

Stop Thinking and Start ACTing?

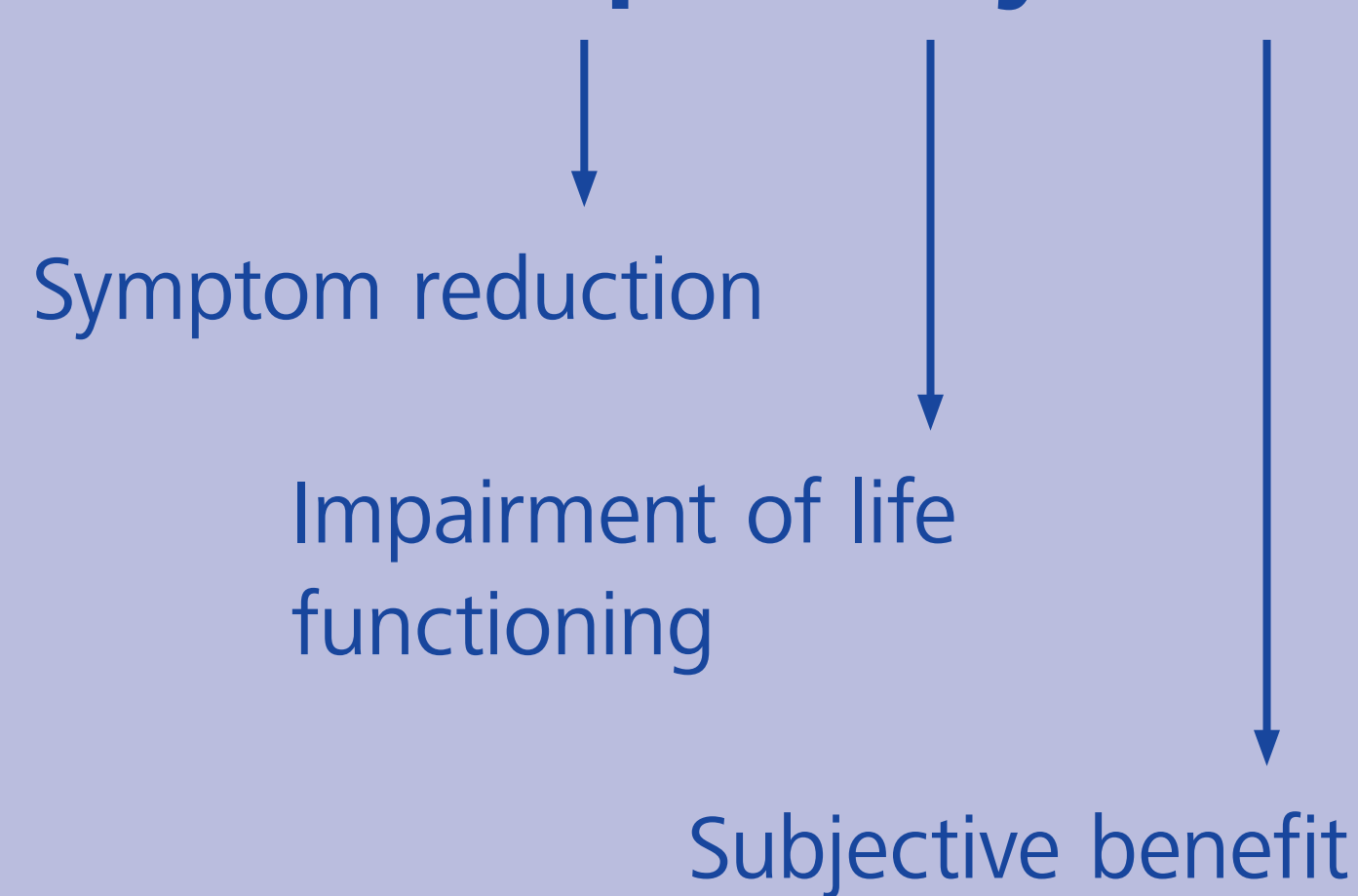
The Effectiveness of Acceptance and Commitment Therapy in an Inpatient Sample of a Psychiatric Department

Treppner, K.; Pleger, M.*; Diefenbacher, A.; Schade, C.; Dambacher, C.; & Fydrich, T.

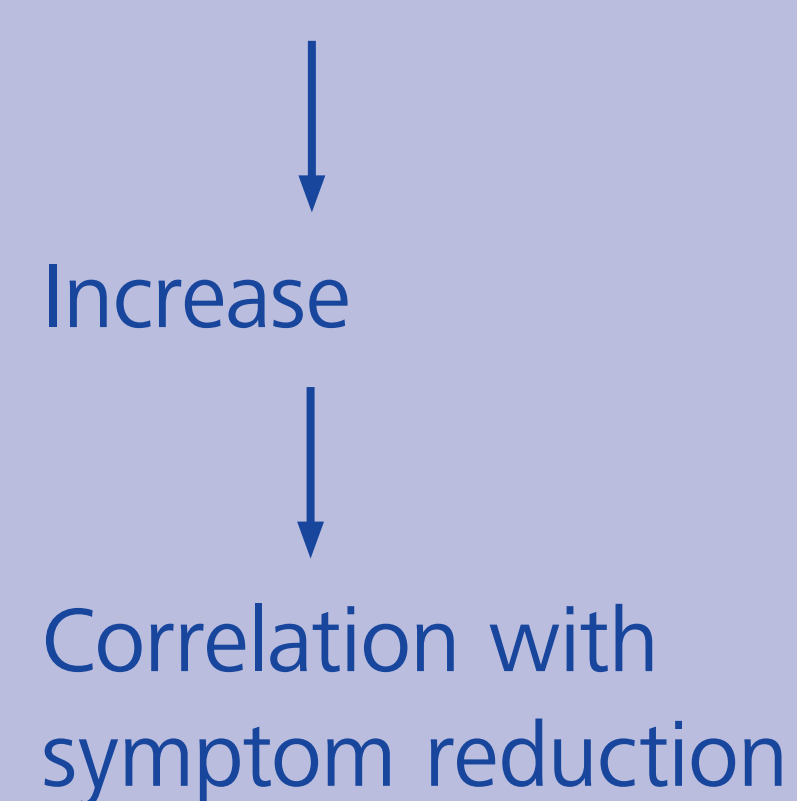


Hypotheses

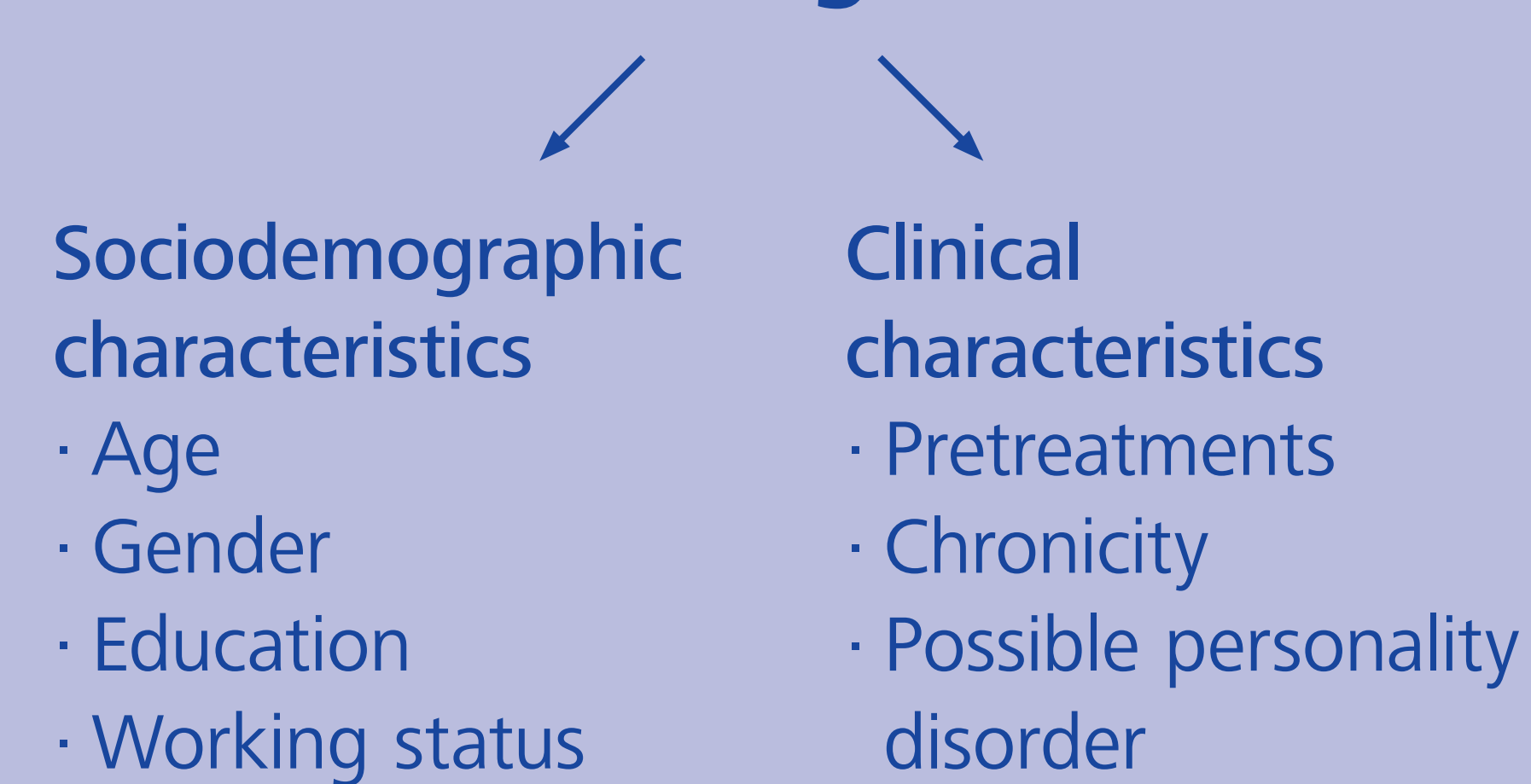
1. Superiority of ACT



2. Mindfulness & Valued Living

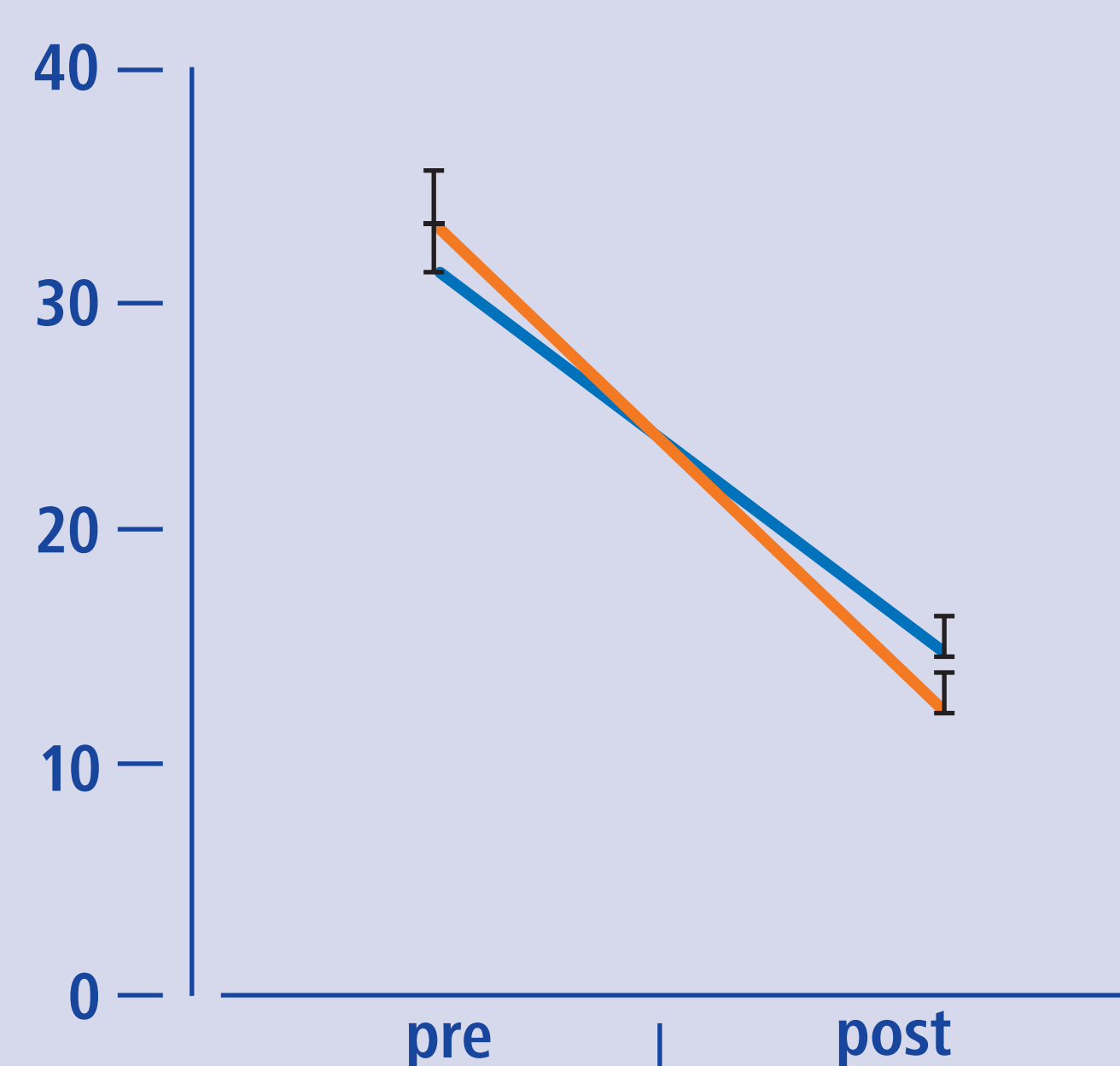


3. Influencing Factors



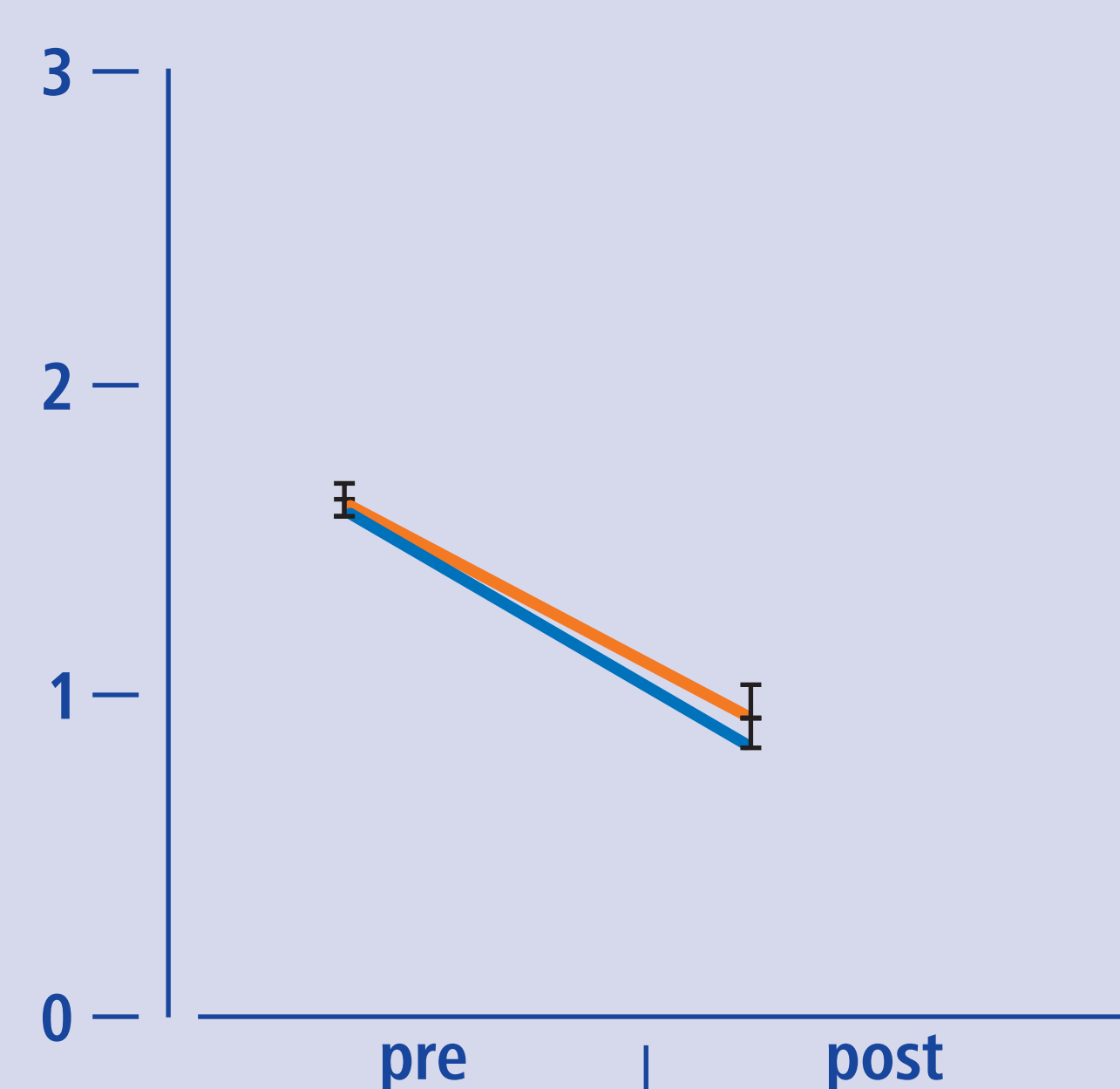
Results 1

Depression (BDI-II)



ACT: $p < .001$, $dz = .79$
CBT: $p < .001$, $dz = 2.28$

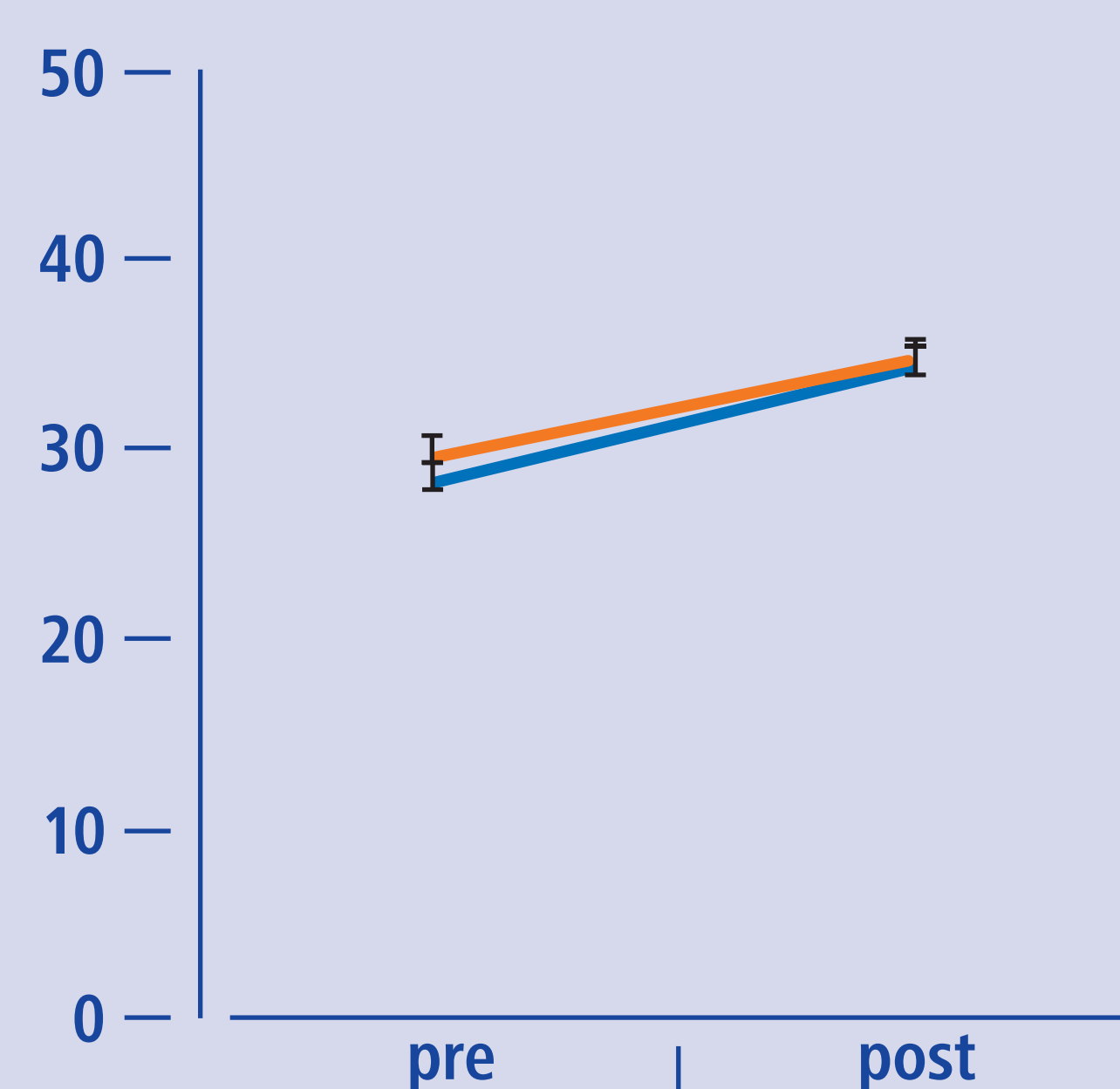
General syndromes (ISR)



ACT: $p < .001$, $dz = 1.36$
CBT: $p < .001$, $dz = 1.30$

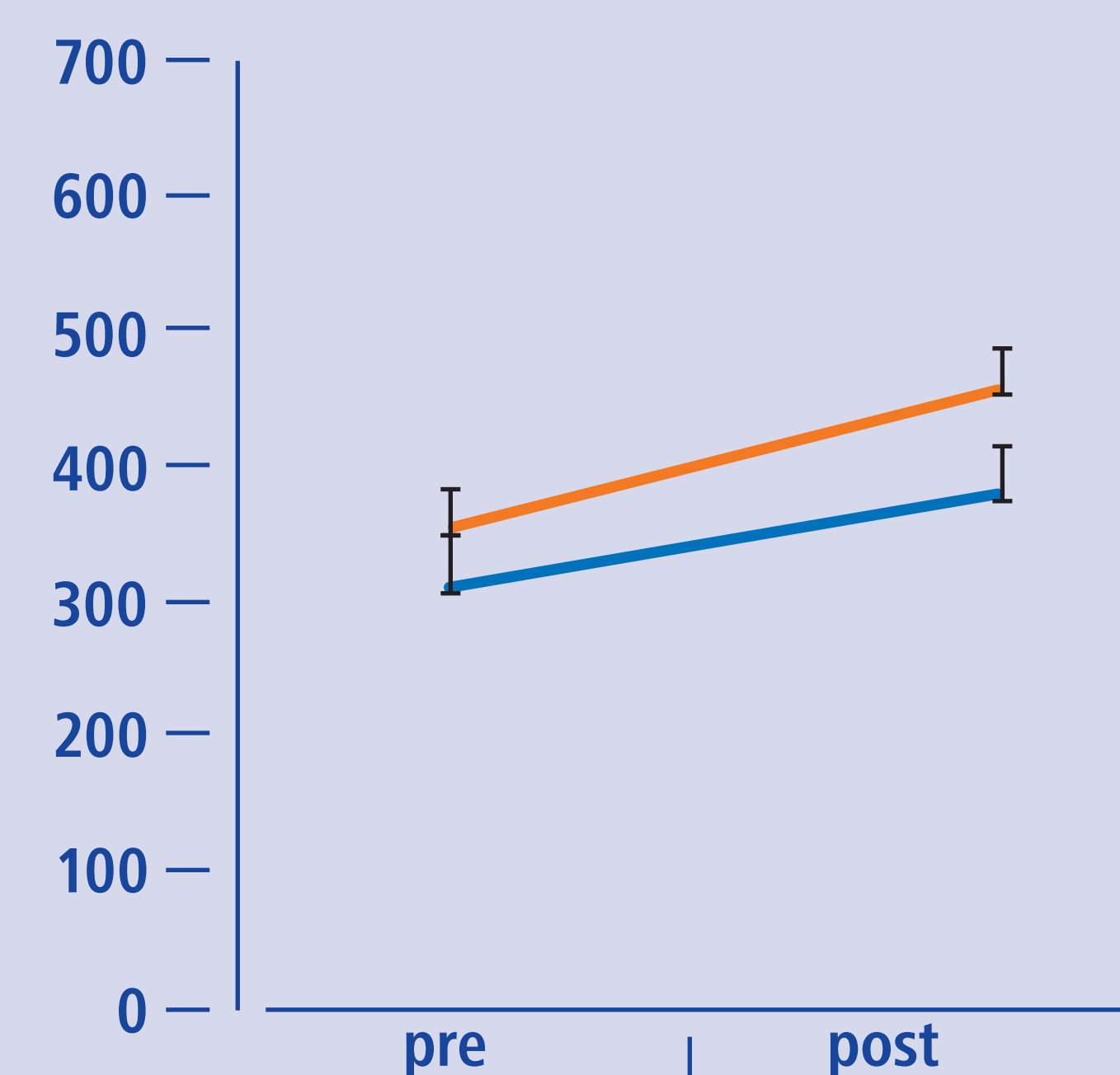
Results 2

Mindfulness



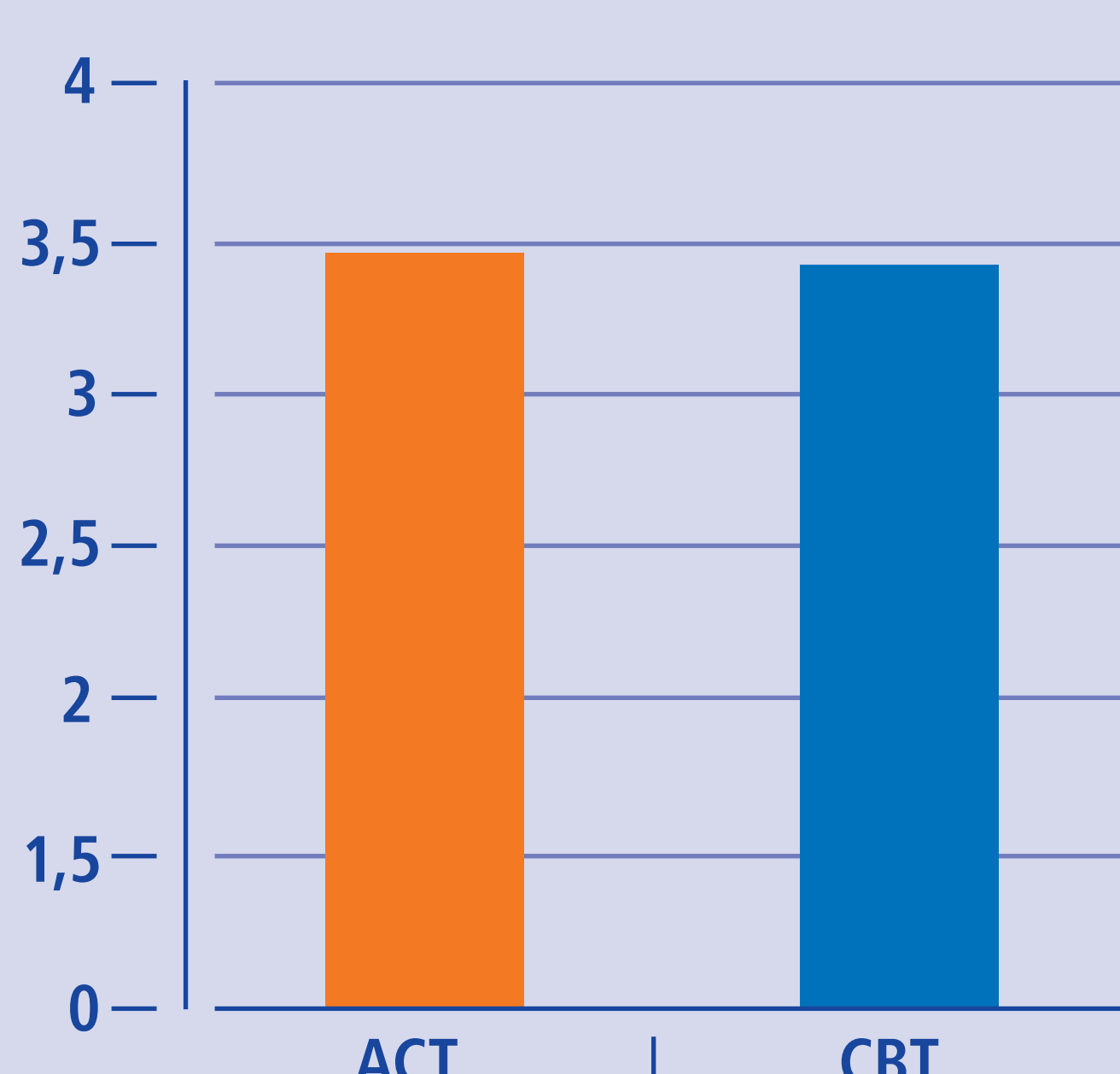
ACT: $p < .001$, $dz = -.89$
CBT: $p < .001$, $dz = -.79$

Valued living



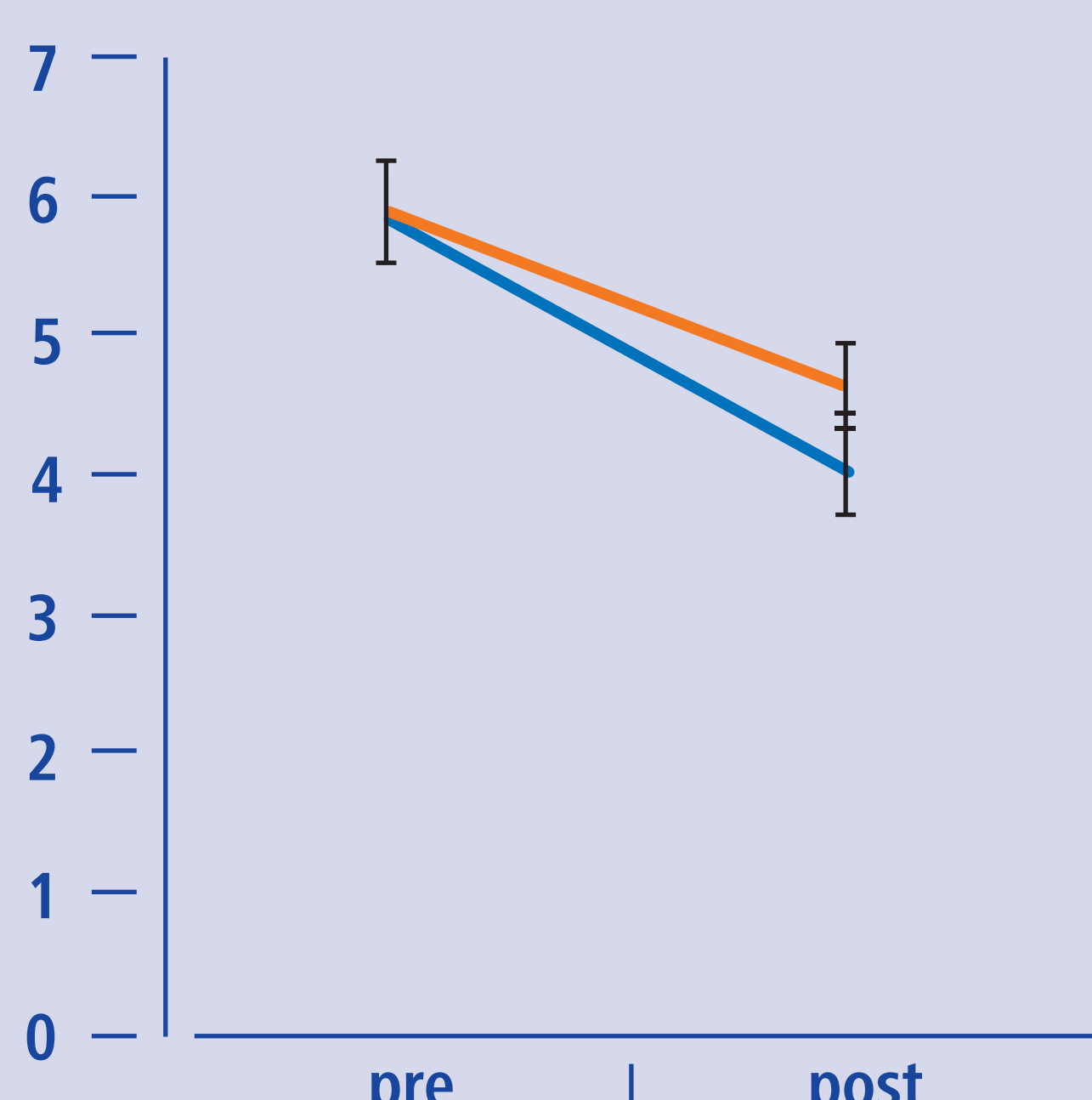
ACT: $p < .001$, $dz = -.63$
CBT: $p = .051$, $dz = -.39$

Subjective benefit



ACT: $X = 3.46$ ($SD = 0.64$)
CBT: $X = 3.41$ ($SD = 0.47$)

Impairment of life functioning



ACT: $p < .001$, $dz = .65$
CBT: $p < .001$, $dz = 1.16$

— ACT
— CBT

Mindfulness revealed as a significant predictor for BDI-II and ISR post-treatment scores for both groups

Valued living revealed as a significant predictor for BDI-II and ISR post-treatment scores only for ACT-group

Results 3

Sociodemographic characteristics

· Work status is a significant predictor for general psychological syndromes (ISR; $\beta = .38$, $p < .005$).

Clinical characteristics

· No significant effects
· Results point to personality disorder as a predictor for symptom reduction (BDI-II)

Other: Critical life events

· ACT-group reports twice as many critical life events as CBT-group

Limitations

- Quasi-Randomization
- Low internal validity (due to treatment)
- Only one therapist per treatment
- Use of screening-instruments
- Small sample size in certain cases

Conclusion

- ACT and CBT seem to be equally effective for inpatients
- Valued living and mindfulness influence therapeutic outcome
- Differentiation between active components of both therapies remains unclear

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