

"ACT for Building a Life": Examining psychological flexibility in a Stage 2 DBT group

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INTRO:

- DBT is efficacious in reducing severe emotion dysregulation and the related problems of suicidal and self-injurious behavior, substance abuse, and difficulties sustaining relationships and employment (e.g., Feigenbaum et al., 2012; Linehan et al., 1991; Linehan et al., 2006)
- DBT has several stages of treatment, with most research focusing on improving high-risk behaviors in Stage 1 and relatively little about how to proceed through Stage 2
- Suffering for those in stage 2 may be the result of experiential avoidance, which ultimately interferes with their ability to pursue valued life goals
- ACT has been shown to decrease experiential avoidance (Ciarocchi, Bilich, & Godsel, 2010) and is effective with a wide variety of presenting problems and clinical concerns (A-Tjak et al., 2015)
- ACT as a treatment for clients in the second stage of DBT is likely to be effective but has not been empirically evaluated

METHODS:

- "ACT for Building a Life" is a 24-week group consisting of three 8-week modules; group meets weekly for 90 minutes
- Data collected at baseline, and at the end of every module
- Measures included the Acceptance and Action Questionnaire 2, the Valuing Questionnaire, as well as open ended questions about group experience

RESULTS:

- Visual inspection of individual data plots for the first 5 participants indicate most participants showed improvement in both psychological flexibility and values-consistent action over the first 8 weeks of the group

DISCUSSION:

- These preliminary results provide support for continuing to explore ACT as a promising treatment for individuals who need continued therapy after Stage 1 DBT.
- Data collection is ongoing – we anticipate being able to examine how change in psychological flexibility correlates with changes in self-compassion, BPD symptoms, and ability to regulate emotions

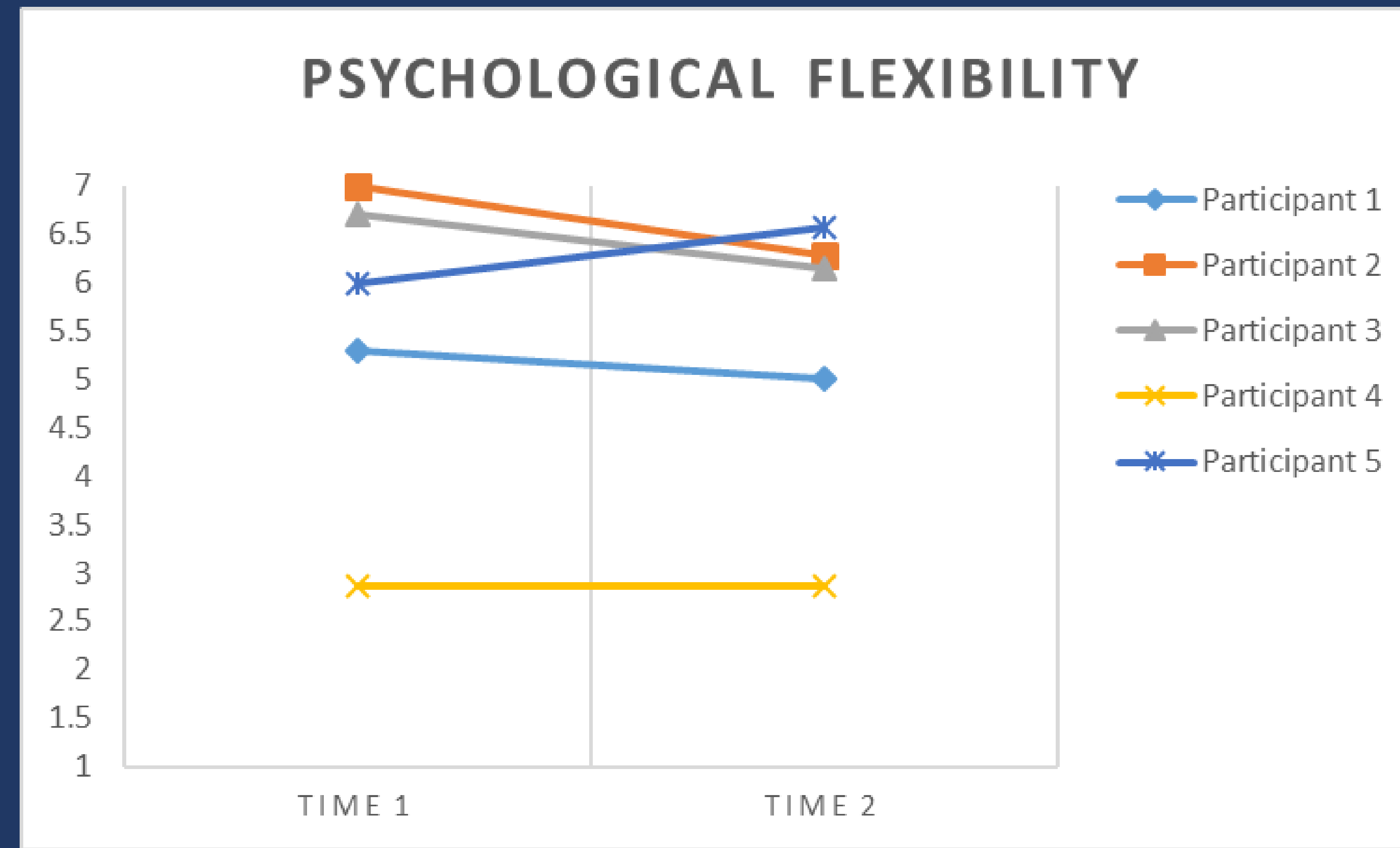


Figure 1. Scores on a measure of psychological flexibility (AAQ-II) at pre-treatment and after the first 8 weeks of ACT intervention. Lower scores reflect more psychological flexibility.

“[Being in ACT group] has helped in my most recent episode of wanting to self-harm to remind myself of what my values and goals are.” – Participant 5

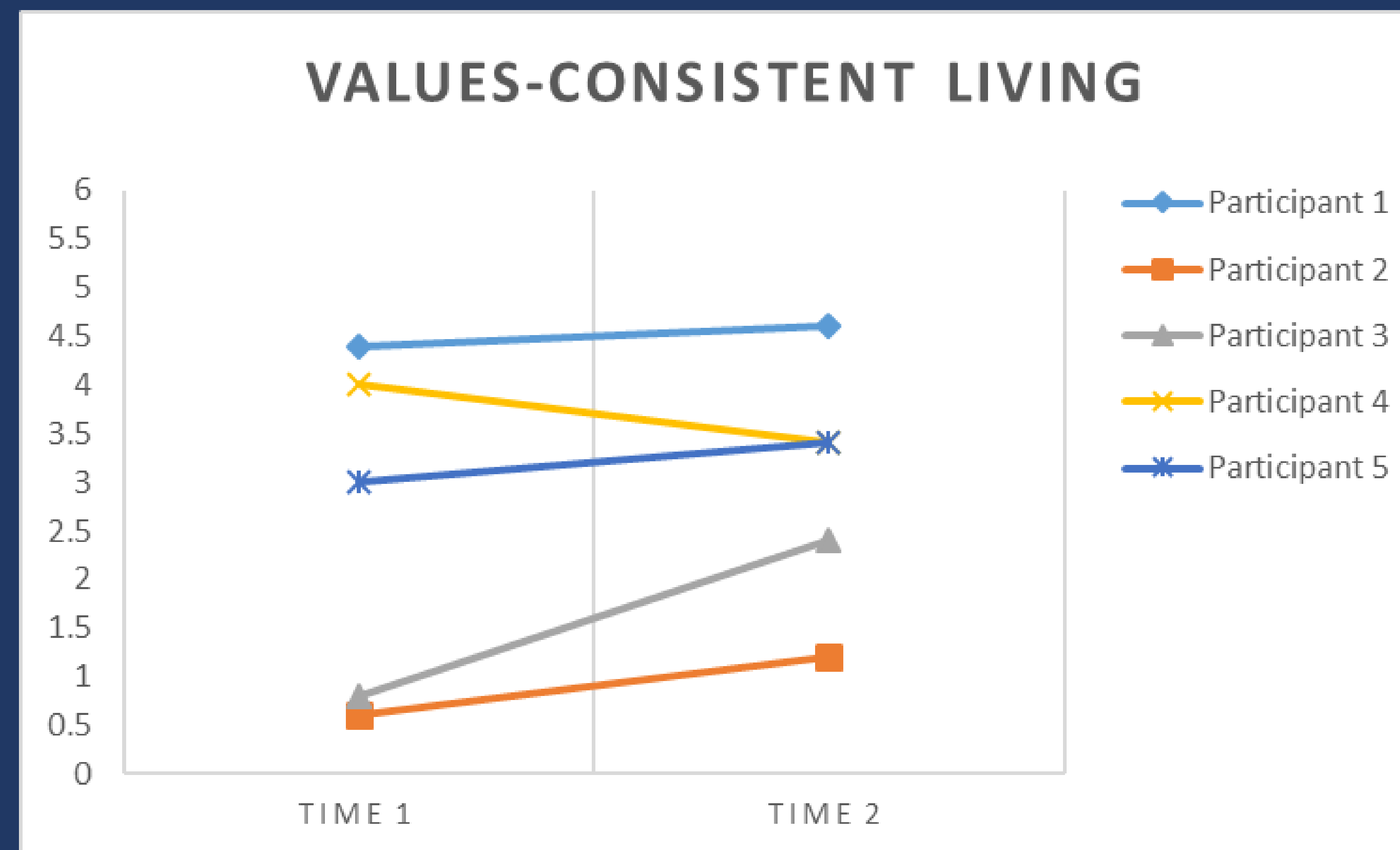
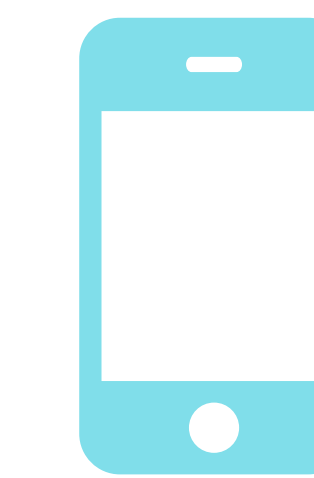
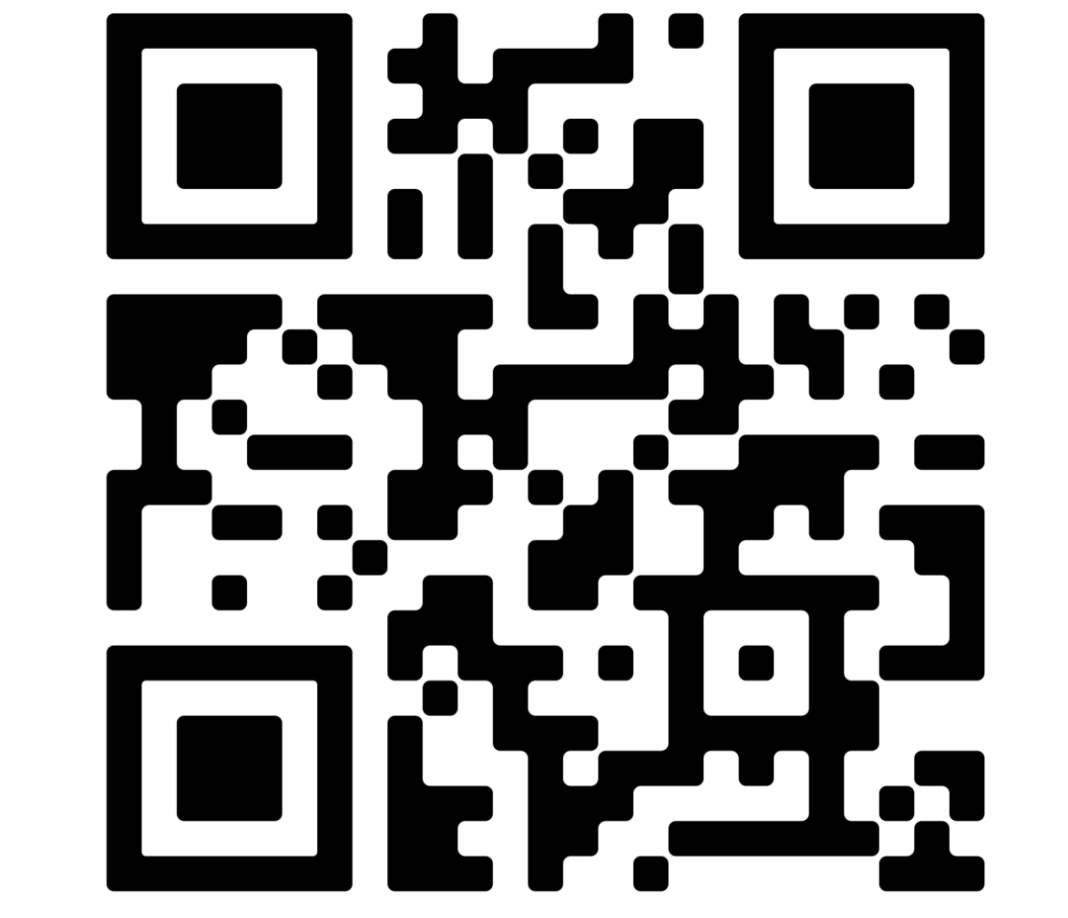


Figure 1. Scores on a measure of values congruent living (VQ – Progress Subscale) at pre-treatment and after the first 8 weeks of ACT intervention. Higher scores reflect greater congruence between values and actions.

“[Being in ACT group] has made me aware of how my mind controls me. It has made me aware that I can change the responses or act differently toward my life overall. I can change.” – Participant 2



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Table 1. Mean scores for participants on the AAQ-II at pre-treatment and after completion of the first module. Higher AAQ-II scores reflect greater psychological inflexibility. Positive changes in mean scores suggest greater psychological flexibility over time.

Participant	AAQ-II Mean Time 1	AAQ-II Mean Time 2	Δ AAQ-II Mean
1	5.29	5.00	0.29
2	7.00	6.29	0.71
3	6.71	6.14	0.57
4	2.86	2.86	0.00
5	6.00	6.57	-0.57

Table 2. Mean scores for participants on the progress subscale of VQ at pre-treatment and after completion of the first module. Higher VQ scores reflect greater congruence between values and actions. Negative changes in mean scores suggest greater values-congruent living over time.

Participant	VQ Mean Time 1	VQ Mean Time 2	Δ VQ Mean
1	4.40	4.60	-0.2
2	0.60	1.20	-0.6
3	0.80	2.40	-1.6
4	4.00	3.40	0.6
5	3.00	3.40	-0.4



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