



# Delivery of Brief, Group- Based ACT Interventions in Diverse Settings: Outcomes and Lessons Learned in Implementation

## **Presenters:**

Rosaura Orengo-Aguayo, Ph.D.

Lilian Dindo, Ph.D.

Emily B. Kroska, M.A.

Darrah Westrup, Ph.D.





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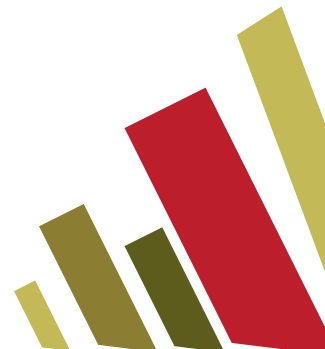




# How Much is Enough in Brief Acceptance and Commitment Therapy?

Emily Kroska & Michael O'Hara

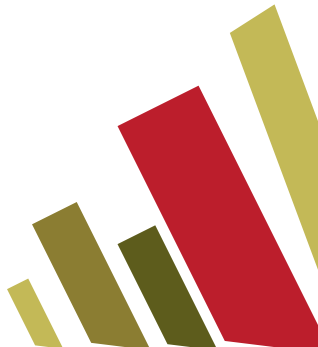
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# Disclosure

Emily Kroska

- I have not received and will not receive any commercial support related to this presentation or the work presented in this presentation.
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# Acknowledgments

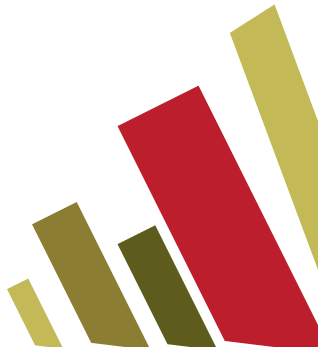
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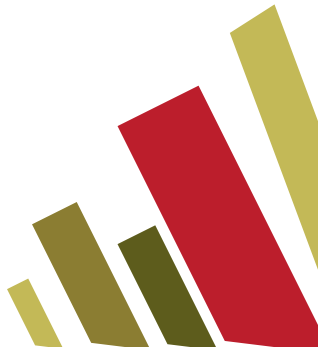


# Background

- By the year 2020, depression is anticipated to be the second leading cause of disability around the world.(Murray & Lopez, 1996)
  - The depression treatment gap was estimated at 56.3% (Kohn et al., 2004)
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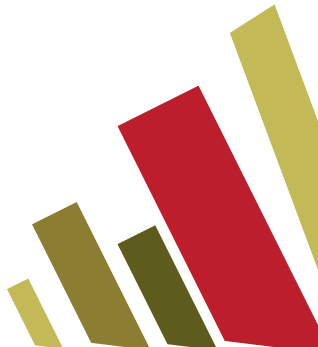


# Brief Therapy Research

- Seminal meta-analysis found that patients with depression improve after just 8 sessions (Barkham et al., 1996)
  - More recent review indicated depressed patients improved after just six 30-minute sessions (Nieuwsma et al., 2012)
  - Several studies have indicated that patients who have fewer sessions of therapy show accelerated rates of change compared to patients who have more sessions (Baldwin, Berkeljon, Atkins, Olsen, & Nielsen, 2009; Stulz, Lutz, Kopta, Minami, & Saunders, 2013)
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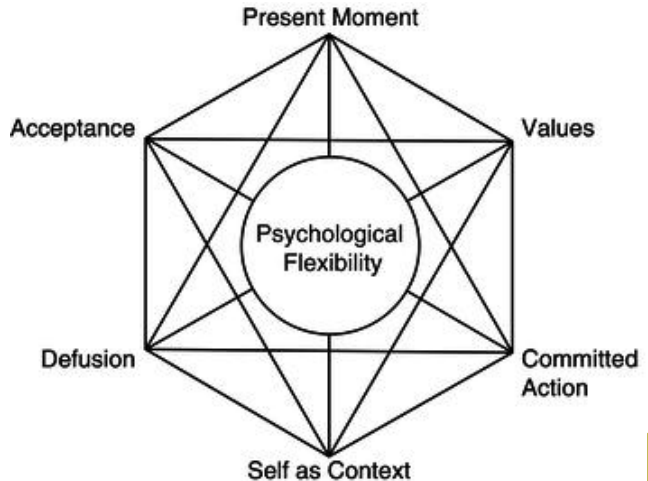
# Community-Based Brief Therapy Research

- 25-50% of patients do not return to therapy after first session (Garfield, 1994)
  - Modal number of therapy sessions is one! (Brown & Jones, 2005)
  - Across a number of community treatment settings, a large study found that mean number of sessions ranged between 3-6 sessions, and median number of sessions ranged between 2-4 sessions (Hansen, Lambert, & Froman, 2002)
  - Need for randomized trials
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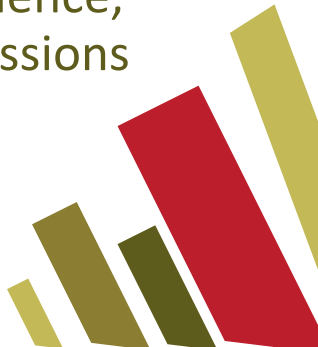
# Acceptance and Commitment Therapy (ACT)

- Empirically supported treatment for a number of conditions, including chronic pain, depression, anxiety, and others
- Transdiagnostic
- Experiential avoidance is the cause of human suffering
- Goal: promote values-based, mindful living even in the presence of painful experiences



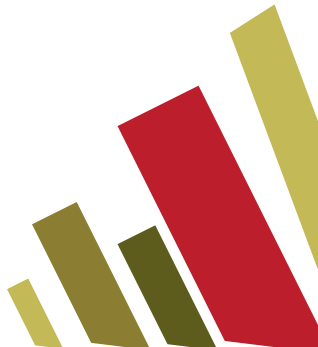


# ACT for Depression

- Studies have compared ACT to CT, finding that both resulted in decreased depression (Zettle & Hayes, 1986; Zettle & Rains, 1989; Tamannaefar, Gharraee, Birashk, & Habibi, 2014)
  - Several web-based protocols have been tested, finding that ACT was successful in reducing depression (Pots et al., 2015; Lappalainen, Langrial, Oinas-Kukkonen, Tolvanen, & Lappalainen, 2015)
  - Compared to a 12-step program for individuals with co-morbid depression and substance dependence, those in the ACT condition required fewer sessions than controls (Petersen & Zettle, 2009)
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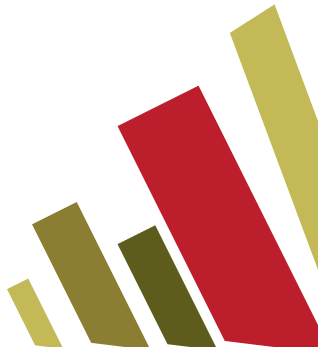


# Brief ACT

- Several studies at Iowa have examined brief, single-session ACT interventions for depression and anxiety along with comorbid health conditions (Dindo et al., 2015)
  - Just 6 hours of ACT has improved distress, obesity-related stigma, & BMI among obese individuals (Lillis et al., 2009)
  - 4 hours of ACT in conjunction with inpatient treatment, compared to TAU, reduced hospitalizations by 50% (Bach & Hayes, 2002)
- 




# The Current Study

- How much ACT is necessary to make statistically meaningful changes in depressive symptoms?
  - Compare 3 time-variant single-session ACT interventions
    - 90 minutes
    - 3 hours
    - 6 hours
- 




# Aims

- Evaluate change over time from baseline to follow-up time points in:
    - Depression (BDI-II)
    - Psychological inflexibility (AAQ-II)
    - Mindfulness (FFMQ)
    - Social satisfaction (PROMIS SPSR)
  - Evaluate if the 3- and 6-hour conditions were equivalent in depressive symptoms at follow-up
- 



# Screening and Recruitment

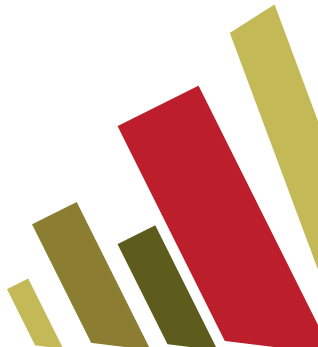
- Started online survey = 2742
  - Eligible = 1082
    - Ineligible if PHQ <9, history of TBI, current therapy, or medication change within 60 days
  - Completed screening interview = 471
  - Eligible and interested = 351
    - Ineligible if active suicidality, past/current mania, past/current psychosis
  - Enrolled and randomized = 271
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# Randomization

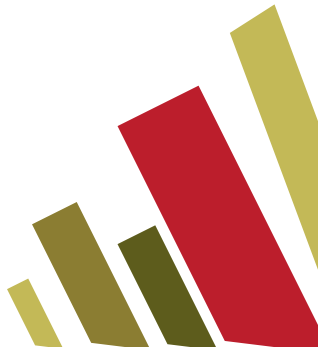
- First randomized 210, then randomized an additional 61
- 1:2:2 scheme
- Randomized to:
  - 90-minute = 53
  - 3-hour = 108
  - 6-hour = 110

Attended group:  
90-minute = 36  
3-hour = 50  
6-hour = 53






# Attendees vs. Non-Attendees

- No differences in any of the primary outcomes between attendees and non-attendees
  - Attendees were more likely older, male, and higher educated
  - Those in the 90-minute group were more likely to attend
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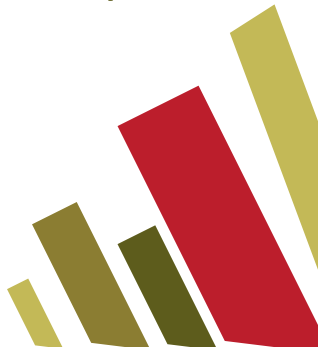


# The Groups

- Focused on six core ACT processes
  - Based on Kirk Strosahl and colleagues' Focused Acceptance and Commitment Therapy (FACT) approach
  - 6 key questions:
    - What are you struggling with?
    - What have you tried?
    - What do you want for your life?
    - What are the barriers to doing what you want?
    - Are you at war with the barriers?
    - If this group were helpful, what would you be doing differently?
- 



# Facilitators, Fidelity, and Competency

- Facilitators were five clinical psychology graduate students
  - Completed 40 hours of training in ACT, as well as a number of other seminars and trainings provided by James Marchman, PhD
  - Two facilitators per group
  - Post-doctoral level psychologist coded randomly selected 30-minute segments of groups
    - Coded each of ACT processes addressed
    - Coded core competencies of ACT
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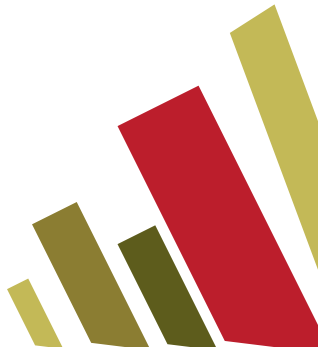


# Follow-Up Assessments

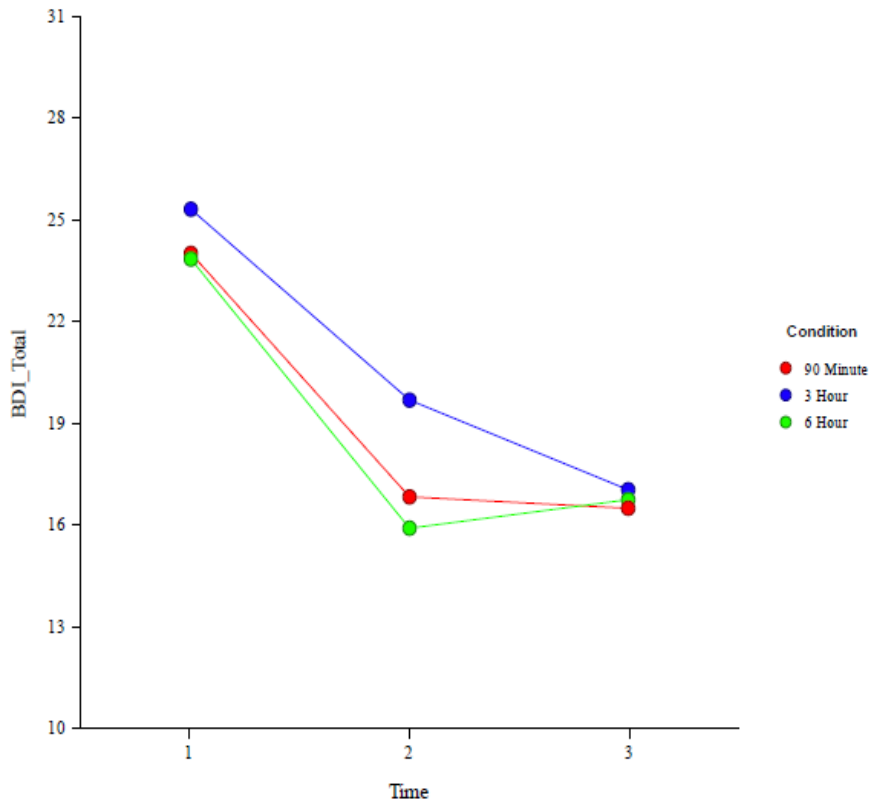
- Completed assessments at 1-month and 3-months post-intervention
  - Completion rates were excellent
    - 1-month: 99.23%
    - 3-month: 96.4%
- 



# Results

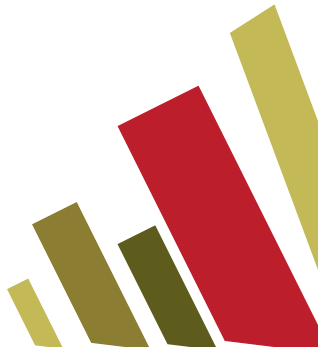
- No significant differences between groups at baseline on any of the primary outcomes
  - No significant differences between groups at pre-intervention on depressive symptoms
  - Mixed-effects modeling used to examine change over time and compare between conditions
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# Depression





# Clinical Significance Analyses

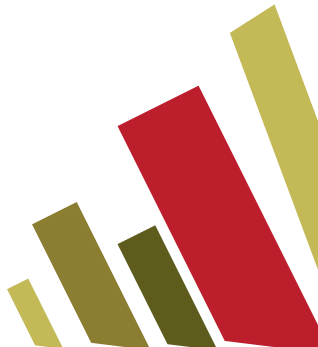
- Score of <9 on BDI indicates remission
    - Pre-intervention: 5.8%
    - 1-month: 26.1%
    - 3-month: 33.6%
  - 50% decrease in symptoms
    - 1-month: 28.5%
    - 3-month: 39.4%
  - Reliable change index
    - 1-month: 34.3%
    - 3-month: 46.2%
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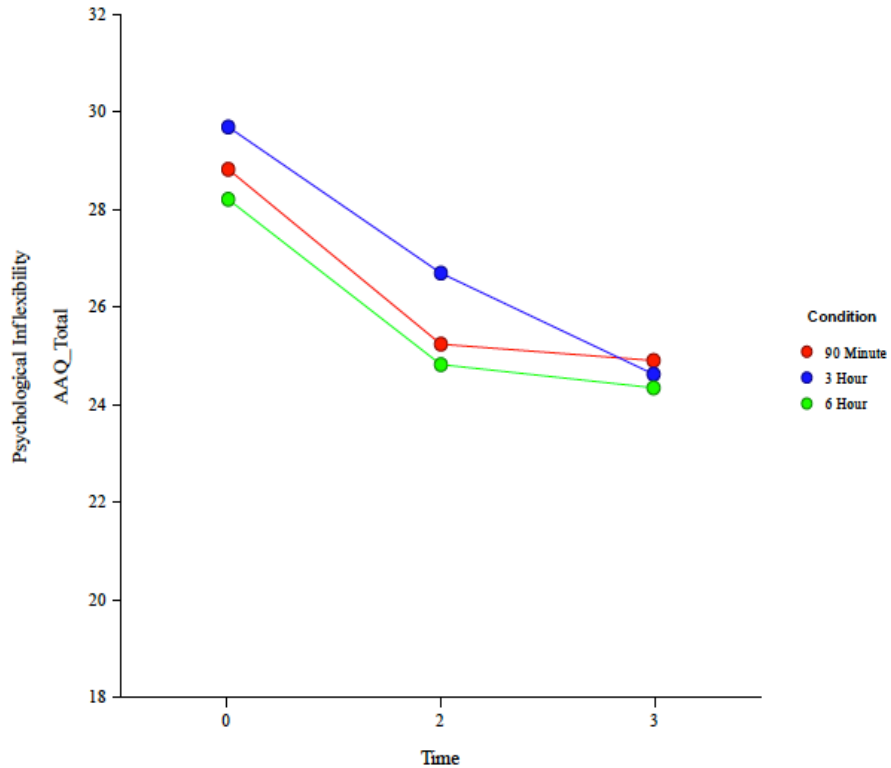
# Equivalency Analyses

- The 3- and 6-hour conditions were *not* equivalent at 1-month or 3-month follow-up

Time	Mean difference	SE <sub>diff</sub>	CI <sub>diff</sub>	df
1-month	4.00	2.16	-0.29, 8.29	101
3-month	0.35	2.31	-4.24, 4.93	96

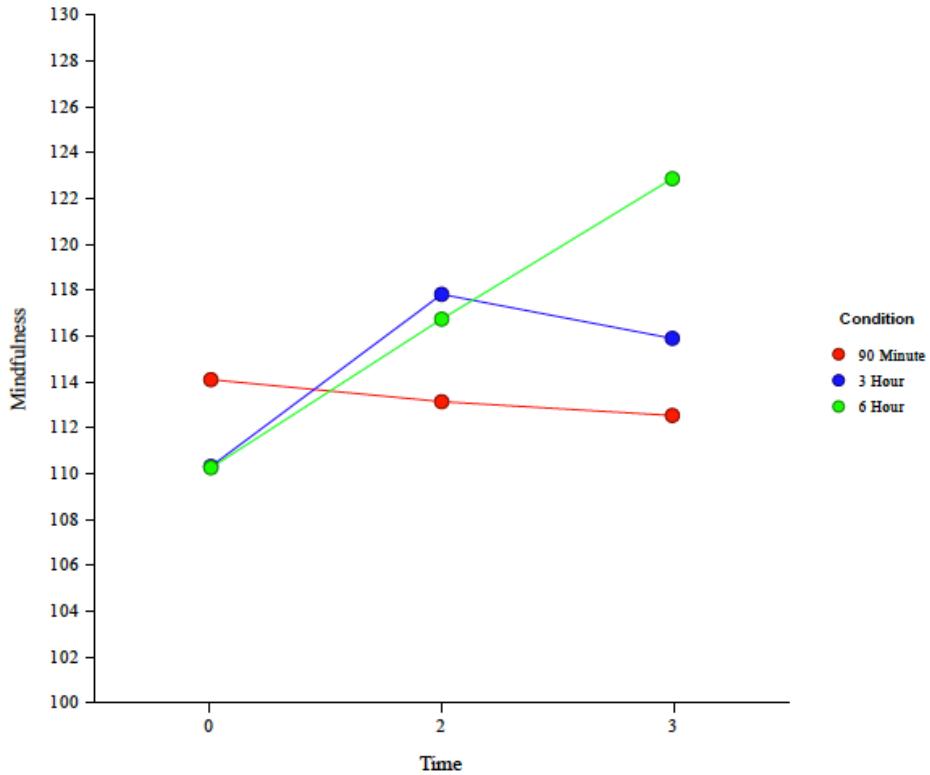


# Psychological Inflexibility

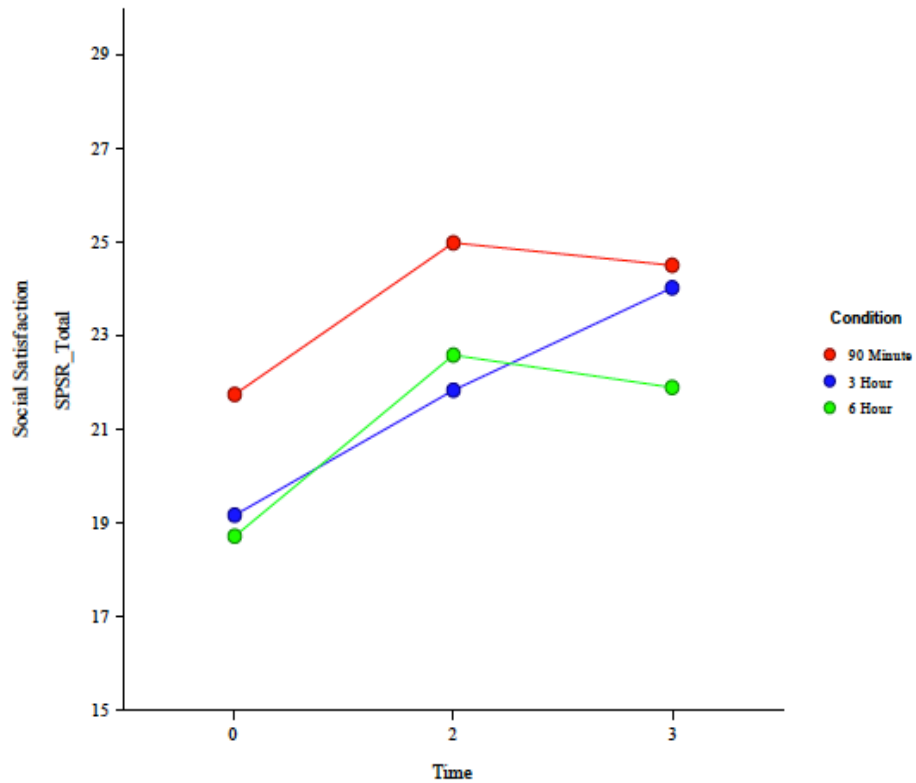




# Mindfulness




# Social Satisfaction



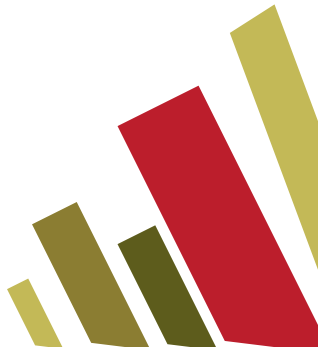


# Conclusions

- Brief ACT groups, regardless of time interval, reduced depressive symptoms, psychological inflexibility; increased social satisfaction, mindfulness
  - Limitations: 50% attendance; no no-treatment control; heterogeneous sample; no diagnostic information about sample
  - For patients who are unable to attend traditional psychotherapy, brief single-session groups may be helpful and feasible
  - Given treatment gap, brief groups may be efficient use of both therapists' and patients' time
- 



# Future Research

- Future research should compare brief groups to a no-treatment control condition
  - Research should compare brief ACT to other modalities (MI, SFBT)
  - Research examining individuals who found one group to be insufficient
    - Multiple groups
    - Group + individual therapy
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