

# ACT for individuals with head and neck cancer: A HSCED series



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## Introduction

Head and neck cancer (HNC) can be a life-threatening illness, often requiring intensive treatments; associated with varying degrees of physical disfigurement, functional impairment and pain [1].

People with HNC are at risk of developing clinical levels of anxiety and depression (i.e., psychological distress) throughout diagnosis, treatment and recovery [2,3].

There is a need to test and refine psychological interventions in this understudied population [4,5]. There is a growing evidence base for the use of Acceptance and commitment therapy (ACT) within cancer populations [6].

ACT aims to promote 'psychological flexibility' [7]; encompassing the dialectic of (i) acceptance of unwanted thoughts and feelings, and (ii) change in behaviour to improve life fulfilment and quality [8]. Process-outcome links have been under-examined in research to date, and the transferability of ACT findings to HNC is yet untested.

This study examined the effectiveness of ACT through analysis of multi-level therapy change-processes for three adult clients with HNC.

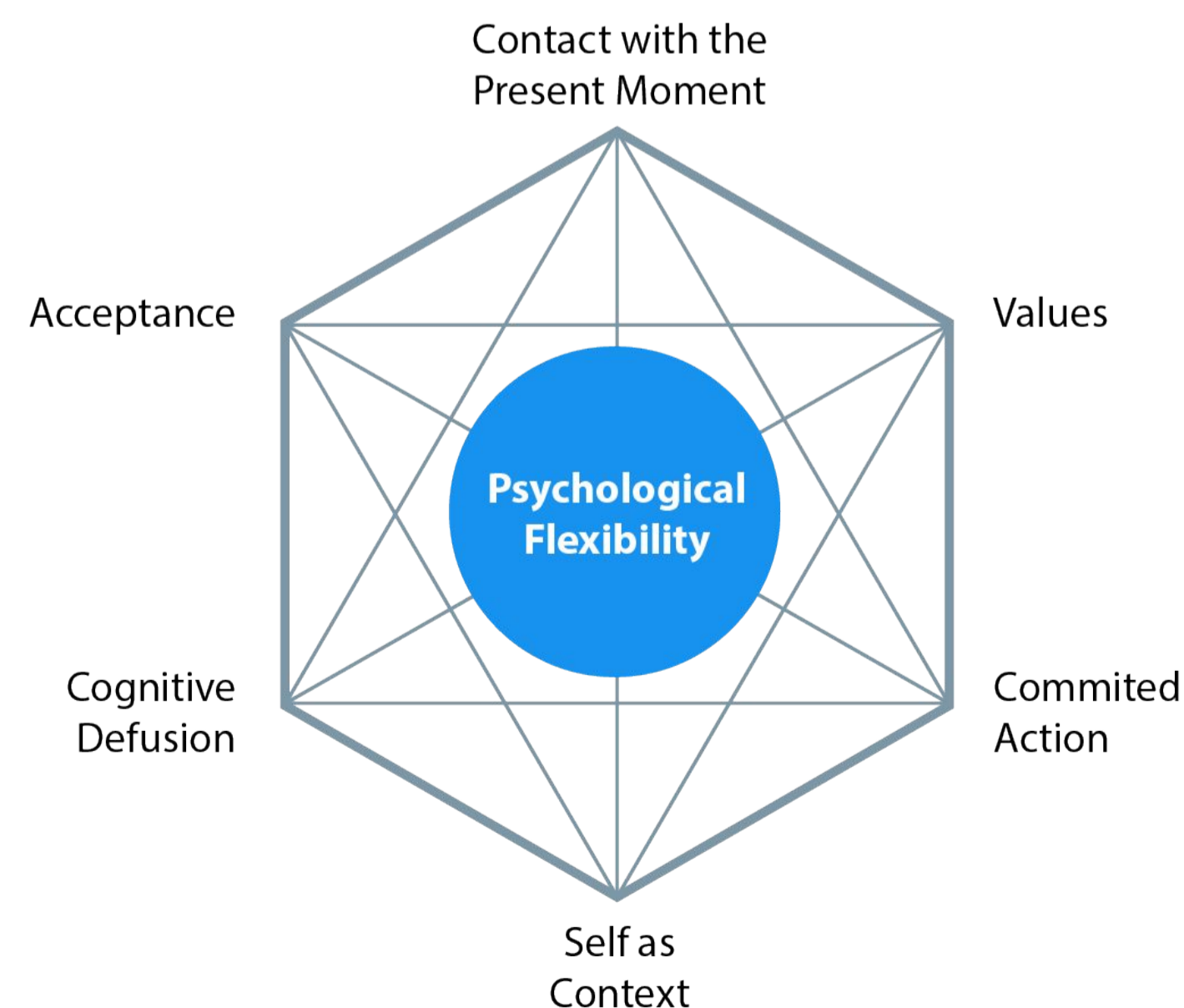
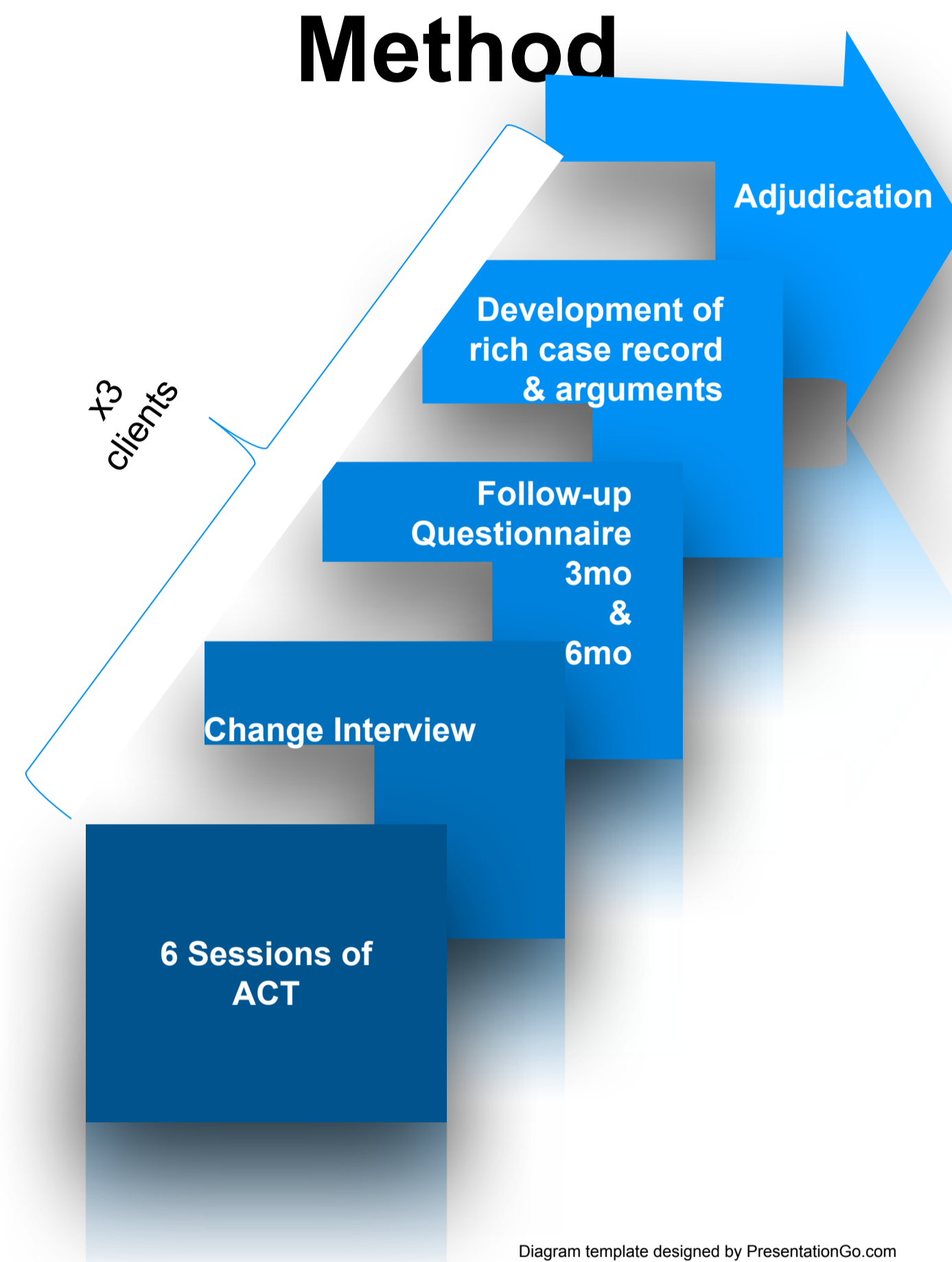


Figure 1. ACT Hexaflex model of psychological flexibility  
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## Method



An adjudicated hermeneutic single-case efficacy design (HSCED) [9,10] was employed, guided by two substantive questions:

- (i) **Did the client s change over the course of therapy?**
- (ii) **Is therapy responsible for the observed changes; if so, what events or processes facilitated change?**

Rich case records included:

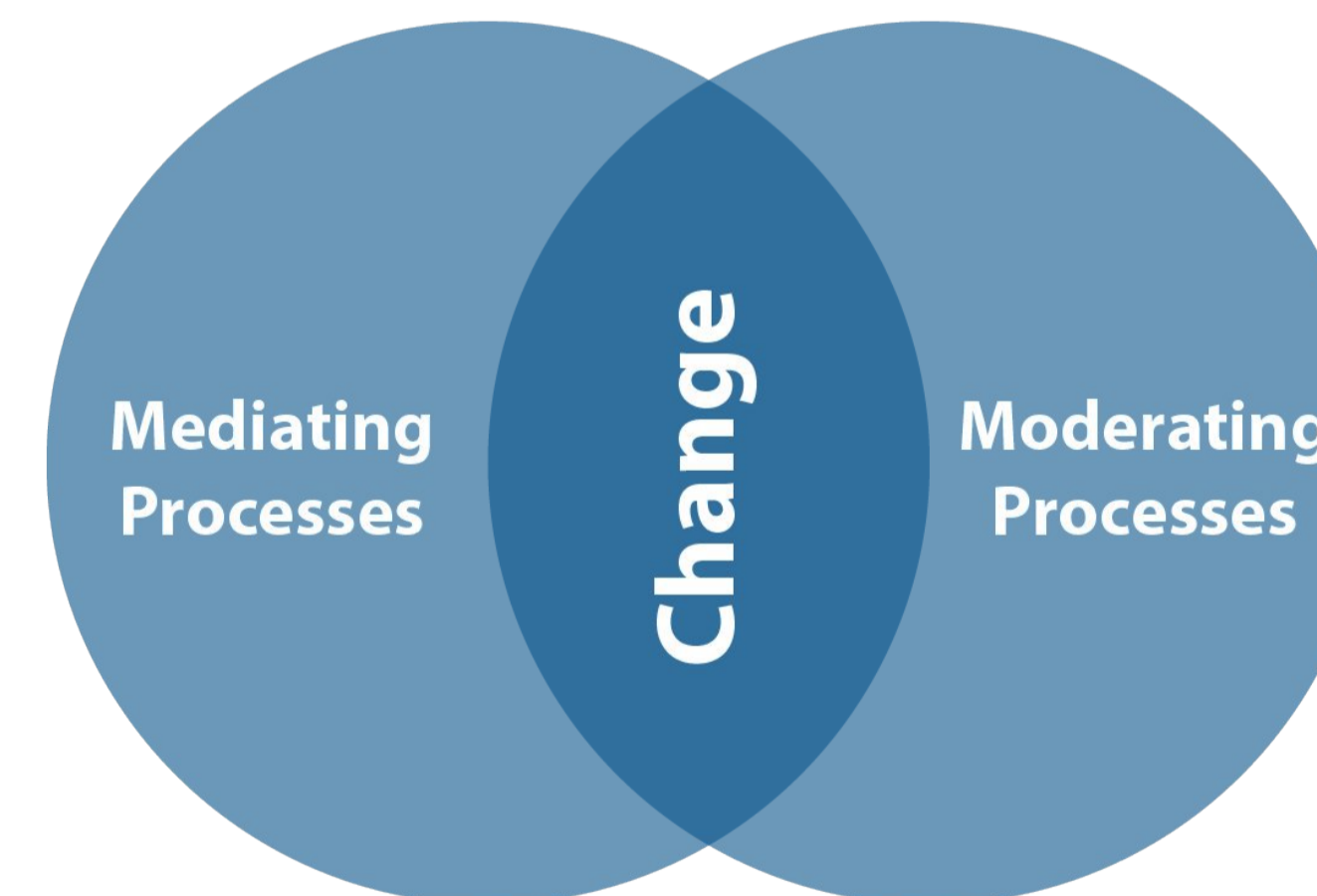
- Quantitative change data e.g. depression, anxiety, psychological flexibility, client problems, therapeutic alliance and relationship
- Qualitative data e.g. helpful and unhelpful aspects of therapy, client views of change, non-therapy explanations of change
- Affirmative and sceptic arguments

Case records were subject to critical analysis by three independent psychotherapy experts ('judges') who determined the outcome for each client.

## Results

### Cross-Case Synthesis

- Judges agreed all cases showed good outcomes (rated as 'improvement' or 'recovery'); specifically, clients progressed towards therapy goals, experienced reliable reductions in anxiety and depression and provided positive narratives about the therapy.
- Increased psychological flexibility was mirrored by improvements in psychological distress for two clients; one client did not show reliable or significant changes in flexibility; as measured by AAQ-II.
- All clients behaviourally demonstrated improvements in flexibility through increased valued-action (progress in achieving or committing to behavioural goals)
- Judges were confident client's positive outcomes were attributable to their experience of therapy, over and above non-therapy factors.



- Insight into unworkable coping strategies (and the use of metaphors to support this)
- A strong therapeutic alliance & relationship
- Exposure to and acceptance of previously avoided emotions
- Defusion from anxious thoughts
- Present moment awareness
- Values clarification
- Client motivation
- Client effort and openness to therapy
- Cognitive and reflective capacity
- Ability to build a trusting relationship with therapist
- Ability to draw strength from others

## Discussion

A key outcome of this detailed case series is that the client's experiences of ACT led to positive change.

Common therapy factors alone could not account for the full extent of change for each client; although the influence of ACT-specific factors upon change varied between clients.

Distress reduction and behaviour change occurred without therapeutic aims to alter thought content or emotions.

Recognising (rather than minimising or altering) the distress of HNC may authentically validate these individuals, many of whom live with a realistic possibility of cancer reoccurrence, further impairment and early mortality.

## Clinical and Research Implications

The replication of positive changes between clients demonstrates case-to-case transferability of the intervention model [11].

The study contributes to the limited evidence base for psychotherapy for individuals with HNC; demonstrating that ACT can be a feasible and effective model of therapy, in line with broader cancer literature.

Future research would benefit from employing a longer intervention to investigate a dose-response relationship.

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