

Effectiveness of Focused Acceptance and Commitment Therapy Group in Primary Care

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Abstract

Objective: This study examines the effectiveness of brief Focused Acceptance and Commitment Therapy (fACT) group provided to primary care patients presenting with psychological distress.

Method: Participants were invited to engage in 4, 2-hour open fACT group. Research tools consisted of The Depression, Anxiety, and Stress (DASS-21) for psychological distress, Outcome Rating Scale (ORS) for therapeutic outcomes, Session Rating Scale (SRS) for therapeutic relationship, and Partners for Change Outcome Management System (PCOMS) for therapeutic alliance.

Results: Of the 37 participant attending the group (77% female, mean age 38.3), 22 (60%) completed all for sessions between May and November 2017. The statistical analysis demonstrated significant reduction in psychological distress for depression; $t(17)=4.44$, $p=.001$, $d=0.52$, anxiety $t(17)=5.00$, $p<.001$, $d=0.78$, and stress $t(17)=4.22$, $p=.001$, $d=1.10$. There was no significant difference in SRS score between the first and final sessions; $t(21)=1.91$, $p=.07$, $d=0.42$. However, there was a significant improvement in ORS scores $t(18)=5.14$, $p<.001$, $d=1.32$ and overall therapeutic alliance $t(18)=5.59$, $p<.001$, $d=1.52$.

Conclusion: This study demonstrated that brief focused Acceptance and Commitment Therapy group in primary care can be effective in reducing psychological distress, improving therapeutic outcomes while fostering a high level of clinical alliance between patients and facilitators.

Introduction

A growing body of evidence suggests that Focused Acceptance and Commitment Therapy (fACT) is effective in the treatment and management of psychological distress and physical health conditions, demonstrating its extensive applicability within the primary care setting. Furthermore, its transdiagnostic underpinnings make this approach particularly fitting for this setting, where the range and complexity of presentations are large.

Research examining the use of fACT has shown it to be effective for adults samples demonstrating significant preventive and ameliorative effects in context of psychological distress. Its focused and brief format indicates that it can be effective when delivered in group setting.

No studies to date have examined fACT group therapy in a primary care setting in New Zealand. Establishing the effectiveness of such an intervention in in this setting may result in increased access to care, treatment and cost effectiveness, and reduction of stigma.

The purpose of this study was to conduct a preliminary evaluation of feasibility and treatment outcomes of a novel, group-based fACT intervention for adults .

Methods

Participants and Recruitment

The fACT workshop was conducted between May and November 2017, during which a total of 37 participants were enrolled and 22 participants completed all 4 sessions of the workshop (60% adherence). All participants were referred to ProCARE psychological services for psychological distress and were either on the waitlist or simultaneously being seen by a clinician during workshop attendance. Few exclusion criteria were used, consistent with our aim to benefit as many clients as possible. Eligible participants were at least 18 years old and had no immediate or significant safety concerns.

Procedure

A weekly 2 hours group was held with 4 sessions per cycle. Each session focused on a fACT based processes (Open, Aware, Engaged) in addition to mindfulness practice. Although predominantly experientially based, didactic components were also introduced.

Measures

Primary outcome measures (pre and post treatment) included:

- Depression, Anxiety, Stress Questionnaire (DASS)
- Partner for Change Outcome Management System (PCOMS)

Data Analysis

Descriptive statistics was used to assess sample demographics for both the total sample, as well as for those who adhered and completed all sessions in the workshop. Only the data from those participants who completed all sessions will be analyzed and discussed.

Results

A total of 37 participants averaging 38.55 years old ($SD=15.01$) who were mostly European ($n=19$) and female ($n=28$) attended all 4 group sessions. Table 1 shows the results of paired t-test.

Participants evidenced significant improvements in psychological distress as measured by the DASS, despite the small sample size, providing evidence for this group protocol. Corroborating this, significant difference in outcome ratings (ORS) was also found between first and last sessions.

Discussion

Results demonstrated that individuals who completed all four sessions of the workshop reported significant reductions in depression, anxiety and stress symptomology and improvements in well-being. Our effect sizes are similar to those reported by a recent study conducted by Hacker and colleagues (2016) who reviewed 46 studies in order to assess the effectiveness of ACT in treatment of depression and anxiety. Their results demonstrated that ACT had a moderate to large effect in reducing both anxiety ($d=.45-.95$) and depression ($d=.54-.92$) symptomology. This suggests that despite the brief nature of our study and small sample size, our results are comparable to and adds to previous research.

This study also included measures to assess session-by-session changes in rapport and outcome. SRS scores increases across sessions, which is expected given that research has shown that rapport typically increases across time (Cailhol et al., 2009). SRS scores however did not statistically differ between the first and fourth session, as rapport was scored high from the first session. Results demonstrated significant improvements in ORS scores between the first and fourth session suggesting that individuals experienced improvements in the important areas such as individual, interpersonal, social and overall well-being. These suggest that participants were able to develop and effectively integrate skills learnt in the workshop into their daily life.

Therapeutic alliance was estimated by combining SRS and ORS scores as Lambert (1986) theorized that therapeutic alliance is more than simply having rapport, it is also dependent upon the match between the clinician and clients goals, meaning and purpose and the means and methods of the clinician. As expected, therapeutic alliance significantly increased between the first and final session. This is of clinical significance as research has repeatedly demonstrated the important relationship between therapeutic alliance and improvements in regards to symptom improvement, improved functioning, quality of life and significant reductions in attrition (Cailhol et al., 2009; Cooper et al., 2016; Falkenström, Granström, & Holmqvist, 2013; Hamovitch, Choy-Brown, & Stanhope, 2018; Stafford-Brown & Pakenham, 2012; Walser, Karlin, Trockel, Mazina, & Barr Taylor, 2013). These results therefore suggest that this fACT workshop was an effective intervention.

These findings are promising considering the brief nature of our intervention. Participants involved in our study were able to achieve similar benefits to those involved in a more extensive programme, in a smaller time-frame. This has positive implications both in regards to time and economic cost from both the participant as well as clinician and business perspective. For the participant, interventions which are less time- invasive may contribute to increased uptake, increased attendance and thus more likely to complete the intended therapeutic intervention and transfer techniques and strategies learnt from the workshop into daily life. In addition, a group dynamic enables participants to share experiences and learn from each other in a safe and supportive space. Economically, shorter interventions may reduce costs associated with transport to the centre, childcare or taking time off from work in order to attend. From a clinician and business perspective, an intervention such as ours enables a greater number of people to be seen at the same time which is both time and cost-effective. In addition, programmes which have been shown to be more time, cost and clinically effective are more likely to be adopted and implemented by providers. In turn this enables workshops to be run more frequently and as such, enables more people to have the opportunity to engage in and benefit from such a program. This may translate into the development of more effective and greater repertoire of coping strategies both for the individual, family and wider community and as such, may help reduce the impact of psychological distress and difficulties in coping with mental health for the wider society.

Although the present findings are promising, they should be interpreted with care due to several limitations. Firstly, our sample size was small meaning that the study may have lacked adequate power in order to detect significant effects, particularly in context of the SRS outcomes. Despite this, we were able to detect significant findings in other measures, however it is possible that results may have differed in a larger sample. Secondly, this study did not have a control group meaning that our results cannot be generalized. Although the purpose of this workshop was not primarily for research purposes, if future workshop interventions are wanting to be assessed the clinician and provider should endeavour to include a control group. Thirdly, our sample was mixed intervention group due to having both clients who were undergoing therapy simultaneously as well as clients who were wait-listed. This may have artificially enhanced the effectiveness of our study, therefore detailed record keeping should be a priority in future research. Another limitation was that assessments were limited to self-report which although objective may not have captured the true effect, or extent to which functioning and well-being may have improved. Despite these limitations, it is important to recognize that the aim of this workshop was to provide care towards those wait-listed to be seen by a clinician and to provide them with support and coping strategies. In addition, it is important to recognize that these results were obtained despite financial restrictions and resource constraints which demonstrates that fACT can be an effective and low-cost intervention.

In summary, this study presents findings which suggest that a brief, 4 session fACT based workshop was an effective psychological intervention which was associated with reduced psychological distress and improvements in important areas of functioning and well-being.

Selected Reference

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Table 1

Means, Standard Deviations and t-test statistics for the Outcome Variables Pre Post t-test statistics

	M	SD	M	SD	t	df	p	d
DASS outcomes								
Depression	20.44	10.51	15.11	9.86	2.90**	17	0.010	0.52
Anxiety	17.22	8.92	10.67	7.85	5.00***	17	< 0.000	0.78
Stress	22.33	6.70	14.56	7.38	4.22***	17	0.001	1.10
PCOMS outcomes								
Session Rating	35.05	4.00	36.49	2.71	-1.91	21	0.070	0.42
Outcome Rating	16.27	6.60	25.78	7.79	-5.14***	18	< 0.000	1.32
Overall PCOM	50.62	7.11	62.14	8.01	-5.59***	18	< 0.000	1.52

Note. M=mean; SD=standard deviation; t=t-statistic; d=Cohens effect size; df=degrees of freedom
*p <0.05, **p < 0.01, ***p<.001