



University
of Glasgow

Acceptance and Commitment Therapy in Sierra Leone

ACBS World Conference Sydney
11.07.2013

Aims of this presentation:

- 1) Learn about the implementation of ACT interventions in developing nations.**
- 2) Reflect on the cross-cultural transferability of ACT-related processes.**
- 3) Discuss adaptations that can be made to ACT protocols and assessment tools to meet the needs of local populations.**

Sierra Leone West Africa





Sierra Leone has multiple problems

Gender based violence

Poverty



No access to water



Exploitation



Teenage
moms

HIV/Aids,
Malaria,
Tuberculosis etc.



War victims

How it all started ...



... in 2008 friendship started with **Sarah Culberson**, she is half Sierra Leonean and has been adopted by a Caucasian American upper class family

The civil war in Sierra Leone

- 10 years long
- 10.000 children as child soldiers
- 60.000 women experienced all kinds of violence
- 20.000 amputees
- 50.000 people killed



So I had this idea and I started to talk to people





We started commit and act





We found a powerful partner in the country

Father Peter Konteh,
leader of Caritas, Freetown

**"Please come to our country
and bring psychotherapist
support, this is what we need
at this point."**





University of Glasgow

In 2011

Hannah Bockarie started to lead ACT supervisions

The University of Glasgow became our partner in preparing, facilitating and evaluating the workshops, as part of their MSc Global Mental Health Programme



8 Workshops 160 Participants



5 Counsellors attended World Congresses & ACBS started the Developmental Nations Fund



Hannah as the first Leonean ACT trainer is leading in her Krio language



Content of our Workshops

(9.00 am - 5.00 pm)

- **Exercises**

- Mindfulness
- Hands as thoughts
- Life line/River of Life
- Resistance
- 70th birthday
- Eyes on
- Bus/Jeep Metaphor
- client-therapist role plays with support of the group

- **Structures and Processes**

- Matrix
- Hexaflex
- How do processes help you to get from "away" to "towards"?
- Assessment and Case formulation

- **Skills for Behavior Change**

- Link skills like observing, describing, perspective taking, tracking, discriminating, or connecting actions to values etc. to intended behaviour change

Hypotheses

Higher psychological flexibility (AAQ II), satisfaction with life (SWLS) and value consistent behavior (VQ), from baseline to post workshop and 3-months follow-up.

High PTSD on baseline means lower psychological flexibility (AAQ II), satisfaction with life (SWLS) and value consistent behavior (VQ).

High proportion of participants has post-traumatic stress symptoms (PC-PTSD)

The individuals attending the workshop will evaluate the workshop favourably.

Primary Care PTSD Screen

Name _____ Date _____

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, **in the past month**, you*

1. Have had nightmares about it or thought about it when you did not want to?

YES NO

2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?

YES NO

3. Were constantly on guard, watchful, or easily startled?

YES NO

4. Felt numb or detached from others, activities, or your surroundings?

YES NO

Questionnaires

AAQ-II

Below you will find a list of statements. Please rate how true each statement is for you by circling a number next to it. Use the scale below to make your choice.

	1	2	3	4	5	6	7
	never true	very seldom true	seldom true	sometimes true	frequently true	almost always true	always true
1. My painful experiences and memories make it difficult for me to live a life that I would value.	1	2	3	4	5	6	7
1. I'm afraid of my feelings.	1	2	3	4	5	6	7
1. I worry about not being able to control my worries and feelings.	1	2	3	4	5	6	7
1. My painful memories prevent me from having a fulfilling life.	1	2	3	4	5	6	7
1. Emotions cause problems in my life.	1	2	3	4	5	6	7
1. It seems like most people are handling their lives better than I am.	1	2	3	4	5	6	7
1. Worries get in the way of my success.	1	2	3	4	5	6	7

Satisfaction With Life Scale

Name _____ Date _____

Below are five statements with which you may agree or disagree on the 1-7 scale below, indicate your agreement with each item by circling the appropriate number on the line preceding that item. Please be honest in your responding. The 7-point scale is as follows:

- 1 = strongly disagree
- 2 = disagree
- 3 = slightly disagree
- 4 = neither agree nor disagree
- 5 = slightly agree
- 6 = agree
- 7 = strongly agree

- ___ 1. In most ways my life is close to my ideal.
- ___ 2. The conditions of my life are excellent.
- ___ 3. I am satisfied with my life.
- ___ 4. So far I have gotten the important things I want in life.
- ___ 5. If I could live my life over, I would change almost nothing.

VALUING QUESTIONNAIRE

Please read each statement carefully and then circle the number which best describes how much the statement was true for you DURING THE PAST WEEK, INCLUDING TODAY.

	0	1	2	3	4	5	6	7	
	Not at all true							Completely true	
1) It seemed like I was just 'going through the motions', rather than focusing on what was important to me	0	1	2	3	4	5	6	7	— R
2) I continued to get better at being the kind of person I want to be	0	1	2	3	4	5	6	7	— —
3) I made progress in the areas of my life I care most about	0	1	2	3	4	5	6	7	— —
4) I tried to work towards important goals, but something always got in the way	0	1	2	3	4	5	6	7	— R
5) Difficult thoughts, feelings or memories got in the way of what I really wanted to do	0	1	2	3	4	5	6	7	— R
6) I was proud about how I lived my life	0	1	2	3	4	5	6	7	— —
7) I was basically on "auto-pilot" most of the time	0	1	2	3	4	5	6	7	— R
8) My behaviour was a good example of what I stand for in life	0	1	2	3	4	5	6	7	— —
									Progress: —
									Obstruction: —
									Total: —

Baseline + informed consent
Post-Workshop
3-months-follow up

Results

- Psychological flexibility went up
- Satisfaction with Life Scores went up
- Valuing Questionnaire Scores went up

Table 2. Means and SD for AAQ-II, SWLS, and VQ pre- and post-workshop and at 3-months follow-up (only people who completed measures at all three time points)

	AAQ-II	SWLS	VQ
Baseline	26.95 (8.09)	20.26 (4.84)	26.89 (6.11)
Post-workshop	24.17 (8.9)	20.41 (5.43)	28.52 (5.35)
3-month Follow-up	20.86 (7.77)	23.17 (6.05)	28.17 (7.63)

Challenges associated with our work

- **Autopilot - what's that?**
- **Looking into each others eyes is inappropriate**
- Child soldiers who have been forced to kill their own people don't dare to go back to their villages
- **Hardly any words for feelings, sadness or anger should not be expressed, especially for men, but also for women ("crying is not good, you believe in god, you should pray")**
- Isn't it right, that a man beats his woman, when she has cheated on him?
- **Therapists risk their wellbeing, because there is no possibility to refer clients to**
- Should we give participants a warm meal or not?

Questions for the future

- Our measures are validated in western populations - we have to start somewhere. How does f.ex. PTSD show up in peoples behavior in SL?
- Psychological flexibility is also a western concept. Does it bring advantage for people in countries with different cultural rules, may be more rigid rules, which might be appropriate for social life there?
- How useful is it to export diagnoses and does it help people in developing countries to cope more successfully with their problems?
- How much do we consider that people in Sierra Leone might have even better approaches to distress, like integrating people into their communities, healing rituals, etc.?

A big THANK YOU to our
friend and colleague
Corinna Stewart and Ross White, who
did the evaluation



If you would want to know more:

www.commitandact.de

www.glasgow.ac.uk/gmh

Thanks for your interest!



The Family Support Unit in Makeni



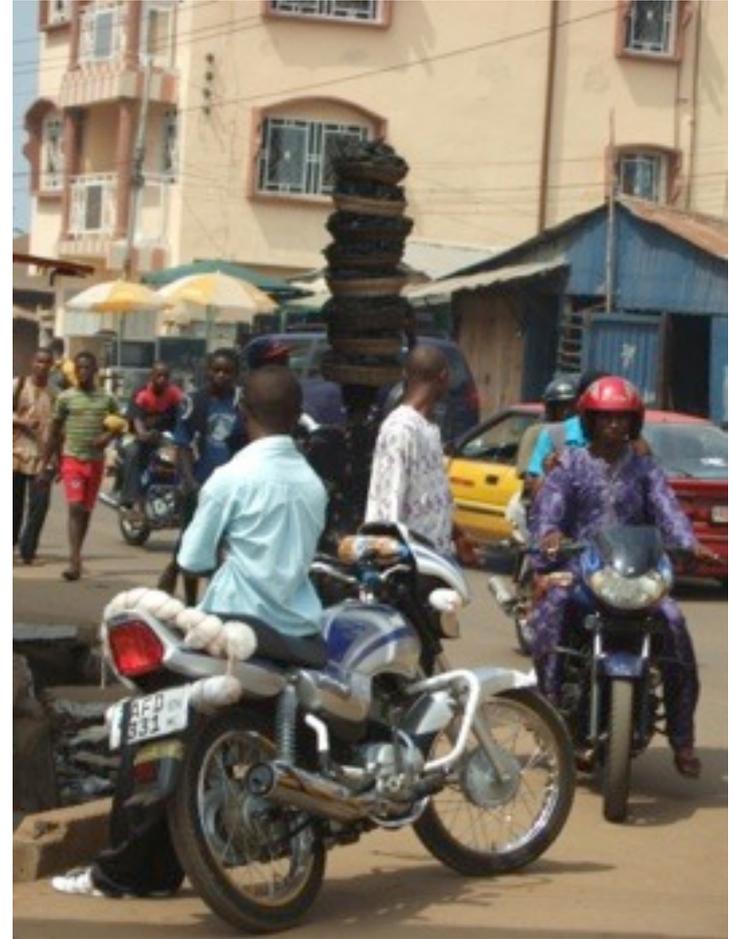
The University in Makeni



We don't forget to have good times ...



The loads, people can carry on their heads



Children in Sierra Leone are amazing

