

# ACT with Military Members and Veterans: A Systematic Review

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## ABSTRACT

Service members and Veterans (SM/Vs) of militaries across the globe represent a large population and culture. SM/Vs have high prevalence rates of a variety of psychological disorders and disabilities that are detrimental to their quality of life. Research on treatments that meet the needs of this culturally unique group are essential. Acceptance and Commitment Therapy (ACT) may meet this need with its focus on functioning over diagnosis and its unified treatment approach. In this study we examine the current state of the literature of ACT for SM/Vs. A systematic review of 293 papers found 3 randomized controlled trials, 13 non-randomized multi-subject studies, and two case studies that met inclusion criteria. Overall, results suggest ACT is a promising intervention for SM/Vs across multiple disorders (e.g. anxiety disorders, depression, chronic pain) as well as intervention delivery (in-person and telehealth) and type (group and individual). While extant literature suggests ACT may be an effective intervention among SM/Vs, future research should (1) continue to examine which psychological disorders respond to ACT and (2) seek to understand what types of adaptations may be necessary to increase the effectiveness of ACT for SM/Vs.

## METHODS

A literature search conducted in PsychINFO and PubMed in October 2018 and April 2019 used a combination of the following search terms:

- “Acceptance and Commitment Therapy OR ACT AND Military Veterans OR Military Personnel”, “Acceptance and Commitment Therapy OR ACT AND Veteran OR Service Member”, and “Acceptance and Commitment Therapy OR Psychological Flexibility AND Military OR Veteran”.
- These terms yielded 213 articles

Inclusion criteria

- Articles in English
- Peer-reviewed journal publications
- Adult population (18 years old or older)
- Sample of military members or veterans
- Intervention tested must be ACT
- Intervention must use validated measures
- Study must be examined empirically

## RCT Studies

Author(s)	Sample	Intervention Design	Target Outcome(s)	Results
Lang et al., 2017	N = 160 M <sub>age</sub> = 34 White = 75% (n = 120) Males = 80% (n = 120)	12 sessions of ACT for Depression; ACT vs. PCT	Depression Anxiety Somatization Functional impairment Insomnia Alcohol use	ACT = PCT on BSI-18 (d = .16), SDS (d = .33), AUDIT (d = .24); Insomnia: ACT (d = .63) > PCT (d = .08); Full sample: improved general distress (d = .74) and functioning (d = .71)
Herbert et al., 2017	N = 129 M <sub>age</sub> = 52 White = 47% (n = 120) Males = 82.2% (n = 120)	8-week individual ACT; VTC vs IP Delivery	Pain interference	BPI: VTC = IP; Attrition: VTC (46%) > IP (23%); BPI: pre-post-FU: pain interference decreased in VTC group (d = .84) and IP (d = .81);
Dindo et al., 2018	N = 88 M <sub>age</sub> = 62.6 White = 82.5% Males = 94%	1-day ACT workshop + TAU vs. TAU	Pain Intensity Opioid cessation	ITT HR = 1.42 pain cessation for ACT + TAU (vs TAU); ITT HR = 1.44 opioid cessation for ACT + TAU (vs TAU)

## Discussion

Results:

- ACT is an effective intervention for SM/Vs across multiple disorders.
- ACT = CBT, PCT & TAU
- Adaptable and effective in different methods
- Moderate support for PTSD, chronic pain, stress, SUDs, BED, etc.
- Lacking evidence for sexual dysfunction, PD, phobias, and OCD-RD

Cultural Adaptation:

- Some studies cover modifications/adaptations used
- Further examination of culturally adapting ACT—consider the Cultural Sensitivity Framework (Resnicow et al., 2002)
  - “Surface” adaptations—changing the content of exercises/materials in therapy to map onto the client’s culture.
  - “Deep” adaptations—considering the predictors of the problem, and the contextual factors of behavior
- ACT accounts for contextual factors and is therefore suited to adaptations for cultural purposes

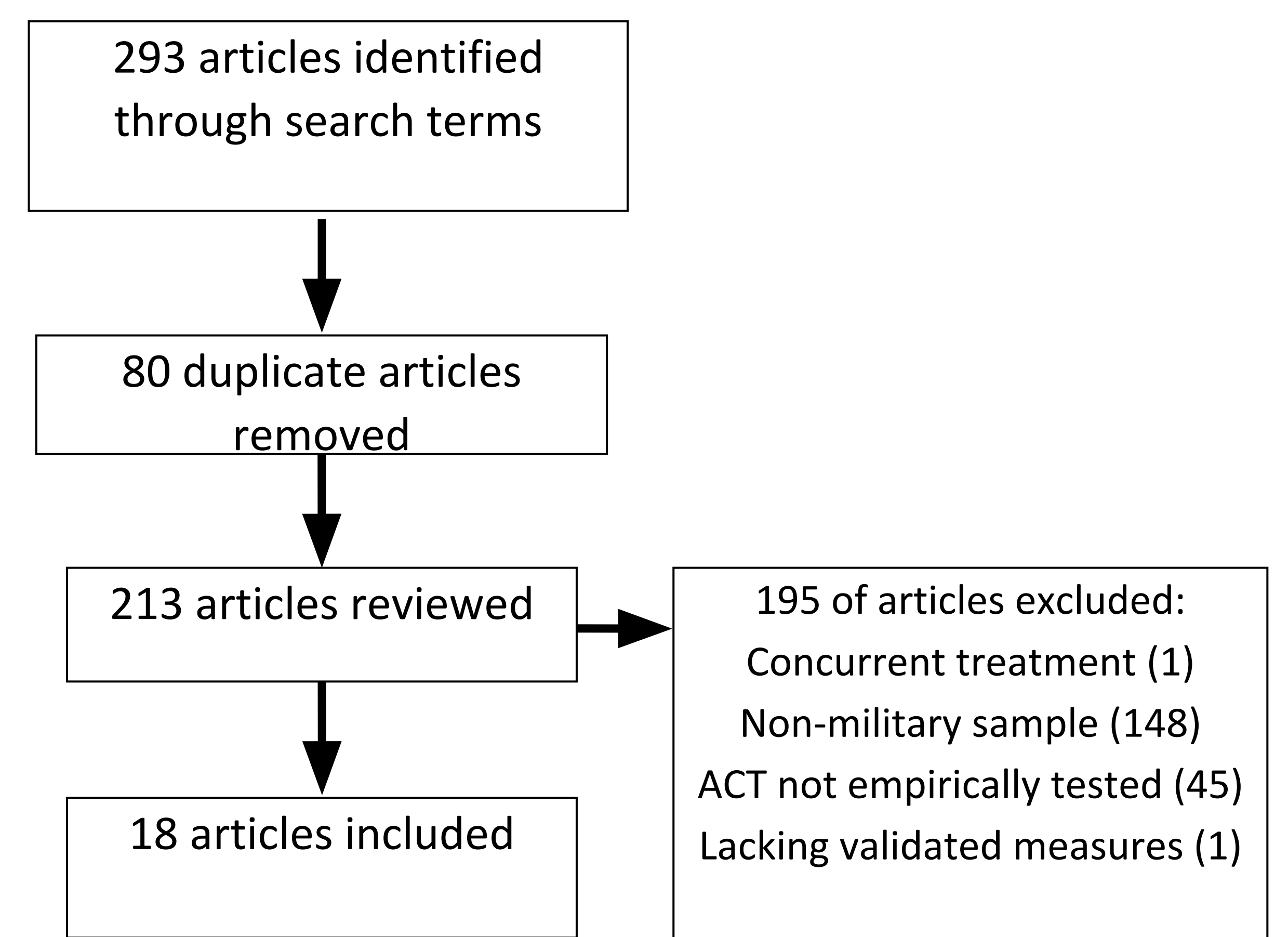
Cultural competence:

- 3-part model—self-awareness, knowledge, and skills.
- Each of these pieces are enacted to increase the interpersonal effectiveness and choice of therapy when working with a client.
- This is often not reported in research articles as it is a basic clinical skill that differs from one client to the next.
- General themes—these can and should be reported to give an idea of what information is pertinent, how it is deployed, and further considerations.

Future Considerations:

- Using military phrases/jargon (e.g. “embrace the suck”)
- Values are important in the military
- Self-as-context—particularly with identity (e.g. Soldier/Sailor/Marine/Airmen vs. other aspects of self)
- Modifying metaphors to be contextually sensitive—active military members may be impacted by metaphors or exercises that closely map onto lived/everyday experiences

## PRISMA Diagram of Study Attrition



## REFERENCES

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