

Learn2ACT acceptance & commitment training

To blend or not to blend?

Can an app enhance the effectiveness and efficiency of an ACT treatment?

Background

In Belgium the demand for psychological treatment is bigger than mental health centers can offer. Waiting lists are exploding and unfortunately, relapse is often registered. We hoped that blending an ACT treatment with the app, Learn2ACT, would make the treatment more efficient and effective.

The purpose of Learn2ACT is to provide support outside the therapy sessions. We expected this extra support allowed more time between the sessions; limited the number of sessions per client, and, consequently, reduced the waiting list. Also, we assumed the app had a positive influence on crisis management: the extra data provided by the app should make it possible to detect a crisis faster and intervene if necessary.

Method

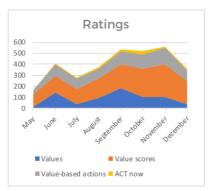
Learn2ACT was introduced in a private practice of psychotherapists. The length of the waiting lists and the average number of sessions was recorded during a period of 8 months and compared with a similar period in the year before.

The clients (N = 85) as well as the therapists (N = 6) rated on a Likert scale from 1 to 10 several aspects of Blended ACT (the usability, efficient use of therapy sessions, feedback on the therapy process, commitment, self-efficacy and crisis management) at the three times: 1) before the introduction of the app; 2) during the treatment phase and 3) after the treatment.

Results

Learn2ACT was received positively. Almost all the clients were willing to use the app. The compliance was very high. The therapists were more reserved and needed more training and support to incorporate this new method in their therapeutic work.





Results crisis consultations

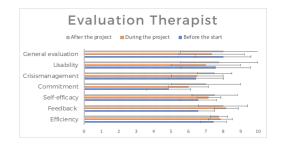
During the project, the number of crisis consultations remained low: only 12 crisis consultations took place with 10 clients.

Results surveys

The client's experiences are very individual. Variability is high. There are no differences between the 3 rating times. Striking are the high scores on Usability (M = 6.9).



Among the therapists we see following tendencies. The commitment of clients to their values increased during the project (M = 6.50). On Feedback (M = 8.09), Self-efficacy (M = 7.34) and Crisismanagement (M = 7.00) we notice small (nonsignificant) alleviations.



Results waiting list

Although the average number of sessions per client declined with 1 session during the project, there was no effect on the waiting list; probably because only half of the therapists of the practice participated in the project.

Discussion

The attitude to blending an ACT treatment with Learn2ACT is positive. The compliance was very high; probably because the app is very user friendly. Blended ACT didn't have an effect on the effectiveness of the treatment. The effect of the therapy is rather situated in the treatment processes. The app is only considered as a handy surplus. Blended ACT did increase the efficiency of the treatment. The average number of sessions per client declined with one session per client.

