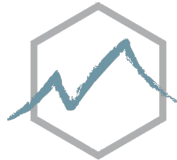


Preliminary evaluation of an online acceptance and commitment therapy program for adults living with a chronic illness

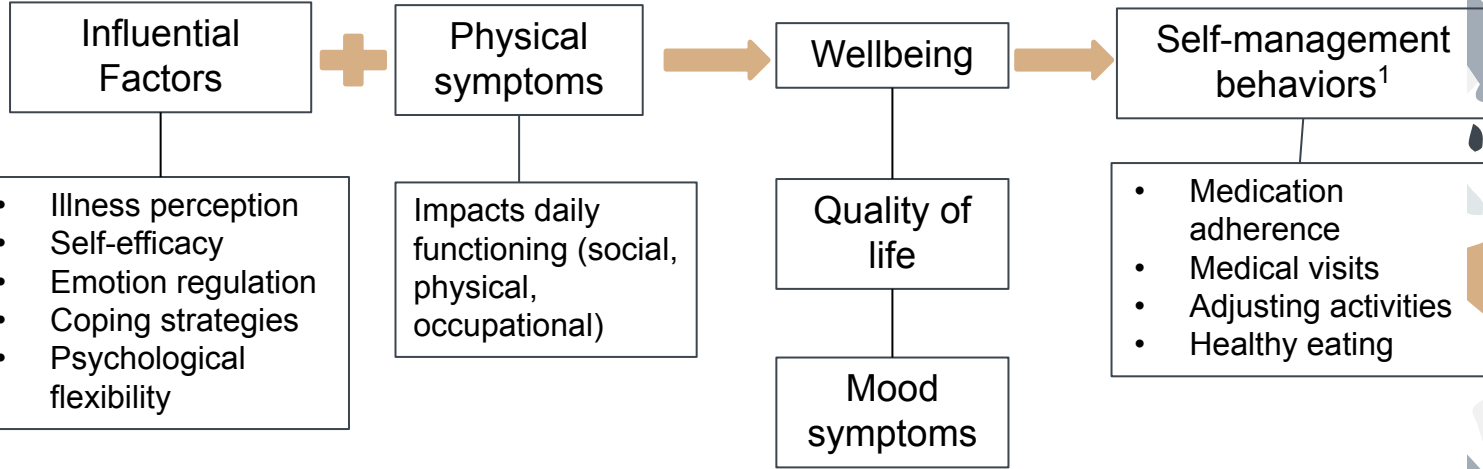
Marissa L. Donahue, MA & Michael E. Levin, PhD



USU ACT
Research Group
utahact.com



BACKGROUND

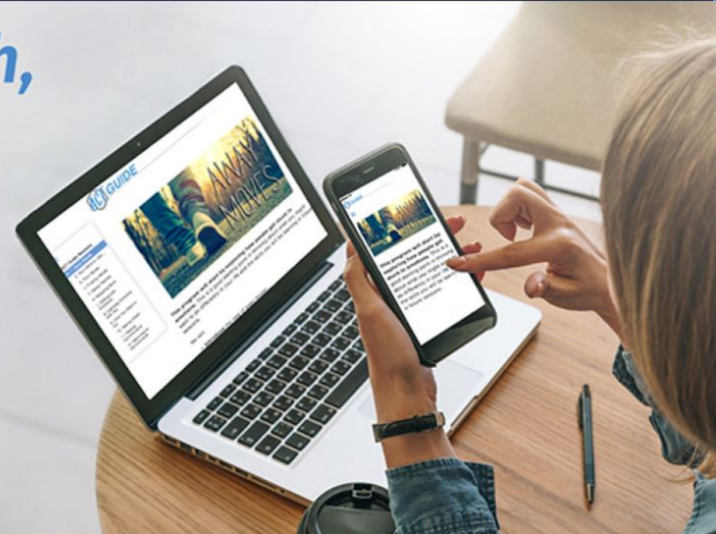


EVIDENCE FOR ACT & CHC

- Graham et al. (2016). A systematic review of the use of Acceptance and Commitment Therapy (ACT) in chronic disease and long-term conditions. *Clin Psychol Review*, 46, 46-58. doi: 10.1016/j.cpr.2016.04.009.
- Dochat et al. (2021). Single-session acceptance and commitment therapy (ACT) interventions for patients with chronic health conditions: A systematic review and meta-analysis. *Journal of Contextual Behavioral Science*, 20, 52-69. doi.org/10.1016/j.jcbs.2021.03.003
- Herbert et al. (2022). Technology-supported Acceptance and Commitment Therapy for chronic health conditions: A systematic review and meta-analysis. *Behav Res Ther*, 148, 103995. doi: 10.1016/j.brat.2021.103995
- APA Division 12 Strength of Research Support for Chronic Pain – Strong.



*Improve your mental health,
on your own time.*



**ACT Guide
Sessions****6% Welcome**

1. Away Moves
2. Your Mind is Like...
3. Your Values
4. Finding Values
5. Being Flexible
6. Stepping Back
7. Sitting with Emotions
8. Carrying Emotions with You
9. How You Want to Act
10. Setting Goals
11. Making Commitments
12. Returning to Commitments



We want to start by getting to know you a bit more. **The following three questionnaires will ask you about how you are doing currently.** At the end of the 12 lesson program we will revisit these questionnaires so you can see how things may have changed. We will ask you to complete three questionnaires in total:

- **Emotional Distress and Purpose Scale** is a collection of questions designed to measure your overall mental health.
- **The Work and Social Adjustment Scale** assesses how much your current mental health challenges get in the way of your daily life functioning.
- **The Bull's Eye** assesses the degree to which you are doing what matters to you in your life and psychological barriers that seem to get in the way.

Although we highly recommend you complete these questionnaires, you can skip them if you would rather not give this information by pressing next on the following few screens.

Example: Computer games

“Adam immerses himself in computer games after a break up.”

Short Term: Makes his painful memories and feelings go away

Long Term: He feels isolated and gets behind in schoolwork.



Example: Watching TV

“Adam immerses himself in watching his favorite TV shows after receiving a CHC diagnosis”

It helps him cope with the news and feels like nothing has to change

Health status worsens and now has to make more changes to his lifestyle.

STUDY AIMS

1. Feasibility of prototype
2. Program efficacy on QoL measures
3. Qualitative feedback about the program
4. Exploratory tests to refine methodology for future randomized trial



PARTICIPANTS

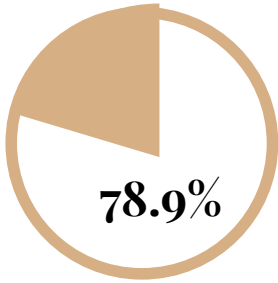
- ≥ 18 years old, currently living in the U.S.
- Self-reported diagnosis of at least 1 chronic illness.
- Self-report having diagnosis for ≥ 3 months.
- Has access to internet (i.e., computer, mobile phone or tablet)

USU IRB #11642

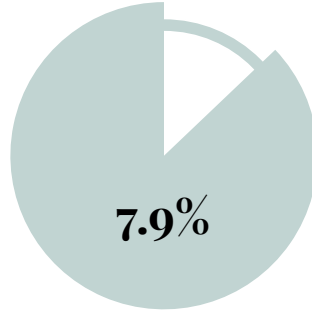
LIVING
WITH
CHRONIC
HEALTH
CONDITION?

Visit utahact.com/health to
learn more about how we
can help

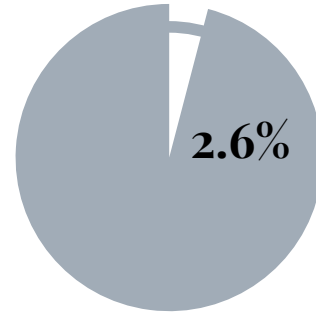
SOCIAL MEDIA



REDDIT



FB



INSTAGRAM

PROCEDURES

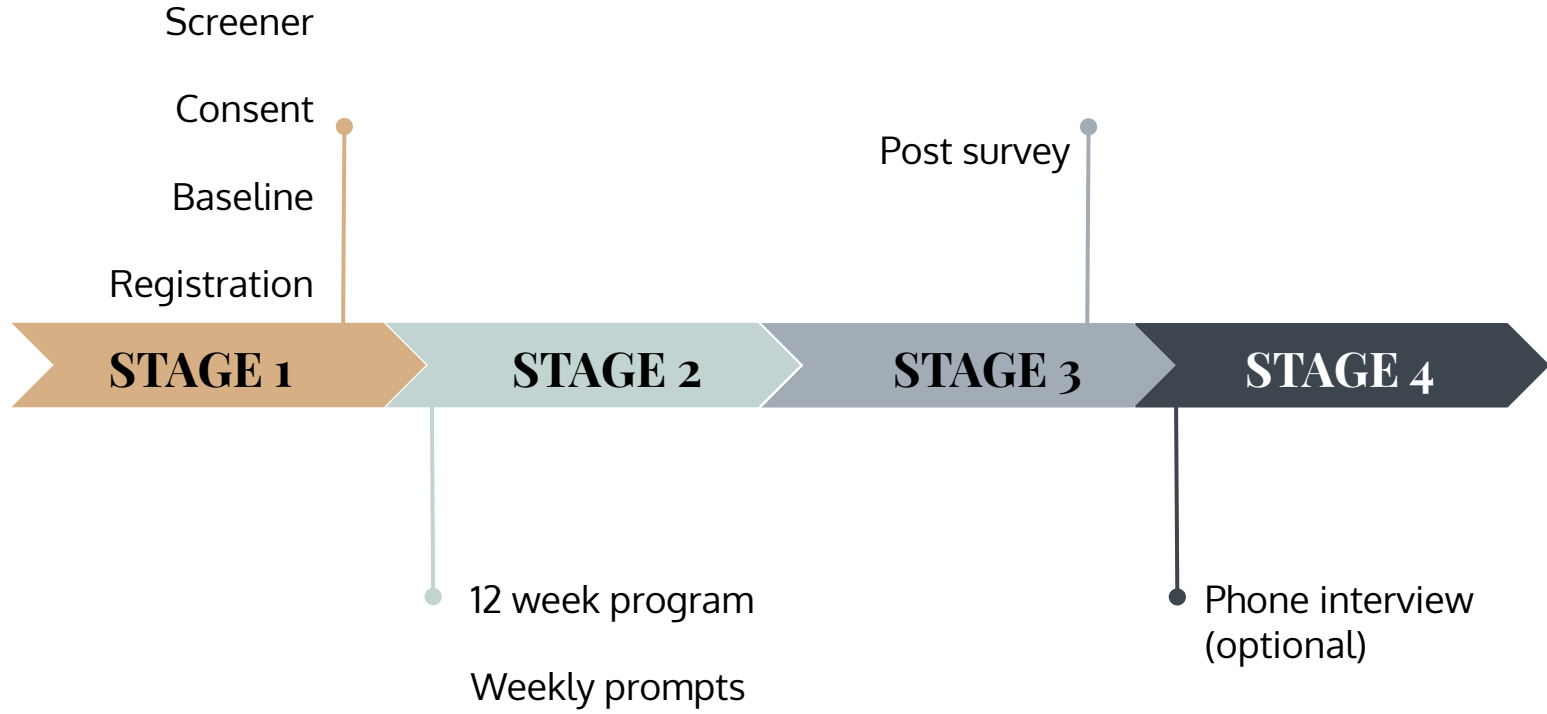
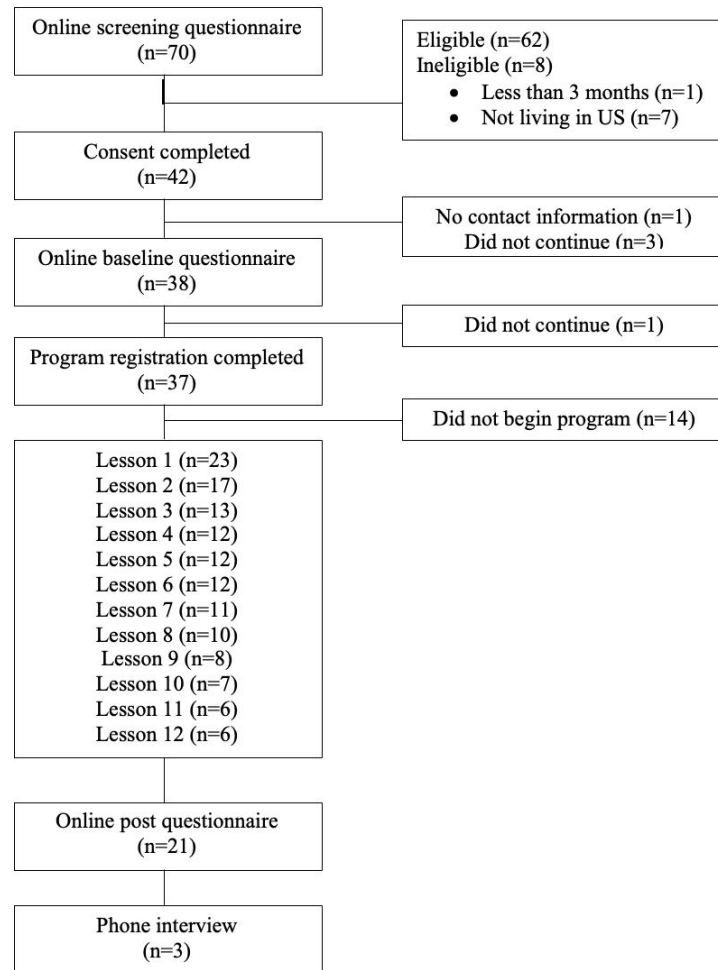


Fig. 1. Participant recruitment and adherence



STUDY SAMPLE

Health conditions		
Cardiovascular disease	1	2.6%
Cancer	5	13.2%
Diabetes	1	2.6%
Chronic pain	17	44.78%
Rheumatoid arthritis	5	13.2%
HIV	1	2.6%
Irritable bowel syndrome	6	15.8%
Crohn's disease	2	5.3%
Fibromyalgia	1	2.6%
Chronic kidney disease	2	5.3%
Connected tissue diseases	2	5.3%
Autoimmune diseases	4	10.5%
Lupus	2	5.3%
Chronic infection	1	2.6%
Developmental problems	2	5.3%
Blood circulation disorders	3	7.9%
Skin diseases	2	5.3%
Chronic migraine	2	5.3%
Pelvic pain diseases	4	10.5%
Joint inflammation disease	1	2.6%
Genetic disorder	1	2.6%
>1 condition	19	50%

	M (SD)	t	S.E.	95% CI	<i>p</i>
Quality of life, SF-36					
Physical functioning	12.68 (2.77)	-2.93	2.77	-13.88, -2.34	.008*
Role limitations due to physical health	-10.71 (43.71)	-1.12	9.54	-30.61, 9.18	.275
Role limitations due to emotional health	-22.22 (48.69)	-2.09	10.62	-44.38, -0.06	.049*
Energy/fatigue	-14.52 (20.43)	-3.26	4.46	-23.82, -5.23	.004*
Emotional well being	-10.67 (19.81)	-2.47	4.32	-19.69, -1.65	.023*
Social functioning	-3.57 (20.97)	-0.78	4.58	-13.12, 5.97	.444
Pain	-12.48 (24.22)	-2.36	5.29	-23.50, -1.45	.029*
General health	-7.86 (12.20)	-2.95	2.66	-13.41, -2.30	.008*
HADS					
Anxiety	1.05(3.71)	1.30	.81	-0.64, 2.74	.210
Depression	1.38(4.47)	1.42	.97	-0.65, 3.41	.172
CompACT					
Total	-13.29(19.53)	-3.12	4.26	-22.17, -4.40	.005*
Openness to experiences	-6.95(9.87)	-3.23	2.15	-11.45, -2.46	.004*
Valued action	-2.62(5.44)	-2.21	1.19	-5.09, -0.14	.039*
Behavioral awareness	-3.71(7.03)	-2.42	1.53	-6.91, -0.51	.025*
Internalized stigma (ISMI-9)	.02	.409	.052	-.09, 0.13	.687

n = 21.

PROGRAM SATISFACTION

System Usability Scale: 74.11 (20.15)

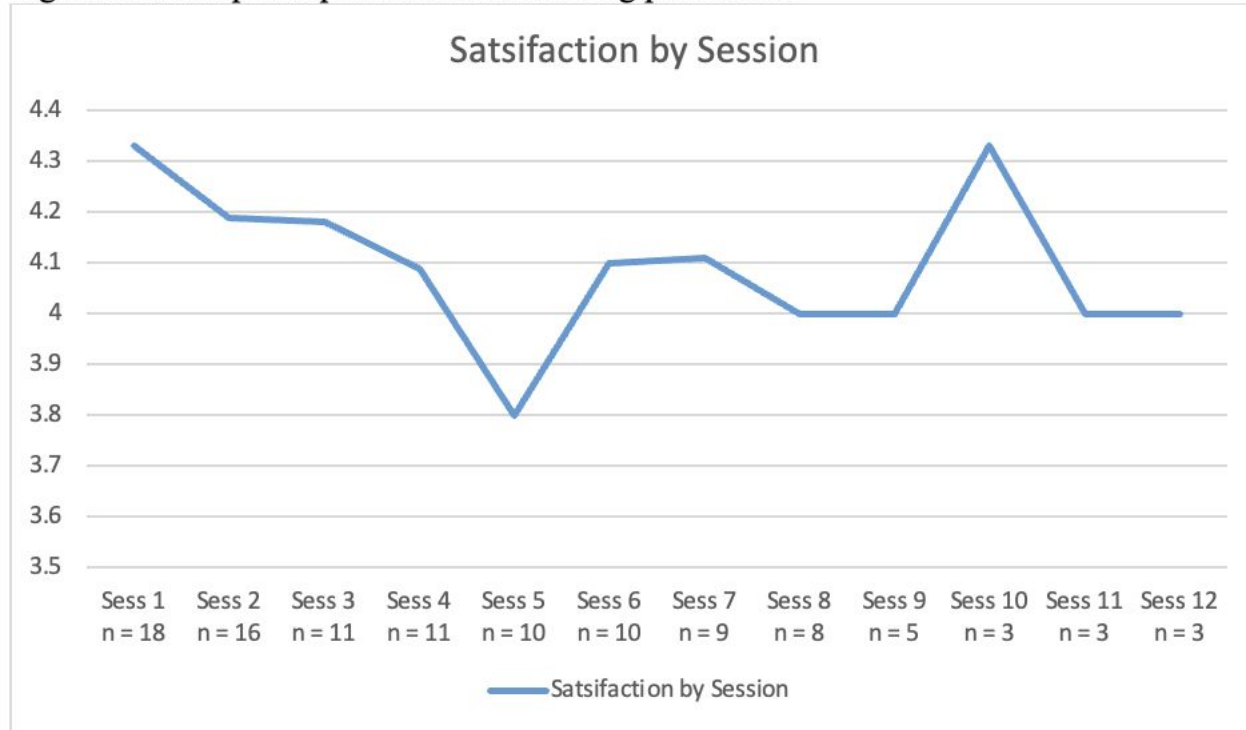
Table 3. Participants who endorsed the following prompts

The ACT on Chronic Health Program...	n	%
<i>...was a good fit for me</i>	16	80%
<i>...was made for people with CHCs.</i>	16	80%
<i>...was helpful for me overall.</i>	15	75%
<i>...was too long.</i>	4	20%
<i>...felt like it applied to be challenges I have with my specific health condition.</i>	12	60%
<i>...was perfect as is.</i>	11	55%
<i>...would be helpful for other people living with CHCs.</i>	16	80%

n = 20.

PROGRAM SATISFACTION: session by session

Figure 2. Mean participant satisfaction rating per session



QUALITATIVE FEEDBACK

“Just more health-specific examples instead of more general ones”

“There was a lack of understanding about how a chronic health condition intersect with the pandemic...”

“Nothing applied to me or my situation. I could not relate to the exercises.”

QUALITATIVE FEEDBACK

“Had a pain flare up and got mad at the program”

“I loved it! and really practiced it....but my kids school went back online and had very little time to do the program”

“Underlying depression and lack of accountability”

CONCLUSIONS

Yes	Is there evidence to support the reasoning behind using a transdiagnostic approach?
No	Will a minimally tailored ACT program be sufficient?
No	Do people living with chronic health conditions prefer a fully self-guided program?



THANK YOU!

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