

Acceptance and Commitment Therapy for Sexual Minorities Experiencing Work Stress: A Pilot Study

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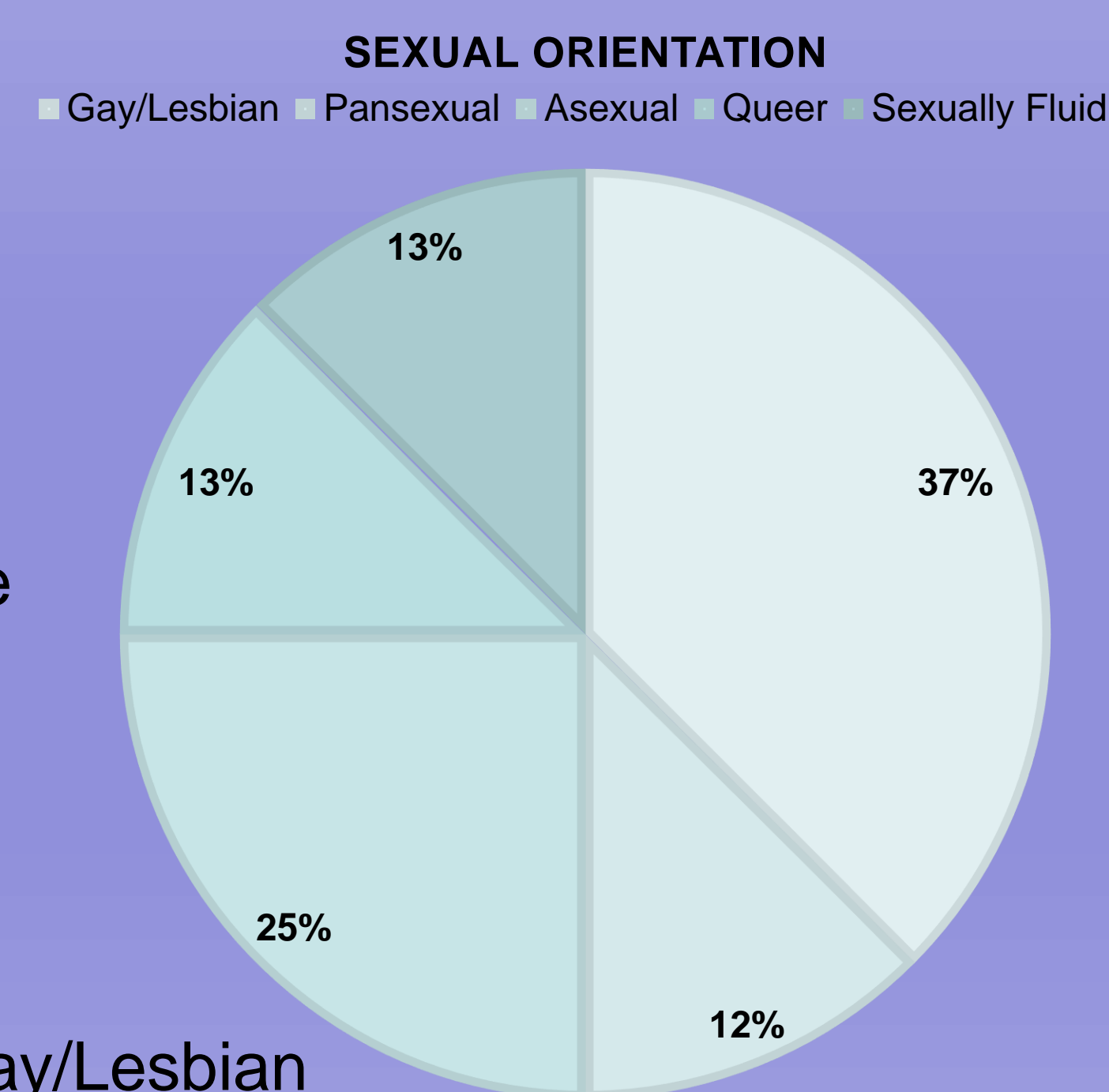
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Introduction

- People who identify as sexual minorities experience discrimination in the workplace. These difficulties can cause sexual minorities to fear the repercussions of disclosing their sexual identity in the workplace, perceive a lack of job security, and feel disconnected from their work environment (e.g., Schmidt & Nilsson, 2006; Schneider & Dimito, 2010)
- Acceptance and Commitment Therapy (ACT) is applicable for use with work stress in various occupational populations. In addition, ACT has been used with sexual minority populations to address self-stigma and illness-based stigma related to HIV. (Gayner et al., 2012; Skinta, Lezama, Wells, & Dilley, 2015)
- The goal of the current study is to assess the feasibility and acceptability of an ACT intervention to address work stress within sexual minority.
- Acceptability was assessed by (1) self-report measures related to treatment process (e.g., if the intervention was helpful, hindering, and/or task-oriented), and (2) qualitative responses
- Regarding treatment outcomes, we looked for improvements in psychological flexibility and various quality of life improvements related to employment (e.g. coping and burnout).

Methods

- N: 8
- Age
 - Age Range: 21 - 41
 - Mean Age: 28.75
- Assigned Sex: 50.0% Female
- Gender Identity: 50.0% Men
- Race: 100% White
- Sexual Orientation: 37.5% Gay/Lesbian
- Employment Status: Employed, Working 40+ Hours Per Week: 62.5%
- Occupation: Arts, Design, Entertainment, Sports, and Media Occupations: 37.5%



- Measures
 - Revised Session Reaction Scale (RSRS)
 - 22-item self-report measure assessing therapy process through task-orientation, relationship, and hindering.
 - Session Rating Scale (SRS)
 - 4-item measure that looks into positive therapeutic alliance in group therapy
 - Group Questionnaire (GQ)
 - 30 question questionnaire used to assess three perceptions of the intervention being assessed: Engagement, cohesion, and conflict.
 - Acceptance and Action Questionnaire-II
 - 7-item measure to rate participant's experiential avoidance
 - Mindful Attentional Awareness Scale
 - Measures present-moment awareness by frequency.
 - World Health Organization Quality of Life
 - 26-item scale used to assess satisfaction in one's life through psychological, physical, social, and environmental QoL
 - Copenhagen Burnout Inventory
 - Work subscale was used with Likert-point ratings for each question
 - Coping Inventory for Stressful Situations
 - 21-item measure used to assess three types of coping: emotion-oriented, task-oriented, and avoidance coping
 - Open Ended Questions

Results

Table 1
One-Tailed Paired-Sample T-tests for Outcome Measures

	Pre-Treatment M & SD	Post-Treatment M & SD	T-test	p	d
Burnout	M = 3.53 SD = 0.78	M = 2.97 SD = 0.78	2.18	0.03	0.72
Coping in Stressful Situations – Avoidance	M = 2.82 SD = 0.75	M = 2.63 SD = 0.57	1.49	0.09	0.29
Coping in Stressful Situations – Task	M = 3.08 SD = 0.68	M = 3.29 SD = 0.51	-1.15	0.14	0.35
Coping in Stressful Situations – Emotion	M = 3.33 SD = 0.96	M = 3.08 SD = 0.84	0.88	0.20	0.28
Experiential Avoidance	M = 4.14 SD = 0.79	M = 3.98 SD = 1.13	0.57	0.29	0.16
Mindfulness	M = 3.03 SD = 1.11	M = 3.58 SD = 1.24	-1.84	0.06	0.47
Quality of Life – Physical	M = 2.15 SD = 0.75	M = 2.54 SD = 0.56	-1.57	0.08	0.59
Quality of Life – Psychological	M = 2.88 SD = 0.89	M = 3.08 SD = 0.67	-1.41	0.10	0.25

Note: N = 8

Results

Table 2
Means, standard deviations, and range for process measures.

Variable	M	SD	Min.	Max.
Revised Session Reaction Scale				
Task-Oriented Reactions	4.41	0.38	3.70	5.00
Relationship Reactions	4.43	0.46	3.75	5.00
Helpfulness	4.42	0.39	3.71	5.00
Hindering Reactions	2.05	0.77	1.50	3.65
Overall Helpfulness of Session	8.00	1.07	6.00	9.00
Sessions Reactions Scale	4.44	0.58	3.25	5.00
Group Questionnaire				
Positive Bonding – Engagement	3.50	0.75	2.00	5.00
Positive Bonding – Cohesion	3.63	0.52	3.00	4.00
Negative Relationship – Conflict	3.12	1.26	1.00	4.00

Discussion

- Acceptability & Feasibility
 - Adherence to the treatment protocol was high, dropout was low, and participants appeared to be engaged and actively participate in the intervention session
 - Post-treatment feedback recorded two-weeks after intervention was a positive experience for participants.
 - Post-treatment feedback from participants discussed continued practice and reflection of skills built within intervention.
- Intervention Outcomes
 - Significant change was demonstrated from pre-treatment to post-treatment within burnout
 - Moderate change between pre-treatment and post-treatment was demonstrated from mindfulness, coping, and quality of life
 - It is possible that participants rated no change in experiential avoidance due to contextual background of measure.
- Future research could investigate efficacy with larger sample size.
- Future research could investigate the implementation of multiple intervention sessions to investigate the efficacy of treatment.