use of screening-instruments
- · Small sample size in certain cases

Conclusion

- · ACT and CBT seem to be equally effective for inpatients
- · Valued living and mindfulness influence therapeutic outcome
- · Differentiation between active components of both therapies remains unclear

* Joint first authors