



Bringing ACT for Psychosis into the “Real World”

Recent Developments in Dissemination and
Implementation

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- **Paper 1:** Researching the Effectiveness of Acceptance-based Coping during Hospitalization: Initial Results from the REACH Project (Gaudiano, Davis, Epstein-Lubow, & Miller)
- **Paper 2:** Affecting the Psychiatric Ward Milieu Using a Combination of Individual Treatment and Staff Behavior Change (Tyrberg, Carlbring, & Lundgren)
- **Paper 3:** Promoting Recovery from Psychosis using ACT Groups in Community Mental Health: Feasibility, Acceptability & Outcomes (Morris, Farhall, Gates, Clemente, & Goldstone)
- **Discussant:** Louise Johns, D.Clin.Psy.

Presentations

Researching the Effectiveness of Acceptance-based Coping during Hospitalization:

Initial Results from the R.E.A.C.H. Project



BROWN
Alpert Medical School



BUTLER HOSPITAL
a Care New England Hospital

Brandon Gaudiano, Ph.D.

Brown University & Butler Hospital

Carter Davis, BFA

Utah State University

Gary Epstein-Lubow, M.D.

Brown University & Senior HebrewLife

Ivan Miller, Ph.D.

Brown University & Butler Hospital

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Disclosures



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Acute treatment of inpatients with psychotic symptoms using Acceptance and Commitment Therapy: Pilot results

Brandon A. Gaudiano^{a,b,*}, James D. Herbert^a

^a*Department of Psychology, Drexel University, Mail Stop 988, 245 N. 15th St., Philadelphia, PA 19102, USA*

^b*Psychosocial Research Program, Butler Hospital, 345 Blackstone Blvd., Providence, RI 02906, USA*

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ACTp for Inpatients (2006)

Gaudiano, B. A., & Herbert, J. D. (2006). Acute treatment of inpatients with psychotic symptoms using Acceptance and Commitment Therapy: Pilot results. *Behaviour Research and Therapy*, 44, 415-437.

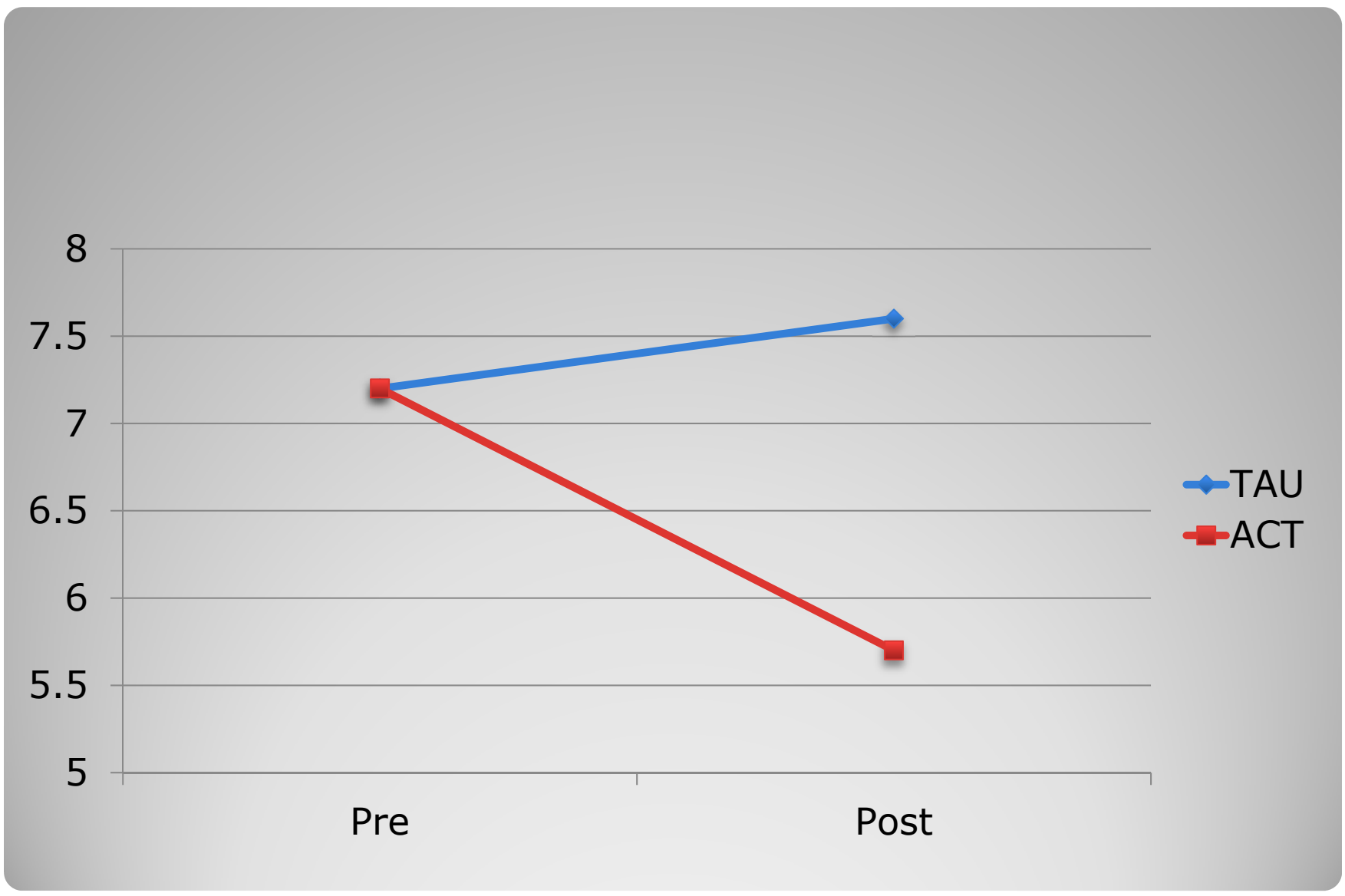
- Randomized inpatients with psychosis to Treatment as Usual (TAU) vs ACT
(average 3 sessions)
- N = 40 (TAU = 19 and ACT = 21)
- Assessments at admission and discharge
 - Psychiatric Symptoms (Brief Psychiatric Rating Scale)
 - Disability Related to Illness (Sheehan Disability Scale)
 - Self-ratings of psychotic symptoms:
 - frequency, believability, and distress
 - Rehospitalization rates (4 month follow-up)

ACTp Inpatient Study (2006)

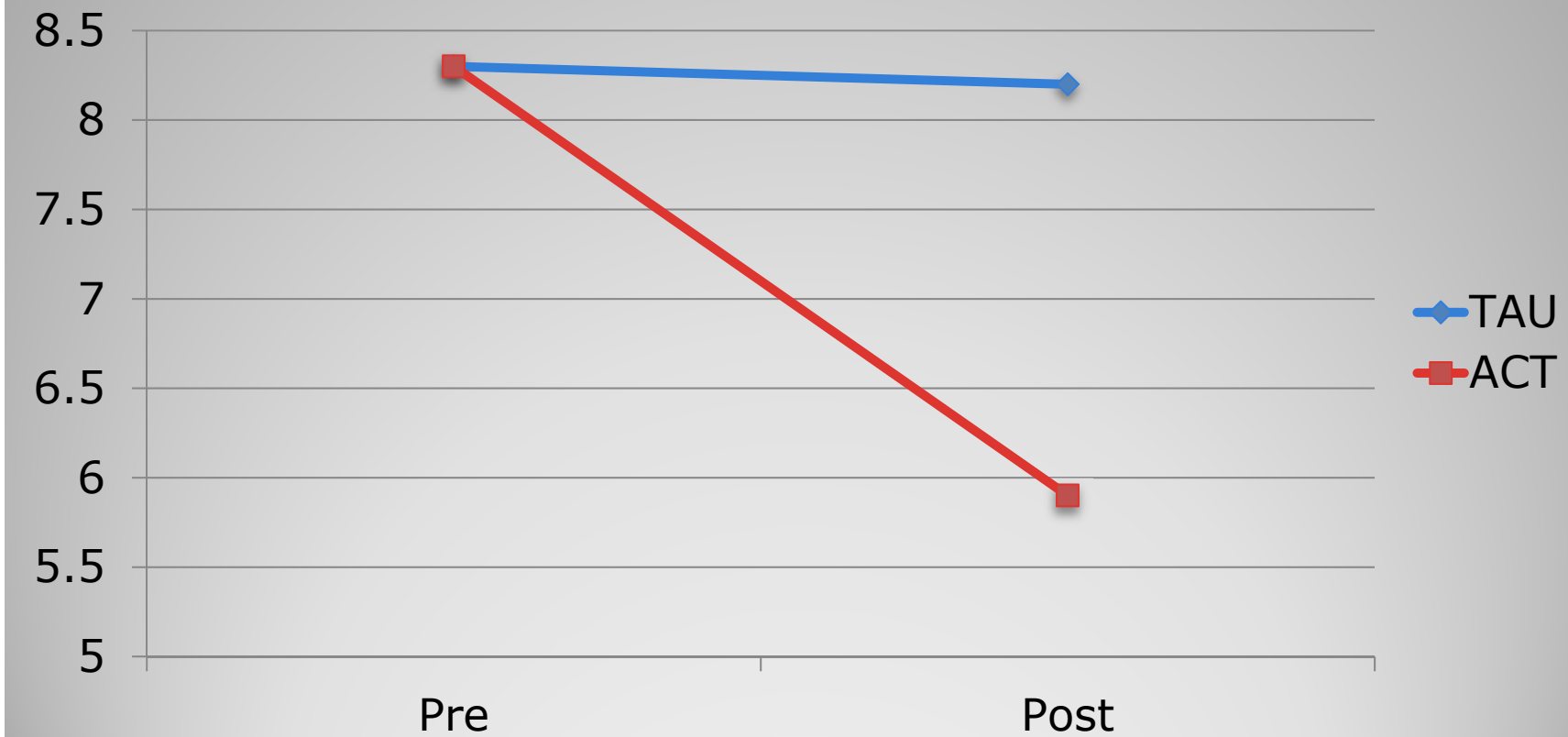
Patients were taught:

1. To accept unavoidable psychological distress
2. To simply notice psychotic symptoms without treating them as either true or false
3. To identify and work toward valued goals despite their symptoms.

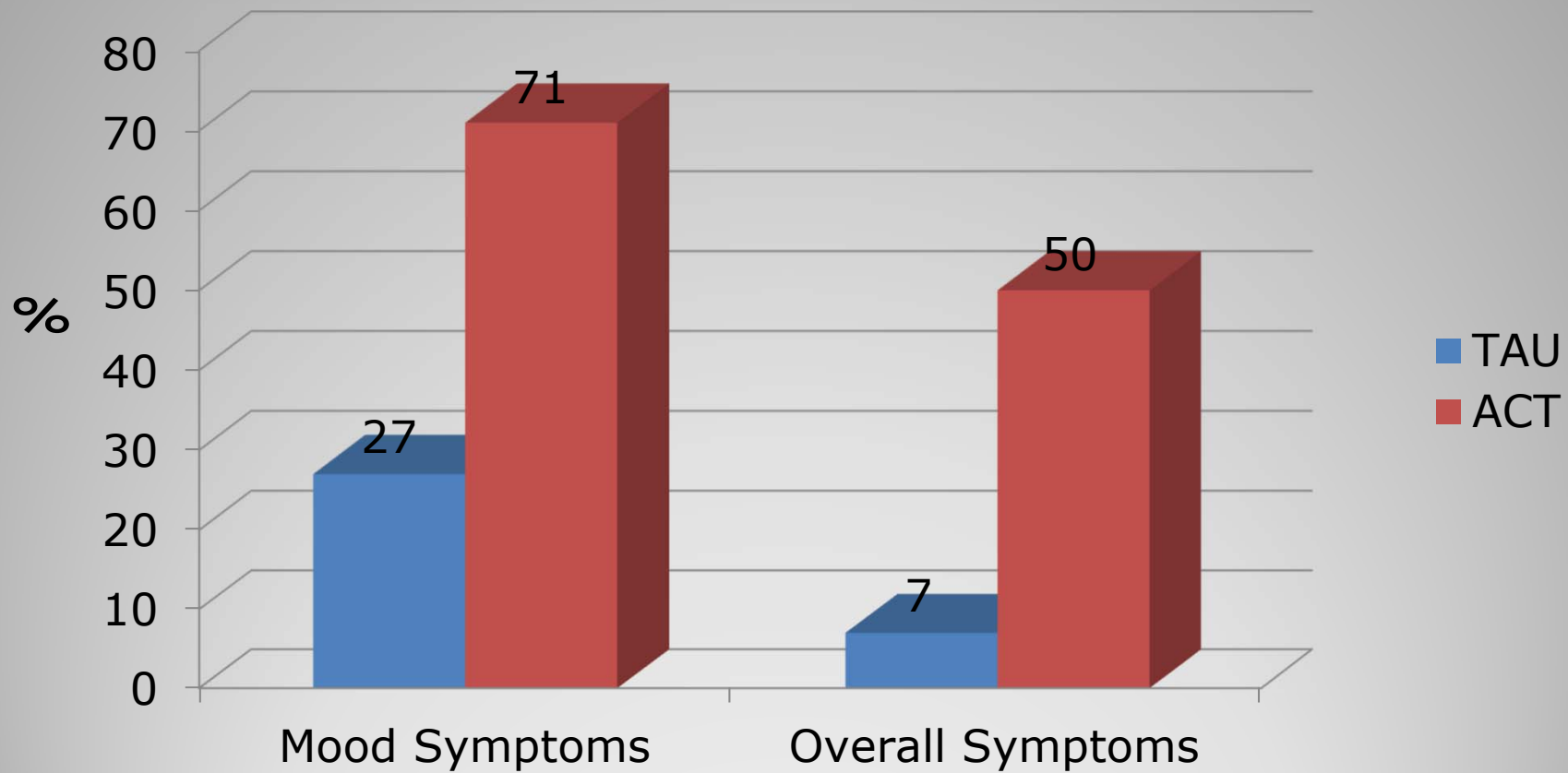
No attempt to directly change beliefs about psychotic symptoms



Change in Distress Related to Hallucinations



Change in Disability Related to Illness

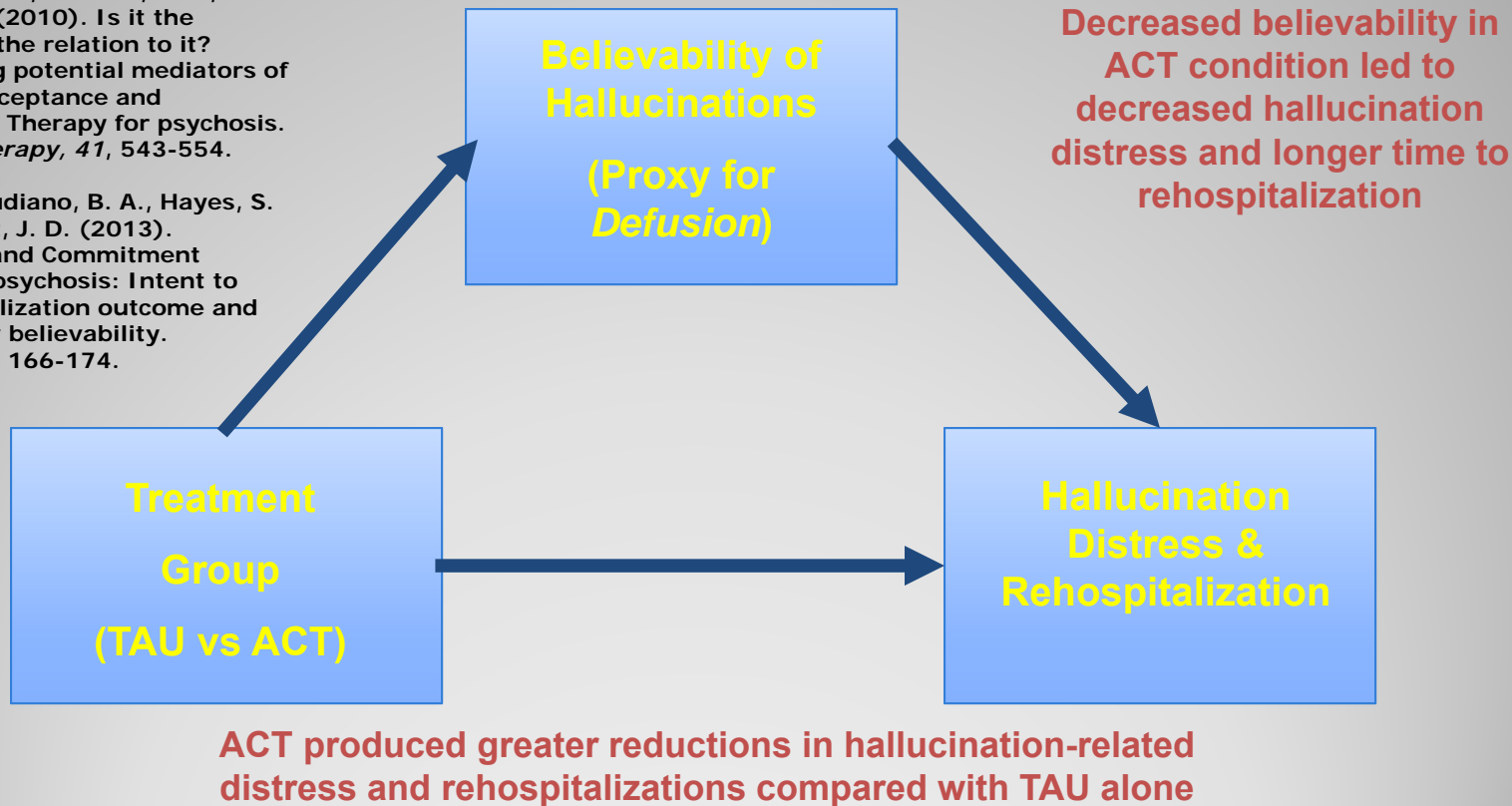


Clinically Significant Change in Symptoms Pre-Post

ACT-Consistent Mediation of Treatment Effects

Gaudiano, B. A., Herbert, J. D., & Hayes, S. C. (2010). Is it the symptom or the relation to it? Investigating potential mediators of change in Acceptance and Commitment Therapy for psychosis. *Behavior Therapy, 41*, 543-554.

Bach, P., Gaudiano, B. A., Hayes, S. C., & Herbert, J. D. (2013). Acceptance and Commitment Therapy for psychosis: Intent to treat hospitalization outcome and mediation by believability. *Psychosis, 5*, 166-174.





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ACCEPTANCE AND COMMITMENT THERAPY FOR PSYCHOSIS

STATUS: MODEST RESEARCH SUPPORT

[What does this mean?](#)

DESCRIPTION

Acceptance and Commitment Therapy (ACT) is a behavioral therapy that is based on Relational Frame Theory, a theory of how human language influences experience and behavior. ACT aims to change the relationship individuals have with their own thoughts, feelings, memories, and physical sensations that are feared or avoided. Acceptance and mindfulness strategies are used to teach patients to decrease avoidance, attachment to cognitions, and increase focus on the present. Patients learn to clarify their goals and values and to commit to behavioral change strategies. This treatment has been applied to a number of conditions, including psychosis.

By design ACT for psychosis does not directly target reduction of psychosis symptoms; rather, ACT aims to improve the ability to cope with psychotic symptoms and to reduce distress associated with psychotic symptoms.

The American Psychological Association Lists ACTp as an Empirically Supported Treatment

Study	Sample	Comparison	Format	Results
1. Bach & Hayes (2002) (n=80)	Inpatients (acute psychosis)	ACT vs Treatment as usual	Individual	ACT < rehospitalization
2. Gaudiano & Herbert (2006) (n=40)	Inpatients (acute psychosis)	ACT vs Treatment as usual	Individual	ACT < rehospitalization, mood symptoms, social impairment, and hallucination distress
3. White et al (2011) (n=27)	Outpatients (post-psychosis depression)	ACT vs Treatment as usual	Individual	ACT < negative symptoms and crisis calls and > mindfulness
4. Shawyer et al (2012) (n=43)	Outpatients (command hallucinations)	ACT vs Supportive therapy	Individual	ACT < command hallucinations
5. Gaudiano et al (2013) (n=14)	Outpatients (psychotic depression)	ACT (open trial)	Individual	ACT < depression and psychosis and > functioning
6. Gaudiano et al (2015) (n=13)	Outpatients (psychotic depression)	ACT vs Treatment as usual	Individual	ACT < depression, experiential avoidance and > functioning
7. Johns et al (2016) (n=89)	Outpatients (Psychosis)	ACT (open trial)	Group	ACT > functioning and mood
8. Gumley et al (2017) (n=29)	Outpatients (post-psychosis depression)	ACT vs Treatment as usual	Individual	ACT < depression, experiential avoidance
9. Tryberg et al (2016) (n=22)	Outpatients (acute psychosis)	ACT vs Treatment as usual	Individual	ACT < rehospitalization
10. Shawyer et al (2017) (n=96)	Outpatients (residual psychosis)	ACT vs Supportive therapy	Group	ACT < positive symptoms and distress
11. Spidel et al (2017) (n=30)	Outpatients (psychosis and trauma)	ACT vs Treatment as usual	Group	ACT < overall severity, anxiety and > help-seeking, acceptance

Research to Date on ACT for Psychosis (ACTp)



The Research-Practice Divide



healthcare



Article

Acceptance and Commitment Therapy for Inpatients with Psychosis (the REACH Study): Protocol for Treatment Development and Pilot Testing

Brandon A. Gaudiano ^{1,2,*}, Carter H. Davis ¹, Gary Epstein-Lubow ^{1,2}, Jennifer E. Johnson ³,
Kim T. Mueser ⁴ and Ivan W. Miller ^{1,2}

¹ Butler Hospital, Providence, RI 02906, USA; chdavis@butler.org (C.H.D.);

gary_epstein-lubow_MD@brown.edu (G.E.-L.); ivan_miller@brown.edu (I.W.M.)

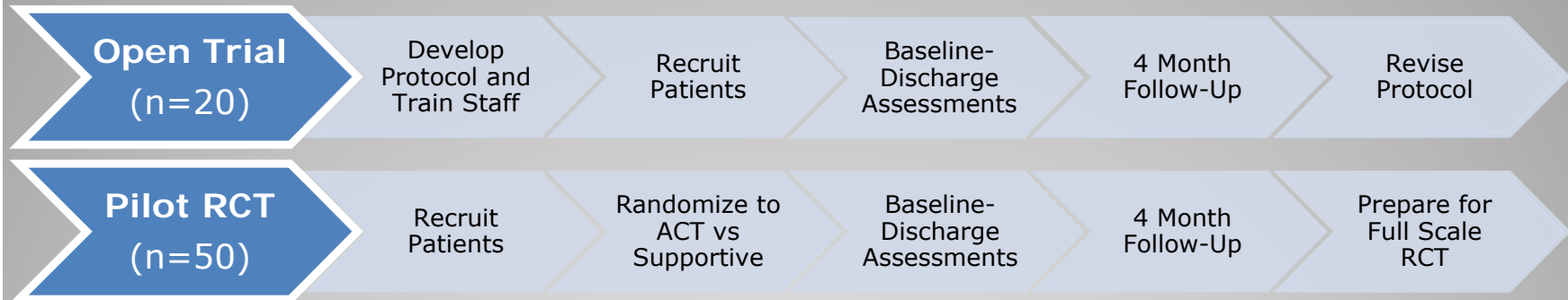
² Warren Alpert Medical School, Brown University, Providence, RI 02912, USA

³ College of Human Medicine, Michigan State University, Flint, MI 48502, USA; jennifer.johnson@hc.msu.edu

⁴ Center for Psychiatric Rehabilitation, Boston University, Boston, MA 02215, USA; mueser@bu.edu

* Correspondence: brandon_gaudiano@brown.edu; Tel.: +1-401-455-6457

PI: Gaudiano NIMH Grant #MH097987



Researching the Effectiveness of Acceptance-based Coping during Hospitalization (REACH)



ACT-IN Components

- Acute Tx:
Individual and group sessions
- Post-DC (RCT):
Phone Sessions
- Mindfulness,
Acceptance, and
Values

Target Mechanisms

- Mindfulness
- Psychological flexibility
- Values-action consistency

Clinical Outcomes

- Overall Symptoms
- Psychosocial Functioning
- Quality of life
- Rehospitalization rates

ACT for Inpatients (ACT-IN) Model

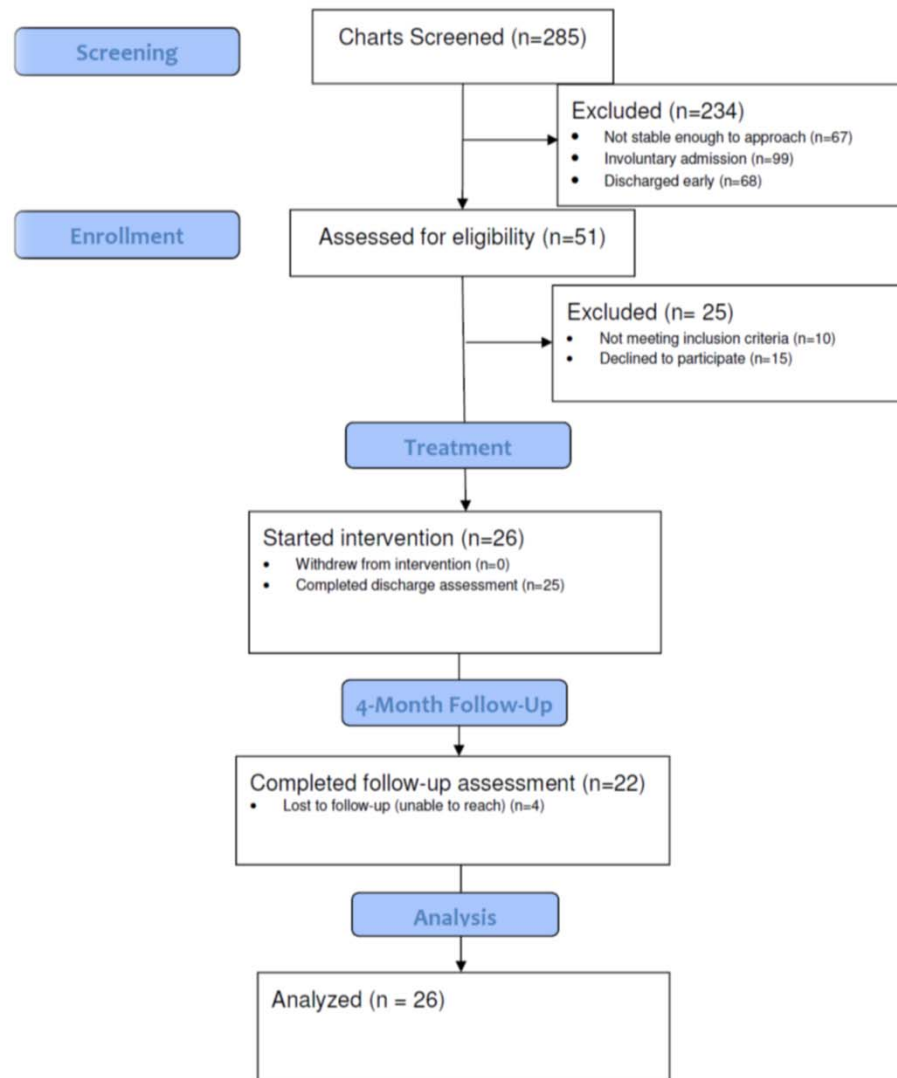
2006 Study

Vs.

2018 Study

- Research Therapists
 - Individual Therapy
 - No Post-Discharge Sessions
 - Proxy Process Measures
 - TAU Comparison
 - 4-Month Rehospitalization Rates
- Hospital Therapists
 - Individual + Group Therapy
 - Post-DC Phone Sessions (RCT)
 - ACT Process Measures
 - Supportive Tx Comparison
 - 4-Month Rehospitalization Rates, Symptoms, and Functioning Outcomes

ACTp Inpatient Studies



ACT-IN Open Trial Subject Flow

Demographics	Mean or Percentage
Age	M = 38 yrs
Education Level	M = 13 yrs
Female	62%
Disabled	50%
Latino/Hispanic	15%
White	69%
Married	12%
Schizophrenia-Spectrum	85%
Psychotic Mood Disorder	15%
Group/Individual Sessions	M = 5.6
4-Month Antipsychotic Medication Adherence	80% (self-report)

ACT-IN Open Trial Sample

- **Multilevel mixed effects models showed significant improvement through 4-months post-discharge on:**

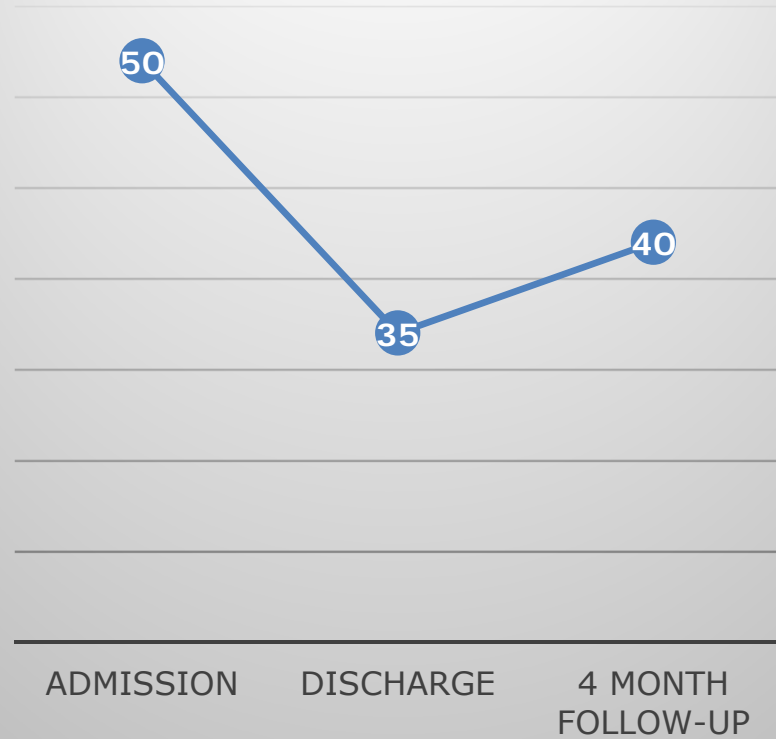
- Interviewer-rated symptoms (BPRS)
- Self-reported symptoms (CORE)
- Interviewer-rated quality of life (QLS)
- Self-reported quality of life (SQoL)
- Psychosocial functioning (WHO-DAS 2.0)
- Psychological flexibility (AAQ-II)
- Mindfulness (CAMS-R)
- Valued living (VQ)



Effect Sizes = .28 (small) to 1.41 (large)

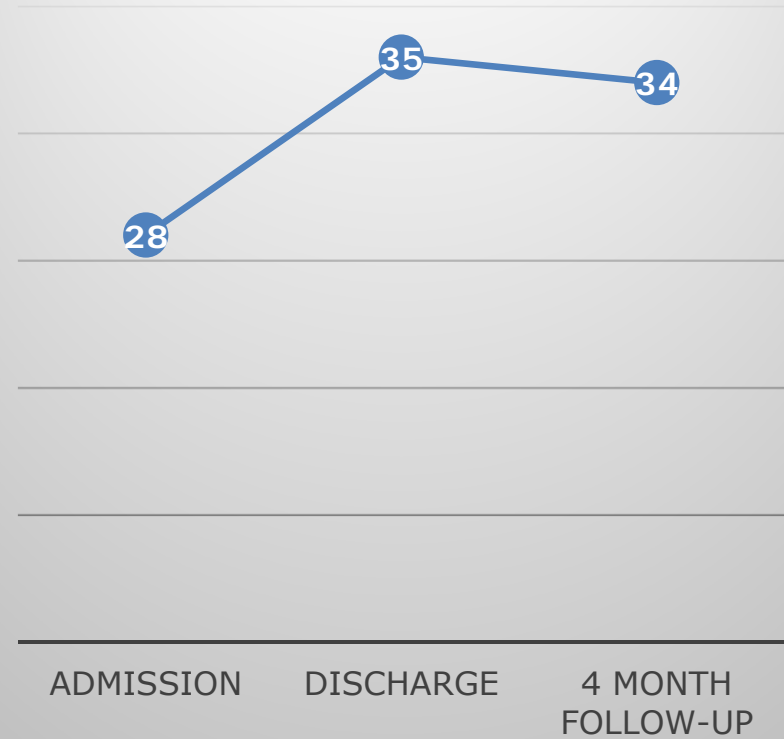
ACT-IN Open Trial Results

Brief Psychiatric Rating Scale



p < .001, Cohen's d = .91

Cognitive and Affective Mindfulness Scale

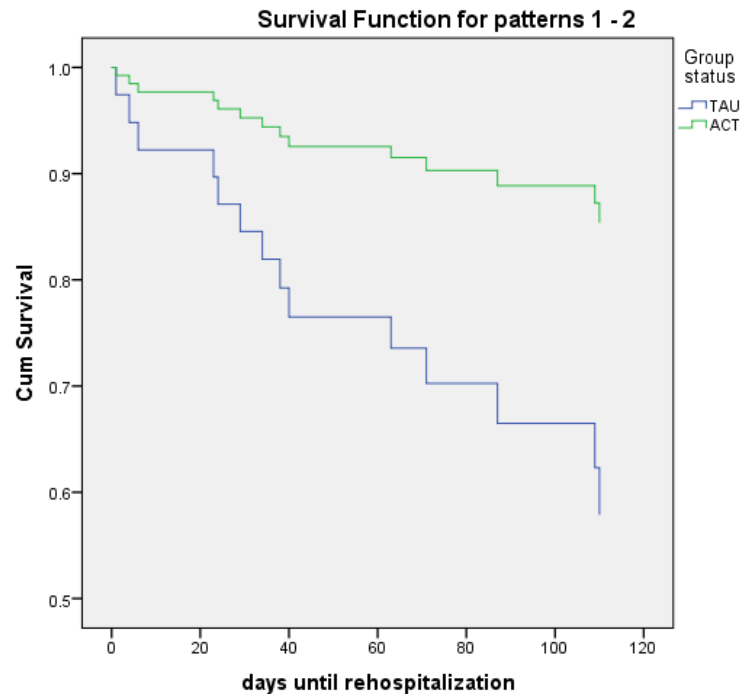


p < .001, Cohen's d = .68

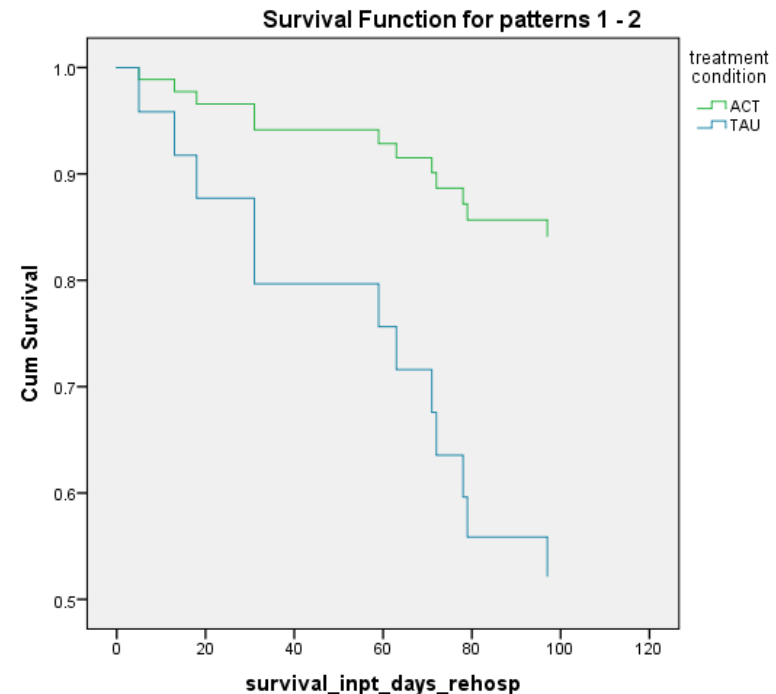
ACT-IN Pilot RCT

Preliminary Results...

2006 Philadelphia RCT



2018 Providence RCT



ACT for Inpatients with Psychosis: Rehospitalization Rates 4 Months Post-Discharge

N = 40, survival analysis $p < .05$
*As reported in Bach, Gaudiano, et al. (2013)

N = 38, survival analysis $p < .05$
PI: Gaudiano; Grant# MH097987

Lessons Learned

- Integrate ACT into the inpatient milieu
- Capitalize on the existing skills of therapists
- Enlist local clinician “champions” to lead the way
- Consider other ways to extend effects of treatment (mHealth)

Next Steps...

- Prepare for multi-site, full-scale randomized controlled trial



A quote by Isaac Newton is centered on a background image of a beach at sunset. The sky is filled with dark, dramatic clouds, with a sliver of orange and yellow light from the setting sun visible on the horizon. The ocean waves are breaking onto a sandy beach, and the foreground is dominated by dark, smooth, rounded pebbles. The entire scene is framed by a thick black border, which is itself set within a light gray rounded rectangle.

What we know is a drop, what
we don't know is an ocean.

Isaac Newton

 quotefancy

Brandon_Gaudiano@brown.edu

Thank you!

