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INTRODUCTION

- **One-third of the general population** will be affected by an anxiety disorder in their life (Bandelow & Michaelis, 2015).
- An increasing number of studies demonstrated the benefits of **Acceptance and Commitment Therapy (ACT)**; Hayes, Strosahl, & Wilson, 2012) in the treatment of **anxiety disorders** (Bluett et al., 2014, Fathi, Khodarahimi, & Rasti 2017, Ivanova et al., 2016).
- The **hybrid ACT format**, which includes both **group therapy** and a **web-based component**, is interesting in terms of accessibility, cost-benefit, and self-efficacy among participants (Cavanagh et al., 2014).
- Currently, there is no consensus whether the addition of a **therapeutic contact** (e.g., phone calls) in the administration of web-based content can improve efficacy or adherence to the intervention program (Cavanagh et al., 2014).
- A 12-week hybrid ACT program for adults with anxiety symptoms has been developed in Quebec, Canada: **Le Roseau**. The program includes group sessions and a web-based component accompanied by 6 phone calls.

OBJECTIVES

The main objective was to evaluate the **effectiveness of the hybrid ACT program**. The specific objective was to study the **impact of weekly phone calls** (15 min./2 weeks) on the effects of the program.

Hypotheses

1. The **ACT program** will:
 - ↑ **Quality of life.**
 - ↑ **Psychological flexibility.**
 - ↓ **Anxiety symptoms.**
 - ↓ **Depressive symptoms.**
2. The **ACT program with phone calls** will be more effective than the ACT program without phone calls.

METHOD

Participants

- 113 outpatients suffering from anxiety disorders (75% females).
- Aged 18-72 ($M = 40.28$; $SD = 15.08$).
- Referred to the program after individual evaluation.

Program content (see Table 1)

- 6 group sessions of 2h30 animated by psychologists ($n = 11$), psychology interns ($n = 2$) and social workers ($n = 7$) trained in ACT.
- 14 web videos (complementary and introducing new concepts) with phone calls to assist patients in their learning of web-based material during the weeks without group session.

Research design

- Randomized controlled trial.
- Conditions:
 1. **ACT hybrid program supplemented by 6 weekly phone calls** ($n = 47$)
 2. **ACT hybrid program** ($n = 38$)
 3. **Waiting list** ($n = 28$)
- Pre- and post-test.
- **Preliminary analyses** on data from autumn 2018 and winter 2019 cohorts.

Questionnaires

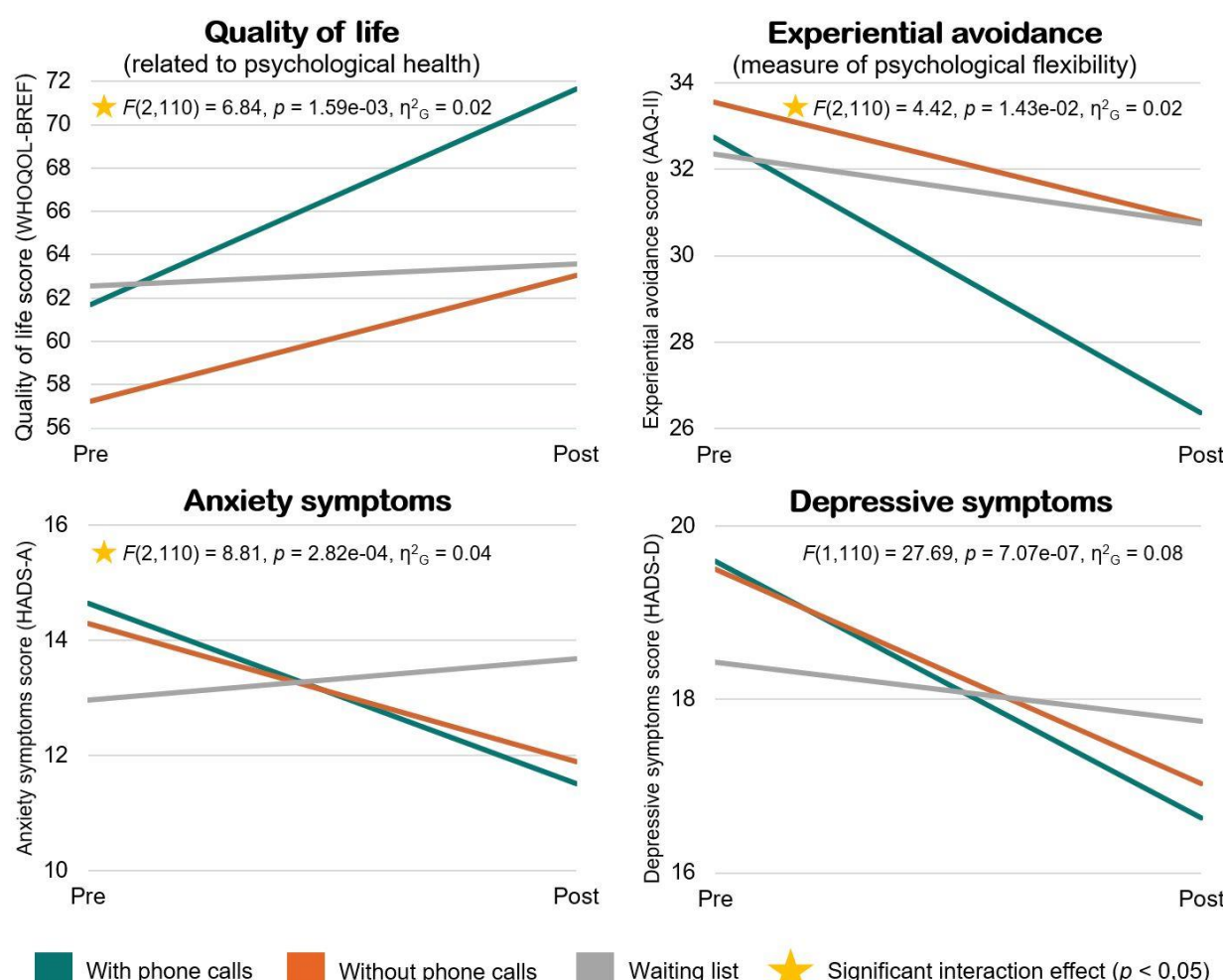
- **World Health Organization Quality of Life - BREF** (WHOQOL-BREF; 26 items; $\alpha = 0.87$) for quality of life.
- **Acceptance and Action Questionnaire** (AAQ-II; 7 items; $\alpha = 0.86$) for experiential avoidance.
- **Hospital Anxiety and Depression Scale** (14 items; HADS-A, $\alpha = 0.79$; HADS-D, $\alpha = 0.76$) for anxiety and depressive symptoms.

Table 1. Summary of the group sessions and web videos.

| WEEKS | GROUP SESSIONS | WEB VIDEOS |
|-------|---------------------------------|---------------------------------|
| 0 | - | What is anxiety? |
| 1 | Creative despair and acceptance | Emotions |
| 2 | - | Creative despair and acceptance |
| 3 | Defusion | Exposition |
| 4 | - | Defusion |
| 5 | Present moment | Problem solving |
| 6 | - | Present moment |
| 7 | Observing Self | Life habits |
| 8 | - | Observing Self |
| 9 | Values | Self-compassion |
| 10 | - | Values |
| 11 | Useful and engaged actions | Prevention and relapse |
| 12 | - | Useful and engaged actions |
| 13 | - | Maintenance of achievements |

RESULTS

Figure 1. Results from mixed ANOVAs, effect sizes and pre-post means.



DISCUSSION

At the end of the program:

- **Quality of life related to psychological health** (small effect size) and **psychological flexibility** (small effect size) were improved.
- **Anxiety symptoms** (small to medium effect size) and **depressive symptoms** (large effect size) were reduced.
- The effects of the program were significantly greater in the **group with phone calls** than in the other two groups for quality of life and psychological flexibility, which supports the results of previous studies (Beatty & Binnion, 2016; French et al., 2017; Spijkerman, Pots, & Bohlmeijer, 2016).

Limitations

- Sample composed of a majority of women of various ages.
- Quasi-random distribution that may have induced a bias.
- No measure of integrity among the group animators.
- Group animators were not blind to the intervention main objective.
- No objective measure of adherence to the program content.

Strengths

- Evaluation of ACT with anxiety disorders in many health centers.
- Innovative hybrid format.
- Transdiagnostic services that can impact comorbidities.

Conclusion

In later phases of the project, it will be considered to:

- Combine the results of 3 cohorts (autumn 2018, winter and spring 2019).
- Include a follow-up measure (3 months).

Preliminary results of this study highlight:

- The potential effectiveness of a **hybrid ACT program** for anxiety disorders.
- The added value of **therapeutic contact by phone calls** during the program.