



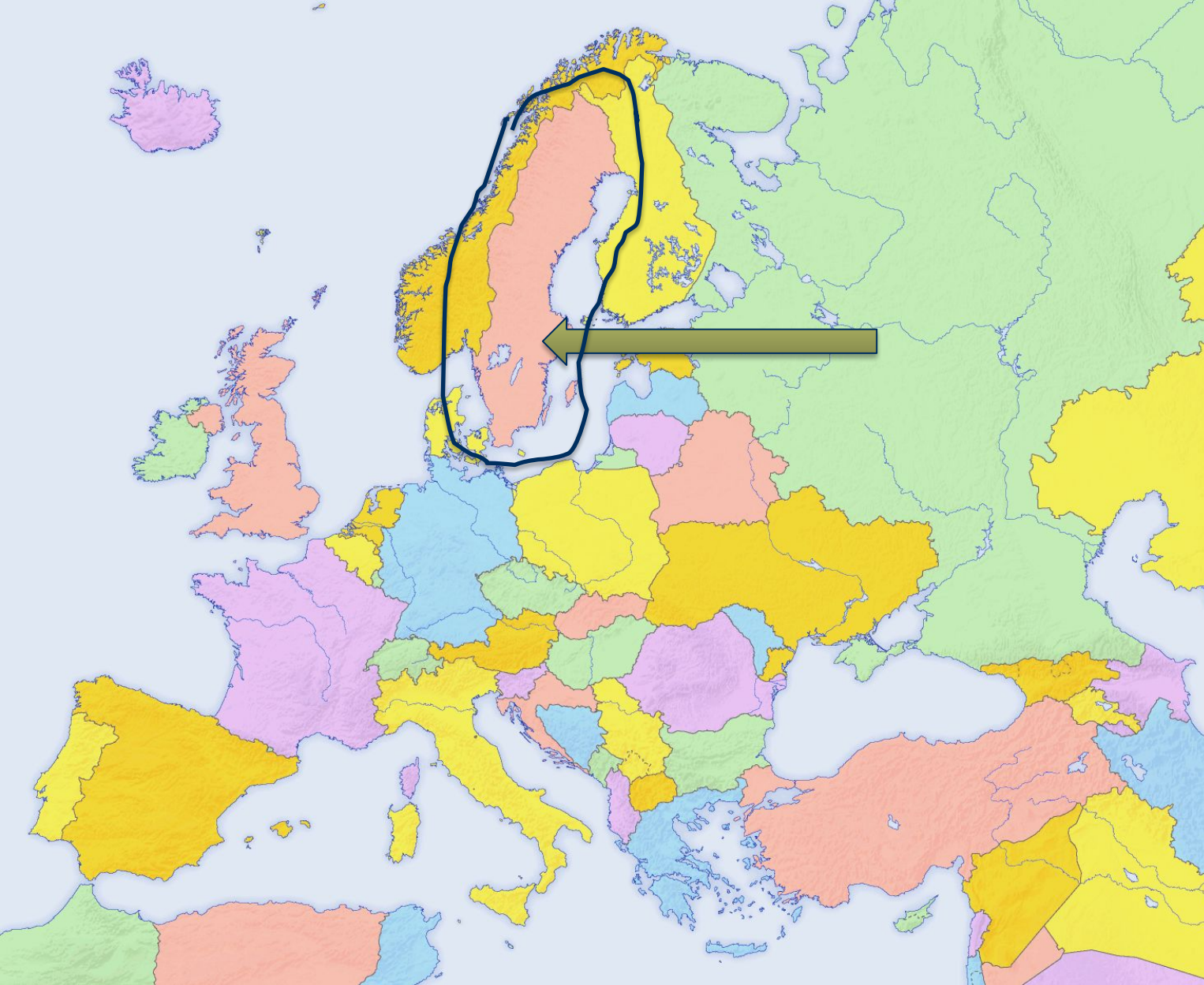
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# Affecting the psychiatric ward milieu using a combination of individual treatment and staff behavior change

Mårten Tyrberg, Per Carlbring, Tobias Lundgren

# Disclosures, Mårten Tyrberg

- Employed by the Hospital of Västmanland, Västerås, Sweden.
- Registered PhD student at the Department of Psychology at Stockholm University.
- Research partially financed by grant from the Center of Clinical Research at the Hospital of Västmanland, Västerås, Sweden.
- Research partially financed by grant from the Department of Psychology at Stockholm University.







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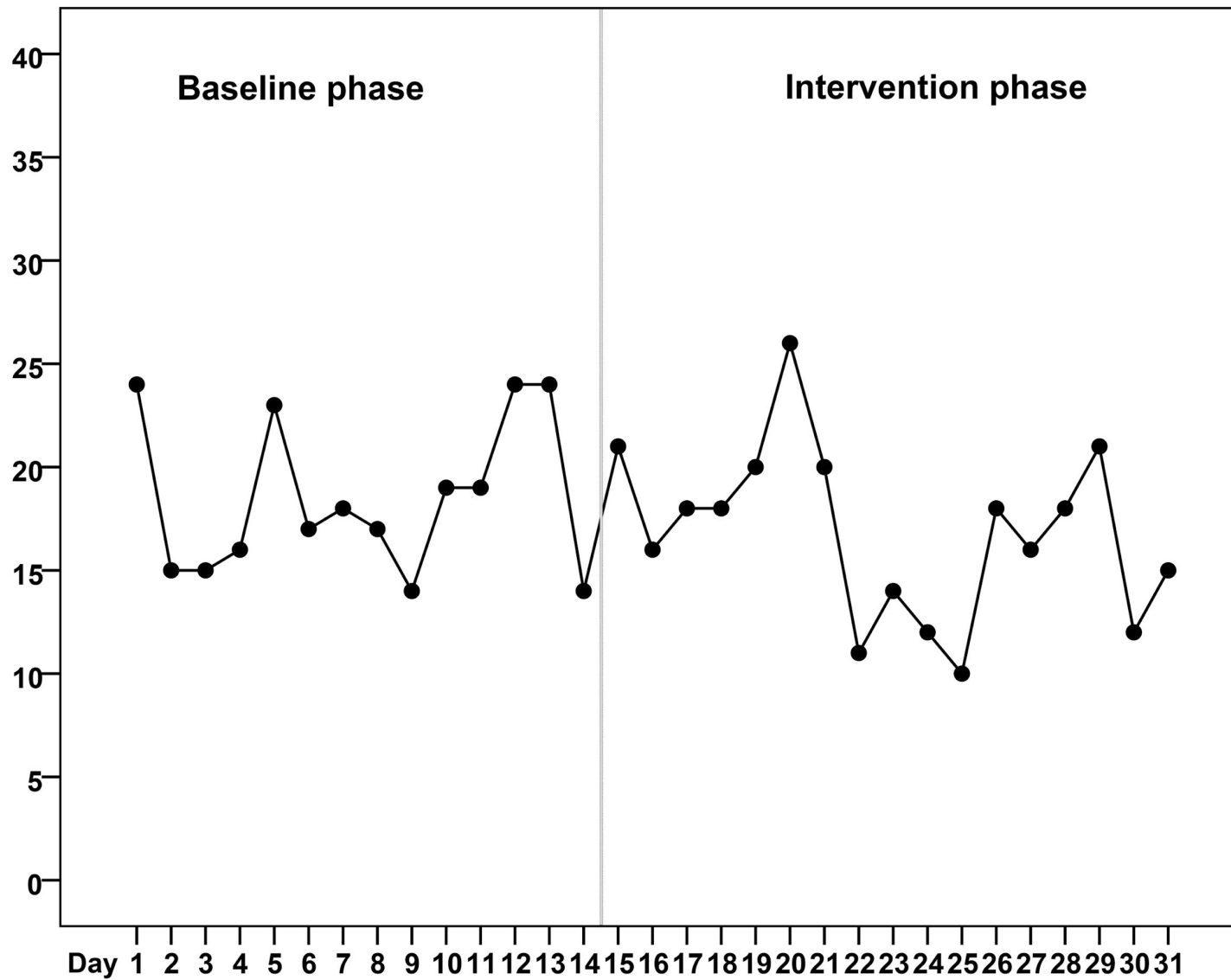
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## Two approaches to behavior change

- Individual treatment
- Staff training and supervision

## Three studies

- Tyrberg, M. J., Carlbring, P., & Lundgren, T. (2017). **Brief acceptance and commitment therapy for psychotic inpatients: A randomized controlled feasibility trial in Sweden.** *Nordic Psychology*, 69 (2), 110-125.
- Tyrberg, M. J., Carlbring, P., & Lundgren, T. (2017). **Implementation of acceptance and commitment therapy training in a psychiatric ward: Feasibility, lessons learned and potential effectiveness.** *Journal of Psychiatric Intensive Care*, 13(2), 73-82.
- Tyrberg, M. J., Carlbring, P., & Lundgren, T. (2017). **Usefulness of the ACT model for nurses in psychiatric inpatient care: A qualitative content analysis.** *Journal of Contextual Behavioral Science*, 6, 208-214.





## OPEN

How willing are you to have the thoughts and feelings you experience?



Can you take a step back and observe them at a distance?

## AWARE

Can you be in the present?



Are you aware of the fact that **you** are not your thoughts and feelings?

## ACTIVE

Can you put into words what is important to you in life?



Are you acting in line with what you think is important?





ELSEVIER

Empirical Research

## Usefulness of the ACT model for nurses in psychiatric inpatient care: A qualitative content analysis

Mårten J. Tyrberg<sup>a,b,\*</sup>, Per Carlbring<sup>a</sup>, Tobias Lundgren<sup>a,c</sup>



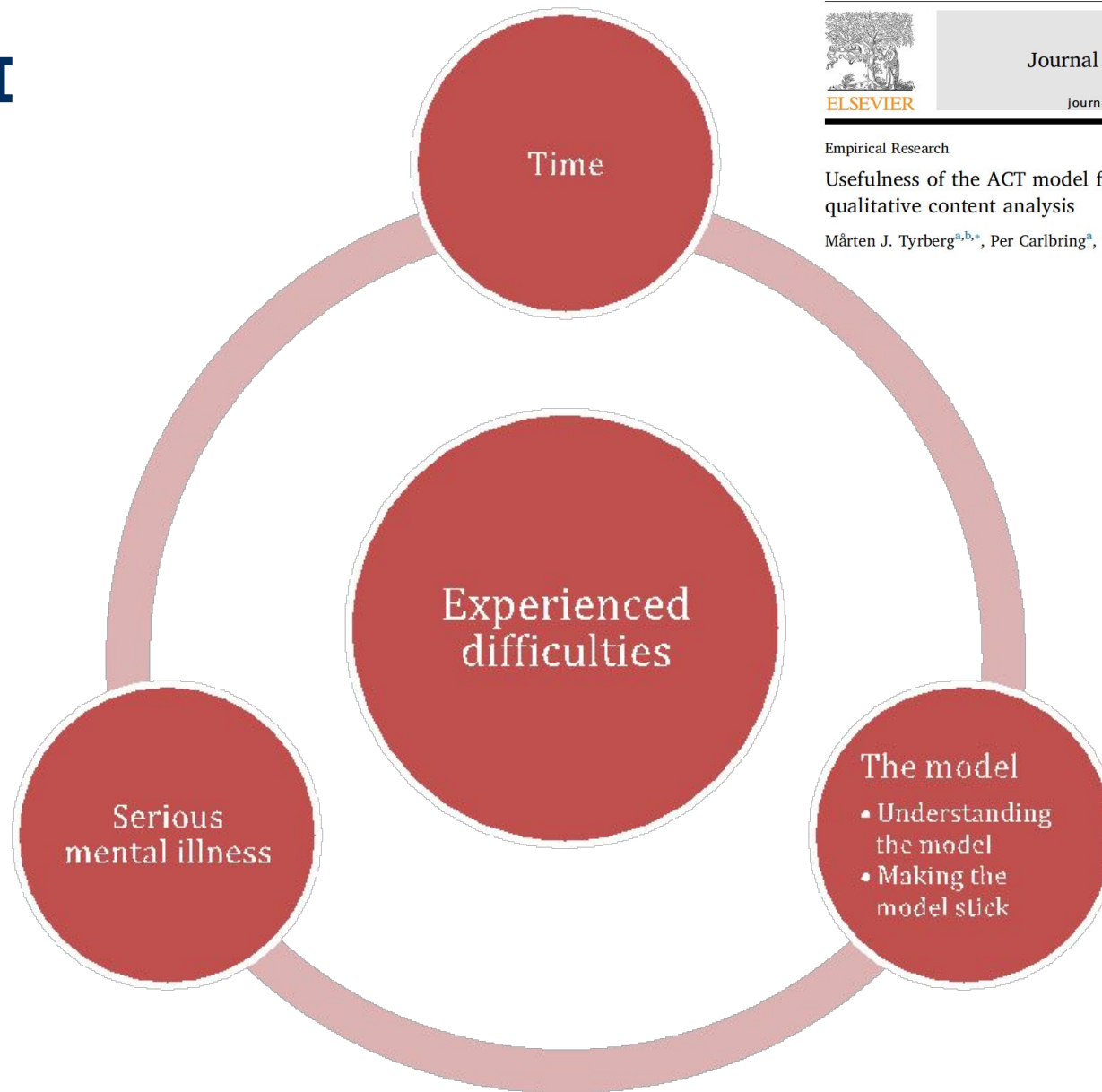
III

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III



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# What have we taken home?

- Consistency and repetition
- Low thresholds
- Physical presence
- Simplicity



Stockholm  
University

[marten.tyrberg@psychology.su.se](mailto:marten.tyrberg@psychology.su.se)

# I

Brief acceptance and commitment therapy for psychotic inpatients: A randomized controlled feasibility trial in Sweden

MÅRTEN J. TYRBERG<sup>1,2</sup>, PER CARLBRING<sup>1</sup> & TOBIAS LUNDGREN<sup>1,3</sup>

- Research questions: Is the implementation of ACT in addition to standard treatment feasible? Do patients benefit? Which measures are suitable for evaluating treatment?
- Hypothesis: Patients treated with ACT will need less inpatient care during a four month follow-up, compared to controls.

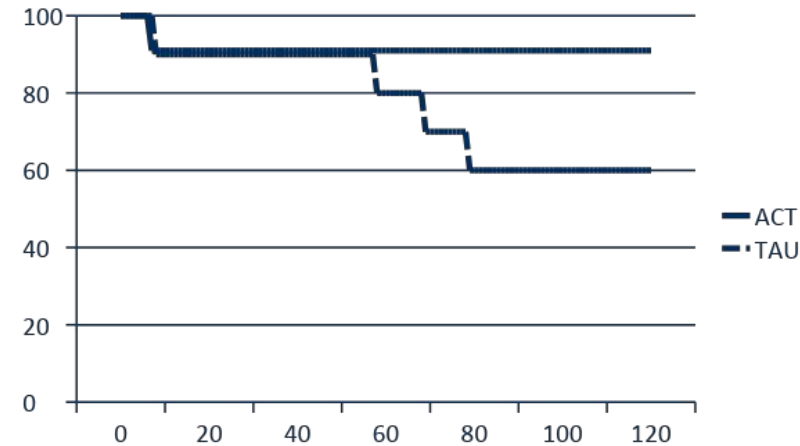
# I

- Brief ACT compared to TAU (n=21), 2 session average.
- Protocol based on Gaudiano & Herbert (2006); in each session psychoeducation, presentation of ACT model, defusion or acceptance exercise, values, session summary and between session assignment.
- ACT group readmitted to a lesser extent.
- Collecting data a big challenge.

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## II

- Research questions: What are the challenges in implementing ACT training and supervision on an inpatient ward, and how might patients and staff benefit from it?
- Hypothesis: Staff who participate in training and supervision will show increased work related acceptance, and behavior change toward patients after training compared to before. Patients' acceptance will be affected by

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staff treatment

### ORIGINAL RESEARCH ARTICLE

Implementation of acceptance and commitment therapy training in a psychiatric ward: feasibility, lessons learned and potential effectiveness

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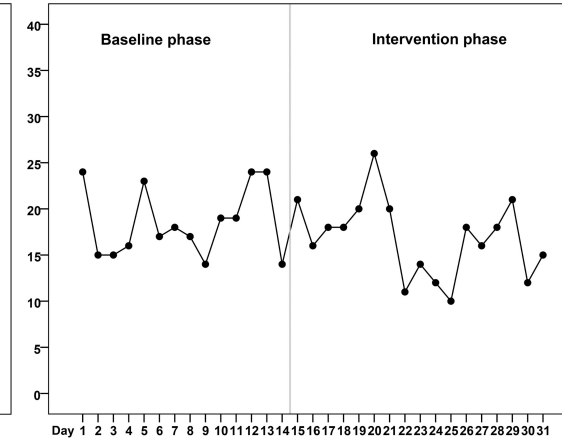
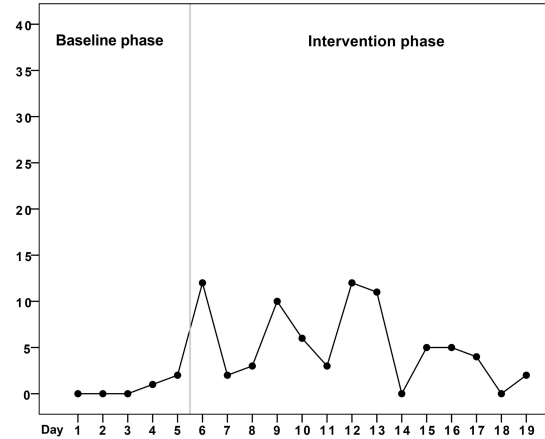
## II

- Training the staff group (n=20) in using ACT as a tool in daily interactions with patients + weekly supervision.
- Minor differences in acceptance, lots of variability in behavioral change patterns.
- Collecting data a big challenge.

### ORIGINAL RESEARCH ARTICLE

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# III

- Research questions: In what way have nurses experienced the ACT model as useful in their daily ward work? In what way have they experienced it as difficult to use?



Empirical Research

Usefulness of the ACT model for nurses in psychiatric inpatient care: A qualitative content analysis

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# III

- Sub-group (n=10) that participated in three workshops.
- Qualitative interview methodology.

“Before, you know, you didn’t have like deep conversations. Now you can have a little more, longer conversations, and get in there a bit more. Get more background.” (Marcus, assistant nurse).



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# Synthesis – a therapeutic package