

A Quasi-Experimental, Multicenter Study of ACT for Antisocial Youth in Residential Care

(Acceptance and Commitment Therapy/Training, ACT)

Fredrik Livheim

Licensed psychologist, PhD, Peer Reviewed ACT Trainer,
Centre for Social Sustainability Department of clinical Neuroscience,
Karolinska Institutet, Research- and content strategist 29k



LIVSKOMPASS

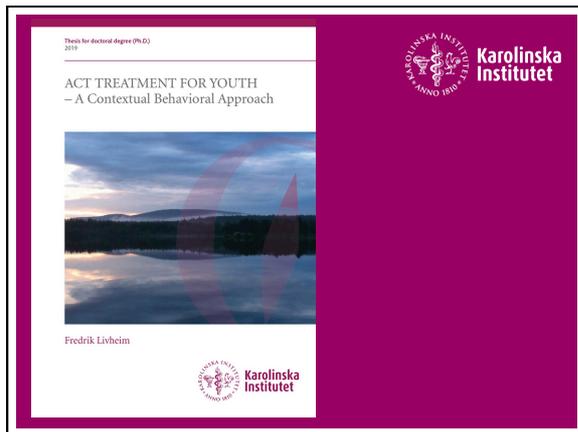
ORIGINAL PAPER

A Quasi-Experimental, Multicenter Study of Acceptance and Commitment Therapy for Antisocial Youth in Residential Care.

Fredrik Livheim · Anders Tengström · Gerhard Andersson · JoAnne Dahl · Caroline Björck & Ingvar Rosendahl

F. Livheim · A. Tengström · C. Björck · I. Rosendahl
Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden
Norra Stationsgatan 69, floor 7, 113 64, Stockholm, Sweden.
E-mail: livheim@gmail.com

Livheim, F., Tengström, A., Andersson, G., Dahl, J., Björck, C., & Rosendahl, I. (Submitted manuscript). A quasi-experimental, multicenter study of acceptance and commitment therapy for antisocial youth in residential care.



Statistics

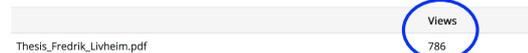
Total Visits



Total Visits Per Month

	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019
ACT treatment for youth : a contextual behavioral approach	0	150	1449	170	115	124	9

File Visits



Scientific objectives (SO)

Find effective, transdiagnostic treatments for psychological problems and substance abuse among youth, and investigate:

SO1) Is this ACT intervention clinically relevant? Does it work?

SO2) Which processes in the treatment mediate (explains) possible improvements? (psychological flexibility?)

SO3) Will we see effects 1.5 years after the intervention?



LIFECOMPASS

Background

✓ A majority of adolescents who seek treatment for substance use problems also has comorbid psychiatric diagnosis (Hodgins et al, 2007).

✓ Psychiatric problems almost always develop before first use of substances and tend to increase the risk of future substance use problems (Armstrong & Costello, 2002).



LIFECOMPASS

Background

- ✓ In the guidelines from The National Board of Health and Welfare it is recommended to address Psychiatric problems and use of substances simultaneously.
- ✓ Surprisingly little has been achieved when it comes to clinical research concerning how to deliver effective treatment for those problems for youth in "prison".
- ✓ In this study we aimed to do this by using Acceptance and Commitment Therapy (ACT) in a group format (Hayes, Strosahl, & Wilson, 1999).



LIFECOMPASS

Developing the protocol



LIFECOMPASS

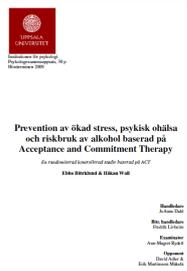
ACT for youth med psychological problems in collage

Participating youth:

- ✓ 200 youth ages 16-18 yrs are screened for psychological problems.
- ✓ The 15% worst off are offered participation
- ✓ 24 youth are randomized to ACT or just regular school.

ACT - treatment

- ✓ Total of 12 hrs. after school with our protocol.



ACT for youth med psychological problems in collage

Results in favour of ACT-group:

- ✓ Less stress (large effectsize)

Results in favor of ACT-group: (not at 95% level)

- ✓ Less psychological problems (SDQ)
- ✓ Less use of alcohol (AUDIT)
- ✓ More psychological flexibility (AAQ-II)
- ✓ More acceptance (AFQ-Y)

(all had small to medium effectsize)



LIFECOMPASS

Transdiagnostic ACT for stress and depression among youth

Journal of Child and Family Studies
February 2014

The Effectiveness of Acceptance and Commitment Therapy for Adolescent Mental Health: Swedish and Australian Pilot Outcomes

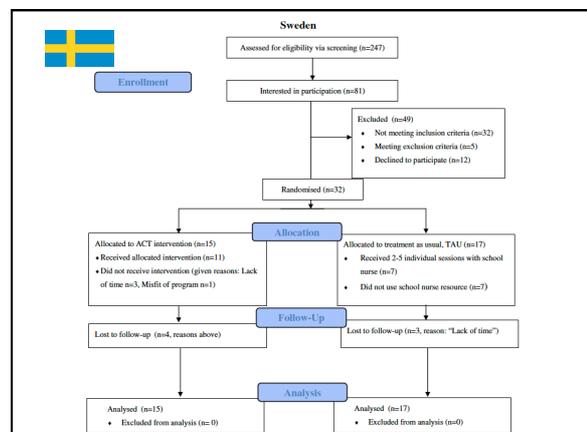
Fredrik Livheim, Louise Hayes, Ahs Ghaderi, Thora Magnusdottir, Anna Högfeldt, Julie Rowse, Simone Turner, Steven C. Hayes, Anders Tengström

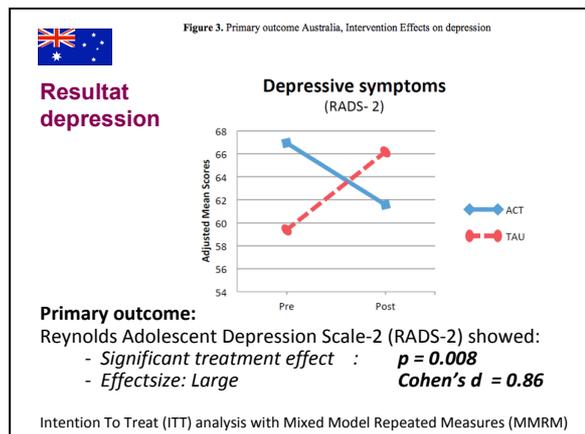
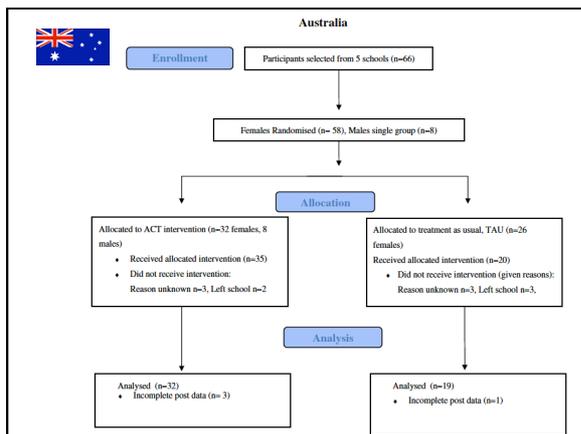
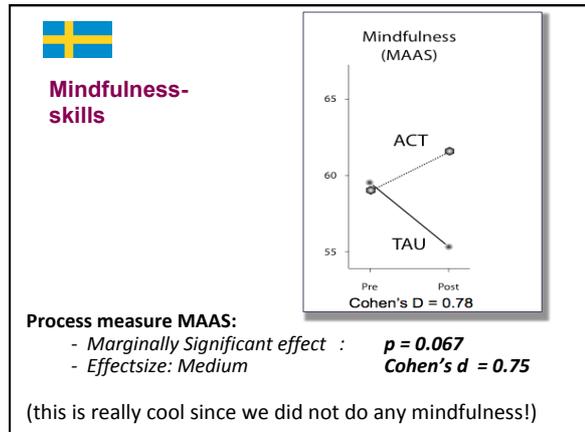
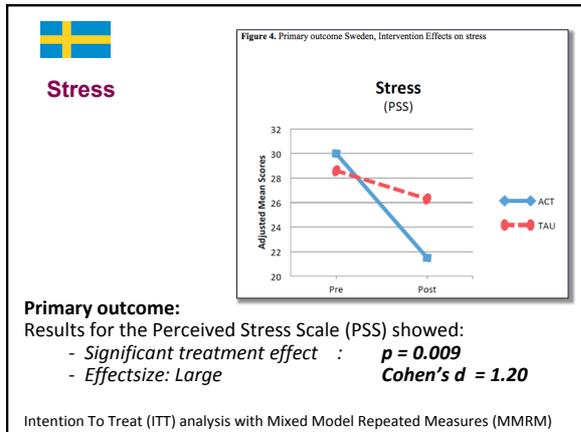
4 Shares

Within this Article

Livheim, F., Hayes, L., Ghaderi, A., Magnusdottir, T., Högfeldt, A., Rowse, J., Turner, S., Hayes, S. C., & Tengström, A. (2015). The effectiveness of acceptance and commitment therapy for adolescent mental health: Swedish and Australian pilot outcomes. *Journal of Child and Family Studies*, 24(4), 1016–1030.

Fredrik Livheim





ACT as an Early Intervention Group Program for Adolescents - Summary

Conclusions: Taken together, the ACT-intervention seems to be a promising intervention for reducing stress and depressive symptoms among young adolescents in school and should be tested in full-sized studies.

Depression, anxiety and stress are common problems among adolescents. Teaching young people coping strategies in school-based intervention programs is one promising approach.

The ACT treatment for inpatient Swedish youth

"ACT – Living life full out"

"ACT – Living life full out" - What is it about?

Extremely simplified, working with:

1. What do I want in life?
2. How can I handle what is stopping me?

A side effect of living a more functional life is often that self reported psychological symptoms usually decline (Biglan et al. 2008).



"ACT – Living life full out" - What is it about?

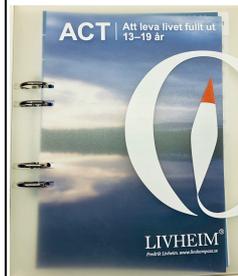
We have:

- ✓ Created a detailed protocol (160 pages)
- ✓ Tested the intervention in two pilot studies:
 - RCT on screened high-school students (16-18yrs)
 - Pilot (pre-, post) within SiS



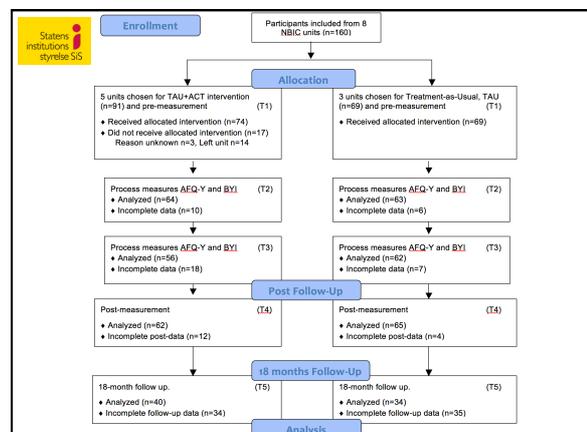
Session	Major content
Individual meeting before group	Describe the program. Establish rapport. Validate pain the youth might be experiencing. Make a functional assessment of problematic behaviors by the experiential exercise "lifeline."
Session 1: Living life fully	Present group rules. Facilitators role-play a fictive youth with problems and make functional assessment of emotions and behaviors. Discuss normalizing painful emotions when living life and starting to identify personal values.
Session 2: What is important in my life?	Review previous session. Follow up on practice between sessions (both done subsequently in sessions 2 through 6). Focus on identifying personal values by using a "life compass."
Session 3: What's stopping me from living life fully?	Explore (a) identifying barriers to living a valued life and how to deal with those barriers, (b) distinguishing between barriers that can be influenced and practicing problem solving around those, and (c) practicing acceptance strategies for obstacles in life that are difficult to change by will.
Session 4: How can I deal with hindrances in life?	Present concrete strategies for dealing with difficulties in life. Role-play with metaphors that model ways to respond to urges and emotions in order to navigate toward values (e.g., a chess metaphor, or relating in different ways to thoughts represented as papers tossed at each other).
Session 5: To be kind to myself	Discuss practicing self-compassion, to "give myself what I need." Explore strategies for self-compassion when encountering difficulties in life; self-compassion exercises include perspective-taking, like writing a love-letter to oneself as a six-year old, or imagining one's 30th birthday.
Session 6: How can I create the life I want to live?	Review content of all six sessions. Discuss action plans for how to use what they did find useful when they return to society. Identify networks of peers, adults, and organizations that can help in sustaining a healthy and vital lifestyle. Detail plans of how to activate those networks.

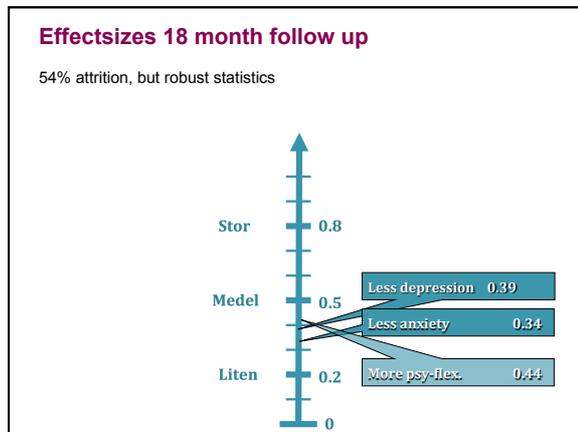
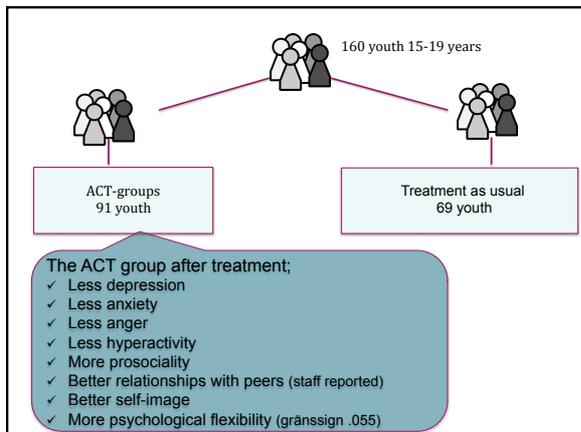
ACT Living life full out



- ACT in small groups for youth in inpatient care
- 6 sessions à 1-1.5 hours
- Easy on theory, a lot of experiential
- Facilitators: 50 treatment assistants that got 8 days training
- Created by Livheim and colleagues

One of the centers





What did the youth say?

- ✓ Youth with long sentences wanted the intervention individually or 2 at the most.
- ✓ A 19-year old girl:
"- I think a lot about what I have learnt. Thanks ACT!"
- ✓ It's been fairly common that:
 - youth ask for more ACT when they are done
 - youth recommends other youth to go
- ✓ On several occasions youth have been "nagging" to get the full intervention if they moved before the end

What happens now?

Submitted for scientific publication

We are implementing ACT in youth prisons
I am currently training psychologist to train this method within SiS.
I have started to train other professionals.



Thank you!

Fredrik Livheim
PhD, licensed psychologist, ACT-trainer
29k and Department of Clinical Neuroscience,
Karolinska Institutet, Stockholm, Sweden
Cell: + 46 (0)70 694 03 64
Email: livheim@gmail.com

www.29k.org