ASPIRE: Finalized Results of an ACT-Based Inpatient Intervention for Psychotic Disorders

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BACKGROUND

- Only 15–20% of patients with schizophrenia reach functional remission within a year
- Rehospitalization rates up to 44% within 2 years: CBT does not significantly outperform basic psychosocial interventions
- ACT focuses on acceptance and values-based action rather than symptom elimination — potentially better suited for chronic conditions
- Ward act23 at Vivantes Klinikum Am Urban: first German hospital with holistic ACT-based ward concept including entire multidisciplinary team

METHODS

1. Monocentric pilot study (Oct 2023 – Oct 2025), no control group
2. N=38 inpatients with psychotic spectrum disorders (T0), N=28 completers (T1), N=20 at 6-month follow-up (T2)
3. 4-week intervention:
   Compass Group (1x/week, 50 min, all ACT core- processes)
   Here-and-Now Group (2x/week, 25 min, mindfulness)
4. Quantitative: clinical & ACT-specific measures
5. Qualitative: 30 semi-structured interviews (T1) + 11 follow-up interviews (T2)

RESULTS — QUANTITATIVE

- **High patient satisfaction;** no SAEs
- **Large effects sizes on clinical outcomes**
- **ACT-specific developments display in medium to large effect sizes**
- **6-month follow-up:** effects overall sustained; rehospitalization below comparable studies
- **Treatment fidelity:** high ACT-consistency and low ACT-inconsistency

RESULTS — QUALITATIVE DOMAINS

- **Open:** 17 reported improved acceptance of adversities; 19 greater relaxation; 8 better rumination management
- **Aware:** 22 enhanced social awareness; 20 increased boundary/symptom awareness; 19 greater cognitive presence
- **Active:** 17 value clarification; 19 goal-setting; 21 implemented content at T1; 10/11 lifestyle changes at T2

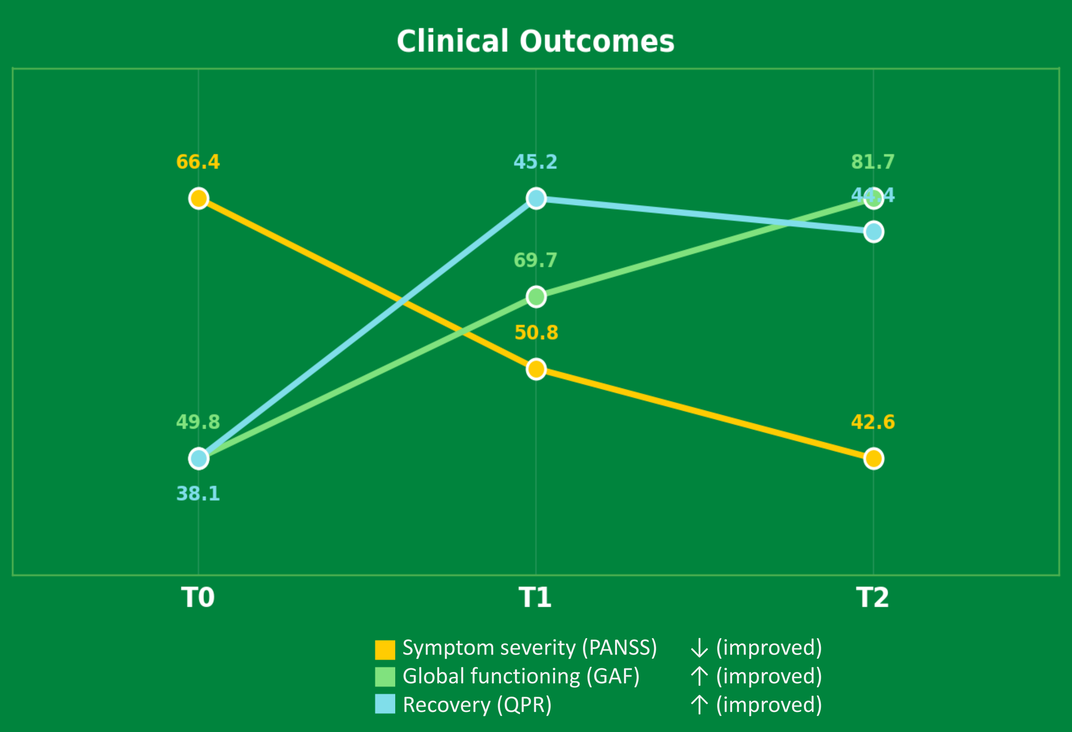
DISCUSSION & IMPLICATIONS

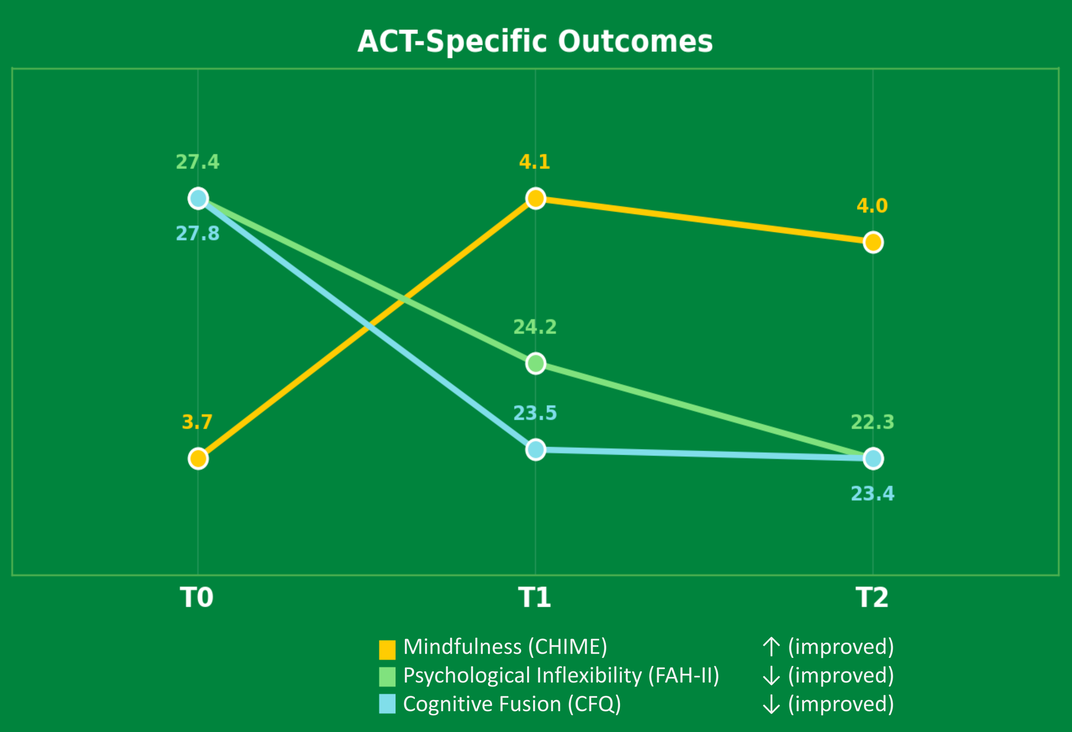
- ACT is safe & well-tolerated in acute inpatient settings, even with heterogeneous & complex patients
- Ward-wide ACT stance strengthens therapeutic alliance via entire team — novel model, warrants further research
- Structured aftercare needed: QPR & CHIME stagnate at follow-up; booster sessions recommended
- Effect sizes provide empirical foundation for future RCTs; next step: randomized controlled design

An ACT-based inpatient program for psychosis

is **feasible, safe and effective**

— and patients **carry it into daily life**





Normalised within each measure for visual comparison across scales

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L. Telschow supported by DAAD travel grant
H. Voß supported by Heinrich Böll Stiftung doctoral scholarship
Charité – Universitätsmedizin Berlin | Vivantes Klinikum Am Urban

SCIENCE AREA — OUTCOME MEASURES

Clinical Outcomes (T0 → T1 → T2)
PANSS (symptom severity ↓)
66.4 → 50.8 → 42.6 ηp^2=0.476***
GAF (global functioning ↑)
49.8 → 69.7 → 81.7 ηp^2=0.673***
QPR (recovery ↑)
38.1 → 45.3 → 44.4 ηp^2=0.366***

ACT-Specific Outcomes (T0 → T1 → T2)
CHIME (mindfulness ↑)
3.67 → 4.09 → 4.02 ηp^2=0.301**
FAH-II (psych. inflexibility ↓)
27.4 → 24.2 → 22.3 ηp^2=0.104
CFQ-D (cogn. fusion ↓)
27.8 → 23.5 → 23.4 ηp^2=0.131

INTERVIEW IMPRESSIONS

"The voices don't disappear, but you can gain control – I'll listen for two minutes, but no longer."

"I'm actually right here and now – that nothing is being asked of me right now, that I can just be."

"Well, at the end of the day, you're only human. That not everything happens immediately."

η^2 = partial eta-squared (T0 → T1) **p<.01 ***p<.001

Vivantes
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