

ACT for Psychosis in Community-Based Mental Health Center

Primary Topic: Clinical Interventions and Interests, Subtopic: psychosis, group therapy

Mehmet Emrah Karadere, Hitit University Corum Training and Research Hospital, Turkey

Hüseyin Şehit Burhan, Psychiatry Clinic, Karaman State Hospital, Turkey

Background: According to ACT, for psychotic disorders an important thing is not the presence of psychotic symptoms, but the relationship of individuals with these symptoms¹. In our study, our aim was to conduct a preliminary study on examining the effectiveness and applicability of ACT in psychotic patients in the community based mental health center.

Method: We applied ACT-based group therapy for psychosis with 18 clients in 2 groups of the mental health center. Each group (10 and 8 people) participated in 6 group therapy sessions for 6 weeks. Socio-demographic Form, Acceptance and Action Form-2, PSYRATS Psychotic Symptoms Assessment Scales, and Quality of Life Scale for Schizophrenic Patients were completed. The pre and post-therapy values of the patients were compared with Kruskal-Wallis Test.

General structure of sessions: Greeting, review of homework, grounding, addressing common or individual problem, functional analysis of problem (behavior), exercises, feedback from participants, assigning exercise between sessions

Session 1: Meeting, mentioning the principles of group therapy. Introducing the ACT-based model for psychosis. Introducing the concept of mindfulness

Session 2: Introducing the concept of values and exploration of individual values.

Session 3: Defusion and acceptance exercise

Session 4: Defusion and acceptance exercise

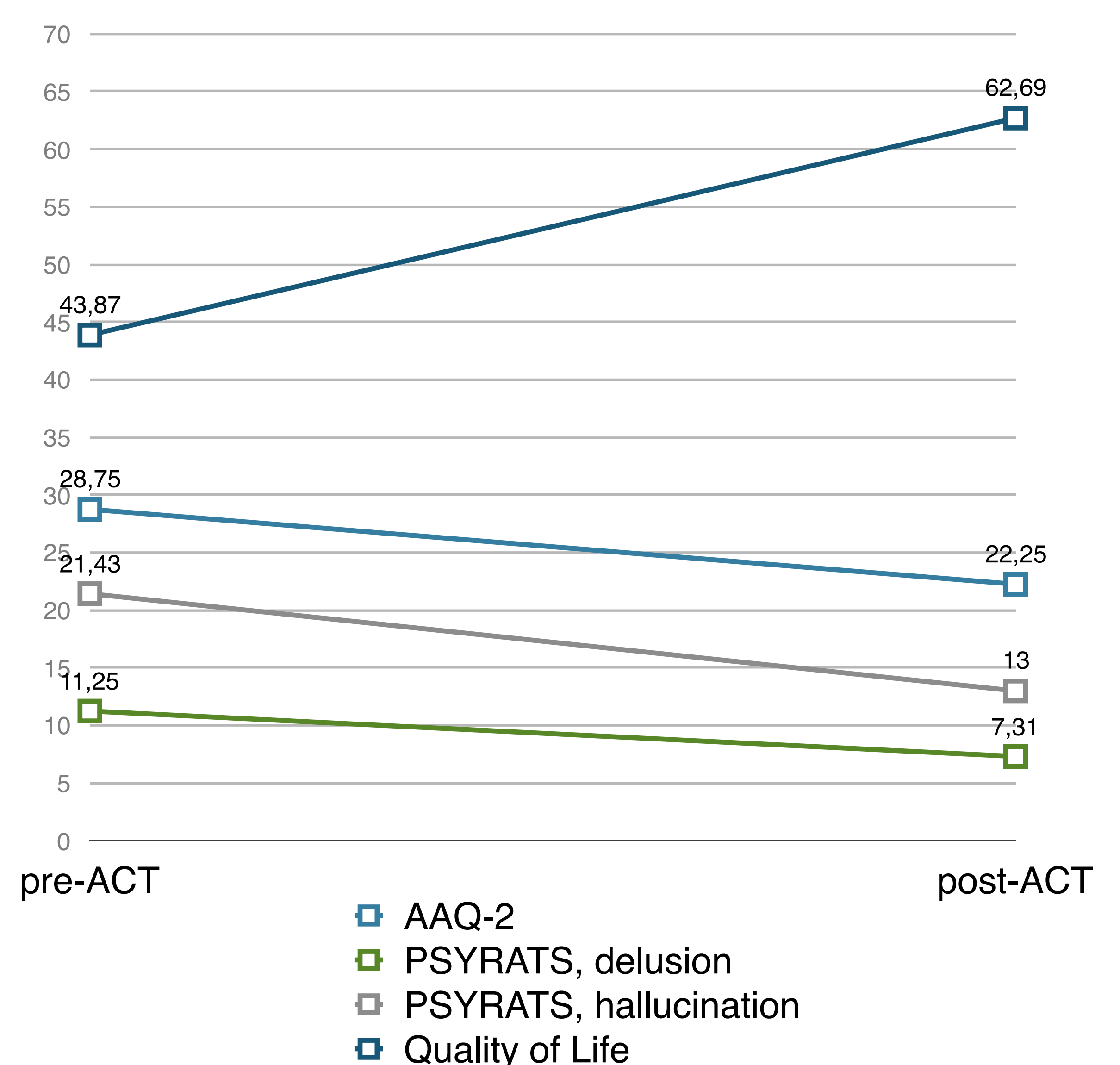
Session 5: Evaluation of problems related to interpersonal relationships and self-stigma,

Session 6: Summarizing and reviewing the learning and achievements of previous sessions

Results: We worked with data from 16 people 18 patients completed the procedure. 87.5% (14) of the patients were male, the mean age was 44.44 ± 10.02 years and the mean education period was 9.25 ± 3.57 years. 58.2% (9) of the patients were single and 43.8% (7) were married. The baseline and outcome measures of the patients were statistically different between the delusions ($p < 0.001$), AAQ ($p < 0.005$) and life characteristics ($p < 0.001$). Only seven of the patients have hallucination so we use PSYRATS for hallucination data from these patients. There was no statistically significant difference in hallucination scale ($p = 0.097$).

Discussion: The presence of 16 patients from 18 patients in the sessions was thought to be acceptable and feasible by 6 weeks of ACT application in psychotic patients. In addition, decreases in the AAQ-2, delusion and increases in quality of life scale suggest that 6-week ACT application is effective for psychotic patients

*PSYRATS, hallucination: data from 7 patient with hallucination



with delusions and life struggles. Current results are similar to the results of previous studies²⁻⁵.

References

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