Guided ACT Self-Help: A case series approach

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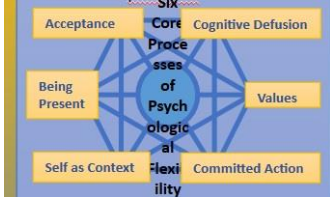
Introduction

- Waiting lists for step-4 clinical psychology services within LPFT are high
- Research suggests improvements in mental health occur over three successive phases[1]:

Improvement in subjective well-being → Reduction in symptomatology → Enhancement of life-functioning

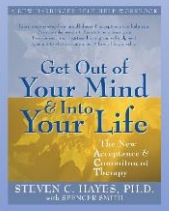
- A waiting list intervention could initiate this process and improve outcomes of later therapy
- Acceptance and Commitment Therapy (ACT) argues that it improves an individual's mental health by increasing an individual's psychological flexibility via six core processes[2]:



- ACT guided self-help has been shown within Randomised Controlled Trials to have small to medium effect sizes in reducing experiences of anxiety and depression[3]
- However, do the outcomes of the intervention (a) follow the predicted phases of change and (b) create these changes via the ACT core processes?

Aims

- To adapt an ACT self-help book for use within a guided self-help intervention
- To determine if the intervention follows the predicted phases of change
- To determine whether ACT processes account for any changes observed



Method

The Adaptation

- The self-help book *Get out of your Mind and into your Life*[4] was adapted (Language changed for UK population; Split into ten parts; "Scripts" written for weekly 30-minute phone calls).
- Adaptions passed fidelity checks and feedback sought from a focus group of individuals with lived experience of mental health difficulties

The Design

- 7 participants recruited from LPFT's step-4 clinical psychology waiting lists
- Multiple-baseline Single-Case Experimental Design (see figure below)
- 3 participants completed

Outcome Measures

Weekly:

- Psychological flexibility (Comprehensive Assessment of ACT Processes)
- Subjective well-being (Mental Health Continuum – Short Form)
- Symptomatology (Depression, Anxiety, and Stress Scale – 21)
- Life-functioning (Social Adjustment Scale – Self-Report – Modified)

Other:

- Acceptance and Action Questionnaire – II (Pre, mid, post)
- Clinical Outcomes in Routine Evaluation (pre, post)

Recruitment

Initial assessment at service

Exclusion/Inclusion criteria applied

Consent gained for contact

Pre-Intervention Meeting

Consent gained for participation

Initial outcome measures gathered

Baseline Period

Randomised to baseline of either three, four, or five weeks

Outcome measures taken weekly via post or online

Intervention Period – Ten Weeks

Monday: Receive chapters of book

Thursday: 30-minute guided phone call with Assistant Psychologist

Sunday: Complete outcome measures

Post-Intervention Meeting

Outcome measures taken final time

Semi-structured interview about experienced changes

Results*

Pre-, Mid-, and Post-Intervention Scores (Figure 1)

- Two participants showed clinically significant change in psychological flexibility, well-being, and symptomatology. No participant showed clinically significant change in life-functioning.
- Average percentage improvement: well-being 131.86%, symptomatology 32.01%, life-functioning 12.81%.

Time-Series Scores (Figure 2; Table 1)

- Consistent reliable change occurred first in psychological flexibility, then symptomatology, then well-being.
- Percentage of non-overlapping data (PND) indicated that two participants had improved well-being, with one participant having improved psychological flexibility and symptomatology. No efficacy found for life-functioning.

Attributions and Feedback (Post-Intervention Interview)

- Participants mostly attributed positive changes to the intervention and negative changes to life events. All stated the phone calls were the most helpful aspect of the intervention.
- All participants suggested that book needs language adaptations to be more accessible.

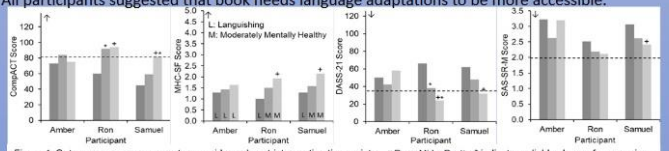


Figure 1. Outcome measure scores at pre-, mid-, and post-intervention time points; ■ Pre ■ Mid ■ Post; * indicates reliable change from previous time-point; + indicates reliable change from pre-intervention time-point; - - - indicates clinical cut-offs; Arrows indicate direction of improvement

Table 1. *PND interpretations*

Outcome	Amber	Ron	Samuel
Psychological flexibility	Not effective	Not effective	Moderately effective
Well-being	Not effective	Highly effective	Minimally effective
Symptomatology	Not effective	Not effective	Minimally effective
Life-functioning	Not effective	Not effective	Not effective

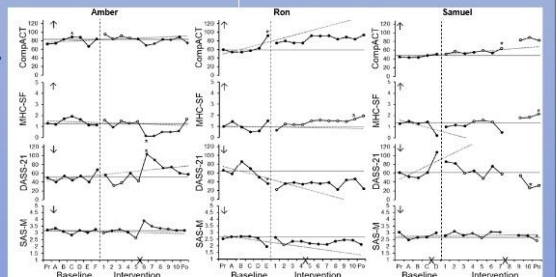


Figure 2 Weekly Scores over Baseline and Intervention; -●- Total scores; —— Baseline median; - - - Predicted trendline; ○ Scores meeting DC indicating improvement; ◆ Scores meeting DC indicating decline; X Life event; * First score meeting consistent reliable change criteria; Pr = Pre-intervention; A-F = Baseline time-points; 1-10 = Intervention time points; Po = Post-intervention; Arrows indicate direction of improvement; CompACT = Comprehensive Assessment of Acceptance and Commitment Therapy Processes; DASS-21 = Depression, Anxiety, and Stress Scale – 21; MHC-SF = Mental Health Continuum – Short Form; SAS-SR-M = Social Adjustment Scale – Self-Report – Modified

Implications

- Guided ACT self-help improves psychological flexibility, well-being, and symptomatology
- Results not replicated across minimum of three participants, limiting generalisability
- Low uptake and high attrition rate indicates low feasibility
- Predictions of phase model are partially supported within this intervention
- Link between psychological flexibility and outcomes is mostly supported
- Phone calls viewed as most helpful component – likely an essential component to the interventions efficacy
- Utility of single-case design supported - need for further research to determine replicability
- Intervention needs amendments prior to future implementation

References

[1] Howard, K.I., Lueger, R.J., Maling, M.S., & Martinovich, Z. (1993). A phase model of psychotherapy outcome: Causal mediation of change. *Journal of Consulting and Clinical Psychology, 61*(4), 678-685. https://doi.org/10.1037/0022=006X.61.4.678

[2] Hayes, S.C., Strosahl, K., & Wilson, K. (2013). *Acceptance and Commitment Therapy: Understanding and Treating Human Suffering.* New York: Guildford Press

[3] French, K., Golijani-Moghaddam, N., & Schröder, T. (2017). What is the evidence for the efficacy of self-help Acceptance and Commitment Therapy? A systematic review and meta-analysis. *Journal of Contextual Behavioural Science, 6*(4), 360-374. https://doi.org/10.1016/j.jcbs.2017.08.002

[4] Hayes, S.C. & Smith, S. (2005). *Get Out of your Mind and into your Life. The New Acceptance and Commitment Therapy.* Oakland, CA: New Harbinger Publications, Inc.

*Pseudonyms used for confidentiality